

Mindfulness and unconditional self-acceptance as protective factors against thin ideal internalization

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Abstract: The aim of this study was to investigate the preventive potential of self-acceptance and mindfulness against sociocultural pressures to be thin and the internalization of this ideal. A moderated mediation model was conducted to test whether there is a mediating effect of perceived sociocultural pressure to be thin in the relationship between unconditional self-acceptance and thin ideal internalization, and whether this effect is moderated by the level of mindfulness. The sample analyzed included 146 female adolescents, aged between 16-18 years old. The study contributes to the understanding why some individuals are more prone to internalize the thin ideal, and offers relevant insight that can be used to improve prevention programs for dysfunctional eating. The results indicate the importance of promoting self-acceptance and training healthy habits like mindfulness practicing in addressing eating disorders.

Keywords: pressures to be thin, thin ideal internalization, mindfulness, unconditional self-acceptance, eating disorders.

1. Introduction

The sociocultural model of eating disorders etiology puts great emphasis on the role of sociocultural pressures to be thin as a catalyst for the desire of the individual to comply with unrealistic standards of physical attractiveness, which are difficult to achieve without dieting and exercising (Thompson & Heinberg, 1999). Pressures to be thin can come from different sources: family, peers, media etc. They can either take direct forms like messages that the individual should lose weight, verbal ironies or manifest as an indirect pressure like a friend's obsession about weight and physical appearance or valuing very thin models (Stice & Whitenton, 2002). The consequences of these pressures could include the thin ideal internalization, high investment in physical appearance and formation of the belief that being thin will bring more social and interpersonal benefits (eg., career success and better social acceptance; Stice, 2002). Thin related pressures

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were also found to associate with body distress and eating disorders symptomatology (Caqueo-Urizar et al., 2011). Thin ideal internalization is defined by the extent to which an individual subscribes cognitively to the social defined ideal of attractiveness and engages in behaviors designed to embody it approximately (Thompson & Heinberg, 1999; Thompson & Stice, 2001). Thin ideal internalization causes body image dissatisfaction, being almost impossible for most women to achieve. Further, this discontent causes negative emotions (because physical appearance is a central evaluative dimension of women in today's society) and following certain diets that increase the risk of eating disorders (Stice, Spangler & Agras, 2001).

An effective approach in preventing and treating eating problems is considered the one based on promoting self-esteem and self-acceptance (O'Dea, 2004). The author indicates that several studies that had used them as part of prevention activities had achieved many positive results on reducing body image dissatisfaction, food restriction, thin ideal internalization and attitudes associated with eating disorders. Other studies have supported the fact that self-acceptance plays an important role in body perception and eating patterns (Dunkley & Grilo, 2007; Wertheim, Paxton, Schultz & Muir, 1997; Donaghue & Clemitshaw, 2012). The concept of unconditional self-acceptance has been theorized by different authors over time either in the form of *B-perception* (Maslow, 1968), *unconditional positive regard towards self* (Rogers, 1961) or *unconditional self-acceptance* (Ellis, 1973; all authors cited in Neff, 2003). Mainly, unconditional self-acceptance involves not assessing personal value but assuming it as an intrinsic aspect of existence. Ellis argues that this is the key to psychological well-being because it helps the individual developing tolerance towards the uncertainties of life, an honest knowledge and forgiveness of one's own limits.

Presently, mindfulness techniques practicing is increasingly used as a way to strengthen self- acceptance. Jon Kabat-Zin (2003), one of the early pioneers in mindfulness research, defines mindfulness as awareness that occurs when we focus in a specific way – on a goal, in the present moment, and non-critical. Baer, Fischer, and Huss (2005a,b) state that by practicing mindfulness individuals learn to observe phenomena and experiences without judging their truth value or importance and without trying to avoid them, flee from them or change them. Mindfulness enhances insight by constant observation of own thoughts, emotions and behavior and also improves emotional regulation by observation and acceptance of feelings as they appear and by considering events to be transient (Hayes, 2004; Linehan, 1993a). To date, only a few studies have tested the effectiveness of mindfulness in eating problems. The results are however promising and reveal a negative association between mindfulness and eating disorders. Practicing mindfulness has been found to reduce Body Mass Index (BMI) in obese patients by decreasing levels of binge

eating (Tapper et al., 2009), reduce appetite, dichotomous thinking, worries about appearance, emotional or external eating (Alberts, Thewissen, & Raes, 2012) and compulsive eating (Kristeller and Hallett, 1999).

