

Self-Compassion and Body Dissatisfaction in Men: Extension of the Tripartite Influence Model

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Self-compassion, an increasingly popular psychological construct, has been associated with masculine norm adherence, shame, and rumination. However, limited research has considered the relationship between self-compassion and body image; a construct that heavily overlaps with masculinity for men in contemporary Western culture. This study examined the relationship between self-compassion, body dissatisfaction, and sociocultural processes (social comparison, internalization of appearance ideals) in 231 Australian men aged between 18 and 51 years ($M = 28.53$, $SD = 9.85$). Results showed that high self-compassion, low social comparison, and low internalization predicted lower levels of body dissatisfaction. Specifically, the self-compassion subcomponents of Isolation, Mindfulness, and Common Humanity were the strongest predictors of body dissatisfaction. Additionally, self-compassion moderated the relationship between internalization of lean appearance ideals and body fat dissatisfaction. That is, lean internalization and body fat dissatisfaction were strongly correlated for men with low self-compassion, and weakly correlated for men with high self-compassion. These findings highlight the protective function that self-compassion may play within the sociocultural context of male body image. Further research is needed to understand how self-compassion interacts with measures of masculinity to predict body image outcomes for men.

Public Significance Statement

Self-compassion was negatively correlated with body dissatisfaction, social comparison, and internalization of appearance ideals in adult men. Additionally, it moderated the relationship between internalization of lean appearance ideals and body fat dissatisfaction. The provision of self-compassion psychoeducation for men may be an important strategy to help buffer directly against negative body image outcomes, or the sociocultural processes that lead to body dissatisfaction within contemporary Western society.

Keywords: self-compassion, body dissatisfaction, social comparison, internalization, men

Men are reporting increasingly high levels of body dissatisfaction, with an increase of approximately 20% over the past 30 years (Fallon & Rozin, 1985; Griffiths et al., 2016), indicating that further research is required to identify factors that may protect men from negative body image outcomes. Male-centric body image has been conceptualized as consisting of a simultaneous desire for increased muscle mass and decreased body fat (Jones & Crawford, 2005).

A perceived discrepancy between an individual's assessment of their actual and ideal body may lead to negative perceptions of one's body, thus, resulting in body dissatisfaction (Szymanski & Cash, 1995). Research has confirmed that three factors consistently emerge when men describe their ideal body; muscularity, body fat, and height (Tylka et al., 2005). Indeed, the ideal male body, represented in the media as action figures and male models, has grown increasingly muscular and lean over a 50-year period (Leit et al., 2001; Pope et al., 1999). The pervasive presence of the muscular ideal male body across multiple media outlets has contributed to a situation whereby men strive toward a body type that is often unattainable (Griffiths et al. 2015; Ridgeway & Tylka, 2005). Given the association between body image disturbances and negative outcomes such as steroid use (Litt & Dodge, 2008), depression (Blashill & Wilhelm, 2014), and eating disorders (Dakanalis et al., 2015), it is important to examine constructs that may buffer against poor body image outcomes. Additionally, there has been sparse research examining modifiable constructs that may protect men from body dissatisfaction and its detrimental consequences. Therefore, the focus of this study was to examine the relationship between self-compassion and body dissatisfaction in adult men.

Self-compassion is a positive psychological construct that has been described as an attitude of kindness and understanding

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toward one's personal failures and shortcomings (Neff, 2003a). Self-compassion comprises three core components, each with an opposing subcomponent. Self-Kindness (vs. Self-Judgment) refers to treating oneself with patience and understanding. Mindfulness (vs. Overidentification) entails being open to, and aware of personal distress. Common Humanity (vs. Isolation) refers to the recognition that just like oneself, humanity is imperfect (Neff, 2003a). The principles of self-compassion are antithetical to those of masculinity. Whereas traditional masculine norms encourage men to adhere to an unattainable male ideal through success, dominance, and modification of muscularity and leanness (e.g., De Jesus et al., 2015; Gattario et al., 2015), the concept of self-compassion offers the principles of acceptance and kindness to men in times of perceived failings. Indeed, self-compassion has been associated with lower levels of self-criticism and rumination (Neff et al., 2018), and more favorable attitudes toward help-seeking in men (Wasyliw & Clairo, 2018). Thus, self-compassion may be optimally situated to mitigate poor body image outcomes in men, given its functionality as an adaptive affect regulation and coping strategy.

