

THE GRINDLER BODY ATTITUDES SCALE

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The Grindler Body Attitudes Scale was developed for the study *Focusing and Cancer: A Psychological Tool as an Adjunct Treatment for Adaptive Recovery*, 1991. Results are reported in: *Focusing: An Adjunct Treatment for Adaptive Recovery from Cancer*, Grindler Katonah, D. and Flaxman, J. (2003). Retrieved February 23, 2009 from http://www.focusing.org/adjunct_treatment.html

This study evaluated the usefulness of Clearing a Space, the first step of Focusing, as a psychological tool in the treatment of cancer patients in terms of its impact on depression, hardy coping mechanisms, body cathexis, body image, and physical activity level for 12 cancer patients between the ages of 30-55, who had cancer within the last five years. A six-month follow-up evaluated the change over time. The author matched subjects for severity of illness, and randomly assigned them to either immediate treatment or a wait group of four weeks. Results showed a significant decrease in depression and a significant improvement in body attitudes for the treatment group when compared to the wait group. A trend towards significance appeared in the hardiness scores and the body cathexis scores. At the six-month follow-up, no significant differences in the scores emerged for the treatment group, suggesting that subjects had sustained the changes achieved with this intervention over time.

The Grindler Body Attitudes Scale was designed to investigate health-related attitudes toward the body after an illness. This measure rates the degree to which a person who has had an illness is maintaining positive attitudes towards his/her body and the extent to which the body is seen as capable of healing. The range of possible scores is 30-150 and both the scale and the key for rating this scale is below.

Because the Grindler Body Attitudes Scale was designed for a pilot investigation, no norms were available. It's validity was evaluated by correlating it with the Secord and Jourard Body Cathexis Scale. (Secord, P. and Jourard, S. (1953). *The Appraisal of Body Cathexis: Body Cathexis and the Self. Journal of Consulting Psychology*, 17, 343-347). The two scales correlated significantly ($r=.62$, $p=.001$). The reliability was evaluated using the Spearman-Brown Split Half Reliability Test and found a reliability coefficient of .88, which showed the internal consistency of the questionnaire.

A recent study conducted by Klagsbrun, J., Rappaport, L. Marcow Speiser, V., Post, P., Byers, J., Stepakoff, S., Karman, S. (2005) *Focusing and Expressive Arts Therapy as Complementary Treatment for Women with Breast Cancer. Journal of Creativity in Mental Health*, Vol. 1 (1), pp. 107-137 investigated the outcomes on quality of life for women recovering from breast cancer who participated in an expressive arts group accompanied by practicing the first step of Focusing. Results show a significant positive change on the Grindler Body Attitudes Scale for subjects who began the study with low to moderate Experiencing Levels as measured by the Experiencing Scale (Klein, M.H., Mathieu, P.L., Gendlin, E.T., & Kiesler, D.J., 1969) .

A recent study of 37 breast cancer patients at various stages of disease progression participated in a within subjects longitudinal study to improve quality of life variables through involvement in

a week-long residential multi-modal retreat program developed by Matthew Budd, MD. Results showed a statistically significant increase in body attitude as measured by the Grindler Body Attitudes Scale and increased spiritual well-being as measured by the FACIT-sp with a decrease in psychological distress. (Vella, E.J., Port, E., & Budd, M. (2008, May). Retreat center intervention is associated with improved quality of life and reduced psychological distress amongst breast cancer patients. Poster presented at the 20th annual meeting of the Association for Psychological Science, Chicago, Il.) These results were replicated in a second study of 15 breast cancer patients. (Vella, E.J. & Budd, M. (2009, March). Pilot Study: Retreat experience linked to improved quality of life and reduced psychological distress among breast cancer patients. Poster presented at the 67th annual meeting of the American Psychosomatic Society, Chicago, Il.

KEY TO BODY ATTITUDES SCALE:

The total possible score is 150.

The key designates that the optimal answer should be 5. However, the items listed below are phrased in such a way that the optimal answer to be chosen by the subject is 1. For these items the rater should score 1 as 5, 2 as 4, 3 as 3, 4 as 2, and 5 as 1. For example, if for item #1 “I feel angry at my body”, the subject circled 2, the score would be 4. All other items are scored using the numbers as circled by the subject, 5 being optimal.

For the following items the optimal answer is #1. The rater must translate the circled number as explained above.

1,2,5,7,10,11,12,13,14,15,17,18,19,21,23,24,25,26,27

If you have any questions, please contact me at: grindkaton@earthlink.net

This scale is copyrighted and can be used with permission from Doralee Grindler Katonah, Psy.D.,M.Div. It is hoped that all data and research results connected to the use of this scale will be provided to Dr. Grindler Katonah upon completion of your study.