Even if all women are exposed to the thin ideal, only few of them perceive high pressures to be thin and come to internalize this ideal (Polivy & Herman, 2004). The question is what is making them more vulnerable. Is it that certain individual differences can act like a buffer against sociocultural pressures? Considering that theoretical and empirical data support the protective role of self-acceptance and mindfulness against body image dissatisfaction and eating disorders, analyzing them in relationship with pressures to be thin and thin ideal internalization could be a key to better understand why certain individuals become more easily victims of the thin ideal. The first hypothesis of this study is that sociocultural pressures to achieve thinness is a mediating factor of the relationship between self-acceptance and thin ideal internalization.

2. Method

2.1. Participants

The investigated sample included 146 participants, all female adolescents aged between 16-18 years ($M = 16.68$, $SD = 1.29$), studying at Economic College “Ion Ghica” and “Mihai Eminescu” College in Bacău. 75 of them come from rural areas while 71 come from urban area ($M=1.48$, $SD=.50$). Their participation was voluntary. Participants answered to the questionnaire of the research online (in Google Sheets forms), during a computer lab class. The calculated BMI of the participants, using data collected on weight and height, ranged from 15.79 to 26.5 ($M = 20.38$, $SD = 2.40$). In total there were 37 underweight, 104 normal weight and 5 overweight participants.

2.2. Measures

The evaluation of perceived sociocultural pressures has been done using Perceived Sociocultural Pressure Scale (PSPS; Stice, 2002). The instrument includes 10 items with responses on a 5-point scale (where 1 means “not at all” and 5 “very much”). High scores reflect higher perceived pressures while low scores indicate lower perceived pressures.

Evaluation of the feminine thin ideal internalization was done using the Ideal Body Internalization Scale-Revised (IBIS-R; Stice, Spangler, & Agras, 2001) consisting of 6 items. Respondents provided responses on a 5-point scale, where 1 meant “strongly disagree” and 5 “strongly agree”. High scores indicate a strong thin ideal internalization, while lower scores indicate a low thin ideal internalization.

Measuring unconditional self-acceptance level was done using Unconditional Self-acceptance Questionnaire – USAQ (Chamberlain & Haaga,

2001). It includes of 20 items with answers on a 7-point scale (from 1 - "almost always false" to 7 - "almost always true"). High scores reflect a strong unconditional self-acceptance, while low scores indicate a poor unconditional self-acceptance.

Mindfulness level was measured using Five Facet Mindfulness Questionnaire (FFMQ; Baer, Fischer, & Huss, 2006) that includes 39 items evaluating mindfulness at 5 levels: observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience. The answers had been recorded on a 5-point scale where 1 indicated "never or seldom true" and 5 - "very often or always true"). High scores correspond to a high mindfulness level and low scores indicate a low mindfulness level.

Translation and adaptation of the instruments was made through translation-retranslation method, with a team of three professionals (two specialized in English and a Romanian-English bilingual person).

All scales showed Cronbach's Alpha coefficients between 0.76-0.88 at both general and dimensional level, indicating a good internal consistency of the research instruments.

2.3. Procedure

The questionnaires were applied in a predetermined order for all subjects: PSPS, IBIS-R, FFMQ, USAQ. Two participants who had a first obesity class BMI score were excluded from the analysis. To test the moderated mediation model has been used PROCESS procedure for SPSS, version 2.11, developed by Andrew F. Hayes (2013).

2. Results

Preliminary analysis of the data revealed a normal distribution of scores (for details consult Table 1), allowing the use of parametric methods of statistical analysis.

Table 1. Descriptive statistics

Research variables	Descriptive statistics		
	M (SD) N=146	Skew (SD)	Kurtosis (SD)
1. Thin ideal internalization	21.81 (4.74)	-.58 (.20)	.51 (.39)
2. Perceived social pressures to be thin	19.71 (7.30)	.49 (.20)	-.48 (.39)
3. Mindfulness	118.36 (20.30)	.45 (.20)	-.32 (.39)
3.1. observing	20.85 (6.48)	.25 (.20)	-.52 (.39)
3. describing	25.40 (6.83)	.34 (.20)	-.61 (.39)
3.3. acting with awareness	28.04 (6.46)	-.32 (.20)	-.45 (.39)

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3.4. non-judging of inner-experience	25.55 (7.40)	-.10 (.20)	-.70 (.39)
3.5. non-reactivity to inner-experience	18.54 (5.07)	.29 (.20)	-.24 (.39)
4. unconditional self-acceptance	80.40 (15.54)	.03 (.20)	-.40 (.39)

