



Shame and eating psychopathology in Portuguese women: Exploring the roles of self-judgment and fears of receiving compassion



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ABSTRACT

Shame has been for long associated with the development and maintenance of body image and eating-related difficulties. However, the mechanisms underlying this association remain unclear. Therefore, the current study sought to examine the mechanisms of self-judgment and fears of receiving compassion from others in the association between external shame and disordered eating, while controlling for body mass index (BMI). Participants in this study were 400 women from the general population, aged between 18 and 55 years old.

Correlation analyses revealed significant and positive relationships between external shame, self-judgment, fears of receiving compassion from others and eating psychopathology. A path analysis confirmed that, when controlling for the effect of BMI, external shame has a direct effect on disordered eating severity, and also an indirect effect, mediated by higher levels of self-judgment and increased fears of receiving others' kindness and compassion. Results showed the plausibility of the tested model which explained 36% of the variance of disordered eating. These findings seem to support that women who perceive that others view them negatively tend to be defensive and engage in maladaptive emotion regulation strategies (such as harsh critical attitudes towards the self and being resistant to others' compassion), which may trigger maladaptive eating attitudes and behaviours.

The current research appears to be an innovative study in the field of body image and eating-related psychopathology and seems to represent a new avenue for future research and for the development of intervention programs.

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1. Introduction

Growing evidence has been showing that shame may represent a key factor in the development and maintenance of psychopathology (Gilbert, 1998; Tangney & Dearing, 2002). Particularly, higher levels of this emotion have been consistently associated with higher proneness to eating psychopathology (e.g., Gee & Troop, 2003; Troop, Allan, Serpell, & Treasure, 2008).

Numerous theoretical accounts converge on the notion that shame is a painful self-conscious and universal emotion (Gilbert, 1998; Kaufman, 1989; Lewis, 1995). Conceptualized as a socially-focused emotion, shame arises when the self perceives that others evaluate him/her as weak, unattractive, inferior and/or

defective – external shame – (Gilbert, 1998, 2000; Kaufman, 1989). According to an evolutionary perspective, the need to be approved, valued, desired, and chosen by others, represents a fundamental human need (Gilbert, 2002; Gilbert & Irons, 2009). Thus, the perception that the self holds negative qualities or lacks attractive ones may trigger defensive responses, enacted to avoid others' rejection (e.g., Gilbert, 2000). In this line, shame can have a defensive function since it acts as a warning signal that one may be negatively evaluated by others and therefore devalued, ostracized, or rejected (Gilbert, 2002; Gilbert & Irons, 2009).

Shame may also become an internalized emotion, giving rise to a negative self-evaluative domain (Gilbert, 2000, 2003; Goss & Gilbert, 2002). In other words, internal shame involves automatic negative thoughts and judgments concerning the self (e.g. worthless, bad and unattractive), which create a hostile internal world (Gilbert, 1998, 2000; Tangney & Dearing, 2002). Some studies have reported that the way one deals with him/herself (e.g., critically versus kindly) has a major impact on one's mental health and well-

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being (Gilbert, 1989, 2002). Thus, when individuals present a self-judgmental attitude towards one's failures or inadequacies, over-identify themselves with one's own thoughts and emotional states, and engage in feelings of isolation, they tend to reveal higher levels of distress, and may become more vulnerable to psychopathology (Neff, 2003a, 2003b). Indeed, a harsh and critical self-relationship appears to be linked with several psychopathological conditions, namely eating disorders (Ferreira, Pinto-Gouveia, & Duarte, 2013a,b; Mendes, Marta-Simões, & Ferreira, 2016; Pinto-Gouveia, Ferreira, & Duarte, 2012). On the contrary, a self-compassionate relationship can be seen as an adaptive emotion regulation process, in which painful or distressing feelings are not avoided but instead held in awareness with kindness, understanding, and a sense of shared humanity (Neff, 2003b). Accordingly, this emotion regulation process is characterized by a self-to-self relationship which is punctuated by the ability to be kind, warm and sympathetic towards oneself, to recognize that mistakes are intrinsic to human experience, and to be aware of one's feelings and accept them, instead of becoming over-identified with them (Costa, Marôco, Pinto-Gouveia, Ferreira, & Castilho, 2015; Gilbert, 2005a; Neff, 2003b).