A recent literature review by Braun et al. (2016) proposed a number of pathways in which self-compassion may act as a protective buffer against poor body image in women and called for further research to explore the benefits of self-compassion to address male body image concerns. The first pathway includes a direct association between self-compassion and body image outcomes. In women, self-compassion has been associated with increased body appreciation (Homan & Tylka, 2015) and body satisfaction (Pullmer et al., 2019), and decreased social physique anxiety (Magnus et al., 2010) and body shame (Breines et al., 2014). Additionally, Mindfulness and Common Humanity have demonstrated moderate positive correlations with body appreciation (Wasyliw et al., 2012). A recent study also found a direct association between self-compassion and appearance esteem in adolescent boys (Rodgers et al., 2017).

The second pathway includes the prevention of the initial occurrence of sociocultural processes that contribute to poor body image outcomes. Indeed, experimental studies have demonstrated that exposure to muscular and lean male bodies, through a number of communication mediums, is associated with increases in overall body dissatisfaction (Murnen & Karazsia, 2017), muscular dissatisfaction (Galioto & Crowther, 2013; Lane et al., 2019), and body fat dissatisfaction (Tylka, 2011). Such findings suggest that exposure to idealized body shapes in society may lead to increased perceived pressure to achieve this physique, and that esthetics rather than functional qualities are highly regarded within the contemporary male culture.

The tripartite influence model provides a theoretical framework for understanding how social influences (peers, parents, and media) directly impact body image outcomes, as well as the indirect impact through two sociocultural variables (i.e., internalization of appearance ideals, social comparison; Thompson et al., 1999). The three social influences, particularly media, have consistently been associated with body dissatisfaction in men (Tylka, 2011). In considering the mechanisms for which social influences predict body image outcomes, the tripartite influence model considers two key mediating processes: Social comparison and internalization of appearance ideals. Social comparison has been defined as the innate human drive to compare and evaluate one's social standing to others'

(Festinger, 1954; Gerber et al., 2018). Frequent engagement in social comparison is related to negative feelings and perceptions of one's body (Jonason et al., 2009). Additionally, the social comparison has been found to mediate the relationship between exposure to the ideal male body represented in the media and body dissatisfaction (Girard et al., 2018; Karazsia & Crowther, 2009). Internalization of appearance ideals is defined as the adoption of societal appearance standards as one's own goal (Thompson & Heinberg, 1999). Internalization has been found to mediate the pathway between perceived pressure to conform to culturally defined appearance standards and body dissatisfaction in men (Stratton et al., 2015; Tylka, 2011). Such findings suggest that perceived pressure to attain the idealized physique, stemming from exposure to the ideal male body, could lead to the adoption of this body shape as a personal goal. Consequently, body dissatisfaction may increase when these internalized appearance standards are not met. Within the tripartite influence model, self-compassion has shown negative correlations with social comparison (Homan & Tylka, 2015) and internalization (Tylka et al., 2015) in young adult females. Such findings suggest that high levels of self-compassion may prevent individuals from engaging in sociocultural-driven processes that lead to body dissatisfaction.

The final protective pathway proposed by Braun et al. (2016) is the moderation of the relationship between sociocultural processes and body image outcomes by self-compassion. Homan and Tylka (2015) found that the inverse relationship between social comparison and body appreciation was moderated by self-compassion in a sample of women, such that the relationship became weaker as self-compassion levels increased. Overall, the theoretical conceptualisation of self-compassion as a positive psychological construct suggests that it offers a novel and alternative framework for treating oneself with kindness in times of distress. Additionally, the small body of empirical literature suggests that self-compassion may buffer against negative body image outcomes through a direct relationship, or through interaction with sociocultural processes within the tripartite influence model.

Present Study

Given the paucity of research examining self-compassion and body image in adult men, the aim of the present study was to explore the relationship between self-compassion and body image outcomes in men, within the context of the tripartite influence model. Based on previous research that found self-compassion significantly predicted body image outcomes (e.g., Pullmer et al., 2019; Wasyliw et al., 2012), it was hypothesized that: (a) higher self-compassion, and lower social comparison and internalization, would predict lower body dissatisfaction (Pathways 1 and 2), and (b) self-compassion subcomponents (i.e., Self-Judgment, Isolation, Overidentification, Self-Kindness, Mindfulness, and Common Humanity) would negatively predict body dissatisfaction (Pathway 1). Given the limited research, no specific predictions were made regarding which subcomponent would be the strongest predictor of body dissatisfaction. Based on research by Homan and Tylka (2015) that found self-compassion moderated the relationship between social comparison and body appreciation in women, it was hypothesized that: (c) Self-compassion would moderate the relationship between a number of measures of sociocultural processes and body dissatisfaction (Pathway 3).

Specifically, self-compassion was expected to moderate the relationship between muscular internalization and muscular dissatisfaction, lean internalization and body fat dissatisfaction, social comparison and muscular dissatisfaction, and social comparison and body fat dissatisfaction.

