

Counselling Psychology Quarterly

ISSN: 0951-5070 (Print) 1469-3674 (Online) Journal homepage: https://www.tandfonline.com/loi/ccpq20

What matters most? Age and gender differences in self-compassion and body attitudes among college students

Lindsay T. Murn & Misty R. Steele

To cite this article: Lindsay T. Murn & Misty R. Steele (2019): What matters most? Age and gender differences in self-compassion and body attitudes among college students, Counselling Psychology Quarterly, DOI: 10.1080/09515070.2019.1605334

To link to this article: https://doi.org/10.1080/09515070.2019.1605334

Published online: 17 Apr 2019.

Submit your article to this journal

Article views: 99

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=ccpq20

COUNSELLING PSYCHOLOGY QUARTERLY
https://doi.org/10.1080/09515070.2019.1605334

Routledge
Taylor & Francis Group

ARTICLE

Check for updates

What matters most? Age and gender differences in self-compassion and body attitudes among college students

Lindsay T. Murn and Misty R. Steele

School of Applied Health and Educational Psychology, Oklahoma State University, Stillwater, OK, USA

ABSTRACT

The purpose of this study was to investigate the psychological relationships between perceptions of the self and body of college students by examining self-compassion and specific body attitudes (body comparison and body esteem) among both men and women. An age diverse sample of 299 students (98 men, 201 women; age range of 18–57 years) from a large southwestern American university participated. Self-esteem was determined to be a confounding influence in the relationships between self-compassion and body attitudes, suggesting body esteem and comparison may be subsumed under the broader theoretical construct of self-esteem. After controlling for self-esteem, we found that gender and age explained some of the disparities in self-compassion and other body attitudes of interest. Differential results for age groups for self-compassion emerged, as did differential results for men's and women's self-compassion and body attitude levels. Limitations of the study, directions for future research, and clinical applications for counseling psychologists are discussed.

ARTICLE HISTORY
Received 19 April 2018
Accepted 5 April 2019

KEYWORDS
Self-compassion; college students; self-esteem; age differences; gender differences; body image

An individual's body attitude refers to an overall evaluation of one's body and physical appearance. A negative body attitude has been directly linked to depression, anxiety, disordered eating and unhealthy exercise behaviors (Cahill & Mussap, 2007; Dittmar, 2009; Grogan, 2016; Hargreaves & Tiggemann, 2009), among other mental health concerns. The cultural emphasis on one's physical appearance in the United States is not restricted by gender, and the influence of such preoccupation is of special concern for the traditional college-aged student population (Grogan, 2016; Sheldon, 2010), as social acceptance, dating, and identity are thought to depend heavily on physical appearance (Novella, Gosselin, & Danowski, 2015). Decades of research demonstrates elevated body dissatisfaction (Bucchianeri, Arikian, Hannan, Eisenberg, & Neumark-Sztainer, 2013; Neighbors & Sobal, 2007; Novella et al., 2015) and rising mental health concerns (ACHA, 2017a, 2017b) among American college coeds. With 20 million college students in the United States (U.S. Department of Education, 2018), and over 200 million globally (U.S. Department of Education, 2017), negative body attitudes may affect a moderate

CONTACT Lindsay T. Murn lindsay.murn@mnsu.edu

Note: Primary author ([a]Murn) is now affiliated with Minnesota State University, Mankato as Assistant Professor. Secondary author ([b]Steele) is now affiliated with University of Science and Arts of Oklahoma as Assistant Professor.

© 2019 Informa UK Limited, trading as Taylor & Francis Group

subset of the world's population. With its direct association to mental health symptoms, a negative body attitude should be considered an unhealthy and particularly invidious self-attitude that warrants continued examination among this specialized population.

The role of self-compassion

Though understanding trials and tribulations that burden individuals has led to significant discoveries about mental illness and psychopathology, the field of counseling psychology is rooted in positive, strengths-based theories and approaches (e.g. APA, 2019, 1999; Fouad, 2013). Aligning with these values, Buddhist philosophy has made its mark on counseling psychology and positive psychology through exploring healthy self-processes, like self-compassion (Daya, 2000; Wada & Park, 2009). Compassion involves the recognition of pain in another human being, offering kindness rather than judgment, a desire to ameliorate the suffering, and acknowledgement of the fragility and imperfection of "our shared human condition" (Neff, 2011, p. 10). Introduced by Kristin Neff, the construct of self-compassion is defined in much the same way; it involves being kind to oneself and non-judgmental, a strong sense of common humanity to combat feelings of isolation, and a mindful awareness of one's imperfections that leads to positive change rather than the over-identification with faults or misfortunes (Neff, 2003a). Through this position, a self-compassionate person attains "resilience and stability" (Neff & Vonk, 2009, p. 27) by maintaining a balanced perspective during critical moments of suffering.

The connections between self-compassion and psychological well-being are indisputable (e.g. Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2003a; Neff, Rude, & Kirkpatrick, 2007). Self-compassion has been linked with life satisfaction, optimism, wisdom, happiness, personal initiative, emotional intelligence, and social connection. It has also been negatively correlated with mental health symptomatology, such as depression and anxiety. Self-compassion is therefore a psychologically beneficial attitude toward the self that buffers against a multitude of problems (Barnard & Curry, 2011; Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011; Neff, Kirkpatrick, & Rude, 2007). Justifiably, parallels to self-esteem are often drawn. Self-esteem – one's measure of positive or negative self-attitude – has long been regarded as a measure of global self-worth across a generalizable framework (Crandall, 1973; Hobza, Walker, Yakushko, & Peugh, 2007; Rosenberg, 1965). Self-esteem and self-compassion are moderately statistically correlated with one another, are both negatively associated with common psychological dysfunctions, and are both positively correlated with life satisfaction and happiness (Leary et al., 2007; Neff, 2003a, 2009; Neff & Vonk, 2009). Yet, by using the moderate correlation between these two constructs, Neff and Vonk (2009) controlled for the influence of self-esteem in relation to positive psychological variables, and found that self-compassion could be a unique predictor of stable feelings of self-worth.

Theoretically distinct from self-compassion, the construct of self-esteem involves evaluation and social comparison – which may have deleterious consequences to one's self- or body attitudes. High self-esteem has been linked to narcissism, self-absorption, discrimination against others, aggression, and the tendency to distort one's strengths and weaknesses to boost the ego, whereas self-compassion has not been correlated with any of these negative qualities (Barry, Loflin, & Doucette, 2015;

Neff, 2003b, 2009). By constructing a view of self that is not contingent on perceptions of or comparisons to others, self-compassion avoids maladaptive defense mechanisms while fostering a healthy self-attitude (Neff, 2003a). This study confirmed the theoretically discrete nature of these two constructs and highlights the need for further investigation into self-esteem's overlap with body esteem and body comparison.

Focus of the current study

In a comprehensive review of 28 studies conducted between 2007 to 2016, Braun, Park, and Gorin (2016) concluded that self-compassion protects an individual against negative body image and eating pathology. In light of evidence that self-compassion is inversely related to poor body attitudes (e.g. body shame, body preoccupation, social appearance comparisons), all recent studies have called for the continued exploration into these relationships in order to provide more specific findings to understand what body attitudes are connected to self-compassion, both for clinical and non-clinical populations. This study aimed to contribute to these gaps in the research to include a closer examination into the specific body attitudes of body esteem and body comparison.

