Resistance and Empowerment Against Racism: A Preregistered Study of Associations with Body Appreciation and Body Acceptance by Others in Racialised Minority Adults in the United Kingdom

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Abstract

Research on body image and racism has largely focused on how individual experiences of racism are associated with detrimental body image outcomes. However, research has not yet examined how resistance and empowerment against racism (REAR) – a repertoire of proactive strategies aimed at preventing or challenging racism both at the individual and collective levels – shape positive body image outcomes. Here, 236 women and 233 men who identified as belonging to racialised minority groups in the United Kingdom completed the REAR Scale – which measures REAR along four dimensions – as well as measures of body appreciation and body acceptance by others. Correlational analyses indicated significant inter-correlations between nearly all REAR domains and body image-related variables in men, whereas relationships in women were largely non-significant. Linear model analyses indicated that greater leadership for resistance against racism was significantly associated with higher body appreciation in women and men. Greater interpersonal confrontation of racism was significantly associated with both body appreciation and body acceptance by others in men but not in women. These results suggest that REAR plays a role in shaping body image-related outcomes in people of colour, but that these effects may also be shaped by the intersection of gender and race.

Keywords: Resistance; Empowerment; Racism; Positive body image; Body appreciation; Body acceptance

1. Introduction

Body image research has traditionally focused on the experiences of white women, with less attention paid to people of colour (Awad et al., 2020). The small cluster of research – conducted primarily in North America (Andersen & Swami, 2021) – that has included people of colour suggests that racialised minority groups endorse broader conceptualisations of beauty (Modica et al., 2023) and are more likely to reject White appearance standards compared to white majority groups (Burke et al., 2021). As a result, racialised minority groups living in majority white contexts were traditionally posited to experience lower indices of negative body image (e.g., body dissatisfaction; for a review, see Franko & Roehrig, 2011). More recently, however, some body image scholars have critiqued this perspective for using white populations as a benchmark against which people of colour are compared and contrasted, for failing to account for the moderating role of environmental factors, and for inherent racial biases in measurement instruments (e.g., utilising instruments that were developed to measure body image in white populations; Cheung & Kim, 2018; Lowy et al., 2021; Watson et al., 2019).

Comparative studies of white populations and people of colour have tended to focus on internalisation of the thin ideal, which was historically derived from a white-centred focus. In doing so, however, the extant research has failed to centre the experiences of people of colour, particularly the ways in which they negotiate appearance pressures and ideals specific to their racialised identities alongside race-specific beauty standards (Gruber et al., 2022; Harper & Choma, 2019; Henning et al., 2022; Hernández et al., 2021; Hughes, 2021; Ladd et al., 2022). Indeed, recent research has reported that people of colour often report very high levels of negative body image (e.g., Johnson et al., 2019; Liao et al., 2020; Webb et al., 2013; Yu & Perez, 2021), which may be linked to dissatisfaction in relation to race-specific appearance pressures (e.g., colourism) and ideals (e.g., straight hair, lighter skin shades;

Awad et al., 2015; Ladd et al., 2022; Watson et al., 2019). Such findings challenge the assumption that people of colour are at lower risk for body image concerns compared to white individuals and have led some researchers to call for body image research that centres the experiences of people of colour (Goel et al., 2021; Lowy et al., 2021).

Much of the research that has responded to such calls has focused on inter-individual factors that may confer some protection from negative body image in racialised minority groups living in majority white contexts. For instance, some studies have reported that ethnic and/or racial identification (i.e., understanding, meaning, and salience of identification with one's ethnic/racialised group) is associated with lower body dissatisfaction and less internalisation of white appearance ideals in people of colour (see Lowy et al., 2021). However, other studies have suggested that ethnic identification does not uniformly act as a protective factor in people of colour (Quiñones et al., 2022; Swami, 2016) and, in some contexts, may in fact be a risk factor (Cheng, 2023; Rashkovskaya & Warren, 2016). A related strand of research has focused on the ways in which people of colour cope with experiences of racism, particularly how individual experiences of racism (e.g., appearance-related racialised teasing, gendered racial sexual objectification) are associated with detrimental body image outcomes (e.g., Bhambhani et al., 2019; Chan & Hurst, 2022; Osa & Kelly, 2021; Stanton et al., 2022).