Method

Participants

Participants were 231 males recruited from an Australian regional university ($n = 151$) and the general community ($n = 77$). Ages ranged from 18 to 50 years ($M = 28.53$, $SD = 9.85$). Body mass index (BMI) ranged from underweight (16.33 kg/m^2) to obese (53.35 kg/m^2 ; $M = 25.63$, $SD = 5.26$). Most participants had attained (28.1%) or were currently studying an undergraduate degree at university (29.5%). Nearly two-thirds of participants were Australian (61.0%), with other participants identifying as European (12.5%) or American (9.5%). A small proportion of participants identified as British (5.2%), New Zealander (3.5%), Asian (3.9%), and Indigenous-Australian (1.3%). Most participants identified as heterosexual (82.7%), with some identifying as bisexual (7.4%) or gay (6.5%). These groupings are representative of the Australian Bureau of Statistics (ABS) terminology and categorisation (Australian Bureau of Statistics, 2019). Eligibility criteria for the study included identifying as male and being over the age of 18 years. Participants were recruited via campus flyers, social media, email, and community noticeboards.

Design

The study was correlational in nature. Five predictor variables and one outcome variable were included in the study. Predictor variables were age, BMI, social comparison, internalization of appearance ideals, and self-compassion. Body dissatisfaction was the outcome variable.

Materials

Demographic Measures

Demographic information included gender, age, ethnicity, height, weight, sexual orientation, and education level.

Body Dissatisfaction

The Male Body Attitudes Scale-Revised (MBAS-R; Ryan et al., 2011) is a 15-item scale designed to assess body dissatisfaction and includes the seven-item Muscularity, five-item Body Fat, and three-item Height subscales. Items were scored on a 5-point Likert-type scale ranging from 1 (*never*) to 5 (*always*). Sample items include: "I think I have too little muscle on my body" (Muscularity), "I think that I have too much fat on my body" (Body Fat), and "I wish I were taller" (Height). Scores were averaged to produce a total body dissatisfaction score and three subscale scores, with scores ranging from 1 to 5. Higher scores indicate greater levels of body dissatisfaction. The MBAS-R has shown strong internal consistency in male samples ($\alpha = .87-.90$; Ryan et al., 2011). Cronbach's alpha for the current sample was .89. Construct validity is supported by the

correlations between MBAS-R and male body image measures (Ryan et al., 2011).

Social Comparison

The Physical Appearance Comparison Scale-Revised (PACS-R) is an 11-item scale designed to assess an individual's tendency to compare one's own appearance to that of others in a variety of settings (Schaefer & Thompson, 2014). An example item is: "When I'm out in public, I compare my physical appearance to the appearance of others." Items were rated on a 5-point Likert-type scale ranging from 0 (*never*) to 4 (*always*), with higher averaged scores indicating greater appearance comparison. The scale has demonstrated excellent reliability ($\alpha = .97$). Cronbach's alpha for the current sample was high ($\alpha = .96$). Correlations with self-esteem and body dissatisfaction demonstrate the construct validity of the PACS-R (Schaefer & Thompson, 2014).

Internalization of Appearance Ideals

The Lean (two items), Muscular (four items), and General Attractiveness (two items) Internalization subscales of the Socio-cultural Attitudes Toward Appearance Questionnaire-4-Revised (SATAQ-4 R; Schaefer et al., 2017) were used to assess internalization of appearance ideals. Internalization refers to the adoption of cultural appearance ideals as a personal standard (Heinberg, 2001). Items were scored on a 5-point Likert scale ranging from 1 (*definitely disagree*) to 5 (*definitely agree*). Sample items include: "I want my body to look very lean" (Lean), "It is important for me to look muscular" (Muscular), and "I don't think much about how I look" (General Attractiveness). Scores range from 1 to 5 and were averaged to produce a total internalization score and three subscale scores, with higher scores indicating greater levels of internalization. Applicable subscales have shown acceptable reliability in male college students ($\alpha = .75-.87$). Correlations with male body image measures is supportive of construct validity (Schaefer et al., 2017). Cronbach's alpha for the current sample was .83.