Body comparison refers to the frequency that one compares body parts, as well as body functions, against same-sex peers (Grossbard, Lee, Neighbors, & Larimer, 2009). The theoretical underpinnings of body comparison are linked to self-esteem via social comparison theory (Fisher, Dunn, & Thompson, 2002), thus should not be theoretically aligned with self-compassion. Therefore, the relationship between body comparison and self-compassion was worth exploring. Body esteem is defined as positive or negative feelings about one's body parts and overall satisfaction or dissatisfaction with one's physical appearance. One study had previously examined the link between body comparison and self-compassion (Homan & Tylka, 2015) and found an inverse correlation, yet prior studies have not yet investigated the specific relationships between body esteem and self-compassion, or in conjunction with body comparison. More importantly, these body attitudes have not been explored in relation to self-compassion while eliminating the influence of self-esteem.

Gender and age were particularly germane to the purpose of this study. Not only do women typically report lower body esteem than men, but men and women may feel distinctly differently toward their bodies overall (Franzoi, 1995); men tend to emphasize functionality, whereas women pay more attention to physical appearance and body parts. Results from the American College Health Association surveys found that 12% of graduate men and 20% of graduate women identified their personal appearance as "traumatic or very difficult to handle" (American College Health Association, 2017a, p. 15); whereas nearly 20% of undergraduate men and 34% of undergraduate women regarded their personal appearance as "traumatic or difficult to handle" (American College Health Association, 2017b, p. 15). These results suggest some differences between genders, and reveal differential concerns about physical appearance across education levels for college students. Further examination of gendered attitudes toward the body proved necessary, as women have been found to exhibit more self-criticism and spend more time ruminating on depressive thoughts than men (Neff, 2003a; Nolen-Hoeksema, Larson, & Grayson, 1999), and a recent meta-analysis of gender differences in self-compassion confirmed that

women tend to have slightly lower overall self-compassion than men (Yarnell et al., 2015). However, the majority of research studies regarding self-compassion and body image to date have involved clinical populations of women diagnosed with eating disorders (e.g. Ferreira, Pinto-Gouveia, & Duarte, 2013; Kelly, Vimalakanthan, & Carter, 2014) or limited to female college students (e.g. Toole & Craighead, 2016; Wasylkiw, MacKinnon, & MacLellan, 2012). Further, as previously mentioned, prominent body dissatisfaction and mental illness are rising among university students (American College Health Association, 2017a, 2017b; Bucchianeri et al., 2013; Neighbors & Sobal, 2007; Novella et al., 2015; Sheldon, 2010). The present study contributes to the growing literature by examining self-compassion and specific body attitudes (body comparison and body esteem) among a non-clinical, college student population of both men and women.

Counseling psychologists work from a developmental perspective with all individuals across the lifespan (American Psychological Association, 2019; Munley, Duncan, McDonnell, & Sauer, 2004), yet, few studies to date have compared self-compassion across age or developmental stages. Homan (2016) and Allen, Goldwasser, and Leary (2012) found that self-compassion increased with age and buffered the negative impact of physical health problems, indicating high self-compassion may be even more important for aging individuals with health concerns. Though older adults were not explicitly recruited for the current study, the ages of college participants ranged widely with representation of all education levels, which offers another unique contribution to the literature.

Lastly, when investigating the relationships among these self-attitudes, it was important to consider what influence self-esteem had on the associations among the other variables. Self-esteem, body esteem, and body comparison are theoretically linked through social comparison theory, while self-compassion does not involve the same evaluations or comparisons; we therefore controlled for the influence of self-esteem among the relationships between self-compassion, body esteem, and body comparison, in order to capture the most accurate relationships.

Research questions and hypotheses

The research questions and hypotheses that guided the current study were as follows:

(1) Based on prior research, we hypothesized that a) self-compassion and self-esteem are positively correlated, and that b) self-compassion is inversely related to negative body esteem and high body comparison.
(2) Based on prior research indicating the mediating role of self-esteem, a) will the relationships between self-compassion, body esteem, and body comparison change when controlling for self-esteem? If partial correlations confirm these predictions, b) to what extent does self-esteem mediate differences for gender, age groups, and education level across self-compassion, body esteem, and body comparison?
(3) As established in prior research, we hypothesized that men will have higher self-compassion and body esteem, and lower frequency of body comparisons than women.

(4) Are there differences between younger and older individuals for self-compassion, body esteem, and body comparison? Limited prior research suggests that older individuals may have high self-compassion and more positive body attitudes than younger people.

Method

Participants

Participants included 299 (98 men, 201 women) undergraduate and graduate students at a large university in the southwestern United States. Ages of participants ranged from 18 to 57 years old, $M = 25.9$, $SD = 7.8$. All education levels were represented, with 27 Freshmen (9%; age range 18–20 years; $M = 18.7$, $SD = 0.61$), 38 Sophomores (12.7%; age range 18–37 years; $M = 20.9$, $SD = 4.25$), 47 Juniors (15.7%; age range 20–42 years; $M = 23.6$, $SD = 6.1$), 64 Seniors (21.4%; age range 20–57 years; $M = 26.3$, $SD = 8.7$), and 123 Graduate students (41.1%; 22–54; $M = 29.7$, $SD = 7.4$). Of the participants, 234 identified as White/Caucasian (78.3%), 20 identified as Black/African-American/African (6.7%), 14 identified as American Indian/Native American/Alaska Native (4.7%), 13 identified as Asian/Asian American (4.3%), 11 identified as Hispanic/Latino(a) (3.7%), and seven identified as Multiracial (2.3%).

Measures

Self-compassion

The Self-Compassion Scale (SCS), developed by Neff (2003a), is a 26-item measure assessing the six constructs on the three dimensions of self-compassion (Grand Mean, Cronbach's $\alpha = .74$), which are Self-Kindness (Cronbach's $\alpha = .83$) versus Self-Judgment (Cronbach's $\alpha = .82$), Common Humanity (Cronbach's $\alpha = .76$) versus Isolation (Cronbach's $\alpha = .79$), and Mindfulness (Cronbach's $\alpha = .76$) versus Over-Identification (Cronbach's $\alpha = .81$). Participants were asked to read the 26 statements and rate his or her personal behavior during difficult times on a 7-point Likert scale, ranging from (1) Almost Never to (7) Almost Always. High scores on the Self-Kindness, Common Humanity, and Mindfulness subscales and the Grand Mean indicate higher compassion toward self. High scores on Self-Judgment, Isolation, and Over-Identification subscales indicate less self-compassion tendencies.

Self-esteem

The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) is a 10-item measure capturing an individual's general feelings about the self (Cronbach's $\alpha = .89$). Participants were asked to rate their general feelings about the self on a 7-point Likert scale, ranging from (1) Strongly Disagree to (7) Strongly Agree. High scores indicate a positive self-evaluation.

