

WOMEN WHO SELF-OBJECTIFY AND OBJECTIFY OTHER WOMEN:
THE ROLE OF SELF-COMPASSION

by


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A dissertation submitted to the faculty of Radford University
in partial fulfillment of the requirements for the degree of
Doctor of Psychology in the Department of Psychology

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ABSTRACT

Sexual objectification is harmful to women's psychosocial health, as this form of oppression leads to increased body surveillance, body shame and decreased self-esteem. The construct of self-compassion (Neff, 2003a), and more specifically, the new concept of body or physical self-compassion (Berry, Kowalski, Ferguson, & McHugh, 2010; Magnus, Kowalski, & McHugh, 2010, respectively), has been found to mitigate this objectification. In addition, Szymanski and Carr (2011) called for social justice initiatives surrounding empowerment of female clients, and Szymanski et al. (2011) suggested the need for further research about women who objectify other women. Although the professional literature has addressed self-compassion and these findings suggest the positive influence of increased body self-compassion, the literature has not extended a body self-compassion induction on women who experience self-objectification and women who objectify other women. Utilizing an experimental design to address this gap in the literature, I proposed this research study to examine the effects of a self-compassion induction on both self-objectification and objectification of other women. Four hundred and ten undergraduate female research participants were randomly assigned to a self-compassion induction or control group. After completing the induction or the control writing prompts, all participants completed the Self-Objectification Scale (Noll & Fredrickson, 1998), a modified version of this scale to address objectification of other women, the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and a demographics questionnaire developed by this researcher. Analysis of variance (ANOVA) was then conducted to determine whether there were differences in self-objectification and objectification of other women between the self-compassion induction group and the control group. Results concluded that the effect of group membership was not

statistically significant for scores of self-objectification or objectification of other women. Multiple regression was then used to find the unique contribution of the self-compassion induction beyond what was accounted for by self-esteem. Results concluded that the self-compassion induction did not account for a significant proportion of variability in scores for self- or other-objectification beyond that already accounted for by self-esteem.

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CHAPTER I

SUMMARY OF THE ISSUES

This chapter provides an overview of this research study. It begins with an overview of the need for this research and then details the theoretical framework supporting this research: Objectification Theory (Fredrickson & Roberts, 1997). This chapter examines relevant research focusing on the self-objectification of women and women objectifying other women. It also examines the literature identifying the construct of self-compassion, how it is measured, and its relationship to body image and Objectification Theory. This chapter then details the procedures used for this research, followed by a description of the participant sample and the results of this study. It concludes with a discussion of the results, as well as limitations and future research implications.

Importance of this Study

Female standards of beauty have been dictated by society throughout history. The nineteenth century brought corsets to shrink women's waists, accentuate their hips, and achieve an hourglass figure. By the middle of the twentieth century, the curvy hourglass figure dissolved into curveless bodies, subjected to girdles, self-mutilation, stomach stapling, and self-starvation. Over time, the standards by which we judge the female body has changed (Waterhouse,1997).

The 1960s and 1970s in the United States brought about a new culture of thinness in women. A shift occurred in which voluptuous, curved figures gave way to the angular, lean body that many women idealize today. The pervasiveness of dieting among women best exemplified this shift (Garner, Garfinkel, Schwartz, & Thompson, 1980).

More recently, Cash and Henry (1995) found that 63% of adult women in the United States were dissatisfied with their current weight and 49% reported preoccupation with their body weight. Cash and Henry postulated that while women have made significant strides in gender equality in the last century, there is “little evidence that the recent economic, occupational, and political gains of women in the United States have brought improvements in their body images” (p.26).

If modern women in the United States are making such great strides in gender equality, why has the nature of the feminine body ideal shifted? Society barrages women with negative body image messages through a multitude of outlets. The messages are seen on television, in magazines, heard in the halls of schools and internally repeated each time women walk past mirrors (Waterhouse, 1997). They are ingrained in culture, to the extent that the messages are hardly noticed. “Though many women, spurred by the revival of the feminist movement, are presenting themselves more proudly and confidently in public, in the privacy of their own minds too few seem to have favorable images of themselves” (Sanford & Donovan, 1985, p.4).

The feminist movement sought to release women from the objectification of their bodies. “How anyone experiences, fantasizes about, or internally represents her or his embodiment grows from experience, learning and self-definition in the family and in the culture” (Chodorow, 1989, p. 101). The existence of a gendered and sexually organized world does not allow society to experience embodiment as simply being in a body. Gender and sex differences create a dichotomy of embodiment that dictates how women experience femininity and determines who women are, what women do, and how women are perceived (Chodorow, 1989).

Body dissatisfaction can be explained by Objectification Theory (Fredrickson & Roberts, 1997). The theory posits that women's bodies are looked at, evaluated, and objectified. This objectification means that women are simply treated as bodies that exist for the pleasure of people around them, creating significant pressure for women to be preoccupied with their bodies. Women internalize observers' perspectives of their bodies leading to habitual self-conscious body monitoring and self-objectification.

Utilizing this theory, Strelan and Hargreaves (2005) conducted a study on one hundred thirty-two university students and their friends (64 women and 68 men) who completed three questionnaires: the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), 2) a modified version of that questionnaire that measured individuals' objectification of others, and 3) the Body Cathexis scale (Slade, Dewey, Newton, & Brodie, 1990). They found that women were more likely than men to self-objectify, self-objectification was negatively related to body satisfaction for women, and both men and women objectified other women more than they objectified men.

Self-esteem has often been linked with body satisfaction (Ben-Tovim, Walker, Murray, & Chin, 1990; Sanford & Donovan, 1985; Usmiani & Daniluk, 1997). However, there have recently been criticisms about self-esteem as a measure of psychological health (Baumeister, Smart, & Boden, 1996; Baumeister, Campbell, Krueger, & Vohs, 2003; Crocker, Luhtanen, Cooper, & Bouvrette, 2003; Twenge, Konrath, Foster, Campbell, & Bushman, 2008). To address these criticisms, Neff (2003a) proposed a new construct: self-compassion, which is an alternative conceptualization of a healthy attitude and relationship to oneself. This healthier attitude has been linked to less self-judgment (Neff, 2003a) and less judgment of others (Brown, 1999). Therefore, one could argue that higher levels of self-compassion could lead to less self-

objectification and less objectification of others. The next section addresses this objectification through a review of the theory, as well as a literature review of self-objectification and objectification of others.

Objectification Theory

The physical body has traditionally been the defining characteristic used to distinguish men from women. Anatomical, genetic, and hormonal influences on personality, experience, and behavior have been routinely explored. This biological basis has long been criticized by feminists, as they have argued that gender differences have little to do with the physical body and more to do with the socialization of boys and girls. Bodies exist within social and cultural contexts and are therefore constructed within sociocultural practices (Fredrickson & Roberts, 1997).

Western culture is saturated with heterosexuality and the assumption that men may sexualize women (Westcott, 1986). Within this sexual gazing, there exists the possibility for sexual objectification, or women being treated as just bodies. The mass media has propagated this sexual objectification through sexualized images of the female body, making these images unavoidable in the American culture (Fredrickson & Roberts, 1997). Research has indicated that an unattainable standard of women's physical beauty is what is depicted in the media. This narrow view is often linked with a woman's sexiness and worth (APA, 2007).

Fredrickson and Roberts (1997) sought to uncover why objectification occurs, with the understanding that women exist in a culture in which their bodies are looked at and evaluated. Objectification Theory "places female bodies in a sociocultural context with the aim of illuminating the lived experiences and mental health risks of girls and women who encounter

sexual objectification” (p. 174). The researchers argued that sexual objectification is only one form of gender oppression, but that it may perhaps act as a catalyst for other oppressions women face.

Objectification Theory posits that girls and women treat themselves as objects to be looked at and evaluated. This adoption of an observer’s perspective may be due to compliance with external pressures (Fredrickson & Roberts, 1997). Effective socialization begins with compliance with external pressures, leading to interpersonal identification, and ending with individuals claiming ownership of socialized values and attitudes. This ownership may result in a new notion of self (Costanzo, 1992).

Self-Objectification

Women learn that their “looks” matter and that how they are viewed by observers can determine how they are treated. Objectification Theory argues that women can adopt a “third-person” view of themselves as a way to control how they are treated (Fredrickson & Roberts, 1997). Physical beauty can be powerful for women (Citrin, Roberts, & Fredrickson, 2004), however, a majority of studies indicate negative psychological consequences of sexual objectification (Moradi & Huang, 2008).

Utilizing Fredrickson and Roberts’ (1997) Objectification Theory, Frederick, Peplau, and Lever (2006) studied correlates of body image in a sample of 52,677 heterosexual men and women. The researchers examined associations of body satisfaction to age, height, gender, and BMI and found that fewer men than women reported being too heavy (41% versus 61%) and rated their body as being unattractive (11% versus 21%), consistent with Objectification Theory.

In addition, slender women (BMI = 14.5-22.49) reported more body satisfaction than most of the other women, also consistent with Objectification Theory.

Mercurio and Landry (2008) investigated the impact of self-objectification on women's overall feelings of self-worth and their perceptions of their own well-being in terms of life satisfaction. Two hundred twenty-seven female undergraduates completed the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), the Rosenberg Self-Esteem Scale (Rosenberg, 1965), and the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985). The researchers found that self-objectification impacted overall life satisfaction through its relation with body shame and self-esteem.

Greenleaf and McGreer (2006) examined Objectification Theory (Fredrickson & Roberts, 1997) among physically active (N= 115) and sedentary (N= 70) female college students. The women completed the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), the Body Surveillance and Body Shame subscales of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), the Appearance Anxiety Scale (Dion, Dion, & J. Keelan, 1990), a flow experiences measure (Tiggemann & Slater, 2001), and the Eating Attitudes Test-26 (Garner, Olmsted, Bohr, & Garfinkel, 1982). They found that self-objectification predicted disordered eating in both groups of women and those women high in self-objectification reported higher levels of body surveillance, body shame, appearance anxiety, and self-reported disordered eating attitudes.

Rolnik, Engeln-Maddox, and Miller (2010) investigated the impact of sorority rush on self-objectification and body image disturbance. First-year undergraduate women either participating (n=68) or not participating (n=59) in sorority rush at a Midwestern university in the

U.S. completed the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), the Eating Attitudes Test–26 (Garner, Olmsted, Bohr, & Garfinkel, 1982), a demographics questionnaire developed by the researchers, and a rush-specific questionnaire developed by the researchers. The researchers found that women who dropped out of rush had significantly higher body mass indexes (BMI's) prior to beginning the rush process, as compared to those who completed the rush process, and rushees' BMI's significantly predicted whether they would drop out of rush. Consistent with previous findings that sorority women are especially likely to promote a thin body ideal (Schulken, Pinciario, Sawyer, Jensen, & Hoban, 1997), this research illustrated that the further women's bodies were from the culturally sanctioned thin ideal, the more negative their experience of sorority rush was. The researchers also found that rush participants evidenced increased levels of self-objectification and eating disordered behavior.

Objectification of Others

Not only do women self-objectify (Greenleaf & McGreer, 2006;Mercurio& Landry, 2008;Peplau& Lever, 2006; Rolnik, Engeln-Maddox, & Miller, 2010) but they objectify other women (Bearman, Korobov, & Thorne, 2009; Strelan & Hargreaves, 2005). This objectification of other women may take the form of comments or suggestions, glances, and other behaviors that communicate the thin-ideal to which women should conform (Szymanski, Moffitt, & Carr, 2011).

Tylka and Sabik (2010) studied Social Comparison Theory (Festinger, 1954) and self-esteem as they were integrated into the framework of Objectification Theory (Fredrickson & Roberts, 1997). Two hundred and seventy-four women from a Midwestern U.S. college completed the Feedback on Physical Appearance Scale (Tantleff-Dunn, Thompson, & Dunn,

1995), the Rosenberg Self Esteem Scale (Rosenberg, 1965), the Body Surveillance subscale and the Body Shame subscale of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), the Body Comparison Scale (Fisher & Thompson, 1998), and the Eating Attitudes Test-26 (Garner et al., 1982). The researchers found that women who are focused on their own bodies are more attentive to the appearance of other women's bodies and how they compare to their own. This body comparison may act as a feedback loop to their own body, perpetuating heightened body surveillance and objectification of other women's bodies. The researchers also found that self-esteem uniquely predicted body surveillance, body comparison, and body shame. This finding illustrated the importance of including self-esteem as a variable within the objectification framework.

Szymanski et al. (2011) argued that to “properly address women's own contribution to sexually objectifying environments, a great deal more research is needed to explore the ways women objectify other women” (p. 29). Szymanski and Carr (2011) emphasized the need for psychologists to empower therapy clients to address social problems such as sexual objectification. They see this empowerment as a social justice initiative “given the harmful role of external and internalized sexual objectification and other forms of oppression on individuals' psychosocial health” (p.165). The following section will define the construct of self-compassion, compare it with self-esteem, and explore the construct in the current literature. Special attention will be paid to the constructs as they relate to body image.

Self-Compassion

Neff's (2003a) construct of self-compassion represents a conceptualization of a healthy attitude and relationship to oneself. Self-compassion allows individuals to see themselves with

the nonjudgmental understanding and sense of humanness that is often afforded to others. Neff (2003a) defined self-compassion as:

being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness. Self-compassion also involves offering nonjudgmental understanding to one's pain, inadequacies and failures, so that one's experience is seen as part of the larger human experience (p. 87).

As part of this definition, Neff (2003a) described three components of self-compassion that work together for mutual enhancement:

(a) self-kindness – extending kindness and understanding to oneself rather than harsh judgment and self-criticism, (b) common humanity – seeing one's experiences as part of the larger human experience rather than seeing them as separating and isolating, and (c) mindfulness – holding one's painful thoughts and feelings in balanced awareness rather than over-identifying with them (p.89).

Self-Kindness

The kindness component of self-compassion recognizes that humans experience challenges in life and cannot be perfect. When one encounters suffering, feelings of inadequacy, or failure, self-compassion encourages warmth and understanding toward oneself. When life's setbacks are denied, suffering occurs in the form of self-criticism. When they are accepted with kindness, greater emotional balance may occur (Neff, 2003a; Neff, 2008).

Common Humanity

The recognition that all humans suffer allows one to see that suffering and failure are part of the shared human experience and are something larger than the self. Existing as a human means experiencing failure. This failure is one of the conditions which binds people to one another. It is the denial of this common link that leads to a competitive mind-set and perpetuates self-judgment and comparison to others (Neff, 2003a; Neff, 2008).

Mindfulness

Mindfulness allows individuals to observe their thoughts and emotions as they exist, without attempting to suppress, change or deny them. In this way, mindfulness allows the individual to be nonjudgmental toward the self (Neff, 2003a; Neff, 2008). Mindfulness does not negate negative emotions or feelings, rather it allows for emotional balance that prevents the individual from over identifying with an emotional state (Bishop et al., 2004).

Self-compassion tends to soften ego-protective barriers, allowing us to be kind to ourselves, rather than just being kind to those around us. This self-kindness does not require an inflated self-image and is available when self-esteem is not. It is available “when we fall flat on our face, embarrass ourselves, or otherwise come in direct contact with the imperfection of life” (Neff, 2011, p.6). The following section examines this difference between self-compassion and self-esteem.