Self-Compassion

The Self-Compassion Scale (SCS) is a 26-item self-report scale designed to assess participants' level of self-compassion, and includes six subscales: Self-Judgment (five items), Isolation (five items), Overidentification (five items), Self-Kindness (five items), Mindfulness (five items), and Common Humanity (five items; Neff, 2003b). Items are rated on a 5-point Likert-type scale ranging from 1 (*almost never*) to 5 (*almost always*). Items from the three negative subscales (i.e., Self-Judgment, Isolation, and Overidentification) were reverse-scored. Scores were averaged to produce a self-compassion score and six subscale scores. Higher scores indicate greater levels of self-compassion. Sample items include: "I'm disapproving and judgmental about my own flaws and inadequacies" (Self-Judgment), "When something upsets me I try to keep my emotions in balance (Mindfulness)" and "I'm kind to myself when I'm experiencing suffering" (Self-Kindness). Test-retest reliability in a mixed-gender sample was excellent for the total self-compassion score ($r = .93$) and subscales ($r = .80-.93$). Correlations with self-criticism and social connectedness supports

the construct validity of the SCS (Neff, 2003b). Cronbach's alpha for the current sample was high ($\alpha = .95$).

Procedure

Ethical approval was obtained from the Human Research Ethics Committee of the authors' institution. Participants responded to an advertisement that included a link to the online questionnaire. They were informed the aim of the study was to examine self-compassion and body dissatisfaction in men and informed consent was actively obtained via tick-box prior to commencing the questionnaire. Participants provided demographic information and responded to questions or statements relating to body dissatisfaction (MBAS-R), social comparison (PACS-R), internalization of appearance ideals (SATAQ-4 R), and self-compassion (SCS), which took an average of 15 min to complete. Upon completion of the survey, a debriefing statement and details of mental health support services were provided. Entry into a financial prize draw of \$50 (AUD) was also offered to all participants. To maintain confidentiality, entry into the prize draw was obtained by supplying an email address via an external link to the survey. First-year psychology students received a small amount of course credit for participation.

Statistical Analyses

Results were considered significant at $p < .05$. To assess whether self-compassion and its subcomponents would negatively predict body dissatisfaction, two separate hierarchical multiple regression analyses were conducted, where the outcome variable was body dissatisfaction. To control for their influence on the outcome variable, age and BMI were entered in the first block, as is standard in body image research (Homan & Tylka, 2015). The second block included predictor variables relevant to the hypotheses; social comparison, internalization of appearance ideals, and self-compassion, or the six subcomponents of self-compassion (Self-Judgment, Isolation, Over-identification, Self-Kindness, Mindfulness, and Common Humanity). To assess whether self-compassion would moderate the association between sociocultural process variables and dimensions of body dissatisfaction, four separate multiple hierarchical regressions were conducted using PROCESS (Hayes, 2013). The SPSS add-on, PROCESS, centers predictor scores to create standardized coefficients and computes the interaction term automatically. Furthermore, PROCESS provides simple slopes analysis data to examine the indirect effect of the predictor on the outcome variable at various levels of the moderator variable (Hayes, 2013). PROCESS also uses

the Johnson–Neyman technique, which indicates the level of the moderator variable at which the relationship between the predictor and outcome variable becomes nonsignificant. Body fat dissatisfaction and muscular dissatisfaction were entered as the outcome variable, self-compassion was entered as the moderator, and social comparison and internalization subscales (lean; muscular) were entered as the predictor variable.

Results

Preliminary Analysis

An a priori power analysis was calculated using G*Power (Faul et al., 2007), which indicated the sample size of 231 participants would be adequate to detect a medium effect size ($f^2 = .15$) when using a standard alpha ($\alpha = .05$), power of .80, and five predictor variables. Four participants were deleted from the data set for not consenting to participate and 21 participants were deleted for not completing the final measurement scale in the questionnaire (The Self-Compassion Scale). These participants were not included in the main analyses. Prior to conducting the primary analyses, data were screened for univariate and multivariate outliers, and violations of normality. The assumptions of linearity, homoscedasticity, collinearity, independence of errors, and multivariate normality were met.

Mean scores, standard deviations, and bivariate correlations for each variable are presented in Table 1. Mean body dissatisfaction and internalization scores were slightly above normative values for adult men, whereas mean social comparison and self-compassion scores were slightly below normative values for adult men. As previous research has shown differences in body image variables between gay and straight men (e.g., Bucchianeri et al., 2016; Frederick & Essayli, 2016), such differences were explored in the current sample. There were no significant differences in body dissatisfaction, social comparison, internalization of appearance ideals, or self-compassion scores for gay and heterosexual men (all $p > .05$). High self-compassion was associated with lower levels of body dissatisfaction, social comparison, and internalization.

Primary Analyses

Relationship Between Self-Compassion and Body Dissatisfaction

A hierarchical multiple regression was conducted to assess whether self-compassion, social comparison, and internalization, predicted body dissatisfaction. Results are presented in Table 2.