Body esteem

Franzoi and Shields (1984) developed an assessment of positive and negative feelings toward one's body in the young adult population (Franzoi, 1994). The Body Esteem Scale (BES) is a 35-item measure (Cronbach's $\alpha = .95$) of how the respondent feels (positively or negatively) about various aspects of his or her body on a 7-point Likert scale, ranging

from (1) Have Strong Negative Feelings to (7) Have Strong Positive Feelings. The Body Esteem Scale includes two subscales: Body-as-Process (Cronbach's α = .89), which includes one's evaluation of the functioning and processes of the body, and Body-as-Object (Cronbach's α = .91), which examines one's feelings about and satisfaction with different body parts. Higher scores indicate strong positive feelings about one's physical appearance and body functions.

Body comparison

The Body Comparison Scale (BCS; Fisher et al., 2002) is a 25-item measure (Cronbach's α = .95) assessing the frequency that individuals compare 20 different body parts and five overall areas of their body to their same-sex peers on a 7-point Likert scale, ranging from (1) Never to (7) Always. The BCS is comprised of four subscales: General Appearance (Cronbach's α = .90), which focuses on non-weight, and non-muscular body parts (e.g. facial features), Muscular-Related Concerns (Cronbach's α = .86), which includes upper body areas (e.g. chest, biceps), Weight-Related Concerns (Cronbach's α = .88), which involve the lower body areas (e.g. thighs, buttocks), and the General Somatic Features (Cronbach's α = .92) identified as overall shape or muscle tone for upper and lower body areas. Higher scores indicate increased body comparison tendencies.

Procedure

In this cross-sectional design drawn from an American university student population, 2000 randomly selected students were contacted via email to participate in this study. A total of 299 participants completed the demographic information and all five measures. Incomplete responses were not evaluated. Participants accessed a secure survey website where a brief synopsis of the study appeared, along with IRB-approved informed consent information. Although risks to completing this survey were minimal, a list of on-campus psychological resources were provided. All participants had equal chance to receive one of five $25.00 gift cards through a randomized drawing. Some students may have received .5 units of extra credit within a course at the discretion of each instructor.

Data analysis strategies

Data analysis strategies in this study included zero-order (Pearson) correlations, partial correlations, and multiple analyses of covariance. Zero-order and partial correlation analyses were used to test the hypotheses regarding the relationships between variables (Research Question 1) and how self-esteem influences the relationships between self-compassion, body esteem, and body comparison (Research Question 2). A multiple analysis of covariance (MANCOVA) was used to test the hypothesis that women would score lower on body esteem and higher on body comparison measures than men (Research Question 3) when controlling for self-esteem. A MANCOVA was also used to examine differences between age groups or education levels (Research Question 4) across all dependent variables (self-compassion, body esteem, and body comparison) after removing self-esteem's influence.

Results

Relationships among variables

Zero-order and partial correlation analyses uncovered relationships between independent variables of age, education level, and gender with the following dependent variables: self-compassion, self-esteem, body esteem, and body comparison (see Table 1). Statistically significant relationships emerged for all dependent variables, confirming the hypotheses outlined in Research Question 1. Partial correlation analyses tested Research Question 2 by controlling for self-esteem (as measured by the Rosenberg Self-Esteem Scale Grand Mean); the previously significant correlation coefficients completely diminished between self-compassion and body comparison ($p = .680$), and for self-compassion and body comparison ($p = .213$). In addition, the previously significant association for body esteem and body comparison ($p < .001$) also disappeared ($p = .218$), suggesting that body comparison and body esteem may not be entirely separate constructs from self-esteem. Conversely, controlling for self-compassion did not change the significant associations between self-esteem and body esteem ($p < .001$), and self-esteem and body comparison ($p < .001$), indicating that self-compassion is theoretically distinct and does not mediate the relationships between self-esteem, body esteem, and body comparison.

No significant relationships between gender and self-compassion were uncovered for either zero-order or partial correlations. Instead, gender was found to be slightly correlated with body esteem ($p < .001$) and body comparison ($p < .026$) after controlling for self-esteem. Examination of means revealed men had higher body esteem and lower body comparison than women. Overall age was found to be slightly yet significantly related to self-esteem ($p < .012$), self-compassion ($p < .001$), and body comparison ($p < .003$). After controlling for self-esteem, these relationships remained significant yet decreased slightly in strength, revealing older participants endorsed higher self-compassion and self-esteem, and lower body comparison than younger participants. Interestingly, education level was found to be statistically correlated with self-compassion ($p < .002$), yet that relationship was no longer significant after controlling for self-esteem ($p = .240$). Education level was not determined to be correlated with body esteem or body comparison. Age and education level were expectedly moderately positively correlated, even after controlling for self-esteem ($p < .001$).

Differences across gender, age, and education level

The partial correlation results suggested self-esteem may confound further analyses of the main constructs of interest – self-compassion, body esteem, and body comparison. To test Research Questions 3 and 4, MANCOVAs were run to examine the differences across gender, age groups, or education level while controlling for the effects of self-esteem. The Bonferroni adjustment was used due to having multiple variables entered at once.

Gender

The overall multivariate test was significant for gender and the Self-Compassion Scale and subscales, *Pillai's trace* = .073; $p < .001$, $\eta_p^2 = .073$. The Levene's tests of equality of

Table 1. Zero-order (and partial) correlations for self-esteem, self-compassion, body esteem, and body comparison grand means, age, education level, and gender.

	Self-Compassion	Body Esteem	Body Comparison	Age	Education Level	Gender
Self-Esteem	.659**	.546**	−.328**	.145*	.189**	.000
Self-Compassion		.375** (.024)	−.268** (−.072)	.206** (.148*)	.175** (.068)	−.024 (−.32)
Body Esteem			−.236** (−.072)	−.003 (−.099)	.013 (−.110)	−.208** (−.248**)
Body Comparison				−.170**(−.131*)	−.082 (−.021)	.121* (.129*)
Age					.478** (.464**)	.051 (.051)
Education Level						−.003 (−.003)

Note: ** = significant at the $p < .01$ level, * = significant at the $p < .05$ level
Note: Grand Means were used for Rosenberg Self-Esteem Scale, Self-Compassion Scale, Body Esteem Scale, and Body Comparison Scale
Note: Zero-Order (Pearson) *r*-values listed first, with Partial *r*-values listed in parentheses, which signifies new values when controlling for self-esteem (RSE Grand Mean).

error variances was nonsignificant. The test of between-subjects effects revealed significant differences on the Common Humanity ($F(1, 296) = 5.87$, $p < .016$) and Over-Identification ($F(1, 296) = 5.16$, $p < .024$) subscales. A closer examination of the pairwise comparisons revealed that men endorsed lower feelings of common humanity than women. In addition, women reported higher instances of over-identifying with their problems than did men. Contrary to the research hypothesis, no other self-compassion differences emerged for gender.

