

Mindfulness, Empowerment and Feminist Identity Development as Protective Factors Against Women Developing Body Image Dissatisfaction

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Abstract

Body image dissatisfaction among women is pervasive and associated with increased risk for maladaptive eating practices, poor self-concept, depression and psychological distress (Polivy & Herman, 2002; Wiederman & Pryor, 2000). Although the prevalence of dissatisfaction with body image is high among women (APA, 2000; Kruger, Lee, Ainsworth, & Macera, 2008), few studies to date have conducted an in-depth investigation of interpersonal protective factors affecting body image dissatisfaction. This study examines mindfulness, empowerment and feminist identity development as factors to protect women across the life span from developing body image dissatisfaction.

Participants were 199 women ranging in age from 18 to 67 years. A non-probability, convenience sample was employed. The participants completed measures assessing body image dissatisfaction, mindfulness, empowerment and feminist identity development. Regression analyses confirmed predictions that mindfulness, empowerment and feminist identity development significantly predicted body image dissatisfaction among women after controlling for age, dieting frequency and body mass index (BMI). Results of the mediational analysis revealed that empowerment is a partial mediator between feminist identity development and body image dissatisfaction. These findings suggest that interventions designed to increase mindfulness, feminist identity development and empowerment may assist women to resist internalizing that the ideal of thin body shape is important for women and can protect women from developing body image dissatisfaction. Future research could further explore the protective factors identified in this current study, to increase the generalizability of current findings.

Keywords: Body image dissatisfaction, mindfulness, empowerment, feminist identity development, women, thin ideal

Overview

Body image dissatisfaction is so prevalent among women that it has been termed a “normative discontent” (Rodin, Silberstein, & Striegel-Moore, 1984). Western culture's ideal female body has progressively become thinner over the last few decades with being thin equating with beauty, status, and success (Cash, Morrow, Harbosky, & Perry, 2004). This sociocultural emphasis for women to achieve a largely unattainable thin ideal of body shape and appearance, as promoted in the media, is unrealistic for the vast majority of women, and many fail to measure up to this standard. This leads to body image dissatisfaction, feelings of worthlessness and disempowerment (Grabe, Ward, & Hyde, 2008; Stice & Shaw, 2002).

Body image dissatisfaction is identified as subjective feelings of distress about weight, shape or specific body parts or areas (Stice & Shaw, 2002). High rates of body image dissatisfaction among women are concerning, due to the growing evidence of the association between subjective body image dissatisfaction, depression and disordered eating behaviors (Cash et al, 2004; McCarthy, 1990; Nolen-Hoeksema, & Girgus, 1994; Thompson, Coover, Richards, Johnson, & Cattarin, 1995). Body image dissatisfaction is also associated with marked emotional distress, appearance rumination, unnecessary cosmetic surgery, social anxiety, poor self-esteem and diminished quality of life (Cash et al, 2004; Farrell, Shafran, & Lee, 2006; Ohring, Graber, & Brooks-Gunn, 2002). In addition, longitudinal studies have found that negative body image dissatisfaction is a predictor in the development of disordered eating and eating disorders in adolescent women (Stice, 2002).

This phenomenon of women being dissatisfied with their own body is progressively becoming the norm for females in Western society. For example, a survey of 14,486 Australian women between 18 and 23 years old found that although 66% of the women reported a Body Mass Index (BMI) within the healthy weight range, 79% reported being dissatisfied with their current weight and 46% reporting dieting in the last year (Kenardy, Brown, & Vogt, 2001). In addition, the women who reported a higher frequency of dieting and dieting from an earlier age also reported poorer physical and mental health, disordered eating, and generally more frequent health problems (Kenardy et al., 2001). These findings are consistent across countries. For example, Garner's (1997) survey of 3,452 women across America found that 56% felt dissatisfied with their overall appearance, with the majority (89%) expressing a desire to lose weight.

Despite the evidence that body dissatisfaction is pervasive and is associated with concurrent and subsequent psychopathology, few studies have investigated the factors that protect women against developing body dissatisfaction. This study investigates the predictive power of a set of interpersonal and sociocultural factors related to body dissatisfaction in women across ages of the life span.

Until recently, theoretical underpinnings in the body image dissatisfaction area have identified a small number of factors that protect women against developing body image dissatisfaction (Rubin, Nemeroff, & Russo, 2004). These factors include personality and race/ethnicity, and tend to be stable over time. (Falconer & Neville, 2000; Poran, 2002). Focusing on such stable factors presents a potential limitation to developing a more comprehensive understanding of how women internalize the messages received on a daily basis about the thin ideal female body.