While the focus on negative body image in these studies is important in overturning a historical scholarly neglect, there is also a need to more fully understand how people of colour experience aspects of positive body image (Ramseyer Winter et al., 2019). This is particularly important given developments in the field of body image over the past two decades, which have drawn on frameworks of positivist psychology to focus on aspects of positive body image and its links to well-being (for reviews, see Daniels et al., 2018; Tylka & Piran, 2019). *Positive body image* can be broadly defined as an "overarching love and respect

for the body" (Wood-Barcalow et al., 2010, p. 112) that is distinct from, and on a separate continuum to, negative body image (Tylka & Wood-Barcalow, 2015a). A focus on positive body image can help scholars develop more holistic accounts of the body image construct (Tylka, 2018, 2019; Tylka & Piran, 2019) and, in view of the above discussion, allows scholars to more fully understand the ways in which people of colour inhabit and relate to their bodies (Ramseyer Winter et al., 2019).

To date, however, much of the literature on positive body image in people of colour has focused on establishing the factorial validity of existing body image instruments in specific racialised minority groups (e.g., Cotter et al., 2015; Modica et al., 2023) or have conducted comparative studies of people of colour and their white counterparts on selected indices of positive body image (e.g., Frederick et al., 2022; Swami et al., 2009). While such studies are useful, they are also limited in the sense that they do not fully situate and centre the lived experiences of people of colour. There is also some evidence that ethnic and/or racial identification is associated with more positive body image (Cotter et al., 2015), although other studies report no significant associations (Boutté et al., 2022; Davies et al., 2021; Dunn et al., 2019). Additionally, Dunn and colleagues (2019) reported that, in African American women, experiences of gendered racial microaggressions (i.e., everyday verbal, behavioural, and environmental expressions of systematic oppression based on racialised status and gender) were significantly associated with both lower appearance contingent self-worth and positive body image.

The available evidence, therefore, suggests that individualised experiences of ethnic/racialised identity and racism may shape the manifestation of positive body image in people of colour. While a focus on such individualised experiences remains important, people of colour also frequently undertake actions that proactively aim to prevent or challenge racism (Harrell, 2000; Shorter-Gooden, 2004). For instance, Suyemoto, Abdullah and

colleagues (2022, p. 59) have recently conceptualised resistance against racism as a form of proactive coping that extends beyond managing the personal experience of racism to "incorporate approaches that challenge the existence or acceptance of the oppressive demands made within a racialized system". In this view, resistance against racism aims to directly confront and address the negative effects of systemic racism, challenge the injustices caused by racism, and emphasise collective over individual actions. Based on this definition, Suyemoto, Abdullah and colleagues (2022) conceptualised four central aspects of resistance and empowerment against racism (henceforth REAR): (a) Awareness and relational resistance (i.e., educating oneself and others about racism); (b) Interpersonal confrontation (i.e., confronting people who enact racism in interpersonal contexts); (c) Participation in resistance activities and organisations (i.e., involvement in organisations and collective action that fight racism), and; (d) Leadership for resistance (i.e., engaging in a leadership role to combat racism).

Initial research with queer Asian American men has shown that REAR was positively associated with participants indicating they do not have racialised dating preferences and negatively associated with expressed preferences to date white men (Le & Kler, 2023). However, existing work has not examined potential associations between REAR and body image outcomes. Doing so is important because it would allow scholars to move beyond treating racism as primarily reflected in isolated individual or interpersonal actions and to instead focus on structural and institutional racism (Suyemoto, Donovan et al., 2022). More specifically, and drawing on Piran and colleagues' (2016, 2017, 2019, 2023; Piran & Teall, 2012) extensive research on the experience of embodiment, we suggest that the development of REAR provides people of colour with the space and tools – both individual and collective – to challenge restrictive social discourse that limits the experience of embodiment and thus positive body image. More specifically, in situating experiences of body image within

particular social structures (Piran & Teall, 2012), we suggest that REAR allows for racialised embodied experiences that lead to more positive body image.