Table 1
Bivariate Correlations Between Age, Body Mass Index (BMI), Body Dissatisfaction, Social Comparison, Internalization of Appearance Ideals, and Self-Compassion

Variable	Mean	SD	1	2	3	4	5	6
1. Age	28.53	9.85	—					
2. BMI	25.63	5.26	.26**	—				
3. Body dissatisfaction	3.21	1.05	-.04	.32**	—			
4. Social comparison	1.81	1.04	.06	.30**	.66**	—		
5. Internalization	3.47	.74	.01	.16*	.51**	.48**	—	
6. Self-compassion	2.88	.78	-.01	-.13	-.49**	-.41**	-.20**	—

Note. BMI = Body Mass Index.

* $p < .05$; ** $p < .01$.

Table 2

Hierarchical Multiple Regression Analysis Predicting Body Dissatisfaction From Social Comparison, Internalization of Appearance Ideals, and Self-Compassion

	<i>R</i>	<i>R</i> ²	<i>B</i> [95% CI]	<i>SE B</i>	β	<i>p</i>
Step 1	.34	.12				
Age			-.01 [-.04, .01]	.01	-.13	.049
BMI			.08 [.04, .11]	.02	.35	<.001
Step 2	.75	.55				
Age			-.01 [-.02, .01]	.01	-.11	.022
BMI			.03 [.01, .06]	.01	.16	.002
Social comparison			.37 [.22, .52]	.06	.38	<.001
Internalization			.35 [.22, .60]	.07	.26	<.001
Self-compassion			-.34 [-.39, -.07]	.07	-.26	<.001

Note. BMI = body mass index; CI = confidence interval; *B* = unstandardised beta-coefficient; *SE* = standard error; β = standardized beta-coefficient.

In the first step, age and BMI significantly accounted for variability in body dissatisfaction, $R^2 = .12$, $F(2, 208) = 13.89$, $p < .001$. The addition of self-compassion, social comparison and internalization in the second step significantly accounted for an additional 44% of variance in body dissatisfaction scores, $\Delta R^2 = .43$, $\Delta F(3, 205) = 67.79$, $p < .001$. In combination, the five variables significantly predicted body dissatisfaction, $R^2 = .56$, $F(5, 205) = 51.58$, $p < .001$. The social comparison was the strongest predictor and accounted for 9% of significant unique variance, while internalization and self-compassion predicted approximately 5%, and 6% of a significant unique variance in body dissatisfaction scores, respectively. Thus, high self-compassion scores, low social comparison, and low internalization scores were associated with low levels of body dissatisfaction.

Relationship Between Self-Compassion Subcomponents and Body Dissatisfaction

A hierarchical multiple regression analysis was conducted to assess which subcomponents of self-compassion predicted body dissatisfaction. Results are presented in Table 3. BMI and age

Table 3

Hierarchical Multiple Regression Analysis Predicting Body Dissatisfaction From Self-Compassion Subcomponents

	<i>R</i>	<i>R</i> ²	<i>B</i> [95% CI]	<i>SE B</i>	β	<i>p</i>
Step 1	.34	.12				
Age			-.01 [-.04, .01]	.01	-.13	.049
BMI			.07 [.04, .11]	.01	.35	<.001
Step 2	.63	.40				
Age			-.01 [-.03, .01]	.01	-.13	.023
BMI			.05 [.02, .08]	.01	.26	<.001
Self-Judgment			-.16 [-.53, .02]	.11	-.15	.155
Isolation			-.25 [-.37, .13]	.09	-.26	.008
Overidentification			-.02 [-.33, .20]	.10	-.03	.800
Self-Kindness			-.10 [-.30, .28]	.12	-.09	.380
Mindfulness			-.30 [-.61, -.03]	.11	-.25	.009
Common Humanity			.30 [.10, .54]	.09	.28	.001

Note. BMI = body mass index; CI = confidence interval; *B* = unstandardised beta-coefficient; *SE* = standard error; β = standardized beta-coefficient.

significantly predicted body dissatisfaction in the first step, $R^2 = .12$, $F(2, 208) = 13.89$, $p < .001$. The six subcomponents were entered in the second step and significantly accounted for an additional 28% of variance in body dissatisfaction, $\Delta R^2 = .28$, $\Delta F(6, 202) = 15.49$, $p < .001$. The overall model significantly predicted body dissatisfaction, $R^2 = .40$, $F(8, 202) = 16.54$, $p < .001$. By Cohen (1988) conventions, a combined effect of this magnitude is considered large ($f^2 = .30$). Of the six subcomponents, low Common Humanity scores, high Isolation scores, and high Mindfulness scores were the strong predictors of low levels of body dissatisfaction; explaining 8% of the variation in body dissatisfaction scores. Self-Judgment, Overidentification, and Self-Kindness did not contribute significantly to the variance in body dissatisfaction scores.