Feminist scholars have called for further investigation to establish an understanding of the self-protective factors that women can adopt to consciously avoid judging their body against the impossible societal standards of attractiveness such as the thin ideal that contributes to less body satisfaction. Three self-protective factors currently emerging in the literature that show promise are feminist identity development (Murnen & Smolak, 2009), empowerment (Peterson, Grippo, & Tantleff-Dunn, 2008) and mindfulness (Haas, 2010). Accordingly, the main aim of the present study was to

investigate the potential of these three factors as protective factors against the development of body image dissatisfaction in Australian women aged across the lifespan.

Feminist identity development

Feminist theorists argue that women who have a well-developed feminist identity recognize and resist the oppressive messages about the importance of the thin ideal female body (Murnen, & Smolak, 2009). For example, women who endorse feminist values tend to reject traditional cultural ideals of femininity and not internalize sociocultural pressures to meet the thin ideal of body shape and appearance promoted in the media (Brown, Cross, & Nelson, 1990; Murnen, & Smolak, 2009; Twamley & Davis, 1999)

The relationship between feminist identity development and body image dissatisfaction in women has been empirically explored, both quantitatively and qualitatively (Myers & Crowther, 2007; Peterson, Tantleff-Dunn, & Bedwell, 2006; Sabik & Tylka, 2006). Numerous quantitative studies have implicated feminist identity development as a significant predictor of body image dissatisfaction, such that women who report stronger identification with feminism tend to report less dissatisfaction with their bodies (Myers & Crowther 2007, Sabik & Tylka, 2006, Peterson et al. 2006). Other studies found no significant relationship between feminist beliefs and body image dissatisfaction (Dionne, Davis, Fox, & Gurevich, 1995; Ojerholm & Rothblum 1999; Tiggemann & Stevens, 1999). However, it is important to note that previous studies did not utilise psychometrically sound and relevant measures of feminist identity development. To overcome this limitation, this current study uses a psychometrically validated measure of feminist identity development that is applicable to a broad age range of women to examine the potential of feminist identity development as a protective factor for women from developing body image dissatisfaction.

Downing and Roush (1985) define a theory of feminist identity development (FID) which presents a framework for understanding women's growth and socio-emotional development. FID outlines a five stage developmental process where a woman moves from rejecting the existence of sexism to developing a feminist identity and engaging in activism that supports gender equality. Advancing through FID stages can be enabled by a variety of life events. The FID model will be used in this current study to examine feminism as a protective factor against body image dissatisfaction.

In the FID model:

1. Passive Acceptance – Women begin at this stage, where they believe in traditional gender roles, specifically that men are superior to women, denying that prejudice and discrimination impacts negatively on women (Downing & Roush, 1985).
2. Revelation– This stage is characterised by dualistic thinking, where women question traditional roles and their participation in them, often experiencing anger and guilt.
3. Embeddedness-emanation – This is the stage of integration and connectedness into the 'female is beautiful' subculture and the 'discovery of sisterhood' and more flexible, relativistic thinking about men.
4. Synthesis – Having developed a deeper understanding of the positive aspects of being female and having the capacity to integrate this understanding with other components of self, women eventual move towards the development of a healthy feminist identity.
5. Active commitment – Here, women work to translate their newly developed feminist identity into action within their community, with the aim of changing social norms and promoting the feminist cause. In this stage, men are considered equal, but different from women.

The FID model suggests that women do not progress through the five stages in a linear fashion or in a specific order. Women can repeatedly recycle through the stages, while processing their issues in some stages, particularly Revelation or Embeddedness-emanation (Downing & Roush, 1985).

Empowerment

A component of feminism, which is emerging as a potential factor for protecting women against the development of body image dissatisfaction, is empowerment. Empowerment is the ability of women to make self-determined choices (Kabeer, 1999) For example, in a study with undergraduate university women, Peterson et al. (2008) found that empowerment was significantly more predictive of body image disturbance and eating disturbance than feminism. Peterson et al. concluded that empowerment was a key factor in explaining the relationship between feminism and body image. Further evidence for the potential of empowerment to protect women from developing body image dissatisfaction is its inclusion as an integral component of various programs for improving body image satisfaction in girls and young women (McVey, Lieberman, Voorberg, Wardrope, & Blackmore, 2003; Piran, Levine, & Irving, 2000; Steiner-Adair et al., 2002).

