



Contents lists available at ScienceDirect

Journal of Behavior Therapy and Experimental Psychiatry

journal homepage: www.elsevier.com/locate/jbtep



Self-imagery in individuals with high body dissatisfaction: The effect of positive and negative self-imagery on aspects of the self-concept



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ARTICLE INFO

Article history:

Received 26 January 2014

Received in revised form

28 July 2014

Accepted 31 July 2014

Available online 8 August 2014

Keywords:

Self-imagery

Implicit self-esteem

Explicit self-esteem

Self-concept clarity

Body dissatisfaction

ABSTRACT

Background and objectives: Cognitive behavioural models of eating disorders highlight low self-esteem as a maintaining factor. This study explored the impact of positive and negative self-imagery on aspects of the working self (implicit and explicit self-esteem and self-concept clarity) in individuals with high body dissatisfaction (an important aspect of eating disorders). The impact of these images on state body satisfaction and affect was also explored.

Method: A group of participants with high body dissatisfaction completed measures of explicit self-esteem, self-concept clarity, state body satisfaction and affect prior to completing a negative ($n = 33$) or positive ($n = 33$) self-imagery retrieval task. Following this they completed the baseline measures and a measure of implicit self-esteem.

Results: Holding a negative self-image in mind had a negative effect on explicit self-esteem, whilst holding a positive self-image had a beneficial effect. There were no effects of imagery on implicit self-esteem. Holding a negative image in mind led to a significant reduction in self-concept clarity; however, positive self-imagery did not affect self-concept clarity. Holding a negative self-image in mind led to a decrease in body satisfaction and state affect. The opposite was found for the positive self-imagery group.

Limitations: Implicit self-esteem was not measured at baseline.

Conclusions: Imagery techniques which promote positive self-images may help improve aspects of the working self, body satisfaction and affect in individuals with high levels of body dissatisfaction. As such, these imagery techniques warrant further investigation in a clinical population.

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1. Introduction

Recent CBT models have highlighted the importance of core low self-esteem in the development and maintenance of eating disorders (Fairburn, 2008). At the same time, there is also growing recognition that mental imagery may have an important maintaining role (e.g., Cooper, 2009). The research into imagery in eating disorders has demonstrated associations between imagery, early memories and beliefs such as worthlessness, defectiveness and failure in eating disorder patients, particularly those with bulimia nervosa (BN; Hinrichsen, Morrison, Waller, & Schmidt, 2007;

Somerville, Cooper, & Hackmann, 2007). This paper aims to bring these two areas of research together to investigate the possibility that images can represent the self and thus maintain eating disorders through their impact on self-esteem and other relevant aspects of the individual's self-concept.

In this paper, we focus on individuals with high body dissatisfaction, which represents one relatively discrete, albeit important, aspect of eating disorders. While bearing in mind Fairburn's (2008) model of eating disorders, we have drawn on two other theoretical frameworks to understand the links between imagery and the self. We are using Conway and Pleydell-Pearce's (2000) Self Memory System (SMS) model and Brewin's (2006) retrieval competition hypothesis to examine the role of self-images in eating disorders. Both models start with the premise that individuals have multiple self-representations. Conway and Pleydell-Pearce distinguish between the individual's long-term self that comprises both conceptual knowledge about the self and the autobiographical

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knowledge store, and the individual's 'working self' – a sub-set of the long-term self that is created to achieve specific goals. It is possible to think of the working self as the individual's current 'on-line' self and we hypothesised that images activated in response to certain situations can represent this working self. Brewin's retrieval competition hypothesis sits well with the SMS model because he argues that different self-representations compete for retrieval. The repeated activation of a negative working self may increase its accessibility and inhibit the availability of alternative positive representations.

We propose that negative self-images in BN represent a working self that is retrieved when thinking about eating, weight or shape. The negative content and affect associated with these images (e.g., Hinrichsen et al., 2007) suggests that this working self is likely to be characterised by negative beliefs and uncertainty about the self and high levels of body dissatisfaction. As described above, in this study, we investigated the impact of positive and negative self-imagery on the working self in a group of individuals with high body dissatisfaction. We drew on parallel work in social anxiety and operationalised the working self in terms of self-esteem (implicit and explicit) and self-concept clarity (see Hulme, Hirsch, & Stopa, 2012 for more details). The rationale for this choice is explained below.

