



## An attitude of gratitude: The effects of body-focused gratitude on weight bias internalization and body image



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### ABSTRACT

Internalized weight bias and body dissatisfaction are associated with a number of negative psychological and physical health outcomes. The current study examined the effectiveness of body-focused gratitude, through a short writing exercise, as a strategy to reduce internalized weight bias and improve body image. Young adults ( $M_{\text{age}} = 22.71$ ,  $SD = 2.08$ , 51.2% female) were randomly assigned to either a body gratitude condition ( $n = 185$ ) or a control condition ( $n = 184$ ). Results indicated that participants in the gratitude condition reported significantly lower weight bias internalization and significantly more favorable appearance evaluation and greater body satisfaction when compared to the control condition. These effects were in the small range ( $d_s = 0.27\text{--}0.33$ ), and neither gender nor BMI moderated these effects. These findings provide preliminary support for body-focused gratitude writing exercises as an effective individual-level strategy for both reducing internalized weight bias and improving body image.

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Considerable research indicates that how individuals feel about their body or appearance is associated with their psychological and physical well-being (Gillen & Markey, 2016). For instance, body dissatisfaction is associated with negative outcomes including depression and low self-esteem (Cafri et al., 2005; Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006), disordered eating (Markey & Markey, 2011), and the use of unsafe weight-loss strategies (e.g., diet pills, fasting; Liechty, 2010). Further, considering the prevalence of negative weight-based attitudes in Western countries (Puhl et al., 2015), there is growing concern about the harmful effects of internalized weight bias (Kahan & Puhl, 2017). Weight bias internalization, or the holding of negative beliefs about oneself based on weight-based stereotypes, has been found to be associated with psychological distress, disordered eating (O'Brien et al., 2016), lower self-esteem (Pearl & Puhl, 2016), and exercise avoidance (Vartanian & Novak, 2011). For these reasons, both body dissatisfaction and weight bias internalization are important targets for intervention.

Body dissatisfaction and weight bias internalization are distinct yet overlapping constructs (Durso & Latner, 2008; O'Brien et al., 2016). The constructs are distinct in that body dissatisfaction

generally refers to one's negative feelings or distress towards various aspects of their body, whereas internalized weight bias refers specifically to the self-direction of negative weight-based stereotypes. The overlap occurs then when stereotypes about weight correspond to a negative evaluation of one's body (Durso & Latner, 2008). For instance, Durso and Latner's (2008) Weight Bias Internalization Scale captures feelings related to internalized weight-based stereotypes (e.g., "If only I had more willpower I wouldn't be the weight that I am"), yet also taps into weight-based body dissatisfaction (e.g., "I am less attractive than most other people because of my weight"; Pearl & Puhl, 2014). Furthermore, weight satisfaction is an important component of many body image measures (e.g., The overweight preoccupation and body areas satisfaction subscales of the Multidimensional Body-Self Relations Questionnaire; Cash, 2000). Thus, there is logical support for the potential effectiveness of an intervention to address both body dissatisfaction and internalized weight bias.

Numerous studies have tested body image improvement strategies, many of which have yielded small-to-medium benefits overall ( $d = 0.38$ ; Alleva, Sheeran, Webb, Martijn, & Miles, 2015). Few studies, however, have tested weight bias internalization reduction strategies. In one study, Pearl, Hopkins, Berkowitz, and Wadden (2016) tested an eight-week group cognitive-behavioral therapy program among obese men and women ( $n = 14$ ). Results indicated that the program moderately successfully reduced internalized weight bias (partial eta-squared  $[\eta_p^2] = .36$ ). In a second study,

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Palmeira, Pinto-Gouveia, and Cunha (2017) tested a 10-week group intervention based on mindfulness, compassion, and acceptance and commitment therapy with a group of overweight and obese females ( $n=27$ ). Results similarly indicated moderate reductions in internalized weight bias following the intervention ( $\eta_p^2 = .24$ ). Although these results are positive, it is important to note that these studies both used small samples, involved substantial time commitments, and required guidance from a trained professional to complete.

The number of body image interventions designed to be implemented by individuals on their own is large and growing (Hartley, 1995; Strachan & Cash, 2002). Because of their simplicity and accessibility, writing-based interventions may hold particular promise in this area. Various writing-based interventions have been tested as potential body image improvement strategies, often with equivocal results. For instance, using Pennebaker's written emotional disclosure paradigm, Earnhardt, Martz, Ballard, and Curtin (2002) found that women ( $n=23$ ) who wrote about experiences and feelings related to their body image showed no more improvement in body satisfaction over time than women ( $n=25$ ) who wrote about their bedroom. Further, across studies where participants were asked to focus on and write about the functionality of their bodies (e.g., what the body can do), Alleva and colleagues consistently found improvements in participants' functionality satisfaction (Alleva, Martijn, Jansen, & Nederkoorn, 2014; Alleva, Martijn, Van Breukelen, Jansen, & Karos, 2015; Alleva, Veldhuis, & Martijn, 2016) yet found improved appearance satisfaction in only one study (Alleva et al., 2015). The present research contributes to the literature by testing out a novel writing-based strategy that focuses on body gratitude.