Mindfulness

Mindfulness has shown promise as a protective factor in preventing body image dissatisfaction. Although the conceptualization of mindfulness varies among researchers and practitioners, mindfulness is typically described as being aware of what one does with intention and being open to fully experiencing what is happening in the present moment without grasping onto judgments (Siegel, 2010). In the context of body image dissatisfaction, Stewart's (2004) theoretical model for treatment for body image dissatisfaction proposes that teaching women to develop a mindful state through mindfulness training would assist them to engage in less judgmental thinking about their body and resist blindly accepting and integrating the thin ideal for women's shape promoted by the media.

The aspect of non-judgment is a central component of mindfulness and is associated with being satisfied with one's body image. For example, a qualitative study of Wood-Barcalow, Tylka, and Augustus-Horvath (2010) showed that women who endorsed a positive body image avoided judging their body according to societal ideals. Mindfulness shows potential as a protective factor to disengage women from judging thoughts and unhealthy behavior patterns in relation to body image (Ryan & Deci, 2000). Evidence suggests a possible inverse link between mindfulness and disordered eating-related cognitions (Lavendar, Jardin, & Anderson, 2009). Furthermore, Masuda, Price, Anderson and Wendell (2010) found that mindfulness partially mediated disordered eating-related cognitions and psychological distress.

The Current Study

Although each factor discussed above shows promise in being able to protect women from developing body image dissatisfaction, a paucity of research has examined the protective value of these variables collectively. For example, a recent study by Haas (2010) was the first to examine the relationship between feminism, mindfulness and body image dissatisfaction in a sample of women aged 40 to 89 years. Results showed that feminism was not a significant predictor of body image dissatisfaction. However, high levels of mindfulness significantly predicted lower body image dissatisfaction.

The present study uses the Feminist Identity Composite (Fischer et al., 2000) which is a more comprehensive measure of feminist identity and reflects more of the nuances that exist within modern feminism, rather than a simple measure of feminist beliefs as used by Haas (2010). The current study investigates the potential of feminist identity development, empowerment and mindfulness as factors for protecting women across the lifespan against developing body image dissatisfaction.

As Body Mass Index, dieting frequency and age have been shown to impact on body image dissatisfaction (Haas, 2010; Tiggemann & Stevens, 1999) they will be controlled for in the regression analyses to gain a clearer understanding of the relationship between feminist identity development, mindfulness, empowerment and body image dissatisfaction. Consistent with past research, it is expected that the variables of feminist identity development, mindfulness and empowerment will have a significant inverse relationship to body image dissatisfaction in women across the lifespan. That is, stronger feminist identity development, higher levels of mindfulness and empowerment will be significantly associated with lower levels of body image dissatisfaction. In addition, based on the research of Peterson et al. (2006), empowerment is expected to mediate the relationship between feminist identity development and body image dissatisfaction.

Method

Participants

Participants for the present study were 199 women aged 18 to 67 years with a mean age of 30 ($SD=13.70$). A non-probability, convenience sample was employed. Overall, a total of 91 university students and 108 women from the general population participated in the present study. Although participation was voluntary, first year Psychology students who participated in the study received extra course credit for participating. Forty-one percent of the sample self-identified as being feminist. Participants were recruited from the community and from Bond University. All participants were voluntary. Course credit was offered for Bond University psychology students participating in the study.

Procedure

Participants were recruited via three methods; direct approach, advertisement and participant sign-up for course credit. Questionnaires were counterbalanced to ensure that the data was not systematically distorted due to practice or fatigue effects. Ethical approval was obtained for the study from Bond University Human Research and Ethics Committee (BUHREC).

Measures

Demographic Questionnaire. The demographic questionnaire requested information on age, gender, height and weight, which were used to calculate BMI. The question, "Do you identify as a feminist?" was included in the demographics questionnaire and required a response of 'yes' or 'no'. Participants were also requested to respond to "Please indicate the frequency to which you diet" on a 5 point Likert scale (1 = *never* and 5 = *frequently*).

Feminist Identity Composite (FIC; Fischer et al., 2000) is a 33-item scale designed to measure women's feminist identity development. The items are measured on a 5-point Likert scale (1 = *strongly disagree* and 5 = *strongly agree*). The measure is based on Downing and Roush's (1985) model of feminist identity development, which recognizes five stages of feminist identity development: Stage 1, Passive Acceptance (PA) subscale, contains 7 items (e.g., "I don't see much point in questioning the general expectation that men should be masculine and women should be feminine");

Stage 2, Embeddedness-Emanation (EE) subscale contains 4 items (e.g., “I am very interested in women writers”);

Stage 3, Revelation (R) subscale contains 8 items (e.g., “Gradually, I am beginning to see just how sexist society really is”).