Self-Compassion versus Self-Esteem

Rogers (1951) defined self-esteem as the extent to which an individual likes, values, and accepts himself or herself. Self-esteem is central in everything one does. Having positive self-esteem enhances one’s confidence, self-image, and overall happiness. Having negative self-

esteem creates negative thinking and leads one to believe negative comments made by others (Perera, n.d.).

Self-esteem has routinely served as the marker of psychological well-being (Erikson, 1968; Rosenberg, 1979) to the extent that the self is seen as separate from shared human experience. Within recent years, researchers have voiced concerns about self-esteem as a measure of psychological health (Baumeister et al., 1996; Baumeister et al., 2003; Crocker et al., 2003; Harter, 1999; Twenge et al., 2008). It was found that self-esteem is largely the outcome of doing well, rather than the cause of doing well (Baumeister et al., 2003). It was also speculated that the emphasis placed on self-esteem in our society has led to an increase in narcissism scores of college students. Researchers found that 65% of recent college students scored higher in narcissism than previous generations of students (Twenge et al., 2008). Finally, self-esteem may be linked to inflated self-views, which could be problematic when it is contingent on a particular outcome (Crocker et al., 2003).

Harter (1999) found that global self-esteem is shaped by evaluations of self-worth in domains such as appearance, social approval, and academic/work performance. This means that other potentially important life successes may be neglected in order to maintain high self-esteem. It also means that one's self-esteem is contingent upon recent successes and failures. Kernis (2005) found that this contingent self-esteem makes people more vulnerable to depression and reduced self-concept clarity. Further exemplifying this finding, the following section addresses the link between body image and self-esteem and how this may be harmful to the individual.

Body image and self-esteem. Usmiani and Daniluk (1997) argued that “body image is formed to a degree as a function of the culturally defined images of desirable bodily appearances for men and women” (p. 47), and that from this perspective “a girls’ self-esteem may be influenced by the degree to which she believes she meets cultural standards” (p. 47). A woman’s sense of who she is may be defined through conformity within a culture. Women in the United States may form their identity using a Westernized notion of feminine stereotypes that depict how a woman is expected to look and act (Grogan, 2008).

In discussing their self-esteem enhancement groups, Sanford and Donovan (1985) reported that nearly every female participant had a negative body image. The group members summarized that it is “difficult to dislike your body or a specific part of your body and still like yourself,” (p. 369). It is hard to discuss self-esteem without also including body image. For some women, a poor body image leads to low self-esteem and for others, a low self-esteem lends itself to poor body image.

Sanford and Donovan (1985) argued that parents’ self-acceptance influences a child’s self-perception. Parents acting as role models can often be just as negative of an influence as they are a positive influence. For example:

My mother was constantly concerned about her weight when I was a kid, and when I reached puberty, she decided I looked “porky.” She dragged me to the gym with her, which I hated, and we both went on the same diets, although I ate tremendous volumes at school. I spent my allowance on hot lunches, in addition to eating the rabbit food she sent along with me. She was always on me about how I looked, until I gave up and withdrew. I stopped eating around her. This concerned her right away and she took me

to the doctor who told her I was the correct weight and that all my bulges were just normal. After that, she left me alone (p. 369).

The researchers speculated that if the mother had a more positive self-concept, she may have recognized that her daughter did not have a weight problem. If, in reality, the daughter did have a weight problem, the mother could have demonstrated some reasonable and safe ways to manage her weight.

Sanford and Donovan (1985) also argued that while some women do not see themselves in an entirely negative light, they may still lack self-esteem. They may be well aware of their good qualities, but have a hard time understanding that their good qualities matter as much as their negative qualities or flaws. “Oh, I know I’ve got a nice face, that I’m pretty bright, a good teacher, a kind person and all that,’ a woman might say. ‘But,’ she is quick to add, ‘I should lose ten pounds,’”(p. 16).

Recent research suggests that self-compassion is more predictive of healthy self-related functioning than is self-esteem (Neff & Vonk, 2006). Measures of self-compassion and global self-esteem, as well as a number of self-related processes known to be maladaptive: self-esteem instability and contingency, social comparison, narcissism, reactive anger, public self-consciousness, and self-rumination were completed by the research participants. The researchers found, after accounting for variance in outcomes attributable to self-esteem, self-compassion predicted significant additional variance for self-esteem instability, self-esteem contingency, social comparison, reactive anger, public self-consciousness, and self-rumination. Moreover, in almost every case, self-compassion was a much stronger negative predictor of these outcomes than was self-esteem.

Neff, Kirkpatrick, and Rude (2007) examined the relationship of self-compassion to psychological health. Ninety-one undergraduates completed measures on self-compassion, self-esteem, negative affectivity, and anxiety. They found that self-compassion, and not self-esteem, buffered anxiety when participants were faced with an ego-threat in a laboratory setting.

Neff (2003a; 2009; 2011) argued that there is a way for people to feel good about themselves without the positive or negative self-judgment or evaluation commonly associated with self-esteem. Her research on the construct of self-compassion found that it offers similar benefits to self-esteem, but without the pitfalls. She found that self-compassion is equally relevant when suffering occurs either through external circumstances or one's personal inadequacies. Also, Neff (2004) suggested that because self-compassion does not require people to adopt an unrealistic view of the self, it should be easier to raise than self-esteem. The following section addresses self-compassion in the current literature.

Self-Compassion in the Literature

Research has helped establish the advantageous nature of self-compassion. Thus far, most of the research on self-compassion has been conducted using the Self-Compassion Scale (Neff, 2003a), which measures the degree to which individuals display self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over identification. Utilizing this scale, higher levels of self-compassion have been associated with greater life-satisfaction, emotional intelligence, social connectedness, learning goals, wisdom, personal initiative, curiosity, happiness, optimism, and positive affect, as well as less self-criticism, depression, anxiety, fear of failure, thought suppression, perfectionism, performance goals, and

disordered eating behaviors (see Neff, 2009, for a review). Self-compassion recognizes that we all have strengths and weaknesses and that we are “imperfect human beings” (Neff, 2011, p. 9).

Neff, Hsieh, and Dejitthirat, (2005) examined the link between self-compassion and motivation among college students to determine whether self-compassion might be adaptive in academic contexts. Using a sample size of 222 college students, the researchers found that self-compassion was positively associated with mastery goals, which include the joy of learning for its own sake, and negatively associated with performance goals, which involve defending or enhancing one’s sense of self-worth through academic performances. These findings were replicated (N= 110) with students who had recently failed a midterm examination and indicated that self-compassionate students exhibited more adaptive ways of coping with failure.

In a similar study, Akin (2008) examined the relationship between self-compassion and achievement goal orientation. Research participants included 646 university students in Turkey who completed scales on self-compassion and achievement goal orientation. Results concluded that self-compassion was positively related to learning approach and negatively related to performance approach. Given the findings, the author called for educational settings to foster self-compassion in students.

In a study designed to explore the relationships among self-compassion, positive psychological functioning, and the Big Five personality traits in college students (N=177), Neff, Rude, and Kirkpatrick (2007) found that self-compassion was associated with greater reflective and affective wisdom, curiosity and exploration, happiness, optimism, positive affect, Extraversion, Agreeableness and Conscientiousness. It was found that self-compassion was

negatively associated with Neuroticism. They also found that self-compassion was linked to personal initiative, which supports the notion that self-compassion leads to self-growth.

Neff and McGehee (2010) examined self-compassion among adolescents (N=235) and young adults (N=287). Utilizing measures of self-compassion, depression, anxiety, connectedness, maternal support, family functioning, attachment, and personal fable, the researchers found that self-compassion was strongly associated with well-being for both age groups. They also found that self-compassion contributed to well-being while controlling other factors, suggesting that self-compassion's mental health benefits were not confounded by family influence or life stage. The authors argued that this finding may further support the notion that self-compassion can be enhanced with practice (Gilbert and Proctor, 2006).

Leary, Tate, Adams, Allen, and Hancock (2007) utilized five separate studies that investigated the cognitive and emotional processes by which self-compassionate people deal with unpleasant life events. In the first study, 117 undergraduate students reported on negative life events. Results showed that self-compassion predicted emotional and cognitive reactions to negative events. The second study asked 123 undergraduate students to respond to hypothetical scenarios which elicited feelings of loss, failure, and humiliation. The researchers found that self-compassion buffered people against negative emotions when imagining distressing social events. In the third study, 66 undergraduate students disclosed personal information to another individual and then received either positive or neutral feedback. Their emotional reactions and judgments of the other person were then assessed. The results concluded that self-compassion moderated negative emotions and receiving ambivalent feedback and this was especially true for participants who scored low on self-esteem. The fourth study videotaped 102 undergraduate

students while they performed an awkward and mildly embarrassing task. The videotapes were then either self-rated or rated by another participant. The results showed that low-self-compassionate participants undervalued their own videotaped performances relative to observers. The final study was designed to examine how self-compassion moderates reactions to remembered life events and to examine if self-compassion could be experimentally induced among the 115 undergraduate research participants. Results showed that self-compassion allows individuals to acknowledge their role in negative events without feeling overwhelmed with negative emotions and that self-compassion could be experimentally induced.

Continuing the use of a self-compassion manipulation, Zabelina and Robinson (2010) studied 86 undergraduate students to better understand the use of a self-compassion manipulation as it relates to original creative thinking. The researchers found that self-judgmental individuals displayed lower levels of creative originality in the control condition, but equal levels of creative originality in the self-compassion manipulation condition. They also further exemplified the positive outcome of a self-compassion induction.

Self-compassion and body image. A pilot study conducted by Gilbert and Irons in 2004 found that self-critical thoughts were linked to many different social situations. Prior to a compassionate mind training technique, participants were asked to keep diaries to explore self-critical themes. When the participants were asked to describe the situations or events that elicited self-criticism, they identified being at the gym and body image-related situations, among others. Thus, while self-compassion has been conceptualized as a construct related to the overall self, it could also be more relevant to specific self-perceptions of the physical self.

Investigating the outcome of inducing a state of self-compassion on restrained eating, Leary and Adams (2007) asked 84 female undergraduate students to complete the Revised Rigid Restraint Scale, designed by the researchers. Participants were then randomly assigned to one of the experimental conditions: preload/self-compassion condition, preload/no self-compassion condition, or no preload/control condition. The preload consisted of a set amount of food presented to participants who performed a bogus taste test to measure eating behavior. They then completed a self-evaluation. The researchers found that highly restrictive eaters felt worse after eating the preload compared to the control condition, but those who completed the self-compassion induction showed lower negative affect and reduced self-criticism.

Magnus et al., (2010) found that self-compassion was positively related to intrinsic motivation and negatively related to external and introjected motivation, ego goal orientation, social physique anxiety and exercising in ways that are harmful to the self. They found that self-compassion may foster a healthy attitude towards the self and identified the need for physical self-compassion as a potential construct for future exploration.

Furthering this idea, Berry, Kowalski, Ferguson, and McHugh (2010) proposed that body self-compassion could be a sub-domain of global self-compassion. Using Neff's (2003) research, they defined body self-compassion as "a kind, understanding and non-judgmental attitude individuals extend toward their body in response to their perceived physical imperfections, limitations and failures" (p. 295). Using this new construct, the researchers interviewed five young adult women using an empirical phenomenological method. Three essential themes emerged as the women experienced more body self-compassion: appreciating

one's unique body, taking ownership of one's body, and engaging in less social comparison. These findings suggest the benefits of increasing body self-compassion.

Research Questions

Sexual objectification is harmful to women's psychosocial health. It leads to increased body surveillance, body shame, and decreased self-esteem. For centuries, women's worth has been linked with physical attractiveness. Sexual objectification perpetuates social injustice, depriving women of opportunities to feel comfortable in their bodies and to experience life without the added strain of needing to monitor or enhance physical appearance. Szymanski and Carr (2011) called for social justice initiatives surrounding empowerment of female clients and Szymanski et al. (2011) suggested the need for further research about women who objectify other women.

Recent critics of self-esteem (Baumeister et al., 1996; Baumeister et al., 2003; Crocker et al., 2003; Harter, 1999; Twenge et al., 2008) have opened the doors to a new concept of a healthy attitude and relationship to oneself in the construct of self-compassion (Neff, 2003a). Given the recent research on self-compassion (Neff, 2003a; 2009, 2011) and the new concept of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively), one can hypothesize that women with higher self-compassion will be less likely to self-objectify and objectify other women. We also know from the research that self-compassion can be experimentally induced (Leary & Adams, 2007; Leary et al., 2007; Zabelina & Robinson, 2010).

Research has established the advantages of self-compassion to include greater life-satisfaction, emotional intelligence, social connectedness, learning goals, wisdom, personal initiative, curiosity, happiness, optimism, and positive affect, as well as less self-criticism,

depression, anxiety, fear of failure, thought suppression, perfectionism, performance goals, and disordered eating behaviors (Neff, 2009, for a review). Using body self-compassion, Berry et al. (2010) used an empirical phenomenological approach to interview five women and found themes that suggested that as women experienced more body self-compassion, they appreciated their unique body, took ownership of their body and engaged in less social comparison. While these findings suggest the positive influence of increased body self-compassion, the literature has not extended a body self-compassion induction on women who experience self-objectification and women who objectify other women.

Based on this review of the literature, it is evident that there is a gap in the literature with respect to this extension of a self-compassion induction based on objectification. Therefore my research questions were:

1. How does a self-compassion induction affect self-objectification?
2. How does a self-compassion induction affect objectification of other women?

Procedure

The purpose of this research study was to examine the influence of a body self-compassion induction on college-aged women. Similar to Leary et al.'s (2007) Study 5, participants wrote about a negative event from their past and answered questions about it. Participants began by thinking about a negative event they experienced in high school or college that made them feel badly about their bodies – something that involved failure, humiliation or rejection. Participants were then asked to describe the event by including details regarding what led to the event, who was present, what happened during the event, and how they felt and

behaved at the time. After writing about the event, participants were then randomly assigned to one of two conditions: a) self-compassion induction or 2) control group.

Self-Compassion Induction

Participants in the self-compassion condition responded to three prompts which instructed them to consider their negative event in a self-compassionate manner (Neff, 2003a). The first prompt, designed to focus on the common humanity element of self-compassion, asked participants to list ways in which other women have experienced a similar event. The second prompt, designed to focus on self-kindness, asked participants to write how they would express understanding, kindness and concern to themselves in the same way they might express concern to a friend who had lived the same experience. The final prompt asked participants to describe their feelings about the event in an objective and unemotional way, which is designed to induce a mindful perspective on the event.

Control Group

Participants in the control condition also responded to three prompts to make the control condition as similar to the self-compassion condition as possible. The first prompt asked participants to describe the factors they considered in their college choice. The second prompt asked participants to describe their favorite college class. The final prompt asked participants to write about their least favorite college class. The prompts were designed to be neutral, so as to not further induce negative or positive feelings regarding body image.

Following the writing prompts, all participants completed the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), a modified version of the Self-Objectification

Questionnaire used to determine objectification of other women, the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and a demographics questionnaire.

