



# Is body shame a significant mediator of the relationship between mindfulness skills and the quality of life of treatment-seeking children and adolescents with overweight and obesity?



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## ABSTRACT

This study aimed to examine (a) whether mindfulness skills were associated with higher quality of life through lower body shame for treatment-seeking children/adolescents with overweight and obesity and (b) whether this indirect effect was moderated by children/adolescents' age and gender. The sample included 153 children/adolescents with overweight/obesity followed in individual nutrition consultations. Participants completed self-report measures of mindfulness, body shame, and quality of life. Moderated mediation analyses showed that higher levels of mindfulness were associated with better perceived quality of life through lower body shame, but only among girls. For boys, higher levels of body shame did not translate into a poorer perception of quality of life, and the indirect effect of mindfulness on quality of life via lower body shame was not significant. These results suggest that body shame is an important mechanism to explain why mindfulness may help girls with overweight/obesity perceive a better quality of life.

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## 1. Introduction

Children and adolescents with overweight and obesity are at an increased risk of presenting poor psychosocial outcomes, including high levels of psychological problems such as internalizing (e.g., depression, low self-esteem) and externalizing (e.g., conduct problems) symptomatology (Moreira et al., 2013; Zeller, Saelens, Roehrig, Kirk, & Daniels, 2004), disordered eating (Goldschmidt, Wall, Loth, & Neumark-Sztainer, 2015), peer problems (e.g., loneliness, weight-related teasing; Hayden-Wade et al., 2005), and poor quality of life (Moreira et al., 2013; Ottova, Erhart, Rajmil, Dettendorff-Betz, & Ravens-Sieberer, 2012). An important risk factor for negative psychosocial outcomes is a negative body image or the presence of body image concerns, which are very common among children and adolescents with overweight and obesity (Gouveia, Frontini, Canavarro, & Moreira, 2014; Neumark-Sztainer, 2011; Piquart, 2013). For instance, some research has suggested that children/adolescents with overweight and obesity who are more dissatisfied with their appearance tend to report lower self-

esteem and more depressive and anxious symptoms, stress, and poor quality of life than children/adolescents with overweight and obesity who are less dissatisfied (e.g., Allen, Byrne, Blair, & Davis, 2006; Gouveia et al., 2014; Mond, van den Berg, Boutelle, Hannan, & Neumark-Sztainer, 2011; Piquart, 2013; Shin & Shin, 2008).

The vast majority of studies conducted among children/adolescents, especially among those of higher weight, have focused on body dissatisfaction. However, some studies (e.g., Iannaccone, D'Olimpio, Cella, & Cotrufo, 2016; Mustapic, Marcinko, & Vargek, 2015), particularly those developed within the objectification theory framework (Fredrickson & Roberts, 1997), have highlighted the important role of body shame. *Body shame* is a self-conscious emotion focused on the body that is experienced when individuals evaluate themselves or perceive themselves to be evaluated by others as inferior, flawed, or unattractive (Gilbert, 2002). According to objectification theory (Fredrickson & Roberts, 1997), body shame can result from self-objectification, i.e., from girls' and women's tendency to "view and treat themselves as objects to be evaluated on the basis of their appearance" (Calogero, 2012, p. 575). Self-objectification may increase levels of body shame among girls and women because it leads to a continuous self-monitoring or self-surveillance that increases their perception of failure to attain an unrealistic ideal body despite their struggle to do so (Grabe, Hyde, & Lindberg, 2007). Body shame and other negative subjective consequences of self-objectification (e.g.,

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appearance anxiety) can in turn increase the risk of mental health problems, particularly depression, eating disorders, and sexual dysfunction (Calogero, 2012; Fredrickson & Roberts, 1997; Grabe et al., 2007; Noll & Fredrickson, 1998).

The few studies that have explored the role of body shame in pediatric samples have found this emotion to be an important mediator of the link between self-esteem and eating disorder risk among adolescents of various weights (Iannaccone et al., 2016), as well as between body dissatisfaction and eating behaviors among adolescent girls of different weights (Mustapic et al., 2015). Consistent with objectification theory, in the current study, we explored the link between body shame and quality of life, which is a key indicator of individuals' well-being and psychosocial functioning in several domains of life (World Health Organization, 1994).

The poor psychosocial outcomes and high levels of body image concerns of children and adolescents with overweight and obesity can be explained by weight stigma, which in the context of pediatric obesity can be defined as “negative weight-related attitudes and beliefs that are manifested by stereotypes, bias, rejection, and prejudice toward children and adolescents because they are overweight or obese” (Puhl & Latner, 2007, p. 558). There is extensive evidence that weight-based stigmatization is highly prevalent among children with overweight and obesity (Griffiths, Wolke, Page, & Horwood, 2006; Janssen, Craig, Boyce, & Pickett, 2004; McCormack et al., 2011; Neumark-Sztainer et al., 2002) and that stigmatization can result from multiple sources, including the peers, educators, and parents of these children (McCormack et al., 2011; Neumark-Sztainer, Story, & Harris, 1999; Puhl & Latner, 2007). For instance, several studies show that children/adolescents with obesity are often teased and frequently face social exclusion and isolation (Puhl, Luedicke, & Heuer, 2011), are less likely than their average-weight peers to be chosen as friends (Latner & Stunkard, 2003), and are at greater risk of suffering from bullying (Lumeng et al., 2010). Therefore, it is not surprising that children with overweight and obesity are at an increased risk for a range of negative psychosocial outcomes, including poor quality of life and high levels of body shame (Juvonen, Lessard, Schacter, & Suchilt, 2016; Puhl & Latner, 2007).