Stage 4, Synthesis (SYN) subscale contains 5 items, reflects a positive self-concept, and includes endorsement of positive attributes related to being a woman. (e.g., “I feel like I have blended my female attributes with my unique personal qualities”); and

Stage 5, Active Commitment (AC) subscale contains 9 items and reflects women’s commitment to social change and the belief that men are equal to, but not the same as women (e.g., “I care very deeply about men and women having equal opportunities in all respects”).

Mean scores were calculated individually for each subscale, with higher scores reflecting ideals most consistent with that particular stage of feminist identity. Fischer et al. (2000) reported adequate internal consistency estimates (Cronbach’s alpha) for stages 1 through 5, respectively, of $\alpha = .74$, $\alpha = .75$, $\alpha = .86$, $\alpha = .71$, and $\alpha = .81$. Internal consistency estimates (Cronbach’s alpha) in the current sample were as follows, $\alpha = .77$ for stage 1; $\alpha = .89$ for stage 2; $\alpha = .84$ for stage 3; $\alpha = .85$ for stage 4; and $\alpha = .88$ for stage 5.

The Empowerment Scale (Rogers, Chamberlin, Ellison, & Crean, 1997) is a 28 item scale that measures the construct of empowerment for consumers of mental health services (Rogers et al., 1997). Responses are based on a 4-point Likert scale (1 = *strongly disagree* and 4 = *strongly agree*) with higher scores reflecting greater levels of empowerment. Internal consistency estimates of reliability have been reported as $\alpha = .86$ for the entire scale (Rogers et al., 1997) and $\alpha = .69$ for the current sample.

Mindfulness Attention Awareness Scale (MAAS; Brown & Ryan, 2003) is a 15-item scale designed to measure frequency of mindful states over time (Brown & Ryan, 2003). It requires responses on a 6 point Likert scale (1 = *almost always* and 6 = *almost never*) with higher scores indicating higher levels of mindfulness. Test-retest reliability was adequate, with an alpha coefficient of $\alpha = .82$ after four weeks (Brown & Ryan, 2003), and $\alpha = .90$ in the current sample.

The Multidimensional Body-Self Relations Questionnaire Appearance Scale (MBSRQ-AS; Cash, 2000). The subscale of Appearance Evaluation was used in the present study, measuring feelings of physical attractiveness and unattractiveness and satisfaction or dissatisfaction with one’s looks (Cash, 2000). It is comprised of 7 items and requires participants to respond on a 5 point Likert scale (1 = *very dissatisfied* and 5 = *very satisfied*) for various body parts. Item numbers 3, 5, 9, 12 and 15 were reverse scored for the purpose of the current study so that higher scores on appearance evaluation reflect higher levels of body image dissatisfaction. Appearance evaluation has a Cronbach’s alpha of $\alpha = .88$ for internal consistency and a test-retest reliability after one month of $r = .91$ (Cash, 2000), and $\alpha = .90$ in the current sample.

Results

A total of 199 participant data were entered and analysed using PASW version 18.0 for Windows.

Regression analyses

To test the hypothesis that a significant amount of the variance in the criterion of body image dissatisfaction would be accounted for by the protective factors of feminist identity development (SYN, AC, R), mindfulness and empowerment, a hierarchical multiple regression was conducted. At step 1, the control factors of BMI, age and dieting frequency were entered. Mindfulness was entered

at step 1, empowerment at step 3 and feminist identity development (R, SYN, AC) of the FIC, at step 4, as these three stages of the FIC are where identification with feminism occurs enough for these women to be considered 'feminist' (Downing & Roush, 1985). The previous two stages (PA and EE) occur prior to a feminist identity developing (Downing & Roush, 1985). The results, presented in Table 1, showed that the model accounted for a significant amount of variance in appearance evaluation, $R^2 = .44$, $F(8, 157) = 15.36$, $p < .001$. This illustrates that when the three control variables, namely BMI, age and dieting frequency and the three predictors, namely feminist identity development (R, AC, SYN), mindfulness and empowerment were entered in the model, 44% of the total variance in body image dissatisfaction had been accounted for.