Participants

Data was collected at the end of the Fall semester and beginning of the Spring semester. Participants in this study consisted of undergraduate women from one mid-sized state university and one large state university in the Southeastern United States. Participants from the mid-sized state university received research credit in their course and participants from the large state university were eligible to enter a drawing for a gift card. There were initially 584 participants in this research study, but participants who had missing responses or incomplete answers were removed during data cleaning. Following data cleaning, 382 women from the mid-sized university and 28 women from the large university remained in the research sample. The end result was a sample of 410 undergraduate women who completed this research study. Of those, 220 were randomly assigned to the control group and 190 were randomly assigned to the self-compassion induction group.

The ages of the research participants ranged from 18 to 50 years ($M=19.30$; $SD= 2.22$). Two-hundred and twenty-five participants (54.9%) identified themselves as freshman, 81 (19.8%) identified themselves as sophomores, 50 (12.2%) identified themselves as juniors, and 54 (13.2%) identified themselves as seniors. Three hundred and thirty-six students (82%) self-identified as Caucasian, three (0.7%) self-identified as Native American/American Indian, 42 (10.2%) self-identified as African American, three (0.7%) self-identified as Pacific Islander, five (1.2%) self-identified as Asian, 11 (2.7%) self-identified as multi-ethnic, and 10 (2.4%) self-identified as “other.” Ten participants (2.4%) responded that they had been diagnosed with an

eating disorder, while 400 (97.6%) responded that they had never been diagnosed with an eating disorder. Each participant's reported height and weight were used to calculate a BMI. BMI values ranged from 15.66 to 40.35 ($M = 23.40$, $SD = 4.11$).

Results

Self-esteem scores ranged from 4 to 30, with a mean score of 20.05 and a standard deviation of 4.94. Self-Objectification Questionnaire scores ranged from -25 to 25, with a mean of 3.16 and a standard deviation of 12.79. Other-Objectification Questionnaire scores ranged from -25 to 25, with a mean of 9.31 and a standard deviation of 13.41. It is interesting to note that the mean score for objectification of other women was significantly higher than the mean score for self-objectification, ($F(1, 409) = 69.04$, $p < .001$).

Research question one sought to identify how a self-compassion induction affects self-objectification of women. The effect of the group membership (induction vs. control) was not statistically significant ($p = .572$).

Research question two sought to identify how a self-compassion induction affects how women objectify other women. The effect of the group membership (induction vs. control) was not statistically significant ($p = .478$).

The results of Tylka and Sabik's (2010) study indicated the need to find the unique contribution of the self-compassion induction beyond what was accounted for by self-esteem. Self-compassion induction did not account for a significant proportion of variability in scores for self-objectification beyond that already accounted for by self-esteem ($R^2 \text{ Change} < .001$, $F(1, 407) = .03$, $p = .86$). The self-compassion induction did not account for a significant proportion of

variability in scores for other-objectification beyond that already accounted for by self-esteem (R^2 Change = .001, $F(1, 407) = .29$, $p=.59$).

Post Hoc Analyses

Previous research has focused on the differences between college students who participate in research early in the semester versus late in the semester. Early semester participants have been found to be more socially responsible (Holden & Reddon, 1987), more intrinsically motivated (Hom, 1987), more compliant (Masling, O'Neill, & Jayne, 1981), more academically and achievement oriented with higher ACT and GPA scores, and to possess a more internal academic locus of control (Evans & Donnerstein, 1974). Given these differences in motivation and personality attributes, a post-hoc analysis combining data from early semester participants from the mid-sized university and the sample from the large university, because they were not participating for credit and were therefore more intrinsically motivated to complete the study, was conducted. The control group had 89 participants and the self-compassion induction had 83 participants. The total number of participants in this post-hoc analysis was 172.

Research question one sought to identify how a self-compassion induction affects self-objectification of women. The effect of the group membership (induction vs. control) was not significant ($p=.145$).

Research question two sought to identify how a self-compassion induction affects how women objectify other women. The effect of the group membership (induction vs. control) was not significant ($p= .461$).

A post-hoc analysis found significant differences among self-esteem scores between the self-compassion induction and control groups ($p = .031$, R^2 Change = .027). Self-esteem scores

for the self-compassion induction group were significantly higher than the self-esteem scores for the control group.

The results of Tylka and Sabik's (2010) study indicated the need to find the unique contribution of the self-compassion induction beyond what was accounted for by self-esteem. Self-compassion induction did not account for a significant proportion of variability in scores for self-objectification beyond that already accounted for by self-esteem (R^2 Change = .005, $F(1, 169) = .94, p = .33$). Self-compassion induction did not account for a significant proportion of variability in scores for other-objectification beyond that already accounted for by self-esteem (R^2 Change = .002, $F(1, 169) = .34, p = .56$).

Discussion

The recent research on self-compassion (Neff, 2003a; 2009, 2011) and the new concept of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively) has demonstrated that women with higher levels of self-compassion are kinder to themselves. It was hypothesized that this kindness toward self can be generalized to kindness toward one's body and therefore, women with higher levels of self-compassion would be less likely to self-objectify. It may be the case that this new concept of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively) cannot be raised using a traditional self-compassion induction. It may also be the case that the online data collection method, used by the researcher, did not result in a true self-compassion induction for all of the participants, as some of them may not have adequately thought about their responses in a self-compassionate manner.

It was hypothesized that women who complete a self-compassion induction would report lower scores in the modified version of the Self-Objectification Questionnaire, as compared to the control group. This present study found that the effect of group membership (self-compassion induction vs. control) was not significant with respect to scores on the modified version of the Self-Objectification Questionnaire. However, it was found that the mean score for objectification of other women was higher than the mean score for self-objectification for the total sample. This meant that women were objectifying other women more than they were self-objectifying.

A 2010 study by Tylka and Sabik found that women who are focused on their own bodies are more attentive to the appearance of other women's bodies. This body comparison may act as a feedback loop to their own body, perpetuating heightened body surveillance and objectification of other women's bodies. Given the research on the positive outcomes of increasing one's self-compassion (Neff, 2003a; 2009, 2011), especially related to body self-kindness (Berry et al., 2010; Magnus et al., 2010), it was hypothesized that a self-compassion induction would not only lead to less self-objectification but also less objectification of other women. Similar to the results from the first research question, it may be that this new concept of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively) cannot be raised using a traditional self-compassion induction or that the online data collection method did not actually raise self-compassion. If the self-compassion induction did not significantly impact self-objectification, it would naturally be the case that it would not significantly impact the objectification of others.

The finding that women were objectifying other women more than they were self-objectifying was consistent with the findings of Stelan and Hargreaves (2005). This may indicate that women place more importance on the appearance of other women than they do on their own appearance. Women are constantly bombarded with body image messages emphasizing the thin-ideal (Waterhouse, 1997) and deflecting these messages onto others may serve as a protective factor for women.

The results of Tylka and Sabik's (2010) study indicated the need to find the unique contribution of the self-compassion induction beyond what was accounted for by self-esteem. In this research sample, no significant effect was found when controlling for self-esteem with respect to self-objectification or objectification of other women. Similar to the findings above for the two research questions, we may hypothesize that this new concept of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively) cannot be raised using a traditional self-compassion induction or that the online data collection method did not result in a true self-compassion induction for the participants. In either case, self-compassion could not account for anything significant beyond what was already accounted for by self-esteem.

Post-Hoc Analyses

This research study was conducted at the end of the Fall 2011 semester and the beginning of the Spring 2012 semester. It was hypothesized that there may be differences in motivation and personality factors between the students who completed the study at the end of the semester versus the beginning of the semester. The literature points to differences which include: early semester participants have been found to be more socially responsible (Holden & Reddon, 1987), more intrinsically motivated (Hom, 1987), more compliant (Masling, O'Neill, & Jayne, 1981),

more academically and achievement oriented with higher ACT and GPA scores, and a more internal academic locus of control (Evans & Donnerstein, 1974).

Because the students completing the study from the large university did not have the same class or extra credit, large university participants remained in the post-hoc sample. The control group had 89 participants and the self-compassion induction had 83 participants. The total number of participants in this post-hoc analysis was 172.

The same analyses for research questions one and two were conducted using this new sample. Again, no significant differences were found between the self-compassion and control groups, similar to the results using the full research sample. It is believed that the same reasons, as previously described, can account for these findings.

Interestingly, a post-hoc analysis found significant differences among self-esteem scores between the self-compassion induction and control groups. This meant that self-esteem scores for the self-compassion induction group were significantly different from and higher than the self-esteem scores of the control group. Results were inconsistent with Neff's (2004) suggestion that because self-compassion does not require people to adopt an unrealistic view of the self, it should be easier to raise than self-esteem. Given the emphasis that society has placed on raising self-esteem (Twenge et al., 2008), it may have been the case that the college student sample was primed to increase self-esteem more than they were self-compassion. It may also have been the case that this research sample had higher levels of self-esteem prior to participation in this research study, consistent with the personality and motivation factors previously discussed (Evans & Donnerstein, 1974; Holden & Reddon, 1987; Hom, 1987; Masling, O'Neill, & Jayne, 1981). The initial writing prompt, which asked participants to write about a negative body

image experience, may have temporarily lowered self-esteem. Those women who participated in the self-compassion induction may then have counterbalanced that lowering of self-esteem, returning them to their normal level of self-esteem. Those women who participated in the control group may not have returned to their normal levels of self-esteem, showing a significant difference in levels of self-esteem between the two groups.

Limitations and Future Research

There were several major limitations to this research. First, while women from two universities were represented in this study, the universities are still in the same geographic region and the sample was comprised of only undergraduate women. Therefore, this study design did not allow for an accurate representation of all women within the sampled age groups. Future research should include research participants in a variety of urban and rural populations.

Another major limitation was that this study did not include a manipulation check meaning that self-compassion was not measured following the self-compassion induction to see if the induction actually increased self-compassion. The researcher chose to not include a self-compassion questionnaire because of concern for the time requirements of participation in this research. Future research should include either a pre- and post-induction evaluation of self-compassion or at least measure the difference among self-compassion scores between the self-compassion induction and the control group, regardless of the amount of time required to complete the extra questionnaire.

Finally, it was hypothesized that the methodology used for data collection was not adequate to induce self-compassion among all group participants. Due to the nature of online data collection, some of the research participants in the self-compassion induction group may not

have spent enough time thinking about and then writing about the three components of self-compassion (Neff, 2003a). This may have prevented a true self-compassion induction from taking place. Future research should restrict this methodology to in-person data collection to ensure that participants are spending adequate amounts of time on the self-compassion writing prompts.

CHAPTER II

LITERATURE REVIEW

This chapter examines the current literature with respect to this research study. It begins with an overview of the need for this research and then details the theoretical framework supporting this research: Objectification Theory (Fredrickson & Roberts, 1997). Second, this chapter examines relevant research focusing on the self-objectification of women and women objectifying other women. Third, there is an examination of the literature identifying the construct of self-compassion, how it is measured, and its relationship to body image and Objectification Theory. Finally, the chapter concludes with the research questions posed by this study.

Importance of this Study

Female standards of beauty have been dictated by society throughout history. The nineteenth century brought corsets to shrink women's waists, accentuate their hips, and achieve an hourglass figure. By the middle of the twentieth century, the curvy hourglass figure dissolved into curveless bodies, subjected to girdles, self-mutilation, stomach stapling, and self-starvation. What happened to change the standard of the ideal female body (Waterhouse, 1997)?

The 1960s and 1970s in the United States brought about a new culture of thinness in women. A shift occurred in which voluptuous, curved figures gave way to the angular, lean body that many women idealize today. The pervasiveness of dieting among women best exemplified this shift (Garner, Garfinkel, Schwartz, & Thompson, 1980).

More recently, Cash and Henry (1995) found that 63% of adult women in the United States were dissatisfied with their current weight and 49% reported preoccupation with their body weight. Cash and Henry postulated that while women have made significant strides in gender equality in the last century, there is “little evidence that the recent economic, occupational, and political gains of women in the United States have brought improvements in their body images” (p.26).

If modern women in the United States are making such great strides in gender equality, why has the feminine body ideal shifted? Society barrages women with negative body image messages through a multitude of outlets. The messages are seen on television, in magazines, heard in the halls of schools and every time women walk past mirrors (Waterhouse, 1997). They are ingrained in culture, to the extent that the messages are hardly noticed. “Though many women, spurred by the revival of the feminist movement, are presenting themselves more proudly and confidently in public, in the privacy of their own minds too few seem to have favorable images of themselves” (Sanford & Donovan, 1985, p.4).

The feminist movement sought to release women from the objectification of their bodies. “How anyone experiences, fantasizes about, or internally represents her or his embodiment grows from experience, learning and self-definition in the family and in the culture” (Chodorow, 1989, p. 101). The existence of a gendered and sexually organized world does not allow society to experience embodiment as simply being in a body. Gender and sex differences create a dichotomy of embodiment that dictates how women experience femininity and determines who women are, what women do, and how women are perceived (Chodorow, 1989).

Sanford and Donovan (1985) argued that “none of the ideal standards by which we judge ourselves was with us at birth” (p.8). Women learn how to judge themselves through their culture and family unit. Various components of one’s images and beliefs of self are assembled like a collage, depicting an identity and sense of self.

It is as if "women are locked into a generational cycle of female body insecurity and devaluation” (Clarke & Giffin, 2007, p. 715). Women are constantly bombarded with body image messages from their mothers and the basic ideas women have about themselves were acquired prior to adulthood (Archibald, Graber, & Brooks-Gunn, 1999; Clarke & Griffin, 2007; Francis & Birch, 2005; Liechty, Freeman, & Zabriskie, 2006). It has been argued that dieting has become a national epidemic and binds mothers and daughters (Waterhouse, 1997).

This vicious cycle of body dissatisfaction can be explained by Objectification Theory (Fredrickson & Roberts, 1997). The theory posited that women’s bodies are looked at, evaluated, and objectified. This objectification means that women are simply treated as bodies that exist for the pleasure of people around them. There is significant pressure for women to be preoccupied with their bodies. Women internalize observers’ perspectives of their bodies leading to habitual self-conscious body monitoring and self-objectification.

Utilizing this theory, Strelan and Hargreaves (2005) conducted a study on one hundred thirty-two university students and their friends (64 women and 68 men) who completed three questionnaires: the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), 2) a modified version of that questionnaire that measured individuals’ objectification of others, and 3) the Body Cathexis scale (Slade, Dewey, Newton, & Brodie, 1990). They found that women were more

likely than men to self-objectify, self-objectification was negatively related to body satisfaction for women, and both men and women objectified other women more than they objectified men.

Self-esteem has often been linked with body satisfaction (Ben-Tovim, Walker, Murray, & Chin, 1990; Sanford & Donovan, 1985; Usmiani & Daniluk, 1997). However, there have recently been a lot of criticisms about self-esteem as a measure of psychological health (Baumeister, Smart, & Boden, 1996; Baumeister, Campbell, Krueger, & Vohs, 2003; Crocker, Luhtanen, Cooper, & Bouvrette, 2003; Twenge, Konrath, Foster, Campbell, & Bushman, 2008). To address these criticisms, Neff (2003a) proposed a new construct, self-compassion, which is an alternative conceptualization of a healthy attitude and relationship to oneself. This healthier attitude has been linked to less self-judgment (Neff, 2003a) and less judgment of others (Brown, 1999). Therefore, one could argue that higher levels of self-compassion could lead to less self-objectification and less objectification of others. The next section addresses this objectification through a review of the theory, as well as a literature review of self-objectification and objectification of others.