Differences emerged across gender for ratings of body esteem with self-esteem entered as the covariate, *Pillai's trace* = .062; $p < .000$, $\eta_p^2 = .062$. The Levene's tests of equality of error variances were significant, necessitating follow-up using the variance ratio equation of the standard deviations, and verified by a *t*-test. The variance ratio, calculated by dividing the largest SD^2 by the smallest SD^2, for the Body Esteem Scale and subscales was $1.19^2/.89^2 = 1.78$, which indicated equality of variances. The test of between-subjects effects could be interpreted, and were found to be significant for the Body-as-Process subscale ($F(1, 296) = 15.15$, $p < .001$), the Body-as-Object subscale ($F(1, 296) = 16.682$, $p < .001$), and the Grand Mean ($F(1, 296) = 19.425$, $p < .001$). An examination of pairwise comparisons revealed men's scores were higher than women on all scales – Body-as-Object, Body-as-Process, and the Grand Mean – indicating more positive feelings, as predicted.

Significant differences were uncovered for frequency of body comparison between genders with self-esteem entered as the covariate, *Pillai's trace* = .284; $p < .001$, $\eta_p^2 = .284$. The Levene's tests of equality of error variances was significant for the Weight-Related Concerns subscale, necessitating follow-up using the variance ratio equation of the standard deviations, and verified by a *t*-test. The variance ratio calculation for the Body Comparison Scale was $1.69^2/.27^2 = 1.78$, indicating equality of variances. All other Levene's tests for the subscales and Grand Mean were nonsignificant. The tests of between-subjects effects revealed significant differences across gender for the General Appearance ($F(1, 296) = 5.84$, $p < .016$) and Weight-Related Concerns ($F(1, 296) = 36.594$, $p < .000$) subscales, and the Grand Mean ($F(1, 296) = 4.98$, $p < .026$). As hypothesized, pairwise comparisons revealed that men compared their general appearance areas, weight-related body parts, and whole body less frequently than women.

In order to ensure the results were not extraneously influenced by the diverse age range in this study, age was entered as a second covariate. All significant and non-significant results remained the same. All results for gender, including mean differences and covariate findings, are displayed in Table 2.

Age

In an effort to test Research Question 4 and capture accurate depictions of how age might matter with regard to self-compassion levels or body attitudes, ages were divided and analyzed in two different ways: equally distributed into four quartiles, and into broader categories of Under 25 and Over 25.

Age ranges were first divided in equal quartiles based on the frequency distribution; this allowed for greater accuracy in comparing across age groups. The four categories included: 18–20 years old ($n = 72$; $M = 19.3$, $SD = 0.75$), 21–23 years old ($n = 88$; $M = 22.1$, $SD = 0.81$), 24–29 years old ($n = 76$; $M = 26.1$, $SD = 1.7$), and 30–57 years old ($n = 63$; $M = 38.6$, $SD = 7.4$). Self-esteem (RSE Grand Mean) was entered as the covariate. For

Table 2. Significant differences between genders on self-compassion, body esteem, and body comparison, when controlling for self-esteem and age.

	Men	Women	Mean Difference	Covariate *p*-values Self-Esteem	Covariate *p*-values Self-Esteem, Age
SCS Common Humanity	4.115	4.458	−.343*	.016	.023
SCS Over-Identification	3.722	4.068	.346*	.024	.020
BES Grand Mean	4.818	4.386	−.432**	.000	.000
BES Body-as-Object	4.752	4.365	−.387**	.000	.000
BES Body-as-Process	4.967	4.509	−.458**	.000	.000
BCS Grand Mean	3.254	3.586	.332*	.026	.019
BCS General Appearance	2.507	2.881	.374*	.016	.012
BCS Weight-Related	3.094	4.249	1.155**	.000	.000

Note: * = significant at the p < .05 level; ** = significant at the p < .01 level
Note: Self-Esteem = Rosenberg Self-Esteem Scale (RSE) Grand Mean, BES = Body Esteem Scale, BCS = Body Comparison Scale, SCS = Self-Compassion Scale

the Self-Compassion Scale and subscales, the overall multivariate test was significant for age, *Pillai's trace* = .103; $p < .031$, $\eta_p^2 = .065$. Levene's tests of equality of error variances were nonsignificant. The test of between-subjects effects revealed overall differences across age levels on the Common Humanity subscale ($F(3, 294) = 5.14$, $p < .002$) and the Mindfulness subscale ($F(3, 294) = 2.83$, $p < .039$). Pairwise comparisons revealed the differences across age groups. For the Common Humanity subscale, differences emerged between the 18–20-year-old age group and 24–29-year-olds ($p < .024$), and between the 18–20-years-olds and the 30–57 group ($p < .001$). Both results indicated lower scores for the younger participants than their older counterparts. Pairwise comparisons for the Mindfulness subscale did not yield statistically significant *p*-values across specific age groups; analyzing these results by the separating participants into the larger age categories of Under 25 and Over 25 shed some light on these findings.

As is common to divide college-aged participants by age into larger categories, multiple analyses of covariance were run for all variables of interest between an Under 25 (18–24 years old; $n = 175$) age group in comparison to an Over 25 (25–57 years old; $n = 124$) age group, with self-esteem as the covariate. For the Self-Compassion Scale and subscales, the overall multivariate test was significant between the two age categories, *Pillai's trace* = .048; $p < .027$, $\eta_p^2 = .048$. The Levene's tests of equality of error variances were nonsignificant. The test of between-subjects effects revealed differences on the Common Humanity ($F(1, 296) = 9.2$, $p < .003$) and Mindfulness ($F(1, 296) = 4.85$, $p < .028$) subscales as well. Examination of pairwise comparisons revealed that participants in the Under 25 category scored lower than participants in the Over 25 category on the Common Humanity and Mindfulness subscales. In order to remove any potential effects by gender in the comparisons between age quartiles or the two age groups, gender was entered as a second covariate. Results remained statistically significant for the self-compassion subscales.

No significant differences emerged for the Body Esteem Scale Grand Mean or subscales or the Body Comparison Scale Grand Mean or subscales across either the four age quartiles or the two larger categories, with self-esteem entered as the covariate. Gender was entered as a second covariate to ensure there were no additional confounding effects; all analyses for body esteem, body comparison, and age remained nonsignificant. All results for age categories, including mean differences and covariate findings, are displayed in Table 3.

Table 3. Significant differences across age on self-compassion, body esteem, and body comparison, when controlling for self-esteem and gender.

	Mean Difference		Covariate *p*-values	
	18–20 years	30–57 years	Self-Esteem	Self-Esteem, Gender
SCS Common Humanity	.544*	.737**	.002	.001
SCS Mindfulness	.388*ns*	.434*ns*	.039	.034
Body Esteem: overall Multivariate test			.857*ns*	.859*ns*
Body Comparison: overall Multivariate test			.758*ns*	.385*ns*
	Mean Difference		Covariate *p*-values	
	Under 25	Over 25	Self-Esteem	Self-Esteem, Gender
SCS Common Humanity		.411**	.003	.005
SCS Mindfulness		.265*	.028	.019
Body Esteem: overall Multivariate test			.223*ns*	.355*ns*
Body Comparison: overall Multivariate test			.793*ns*	.838*ns*

Note: * = significant at the p < .05 level; ** = significant at the p < .01 level
Note: Self-Esteem = Rosenberg Self-Esteem Scale (RSE) Grand Mean, Body Esteem = Body Esteem Scale (BCS), Body Comparison = Body Comparison Scale (BCS), SCS = Self-Compassion Scale

Education level

The overall multivariate tests examining all variables while controlling for self-esteem were nonsignificant across education levels. In order to test if gender or age were confounding the multivariate results, both were entered as additional covariates, and all tests remained nonsignificant.