The correlation analysis of the variables investigated using Pearson coefficients (Table 2) indicates a strong positive association between perceived sociocultural pressures to be thin and thin ideal internalization. The two associate strongly negative with unconditional self-acceptance and mindfulness (mainly with non-judging of inner experience and non-reactivity to inner experience and less or not at all with observing, describing and acting with awareness). Between unconditional self-acceptance and mindfulness was found a strong positive correlation, particularly between unconditional self-acceptance and mindfulness dimensions like non-judging of inner experience and non-reactivity to inner experience. There were no significant correlations between age and BMI ($r = .03$) or between BMI and area of origin – rural/urban ($r = .15$).

Table 2. Pearson correlation coefficients

	1	2	3	3.1	3.2	3.3	3.4.	3.5.	4
1. Thin ideal internalization	-								
2. Perceived social pressures to be thin	.35**	-							
3. Mindfulness	-.35**	-.28**	-						
3.1. observing	-.01	.08	.40**	-					
3.2. describing	-.13	-.10	.80**	.25**	-				
3.3. acting with awareness	-.25**	-.12	.63**	-.13	.41**	-			
3.4. non-judging of inner-experience	-.55**	-.51**	.60**	-.18	.30**	.45**	-		
3.5. non-reactivity to inner-experience	-.20*	-.20*	.70**	.41**	.56**	.18**	.20**	-	
4. unconditional self-acceptance	-.44**	-.50**	.67**	.07	.44**	.44**	.67**	.46**	-

The analysis of the mediation, moderation and moderated mediation models was done with PROCESS procedure for SPSS. Models 4, 1 and 8 were used, considering unconditional self-acceptance as predictor, thin ideal internalization as criterion, mindfulness as a moderating factor and perceived sociocultural pressures to be thin as mediator.

The data obtained indicated a significant partial mediational effect, medium in size, of unconditional self-acceptance in the relationship between perceived sociocultural pressures to be thin and internalizing this ideal (Sobel $z = -1.97$, $p = 0.048 < 0.05$; $K^2 = 0.10$; Fig. 1).

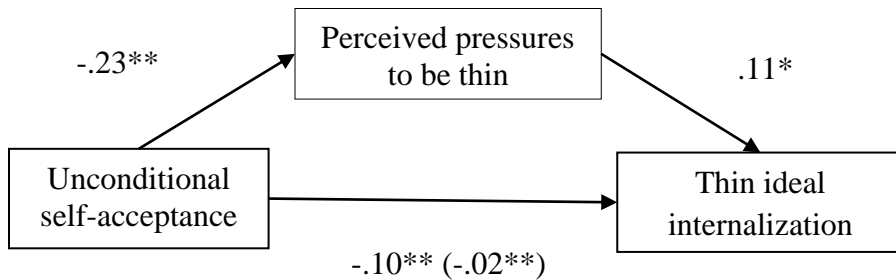


Figure 1. Unstandardized regression coefficients of the relationship between perceived pressures to be thin and thin ideal internalization mediated by unconditional self-acceptance. Standardized regression coefficient of perceived pressures to be thin and thin ideal internalization controlling the influence of unconditional self-acceptance in brackets.

* $P < 0.05$, ** $p < 0.001$

The results didn't support although the moderated mediation model 1 showing no significant mediation effect of perceived sociocultural pressures to be thin, moderated by mindfulness, in the relationship between unconditional self-acceptance and thin ideal internalization (moderated mediation index = 0.0008, Boot SE = 0.0005, [-0.0001, 0.0020]).

While mindfulness revealed to be moderating the relationship between unconditional and self-acceptance and thin ideal internalization ($B = 0.008$, $t = 9.56$, $p < 0.0001$, Boot SE = 0.0013, [0.0061, 0.0114]) and the relationship between self-acceptance and perceived pressures to be thin ($B = 0.008$, $t = 7.21$, $p < 0.0001$, Boot SE = 0.0012, [0.0064, 0.0112]) results showed no significant moderating effect of mindfulness in the relationship between perceived pressures to be thin and internalizing this ideal ($B = -0.002$, $t = -1.24$, $p = 0.216 > 0.05$, Boot SE = 0.002, [-0.0063, 0.0014]).

4. Discussion

In the last decades, the socially promoted ideal of feminine physical attractiveness became increasingly "thin", almost impossible to attain, causing worry and dissatisfaction regarding appearance among a significant number of individuals, particularly adolescent females (Thompson & Stice, 2001; Slice & Whitenton, 2002; Polivy & Herman, 2004).