Research has shown that compassion may have a protective effect and promote well-being by buffering the impact of distressing and challenging situations (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2003b). In the area of eating psychopathology, several studies have covered the effectiveness of self-compassion, namely by showing its inverse relationship with disordered eating (Kelly, Vimalakanthan, & Carter, 2014; Webb & Forman, 2013), and its power to attenuate both body dissatisfaction (Ferreira, Matos, Duarte, & Pinto-Gouveia, 2014), body shame and body surveillance (Daye, Webb, & Jafari, 2014). However, some individuals seem to perceive others' kindness and compassion as a threatening, rather than pleasant (Gilbert, 2005a). According to Gilbert (2010), fears of compassion may be due to the fact that affiliative feelings may trigger memories of desiring but not being a 'recipient' of compassionate feelings (Gilbert, McEwan, Matos, & Ravis, 2011). In this sense, some individuals from insecure or low affection backgrounds face others' compassion with resistance and doubt, feeling that they do not deserve it, or perceiving themselves as weak or submissive if they accept these signals or expressions of kindness (Gilbert et al., 2011). Moreover, recent research demonstrated that the fear of receiving compassion from others may lead to a lower responsiveness others' caring and compassionate attitudes and, along with the fear of self-compassion, associate with self-criticism, anxiety, depression and stress (Cunha, Xavier, Galhardo, & Pereira, 2015). Specifically, in the eating psychopathology domain, Kelly, Carter, Zuroff, and Borairi (2012) conducted a program designed to alleviate symptoms of eating disorders, and found that eating disorders' patients with low self-compassion and high fear of compassion showed higher severity of symptoms at the beginning of the intervention, and poorer treatment responses after 12-week intervention. Moreover, self-reassurance appears to be negatively linked with the fear of receiving compassion from others (Cunha et al., 2015; Gilbert et al., 2011).

To sum up, the relationship between shame and disordered eating behaviours has been well documented, in both clinical and non-clinical samples (e.g., Gee & Troop, 2003; Troop et al., 2008). Even though it is widely accepted that eating psychopathology has multiple risk factors, recent evidence has emphasized that interpersonal sensitivities and perceptions of being insecure in the social group play a central role in the development of disordered eating behaviours (Gilbert, 1989; Goss & Gilbert, 2002). Considering the current pressure in Western societies to accomplish a thin body shape, strategies such as body image and eating-related control tend to be developed by women to avoid shame, to

improve one's social status, and to compete for social advantages (Burkle, Ryckman, Gold, Thornton, & Audesse, 1999; Ferreira et al., 2013a,b). Nevertheless, the mechanisms involved in the link between shame and eating psychopathology need further clarification. Indeed, only few empirical studies have investigated the effect of self-judgment, and no research to date examined the role of fears of receiving compassion from others in this association.

Taking background data into account, the current study aimed at presenting and testing an integrative model which was designed to examine the effect of external shame on disordered eating, and the mediator roles of self-judgment and fear of receiving compassion from others. Higher levels of external shame were expected to explain a harsh self-judgmental attitude, and higher inability or difficulty to accept compassionate attitudes from others, which were hypothesized as mediator mechanisms that may explain the engagement in body image and eating-related disordered behaviours.

2. Material and methods

2.1. Participants

The study's sample comprised 400 female participants from the general population, recruited through an online survey. Participants' ages ranged from 18 to 55 years ($M = 30.55$; $SD = 11.04$). Regarding marital status, most of the participants were single ($n = 251$; 62.7%), 128 (32.1%) were married or living together, 16 (4%) divorced and only 5 (1.3%) reported to be widows. Concerning the area of residence, 40.3% ($n = 161$) of the subjects lived in a rural area and 59.7% ($n = 239$) in an urban one. Participants' BMI (Body Mass Index) ranged from 15.2 to 38.06, presenting a mean of 23.16 kg/m^2 , which corresponds to a normal weight ($18.5 < \text{BMI} < 24.99$) (WHO, 1995) and reflects the BMI's distribution in the female Portuguese population (Poínhos et al., 2009).

2.2. Measures

Participants' demographic data (age, gender, education level, area of residence, marital status and current weight and height) was provided previously to the administration of self-report measures.

Body Mass Index (BMI) was calculated based on self-reported weight (kilograms) and height (meters) using the Quetelet Index (Kg/m^2).

Other As Shamer Scale (OAS; Goss, Gilbert, & Allan, 1994; Matos, Pinto-Gouveia, & Duarte, 2011). OAS is an 18-item scale designed to measure external shame, i.e., the perception that others see or judge the self as inferior, inadequate and defective. Participants were asked to rate on a five-point scale (0 = *Never* to 4 = *Almost always*) the frequency in which they make negative evaluations about how others judge them ("Other people see me as defective as a person"). Higher scores on this scale indicate higher levels of shame. The scale's reliability was found to be good in the original version ($\alpha = 0.92$) and in the Portuguese version ($\alpha = 0.91$).

Self-Compassion Scale (SCS; Costa et al., 2015; Neff, 2003b). SCS is a 26-item self-report instrument that assesses self-compassion through six distinct subscales: (1) common humanity; (2) isolation; (3) self-kindness; (4) self-judgment; (5) mindfulness; and (6) over-identification. According to the purpose of this study, only a composite measure gathering the 3 negative subscales (isolation, self-judgment and over-identification) was used, and defined as self-judgment dimension. Participants were asked to rate how they perceive their actions towards themselves in difficult times (e.g., "When I'm feeling down I tend to obsess and fixate on everything that's wrong") using a 5-point scale (from 1 = *Almost Never* to

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