Objectification Theory

The physical body has traditionally been the defining characteristic used to distinguish men from women. Anatomical, genetic, and hormonal influences on personality, experience, and behavior have been routinely explored. This biological basis has long been criticized by feminists, as they have argued that gender differences have little to do with the physical body and more to do with the socialization of boys and girls. Bodies exist within social and cultural contexts and are therefore constructed within sociocultural practices (Fredrickson & Roberts, 1997).

Western culture is saturated with heterosexuality and the assumption that men may sexualize women (Westkott, 1986). Within this sexual gazing, there exists the possibility for sexual objectification, or women being treated as just bodies. The mass media has propagated this sexual objectification through sexualized images of the female body, making these images unavoidable in the American culture (Fredrickson & Roberts, 1997). Research has indicated that an unattainable standard of women's physical beauty is what is depicted in the media. This narrow view is often linked with a woman's sexiness and worth (APA, 2007).

Fredrickson and Roberts (1997) sought to uncover why objectification occurs, with the understanding that women exist in a culture in which their bodies are looked at and evaluated. Objectification Theory "places female bodies in a sociocultural context with the aim of illuminating the lived experiences and mental health risks of girls and women who encounter sexual objectification" (p. 174). The researchers argued that sexual objectification is only one form of gender oppression, but that it may perhaps act as a catalyst for other oppressions women face.

Objectification Theory posited that girls and women treat themselves as objects to be looked at and evaluated. This adoption of an observer's perspective may be due to compliance with external pressures (Fredrickson & Roberts, 1997). Effective socialization begins with compliance with external pressures, leading to interpersonal identification, and ending with individuals claiming ownership of socialized values and attitudes. This ownership may result in a new notion of self (Costanzo, 1992).

Self-Objectification

Women learn that their “looks” matter and that how they are viewed by observers can determine how they are treated. Objectification Theory argued that women can adopt a “third-person” view of themselves as a way to control how they are treated (Fredrickson & Roberts, 1997). Physical beauty can be powerful for women (Citrin, Roberts, & Fredrickson, 2004, p. 208); however, a majority of studies indicated negative psychological consequences of sexual objectification (Moradi & Huang, 2008).

Utilizing Fredrickson & Roberts’ (1997) Objectification Theory, Frederick, Peplau, and Lever (2006) studied correlates of body image in a sample of 52,677 heterosexual men and women. The researchers examined associations of body satisfaction to age, height, gender, and BMI and found that fewer men than women reported being too heavy (41% versus 61%) and rated their body as being unattractive (11% versus 21%), consistent with Objectification Theory. In addition, slender women (BMI = 14.5-22.49) reported more body satisfaction than most of the other women, also consistent with Objectification Theory.

Mercurio and Landry (2008) investigated the impact of self-objectification on women’s overall feelings of self-worth and their perceptions of their own well-being in terms of life satisfaction. Two hundred twenty-seven female undergraduates completed the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), the Rosenberg Self-Esteem Scale (Rosenberg, 1965), and the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985). The researchers found that self-objectification impacts overall life satisfaction through its relation with body shame and self-esteem.

Greenleaf and McGreer (2006) examined Objectification Theory (Fredrickson & Roberts, 1997) among physically active (N= 115) and sedentary (N= 70) female college students. The women completed the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), the Body Surveillance and Body Shame subscales of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), the Appearance Anxiety Scale (Dion, Dion, & J. Keelan, 1990), a flow experiences measure (Tiggemann & Slater, 2001), and the Eating Attitudes Test–26 (Garner, Olmsted, Bohr, & Garfinkel, 1982). They found that self-objectification predicted disordered eating in both groups of women and those women high in self-objectification reported higher levels of body surveillance, body shame, appearance anxiety, and self-reported disordered eating attitudes.

Rolnik, Engeln-Maddox, and Miller (2010) investigated the impact of sorority rush on self-objectification and body image disturbance. First-year undergraduate women either participating (n=68) or not participating (n=59) in sorority rush at a U.S. Midwestern university completed the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), the Eating Attitudes Test–26 (Garner, Olmsted, Bohr, & Garfinkel, 1982), a demographics questionnaire developed by the researchers, and a rush-specific questionnaire developed by the researchers. The researchers found that women who dropped out of rush had significantly higher body mass indexes (BMI's) prior to beginning the rush process, as compared to those who completed the rush process, and rushees' BMI's significantly predicted whether they would drop out of rush. Consistent with previous findings that sorority women are especially likely to promote a thin body ideal (Schulken, Pinciario, Sawyer, Jensen, & Hoban, 1997), this research illustrated that the further women's bodies were from the culturally sanctioned thin ideal, the more negative

their experience of sorority rush was. The researchers also found that rush participants evidenced increased levels of self-objectification and eating disordered behavior.

Objectification of Others

Not only do women self-objectify (Greenleaf & McGreer, 2006;Mercurio& Landry, 2008;Peplau& Lever, 2006; Rolnik, Engeln-Maddox, & Miller, 2010) but they objectify other women (Bearman, Korobov, & Thorne, 2009; Strelan & Hargreaves, 2005). This objectification of other women may take the form of comments or suggestions, glances, and other behaviors that communicate the thin-ideal to which women should conform (Szymanski, Moffitt, & Carr, 2011).

Tylka and Sabik (2010) studied Social Comparison Theory (Festinger, 1954) and self-esteem as they were integrated into the framework of Objectification Theory (Fredrickson & Roberts, 1997). Two hundred and seventy-four women from a Midwestern U.S. college completed the Feedback on Physical Appearance Scale (Tantleff-Dunn, Thompson, & Dunn, 1995), the Rosenberg Self Esteem Scale (Rosenberg, 1965), the Body Surveillance subscale and the Body Shame subscale of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), the Body Comparison Scale (Fisher & Thompson, 1998), and the Eating Attitudes Test-26 (Garner et al., 1982). The researchers found that women who are focused on their own bodies are more attentive to the appearance of other women's bodies and how they compare to their own. This body comparison may act as a feedback loop to their own body, perpetuating heightened body surveillance and objectification of other women's bodies. The researchers also found that self-esteem uniquely predicted body surveillance, body comparison, and body shame.

This finding illustrated the importance of including self-esteem as a variable within the objectification framework.

Szymanski et al. (2011) argued that to “properly address women’s own contribution to sexually objectifying environments, a great deal more research is needed to explore the ways women objectify other women,” (p. 29). Szymanski and Carr (2011) emphasized the need for psychologists to empower therapy clients to address social problems such as sexual objectification. They see this empowerment as a social justice initiative “given the harmful role of external and internalized sexual objectification and other forms of oppression on individuals’ psychosocial health,” (p.165).

Definition of Body Image

We cannot fully understand the power of objectification without first understanding body image (Fredrickson & Roberts, 1997). Body image is difficult to clearly define, but there is a general agreement within the literature that it is multidimensional and complex and involves biological, psychological, and social factors (Blyth, Simmons, & Zakin, 1985; Petersen, Schulenberg, Abramowitz, Offer, & Jarcho, 1984). Hutchinson (1982) suggested:

Body image is not the same as body, but is rather what the mind does to the body in translating the experience of embodiment into its mental representation. This translation from body to body image and from there to body- cathexis is a complex and emotionally charged process (p. 59).

In this context, body- cathexis was defined as body esteem or body satisfaction.

Transmission of Body Image

Body image ideals are transmitted through a variety of sources. The media tells women what a normal body should look like (Bandura, 1977; Becker, 1994; Harper & Tiggemann, 2008; Jhally, 2001; Sanford & Donovan, 1985; Strahan et al., 2008). In addition to the media, familial influence begins at an early age and shapes the way women view their bodies through socialization, modeling, and encouragement.

Media

An abundant source of social learning is the symbolic modeling provided by television, films, and other visual media. Bandura (1977) stated:

During the course of their daily lives, people have direct contact with only a small sector of the environment. Consequently, their perceptions of social reality are heavily influenced by vicarious experiences- what they see, hear, and read in the mass media (p.40).

The Internet, another vehicle of mass visual media, is widely used among college students. The Pew Internet and American Life Project found that young adults are much more likely to spend time online than the general population. Personal computers, home broadband access and the use of cell phones make internet access easy for college students (Smith, Rainie, & Zickuhr, 2011).

Sanford and Donovan (1985) found that advertising, television, and fashion magazines promote cultural ideals becoming the teacher of normalcy for a woman's body when other sources of information are lacking. In *Killing Us Softly 3* (Jhally, 2001), a film on media influence on women, the lecturer, Jean Kilbourne, quoted, "What does advertising tell us today

about women? It tells us, just as it did 10 and 20 and 30 years ago, that what's most important about women is how we look."

Western societies value a slim body for women, and nonconformity to this value leads to negative social consequences. "Being overweight is linked to laziness, lack of willpower, and being out of control" (Grogan, 2008, p.9). It is understood in western societies that women should change their body shape and size to conform to current trends. These changes may be the result of dieting, exercise, and body modification such as surgery (Grogan, 2008).

Becker (2004), an anthropologist and psychiatrist, collected narrative data via semi-structured interviews with Fijian adolescent girls regarding the impact of the introduction of television in their culture. Traditional Fijian cultural norms strongly support robust bodies and appetites. This was, in part, due to the reflection of a large body being capable of hard work and care and nurturing from a dense social network. After the introduction of television in 1995, the Fijian youth have been affected on multiple levels. Becker stated:

The ensuing changes in self and body image are multifaceted. On the most superficial and concrete level, television appeared to redefine local aesthetic ideals for bodily appearance and presentation. Television scenarios appeared to stimulate desire to acquire elements of the lifestyles portrayed, including the body shape perceived to be best suited for obtaining a job. Subjects explicitly reported modeling behavior and appearance on television characters. (p. 540)

With the introduction of television, Becker found an increased prevalence of disordered eating in ethnic Fijian school girls. Becker concluded:

It is a logical and frightening conclusion that vulnerable girls and women across

diverse populations who feel marginalized from the locally dominant culture's sources of prestige and status may anchor their identities in widely recognized cultural symbols of prestige popularized by media-imported ideas, values, and images. (p. 555)

Strahan et al. (2008) conducted a two part study in which sociocultural norms were challenged in search of a basis for self-worth. Study one exposed undergraduate women to media images (commercials) that strongly conveyed cultural norms for ideal appearance (thin, attractive women). Participants completed a shortened version of the Contingencies of Self-Worth Scale (Crocker & Wolfe, 2001), a shortened version of the State Self-Esteem Scale (Heatherton & Polivy, 1991), and seven items from the Self-Consciousness Scale (Fenigstein, Scheier, & Buss, 1975). In addition, participants were also asked their height and were weighed to determine their BMI. Researchers found that exposure to images reflecting these cultural norms led participants to base their self-worth more strongly on their appearance, which led to more dissatisfaction with their bodies.

The second part of the study conducted by Strahan et al. (2008) involved an intervention reducing the impact of sociocultural norms conducted at local public schools. Researchers utilized activities designed to challenge norms for ideal appearance that convey the notion that "people need to look like the unattainable ideals portrayed in the media to be accepted and successful in life" (p. 293). The adolescents who participated completed a two-item measure of perceived legitimacy of norms (Strahan et al., 2008), the internalization component the Sociocultural Attitudes Toward Appearance Questionnaire (SATAQ) (Heinberg, Thompson, & Stormer, 1995), a shortened version of the Contingencies of Self-Worth Scale (Crocker & Wolfe,

2001), a shortened version of the State Self-Esteem Scale (Heatherton & Polivy, 1991), and three items from the Self-Consciousness Scale (Fenigstein et al., 1975). Researchers found that adolescent girls who received the challenge to the norm intervention based their self-worth less strongly on appearance, which led to more body satisfaction and less concerns with others' perceptions.

Harper and Tiggemann (2008) examined whether viewing media images would increase self-objectification, negative affect, and body dissatisfaction in young Australian women. Ninety undergraduate women were randomly assigned to view advertisements that depicted a thin woman, a thin woman with an attractive man, or one that did not feature any people (product control advertisement). Participants then completed a Media Consumption Questionnaire developed by the researchers, a Consumer Response Questionnaire, adapted from Mills, Polivy, Herman, & Tiggemann (2002), a modified version of the Twenty Statements Test (Fredrickson et al., 1998), the Physical Appearance State and Trait Anxiety Scale (Reed, Thompson, Brannick, & Sacco, 1991), the Visual Analogue Scales (Heinberg & Thompson, 1995), and the Self-Objectification Questionnaire (Noll & Fredrickson, 1998). Researchers concluded that women who viewed advertisements featuring a thin-idealized woman reported greater self-objectification, weight-related appearance anxiety, negative mood, and body dissatisfaction than participants who viewed product control advertisements. These advertisements were not explicitly directed to the attention of the participants' bodies, but rather modeled the thin-ideal. These results demonstrated that women tended to model the Western notion of beauty, which is a thin woman.

Familial Transmission

Several models of eating and weight related values and behaviors, between parent and child, were assessed by Wertheim, Martin, Prior, Sanson, and Smart (2002). Six hundred and nineteen parent-daughter pairs completed a demographics questionnaire, the Eating Disorders Inventory (Garner, 1991; Garner, Olmsted, & Polivy, 1983), Body Figure Rating Scales for Children (Collins, 1991) and dieting self-reports. The mean age of the girls was 12.81 (SD=.23). The researchers found that the daughters' drive for thinness and body dissatisfaction were related to encouragement to diet from both parents, though mothers were found to be more influential than fathers. They also found that menstrual girls had higher BMIs, greater body dissatisfaction and higher levels of disordered eating.

Neumark-Sztainer, Bauer, Friend, Hannan, Story, and Berge (2010) examined the associations between family variables including: parents weight talk, parent dieting, and family weight-teasing and adolescent girls' weight status, body satisfaction, and disordered eating behaviors. Forty-five percent of the girls reported that their mothers encouraged them to diet and fifty-eight percent reported that their family members teased them because of their weight. Researchers found that weight-teasing was strongly associated with higher BMI, body dissatisfaction, and unhealthy weight control behaviors. Parent weight talk, especially by mothers, was associated with disordered eating among the adolescent girls and mother dieting was associated with girls' unhealthy weight control behaviors.

Research has suggested that for girls, mothers are primary agents of socialization about the body and may act as a vehicle for carrying messages about body image from one generation to the next (Archibald, Graber, & Brooks-Gunn, 2000; Clarke & Griffin, 2007; Francis & Birch,

2005; Liechty, Freeman, & Zabriskie, 2006; Neumark-Sztainer et al., 2010; Wertheim, 2002). However, the role of the father and other family members has also been associated with adolescent girls' body dissatisfaction and weight control behaviors (Neumark-Sztainer et al., 2010; Wertheim, 2002). Objectification Theory stated that women's bodies are continuously looked at and evaluated by others and consequently objectification is internalized and leads to habitual body monitoring. Women are critical of their bodies and this self-criticism directs their weight control behaviors (Fredrickson & Roberts, 1997).

This section defined body image and addressed the transmission of the construct to include media, culture and family. The following section will define the construct of self-compassion, compare it with self-esteem, and explore the construct in the current literature. Special attention will be paid to the constructs as they relate to body image.