Discussion

This study aimed to explore the associations between self-compassion, self-esteem, body esteem, and body comparison, and to understand more fully those relationships when controlling for the influence of self-esteem. In addition, this study examined both men and women from a diverse age range and across college education levels, which revealed information that contributes to previous gaps in the literature across the dimensions of self-compassion, body esteem, and body comparison.

Controlling for self-esteem

Covariates were analyzed in order to better understand the relationships among self-compassion, self-esteem, body esteem, and body comparison, by controlling for the confounding influence of self-esteem. Self-esteem and self-compassion were confirmed to be separate but correlated constructs; however, the results suggest that self-esteem plays a significant mediating role in the relationships between self-compassion and the body attitude measures of body esteem and body comparison. Interestingly, when controlling for the influence of self-esteem using partial correlation analyses, there was no longer a significant relationship between self-compassion and body esteem or body comparison. The same did not happen when controlling for self-compassion. The authors theorize that the theoretical underpinnings that tie self-esteem to both body esteem and body comparison involve positive or negative evaluations of the self, and judgments or comparisons against others around us – elements that are absent within

the construct of self-compassion. Conversely, if someone scores high on the dimensions of self-compassion, as established in prior research, he or she is less likely to create comparisons against others (which is a socially isolative behavior), and less likely to negatively judge oneself by over-identifying with faults or mistakes. Moreover, when self-esteem levels were controlled for, the association between body comparison and body esteem completely vanished. Collectively, the results appear to confirm that self-compassion and self-esteem are theoretically discrete constructs, and that self-esteem could possibly be an umbrella term that conceptually overlaps with body esteem and body comparison.

Given these findings that self-esteem has a direct influence on the relationships among the self-compassion and body attitude measures in this study, self-esteem was treated as a mediating variable, in order to more accurately test the research questions examining differences for gender, age, and education levels.

Gender differences

Several researchers have discovered significant gender differences related to self-compassion, namely that women report lower overall levels of compassion for self (Yarnell et al., 2015) and higher instances of self-criticism, feelings of isolation, and ruminating on negative experiences (e.g. Neff, 2003a). Consequently, it was hypothesized that similar results would occur in this study; yet, few differences emerged. Women in this study reported higher instances of over-identifying with their problems than did men, suggesting that women are more likely to emphasize the distressing emotional reactions. On the other hand, men endorsed lower common humanity than women. According to Neff (2015), the various components of self-compassion are conceptually discrete: self-kindness or self-judgment are thought to be ways that individuals respond emotionally to their pain or failures, common humanity or isolation refer to the way in which an individual socially and cognitively frames one's problems, and mindfulness or over-identification relates to the way one pays attention to one's emotional suffering. Applying this understanding to the context of gender differences in this study reveals that while women may tend to exaggerate their concerns, they also tend to frame their problems as part of a larger, shared experience, and therefore may not feel as isolated in their struggles; whereas men may view their faults and weaknesses as an individual problem to address. The authors hypothesize that the ways in which men are socialized in American culture (and many others) to resolve problems independently and remain emotionally stoic may be a contributing factor to these gender differences. Women's over-identification scores may elucidate the results on the body attitude measures in this study, discussed next.

Unexpectedly, no other gender differences emerged on the self-compassion measures, including the overall self-compassion score. Prior research has consistently demonstrated that men exhibit higher levels of overall self-compassion than women (Yarnell et al., 2015). In an effort to eliminate any potential extraneous influences on the examination of gender differences and self-compassion, age was considered as a second covariate due to the large range, despite nonsignificant relationships demonstrated with the Pearson correlations. After controlling for age effects, findings remained the same, revealing that chronological age did not significantly mitigate the relationship between

men and women on overall self-compassion levels. A possible reason for the lack of findings could be that there were twice as many women participants in this study than men; although the MANCOVA assumption of equal groups was satisfied, it is possible that more equivalent numbers between men and women could have revealed more differences. A larger sample size overall might have yielded stronger results. However, Yarnell et al. (2015) indicated that differences between men and women were observed to be smaller in studies with predominantly white participants, which was the case for the current study and perhaps a contributing factor in the lack of striking gender differences in self-compassion, as other studies have demonstrated.

When examining the zero-order correlations, gender emerged as a positive and significant association with body esteem, and a slightly less – though still statistically significant – relationship with body comparison, even after separating out self-esteem's influence. The current study results confirmed our hypothesis and decades of research (e.g. Grogan, 2016; Grossbard et al., 2009; Jones & Buckingham, 2005; Lowery et al., 2005) that women evaluate their bodies more negatively than men. Framing these results in the context of the conceptual differences between the self-compassion subscales, women's physical appearance, weight, and body shape might be areas in which they are preoccupied and exaggerate or highlight problems (over-identification). This might prove an interesting area of future inquiry, especially related to a new construct – body compassion (Altman, Linfield, Salmon, & Beacham, 2017; Murn, 2013). In addition, women's scores demonstrated that they compare their facial features, weight-related body areas, and overall body shape to their peers more frequently than men do. As previously mentioned, evaluating and comparing oneself to others is a detrimental practice with consequences to an individual's mental health, and is worth continued research efforts. Unexpectedly, men did not endorse significantly higher frequency of comparisons on specific muscle-related areas, as demonstrated in prior research (Fisher et al., 2002). One possibility for the non-significant results may have been due to differential number of participants in this study, despite satisfying the equal groups assumption. However, it may also be that women are comparing their muscle-related body parts more frequently than they have historically in prior research, which warrants further investigation.

Despite age or education level, women across the spectrum still felt more pessimistically about their physical appearance and body than men. It may mean that the socialization differences for men and women, and the cultural emphasis in Western society on women's physical appearance, body shape, and weight, is a deeply engrained and pervasive influence – clearly stronger than age or even educational attainment.

Age and education level differences

The majority of self-compassion research conducted thus far has been with relatively restricted age samples; however, self-compassion is thought to increase with age, and potentially protect against mental and physical health problems (Allen et al., 2012; Homan, 2016). Both methods of analyzing the effect of age revealed similar findings on self-compassion. Partial correlations revealed a slight positive association between age and self-compassion, even with removing the effects of self-esteem, such that increased participant age correlated with higher self-compassion scores overall. Results of the analyses of covariance further revealed where the differences surfaced; younger individuals scored lower on

common humanity and mindfulness than did older participants. Results from this study suggest that older individuals – specifically those over age 25 – are better able to recognize the universality of suffering, which theoretically helps them to be more compassionate toward themselves during difficult moments. Similarly, mindfulness involves holding one's problems in balanced awareness (Neff, 2011), instead of magnifying them. The results from the current study suggest that older individuals are better able to maintain a mindful perspective when facing emotional or cognitive distress than their younger cohorts. To ensure that gender was not a confounding influence for the findings for age and self-compassion, it was statistically controlled for. The results remained significant, indicating that chronological age is likely an influential factor for at least certain dimensions of self-compassion, necessitating future research.