Table 1. Hierarchical multiple regression analyses predicting body image dissatisfaction from mindfulness, empowerment and feminist identity development

Predictor	R^2	Adjusted R^2	β^*	B	SE B	95% CI for B
Step 1	.25	.24		5.03	0.29	[4.47, 5.60]
Constant				-0.06	0.01	[-.00, -.04]
BMI			.38***	0.00	0.01	[-.01, .01]
Age			.05	-0.18	0.05	[-.28, -.09]
Dieting Frequency			-.27***			
Step 2	.33	.31		3.92	0.38	[3.18, 4.67]
Constant				0.27	0.06	[.15, .40]
Mindfulness			.29***			
Step 3	.39	.37		1.07	0.77	[-.45, 2.59]
Constant				1.03	0.25	[.55, 1.52]
Empowerment			.26***			
Step 4	.44	.41		0.97	0.86	[-.73, 2.66]
Constant				-0.11	0.08	[-.27, .04]
R (FIC)			-.10	0.26	0.11	[.04, .48]
SYN (FIC)			.18*	0.08	0.11	[-.12, .29]
AC (FIC)						

Note. $N = 166$. CI = confidence interval. BMI = Body Mass Index. R = Revelation SYN = Synthesis. AC = Active Commitment

* $p < .05$. ** $p < .01$. *** $p < .001$.

At Step 1 of the hierarchical regression analysis, BMI, dieting frequency and age accounted for 25% of the variance in body image dissatisfaction, $R^2_{\text{change}} = .25$, $F_{\text{change}}(3, 162) = 18.05$, $p < .001$. At Step 2, mindfulness accounted for an additional 8% of the variance in body image dissatisfaction, $R^2_{\text{change}} = .08$, $F_{\text{change}}(1, 161) = 18.30$, $p < .001$. At Step 3, empowerment accounted for an additional 7% of the variance in body image dissatisfaction, $R^2_{\text{change}} = .07$, $F_{\text{change}}(1, 160) = 17.48$, $p < .001$. At Step 4, feminist identity (R, AC, SYN) accounted for an additional 5% of the variance in body image dissatisfaction, $R^2_{\text{change}} = .05$, $F_{\text{change}}(3, 157) = 4.27$, $p = .006$.

Inspection of the regression coefficients revealed that once all the predictors had been entered into the regression model, then mindfulness, empowerment and feminist identity development (SYN) were significant predictors of body image dissatisfaction; mindfulness contributed approximately 3% unique variance while empowerment contributed 3% and feminist identity development SYN contributed 2%.

Mediation Analysis

Linear regression analyses were conducted to examine whether empowerment mediates the relation between feminist identity development and body image dissatisfaction. Feminist identity development was measured by feminist identity SYN due to its significant relationship to body image dissatisfaction in the regression analysis. As shown in Table 2, feminist identity development SYN and empowerment were positively related to body image satisfaction establishing a significant A path and a significant B path between feminist identity development SYN and empowerment.

Table 2. Summary of intercorrelations, uncentered means and standard deviations for feminist identity development, empowerment, and body image dissatisfaction

Variable	1	2	3	<i>M</i>	<i>SD</i>
1. Feminist Identity Development SYN				4.06	.61
2. Empowerment	.27***			2.85	.21
3. Body Image Dissatisfaction	-.26***	-.25**		2.85	.86

** $p < .01$. *** $p < .001$. SYN = Synthesis.

Table 3 displays the results of the final step of the mediation with results revealing that empowerment partially mediates the relation between feminist identity development SYN and body image dissatisfaction (initial $\beta = -.28$, final $\beta = -.22$).

