

## Comparison of Experiential Avoidance, Explicit and Implicit Attraction Beliefs in Obese and Normal Weight Females

Ghazale Soltani<sup>1</sup>, Flor Khayatan<sup>2\*</sup>

1. Master of Art in General Psychology, Islamic Azad University, Esfahan Branch (Khorasgan), Esfahan, Iran.  
2. Faculty of Psychology, Islamic Azad University, Esfahan Branch (Khorasgan), Esfahan, Iran.

### \*Correspondence:

Flor Khayatan, Faculty of Psychology, Islamic Azad University, Esfahan Branch (Khorasgan), Esfahan, Iran.  
**Tel:** (98) 913 226 3820  
**Email:** F.khayatan@yahoo.com

**Received:** 02 May 2017

**Accepted:** 05 July 2017

**Published in July 2017**

### Abstract

**Objective:** The aim of this study was to compare the experiential avoidance, explicit and implicit attraction beliefs in obese and normal body mass index (BMI) females.

**Materials and Methods:** This was an analytic cross sectional study. About 400 females (between 20-43 years old) were selected from nutrition and obesity clinics by convenience sampling method. The 40 items avoidance questionnaire (young rai 1994) and 20 items explicit and implicit attraction beliefs questionnaire (mash and labarzh, 1996) were applied. Data analysis was carried out by Statistical package for social sciences version 21 (SPSS-21). Descriptive statistics included indices such as mean and standard deviation and inferential statistics included variance analysis.

**Results:** A significant difference was found between the experiential avoidance, explicit and implicit attraction beliefs in obese and normal females ( $P < 0.05$ ). Results showed an underlying potential mechanism between experiential avoidance, explicit and implicit attraction beliefs in obese females in comparison with their normal counterparts which might cause avoidance behaviors and maladaptive responses due to lack of cognitive control in these people.

**Discussion:** The present findings supported a model of mediating role of experiential avoidance in obesity. Also there was a significant difference in attractiveness beliefs between obese and normal women.

**Keywords:** Experiential avoidance, Explicit and implicit attraction beliefs, Obesity

## Introduction

Our “body image” as how we perceive our body can influence others and their responses. This perception can also effect on how we experience our body, sense and confidence in social situations (1). When someone fall short of ideal criteria, he or she might develop unpleasant feelings and

views such as low self-confidence or depression toward oneself. Some obese people fear from being ugly or unattractive.

Thoughts and beliefs around body as a complete section of cognitive-behavioral model are being targeted directly in behavioral treatments (2-3). Obesity and overweight are

one of the main health concerns which influence different quality of life aspects such as vitality, somatic pain and even social activities (4-5). The prevalence of obesity in Iranians >18 years is 21.5% (27.3% in women and 13.7% in men) (6). Obesity is associated with psychological consequences including decreased self-esteem, poor self-image (self-perception), decreased quality of life and increased risk of depressive disorders, bipolar disorder, panic disorder and agoraphobia. Decreased quality of life is one of the psychological consequences of obesity (7). Also, poor results of traditional obesity treatments caused need of psychological positive changes through psychological treatments instead of weight loss (8).

According to world health organization (WHO) definition obesity is body mass index (BMI) over 30 kg/m<sup>2</sup> and 25–30 kg/m<sup>2</sup> defined as overweight (9). The experiential avoidance is a pathological factor for different kinds of psychological disorders (10). Experiential avoidance is a construct used in order to avoid painful experiences which contains two interrelated aspects: lack of interest in making contact with personal experiences (bodily sensations, emotions, thoughts, memories and certain behaviors), Also trying to escape from painful experiences or events that lead to retrieval of these experiences (11). Physical behaviors avoidance is a kind of event related to thoughts and feelings that reduce sense of worthiness or body dissatisfaction.

Experiential avoidance can delay the important goals achievement. When situations are avoided, chance of reaching a meaningful and valuable life is lost. Also a sense of frustration and inconvenience is created. While having such feelings may lead to psychological illnesses. Experiential avoidance suppresses the effects of painful experiences leading to immediate comfort which negatively reinforce the behaviors.

This avoidance becomes problematic when interferes with every day functioning and compromise attaining life goals (12). The

association of experiential avoidance with a wide range of psychological problems including depression, anxiety, substance abuse, stress, eating disorders, adjustment to adverse conditions, adjustment to chronic medical conditions and burnout (11).