Moderating Role of Self-Compassion

Results for the PROCESS regression analyses are presented in Table 4. Self-compassion was entered as the moderating variable for all models.

Self-compassion moderated the relationship between lean internalization and body fat dissatisfaction. The interaction effect of lean internalization and self-compassion on body fat dissatisfaction was significant, which accounted for approximately 2% of the variance in body fat dissatisfaction scores, $\Delta R^2 = .02$, $F(1, 202) = 4.22$, $p = .01$. The simple slope analysis tested the significance of the interaction effect at varying levels of self-compassion, which is presented in Figure 1. Lean internalization and body fat dissatisfaction were moderately related at low levels of self-compassion (1 *SD* below the mean), and weakly related at high self-compassion levels

Table 4

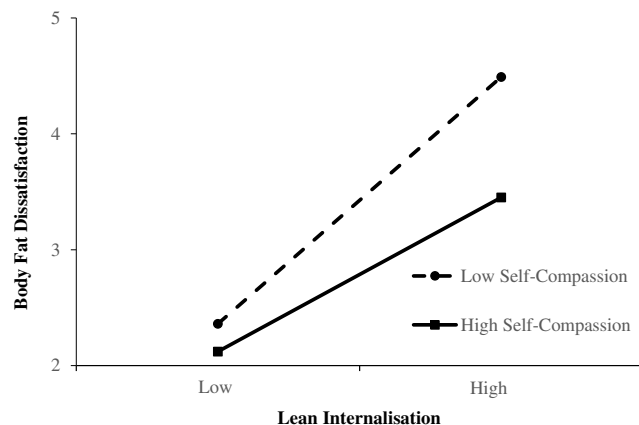
Multiple Regression Analyses for the Moderating Role of Self-Compassion

Model	<i>B</i> [95% CI]	<i>SE B</i>	<i>t</i>	<i>p</i>
Model 1: Predicting body fat dissatisfaction				
Self-compassion	.37 [-.44, 1.18]	.41	.91	.363
Lean internalization	1.49 [.79, 2.19]	.35	4.23	<.001
Self-compassion $\times$ Lean internalization	-.24 [-.46, -.01]	.12	-2.05	.041
Model 2: Predicting muscular dissatisfaction				
Self-compassion	-.31 [-.63, .01]	.16	-1.90	.059
Muscular internalization	.67 [.42, .92]	.13	5.24	<.001
Self-compassion $\times$ Muscular internalization	.06 [-.02, .14]	.04	1.53	.128
Model 3: Predicting muscular dissatisfaction				
Self-compassion	-.46 [-.85, -.07]	.20	-2.33	.021
Social comparison	.21 [-.30, .73]	.26	.82	.411
Self-compassion $\times$ Social comparison	.10 [-.08, .28]	.09	1.10	.273
Model 4: Predicting body fat dissatisfaction				
Self-compassion	.11 [-.38, .60]	.25	.45	.653
Social comparison	1.46 [.82, 2.09]	.32	4.53	<.001
Self-compassion $\times$ Social comparison	-.19 [-.41, .03]	.11	-1.72	.087

Note. CI = confidence interval; *B* = unstandardised beta-coefficient; *SE* = standard error.

Figure 1

Regression Lines Showing the Relationship Between Lean Internalization and Body Fat Dissatisfaction at Low (-1 SD) and High ($+1$ SD) Levels of Self-Compassion. Y-Axis Has Restricted Range to Better Display the Magnitude of Difference



(1 SD above the mean). Thus, participants with low self-compassion scores reported greater body fat dissatisfaction when lean internalization scores were high, compared to when body fat internalization scores were low. Participants with high self-compassion scores displayed similar body fat dissatisfaction scores at low and high levels of lean internalization. The Johnson–Neyman technique (Hayes, 2012) indicated the relationship between lean internalization and body fat dissatisfaction became unconditional when self-compassion scores were above 4.5. Therefore, lean internalization did not directly affect body fat dissatisfaction for participants who reported self-compassion scores above 4.5.

Self-compassion did not moderate the relationship between muscular internalization and muscular dissatisfaction (Model 2). Self-compassion did not moderate the relationship between social comparison and muscular dissatisfaction (Model 3). Finally, self-compassion did not moderate the relationship between social comparison and body fat dissatisfaction (Model 4).