The positive association between perceived sociocultural pressures to be thin and thin ideal internalization also found by other studies (Thompson & Stice, 2001; Stice, Spangler & Agras, 2001) supports once more the important role that media, peers and family may have in promoting this ideal of attractiveness by weight criticism or ironies, encouraging dieting or by glorifying very slim models.

The negative association of both perceived pressures to be thin and thin ideal internalization with unconditional self-acceptance and mindfulness indicate the importance of the last ones in preventing the individual both against perceiving (and accepting) the social pressures to be thin and, subsequently, from the thin ideal internalization.

A woman who accepts herself as a person with qualities and limitations is less likely to be influenced at all by social pressures to be thin. Also, she will be less vulnerable to thin ideal internalization, tending to love herself as she is, non-critically, with affection and self-compassion.

Mindfulness revealed to play a protective role in the context of social pressures to be thin and thin ideal internalization, especially by its dimensions targeting acceptance – non-judging of inner experience and non-reactivity to inner experience and less by those targeting metacognitive insight. This reinforces once again the important role acceptance may play in the present context of high social pressures to have a slim body. Other studies conducting mindfulness prevention programs of eating disorders in young girls, adolescents and adult women, also support its protective role, indicating a decrease of thin ideal internalization and eating disorders related symptoms like weight and shape concern and dietary restraint, psychosocial impairment (Atkinson & Wade, 2014; Atkinson & Wade, 2015), body dissatisfaction, drive for thinness, and in addition, media influence (Scime et al., 2006).

Although results didn't confirm the moderated mediation model, they indicated a significant partially mediating effect of perceived pressures to be thin in the relationship between unconditional self-acceptance and thin ideal internalization. Also, significant moderating effects of mindfulness were found in the relationships between self-acceptance and perceived pressures to be thin and between self-acceptance and thin ideal internalization, but not between perceived pressures to be thin and the internalization of thinness ideal.

The results suggest that, in a certain extent, self-acceptance prevents thin ideal internalization by attenuating the perceived pressures to be thin. A

possible reason for which mindfulness doesn't change so much this effect is that, as seen in the correlation table, only the dimensions non-judging of inner-experience and non-reactivity to inner-experience (dimensions targeting self-acceptance) showed to associate both with perceived social pressures to be thin and thin ideal internalization.

Mindfulness seems to enhance self-acceptance protective effect on perceived pressures to be thin and on thin ideal internalization. This effect might be explained by the improvement of non-judgemental attitude towards experience. Mindfulness didn't seem to lower the effect of perceived pressures to be thin on thin ideal internalization, indicating that if pressures are perceived, probably the individual's levels of self-acceptance, the non-critical attitudes towards self are already weakened.

The findings point out the importance of including self-acceptance improvement as a main component in eating disorders prevention programs. Result also suggest that in the context of social pressures to be thin and thin ideal internalization, mindfulness practice would bring more benefits to the individual if targeting in particular self-acceptance, and focus in a lesser extent on metacognitive insight.

5. Conclusions and future research directions

The aim of this study was to investigate the preventive potential of self-acceptance and mindfulness against sociocultural pressures to be thin and the internalization of this ideal. The obtained data not only brought more knowledge into the understanding of the mechanism by which sociocultural pressures to be thin lead to thin ideal internalization, but also offered significant information that can be used in the development of prevention and intervention techniques in dealing with dysfunctional eating behaviors. The results point out the importance of training mindfulness skills and promoting self-acceptance in addressing eating disorders.

The study only included teenage girls, originating from both rural and urban area, aged between 15-18 years, with normal weight and underweight, so generalization of the results should be done with care. It would be useful if future studies retest the model on overweight adolescent female participants.

Other mechanisms by which self-acceptance and mindfulness protect the individual from thin ideal internalization, like autonomous functioning, should be verified. It would also be interesting for future studies to test the impact of variables like behavioral inhibition system (BIS) and behavioral activation system (BAS) and self-determination on perceived sociocultural pressures to be thin and the internalization of this ideal.

In a society in which thinness becomes a condition of personal worth, constant exposure to the message that you are not thin enough and to the association of thinness with social and interpersonal success, might have a

weakening effect on confidence and self-acceptance. Thus, it would be useful if also the impact of sociocultural pressures to be thin on self-acceptance would be analyzed by studies with longitudinal design.

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