General tendency to avoid unwanted internal thoughts and experiences can inversely increase physiological arousal and negative emotions. Which in turn can lead to experience unwanted emotional experiences again and again, with more intensity in the future (18). So frequent experiential avoidance with the aim of negative internal experiences control can be a problem itself.

Implicit memory is also referred to free, automatic and unconscious capacity in contrast expressive memory refer to the explicit memory, because it is the result of conscious efforts (24).

The present study seeks to compare attractiveness beliefs and its importance and coping strategies (avoidance, appearance stabilization or acceptance) to cope with negative thoughts about appearance between obese and normal women by using explicit and implicit criteria.

We hypothesized that overweight and obese women have considerable dissatisfaction with their bodies. They have more explicit and implicit beliefs about their appearance and attractiveness in comparison to women with normal weight. So they demonstrate more ineffective coping strategies in different aspects of their lives. In addition obese individuals have weaker functioning and well-being compared to normal weight individuals.

Despite negative consequences of experiential avoidance and attractiveness beliefs, they are not examined in an Iranian sample yet. The present research attempted to compare experiential avoidance and explicit and implicit beliefs of attractiveness in obese and normal weight women.

## Materials and Methods

This was an analytic cross sectional study. All women with overweight and obesity with

BMI > 25 referring to obesity clinics and women with normal BMI were studied. Women with normal BMI were selected by convenience sampling method. About 400 females were selected.

Inclusion Criteria for participation were as follows: obese women who use the services of a treatment regimen and normal women in Isfahan, The willingness of subjects to participate in the study and completing the questionnaires, being female, aged between 20 to 43 years, having minimal education, not with diseases such as cancer, hypothyroidism, diabetes, hypertension, heart disease and non-pregnant and menopause

#### **Demographic characteristics checklist:**

This checklist was developed for systematic collection of personal data including; age, weight and height of obese and normal weight women. The 40 items Young-rae avoidance questionnaire (1994) evaluates avoidance coping strategies by three subscales: evaluation of individuals access to their schemas from different aspects (purposely not thinking to distressing issues, substance abuse, excessive intellectualizing and control, anger control, psychosomatic symptoms, memories denial, isolation seeking, avoidance through sleeping, fatigue, distraction through doing activities, self-soothing through eating and shopping, blocking problematic emotions, passive distraction (day dreaming, fantasizing, watching TV), Distressing situations avoidance. A six point likert type was used to construct the questionnaire; 0=almost always false, 1=almost false, 2=more true than false, 3=somewhat true, 4=almost true, 5=almost always true.

Higher score reflects higher levels of avoidance. The Split-half reliability coefficient of .79 was reported for questionnaire.

In the present study, Cronbach's alpha reliability coefficient of 0.74 was estimated.

kash and Lafarge explicit and implicit attraction beliefs questionnaire with 20 items (kash and lafarge,1996) evaluates the body image investment against certain assumptions

about the importance of meaning and impact of appearance in one's.

Questionnaire items encompasses appearance salience his appearance in six areas of personal life: history salience, cognitive salience and attention, self-perception salience, behavioral salience, emotional salience and interpersonal salience.

#### **Statistical analysis**

Data analysis was conducted after questionnaires collection, encoding and extraction by Statistical package for social sciences version 21. Descriptive statistics included indices such as mean and standard deviation and inferential statistics included analysis of variance analysis. Normality of the data was confirmed by Colmogroph-smirnov test and the equality of the variances of the two groups in different factors was confirmed by leven's test.

#### **Results**

The mean and standard deviation (SD) of age, weight and height of the two groups of normal women and obese women were presented in table 1.

The results of multivariate analysis of variance on experimental avoidance variable were presented in table 2.

There was a significant difference ( $P < 0.05$ ) between the two groups in variables of excessive intellectualizing and control, psychosomatic symptoms, memories denial, isolation seeking, distraction through doing activities, self-soothing through eating, shopping, watching TV ,etc. there was no significant difference in variables of purposely not thinking to distressing issues, substance abuse, anger control, unhappiness denial memories denial, isolation seeking, avoidance through sleeping, blocking problematic emotions, distressing situations avoidance. Based on table 2 the research hypothesis is confirmed and consequently there is a significant difference between the two groups of obese and normal weight women in terms of experiential avoidance. Results of

multivariate analysis of variance (among other variables) on experimental avoidance variable were presented in Table 3.

Based on the results of table 3, there was a significant difference ( $P < 0.05$ ) between two groups of attractiveness beliefs variables. Test power that indicates the difference between the two groups of obese and normal was equal to 98, showing that multivariate variance analysis can recognize obese and normal groups with 98% test power. There was a significant difference ( $P < 0.05$ ) between two groups in variable of self-evaluation salience.