Self-Compassion

Neff's (2003a) construct of self-compassion is a conceptualization of a healthy attitude and relationship to oneself. Self-compassion allows individuals to see themselves with the nonjudgmental understanding, and sense of humanness, that is often afforded to others. Neff (2003a) defined self-compassion as:

being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness. Self-compassion also involves offering nonjudgmental understanding to one's pain, inadequacies and failures, so that one's experience is seen as part of the larger human experience (p. 87)

As part of this definition, Neff (2003a) described three components of self-compassion that work together for mutual enhancement:

(a) self-kindness – extending kindness and understanding to oneself rather than harsh judgment and self-criticism, (b) common humanity – seeing one’s experiences as part of the larger human experience rather than seeing them as separating and isolating, and (c) mindfulness – holding one’s painful thoughts and feelings in balanced awareness rather than over-identifying with them (p.89).

Self-Kindness

The kindness component of self-compassion recognizes that humans experience challenges in life and cannot be perfect. When one encounters suffering, feelings of inadequacy, or failure, self-compassion encourages warmth and understanding toward oneself. When life’s realities are denied, suffering occurs in the form of self-criticism. When they are accepted with kindness, greater emotional balance may occur (Neff, 2003a; Neff, 2008).

Common Humanity

The recognition that all humans suffer allows one to see that suffering and failure are part of the shared human experience and are something larger than the self. These shared experiences leave little room for a separate self-perspective, or failure in isolation.

It is this isolation that perpetuates a competitive mind-set that leads to self-judgment and comparison to others (Neff, 2003a; Neff, 2008).

Mindfulness

Mindfulness allows individuals to observe their thoughts and emotions as they exist, without attempting to suppress, change or deny them. In this way, mindfulness allows the

individual to be nonjudgmental toward the self (Neff, 2003a; Neff, 2008). Mindfulness does not negate negative emotions or feelings, rather it allows for emotional balance that prevents the individual from overly identifying with an emotional state (Bishop et al., 2004).

Self-compassion tends to soften ego-protective barriers, allowing us to be kind to ourselves, rather than just being kind to those around us. This self-kindness does not require an inflated self-image and is available when self-esteem is not. It is available “when we fall flat on our face, embarrass ourselves, or otherwise come in direct contact with the imperfection of life” (Neff, 2011, p.6). The following section examines this difference between self-compassion and self-esteem.

Self-Compassion versus Self-Esteem

Rogers (1951) defined self-esteem as the extent to which an individual likes, values, and accepts himself or herself. Self-esteem is central in everything that one does. Having positive self-esteem enhances one’s confidence, self-image, and overall happiness. Having negative self-esteem creates negative thinking and leads one to believe negative comments made by others (Perera, n.d.).

Self-esteem has routinely been the marker of psychological well-being (Erikson, 1968; Rosenberg, 1979) to the extent that the self is seen as separate from shared human experience. Within recent years, there have also been a lot of criticisms about self-esteem as a measure of psychological health (Baumeister et al., 1996; Baumeister et al., 2003; Crocker et al., 2003; Harter, 1999; Twenge et al., 2008). It was found that self-esteem is largely the outcome of doing well, rather than the cause of doing well (Baumeister et al., 2003). It was also found that the emphasis placed on self-esteem in our society has led to an increase in narcissism scores of

college students. Researchers found that 65% of recent college students scored higher in narcissism than previous generations of students (Twenge et al., 2008). Finally, self-esteem may be linked to inflated self-views, which could be problematic when it is contingent on a particular outcome (Crocker et al., 2003).

Harter (1999) found that global self-esteem is shaped by evaluations of self-worth in domains such as appearance, social approval, and academic/work performance. This means that other potentially important life successes may be neglected in order to maintain high self-esteem. It also means that one's self-esteem is contingent upon recent successes and failures. Kernis (2005) found that this contingent self-esteem makes people more vulnerable to depression and reduced self-concept clarity. Further exemplifying this finding, the following section addresses the link between body image and self-esteem and how this may be harmful to the individual.

Body image and self-esteem. Usmiani and Daniluk (1997) argued that “body image is formed to a degree as a function of the culturally defined images of desirable bodily appearances for men and women” (p. 47) and that from this perspective “a girls’ self-esteem may be influenced by the degree to which she believes she meets cultural standards” (p. 47). A woman’s sense of who she is may be defined through conformity within a culture. Women in the United States may form their identity using a Westernized notion of feminine stereotypes that depict how a woman is expected to look and act (Grogan, 2008).

Discussing their self-esteem enhancement groups, Sanford and Donovan (1985) found that nearly every woman in their self-esteem enhancement groups had a negative body image. The group concluded that it is “difficult to dislike your body or a specific part of your body and still like yourself,” (p. 369). It is hard to discuss self-esteem without also including body image.

For some women, a poor body image leads to low self-esteem and for others, a low self-esteem lends itself to poor body image.

Sanford and Donovan (1985) argued that parents' self-acceptance influences a child's self-perception. Parents acting as role models can often be just as negative of an influence as they are a positive influence.

My mother was constantly concerned about her weight when I was a kid, and when I reached puberty, she decided I looked "porky." She dragged me to the gym with her, which I hated, and we both went on the same diets, although I ate tremendous volumes at school. I spent my allowance on hot lunches, in addition to eating the rabbit food she sent along with me. She was always on me about how I looked, until I gave up and withdrew. I stopped eating around her. This concerned her right away and she took me to the doctor who told her I was the correct weight and that all my bulges were just normal. After that, she left me alone (p. 369).

The researchers speculated that if the mother had a more positive self-concept, she may have recognized that her daughter did not have a weight problem. If, in reality, the daughter did have a weight problem, the mother could have demonstrated some reasonable and safe ways to manage her weight.

Sanford and Donovan (1985) also argued that while some women do not see themselves in an entirely negative light, they may still lack self-esteem. They may be well aware of their good qualities, but have a hard time understanding that their good qualities matter as much as their negative qualities or flaws. "Oh, I know I've got a nice face, that I'm pretty bright, a good

teacher, a kind person and all that,' a woman might say. 'But,' she is quick to add, 'I should lose ten pounds,'" (p. 16).

Recent research suggests that self-compassion is more predictive of healthy self-related functioning than is self-esteem (Neff & Vonk, 2006). Measures of self-compassion and global self-esteem, as well as a number of self-related processes known to be maladaptive: self-esteem instability and contingency, social comparison, narcissism, reactive anger, public self-consciousness, and self-rumination were completed by the research participants. The researchers found, after accounting for variance in outcomes attributable to self-esteem, self-compassion predicted significant additional variance for self-esteem instability, self-esteem contingency, social comparison, reactive anger, public self-consciousness, and self-rumination. Moreover, in almost every case, self-compassion was a much stronger negative predictor of these outcomes than was self-esteem.

Neff, Kirkpatrick, and Rude (2007) examined the relationship of self-compassion to psychological health. Ninety-one undergraduates completed measures on self-compassion, self-esteem, negative affectivity, anxiety. They found that self-compassion, and not self-esteem, buffered anxiety when participants were faced with an ego-threat in a laboratory setting.

Neff (2003a; 2009; 2011) argued that there is a way for us to feel good about ourselves without the positive or negative self-judgment or evaluation commonly associated with self-esteem. Her research on the construct of self-compassion found that it offers similar benefits to self-esteem, but without the pitfalls. She found that self-compassion is equally relevant when suffering occurs either through external circumstances or one's personal inadequacies. Also, Neff (2004) suggested that because self-compassion does not require people to adopt an

unrealistic view of the self, it should be easier to raise than self-esteem. The following section addresses self-compassion in the current literature.

Self-Compassion in the Literature

Research has helped establish the advantageous nature of self-compassion. Thus far, most of the research on self-compassion has been conducted using the Self-Compassion Scale (Neff, 2003a), which measures the degree to which individuals display self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over identification. Utilizing this scale, higher levels of self-compassion have been associated with greater life-satisfaction, emotional intelligence, social connectedness, learning goals, wisdom, personal initiative, curiosity, happiness, optimism, and positive affect, as well as less self-criticism, depression, anxiety, fear of failure, thought suppression, perfectionism, performance goals, and disordered eating behaviors (Neff, 2009, for a review). Self-compassion recognizes that we all have strengths and weaknesses and that we are “imperfect human beings” (Neff, 2011, p. 9).

Neff, Hsieh, and Dejitthirat, (2005) examined the link between self-compassion and motivation among college students to determine whether self-compassion might be adaptive in academic contexts. Using a sample size of 222 college students, the researchers found that self-compassion was positively associated with mastery goals, which include the joy of learning for its own sake, and negatively associated with performance goals, which involve defending or enhancing one’s sense of self-worth through academic performances. These findings were replicated (N= 110) with students who had recently failed a midterm examination and indicated that self-compassionate students exhibited more adaptive ways of coping with failure.

In a similar study, Akin (2008) examined the relationship between self-compassion and achievement goal orientation. Research participants included 646 university students in Turkey who completed scales on self-compassion and achievement goal orientation. Results concluded that self-compassion was positively related to learning approach and negatively related to performance approach. Given the findings, the author called for educational settings to foster self-compassion in students.

In a study designed to explore the relationships among self-compassion, positive psychological functioning, and the Big Five personality traits in college students (N=177), Neff, Rude, and Kirkpatrick (2007) found that self-compassion was associated with greater reflective and affective wisdom, curiosity and exploration, happiness, optimism, positive affect, Extraversion, Agreeableness and Conscientiousness. It was found that self-compassion was negatively associated with Neuroticism. They also found that self-compassion was linked to personal initiative, which supports the notion that self-compassion leads to self-growth.

Neff and McGehee (2010) examined self-compassion among adolescents (N=235) and young adults (N=287). Utilizing measures of self-compassion, depression, anxiety, connectedness, maternal support, family functioning, attachment, and personal fable, the researchers found that self-compassion was strongly associated with well-being for both age groups. They also found that self-compassion contributed to well-being while controlling other factors, suggesting that self-compassion's mental health benefits were not confounded by family influence or life stage. The authors argued that this finding may further support the notion that self-compassion can be enhanced with practice (Gilbert and Proctor, 2006).

Leary, Tate, Adams, Allen, and Hancock (2007) utilized five separate studies that investigated the cognitive and emotional processes by which self-compassionate people deal with unpleasant life events. In the first study, 117 undergraduate students reported on negative life events. Results showed that self-compassion predicted emotional and cognitive reactions to negative events. The second study asked 123 undergraduate students to respond to hypothetical scenarios which elicited feelings of loss, failure, and humiliation. The researchers found that self-compassion buffered people against negative emotions self-feelings when imagining distressing social events. In the third study, 66 undergraduate students disclosed personal information to another individual and then received either positive or neutral feedback. Their emotional reactions and judgments of the other person were then assessed. The results concluded that self-compassion moderated negative emotions and receiving ambivalent feedback and this was especially true for participants who scored low on self-esteem. The fourth study videotaped 102 undergraduate students while they performed an awkward and mildly embarrassing task. The videotapes were then either self-rated or rated by another participant. The results showed that low-self-compassionate participants undervalued their own videotaped performances relative to observers. The final study was designed to examine how self-compassion moderates reactions to remembered life events and to examine if self-compassion could be experimentally induced among the 115 undergraduate research participants. Results showed that self-compassion allows individuals to acknowledge their role in negative events without feeling overwhelmed with negative emotions and that self-compassion could be experimentally induced.

Continuing the use of a self-compassion manipulation, Zabelina and Robinson (2010) studied 86 undergraduate students to better understand the use of a self-compassion manipulation as it relates to original creative thinking. The researchers found that self-judgmental individuals displayed lower levels of creative originality in the control condition, but equal levels of creative originality in the self-compassion manipulation condition. They also further exemplified the positive outcome of a self-compassion induction.

Self-compassion and body image. A pilot study conducted by Gilbert and Irons in 2004 found that self-critical thoughts were linked to many different social situations. Prior to a compassionate mind training technique, participants were asked to keep diaries to explore self-critical themes. When the participants were asked to describe the situations or events that elicited self-criticism, they identified being at the gym and body image-related situations, among others. Thus, while self-compassion has been conceptualized as a construct related to the overall self, it could also be more relevant to specific self-perceptions of the physical self.

Investigating the outcome of inducing a state of self-compassion on restrained eating, Leary and Adams (2007) asked 84 female undergraduate students to complete the Revised Rigid Restraint Scale, designed by the researchers. They were then randomly assigned to one of the experimental condition: preload/self-compassion condition, preload/no self-compassion condition, or no preload/control condition. The preload consisted of a set amount of food and then all participants performed a bogus taste test to measure eating behavior and completed a self-evaluation. The researchers found that highly restrictive eaters felt worse after eating the preload compared to the control condition, but those who completed the self-compassion induction showed lower negative affect and reduced self-criticism.

Magnus et al., (2010) found that self-compassion was positively related to intrinsic motivation and negatively related to external and introjected motivation, ego goal orientation, social physique anxiety and exercising in ways that are harmful to the self. They found that self-compassion may foster a healthy attitude towards the self and identified the need for physical self-compassion as a potential construct for future exploration.

Furthering this idea, Berry, Kowalski, Ferguson, and McHugh (2010) proposed that body self-compassion could be a sub-domain of global self-compassion. Using Neff's (2003) research, they defined body self-compassion as "a kind, understanding and non-judgmental attitude individuals extend toward their body in response to their perceived physical imperfections, limitations and failures" (p. 295). Using this new construct, the researchers interviewed five young adult women using an empirical phenomenological method. Three essential themes emerged as the women experienced more body self-compassion: appreciating one's unique body, taking ownership of one's body and engaging in less social comparison. These findings suggest the benefits of increasing body self-compassion.

Conclusion and Research Questions

Sexual objectification is harmful to women's psychosocial health and is a social justice issue. This form of oppression leads to increased body surveillance, body shame and decreased self-esteem. Szymanski and Carr (2011) called for social justice initiatives surrounding empowerment of female clients and Szymanski et al. (2011) suggested the need for further research about women who objectify other women.

Recent critics of self-esteem (Baumeister et al., 1996; Baumeister et al., 2003; Crocker et al., 2003; Harter, 1999; Twenge et al., 2008) have opened the doors to a new conceptualization

of a healthy attitude and relationship to oneself in the construct of self-compassion (Neff, 2003a). Given the recent research on self-compassion (Neff, 2003a; 2009, 2011) and the new construct of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively), one can hypothesize that women with higher self-compassion will be less likely to self-objectify and objectify other women. We also know from the research that self-compassion can be experimentally induced (Leary & Adams, 2007; Leary et al., 2007; Zabelina & Robinson, 2010).

Research has established the advantages of self-compassion to include greater life-satisfaction, emotional intelligence, social connectedness, learning goals, wisdom, personal initiative, curiosity, happiness, optimism, and positive affect, as well as less self-criticism, depression, anxiety, fear of failure, thought suppression, perfectionism, performance goals, and disordered eating behaviors (Neff, 2009, for a review). Using body self-compassion, Berry et al. (2010) used an empirical phenomenological approach to interview five women and found themes that suggested that as women experienced more body self-compassion, they appreciated their unique body, took ownership of their body and engaged in less social comparison. While these findings suggest the positive influence of increased body self-compassion, the literature has not extended a body self-compassion induction on women who experience self-objectification and women who objectify other women.