One way in which this may be achieved is through making visible what racism renders invisible – allowing people of colour to overturn racialised embodiment to take pride in their (racialised) bodies. That is, for individuals living in bodies that are racialised, experiences of invisibility and otherness are common: racialised bodies are treated with suspicion while also ignored, side-lined, silenced, and excluded (Figueroa, 2013; Moran & Mapedzahama, 2023)[1]. While such experiences would typically result in non-belonging, the development of REAR is likely to provide real opportunities to unlearn, resist, and reject harmful racialised ideologies and hence to visibilise and (re)claim one's racialised body. Likewise, REAR – and particularly racialised solidarity – may allow people of colour to share and have their stories heard, which in turn contributes to a sense of belonging and body acceptance (see Chalmers et al., 2022). In addition, REAR may provide opportunities for people of colour to engage in embodying practices (e.g., Muslim women choosing to wear the hijab in the United Kingdom, or engaging in physical activity with other people of colour or as an act of "decolonial resistance"; Ashdown-Franks & Joseph, 2021; Fatinikun, 2022; Swami et al., 2014) that promote positive body image.

In adopting this perspective, however, it may also be useful to consider the intersectionality of gender and race. In brief, intersectional theory (Collins, 2000; Crenshaw, 1989) proposes that the simultaneous experience of different forms of interlocking oppression and marginalisation (e.g., the sexism and racism experienced by Black women) is greater than the sum of its parts. Relevant to the present study, for example, there is some evidence that experiences of racism are gendered, with racialised minority men being more likely to report criminal profiling and racialised minority women more likely to report racialised incivilities that include appearance disparagement (Kwate et al., 2015). Moreover, when

faced with experiences of racism, racialised minority women may also be more likely to seek the support of close others to validate their experiences (Liang et al., 2007) compared with racialised minority men, who may be more likely to adopt a confrontational approach. The national context may also be important here: in the United Kingdom, at least, where the public sphere remains male-dominated, men are more likely to be engaged in institutional politics (Roth & Saunders, 2019). These lived experiences may, in turn, differentially shape the impact of REAR on body image outcomes in racialised minority women and men.

1.1. The Present Study

In this preregistered study, therefore, we sought to examine associations between facets of REAR and positive body image in a sample of racialised minority adults from the United Kingdom. Specifically, to operationalised positive body image, we focused on experiences of body appreciation (Tylka & Wood-Barcalow, 2015b), a central facet of the positive body image construct (Swami et al., 2020). Additionally, because we believed that REAR would likely also promote greater perceived acceptance of one's physical self by others, we also included a measure of body acceptance by others (Swami, Todd, Stieger et al., 2021), which is positioned as an important contributor to body appreciation (Avalos & Tylka, 2006). Based on the review above, we suggest that the collective forms of empowerment implicit in resisting racism (i.e., beyond what is personally meaningful or rewarding) may help to promote more positive attitudes towards one's body and perceptions that one's physical self is accepted by others. However, to account for possible differences at the intersection of gender and race, we conducted all analyses separately for women and men. In our preregistration, we hypothesised that the REAR facets would each be positively associated with body appreciation (H1) and body acceptance by others (H2), respectively, in women and men.

2. Method

2.1. Participants

A power calculation conducted using the *pwr* package (v.1.3-0; Champely et al., 2022) in *R* (*R* Development Core Team, 2021) indicated that a minimum sample size of 67 per group was required to detect a medium effect size of .30 with .95 power and .05 α error probability. After removing 29 participants who failed one or more attention checks, one participant who described their gender identity as non-binary, and one participant who preferred not to disclose the gender identity, we retained a dataset consisting of 236 women and 233 men (see Table 1 for additional demographics), all of whom were of racialised minority status in the context of the United Kingdom.

