Development of the Body Compassion Scale

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INTRODUCTION

The conceptualization of body compassion is largely informed by the definition of self-compassion which comes from Buddhist Psychology (Neff, 2003). Neff (2003) has operationalized self-compassion as consisting of three components, 1) kindness toward oneself (versus judgment); 2) seeing one's experiences as part of the common humanity (versus isolation); and 3) mindfulness (versus over-identification). These three components of self-compassion were applied with a shift in emphasis from the self in general, to the physical self. To further define this emphasis on the physical self, body compassion also incorporates Cash's (2002) concept of body image as "one's attitudinal dispositions toward the physical self." These include evaluative, cognitive and behavioral components and the physical self refers to appearance, competence/fitness and health/illness (Cash, 2002). Given this brief overview of the theoretical underpinnings, body compassion is defined as the regarding of one's own body, in appearance, competence and health, with mindfulness, kindness and awareness of common humanity. See Figure 1.

This study has two main goals: 1) to create a valid and reliable scale that accurately assesses levels of body compassion as conceptualized pulling from the existing constructs of Body Image and Self-Compassion; and 2) to empirically examine the psychological outcomes associated with different levels of body compassion.

METHOD

Participants: A sample of 503 undergraduates at two Midwestern metropolitan Univeristies (29.4% male; 70.6% female; 77.3% White; 10.7% Black; 4.2% Asian; 3.8% Hispanic) completed a battery of questionnaires, including the Body Image Acceptance and Action Questionnaire (BI-AAQ), and an 83-item pool from which the BCS was formed. The battery of questionnaires, including the set of 83 body compassion items, was administered online via Survey Monkey.

Procedure: Likert-type scaling self-report questionnaire items with six subscales (mindfulness, over-identification, kindness, judgment, common humanity, isolation) were developed (Neff, 2003), each addressing the three components of the physical self: appearance, competence, and health (Cash, 2002). Items representing the content of each section of each subscale of the body compassion scale were derived (Dawis, 1987; Neff, 2003); as well as items including content beyond and perhaps even tangential to our theoretical view of body compassion, in an effort to ensure any content that should be included, was included (Clark & Watson, 1995). Subsequently, each item was judged for clarity, simplicity of language, social desirability, transparency and palatability. Also ,at this phase the items were assessed for face validity (Green, 1981).

Measures:
Body Compassion Scale (BCS). The initial set of BCS items (N=83) were written to capture mindfulness, kindness and common humanity within appearance, competence and health, creating 9 initial subscales, which were worded to represent the positive and negative aspect of each component. Participants were instructed to indicate how often they believe or behave in the stated manner on each of the items on a scale of 1 ("almost never") to 5 ("almost always").

Body Image-Acceptance and Action Questionnaire (BI-AAQ) (Sandoz, Wilson, Merwin, & Kellum, 2013). The BI-AAQ is a 12-item measure of body image flexibility (the capacity to experience the ongoing perceptions, sensations, feelings, thoughts, and beliefs associated with one's body fully and intentionally while pursuing chosen values), a potential change process in acceptance-oriented treatments.

Figure 1. Schematic of theoretical underpinnings of Body Compassion Scale
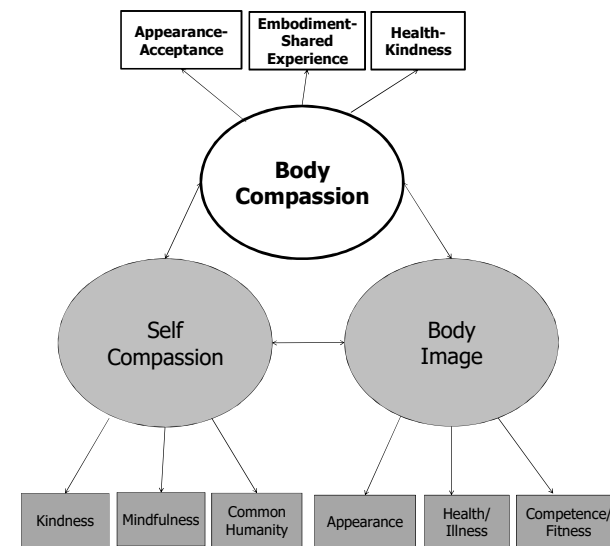
Table 1. Body Compassion Scale proposed factors and sample items

Appearance-Acceptance

When I notice aspects of my body that I don't like, I get down on myself.

I'm disapproving and judgmental about my body's flaws and inadequacies.

I am accepting of my looks just the way they are.

Embodiment-Shared Experience

When I am frustrated with some aspect of my appearance, I try to remind myself most people feel this way at some time.

I try to see my body's failings as something everyone experiences in one way or another.

I recognize that most people would like to change something about their appearance.

Health-Kindness

When I'm physically ill, I give myself the caring and tenderness I need.

If I'm coming down with a cold or flu, I do what I can to get better.

I'm kind to my body when I'm experiencing pain or injury.

RESULTS & DISCUSSION

Preliminary exploratory factor analysis resulted in a Kaiser-Meyer-Olkin Measure of Sampling Adequacy of 0.91, showing enough common variability between items to warrant exploratory factor analysis. Bartlett's test of Sphericity was significant ($\chi2$ (3003) = 17033.19, p < 0.001), indicating the R-matrix is not an identity matrix; and initial communalities range from 0.49 to 0.80, suggesting acceptable shared variance between items. The *minimum* number of participants needed for an exploratory factor analysis is five participants for each item (Gorsuch, 1983); therefore, the current sample has sufficient power to provide useful preliminary data in evaluation of this new instrument.

As recommended by Tabachnick and Fidell (2001), the number of factors was determined by factor eigenvalues above 1.0 and a noticeable change in the slopes within the scree plot. Preliminary analyses suggest three factors in the BCS: Appearance-Acceptance (AA); Embodiment-Shared Experience (ESE); and Health-Kindness (HK). See Figure 1.

The BCS proposed factors and total score were also correlated with BIAAQ scores. Two of the BCS factors, Appearance-Acceptance (r =.805, p<.001) and Health-Kindness (r =.217, p<.001), were positively related to body image flexibility (BIAAQ). This suggests that individuals higher in body compassion may also have increased capacity for flexibility and change in processes related to health and appearance.

The ultimate utility of the BCS will lie in its ability to predict outcomes and guide interventions for health and health-related behavior change. This attempt to develop an exceptional prediction value from the BCS, in the ultimate service of the end user (i.e. the client/patient), is in keeping with Bayesian decision theory (Grove, 2005).

The next steps in BCS development include completion of exploratory and confirmatory factor analysis and cross validation studies. Subsequently a series of studies are planned to employ and refine the scales for use in a variety of clinical and non-clinical samples. it is hypothesized that body compassion has widespread applicability, these samples include chronic illness, athletes, and fitness related application in apparently healthy persons. The evaluation of the use of body compassion with mindfulness and acceptance-based interventions is the penultimate goal of this area of inquiry.

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