Based on this review of the literature, it was evident that there was a gap in the literature with respect to this extension of a self-compassion induction based on objectification. Therefore, this was the focus of my project. My research questions were:

1. How does a self-compassion induction affect self-objectification?
2. How does a self-compassion induction affect objectification of other women?

CHAPTER III

METHODOLOGY

Sexual objectification has been found to be harmful to women's psychosocial health, as this form of oppression leads to increased body surveillance, body shame and decreased self-esteem. The concept of self-compassion (Neff, 2003a), and more specifically, the new concept of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively), has been found to mitigate this objectification. Szymanski and Carr (2011) called for social justice initiatives surrounding empowerment of female clients and Szymanski et al. (2011) suggested the need for further research about women who objectify other women.

This chapter examines the methodology that was used to address this gap in the research literature. Utilizing an experimental design, this study examined the effects of a self-compassion induction on both self-objectification and objectification of other women. Research participants completed the Self-Objectification Scale (Noll & Fredrickson, 1998), a modified version of this scale to address objectification of other women, the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and a demographics questionnaire developed by the researcher.

Participants

Women in undergraduate psychology classes at a mid-sized state university and two undergraduate, online health classes at a large state university were recruited to participate in this study. Institutional Review Board (IRB) approval was obtained for this study and all participants provided their informed consent prior to participation. All psychology undergraduate students at the mid-sized university have access to a research participant scheduling system (SONA), through which they can register to participate in university research studies. The SONA website

will direct participants to complete a series of surveys using Qualtrics survey software. Female students in the two online, undergraduate health classes at the large university were also recruited to participate in this research through email. The professor of the class forwarded the email containing a link to the Qualtrics survey software website to all students in her class. As an incentive for participating, research participants from the large university were entered into a drawing to receive an Amazon.com gift card.

Data was collected at the end of the Fall semester and beginning of the Spring semester. Participants in this study consisted of undergraduate women from one mid-sized state university and one large state university in the Southeastern United States. There were initially 584 participants in this research study; however, participants who had missing responses or incomplete answers were removed during data cleaning. Following data cleaning, 382 women from the mid-sized university and 28 women from the large university remained in the research sample. The end result was a sample of 410 undergraduate women who completed this research study. Of those, 220 were randomly assigned to the control group and 190 were randomly assigned to the self-compassion induction group. See Chapter 4 for a more detailed description of the research participants.

Instruments

Four instruments were used in this study. The Self-Objectification Questionnaire (Noll & Fredrickson, 1998) is a ten-item rank order survey used to assess importance of different body attributes (Appendix A). A modified version of the Self-Objectification Questionnaire was used to assess objectification of other women (Appendix B). The Rosenberg Self-Esteem Scale

(Rosenberg, 1965) is a ten-item Likert scale used to assess general self-esteem (Appendix C). Finally, a demographics questionnaire was completed by each participant (Appendix D).

Self-Objectification Questionnaire

The Self-Objectification Questionnaire (Noll & Fredrickson, 1998) consisted of ten rank-ordered items. Each item identifies a different body attribute and participants ranked them from 1 (*least important*) to 10 (*most important*) with respect to their physical self-perception. Five of the items were competence-based (strength, physical coordination, energy level, health and physical fitness) and five were appearance-based (weight, sex appeal, physical attractiveness, firm/sculpted muscles and body measurements). Scores may range from -25 to 25, with higher scores indicating higher levels of self-objectification.

Given the scoring system for the Self-Objectification Questionnaire, the ipsative, ordinal nature of rank-ordered data, traditional internal consistency estimates cannot be given (Vanleeuwen & Mandabach, 2002). Reliability is thus determined by correlating the sum of the appearance ranks and the sum of the competence ranks (Hill & Fischer, 2008). If participants rank the appearance-based attributes as more important, then the competence-based attributes must be ranked as less important which creates a negative correlation between the two sets of attributes. In a study by Colagero and Jost (2011), a strong negative correlation was demonstrated between appearance and competence rankings, indicating good reliability ($r = -.88$). A similar study by Hill and Fischer (2008) also found good reliability ($r = -.81$). Using a sample of undergraduate women, Noll (1996) demonstrated construct validity of the Self-Objectification Questionnaire showing that it positively correlated ($r = .52, p < .01$) with scores on the Appearance Anxiety Questionnaire (Dion, Dion, & Keelan, 1990).

Objectification of Others Questionnaire

Objectification of other women was measured using a modified version of the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), consistent with a study conducted by Strelan and Hargreaves (2005). The instructions for the questionnaire read “This section is concerned with how women think about other women’s bodies. Listed below are ten different body attributes. When you think about, or look at other women, which of these body attributes are most important? Please rank the attributes in order from 1 (*least important*) to 10 (*most important*) in other women.” The participants were then presented with the same ten attributes listed on the Self-Objectification Questionnaire (Noll & Fredrickson, 1998) and the modified version of the scale was scored in the same way, with possible scores ranging from -25 to 25.

Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale is a ten-item self-report scale that measures global self-esteem. Ten questionnaires were asked on the scale, half of which are phrased as positive statements and the other half phrased as negative statements of self. Answers were based on a four point Likert scale ranging from Strongly Agree to Strongly Disagree (Rosenberg, 1965). An overall score of self-esteem was calculated by averaging participants’ scores across items, with a high score indicating a high level of overall self-esteem.

A review of the Rosenberg Self-Esteem Scale showed good internal reliability, with Cronbach’s alpha levels ranging from .72 to .87 and test-retest reliability ranging from .85 to .88. The Rosenberg Self-Esteem Scale has also been found to relate to other measures of self-esteem, such as the Coopersmith’s Self-Esteem Inventory (Wylie, 1989). The Rosenberg scale has been used for a wide variety of populations and is a widely utilized self-esteem scale in research

studies (Brown, 2008; Forbes, Jobe, & Richardson, 2006; Hahn-Smith & Smith, 2001; Hatcher, 2007; Mercurio & Landry, 2008).

Demographics

The demographic questionnaire was designed by this researcher and was used to obtain biographical information about the research participants. It included questions pertaining to age, ethnicity, class year, weight, height and history of an eating disorder. Each participant's reported height and weight was used to calculate a Body Mass Index (BMI). Engel (n.d.) stated the formula used for this calculation:

$$\text{BMI} = \left(\frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703$$

Procedure

Similar to Leary et al.'s (2007) Study 5, participants wrote about a negative event from their past and answer questions about it. After viewing an informed consent document (Appendix E& F) and clicking a box indicating consent, participants were asked to think about a negative event they experienced in high school or college that made them feel badly about their bodies – something that involved failure, humiliation or rejection. Participants were then asked to describe the event by including details regarding what led to the event, who was present, what happened during the event, and how they felt and behaved at the time (Appendix G). After writing about the event, participants were randomly assigned to one of two conditions: a) self-compassion induction or 2) control group.

Self-Compassion Induction

Participants in the self-compassion condition (Appendix H) responded to three prompts which instructed them to consider their negative event in a self-compassion manner (Neff,

2003a). The first prompt, designed to focus on the common humanity element of self-compassion, asked participants to list ways in which other women have experienced a similar event. The second prompt, designed to focus on self-kindness, asked participants to write how they would express understanding, kindness and concern to themselves in the same way they might express concern to a friend who had lived the same experience. The final prompt asked participants to describe their feelings about the event in an objective and unemotional way, which was designed to induce a mindful perspective on the event.

Control Group

Participants in the control condition also responded to three prompts to make the control condition as similar to the self-compassion condition as possible (Appendix I). The first prompt asked participants to describe the factors they considered in their college choice. The second prompt asked participants to describe their favorite college class. The final prompt asked participants to write about their least favorite college class. The prompts were designed to be neutral, so as to not further induce negative or positive feelings regarding body image.

Following the writing prompts, all participants completed the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), a modified version of the Self-Objectification Questionnaire used to determine objectification of other women, the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and the demographics questionnaire.

Data Analysis

Data was analyzed using SPSS for Windows 18.0. Descriptive statistics were reported for age, year in college, ethnicity, eating disorder history and BMI. Analysis of variance (ANOVA) was conducted to determine if there was a difference of scores for self-objectification

and objectification of other women between the two groups. Given the results found by Tylka and Sabik (2010), the Rosenberg Self-Esteem Scale was used to find the unique contribution of the self-compassion induction beyond what is accounted for by self-esteem.

Hypotheses

Utilizing Objectification Theory (Fredrickson & Roberts, 1997), the current literature on self-compassion ((Neff, 2003a; 2009, 2011), the new concept of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively), and body image (Demarest & Allen, 2000; Fallon & Rozin, 1985; Frederick, Peplau, & Lever, 2006; Sanford & Donovan, 1985; Usmiani & Daniluk, 1997), two hypotheses existed for this research.

The recent research on self-compassion (Neff, 2003a; 2009, 2011) and the new concept of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively) has demonstrated that women with higher levels of self-compassion are kinder to themselves. It was hypothesized that this kindness toward self can be generalized to kindness toward one's body and therefore, women with higher levels self-compassion will be less likely to self-objectify.

Women objectify other women (Bearman, Korobov, & Thorne, 2009; Strelan & Hargreaves, 2005). This objectification of other women may take the form of comments or suggestions, glances, and other behaviors that communicate the thin-ideal to which women should conform (Szymanski, Moffitt, & Carr, 2011). In a 2010 study by Tylka and Sabik, the researchers found that women who are focused on their own bodies are more attentive to the appearance of other women's bodies. This body comparison may act as a feedback loop to their own body, perpetuating heightened body surveillance and objectification of other women's bodies. Given the research on the positive outcomes of increasing one's self-compassion (Neff,

2003a; 2009, 2011), especially related to body self-kindness (Berry et al., 2010; Magnus et al., 2010), one can hypothesize that a self-compassion induction will not only lead to less self-objectification but also less objectification of other women.

Thus, it was hypothesized that:

H1: Women who complete a self-compassion induction will show lower scores on the Self-Objectification Questionnaire, as compared to the control group.

H2: Women who complete a self-compassion induction will show lower scores on the modified version of the Self-Objectification Questionnaire, measuring objectification of other women, as compared to the control group.

Conclusion

Previous research has illuminated the positive influence of increased body self-compassion (Berry et al., 2010), but the literature has not incorporated a body self-compassion induction to assess its effects on women who experience self-objectification and women who objectify other women. There has been a call for social justice initiatives surrounding empowerment of female clients (Szymanski & Carr, 2011) and there is a need for further research about the factors that lead to objectification of other women (Szymanski et al., 2011). This chapter examined the methodology that was used to complete this research study. Utilizing experimental and control groups, self-objectification and objectification of other women were examined in this study. Research participants from Radford University and Virginia Tech completed the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), a modified version of this questionnaire to address objectification of other women, the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and a demographics questionnaire developed by the researcher. The data

were then analyzed to assess the effects of a self-compassion induction on self-objectification and objectification of other women.

CHAPTER IV

DATA ANALYSIS

The purpose of this research study was to examine the influence of a body self-compassion induction on college-aged women. Research participants completed a writing prompt about a negative body image experience and were then randomly assigned to either a self-compassion induction or control group. The self-compassion induction group answered three writing prompts meant to mimic the three components of self-compassion (Neff, 2003a), while the control group answered three writing prompts related to college choice. Following the writing prompts, all research participants completed the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), a modified version of this questionnaire to address objectification of other women, the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and a demographics questionnaire developed by the researcher. The data were then analyzed to assess the effects of a self-compassion induction on self-objectification and objectification of other women.

Description of the Sample

Participants in this study consisted of undergraduate women from a mid-sized state university and a large state university. All psychology undergraduate students at the mid-sized state university had access to a research participant scheduling system (SONA), through which they may register to participate in university research studies. The SONA website directed participants to complete the research using Qualtrics survey software. A total of 499 students from this university participated in the research.

Female students in two online, undergraduate health classes at a large state university were recruited, through email, to participate in this research. The researcher sent an email to the

professor of the classes and she distributed it to students. The email contained a link to the Qualtrics survey software website. A total of 85 students from the large state university participated in the research.

There were initially 584 participants in this research study. Participants who had missing responses or incomplete answers were removed during data cleaning. Following data cleaning, 382 women from the mid-sized university and 28 women from the large state university remained in the research sample. The end result was a sample of 410 undergraduate women who completed this research study. Of those, 220 were randomly assigned to the control group and 190 were randomly assigned to the self-compassion induction group. The following section details this sample.

Sample Demographics

Age, year in college, ethnicity, eating disorder history and BMI were reported using a demographic survey. Ranges, means and standard deviations are reported for the age and BMI variables. Frequencies and percentages are reported for the variables of year in college, ethnicity and eating disorder history. Scores on the three measures: Self-Objectification Questionnaire (Noll & Fredrickson, 1998), a modified version of this questionnaire to address objectification of other women and the Rosenberg Self-Esteem Scale (Rosenberg, 1965) are also reported as frequencies and percentages.

Age, at the time of the study, was reported using the demographic survey. The ages of the research participants ranged from 18 to 50 years ($M=19.30$; $SD= 2.22$). Forty-three percent of the research participants identified themselves as 18 years of age.

Research participants also reported their year in college, at the time of participation. Two-hundred and twenty-five participants (54.9%) identified themselves as freshman, 81 (19.8%) identified themselves as sophomores, 50 (12.2%) identified themselves as juniors, and 54 (13.2%) identified themselves as seniors.

Ethnicity was also reported using the demographic survey. Three hundred and thirty-six students (82%) self-identified as Caucasian, three (0.7%) self-identified as Native American/American Indian, 42 (10.2%) self-identified as African American, three (0.7%) self-identified as Pacific Islander, five (1.2%) self-identified as Asian, 11 (2.7%) self-identified as multi-ethnic, and 10 (2.4%) self-identified as “other.”

Research participants were also asked if they had ever been diagnosed with an eating disorder by a medical or mental health professional. Ten participants (2.4%) responded that they had been diagnosed with an eating disorder, while 400 (97.6%) responded that they had never been diagnosed with an eating disorder.

Each participant’s reported height and weight were used to calculate a BMI. BMI ranged from 15.66 to 40.35, with a mean of 23.40 and a standard deviation of 4.11. Weight status descriptors from the Center for Disease Control and Prevention (2011) were used. BMI below 18.5 is considered underweight; BMI between 18.5 and 24.9 is considered normal weight; BMI between 25.0 and 29.9 is considered overweight; and BMI above 30.0 is considered obese. See Table 4.1 for details of sample demographics

Table 4.1

Demographic Information of Participants

Variable	<i>N</i>	Percentage
Age		
18	175	42.7
19	108	26.3
20	52	12.7
21	44	10.7
22	17	4.1
23 and older	14	3.5
Ethnicity		
Caucasian	336	82.0
African American	42	10.2
Asian	5	1.2
Native American/ American Indian	3	0.7
Pacific Islander	3	0.7
Multi-Ethnic	11	2.7
Other	10	2.4
Year in School		
Freshman	225	54.9
Sophomore	81	19.8
Junior	50	12.2
Senior	54	13.2
Body Mass Index (BMI)		
Underweight	20	4.9
Normal Weight	275	67.1
Overweight	85	20.7
Obese	30	7.3
Eating Disorder History		
Eating Disorder Diagnosis	10	2.4
No Diagnosis	400	97.6

Survey Results

Rosenberg self-esteem scale. The Rosenberg Self-Esteem Scale is a ten-item self-report scale that measures global self-esteem. Ten questions are asked on the scale, half of which are phrased as positive statements and the other half phrased as negative statements of self. Responses are based on a four point Likert scale ranging from *Strongly Agree* to *Strongly Disagree*. The Rosenberg Self-Esteem Scale scores range from 0 (lowest possible self-esteem) to 30 (highest possible self-esteem) (Rosenberg, 1965). An overall score of self-esteem was calculated by averaging participant's scores across items. Self-esteem scores ranged from 4 to 30, with a mean score of 20.05 and a standard deviation of 4.94.