2.2. Materials

2.2.1. *Body appreciation*. Participants completed the 10-item Body Appreciation Scale-2 (BAS-2; Tylka & Wood-Barcalow, 2015b), which assesses acceptance of one's body, respect and care for one's body, and protection of one's body from unrealistic appearance ideals (sample item: "I respect my body"). All items were rated on a 5-point scale, ranging from 1 (*never*) to 5 (*always*), and an overall score was computed as the mean of all items. Higher scores reflect greater body appreciation. BAS-2 scores have been shown to have a unidimensional factor structure, adequate composite reliability and test-retest reliability after three weeks, and good indices of convergent and discriminant validity in English-speaking adults (Tylka & Wood-Barcalow, 2015b). Scores on the instrument are also invariant across gender identity (Tylka & Wood-Barcalow, 2015b). McDonald's ω for BAS-2 scores was .96 (95% CI = .96, .97) in women and .95 (95% CI = .94, .96) in men.

2.2.2. *Body acceptance by others*. Participants also completed the 13-item Body Acceptance by Other Scales-2 (BAOS-2; Swami, Todd, Stieger et al., 2021), which measures the degree to which individuals perceived their bodies and physical characteristics as valued, respected, and unconditionally accepted by important others (sample item: "I feel acceptance

from important others regarding my body"). All items were rated on a 5-point scale, anchored

at 1 (*never*) and 5 (*always*). An overall score was computed as the mean of all items, with

higher scores reflecting greater body acceptance by others. BAOS-2 scores have been shown

to have a unidimensional factor structure, adequate test-retest reliability up to four weeks, and

adequate patterns of convergent, construct, criterion, discriminant, and incremental validity in

English-speaking adults (Swami, Todd, Stieger et al., 2021). Scores on the instrument are

also invariant across gender identity (Swami, Todd, Stieger et al., 2021). McDonald's ω for

BAOS-2 scores in the present study was .96 (95% CI = .95, .97) in women and .94 (95% CI =

.93, .95) in men.

2.2.3. ***Resistance and empowerment against racism.*** Participants completed the 26-

item Resistance and Empowerment Against Racism (REAR) Scale (Suyemoto, Abdullah et

al., 2022). The instrument consists of four subscales: Awareness and Relational Resistance

(16 items; sample item: "I choose not to laugh at jokes that stereotype or racially

discriminate"); Interpersonal Confrontation (3 items; sample item: "I point it out to people

when they say something that stereotypes or racially discriminates"); Participation in

Resistance Activities and Organisations (3 items; sample item: "I participate in activities or

organizations that aim to reduce or resist racial discrimination"), and; Leadership for

Resistance (4 items; sample item: "I organise petitions, letter writing, or phone drives that

aim to reduce or resist racial discrimination"). All items were rated on a 5-point scale ranging

from 1 (*rarely*) to 5 (*almost always*) and subscale scores were computed as the mean of

relevant items. Higher scores on each subscale reflect greater REAR. REAR Scale scores

have been shown to have a 4-factor structure, adequate composite reliability and construct

validity, and adequate test-retest reliability up to two weeks in English-speaking adults

(Suyemoto, Abdullah et al., 2022). McDonald's ω for REAR subscale scores in the present

study were as follows: Awareness and Relational Resistance = .94 (95% CI = .92, .95) in

women and .91 (95% CI = .89, .93) in men; Interpersonal Confrontation = .93 (95% CI = .92, .95) in women and .93 (95% CI = .91, .95) in men; Participation in Resistance Activities and Organisations = .90 (95% CI = .87, .92) in women and .92 (95% CI = .90, .94) in men, and Leadership for Resistance = .95 (95% CI = .93, .96) in women and .95 (95% CI = .93, .96) in men.

2.2.4. *Demographics*. Participants reported their demographic information consisting of gender identity (response categories: *woman*, *man*, or *I describe my gender in another way*), age (open response), ethnicity/race (response categories: *South Asian*, *Middle Eastern*, *Southeast Asian*, *African*, *Caribbean*, *Latinx/Hispanic*, or *other race minority*), education (response categories: *secondary schooling*, *further education*, *undergraduate degree*, *postgraduate degree*, *currently in full-time education*, or *other qualification*), marital status (response options: *single and unpartnered*, *partnered but not married*, *divorced*, or *other*), sexual orientation (response categories: *heterosexual*, *gay/lesbian/homosexual*, *bisexual*, *pansexual/queer*, *asexual*, *other*), and whether they identified as a D/deaf or disabled person or whether they had a long-term health condition (response categories: *yes*, *no*, or *prefer not to say*).