Considering the strong link between higher weight and the poorer psychosocial functioning of children/adolescents, it is essential to explore key modifiable factors that are amenable to change in the therapeutic context. One factor that has recently been identified as having beneficial outcomes for youths' adjustment is mindfulness skills (Burke, 2009; Greco & Hayes, 2008). Mindfulness can be broadly described as a state of attention and awareness to what is happening in the present moment, with a stance of curiosity, experiential openness, and acceptance (Baer, Smith, & Allen, 2004; Bishop et al., 2004; Kabat-Zinn, 2003). Mindfulness reflects an individual's natural tendency to be aware of his or her present experience in an open and nonjudgmental way (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006; Brown, Ryan, & Creswell, 2007), and is considered both a dispositional variable and a skill that can be developed through the practice of meditation (Baer, 2003; Bishop et al., 2004).

In the last few years, there has been growing interest in the study of mindfulness among children and adolescents (Greco & Hayes, 2008; Zoogman, Goldberg, Hoyt, & Miller, 2015). Despite this recent interest, to the best of our knowledge, no study has been conducted among children/adolescents with overweight and obesity, and no mindfulness-based intervention has been developed for this population. O'Reilly and Black (2015) argued that mindfulness-based interventions could be particularly useful for these children/adolescents because, similar to adult populations (e.g., Katterman, Kleinman, Hood, Nackers, & Corsica, 2014; Mantzios & Wilson, 2015; Olson & Emery, 2015; O'Reilly, Cook, Spruijt-Metz, & Black, 2014), these interventions may help them

regulate obesity-related eating behaviors (e.g., emotional eating, binge eating) and improve healthful eating behaviors.

Mindfulness skills can also promote the psychosocial adjustment of children/adolescents with overweight and obesity through the promotion of more positive experiences with their body image. Although this hypothesis has not been investigated, some studies of adult populations have shown that mindfulness is positively associated with body image satisfaction. For instance, Dijkstra and Barelds (2011) found that higher levels of dispositional mindfulness were associated with higher levels of body satisfaction and lower levels of body comparison in a large sample of women. In another study, Dekeyser, Raes, Leijssen, Leysen, and Dewulf (2008) found that body satisfaction was positively correlated with all subscales of the Kentucky Inventory of Mindfulness Skills in a sample mostly composed of women. Similar results were found among men in a study that found positive associations between dispositional mindfulness and overall appearance evaluation and satisfaction with body areas, and negative associations between dispositional mindfulness and the drive for muscularity (Lavender, Gratz, & Anderson, 2012). However, the role of mindfulness on the body image of children and adolescents, particularly those with overweight and obesity, remains to be investigated.

### 1.1. The current study

In the current study, we examined whether mindfulness is indirectly associated with the quality of life through body shame among treatment-seeking children and adolescents with overweight and obesity. Because girls tend to experience more body image concerns and body shame than boys and because these concerns and body shame tend to have a stronger impact on girls' adjustment (Grabe et al., 2007; Wertheim, Paxton, & Blaney, 2009), we also examined whether the indirect effect is moderated by children's gender. In addition, because childhood and adolescence are distinct developmental phases characterized by different developmental tasks and maturational issues, and because body image concerns tend to have a stronger impact on adolescents' adjustment (Gouveia et al., 2014), the moderator role of age in the proposed mediation model was also explored.

Although the associations between mindfulness, body shame, and quality of life have never been investigated among children and adolescents with or without overweight and obesity, the proposed mediation model and the established hypotheses are supported by the literature and previous studies. First, a positive association was expected between mindfulness and quality of life. The relationship between mindfulness and several indicators of psychosocial adjustment has received considerable empirical support. Not only is there solid evidence of the positive link between mindfulness and adult well-being and mental health (e.g., Brown & Ryan, 2003; Brown et al., 2007), but recent studies with children and adolescents also suggest that mindfulness skills are associated with several psychosocial outcomes, such as quality of life and academic competence (Greco, Baer, & Smith, 2011), and that the development of mindfulness skills may have a positive impact on a variety of mental health problems in young people (Ames, Richardson, Payne, Smith, & Leigh, 2014; Bögels, Hoogstad, Dun, Schutter, & Restifo, 2008; Semple, Reid, & Miller, 2005).

In this study, we further hypothesized that this relationship can also be indirectly established through body shame. Based on previous investigations (Dekeyser et al., 2008; Dijkstra & Barelds, 2011; Lavender et al., 2012), we expect higher levels of mindfulness to be associated with lower levels of body shame. Because mindfulness implies an attitude of acceptance and non-judgment of internal and external experiences (Kabat-Zinn, 2003), children and adolescents with higher levels of mindfulness may be more able to accept their weight and body shape and not evaluate their body image

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