Test power was equal to 98, showing that multivariate variance analysis can recognize obese and normal groups in terms of self-evaluation salience with 98% test power. No significant difference ( $P > 0.05$ ) was appeared between the two group in motivational salience.

## Discussion

The aim of this research was to compare experiential avoidance and attractiveness beliefs between obese and normal women. Results confirmed a significant difference between obese and normal women at ( $P < 0.05$ ). There were no studies to compared experiential avoidance in obese and normal weight people, so our findings were indirectly in line with Izadi and Karimi (13), Jessica et all (14), Felicity et all (15), Hayaki (16), Lavenderjardin and Anderson (17) findings and conceptualizing of eating disorders as a kind of maladaptive strategy to avoid internal experiences (Heatherton and Baumister, 1991; Lavender and Anderson, 2010) (25-26). In explaining this finding it can be said that present findings has supported a model of mediating role of experiential avoidance in obesity. Findings revealed an underlying potential mechanism between obesity and experiential avoidance which can play a role in pathology of obesity.

Experiential avoidance is a kind of maladaptive response to internal experiences which lead to inability to stay with anxiety and distress. As a result, purposeful interventions

for this population can decrease their experiential avoidance and enhance their acceptance. Concerning avoidance it can be said that the occurrence of problems in society is undeniable and people inevitably must deal with these problems. So they need to be prepared to manage and control them. Owing to the great psychological burden of obesity effective solutions is needed to overcome its negative impacts.

Present study showed a significant difference in attractiveness beliefs between obese and normal weight women ( $P < 0.05$ ). This finding was consistent with Hartman et all ( 2015) (19), Hartman, Tomas, Grindberg, Mateni and Wilhelm (2014) (27), Kelli et all( 2012) (20)and Rozen and Ramirez ( 1998) (22) findings. To explain this finding it can be said that attending to one's physical appearance and involvement in appearance management in order to appear more attractive is a maladaptive behavior which might cause cognitive and behavioral impairments. Each person perception and beliefs about the appearance and attractiveness is different. Given to this hypothesis, obese women have more negative self-image of their physical appearance and report more body image dissatisfaction. They also show more avoidance and appearance manipulation than normal people. Obese woman due to their self-perception of body dimorphic defects, involve in more appearance management and compulsive checking than thin woman. Normal woman can achieve greater successes in interpersonal, vocational and social aspects owing to certain values in society and this can impact attractiveness beliefs of obese woman.

Emphasis on the importance of attractiveness can brought about shame, wordiness and inferiority feelings in obese woman. On the other hand by enhancing self-esteem and using different strategies such as cognitive restructuring emphasizing on acceptance, mindfulness, cognitive- behaviors treatments and acceptance based on commitment therapy, obese women can replace irrational beliefs

with rational ones. So they can make better interactions, better functioning in community and more appropriate judgment about them. This study had some limitations such as lack of internal and external research background on the subject.

It is worth mentioning that the findings of the present study are relying solely on the data collected from the questionnaires. Hence pursuing more experimental and clinical methods by future studies will shed light on pathological and complex behaviors in obese people future studies should brought about fundamental change in cognitive function and social functioning of obese individuals.

Concerning attractiveness beliefs in obese woman, it is recommended that future research investigate casual relationships that cause attractiveness beliefs in obese woman. Also identifying coping strategies to deal with these thoughts and consider attitudes in social psychology. In future studies the effects of social and behavioral skills training such as self-esteem, attraction techniques and body language must be considered.