Discussion

To our knowledge, this is the first study to investigate the relationship between self-compassion and body dissatisfaction in adult men within the context of the tripartite influence model. This study provides an important contribution to our understanding of the protective function of self-compassion in the context of contemporary sociocultural processes (e.g., social comparison and internalization) that lead to poor body image outcomes in men. The findings indicated that: (a) high levels of self-compassion, low levels of social comparison, and low internalization were associated with lower levels of body dissatisfaction in adult men, (b) the self-compassion subcomponents of Mindfulness, Isolation, and Common Humanity were the strongest predictors of body dissatisfaction, and (c) self-compassion moderated the positive relationship between lean internalization and body fat dissatisfaction. Overall, the findings provide evidence of self-compassion as a novel concept that may mitigate sociocultural processes faced by contemporary Western men.

Self-Compassion and Body Dissatisfaction

The first set of findings indicated that higher levels of self-compassion significantly predicted lower body dissatisfaction scores, supporting the first hypothesis. Thus, self-compassion may act as a protective buffer against body dissatisfaction for men, which is broadly consistent with the wider literature. For example, self-compassion has been negatively associated with a number of adverse body image outcomes in women (e.g., Breines et al., 2014; Magnus et al., 2010), and positively associated with body satisfaction in adolescent boys (Pullmer et al., 2019). Self-compassion may assist the individual to engage less frequently in negative self-evaluations of their body and appearance. When considered within the tripartite influence model, individuals with higher self-compassion may demonstrate a greater ability to discount sociocultural pressures that encourage social comparison and internalization. This explanation is supported by the results from the present study, as high self-compassion was associated with lower levels of social comparison and internalization. Overall, these findings suggest that self-compassion uniquely predicts lower body dissatisfaction in men.

Self-Compassion Subcomponents and Body Dissatisfaction

The second set of findings indicated that three subcomponents of self-compassion, Mindfulness, Isolation, and Common Humanity, significantly predicted body dissatisfaction. That is, high levels of awareness and intentionality, less perceived loneliness, and low acceptance of one's flaws in the context of humanity were associated with lower body dissatisfaction. The inverse relationship between mindfulness and body dissatisfaction is supported within the broader body image literature, as mindfulness has been associated with appearance esteem in adolescent boys (Rodgers et al., 2017), and body appreciation in adolescent girls (Wasylikiw et al., 2012). Mindfulness is characterized by awareness of one's present experience and intentionality in one's actions (Baer et al., 2004). Individuals with higher levels of mindfulness may have a greater capacity to be cognisant of negative thoughts relating to one's appearance, but intentionally choose not to engage with such thoughts. This notion aligns with Neff (2003a) description of mindfulness, in that it prevents Overidentification with negative thoughts, which allows emotional reactions to remain neutral in negative or painful situations. Considered within the tripartite influence model, mindfulness may prevent men from engaging in social comparison and internalization because they may be internally aware of their intentions to focus less on external stimuli that could evoke negative evaluations of their body or appearance. Taken together, it appears that mindfulness includes aspects such as intentional awareness, which could buffer against negative body image outcomes.

The positive association between Common Humanity and body dissatisfaction was surprising, especially considered alongside the finding that Isolation (the opposing subscale of Common Humanity) predicted greater body dissatisfaction. Common Humanity has been described as accepting one's flaws in the context of human fallibility and encourages feelings of connectedness and perspective-taking (Neff, 2003a). Thus, it would be expected that Common Humanity would be associated with less deleterious body image outcomes.

Indeed, Common Humanity has been associated with positive body image outcomes in females (Wasylikiw et al., 2012) and adolescent boys (Rodgers et al., 2017). A possible explanation for the discrepancy in findings may be the potential difference in interpretation of the Common Humanity items across genders. For men, considering one's flaws or inadequacies in relation to others could emphasize such flaws and lead to negative self-evaluations and social comparison. This is consistent with research that found men responded to perceived social threats by desiring greater muscularity to embody the masculine ideal (Frederick et al., 2017). Such findings are aligned with the notion that males are socialized to conform to masculine norms of power and competitiveness (e.g., McCreary et al., 2005). Thus, men may perceive muscularity and leanness as attributes that should be modified, which may serve as the precursor to compete with other men rather than accept their body. However, given the inconsistency with previous research, further research is needed to establish the nature of this relationship in men.