2.3. Procedures

Ethics approval was obtained from the research ethics panel at the last author's institution (approval code: ETH2223-0751) and the study was preregistered at https://osf.io/3g6au/?view_only=b0cde23e682840ec8eacc8eb039c3273. All data were collected on Prolific, a crowd-working platform that allows scientists to recruit participants (Palan & Schitter, 2018) on November 6-7, 2022. The project was advertised as a study on "Attitudes and Feelings toward your Body". Potential respondents on Prolific were pre-screened to ensure that only participants who identified as members of a racialised minority, of adult age, who were citizens and residents of the United Kingdom, and who were fluent in

English were able to complete the survey. Two attention check items were included partway through the survey. Prolific ID codes and IP addresses were examined to ensure that no participant took the survey more than once. After providing digital informed consent, participants first provided their demographic details before completing the additional measures, which were presented in a randomised order for each participant. The survey was anonymous and, in exchange for completion, participants were paid £1.35.

2.4. Statistical Analyses

All analyses were conducted in SPSS v.28.0 (IBM Corp., 2021). There were no missing data in our dataset. We first examined gender differences using Bonferroni-corrected ($p = .008$) independent-samples t-tests. Next, we computed inter-scale correlations between all variables, separately for women and men. Based on Cohen (1988, 1992), r-values of .10, .30, and .50 demarcate weak, medium, and large effect sizes, respectively. Finally, to test our study hypotheses, we computed multiple linear models with body appreciation and body acceptance by others, respectively, as the criterion variables, and the REAR subscales as predictor variables. These analyses were conducted separately for women and men. Separately, we also conducted hierarchical models, with age and race entered in a first step and the REAR subscales entered in a second step, but this did not alter the overall pattern of findings. As such, we report on the results of the linear models without age and race in a first step here.

3. Results

3.1. Preliminary Analyses

Descriptive statistics for, and inter-scale correlations between, all variables are reported in Table 2. Bonferroni-corrected independent-samples t-tests indicated that women had significantly higher REAR scores than men on all but the Leadership for Resistance subscale. Additionally, there were no significant gender differences in body appreciation and

body acceptance by others. Bivariate correlations indicated that, in women, greater body appreciation was significantly associated (weakly) with greater scores on the Interpersonal Confrontation and Leadership for Resistance REAR subscale scores, whereas greater body acceptance by others was only significantly associated (weakly) with greater Leadership for Resistance scores. In men, body appreciation was significantly associated (weakly) with greater scores on all four REAR subscales, whereas greater body acceptance by others was significant associated with greater scores on all but the Leadership for Resistance subscale.

3.2. Hypothesis-Testing

3.2.1. Women. In women, the model with body appreciation as the criterion variable was significant, $F(4, 231) = 4.18$, $p = .003$, Adj. $R^2 = .05$, but the only significant predictor was Leadership for Resistance (B = .27, SE = .08, $\beta = .29$, $t = 3.32$, $p = .001$). On the other hand, the model with body acceptance by others as the criterion variable was not significant, $F(4, 231) = 1.65$, $p = .163$, Adj. $R^2 = .01$. Multicollinearity was not a limiting factor in either model (variance inflation factors < 3.16).

3.2.2. Men. In men, the model with body appreciation was significant, $F(4, 228) = 4.66$, $p = .001$, Adj. $R^2 = .06$, but none of the predictors were significant (all ps > .134). Although multicollinearity was not a limiting factor (variance inflation factors < 2.87), inter-correlated predictors may sometimes result in a significant overall prediction with non-significant predictors (Aiken & West, 1991). To reduce the number of predictors in the model, we switched to using a forward stepwise linear model, which began with no variables in the model, testing each variable as it is added to the model, and keeping those that are deemed most statistically significant – with the process repeated until the results are optimal (Aiken & West, 1991). The first step of the model with body appreciation was significant, $F(1, 231) = 7.87$, $p < .001$, Adj. $R^2 = .05$, with Interpersonal Confrontation a significant predictor (B = .17, SE = .05, $\beta = .22$, $t = 3.49$, $p < .001$). A second step was also significant,

