



Shorter communication

“That's not what we do”: Evidence that normative change is a mechanism of action in group interventions



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ARTICLE INFO

Article history:

Received 15 September 2014

Received in revised form

26 November 2014

Accepted 5 December 2014

Available online 16 December 2014

Keywords:

Group therapy

Mechanisms of change

Social norms

Normative influence

Eating behavior

Group processes

ABSTRACT

Group interventions for mental health have proved very effective, but there is little consensus on their mechanism of action. In the present study, we posit that normative change is a plausible mechanism and provide a test of this in an eating disorder prevention group program. Participants were 112 women aged 15–25 years with body, shape or weight concerns who completed five questionnaires across the four session group-based intervention. Results indicated that participants experienced a significant reduction in thin-ideal internalization, body dissatisfaction and dieting intentions across the course of the program. These decrements were preceded by changes in group norms. Changes in both descriptive norms and injunctive norms in the first half of the program predicted improvement in thin-ideal internalization, body dissatisfaction and dieting intentions in the second half. Implications for theoretical models of attitude change are discussed, as well as implications for group interventions more generally.

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Meta-analyses confirm that group interventions are effective for a wide variety of psychological conditions (Burlingame, Fuhrman, & Mosier, 2003; Oei & Dingle, 2008). Group interventions have thus been promoted as a cost-effective way to address problems associated with the fact that there is a limited pool of suitably trained health professionals with which to address demand for clinical psychological intervention (Gould, Buckminster, Pollack, & Michael, 1995; Tucker & Oei, 2007).

Yet while group interventions work, a more difficult question to answer has been *why* they work, and whether the mechanisms of action in a group context are comparable to mechanisms of action in individual therapy. Cognitive mechanisms, such as dissonance, or change in schemas and attribution style, are typically posited to operate in both contexts (Bandura, 1991; Beck, 2011; Jacobson et al., 1996). However, there is less evidence for the role of cognitive processes in the case of group interventions than in the case of individual therapy (Longmore & Worrell, 2007; Oei, Bullbeck, & Campbell, 2006; Oei, McAlinden, & Cruwys, 2014). It is also the case that patients often attribute their improvement to group factors (Burlingame, McClendon, & Alonso, 2011; Yalom & Leszcz, 2005) and there is some evidence that group factors such as

cohesion or group bonding might moderate the benefit of group intervention (Cruwys, Haslam, et al., 2014; Hornsey, Dwyer, Oei, & Dingle, 2009).

Accordingly, it is certainly plausible that the mechanisms of group interventions may differ from those of individual therapy. In this regard, one mechanism that might be distinctly implicated in group interventions is *normative social influence* whereby participants modify their own behavior and attitudes in order to conform to group norms. The goal of the present study was to examine normative social influence in the context of an eating disorder prevention group.

Reducing the risk of eating disorders

Eating disorders are among the most widespread mental illnesses, affecting as many as 20% of women aged 15–25 (Crandall, 1988; Taylor et al., 2006). This high prevalence means that disordered eating is not only a clinical issue but also a public health and economic issue, creating a burden on the health system comparable to schizophrenia (Simon, Schmidt, & Pilling, 2005). Given the difficulty and expense of treating eating disorders (Mahon, 2000; Wilson, 2005), along with the “iceberg” of subclinical disordered eating (Neumark-Sztainer, 2003), recent research has focused on the goal of preventing eating disorders from developing. The most well-validated program to date is the *Body Project* (Stice, Shaw,

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Burton, & Wade, 2006; Stice, Shaw, & Marti, 2007), a group program for young women with body, shape or weight concerns. The Body Project has been validated in at least five randomized controlled trials (Becker, Smith, & Ciao, 2005; Mitchell, Mazzeo, Rausch, & Cooke, 2007; Stice, Chase, Stormer, & Appel, 2001; Stice, Mazotti, Weibel, & Agras, 2000; Stice, Trost, & Chase, 2003). These trials have provided consistent evidence that the program works to reduce body dissatisfaction, thin-ideal internalization, unhealthy dieting behaviors, and eating disorder onset at one-, two- and three-year follow-up (Stice et al., 2006; Stice, Marti, Spoor, Presnell, & Shaw, 2008).

The Body Project was developed on the basis of evidence that thin-ideal internalization is a primary risk factor for eating disorders (the dual pathway model; Seidel, Presnell, & Rosenfield, 2009; Stice, 2002; Thompson & Stice, 2001). The manualized activities of the Body Project explicitly encourage participants to challenge the thin ideal through activities such as writing a letter of advice to oneself as a younger girl (Stice, Rohde, & Shaw, 2013). Conceptually, these tasks are seen to work by creating *cognitive dissonance* (Festinger, 1957) with developers of the Body Project stating that “this intervention gives young women an opportunity to talk themselves out of pursuing the thin ideal” (Stice et al., 2013, p.15). This explanation focuses on how each individual observes *herself* arguing against the thin ideal, which is said to lead to the experience of dissonance and, consequently, to promote attitude change (Stice, Shaw, Becker, & Rohde, 2008). Speaking to this suggestion, one study found that dissonance could partially account for the effectiveness of the Body Project (McMillan, Stice, & Rohde, 2011), while another study found limited evidence for dissonance as a mechanism (Green, Scott, Diyankova, Gasser, & Pederson, 2005).

