



Comparing the efficacy of a brief self-esteem and self-compassion intervention for state body dissatisfaction and self-improvement motivation



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ABSTRACT

This study explored the efficacy of reflective writing tasks for reducing state body dissatisfaction and improving self-improvement motivation. Participants ($N = 153$) were exposed to a threatening body image scenario, after which they reported their state body dissatisfaction. Following randomisation to one of three interventions (self-esteem, self-compassion, or positive distraction control), participants completed the state body dissatisfaction measures again along with a measure of self-improvement motivation. At post-intervention, state weight dissatisfaction and appearance dissatisfaction were significantly lower and self-improvement motivation was significantly higher in the self-compassion group than in both the self-esteem and control groups. Trait body dissatisfaction moderated the efficacy of the intervention whereby the benefit of the self-compassion intervention became evident at moderate levels of trait body dissatisfaction, and was most apparent at high levels of body dissatisfaction. Self-compassion was a robust and efficacious method through which to promote immediate improvements to bodily feelings and desire to self-improve.

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1. Introduction

Body dissatisfaction occurs when perceptions of one's actual body weight and shape do not meet desires or expectations (Wade, George, & Atkinson, 2009). These feelings of dissatisfaction can be represented by chronic and stable discontent, or they can reflect a momentary decrease in evaluative or affective attitudes towards one's body in response to internal or environmental triggers (Albertson, Neff, & Dill-Shackleford, 2015; Cash, Fleming, Alindogan, Steadman, & Whitehead, 2002). Whether stable or transient, the prevalence of body dissatisfaction among girls and women in Western society is widespread, with the majority reporting negative thoughts and feelings about their weight and body shape (Albertson et al., 2015; Salk & Engeln-Maddox, 2011). Body dissatisfaction has been linked to disordered eating (Peat & Muehlenkamp, 2011; Stice, Marti, & Durant, 2011; Wade et al., 2009), depression and anxiety (Jacobi, Hayward, de Zwaan,

Kraemer, & Agras, 2004; Szymanski & Henning, 2007), suicide attempts (Rodríguez-Cano, Beato-Fernández, & Llarío, 2006), and poorer quality of life (Ganem, Heer, & Morera, 2009). Fluctuations in state body dissatisfaction in daily life have also been associated with increases in upwards appearance- and exercise-related comparisons and eating pathology (Fuller-Tyszkiewicz, Richardson, Lewis, Smyth, & Krug, 2018). Therefore, interventions to reduce body dissatisfaction in young women have long been considered an important research priority (Wade et al., 2009). Accordingly, the current study compared the efficacy of a brief self-esteem intervention against a brief self-compassion intervention, following exposure to a threatening body image scenario, for momentary body dissatisfaction and motivation for self-improvement.

Self-esteem, an evaluation of adequacy that is derived from positive self-appraisals and favourable comparisons with others, has been consistently correlated with higher body satisfaction (Neff & Vonk, 2009). The association has prompted interventions designed to boost self-esteem with the underlying assumption that this will, by extension, reduce body dissatisfaction (Wasylikiw, MacKinnon, & MacLellan, 2012). Indeed, multi-session group-based self-esteem training programs have been found to reduce body dissatisfaction and body image concerns, encourage adaptive eating

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behaviour, and generate more positive perceptions of body weight and shape among young women (O'Dea, 2004). Most notable has been O'Dea's self-esteem program "Everybody's Different" which has produced positive body image outcomes in young adolescents through enhancing perceptions of self-worth and reducing emphasis on physical appearance (e.g., O'Dea, 1995, 2004, 2007; O'Dea & Abraham, 2000). Other studies have further demonstrated reduced body dissatisfaction in young women following self-esteem intervention programs designed to improve bodily attitudes, self-image, and self-worth when compared to a no treatment control group (McVey, Davis, Tweed, & Shaw, 2004) and a pre-intervention baseline score (Norwood, Murray, Nolan, & Bowker, 2011). In addition to promoting more positive bodily feelings, higher self-esteem has also been associated with other benefits including increased happiness, initiative, and resilience (Wasylikiw et al., 2012).

However, not all self-esteem training programs have reduced body dissatisfaction (e.g., McCabe, Ricciardelli, & Salmon, 2006; McVey & Davis, 2002). The appropriateness of promoting self-esteem as a mechanism through which to combat negative bodily feelings has also been questioned (Albertson et al., 2015). In the context of body dissatisfaction, it has been argued that self-esteem is heavily contingent on an assessment that one's body weight and shape is superior to others, and/or meets prescribed societal standards (Wasylikiw et al., 2012). Given that the "ideal" body shape and weight (i.e., thin, small waisted, and with minimal body fat) is unrealistic and unachievable for the majority of women, living up to these standards can be impossible (Lowery et al., 2005; Neff, 2011; Wasylikiw et al., 2012). In the more likely circumstance that women do not evaluate themselves favourably, self-esteem interventions may be unsuccessful. Alternatively, it is possible that boosting self-esteem could instead manifest itself as narcissism and thus promote distorted self-enhancement, deprecation of others, and artificially inflated evaluations of physical characteristics in order to combat a body image threat (Gilbert, 2005; Leary, Tate, Adams, Allen, & Hancock, 2007; Neff & Vonk, 2009; Twenge, 2009; Wasylikiw et al., 2012). Such mechanisms may prevent individuals from attaining a true appreciation and acceptance of their body as it is and potentially result in negative consequences in the long term.