Table 3. Linear regression analysis for testing empowerment as a mediator

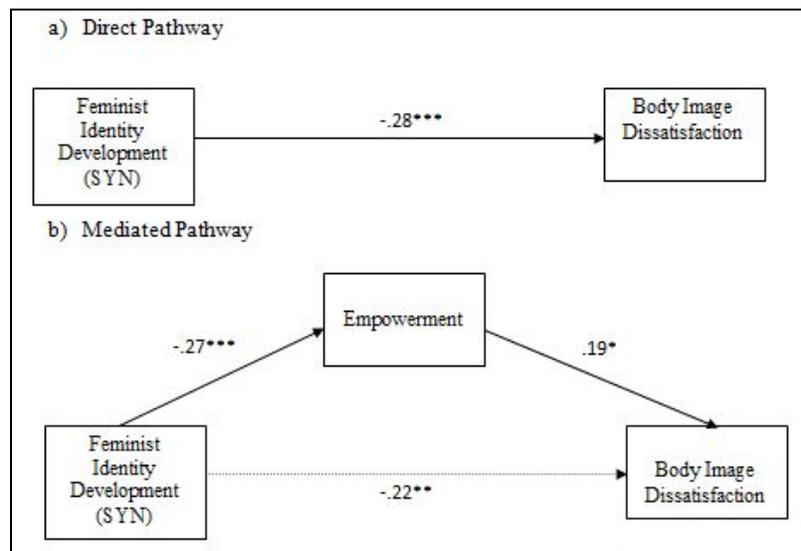
Predictor	Adjusted R^2	β	<i>B</i>	<i>SE B</i>	95% CI for <i>B</i>
Step 1	.07				
Constant			2.84	0.06	[2.72, 2.96]
Feminist Identity Development (SYN)		-.28***	-0.41	0.11	[-.62, .20]
Step 2	.10				
Constant			2.84	0.60	[2.72, 2.96]
Feminist Identity Development (SYN)		-.22**	-0.33	0.11	[-.55, -.12]
Empowerment		-.19*	-0.76	0.30	[-1.36, -.16]

Note. $N = 181$. CI = confidence interval. SYN = Synthesis.

* $p < .05$. ** $p < .01$. *** $p < .001$.

A Sobel test (Preacher, 2010) indicated that the decrease in the coefficient was significant $z = -2.11$, $p = .03$. The direct and mediated pathways for the model are presented in Figure 1.

Figure 1. Direct and mediated pathways between feminist identify and body image dissatisfaction



Discussion

The aim of this study was to address the gap in the research literature to increase our knowledge of the interpersonal factors that protect women against developing body image dissatisfaction.

Feminist identity development (SYN), mindfulness and empowerment are shown to be potential protective factors. These variables were inversely related to body image dissatisfaction in women across the lifespan, indicating that stronger feminist identity development, higher levels of mindfulness and empowerment were significantly associated with lower levels of body image dissatisfaction.

This finding gives support to Stewart's theoretical model of treatment for body image dissatisfaction, which states that women in a mindful state are less likely to engage in judgmental thinking about their body and experience less body image dissatisfaction (Stewart, 2004). The results from the current study suggest that developing mindfulness could help women to resist internalizing the thin ideal promoted by the media and to be more accepting of their body (Dittman & Freedman, 2009).

The current study's results show the mediating effects of empowerment on the relationship between feminist identity development and body image dissatisfaction, suggesting that women who develop a strong feminist identity also feel empowered and more satisfied with their body image. Women who have a greater understanding and strong beliefs in feminist ideals are able to more critically evaluate the importance and accuracy of the cultural messages about the influence of the thin ideal on body image, which dominates in media and society. In addition, this finding supports previous research that empowerment is a key factor in protecting women from developing body image dissatisfaction, and that enhancing empowerment is a productive approach in the prevention and intervention

programs for dealing with body image dissatisfaction (McVey et al., 2003; Piran et al., 2000; Steiner-Adair et al., 2002).

The current study showed that feminist identity development (SYN) has significant protective effects against body image dissatisfaction, such that women who have more developed feminist identity are more likely to be satisfied with their body image. This finding supports previous similar research showing that a more developed feminist identity enhances the capacity to resist wider cultural and media pressures that suggest the importance of the thin ideal body image (Sabik & Tylka, 2006).

A further suggestion from this study is that prevention and treatment programs, which assist women to develop strong feminist identity, mindfulness and empowerment, could protect women from developing body image dissatisfaction and be effective in helping women, resist negative self-image internalizations and body dissatisfactions, despite the prevalence of sociocultural pressures and the tendencies to internalize these.

Limitations and future research

A limitation of this study is the use of self-report measures and the applicability of using the Empowerment Scale with a non-clinical sample. Developing a measure of empowerment specific for utilisation in the context of body image and normed on non-clinical is recommended for future research. Another important limitation relates to the inherently correlational design of the study that does not allow for causal assumptions to be made. Establishing a relationship between feminist identity development SYN and body image dissatisfaction is important progress, however, future investigations need to utilise longitudinal designs and structural equation modeling. In addition, future research should explore the protective factors identified in this current study with women from culturally diverse backgrounds to increase the generalizability of current findings.

Conclusion

Findings from the current study have important implications for the future. In sum, women who develop a strong feminist identity, mindfulness and empowerment may increase their capacity to decrease internalization of the thin ideal and thus decrease the risk of developing body image dissatisfaction.

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