$F(2, 230) = 9.28$, $p < .001$, Adj. $R^2 = .07$, with Interpersonal Confrontation (B = .13, SE = .05, $\beta = .15$, $t = 2.62$, $p = .009$) and Leadership for Resistance (B = .15, SE = .06, $\beta = .16$, $t = 2.47$, $p = .014$) significant predictors. Finally, the linear model with body acceptance by others was significant, $F(4, 228) = 3.93$, $p = .004$, Adj. $R^2 = .05$, with only Interpersonal Confrontation (B = .13, SE = .05, $\beta = .15$, $t = 2.62$, $p = .009$) being a significant predictor.

4. Discussion

Our results only partially supported our preregistered hypotheses. First, while all but one of the REAR Scale facets were significantly associated with body appreciation and body acceptance by others in men, associations in women were largely non-significant. In the linear model analyses, we found that body appreciation (H1) in both women and men was significantly associated with greater Leadership for Resistance scores, with Interpersonal Confrontation scores being an additional significant predictor in men. Meanwhile, the model with body acceptance by others (H2) was not significant in women, whereas only Interpersonal Confrontation emerged as a significant predictor in men. Overall, a broad conclusion might be that the REAR facets are only weakly associated with body image-related outcomes but also that, of the REAR facets, Leadership for Resistance and Interpersonal Confrontation may be associated with more positive outcomes in terms of body appreciation and body acceptance by others.

One consistent finding was that greater Leadership for Resistance scores were significantly associated with greater body appreciation in both women and men. Suyemoto, Abdullah and colleagues (2022) have suggested this facet of REAR reflects traditional understandings of resistance to racism through social movements and collective action, and that it reflects a positive coping strategy that is predicated upon relational validation and resistance. Given that leadership of resistance to racism requires a high degree of engagement, activism, and racial awareness and consciousness (indeed, scores on this

subscale were generally low), it is likely that this facet of REAR promotes a strong sense of personal and collective identity that, in turn, facilitates resilience (e.g., Gause, 2021) and a rejection of silencing and emotional desensitisation in the face of racism. It is thus possible that such experiences extend to how one relates to one's body: as people of colour feel empowered to take collective action against racism, they may begin to reject self-blame for racism (Adames & Chavez-Dueñas, 2016; Adames et al., 2023) and thereby dislodge and counter white ideals of appearance, develop positive racial identities, and feel empowered to (re-)connect with their bodies in ways that promote greater body appreciation.

Drawing on theories of the experience of embodiment (Piran, 2016, 2017, 2019, 2023; Piran & Teall, 2012), we further suggest based on the present results that the high degree of racial consciousness that predicates high Leadership for Resistance may also provide people of colour with the cognitive tools to successfully challenge racialised discourse that casts the racialised body as inferior or deficient. That is, greater Leadership for Resistance is likely predicated upon resistance and rejection of harmful racialised ideologies that provide opportunities to (re)claim one's racialised body. Such forms of "emancipatory body politics" (cf. Gentles-Peart, 2020) may, for instance, involve redefining and recuperating racialised appearance ideals and constructing communities that affirm and authenticate one's physical self in ways that resist the dehumanisation and invisibility of people of colour and their bodies. Such practices, in turn, may allow people of colour to develop embodied selves that respect and honour their racial identities, which in turn promotes more positive body image (Chalmers et al., 2022). In a similar vein, the racialised solidarity that underpins Leadership for Resistance may also allow people of colour to engage in a range of embodying practices that both promote respect and appreciation for their racialised bodies, as well as greater perceived acceptance of their bodies by important others (e.g., leading hiking groups for people of colour or using online spaces to reclaim racialised

personhood; Ashdown-Franks & Joseph, 2021; Fatinikun, 2022; Moran & Mapedzahama, 2023).