An alternative approach, which has been argued to promote a more balanced and less externally contingent way of relating to oneself, is to promote self-compassion (Wasylikiw et al., 2012). Self-compassion has three components: responding to oneself with kindness and warmth rather than judgement and criticism, recognition that one's experiences are not unique and isolated but are common and shared, and mindful awareness of the present moment rather than over-identification with thoughts and feelings (Neff & Vonk, 2009; Neff, 2003; Neff, Rude, & Kirkpatrick, 2007). Self-compassion has been associated with many positive outcomes including happiness, optimism (Neff et al., 2007; Smeets, Neff, Alberts, & Peters, 2014), social connectedness, and life satisfaction (Neff, 2003; Neff, Hsieh, & Dejitterat, 2005). In general, self-compassionate individuals respond to failure, disappointments, and feelings of inadequacy with kindness and understanding rather than criticism or insecurity. In contrast to self-esteem, higher levels of self-compassion can also mediate responses to difficult and confronting situations through deactivating threat responses and replacing them with self-soothing, self-kindness, and understanding. Thus, self-compassion allows individuals to maintain a positive self-view even when they fall short of expectations, do not feel particularly special, or evaluate themselves as lacking desirable traits (Gilbert, 2005; Leary et al., 2007). In the context of body dissatisfaction, a review of the available evidence has identified self-compassion as a strong protective factor against the development of poor body image and disordered eating (Braun, Park, & Gorin, 2016), and viewing self-compassion messages has a positive impact on women's body satisfaction (Slater, Varsani, & Diedrichs,

2017). A strong negative association between self-compassion and body dissatisfaction has also been documented (Adams & Leary, 2007; Koç & Ermiş, 2016; Magnus, Kowalski, & McHugh, 2010; Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011; Rodgers et al., 2017; Thørgersen-Ntoumani, Dodos, Chatzisarantis, & Ntoumanis, 2017).

There is corresponding evidence for the efficacy of self-compassion interventions that target body dissatisfaction. Albertson et al. (2015), for example, found that three weeks of self-compassion meditation training reduced body dissatisfaction, body shame, and embarrassment, as well as improved body appreciation in adult women. Toole and Craighead (2016) similarly found higher body appreciation scores following one week of self-compassion training in young female undergraduates. Research using daily reflective diaries has further demonstrated that women who engage in spontaneous acts of self-compassion also report fewer corresponding bodily concerns on those days (Kelly & Stephen, 2016; Kelly, Miller, & Stephen, 2016). Together, this research suggests that interventions encouraging self-compassion could successfully reduce body dissatisfaction. Additionally, because self-compassion promotes self-kindness in response to failures, imperfections, or evaluations of inadequacy (i.e., even when an individual feels as though they are less attractive than others), it may also be a better method through which to achieve this goal than self-esteem, which relies upon downward appearance-related comparisons (Gilbert, 2005; Leary et al., 2007; Wasylikiw et al., 2012).

Importantly, the available evidence regarding the efficacy of self-esteem and self-compassion interventions primarily pertains to lengthy and intensive programs (e.g., across a school term in place of usual classroom teaching in the case of self-esteem, and engagement in daily exercises of at least 20 minutes duration for a minimum of 1 week in the case of self-compassion). These sorts of programs can suffer from high attrition, and are time consuming, expensive, and labour intensive to administer. The interventions in previous studies have also been designed to modify trait characteristics (Toole & Craighead, 2016). Furthermore, although self-esteem has been established as an efficacious, safe, and suitable approach to reduce body image concerns in young women, few studies have compared a pure self-esteem approach with a self-compassionate alternative (Fuller-Tyszkiewicz et al., 2018). Specifically, many self-esteem interventions have included activities designed to promote self-acceptance and emphasise that body dissatisfaction is a common and shared experience, both core components of the self-compassion construct (O'Dea, 2010). Thus, it is important to ascertain whether observed treatment effects for self-esteem interventions could have been confounded by the inclusion of elements representing a self-compassionate approach.

Only Seekis, Bradley, and Duffy, (2017) have directly compared the efficacy of a brief self-esteem versus brief self-compassion writing intervention for state body dissatisfaction, finding that both interventions produced lower state body dissatisfaction than the control intervention which involved writing about academic topics. However, the relative benefits of the two approaches was not clear. Self-compassion produced a more substantial increase in momentary body appreciation than self-esteem, but there was no corresponding difference between intervention groups for state body dissatisfaction. Furthermore, Seekis et al. did not measure or control for baseline levels of body dissatisfaction or other trait characteristics which could have interfered with intervention efficacy. Statistically controlling for baseline trait body dissatisfaction, as well as trait levels of self-compassion and self-esteem, would enable a more precise evaluation of intervention efficacy. Specifically, by reducing the underlying variability in the data that is due to the influence of pre-existing trait tendencies, it becomes possible to more clearly establish responses to each intervention. Given

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