Self-objectification questionnaire. The Self-Objectification Questionnaire (Noll & Fredrickson, 1998) consists of ten rank ordered items. Each item identifies a different body attribute and participants rank them from 1 (*least important*) to 10 (*most important*) with respect to their physical self-perception. Five of the items are competence-based (strength, physical coordination, energy level, health and physical fitness) and five are appearance-based (weight, sex appeal, physical attractiveness, firm/sculpted muscles and body measurements). Scores ranged from -25 to 25, with higher scores indicating higher levels of self-objectification. Self-Objectification Questionnaire scores ranged from -25 to 25, with a mean of 3.16 and a standard deviation of 12.79.

Objectification of others. Objectification of other women was measured using a modified version of the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), consistent with a study conducted by Strelan and Hargreaves (2005). The instructions for the questionnaire read "This section is concerned with how women think about other women's

bodies. Listed below are ten different body attributes. When you think about, or look at other women, which of these body attributes are most important? Please rank the attributes in order from 1 (*least important*) to 10 (*most important*) in other women.” The participants were presented with the same ten attributes listed on the Self-Objectification Questionnaire (Noll & Fredrickson, 1998) and the modified version of the scale was scored in the same way, with scores ranging from -25 to 25. Higher scores indicated higher levels of objectification. Other-Objectification Questionnaire scores ranged from -25 to 25, with a mean of 9.32 and a standard deviation of 13.41. See Table 4.2 for survey results. It is interesting to note that the mean score for objectification of other women was significantly higher than the mean score for self-objectification, ($F(1, 409) = 69.04, p < .001$).

Table 4.2

Descriptive Statistics of Measures

Measure	<i>N</i>	Mean	SD	Range	Min	Max
Self	410	3.16	12.79	50.00	-25.00	25.00
Other	410	9.32	13.41	50.00	-25.00	25.00
Rosenberg	410	20.05	4.94	26.00	4.00	30.00

Statistical Tests of Research Questions

Analysis of Variance (ANOVA) was used to determine if the self-compassion induction and control groups differed significantly in mean levels of both self- and other-objectification. Given the results found by Tylka and Sabik (2010), multiple regression was used to determine whether the self- or other-objectification variables contributed significant unique proportions of variability beyond that accounted for by the scores from the Rosenberg Self-Esteem Scale. All analyses were run using SPSS for Windows 18.0.

Research Question One

Research question one sought to identify how a self-compassion induction affects self-objectification of women. ANOVA was used to assess this effect and results concluded that the effect of the group membership (induction vs. control) was not statistically significant ($p=.572$). See Table 4.3 for details.

Table 4.3

Tests of Between-Subjects Effects for Self-Objectification Scores (N = 410).

Source	Type III Sum of Squares	df	Mean Square	F	Sig
Corrected Model	52.445 ^a	1	52.445	.320	.572
Intercept	4001.089	1	4001.089	24.400	.000
Group	52.445	1	52.445	.320	.572
Error	66902.250	408	163.976		
Total	71045.000	410			
Corrected Total	66954.695	409			

a. R Squared = .001 (Adjusted R Squared = -.002)

Research Question Two

Research question two sought to identify how a self-compassion induction affects how women objectify other women. ANOVA was used to assess this effect and results concluded that the effect of the group membership (induction vs. control) was not statistically significant ($p=.478$). See Table 4.4 for details.

Table 4.4

Tests of Between-Subjects Effects for Other-Objectification Scores (N = 410).

Source	Type III Sum of Squares	df	Mean Square	F	Sig
Corrected Model	90.856 ^a	1	90.856	.504	.478
Intercept	35138.700	1	35138.700	195.109	.000
Group	90.856	1	90.856	.504	.478
Error	73479.924	408	180.098		
Total	109162.000	410			
Corrected Total	73570.780	409			

a. R Squared = .001 (Adjusted R Squared = -.001)

Unique Contribution of Self-Compassion

The results of Tyka and Sabik's (2010) study indicated the need to find the unique contribution of the self-compassion induction beyond what was accounted for by self-esteem. Multiple regression was used to determine whether the self- or other-objectification variables contributed significant unique proportions of variability beyond that accounted for by the scores from the Rosenberg Self-Esteem Scale. Scores from the Rosenberg Self-Esteem Scale were entered into Step 1 and group membership was entered into Step 2. Results concluded that the Self-compassion induction did not account for a significant proportion of variability in scores for self-objectification beyond that already accounted for by self-esteem (R^2 Change < .001, $F(1, 407) = .03, p=.86$). See Table 4.5 for details. Results also concluded that the Self-compassion induction did not account for a significant proportion of variability in scores for other-objectification beyond that already accounted for by self-esteem (R^2 Change = .001, $F(1, 407) = .29, p=.59$). See Table 4.6 for details.

Table 4.5

Summary of Regression Analysis for Variables Predicting Self-Objectification (N = 410).

Independent Variables	<i>df</i>	<i>F</i>	<i>R² Change</i>	<i>p</i>
Step 1 Self-Esteem	408	21.168	.049	.000
Step 2 Group	407	.029	.000	.864

Note. * = $p < 0.05$

Table 4.6

Summary of Regression Analysis for Variables Predicting Other-Objectification (N = 410).

Independent Variables	<i>df</i>	<i>F</i>	<i>R² Change</i>	<i>p</i>
Step 1 Self-Esteem	408	3.915	.010	.049
Step 2 Group	407	.290	.001	.590

Note. * = $p < 0.05$

Post-Hoc Analyses

Previous research has focused on the differences between college students who participate in research early in the semester versus late in the semester. Early semester participants have been found to be more socially responsible (Holden & Reddon, 1987), more intrinsically motivated (Hom, 1987), more compliant (Masling, O'Neill, & Jayne, 1981), more academically and achievement oriented with higher ACT and GPA scores, and to possess a more internal academic locus of control (Evans & Donnerstein, 1974). Given these differences in motivation and personality attributes, a post-hoc analysis combining data from early semester participants from Radford University and the sample from Virginia Tech, because they were not participating for credit, was conducted. The control group had 89 participants and the self-compassion induction had 83 participants. The total number of participants in this post-hoc analysis was 172. See Table 4.7 for sample demographics of the post-hoc sample.

Table 4.7

Demographic Information of Post-Hoc Participants

Variable	<i>N</i>	Percentage
Age		
18	73	42.4
19	46	26.7
20	24	14.0
21	16	9.3
22	8	4.7
23 and older	5	2.9
Ethnicity		
Caucasian	144	83.7
African American	12	7.0
Asian	5	2.9
Native American/ American Indian	2	1.2
Pacific Islander	1	0.6
Multi-Ethnic	4	2.3
Other	4	2.3
Year in School		
Freshman	101	58.7
Sophomore	29	16.9
Junior	23	13.4
Senior	19	11.0
Body Mass Index (BMI)		
Underweight	9	5.2
Normal Weight	123	71.5
Overweight	28	16.3
Obese	12	7.0
Eating Disorder History		
Eating Disorder Diagnosis	4	2.3
No Diagnosis	168	97.7

Research Question One

Research question one sought to identify how a self-compassion induction affects self-objectification of women. ANOVA was used to assess this effect and results concluded that the effect of the group membership (induction vs. control) was not significant ($p=.145$). See Table 4.8 for details.

Table 4.8

Post-Hoc Tests of Between-Subjects Effects for Self-Objectification Scores (N = 172).

Source	Type III Sum of Squares	df	Mean Square	F	Sig
Corrected Model	335.877 ^a	1	335.877	2.149	.145
Intercept	630.877	1	630.877	4.036	.046
Group	335.877	1	335.877	2.149	.145
Error	26571.914	170	156.305		
Total	27572.000	172			
Corrected Total	26907.791	171			

a. R Squared = .012 (Adjusted R Squared = .007)

Research Question Two

Research question two sought to identify how a self-compassion induction affects how women objectify other women. ANOVA was used to assess this effect and results concluded that the effect of the group membership (induction vs. control) was not significant ($p = .461$). See Table 4.9 for details.

Table 4.9

Post-Hoc Tests of Between-Subjects Effects for Self-Objectification Scores (N = 172).

Source	Type III Sum of Squares	df	Mean Square	F	Sig
Corrected Model	105.906 ^a	1	105.906	.547	.461
Intercept	14409.975	1	14409.975	74.395	.000
Group	105.906	1	105.906	.547	.461
Error	32928.141	170	193.695		
Total	47548.000	172			
Corrected Total	33034.047	171			

a. R Squared = .003 (Adjusted R Squared = -.003)

Self-Esteem

A post-hoc analysis found significant differences among self-esteem scores between the self-compassion induction and control groups ($p = .031$, R^2 Change = .027). Self-esteem scores for the self-compassion induction group were significantly different from and higher than the self-esteem scores for the control group.

Unique Contribution of Self-Compassion

The results of Tyłka and Sabik's (2010) study indicated the need to find the unique contribution of the self-compassion induction beyond what was accounted for by self-esteem. Scores from the Rosenberg Self-Esteem Scale were entered into step 1 and group membership was entered into step 2. Results concluded that the self-compassion induction did not account for a significant proportion of variability in scores for self-objectification beyond that already accounted for by self-esteem (R^2 Change = .005, $F(1, 169) = .94$, $p = .33$). See Table 4.10 for details. The self-compassion induction also did not account for a significant proportion of variability in scores for other-objectification beyond that already accounted for by self-esteem (R^2 Change = .002, $F(1, 169) = .34$, $p = .56$). See Table 4.11 for details.

Table 4.10

Post-Hoc Summary of Regression Analysis for Variables Predicting Self-Objectification (N = 172).

Independent Variables	<i>df</i>	<i>F</i>	<i>R² Change</i>	<i>p</i>
Step 1 Self-Esteem	170	11.029	.061	.001
Step 2 Group	169	.943	.005	.333

Note. * = $p < 0.05$

Table 4.11

Post-Hoc Summary of Regression Analysis for Variables Predicting Other-Objectification (N = 172).

Independent Variables	<i>df</i>	<i>F</i>	<i>R² Change</i>	<i>p</i>
Step 1 Self-Esteem	170	.957	.006	.329
Step 2 Group	169	.334	.002	.558

Note. * = $p < 0.05$

Conclusion

This chapter presented the sample demographics and documented the survey results for the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), a modified version of this questionnaire that addressed objectification of other women and the Rosenberg Self-Esteem Scale (Rosenberg, 1965). This chapter then reported the tests of a priori research questions of the effects of a self-compassion induction on both self- and other-objectification. There were no significant findings for the two research questions. The chapter concluded with post-hoc analyses, in which there was no significant effect for either research question; however, there was a significant difference in self-esteem scores between the two groups.

CHAPTER V

DISCUSSION

This chapter provides the discussion and conclusion for this research study. The purpose of this chapter is to relate the findings of this research study to the research findings in the current literature and to provide a direction for future research. This chapter begins with a summary and discussion of this study and ends with conclusions that may be drawn from the research.

Research Summary

The purpose of this research study was to examine the impact of a self-compassion induction on the self-objectification of women and how women objectify other women. Sexual objectification has been found to be harmful to women's psychosocial health, as this form of oppression leads to increased body surveillance, body shame and decreased self-esteem. The concept of self-compassion (Neff, 2003a), and more specifically, the new concept of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively), was found to mitigate this objectification. Szymanski and Carr (2011) called for social justice initiatives surrounding empowerment of female clients and Szymanski et al. (2011) suggested the need for further research about women who objectify other women.

Utilizing an experimental design, undergraduate women from Radford University and Virginia Tech completed a writing prompt related to a negative body image experience. The participants were then randomly assigned to either a self-compassion induction or a control group. The self-compassion induction group responded to three writing prompts meant to mimic the three components of self-compassion (Neff, 2003a), while the control group answered

three writing prompts related to college choice. All participants then completed the Self-Objectification Scale (Noll & Fredrickson, 1998), a modified version of this scale to address objectification of other women, the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and a demographics questionnaire developed by the researcher. Objectification theory (Fredrickson & Roberts, 1997) provided the theoretical framework for this research.

This research study was directed by two research questions:

1. How does a self-compassion induction affect self-objectification?
2. How does a self-compassion induction affect objectification of other women?

Discussion of the Results

This section will address the findings for the two research questions, as well as the findings for the unique contribution of self-compassion beyond what can be accounted for by self-esteem. It will also address the findings from the post-hoc analyses and discuss why such analyses were conducted.

Research Question One

Research question one sought to identify how a self-compassion induction would affect self-objectification. It was hypothesized that women who completed a self-compassion induction would show lower scores on the Self-Objectification Questionnaire, as compared to the control group. This research study found no significant difference among self-objectification scores between the self-compassion and control groups.

The recent research on self-compassion (Neff, 2003a; 2009, 2011) and the new concept of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively) has demonstrated that women with higher levels of self-compassion are kinder to themselves. It was

hypothesized that this kindness toward self can be generalized to kindness toward one's body and therefore, women with higher levels of self-compassion would be less likely to self-objectify. It may be the case that this new concept of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively) cannot be raised using a traditional self-compassion induction. It may also be the case that the online data collection method, used by the researcher, did not result in a true self-compassion induction for all of the participants, as some of them may not have adequately thought about their responses in a self-compassionate manner.

These findings impact how future research should be conducted on this research topic. Future research should restrict this methodology to in-person data collection to ensure that participants are spending adequate amounts of time on the self-compassion writing prompts. Future research should also include a manipulation check to assess if self-compassion was significantly different between the induction and control groups following the writing prompts.

Research Question Two

Research question two sought to identify how a self-compassion induction would affect how women objectify other women. It was hypothesized that women who complete a self-compassion induction would show lower scores in the modified version of the Self-Objectification Questionnaire, as compared to the control group. This research study found that the effect of group membership (self-compassion induction vs. control) was not significant with respect to scores on the modified version of the Self-Objectification Questionnaire. However, it was found that the mean score for objectification of other women was higher than the mean score

for self-objectification for the total sample. This meant that women were objectifying other women more than they were self-objectifying.

A 2010 study by Tylka and Sabik found that women who are focused on their own bodies are more attentive to the appearance of other women's bodies. This body comparison may act as a feedback loop to their own body, perpetuating heightened body surveillance and objectification of other women's bodies. Given the research on the positive outcomes of increasing one's self-compassion (Neff, 2003a; 2009, 2011), especially related to body self-kindness (Berry et al., 2010; Magnus et al., 2010), it was hypothesized that a self-compassion induction would not only lead to less self-objectification but also less objectification of other women. Similar to the results from the first research question, it may be that this new concept of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively) cannot be raised using a traditional self-compassion induction or that the online data collection method did not actually raise self-compassion. If the self-compassion induction did not significantly impact self-objectification, it would naturally be the case that it would not significantly impact the objectification of others.