## References

1. Abazari Y, Hamidi N. Sociology of body and some of the disputes. *Women research* 2009;6(4) (in Persian).
2. Fairburn CG, Harrison PJ. Eating disorders. *Lancet*. 2003;361:407-16.
3. Wilhelm S, Phillips KA, Steketee G. Cognitive-behavioral therapy for bodydysmorphic disorder. 2013;New York: The Guilford Press.
4. Ross KM, Milsom VA, Rickel KA, DeBraganza N, Gibbons LM, Murawski ME, et al. The contributions of weightloss and increased physical fitness to improvements in health-related quality of life, *Eating Behaviors* 2009;10:84-8.
5. Gee M, Mahan LK, Escott-Stump S. Weight management. In: Mahan LK, Escott-Stump S, editors. *Krause's Food & Nutrition Therapy*;2008;12th:532.
6. Mirzazadeh A, Sadeghirad B, Haghdoost AA, Bahrein F, Rezazadeh Kermani M. The Prevalence of Obesity in Iran in Recent Decade; a Systematic Review and Meta-Analysis Study, *Iranian J Publ Health*. 2009;38(3):1-11.
7. Ogden J. *Health Psychology: A Textbook*. (4th ed). England: OpenUniversity Press 2007.
8. Nauta H, Hospers H, Jansen A. One-year follow-up effects of two obesity treatments on psychological well-being and weight, *Br J Health Psychol*. 2001;6;271-84.
9. World Health Organisation. Global Database on Body Mass Index [Online]. 2008; Available from: URL :<http://apps.who.int/bmi/index.jsp/>.
10. Biglan A, Hayes SC, Pistorello J. Acceptance and commitment: Implications for prevention science. *Prevention science*. 2008;9(3):139-52.
11. Hayes SC, Wilson KG, Gifford EV, Follette VM, Strosahl K. Experiential avoidance and behavioral disorders: a functional dimensional approach to diagnosis and treatment. *Journal of consulting Clinical Psychology*. 1996;64(6):1152-68.
12. Eifert GH, Forsyth JP, Arch J, Espejo E, Keller M, Langer D. Acceptance and commitment therapy for anxiety disorders: Three case studies exemplifying a unified treatment protocol. *Cognitive and Behavioral Practice*. 2009;16(4):368-85.
13. Izadi J, Karimi M. The role of experiential avoidance and sensitivity to anxiety symptoms on mental health and general health of nursing students. *Journal of nursing research* 2016;12(4).

14. Fulton JJ, Lavender JM, Tull MT, Klein AS, Muehlenkamp JJ, Gratz KL. The relationship between anxiety sensitivity and disordered eating: the mediating role of experiential avoidance. *Eating behaviors*. 2012 Apr 30;13(2):166-9.
15. Cowdrey FA, Park RJ. The role of experiential avoidance, rumination and mindfulness in eating disorders. *Journal of Eating Behaviors*. 2012;13:100-5.
16. Hayaki J. Negative reinforcement eating expectancies, emotion dysregulation, and symptoms of bulimia nervosa. *International Journal of Eating Disorders*. 2009;42:552-6.
17. Lavender J, Jardin B, Anderson D. Bulimic symptoms in undergraduate men and women: Contributions of mindfulness and thought suppression. *Eating Behaviors*. 2009;10:228-31.
18. Boelen PA, Reijntjes A. Measuring Experiential Avoidance: Reliability and Validity of the Dutch 9-item Acceptance Questionnaire (AAQJ). *Psychopathol Behav Assess*. 2008;30(4):51-241.
19. Hartmann AS, Thomas JJ, Greenberg JL, Elliott NL, Matheny S. Anorexia nervosa and body dysmorphic disorder: A comparison of body image concerns and explicit and implicit attractiveness beliefs. *Journal: Body Image*. 2015;14:77-84.
20. Kollei I, Brunhoeber S, Rauh E, de Zwaan M, Martin A. Body image, emotions and thought control strategies in body dysmorphic disorder compared to eating disorders and healthy controls. *Journal of Psychosomatic Research*. 2012;72:321-7.
21. Clerkin EM, Teachman BA. Training implicit social anxiety associations: An experimental intervention. *Journal of Anxiety Disorders*. (2010);24:300-8.
22. Rosen JC, Ramirez E. A comparison of eating disorders and bodydysmorphic disorder on body image and psychological adjustment. *Journal of Psychosomatic Research*. 1998;44:441-9.
23. Amir N, Bowers E, Briks J, Freshman M. Implicit memory for negative and positive social information in individuals with and without social anxiety cognition and emotion. 2003;17,567-83.
24. Sadock BJ, Sadock VA. Kplan & Sadoks *Comprehensive Textbook of psychiatry*, (7th ed.). Philadelphia: Lippincott, Williams & Wilkins. 2000.
25. Heatherton TF, Baumeister RF. Binge eating as escape from self-awareness. *Psychological Bulletin*. 1991;110,86-108.
26. Lavender J, Anderson D. Contribution of emotion regulation difficulties to disordered eating and body dissatisfaction in college men. *International Journal of Eating Disorders*. 2010;43,352-57.
27. Hartmann AS, Thomas JJ, Greenberg JL, Matheny NL, Wilhelm S. A comparison of self-esteem and perfectionism, in anorexia nervosa and bodydysmorphic disorder. *Journal of Nervous and Mental Disease*. 2014;202:883-8.

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