Few studies to date have investigated college students across the lifespan with regard to body attitudes, yet the ACHA (2017a, 2017b) survey results reveal concerns with one's physical appearance for both non-clinical undergraduate and graduate men and women. Therefore, we believed it was possible that some age differences would emerge for body esteem or body comparison. However, no anticipated age differences were revealed either using the four equal age quartiles or the two larger age groups when controlling for self-esteem. Even after controlling for any potential gender influences on the body attitude measures, results remained nonsignificant. Initial partial correlations showed a slight negative association between age and body comparison, such that older adults endorsed a lower frequency of body comparison than younger participants. Despite the overall trend for age, the analyses of covariance did not reveal specific differences on body esteem or body comparison between the identified age groups or quartiles in this study. The findings in this study may mean that age is not a strong factor for influencing one's negative or positive body attitude, or for determining how frequently one might compare his or her appearance to others.

In the initial zero-order correlations, self-compassion and college education level were found to be slightly positively associated (similar to self-compassion and age); however, after controlling for the influence of self-esteem scores, that association was no longer significant. This could mean that self-esteem accounted for any direct linear relationship between education level and self-compassion, which was then accounted for and removed. No relationships were uncovered in the initial partial correlation analyses for education level, body esteem, and body comparison. Instead, the analyses of covariance for college education levels interestingly revealed only non-significant findings across self-compassion, body esteem, and body comparison, even after subsequently controlling for possible age and gender effects. Results might be partly due to a relatively fair representation of ages across the educational levels. Or, these findings may suggest that educational attainment is also not necessarily a strong factor in influencing one's self- or body attitudes.

Limitations and future research

Several limitations are apparent in this study. The focus of this study was to explore self-compassion and body attitudes specifically of college students; however, it is important to acknowledge several limitations the narrow sample population presents. Participants were recruited from a large university in the southwestern United States; therefore,

results may not generalize to non-college students, nor to individuals in higher education across the globe. A larger study comparing university students versus non-students may be warranted, given the findings in this study. The college students recruited in this study were not asked about any formal mental health diagnoses or counseling experiences. It is possible that this study's non-clinical sample may have contributed to the lack of disparate scores on some of the self-compassion and body attitude subscales for men and women and across the different age groups, contrary to hypotheses. Replicating this study and adding a clinical sample comparison group may further illuminate these findings.

The majority of participants in this study identified as White/Caucasian; as such, comparisons across ethnic groups were not conducted. Therefore, results may not be generalized to a more ethnically, culturally, or regionally diverse sample. Limited and mixed research exists comparing individuals of diverse racial and ethnic backgrounds on disordered eating behaviors, body attitudes, and sociocultural influences. However, one study comparing Latina, Black, and White women from an American university revealed that Latina and Black women endorsed larger personal body shape ideals than White women, and that Latina and Black women have disparate body ideals, contrary to popular thought (Gordon, Castro, Sitnikov, & Holm-Denoma, 2010). Moreover, all three groups recognized the emphasis in the United States on personal appearance and the "thin ideal". In another study by Schaefer, Thibodaux, Krenik, Arnold, and Thompson (2015), Black women reported less body comparison and more positive body evaluation than White and Hispanic women. Yet, Ordaz et al. (2018) found that all women, regardless of ethnicity, experienced pressures of thinness and that the salience of family, peer, or media pressures on personal appearance was unique between Latina, Black, and White women. Each of the three studies focused on college students; however, all were restricted to women's experiences. Additional research examining the personal and cultural factors that contribute to body satisfaction among both men and women is critical. A study examining the frequency of body comparison, body esteem, and one's level of self-compassion with a more racially diverse sample might help to uncover the reasons behind the gender and age differences found in this study. Further, the American cultural backdrop of the current study may not necessarily generalize to other countries or cultures; however, other countries may be interested to see if similar or different gender and age results emerge within other cultures, and considerations should be made to target diverse populations in future research.

The age range in this study was large, allowing for two different analyses of age groups; however, it is important to note that this study was not longitudinal and therefore cannot definitively conclude changes in self-attitudes across an individual's lifespan. Additionally, developmental stages or milestones were not part of the scope of this study. Chronological age and perhaps maturity appears to be an influential factor in some self-compassionate attitudes, yet there may be different powers operating on and influencing how individuals evaluate their physical appearance or compare their bodies to others. For future research, it may be beneficial to be more intentional when targeting age brackets, specifically for self-compassion and body attitudes. Further, a longitudinal study that quantitatively and qualitatively surveys the numerous experiences or developmental milestones occurring throughout one's lifespan that lead to overall healthier self- and body attitudes would significantly contribute to the literature.

The correlational findings in this study cannot be used to determine any causal directions. However, due to the emergence of surprising partial correlation findings in this study, future studies should closely examine the ways that body comparison and body esteem are related to global self-esteem. Moreover, it would be important to continue exploring body-related constructs that are theoretically aligned with self-compassion. Body compassion, a new concept (Murn, 2013) and scale (Altman et al., 2017), connects self-compassion and body image constructs with an emphasis on mindfulness and acceptance. The Body Compassion Scale was designed for "research, clinical assessment, and intervention" (Altman et al., 2017, p. 3), and offers a promising new direction for both the body attitude and self-compassion arenas.

Clinical applications for counseling psychologists

Although the current study recruited a non-clinical population, the findings may be applied to counseling psychology practice in order to bridge the "science-practice gap" (Fouad, 2013, p. 234). Counseling psychologists are trained to help individuals with physical and emotional health concerns at various developmental life stages and across multiple contexts and environments (Munley et al., 2004). Moreover, counseling psychologists help individuals alleviate emotional and psychological distress and work to improve overall health and well-being (American Psychological Association, 2019; Fouad, 2013). Therefore, counseling psychologists are uniquely suited to help those who are suffering from negative body attitudes increase their self-compassion in order to achieve improved emotional well-being.

Self-compassion has been proven to be a psychologically healthy self-attitude; improving one's self-kindness, common humanity, and mindfulness seems to be an important goal for counseling psychologists across a number of settings. In recent years, a few researchers have implemented counseling interventions geared toward increasing self-compassion and reversing serious mental health concerns, with promising results (Adams & Leary, 2007; Albertson, Neff, & Dill-Shackleford, 2014; Bergen-Cico, Possemato, & Cheon, 2013). Neff and Germer (2013a) developed a comprehensive Mindful Self-Compassion (MSC) training program that has proven to increase self-compassion by 43% following successful completion. More promisingly, decreases in anxiety, depression, stress, and emotional avoidance persisted at six months and one-year follow-ups (Germer & Neff, 2013b). Drawing from the newfound success of MSC and other self-compassion interventions (e.g. Breines, Toole, Tu, & Chen, 2014; Smeets, Neff, Alberts, & Peters, 2014; Toole & Craighead, 2016), continued efforts to develop effective clinical interventions may be beneficial to individuals seeking relief from negative outlooks toward self and body.