Gratitude is defined as a "wider life orientation towards noticing and appreciating the positive in the world" (Wood, Froh, & Geraghty, 2010, p.2). Practicing gratitude is believed to enhance well-being because it encourages individuals to focus on assets rather than deficits and to recognize things they might have otherwise taken for granted (Seligman, Steen, Park, & Peterson, 2005). Indeed, a growing body of research has found robust associations between gratitude and well-being, including improvements in depression, anxiety, relationship quality, and stress (Wood et al., 2010). For body image and weight bias internalization specifically, practicing gratitude may help foster a more accepting relationship with one's body by helping individuals learn to focus on the positive and by generating overall positive affect (Geraghty, Wood, & Hyland, 2010). However, research into the effects of gratitude is limited for body image and nonexistent for weight bias internalization.

Geraghty et al. (2010) conducted a study in which they instructed British adults to write about what they felt grateful for daily for two weeks. Participants in the gratitude condition ( $n=40$ ) reported significant improvements in body and appearance satisfaction (pre-post effect sizes  $d_2s = 0.62-0.71$ ). These findings were replicated by Wolfe and Patterson (2017) using a sample of female undergraduates ( $n=35$ ). Considering these studies used general gratitude, it stands to reason that *body-focused* gratitude writing could have similar effects on body dissatisfaction. Further, given the conceptual overlap previously discussed, this reorienting toward positive body aspects may also have an impact on weight bias internalization.

The current study tested the effectiveness of a body-focused gratitude writing exercise for reducing internalized weight bias and improving body dissatisfaction. It was hypothesized that participants in the body gratitude condition, when compared to a control condition, would report lower levels of internalized weight bias and higher levels of body satisfaction and appearance evaluation. Additional exploratory analyses were conducted to determine whether intervention effects varied based on gender or BMI.

Finally, exploratory analyses were conducted using the participants' responses to the body gratitude writing prompt to determine whether the focus of participants' gratitude responses was related to any of the outcomes of interest.

## 1. Method

### 1.1. Participants

It was determined that a sample size of 360 (180 per group) was needed to achieve a power of .80 with an alpha of .05 for a small ( $d=0.30$ ) effect size (Cohen, 1988). Participants were recruited through Amazon.com's mechanical Turk (mTurk) service. MTurk is an online data collection source that has been found to produce reliable data from diverse participants (Buhrmester, Kwang, & Gosling, 2011). A total of 469 individuals responded to the task posted in the mTurk workplace. Of these respondents, six individuals did not agree to the informed consent, 44 discontinued the study directly after consenting to participate (but prior to randomization), and another 32 had excessive missing data (>20%). There were not enough data from these 32 participants to determine their reason for discontinuing the study, but attrition was similar across conditions suggesting drop out was unrelated to the experimental condition. Another 18 participants were excluded from analyses due to failure to pass the experimental or instructional manipulation checks (described below). No demographic patterns emerged among the dropped data. The final sample consisted of 369 participants, 185 in the body gratitude condition and 184 in the control condition.

The mean age for participants was 22.71 years ( $SD=2.08$ , range 18–25), and 51.2% ( $n=189$ ) identified as female. A majority of the participants identified as White/Caucasian (74.8%,  $n=276$ ), with the remainder identifying as Black/African American (11.1%,  $n=41$ ), Asian (10.0%,  $n=37$ ), Hispanic/Latino/a (7.3%,  $n=27$ ), Native American (0.8%,  $n=3$ ), and/or other (1.1%,  $n=4$ ). The mean body mass index (BMI) was 25.66 ( $SD=6.36$ , range 17.21–57.39). A majority of participants had obtained some postsecondary education, with 50.7% ( $n=187$ ) having a bachelor's degree and 4.3% ( $n=16$ ) having a graduate or professional degree.

### 1.2. Procedure

The study was advertised in the mTurk marketplace as a "quick writing exercise followed by a brief survey of your attitudes." In order to participate, mTurk workers had to be English speaking, currently residing in the United States, and between 18 and 25 years old. Participants who responded provided consent and then were randomly assigned to a body gratitude or a control condition. After completing the writing exercise for their condition (described below), all participants completed measures assessing their body satisfaction, appearance evaluation, weight bias internalization, completed an instructional manipulation check, and provided demographic information. The order of the outcome measures was counter-balanced. After completing all measures, participants were debriefed, thanked for their time, and were compensated \$0.60. Study procedures were approved by the university institutional review board.

**Body gratitude condition.** Participants in the body gratitude condition read the following instructions:

Think about aspects of your body that you are grateful for. This can be anything, including your health, physical appearance, or the functionality of your body. Try to come up with at least five things. Take a minute and really think about those things, picturing them in your mind. Once you have finished thinking about

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