Likewise, Suyemoto, Abdullah and colleagues (2022) positioned interpersonal confrontation as a positive coping strategy that is both direct and interpersonal (i.e., addressing perpetrators' racist statements and behaviours). Such actions are likely predicated upon a foundation of racial awareness and relational support (Suyemoto, Abdullah et al., 2022), which in turn may also provide a basis for the development of more positive body image and body acceptance by others. Interestingly, we found in our modelling that these associations only reached significance in men. One possible explanation for this is that interpersonal confrontation is risky for racialised minority groups and, as such, the intersection between gender and race may be paramount. For instance, confronting is often perceived as inconsistent with the female gender role (Hyers, 2007) and also carries a greater risk of physical harm for women. If interpersonal confrontation by women is ill-perceived by others or is riskier, it may help explain the lack of significant associations with body acceptance by others. By contrast, men who are confrontational or display acts of resistance may play into masculinised expectations that in turn help shape body acceptance by others and body appreciation.

While our findings are important in highlighting the role that REAR may play in shaping body image-related outcomes for people of colour, several limitations should be considered. First, although our study represented people of colour from the United Kingdom, our sample was also racially heterogeneous, which precluded analyses within each racialised minority group. This is important because experiences and manifestations of positive body image and possibly body acceptance by others may vary across racialised minority populations in the United Kingdom (Swami et al., 2009). In a similar vein, our recruitment method makes it difficult to know to what extent our findings will be generalisable to people

of colour in the United Kingdom. Similarly, given the national context and the likelihood that experiences of REAR are context-dependent, we caution that our findings may be geographically limited. These issues could be rectified in future work through the recruitment of more representative samples of people of colour from a wider range of national contexts.

Additionally, our study was limited to only two body image-related outcomes. In future work, it would be useful to extend our framework to other relevant constructs of positive body image (e.g., body pride), as well as indices of negative body image (e.g., body dissatisfaction, drive for muscularity). This may be important because positive body image is a multidimensional construct in its own right and is conceptually distinct from negative body image (Tylka & Wood-Barcalow, 2015a). Further, it may be useful to examine how REAR impacts upon negotiation of appearance ideals that are particularly salient to the body image of people of colour by, such as through the inclusion of a measure of skin shade (dis)satisfaction. Relatedly, if analyses are conducted focusing on specific racialised groups in future research, including measures centring the body image experiences of specific racialised groups may also be valuable. Such measures include the Double Consciousness Body Image Scale (Wilfred & Lundgren, 2021) that has been validated for use in Black women in the United States and the Pride in Asian American Appearance Scale that has been validated among a multi-ethnic group of Asian-American women and men (Le et al., 2022).

In terms of our analyses, we note that the REAR subscales were highly inter-correlated; although multicollinearity was not a limiting factor, high inter-correlations among predictor variables may have caused analytic problems (as was the case in one of our models with men). One way around this would be to compute overall REAR Scale scores, as has been done in previous work (Le & Kler, 2022; Suyemoto, Abdullah et al., 2022). However, doing so may also be statistically problematic given that, in the study reporting on the development of the REAR Scale, no evidence of higher-order or bifactor functioning was

presented (see Swami, Todd, & Barron, 2021). Finally, it should be noted that our data were cross-sectional, which limits the possibility of drawing causal conclusions. More specifically, while we have suggested that REAR should ontologically precede the development of positive body image, which is in keeping with extant theorising on the nature and experience of embodiment (Piran, 2016, 2017, 2019, 2023; Piran & Teall, 2012), it is also possible that for example that greater body appreciation may lead to greater REAR. In a similar vein, we also cannot rule out bidirectional links or complex time-contingent serial links between these variables (e.g., REAR leading to greater body appreciation, which in turn leads to greater REAR). One way to more fully understand these links would be through in-depth qualitative research that seeks to understand how and why REAR may be associated with positive body image, as well as the impact of positive embodiment and body image on REAR.

Despite these limitations and the preliminary nature of our study, the present results suggest that there may be value in further assessing associations between REAR and body image constructs in people of colour, particularly through an intersectional lens. One way of doing so is through the integration of possible mediating variables. For instance, heightened REAR may bolster both self-efficacy (i.e., the extent to which individuals feel confident about their ability to act in ways necessary to achieve their goals) and collective self-esteem (i.e., a sense of esteem derived from membership in particular groups), which in turn may foster more positive body image. In a similar vein, practitioners working with people of colour may find it beneficial to help clients nurture critical consciousness and to encourage social action to dismantle systems of oppression as ways to develop healthier body image (Adames et al., 2023; Chopra, 2021). More generally, we suggest that there remains a need to better understand the ways in which people of colour unlearn and resist harmful racialised ideologies that impact their experiences of body image. Indeed, for both researchers and

practitioners, the present results suggest that there is value in adopting a strengths- and resilience-based approach when considering the body image experiences of people of colour.