Moderating Role of Self-Compassion

The third set of findings indicated that self-compassion significantly moderated the relationship between lean internalization and body fat dissatisfaction. However, self-compassion did not significantly moderate any of the other predicted associations. Thus, the hypothesis was partially supported. Only one previous study has examined the role of self-compassion in moderating the relationship between sociocultural processes and body image outcomes, despite calls for further research (Tylka & Kroon Van Diest, 2015). Homan and Tylka (2015) found the inverse relationship between social comparison and body appreciation was moderated by self-compassion, in that the association was strong when self-compassion was low, but became nonsignificant at high levels of self-compassion. While the current study used different variables, the findings can be compared in the context of the general protective role of self-compassion. When considering participants with low lean internalization, the current findings were comparable to Homan and Tylka (2015), as high self-compassion was associated with lower body dissatisfaction than low self-compassion. Participants with high lean internalization in the current study also demonstrated similar findings to Homan and Tylka (2015), such that participants with low self-compassion reported much poorer body image than participants with high self-compassion. Such findings are theoretically aligned with the predicted function of self-compassion in buffering against body image precursors (Braun et al., 2016; Tylka & Kroon Van Diest, 2015). Relatedly, self-compassion has moderated the association between media pressure and internalization in a previous study (Tylka et al., 2015), which demonstrates the potential for self-compassion to protect individuals from the negative impact of varying sociocultural processes on body dissatisfaction. However, the current findings must be interpreted with caution, given the interaction between self-compassion and lean internalization only increased the prediction of body fat dissatisfaction by 2%. Additionally, the mixed findings across the four moderation models indicate that further research is needed to establish whether self-compassion functions in a protective manner within these moderation pathways.

Limitations and Future Research Directions

A number of limitations need to be considered. First, the study design was correlational, indicating that causation and direction of relationships cannot be inferred. It is possible that body dissatisfaction may precede sociocultural process variables, which could then negatively predict self-compassion. For example, trait body dissatisfaction has been found to predict both self-compassion and social comparison (Pinto-Gouveia et al., 2014). Trait body dissatisfaction may lead men to focus on external stimuli (Cho & Lee, 2013) that evoke negative self-evaluations and increases negative subcomponents of self-compassion such as Self-Judgment and Overidentification. Therefore, future research needs to employ experimental study designs. Pre- and postmeasures will help to elucidate the nature and direction of the relationship between self-compassion and body dissatisfaction in men.

In the present study, self-compassion was examined within the context of the tripartite influence model. However, future research should consider the relationship between self-compassion and body dissatisfaction within alternative frameworks such as masculine ideology. This is important given the relationship between the drive for muscularity and conformity to masculine norms in men (e.g., McCreary et al., 2005). Investigating men's understanding of self-compassion within gender role socialization theory will help to elucidate how the principles of self-compassion may be applied and adapted to men to mitigate the harmful impact of masculinity on body image outcomes.

Finally, to mitigate the limited diversity in the current sample, it may be beneficial for future research to use more representative samples, which will allow greater exploration of differences in body image outcomes based on race and sexual orientation. Although the current study did not find significant differences in body dissatisfaction scores for gay and straight men, such factors have previously demonstrated significant correlations with body image outcomes in men (Bucchianeri et al., 2016; Frederick & Essayli, 2016).

Implications

Within the broader context, the concept of self-compassion offers men an alternative and positive approach in responding to negative or distressing events that emerge from living in a society that values men who conform to traditional masculine norms. Contemporary Western culture reinforces a masculine ideology, particularly through the media, that encourages men to express stoicism, emotional suppression, competitiveness, and success (Edwards & Wupperman, 2019). In contrast, self-compassion is a novel concept that comprises a self-view of kindness and acceptance. This study builds on previous research that has provided evidence of self-compassion increasing help-seeking behavior and reducing masculine norm adherence in men (e.g., Wasylikiw & Clairo, 2018). Specifically, this study furthers our understanding of self-compassion in mitigating the harmful impact of social influences (media, peers, and parents) via sociocultural processes (e.g., social comparison, internalization of appearance ideals) on body dissatisfaction in men. These findings may have useful implications for the tripartite influence model. Understanding how self-compassion interacts with certain sociocultural processes within this framework provides foundational evidence for how this positive psychological concept can be used to ameliorate the downstream effect of social

comparison and internalization of appearance ideals on various body image outcomes. The modifiable nature of self-compassion further highlights its potential usefulness in being applied to men's relationship with their masculine identity, and the further downstream consequences of altering this relationship. For example, teaching men self-compassion strategies in clinic settings may enable them to respond to sociocultural body image threats in an adaptive manner.

Conclusion

The present study found that greater self-compassion was associated with lower levels of body dissatisfaction in adult men. Moreover, the subcomponents of Mindfulness, Isolation, and Common Humanity were particularly important in predicting body dissatisfaction. Self-compassion also moderated the relationship between lean internalization and body fat dissatisfaction, such that men with low self-compassion reported a stronger relationship between lean internalization and body fat dissatisfaction than men with high self-compassion. Given that this is the first study to demonstrate the interplay between self-compassion and its subcomponents, sociocultural processes, and body dissatisfaction in adult men, this evidence sets the stage for future research to identify causal effects of self-compassion on men's body image.

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