As college counseling centers are one of the first points of contact for students with burgeoning mental health concerns, counselors can utilize the information from this study to promote overall wellness and healthy self-attitudes for college students through a number of avenues. According to the Association for University and College Counseling Center Directors Annual Survey (LeViness, Bershad, & Gorman, 2017) anxiety, depression, and eating concerns are reported as the primary presenting concern for 34.5%, 48.2%, and 10.6% of college students seeking counseling services, respectively. As previously stated, body dissatisfaction has been correlated with depression, anxiety, and disordered eating (Cahill & Mussap, 2007; Dittmar, 2009; Hargreaves & Tiggemann,

2009); therefore, implementing MSC and other strategies that foster self-compassion to address negative body attitudes and the detrimental consequences would be vital for college counseling centers. University counseling centers also provide outreach presentations, educational programming, and workshops on topics relevant to college student mental health (LeViness et al., 2017) all across the university campus – not just inside the therapy room. Understanding men and women's self-compassion and body attitudes could help counselors and psychologists provide more pertinent prevention and intervention services for all graduate and undergraduate students.

Overall, the age and gender similarities and differences uncovered in this study point to a need for innovative interventions aimed at both men and women during their college years, as well as across the lifespan.

Conclusions

Negative body esteem, high body comparison behaviors, and low levels of self-compassion continue to be a factor in the psychological health of college students in Western society, as these negative self-attitudes are consistently correlated with myriad psychological and physical health concerns, such as depression, anxiety, and the development of eating disorders. The present study contributes to the existing self-compassion and body attitudes literature by confirming known associations and uncovering new ones, and through the closer examination of gender and age differences. The findings in this study provide new insights into these psychological constructs through exploration of the association between self-compassion and body esteem, and between self-compassion and body comparison, without the mediating influence of self-esteem. Specifically, the findings put forward potential age and gender differences on various dimensions of self-compassion, body comparison, and body esteem. Although some anticipated gender differences emerged, overall self-compassion levels and the frequency of body comparison of certain body areas were not observed, as established in prior research, warranting further inquiry. As mentioned above, chronological age did not mitigate gender differences on the overall self-compassion level, nor was age a strong influential factor towards negative or positive body esteem or body comparison; however, age does appear to be a factor in an individual's ability to maintain mindful, shared perspective when facing emotional or cognitive distress. Continued efforts by psychologists and counseling professionals to investigate these attitudes across diversified populations will continue to uncover new areas of exploration, and will reveal the most beneficial interventions specifically aimed at improving compassion for the whole self, as well as for one's body.

Disclosure statement

No potential conflict of interest was reported by the authors.

Notes on contributors

Lindsay T. Murn is a Licensed Psychologist and Assistant Professor in the Minnesota State University, Mankato Counseling Center. She received her PhD in Counseling Psychology from Oklahoma State University. Her clinical and research foci include college student mental health and retention, trauma, and self-compassion.

Misty R. Steele is an Assistant Professor of Psychology at the University of Science and Arts of Oklahoma. She completed her PhD in Educational Psychology at Oklahoma State University in 2013. Her current line of inquiry focuses on the undergraduate experience including student success, academic engagement, learning strategies, intrapersonal skills, and motivation.

References

Adams, C. E., & Leary, M. R. (2007). Promoting self-compassionate attitudes toward eating among restrictive and guilty eaters. *Journal of Social and Clinical Psychology*, *26*(10), 1120–1144.

Albertson, E. R., Neff, K. D., & Dill-Shackleford, K. E. (2014). Self-compassion and body dissatisfaction in women: A randomized controlled trial of a brief meditation intervention. *Mindfulness*, *6*(3), 1–11.

Allen, A. B., Goldwasser, E. R., & Leary, M. R. (2012). Self-compassion and well-being among older adults. *Self and Identity*, *11*, 428–453.

Altman, J. K., Linfield, K., Salmon, P. G., & Beacham, A. O. (2017). The body compassion scale: Development and initial validation. *Journal of Health Psychology*. doi:10.1177/1359105317718924

American College Health Association. (2017a). *National college health assessment II: Reference group graduate executive summary, spring 2017*. Hanover, MD: Author.

American College Health Association. (2017b). *National college health assessment II: Reference group undergraduate executive summary, spring 2017*. Hanover, MD: Author.

American Psychological Association (2019). Counseling psychology. Retrieved from https://www.apa.org/ed/graduate/specialize/counseling

Association, A. P. (1999). Archival description of counseling psychology. *The Counseling Psychologist*, *27*(4), 589–592.

Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. *Review of General Psychology*, *15*(4), 289–303.

Barry, C. T., Loflin, D. C., & Doucette, H. (2015). Adolescent self-compassion: Associations with narcissism, self-esteem, aggression, and internalizing symptoms in at-risk males. *Personality and Individual Differences*, *77*, 118–123.

Bergen-Cico, D., Possemato, K., & Cheon, S. (2013). Examining the efficacy of a brief mindfulness-based stress reduction (Brief MBSR) program on psychological health. *Journal of American College Health*, *61*(6). doi:10.1080/07448481.2013.813853

Braun, T., Park, C., & Gorin, A. (2016). Self-compassion, body image, and disordered eating: A review of the literature. *Body Image*, *17*, 117–131.

Breines, J., Toole, A., Tu, C., & Chen, S. (2014). Self-compassion, body image, and self- reported disordered eating. *Self and Identity*, *13*(4), 432–448.

Bucchianeri, M. M., Arikian, A. J., Hannan, P. J., Eisenberg, M. E., & Neumark-Sztainer, D. (2013). Body dissatisfaction from adolescence to young adulthood: Findings from a 10-year longitudinal study. *Body Image*, *10*(1), 1–7.

Cahill, S., & Mussap, A. J. (2007). Emotional reactions following exposure to idealized bodies predict unhealthy body change attitudes and behaviors in women and men. *Journal of Psychosomatic Research*, *62*(6), 631–639.

Crandall, R. (1973). The measurement of self-esteem and related constructs. In J. P. Robinson & P. R. Shaver (Eds.), *Measures of social psychological attitudes* (Revised ed., pp. 45–167). Ann Arbor: Institute for Social Research.

Daya, R. (2000). Buddhist psychology, a theory of change processes: Implications for counsellors. *International Journal for the Advancement of Counselling*, *22*(4), 257–271.

Dittmar, H. (2009). How do "body perfect" ideals in the media have a negative impact on body image and behaviors? Factors and processes related to self and identity. *Journal of Social and Clinical Psychology*, *28*(1), 1–8.

Ferreira, C., Pinto-Gouveia, J., & Duarte, C. (2013). Self-compassion in the face of shame and body image dissatisfaction: Implications for eating disorders. *Eating Behaviors*, *14*(2), 207.

Fisher, E., Dunn, M., & Thompson, J. K. (2002). Social comparison and body image: Body comparison processes using multidimensional scaling. *Journal of Social and Clinical Psychology*, *21*(5), 566–579.

Fouad, N. A. (2013). Future of counseling psychology research. *Counselling Psychology Quarterly*, *26* (3–4), 227–237.

Franzoi, S. L. (1994). Further evidence of the reliability and validity of the body esteem scale. *Journal of Clinical Psychology*, *50*(2), 237–239.

Franzoi, S. L. (1995). The body-as-object versus the body-as-process: Gender differences and gender considerations. *Sex Roles*, *33*(5), 417–437.