Footnotes

[1]This is not to say that racialised embodiment only happens to people of colour. Rather, while white people are also racialised, they are typically perceived and treated as "unmarked", thus extending a privilege of whiteness relative to the "otherness" of people of colour.

<div align="center">**References**</div>

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Table 1

Participant Demographics.

Item	
Age	Range = 18 to 69 (M = 32.26, SD = 10.58)
Gender identity	Woman: n = 236 (50.3%)
	Men: n = 233 (49.7%)
Race	Arab or Middle Eastern: n = 21 (4.5%)
	Black African: n = 71 (15.1%)
	Black Caribbean: n = 33 (7.0%)
	East Asian: n = 62 (13.2%)
	Latinx/Hispanic: n = 12 (2.6%)
	South Asian: n = 148 (31.6%)
	Southeast Asian: n = 47 (10.0%)
	Other: n = 12 (2.6%)
	Prefer not to say: n = 10 (2.1%)
	Mixed heritage: n = 53 (11.3%)
Highest educational qualification	Secondary schooling: n = 22 (4.7%)
	Further education: n = 70 (14.9%)
	Undergraduate degree: n = 222 (47.3%)
	Postgraduate degree: n = 136 (28.8%)
	Currently in full-time education: n = 12 (2.6%)
	Other qualification: n = 7 (1.5%)
	Prefer not to say: n = 1 (0.2%)
Marital status	Single and unpartnered: n = 182 (38.8%)
	Partnered but not married: n = 122 (26.0%)

	Married: $n = 150$ (32.0%)
	Divorced: $n = 6$ (1.3%)
	Other: $n = 6$ (1.3%)
	Prefer not to say: $n = 3$ (0.6%)
Sexual orientation	Asexual: $n = 7$ (1.5%)
	Bisexual: $n = 27$ (5.8%)
	Gay: $n = 5$ (1.1%)
	Lesbian: $n = 4$ (0.9%)
	Straight: $n = 414$ (88.3%)
	Pansexual: $n = 3$ (0.6%)
	Queer: $n = 2$ (0.4%)
	Other: $n = 1$ (0.2%)
	Prefer not to say: $n = 6$ (1.3%)
Identify as D/deaf of disabled	Yes: $n = 39$ (8.3%)
person, or have a long-term health	No: $n = 424$ (90.4%)
condition	Prefer not to say: $n = 6$ (1.3%)

Table 2

Descriptive Statistics and Inter-Scale Correlations (With Women Reported in the Top Diagonal and Men in the Bottom Diagonal)

		(1)	(2)	(3)	(4)	(5)	(6)
(1) ARR			.71**	.76**	.53**	.10	.05
(2) IC		.63**		.60**	.66**	.15*	.10
(3) PRAO		.75**	.50**		.38**	.12	.07
(4) LR		.42**	.72**	.30**		.25**	.15*
(5) Body appreciation		.22**	.22**	.22**	.22**		.63**
(6) Body acceptance by others		.21**	.14*	.25**	.10	.66**	
Women	*M*	3.46	2.51	3.51	1.64	3.49	3.65
	SD	0.85	1.19	1.10	.099	0.95	0.89
Men	*M*	3.16	2.11	3.22	1.61	3.61	3.64
	SD	0.77	1.07	1.11	0.92	0.82	0.80
	t	4.05	3.85	2.85	0.32	1.48	0.21
	p[a]	< .001	< .001	.002	.374	.070	.417
	d	0.37	0.36	0.26	0.03	0.14	0.02

Note: ARR = Awareness and Relational Resistance, IC = Interpersonal Confrontation, PRAO = Participation in Resistance Activities and Organisations, LR = Leadership for Resistance.

[a]Bonferroni-corrected *p* = .008.