Normative influence initiates attitude change

Yet, while recognizing that dissonance may be implicated in the success of the intervention, we argue that other plausible mechanisms of action may also be involved. More particularly, it is pertinent to note that the intervention is delivered in a group, and hence the majority of participants' time is not spent observing *themselves* arguing against the thin ideal, but instead observing *other group members* arguing against the thin ideal. Therefore, it seems possible that listening to similar others does part of the “heavy lifting” in explaining why the Body Project is so effective. Moreover, given that the thin ideal is a socially-bound belief about what is attractive and desirable, listening to other young women explain why it is invalid seems likely to be a powerful means of changing an individual's perception of what is normative. Very quickly, participants' sense of what is normal in their peer group might shift from “young women wish they were thinner” to “young women reject the idea that it is good to be thinner”. We propose that this shift in the perception of the group norm may be crucial to the effectiveness of group interventions.

This alternative hypothesis is suggested by laboratory- and survey-based research which has identified group norms as a primary predictor of health behavior, including eating (for a review, see Cruwys, Bevelander, & Hermans, 2014). Normative influence is posited as a primary predictor in the Theory of Planned Behavior (Armitage & Conner, 2001) and the social identity approach to health behavior (Haslam, Jetten, Postmes, & Haslam, 2009; Louis, Davis, Smith, & Terry, 2007). Evidence for the predictive utility of norms is substantial, including in the realm of unhealthy and disordered eating behaviors (Åstrosk & Rise, 2001; Conner, Normal, & Bell, 2002; Grønhoj, 2013; Pickett et al., 2012). For instance, several studies have shown the importance of friendship norms in determining the frequency of disordered eating behaviors, particularly in school and college environments (Crandall,

1988; Lieberman, Gauvin, Bukowski, & White, 2001; Paxton, Eisenberg, & Neumark-Sztainer, 2006). However, rarely has normative change been examined in a clinical intervention context. Indeed, so far as we are aware, no previous studies have investigated normative change as a potential mechanism for the effectiveness of group interventions.

The study's primary hypothesis was thus that the Body Project would achieve reductions in endorsement of the thin ideal via the mechanism of normative change.¹ More specifically, we anticipated that change in the perceived norms of the Body Project group would occur *prior* to change in correlates of disordered eating (thin-ideal internalization, body dissatisfaction, and dieting intentions) (H1) and that this change in norms would predict change in correlates of disordered eating, when controlling for both initial norms and initial correlates of disordered eating (H2).

To test these hypotheses the study investigated both *descriptive norms* (what other group members do) and *injunctive norms* (what other group members endorse as appropriate). However, as previous research has produced mixed findings about which type of norm has a stronger impact on health-related outcomes (e.g., Christensen, Rothgerber, Wood, & Matz, 2004; Larimer, Turner, Mallett, & Geisner, 2004; Smith & Louis, 2008; White, Smith, Terry, Greenslade, & McKimmie, 2009) we made no *a priori* predictions about which type of norm might best explain attitude change.

Method

Participants and design

Participants were 112 female students aged 15–25 years ($M = 19.04$; $SD = 3.15$; 63% were either 17 or 18).² Participants were eligible to take part in the program if they were aged 15–25 and reported body, shape or weight concerns. However, those who had current disordered eating at clinical levels of severity were ineligible for the program (given that its primary focus is prevention not remediation). Two screening items from the Patient Health Questionnaire (PHQ; Spitzer, Kroenke, Williams, & Group, 1999) were asked during a screening interview: “Do you often feel that you can't control what or how much you eat?” and “Do you often eat, within any 2-h period, what most people would regard as an unusually large amount of food?” Those who answered “Yes” to both questions were screened using the full PHQ eating disorder screening tool, which is based on the diagnostic criteria for eating disorders (American Psychiatric Association [APA], 2000). Respondents who endorsed at least three of the items were deemed to have a clinically severe eating disorder and were considered ineligible for participation, and were referred for evidence-based individual psychotherapy. Participants were also screened for anorexia nervosa using body mass index, but no participants were excluded on this basis.

The study was observational and had a repeated-measures design, with two measured predictor variables: descriptive norms

¹ It is worth noting that testing our hypotheses was contingent on the Body Project being effective in reducing thin-ideal internalization (and body dissatisfaction, and dieting intentions). The effectiveness of the Body Project has not yet been demonstrated in a sample of Australian women. However, given the effectiveness of the Body Project has been demonstrated in five randomized controlled trials in similar cultural contexts, we considered this to be a kind of “manipulation check” in our design.

² 123 participants commenced Body Project groups, of which 112 (91%) completed the program and had sufficient data available at both T1 and T5. Of these, 110 completed the questionnaire at T2, 95 completed T3, and 96 completed T4.

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