Self-esteem represents an active evaluative attitude towards the self (Demo & Savin-Williams, 1992) and is central to Fairburn's (2008) model. Self-esteem comprises both implicit and explicit components, which tap into two distinct, albeit related, constructs (Hets & Pelham, 2001). Implicit self-esteem is formed primarily through non-conscious automatic processing (Greenwald & Banaji, 1995) and is therefore relatively unaffected by conscious information or manipulation (Hets & Pelham, 2001). In our view, self-images are likely to tap into both systems, despite Fairburn's focus on explicit self-esteem. Investigations of implicit self-esteem in eating disorders have already demonstrated the expected discrepancies between implicit and explicit self-esteem and shown that implicit self-esteem remains positive even in the presence of low explicit self-esteem (Cockerham, Stopa, Bell, & Gregg, 2009; Hoffmeister, Teige-Mocigemba, Blechert, Klauer, & Tuschen-Caffier, 2010). In fact, in Cockerham et al.'s (2009) study, implicit self-esteem was higher in the eating disorder compared to the control group. Further evidence supporting the argument for considering implicit as well as explicit self-esteem in eating disorders comes from Vanderlinden et al.'s (2009) study on patients with eating disorders in which positive feedback improved implicit self-esteem, but negative feedback had no impact. By comparison, in the patient group explicit self-esteem was effected in the expected direction by both positive and negative feedback, whereas neither type of feedback impacted on the control group's self-esteem.

Self-concept clarity describes the degree to which individuals hold a clear, consistent, and stable view of the self (Campbell et al., 1996). Certainty about one's self-concept can contribute to a sense of control over future outcomes, which in turn, supports a positive and confident view of the self (Baumgardner, 1990). Conversely, uncertainty about the self-concept is associated with low self-esteem, less positive affect and lower congruence between perceptions of current and past behaviour (Baumgardner, 1990; Campbell, 1990). Although self-concept clarity has not been investigated in individuals with eating disorders, the discrepancy between implicit and explicit self-esteem may create doubt and uncertainty about the self and cause difficulties in maintaining a consistent self-view (Cockerham et al., 2009).

The current study investigated the impact of holding positive and negative self-images on the working self in a group of participants with high body dissatisfaction. We hypothesised that negative self-image retrieval would be associated with a negative

working self, demonstrated by an increase in negative explicit self-esteem, a decrease in positive explicit self-esteem and a reduction in self-concept clarity. In contrast, we expected that positive self-image retrieval would be associated with a more positive working self. The study also aimed to explore whether manipulating self-imagery impacted on implicit self-esteem in this population. Given that individuals were asked to retrieve an image of their body, we also predicted that negative self-imagery retrieval would be associated with reduced body satisfaction, increased negative affect and reduced positive affect and that positive self-image retrieval would be associated with improvements on these measures.

2. Method

2.1. Participants

Two hundred and sixty two students from a local university were screened using the Body Shape Questionnaire (BSQ; Cooper, Taylor, Cooper, & Fairburn, 1987). Of these, 138 were invited to participate as they scored 95 or above on the BSQ (one standard deviation above the mean for a student population; $M = 71.9$, $SD = 23.6$; Cooper et al., 1987). Sixty nine participants completed the study, but three were excluded as they were unable to complete the imagery task. The final sample consisted of two groups, 33 participants in the positive imagery group ($Mean\ age = 20.18$, $SD = 2.21$) and 33 participants in the negative image group ($Mean\ age = 19.73$, $SD = 1.63$). There were no differences in age between the two groups, $t(64) = .951$, $p = .345$, and all participants were female. The mean length of time from screening to completion of the experimental study was 9.6 days (Range = 0–20 days).

2.2. Measures

2.2.1. Screening and descriptives

2.2.1.1. Body Shape Questionnaire (BSQ; Cooper et al., 1987). The BSQ was used to screen participants. It is a 34-item trait self-report measure of body shape concerns. Each item is scored on a Likert scale (1 *never*, 6 *always*) with higher scores indicating higher levels of body dissatisfaction. The BSQ has good concurrent and discriminant validity (Cooper et al., 1987).

2.2.1.2. Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1989). The RSES is a 10 item self-report measure of explicit self-esteem. Scores range from 10 to 40, with higher scores indicating higher self-esteem (Robins, Hendin, & Trzesniewski, 2001). The RSES has good internal reliability ($\alpha = .92$; Corcoran & Fischer, 1987) and test-retest reliability over six months (.82; Murrell, Meeks, & Walker, 1991).

2.2.2. Dependent variables

2.2.2.1. State Self-Esteem Scale (SSES; McFarland & Ross, 1982). The SSES is a reliable 12-item measure of explicit state self-esteem (McFarland & Ross, 1982). The SSES consists of 12 items and participants use an 11-point Likert scale (1 *not at all*, 11 *extremely*) to indicate how much each item represents their current feelings about themselves. Two subscales can then be calculated by summing positively and negatively worded items separately, which identify elements of positive and negative self-esteem (McFarland & Ross, 1982).

2.2.2.2. State Self-Concept Clarity Scale (State-SCCS; Nezlek & Plesko, 2001). The State-SCCS is a four item state measure of self-concept clarity. It consists of items 1, 4, 8 and 9 of the original Self-Concept Clarity Scale (Campbell et al., 1996) and respondents are

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