Franzoi, S. L., & Shields, S. A. (1984). The body-esteem scale: Multidimensional structure and sex differences in a college population. *Journal of Personality Assessment*, *48*(2), 173–178.

Germer, C. K., & Neff, K. D. (2013a). The mindful self-compassion training program. In T. Singer & M. Bolz (Eds.), *Compassion: Bridging theory and practice: A multimedia book* (pp. 365–396). Leipzig, Germany: Max-Planck Institute.

Germer, C. K., & Neff, K. D. (2013b). Self-compassion in clinical practice. *Journal of Clinical Psychology*, *69*(8), 856–867.

Gordon, K. H., Castro, Y., Sitnikov, L., & Holm-Denoma, J. M. (2010). Cultural body shape ideals and eating disorder symptoms among White, Latina, and Black college women. *Cultural Diversity and Ethnic Minority Psychology*, *16*(2), 135–143.

Grogan, S. (2016). *Body image: Understanding body dissatisfaction in men, women, and children* (3rd ed.). London: Routledge.

Grossbard, J. R., Lee, C. M., Neighbors, C., & Larimer, M. E. (2009). Body image concerns and contingent self-esteem in male and female college students. *Sex Roles*, *60*(3), 198–207.

Hargreaves, D. A., & Tiggemann, M. (2009). Muscular ideal media images and men's body image: Social comparison processing and individual vulnerability. *Psychology of Men & Masculinity*, *10* (2), 109–119.

Hobza, C. L., Walker, K. E., Yakushko, O., & Peugh, J. L. (2007). What about men? Social comparison and the effects of media images on body and self-esteem. *Psychology of Men & Masculinity*, *8*(3), 161–172.

Homan, K. (2016). Self-compassion and psychological well-being in older adults. *Journal of Adult Development*, *23*(2), 111–119.

Homan, K., & Tylka, T. (2015). Self-compassion moderates body comparison and appearance self-worth's inverse relationships with body appreciation. *Body Image*, *15*, 1–7.

Jones, A. M., & Buckingham, J. T. (2005). Self-esteem as a moderator of the effect of social comparison on women's body image. *Journal of Social and Clinical Psychology*, *24*(8), 1164–1187.

Kelly, A., Vimalakanthan, L., & Carter, J. (2014). Understanding the roles of self-esteem, self-compassion, and fear of self-compassion in eating disorder pathology: An examination of female students and eating disorder patients. *Eating Behaviors*, *15*(3), 388–391.

Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, *92*(5), 887–904.

LeViness, P., Bershad, C., & Gorman, K. (2017). The association for university and college counseling center directors annual survey. Retrieved from https://www.aucccd.org/assets/2017%20aucccd%20survey-public-apr17.pdf

Lowery, S. E., Kurpius, S. E. R., Befort, C., Blanks, E. H., Sollenberger, S., Nicpon, M. F., & Huser, L. (2005). Body image, self-esteem, and health-related behaviors among male and female first year college students. *Journal of College Student Development*, *46*(6), 612–623.

Mosewich, A. D., Kowalski, K. C., Sabiston, C. M., Sedgwick, W. A., & Tracy, J. L. (2011). Self-compassion: A potential resource for young women athletes. *Journal of Sport & Exercise Psychology*, *33*(1), 103–123.

Munley, P. H., Duncan, L. E., McDonnell, K. A., & Sauer, E. M. (2004). Counseling psychology in the United States of America. *Counselling Psychology Quarterly*, *17*(3), 247–271.

Murn, L. T. (2013). Increasing self-compassion and positive body esteem: An expressive writing intervention (Doctoral dissertation). Retrieved from ProQuest.
Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity*, *2*(3), 223–250.
Neff, K. D. (2003b). Self-Compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, *2*(2), 85–101.
Neff, K. D. (2009). The role of self-compassion in development: A healthier way to relate to oneself. *Human Development*, *52*(4), 211–214.
Neff, K. D. (2011). *Self-compassion: Stop beating yourself up and leave insecurity behind*. New York: William Morrow.
Neff, K. D. (2015). The self-compassion scale is a valid and theoretically coherent measure of self-compassion. *Mindfulness*, *7*(1), 264–274.
Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, *41*(1), 139–154.
Neff, K. D., Rude, S. S., & Kirkpatrick, K. L. (2007). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality*, *41*(4), 908–916.
Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality*, *77*(1), 23–50.
Neighbors, L. A., & Sobal, J. (2007). Prevalence and magnitude of body weight and shape dissatisfaction among university students. *Eating Behavior*, *8*(4), 429–439.
Nolen-Hoeksema, S., Larson, J., & Grayson, C. (1999). Explaining the gender difference in depressive symptoms. *Journal of Personality and Social Psychology*, *77*(5), 1061–1072.
Novella, J., Gosselin, J. T., & Danowski, D. (2015). One size doesn't fit all: New continua of figure drawings and their relation to ideal body image. *Journal of American College Health*, *64*(6), 353–360.
Ordaz, D. L., Schaefer, L. M., Choquette, E., Schueler, J., Wallace, L., & Thompson, J. K. (2018). Thinness pressures in ethnically diverse college women in the United States. *Body Image*, *24*, 1–4.
Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
Schaefer, L. M., Thibodaux, L. K., Krenik, D., Arnold, E., & Thompson, J. K. (2015). Physical appearance comparisons in ethnically diverse college women. *Body Image*, *15*, 153–157.
Sheldon, P. (2010). Pressure to be perfect: Influences on college students' body esteem. *The Southern Communication Journal*, *75*(3), 277.
Smeets, E., Neff, K., Alberts, H., & Peters, M. (2014). Meeting suffering with kindness: Effects of a brief self-compassion intervention for female college students. *Journal of Clinical Psychology*, *70*(9), 794–807.
Toole, A., & Craighead, L. (2016). Brief self-compassion meditation training for body image distress in young adult women. *Body Image*, *19*, 104–112.
U.S. Department of Education. Institute of Education Sciences, National Center for Education Statistics. (2017). Six ways to ensure higher education leaves no one behind (ED/GEMR/MRT/2017/PP/30). *Global Education Monitoring Report Policy*, *30*. Retrieved from http://en.unesco.org/gem-report/six-ways-ensure-higher-education-leaves-no-one-behind
U.S. Department of Education. Institute of Education Sciences, National Center for Education Statistics. (2018). Table 105.30: Enrollment in elementary, secondary, and degree-granting postsecondary institutions, by level and control of institution: Selected years, 1869–70 through fall 2027. *Digest of Education Statistics*. Retrieved from https://nces.ed.gov/programs/digest/d17/index.asp
Wada, K., & Park, J. (2009). Integrating Buddhist psychology into grief counseling. *Death Studies*, *33*(7), 657–683.
Wasylkiw, L., MacKinnon, A., & MacLellan, A. (2012). Exploring the link between self- compassion and body image in university women. *Body Image*, *9*, 236–245.
Yarnell, L. M., Stafford, R. E., Neff, K. D., Reilly, E. D., Knox, M. C., & Mullarkey, M. (2015). Meta-analysis of gender differences in self-compassion. *Self and Identity*, *14*(5), 499–520.