The finding that women were objectifying other women more than they were self-objectifying was consistent with the findings of Stelan and Hargreaves (2005). This may indicate that women place more importance on the appearance of other women than they do on their own appearance. Women are constantly bombarded with body image messages emphasizing the thin-ideal (Waterhouse, 1997) and deflecting these messages onto others may serve as a protective factor for women.

Similar to research question one, future research implications may be found for this research question. Future research should restrict this methodology to in-person data collection to ensure that participants are spending adequate amounts of time on the self-compassion writing prompts, as one must increase self-compassion before we see compassion for other women. Future research should also include a manipulation check to assess if self-compassion was significantly different between the induction and control groups. Again, if women are not experiencing higher levels of self-compassion, we know that they will not experience higher levels of compassion for other women (Tylka & Sabik, 2010).

Unique Contribution of Self- Compassion

The results of Tylka and Sabik's (2010) study indicated the need to find the unique contribution of the self-compassion induction beyond what was accounted for by self-esteem. In this research sample, no significant effect was found when controlling for self-esteem in self-objectification or objectification of other women.

Similar to the findings above for the two research questions, we may hypothesize that this new concept of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively) cannot be raised using a traditional self-compassion induction or that the online data collection method did not result in a true self-compassion induction for the participants. In either case, self-compassion could not account for anything significant beyond what was already accounted for by self-esteem.

Again, these findings impact how future research should be conducted on this research topic. Future research should restrict this methodology to in-person data collection to ensure that participants are spending adequate amounts of time on the self-compassion writing prompts.

Future research should also include a manipulation check to assess if self-compassion was significantly different between the induction and control groups.

Post-Hoc Analyses

This research study was conducted at the end of the Fall 2011 semester and the beginning of the Spring 2012 semester. It was hypothesized that there may be differences in motivation and personality factors between the students who completed the study at the end of the semester versus the beginning of the semester. The literature points to differences which include: early semester participants have been found to be more socially responsible (Holden & Reddon, 1987), more intrinsically motivated (Hom, 1987), more compliant (Masling, O'Neill, & Jayne, 1981), more academically and achievement oriented with higher ACT and GPA scores, and a more internal academic locus of control (Evans & Donnerstein, 1974).

Because the students completing the study from the large state university did not have the same class or extra credit motivation for completing the research as the students from mid-sized state university, the large state university participants remained in the post-hoc sample. The control group had 89 participants and the self-compassion induction had 83 participants. The total number of participants in this post-hoc analysis was 172.

The same analyses for research questions one and two were run using this new sample. Again, no significant differences were found between the self-compassion and control groups, similar to the results using the full research sample. It is believed that the same reasons, as previously described, can account for these findings.

Interestingly, a post-hoc analysis found significant differences among self-esteem scores between the self-compassion induction and control groups. This meant that self-esteem scores

for the self-compassion induction group were significantly different and higher than the self-esteem scores for the control group. Results were inconsistent with Neff's (2004) suggestion that because self-compassion does not require people to adopt an unrealistic view of the self, it should be easier to raise than self-esteem. Given the emphasis that society has placed on raising self-esteem (Twenge et al., 2008), it may have been the case that the college student sample was primed to increase self-esteem more than they were self-compassion. It may also have been the case that this research sample had higher levels of self-esteem prior to participation in this research study, consistent with the personality and motivation factors previously discussed (Evans & Donnerstein, 1974; Holden & Reddon, 1987; Hom, 1987; Masling, O'Neill, & Jayne, 1981). The initial writing prompt, which asked participants to write about a negative body image experience, may have temporarily lowered self-esteem. Those women who participated in the self-compassion induction may then have counterbalanced that lowering of self-esteem, returning them to their normal level of self-esteem. Those women who participated in the control group may not have returned to their normal levels of self-esteem, showing a significant difference in levels of self-esteem between the two groups.

Limitations and Future Research

There were several major limitations to this research. First, while women from two universities were represented in this study, the universities are still in the same geographic area and the sample was comprised of only undergraduate women. Therefore, this study design did not allow for an accurate representation of all women within the sampled age groups. Future research should include research participants in a variety of urban and rural populations.

Another major limitation was that this study did not include a manipulation check meaning that self-compassion was not measured following the self-compassion induction to see if the induction actually increased self-compassion. The researcher chose to not include a self-compassion questionnaire because of concern for the time requirements of participation in this research. Future research should include either a pre- and post-induction evaluation of self-compassion or at least measure the difference among self-compassion scores between the self-compassion induction and the control group, regardless of the amount of time required to complete the extra questionnaire.

Finally, it was hypothesized that the methodology used for data collection was not adequate to induce self-compassion among all group participants. Due to the nature of online data collection, some of the research participants in the self-compassion induction group may not have spent enough time thinking about and then writing about the three components of self-compassion (Neff, 2003a). This may have prevented a true self-compassion induction from taking place. Future research should restrict this methodology to in-person data collection to ensure that participants are spending adequate amounts of time on the self-compassion writing prompts.

Conclusion

Sexual objectification is harmful to women's psychosocial health. It leads to increased body surveillance, body shame, and decreased self-esteem. For centuries, women's worth has been linked with physical attractiveness. Sexual objectification perpetuates social injustice, depriving women of opportunities to feel comfortable in their bodies and to experience life without the added strain of needing to monitor or enhance physical appearance. Szymanski and

Carr (2011) called for social justice initiatives surrounding empowerment of female clients and Szymanski et al. (2011) suggested the need for further research about women who objectify other women.

Recent critics of self-esteem (Baumeister et al., 1996; Baumeister et al., 2003; Crocker et al., 2003; Harter, 1999; Twenge et al., 2008) have opened the doors to a new concept of a healthy attitude and relationship to oneself in the construct of self-compassion (Neff, 2003a). Given the recent research on self-compassion (Neff, 2003a; 2009, 2011) and the new concept of body or physical self-compassion (Berry et al., 2010; Magnus et al., 2010, respectively), one can hypothesize that women with higher self-compassion will be less likely to self-objectify and objectify other women. We also know from the research that self-compassion can be experimentally induced (Leary & Adams, 2007; Leary et al., 2007; Zabelina & Robinson, 2010).

Research has established the advantages of self-compassion to include greater life-satisfaction, emotional intelligence, social connectedness, learning goals, wisdom, personal initiative, curiosity, happiness, optimism, and positive affect, as well as less self-criticism, depression, anxiety, fear of failure, thought suppression, perfectionism, performance goals, and disordered eating behaviors (Neff, 2009, for a review). Using body self-compassion, Berry et al. (2010) used an empirical phenomenological approach to interview five women and found themes that suggested that as women experienced more body self-compassion, they appreciated their unique body, took ownership of their body and engaged in less social comparison. While these findings suggest the positive influence of increased body self-compassion, the literature has not extended a body self-compassion induction on women who experience self-objectification and women who objectify other women.

The purpose of this research study was to examine the impact of a self-compassion induction on the self-objectification of women and how women objectify other women. This research study found that there was no significant difference between the self-compassion and control groups with respect to self-objectification or objectification of other women. Post-hoc analyses found similar findings with respect to the two research questions, but the smaller research sample had significant differences among self-esteem scores between the self-compassion induction and control groups.

This chapter discussed the two research questions, with an explanation of the research findings. Post-hoc analyses were then discussed. Limitations of this research study were identified and suggestions for future research were examined.

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APPENDIX A

The Self-Objectification Questionnaire

We are interested in how people think about their bodies. The questions below identify 10 different body attributes. We would like you to rank order these body attributes from that which has the greatest impact on your physical self-concept (rank this a "9"), to that which has the least impact on your physical self-concept(rank this a "0").

Note: It does not matter how you describe yourself in terms of each attribute. For example, fitness level can have a great impact on your physical self-concept regardless of whether you consider yourself to be physically fit, not physically fit, or any level in between.

Please first consider all attributes simultaneously, and record your rank ordering by writing the ranks in the rightmost column.

IMPORTANT: Do Not Assign The Same Rank To More Than One Attribute!

- 9 = greatest impact
- 8 = next greatest impact
- 1 = next to least impact
- 0 = least impact

When considering your physical self-concept . . .

- 1 . . . what rank do you assign to physical coordination? _____
- 2 . . . what rank do you assign to health? _____
- 3 . . . what rank do you assign to weight? _____
- 4 . . . what rank do you assign to strength? _____
- 5 . . . what rank do you assign to sex appeal? _____
- 6 . . . what rank do you assign to physical attractiveness? _____
- 7 . . . what rank do you assign to energy level (e.g., stamina)? _____
- 8 . . . what rank do you assign to firm/sculpted muscles? _____
- 9 . . . what rank do you assign to physical fitness level? _____
- 10 . . . what rank do you assign to measurements (e.g., chest, waist, hips)? _____

In administering the measure, the title is not included. Scores are obtained by separately summing the ranks for appearance-based items (3, 5, 6, 8 and 10) and competence-based items (1, 2, 4, 7 and 9), and then subtracting the sum of competence ranks from the sum of appearance ranks. Scores may range from -25to 25, with higher scores indicating a greater emphasis on appearance, interpreted as higher trait self-objectification.

Copyright 1998 by Barbara L. Fredrickson. Individuals who wish to reprint all or part of the Self-Objectification Questionnaire should contact Barbara L. Fredrickson.

Fredrickson, B. L., Roberts, T. A., Noll, S. M. Quinn, D. M., & Twenge, J. M. (1998). That swimsuit becomes you: Sex differences in self-objectification, restrained eating, and math performance. *Journal of Personality and Social Psychology*, 75, 269-284.

APPENDIX B

Objectification of Other Women

This section is concerned with how women think about other women's bodies. Listed below are ten different body attributes. When you think about, or look at other women, which of these body attributes are most important? Please rank the attributes in order from 1 (*least important*) to 10 (*most important*) in other women.

- 1 . . . what rank do you assign to *physical coordination*? _____
- 2 . . . what rank do you assign to *health*? _____
- 3 . . . what rank do you assign to *weight*? _____
- 4 . . . what rank do you assign to *strength*? _____
- 5 . . . what rank do you assign to *sex appeal*? _____
- 6 . . . what rank do you assign to *physical attractiveness*? _____
- 7 . . . what rank do you assign to *energy level (e.g., stamina)*? _____
- 8 . . . what rank do you assign to *firm/sculpted muscles*? _____
- 9 . . . what rank do you assign to *physical fitness level*? _____
- 10 . . . what rank do you assign to *measurements (e.g., chest, waist, hips)*? _____

APPENDIX C

Rosenberg Self-Esteem Scale

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

- | | | | | | |
|------|--|----|---|---|----|
| 1. | On the whole, I am satisfied with myself. | SA | A | D | SD |
| 2.* | At times, I think I am no good at all. | SA | A | D | SD |
| 3. | I feel that I have a number of good qualities. | SA | A | D | SD |
| 4. | I am able to do things as well as most other people. | SA | A | D | SD |
| 5.* | I feel I do not have much to be proud of. | SA | A | D | SD |
| 6.* | I certainly feel useless at times. | SA | A | D | SD |
| 7. | I feel that I'm a person of worth, at least on an equal plane with others. | SA | A | D | SD |
| 8.* | I wish I could have more respect for myself. | SA | A | D | SD |
| 9. * | All in all, I am inclined to feel that I am a failure. | SA | A | D | SD |
| 10. | I take a positive attitude toward myself. | SA | A | D | SD |

Scoring: SA = 3, A = 2, D = 1, SD = 0. Items with an asterisk are reverse scored, that is, SA = 0, A = 1, D = 2, SD = 3. Sum the scores for the 10 items. The higher the score, the higher one's self-esteem.

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

APPENDIX D

Demographics Questionnaire

What is your age? _____

What is your ethnicity? (please circle one)

White/Caucasian Native American/American Indian Black/African American
Pacific Islander Asian Multi-ethnic Other (please describe): _____

What is your weight? _____ lbs

What is your height? _____ feet _____ inches

What is your class year? (please circle one)

Freshman Sophomore Junior Senior

Have you ever been diagnosed with an eating disorder (anorexia or bulimia) by a mental health professional or a physician? (please circle one)

Yes No

APPENDIX E

Informed Consent for Mid-Sized State University

You are being asked to participate in a study about objectification of women. Specifically, about the way women self-objectify and objectify other women.

If you agree to participate, we ask that you complete all of the writing prompts and the survey questions. All data will be presented anonymously in final form. Any information obtained in connection with this study that can be linked to you will be kept confidential. The risks in participating in this study are no greater than those experienced in everyday life. There are no direct benefits to you from participating in this study other than reflecting on your self-objectification and your objectification of other women.

Your decision whether to participate will not affect your future relations with Radford University. If you decide to participate, you are free to discontinue participation at any time without affecting such relationships.

If you have any questions about this study, please feel free to contact Alysia Hoover-Thompson ___[insert phone number]___ or Sarah Hastings ___[insert phone number]___.

This study was approved by the Radford University Committee for the Review of Human Subjects Research. If you have questions or concerns about your rights as a research subject or have complaints about this study, you should contact Dr. Dennis Grady, Dean, College of Graduate and Professional Studies, Radford University, dgrady4@radford.edu, 540-831-7163.

You will be offered a copy of this form to keep.

Thank You

You are making a decision whether to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

Signature

Date

Signature of Investigator

APPENDIX F

Informed Consent for Large State University

You are being asked to participate in a study about objectification of women. Specifically, about the way women self-objectify and objectify other women.

If you agree to participate, we ask that you complete all of the writing prompts and the survey questions. All data will be presented anonymously in final form. Any information obtained in connection with this study that can be linked to you will be kept confidential. The risks in participating in this study are no greater than those experienced in everyday life. By participating in this study, you may reflect on your self-objectification and your objectification of other women. You will also be entered into a drawing to receive one of two \$25 Amazon.com gift card.

Your decision whether to participate will not affect your future relations with Virginia Tech. If you decide to participate, you are free to discontinue participation at any time without affecting such relationships.

If you have any questions about this study, please feel free to contact Alysia Hoover-Thompson ___[insert phone number]___ or Sarah Hastings ___[insert phone number]___.

This study was approved by the Radford University Committee for the Review of Human Subjects Research. If you have questions or concerns about your rights as a research subject or have complaints about this study, you should contact Dr. Dennis Grady, Dean, College of Graduate and Professional Studies, Radford University, dgrady4@radford.edu, 540-831-7163.

You will be offered a copy of this form to keep.

Thank You

You are making a decision whether to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

Signature

Date

Signature of Investigator

APPENDIX G

Writing Prompt for All Participants

We would like you to think about a negative event that you experienced in high school or college that made you feel badly about your body – something that involved failure, humiliation or rejection. Please describe the event including details regarding what led to the event, who was present, what happened during the event and how you felt and behaved at the time.

APPENDIX H

Self-Compassion Induction Writing Prompts

1. Do you know other women who experienced a similar event? What was their experience like?
2. If your best friend came to you having experienced this event, what would you say to comfort her?
3. Now we would like for you to rewrite the story of your event in an objective and unemotional way.

APPENDIX I

Control Group Writing Prompts

1. We would like you to describe the factors that lead to your choice of college.
2. We would like you to describe your favorite class in high school or college.
3. We would like you to describe your least favorite class in high school or college.