



# Body-related state shame and guilt in women: Do causal attributions mediate the influence of physical self-concept and shame and guilt proneness<sup>☆</sup>



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## ABSTRACT

Guided by the process model of self-conscious emotions, this study examined whether physical self-concept (PSC) and shame and guilt proneness were associated with body-related self-conscious emotions of state shame and guilt and if these relationships were mediated by attributions of stability, globality, and controllability. Female participants ( $N = 284$ ; Mean age =  $20.6 \pm 1.9$  years) completed measures of PSC and shame and guilt proneness before reading a hypothetical scenario. Participants completed measures of attributions and state shame and guilt in response to the scenario. Significant relationships were noted between state shame and attributions of globality and controllability, and shame proneness, guilt proneness, and PSC. Similar relationships, with the additional predictor of stability, were found for state guilt. Mediation analysis partially supported the process model hypotheses for shame. Results indicate PSC and shame proneness are important in predicting body-related emotions, but the role of specific attributions are still unclear.

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## Introduction

Body image is a complex multifaceted psychological experience that involves evaluative thoughts, emotions, and behaviors (Cash, 2004; Cash & Smolak, 2011). Self-schemas related to body appearance are thought to influence how individuals respond in various social and private contexts (Cash, Melnyk, & Hrabosky, 2004; Cash, Santos, & Williams, 2005). Women are under constant pressure to achieve and maintain unrealistic slim and toned bodies in accordance with the Western cultural 'ideal' (Thompson & Heinberg, 1999) which increases the likelihood of negative emotions and body image disturbance (Brunet, Sabiston, Castonguay, Ferguson, & Bessette, 2012; Cash & Smolak, 2011; Fox, 2000; Monro & Huon, 2005). Although negative body-related emotions may not always lead to clinical psychopathologies such as eating disorders, body

dysmorphic disorder, and depression, they are associated with reduced overall psychological well-being (Davidson & McCabe, 2005; McKinley, 2006; Moradi & Huang, 2008).

Several theorists have drawn links among body image and perceptions, emotions, and health related behavior (e.g., Cash, 2004; Fox, 2000; Fredrickson & Roberts, 1997; Harter, 2012). One theory that has generated much research is objectification theory (Fredrickson & Roberts, 1997), which posits that women's gender-role socialization and life experiences of sexual objectification cause them to view themselves as objects and to engage in increased body surveillance (Moradi & Huang, 2008). This self-objectification process leads to increased risk for body shame and anxiety and lower internal bodily (interoceptive) awareness, which has the potential to contribute to increased likelihood of eating disorders, depression, and sexual dysfunction (Fredrickson & Roberts, 1997; Moradi & Huang, 2008). Researchers in the self-concept and self-esteem field have also argued that discrepancies between internalized standards and perceived self-perceptions of appearance can produce negative emotions and trigger both adaptive and maladaptive behaviors such as exercise, healthy eating, excessive caloric restriction, social avoidance, and seeking cosmetic surgery (Brunet et al., 2012; Castonguay, Brunet, Ferguson, & Sabiston, 2012; Fox, 2000; Harter, 2012).

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Given that body image and related constructs such as body self-objectification require a person to direct attention to self-representations of “body” and engage in an evaluative process involving societal and personal standards, it is not surprising that researchers are more closely examining the antecedents and consequences of body-related self-conscious emotions (Castonguay et al., 2012; Noll & Fredrickson, 1998). Self-conscious emotions, such as shame, guilt, and pride, involve a complex evaluative process that consists of activating attention to stable self-representations, a judgment of congruence of the situation with valued self-identities, and the appraisals of causal attributions that seek to explain specific outcomes (Tracy & Robins, 2004). Shame is a painful emotion that leads to feelings of hopelessness, worthlessness, and a desire to shrink or hide, disappear (Lewis, 2008; Tracy & Robins, 2004). Shame occurs whenever individuals fail to achieve internalized or cultural ideals, and attribute the failure to stable and global aspects of self (e.g., “I am an undesirable person”). Shame may be related to self-disgust, although H. B. Lewis (1971) notes that self-disgust is a part of the subjective experience of shame (see Roberts & Goldenberg, 2007). Guilt is typically a less painful emotion that is associated with specific negative actions of the self (Tracy & Robins, 2006) and reparative behavior (Lewis, 2008; Tracy & Robins, 2004). Thus the experience of guilt is associated with more unstable and specific attributions related to behavior (e.g., “I shouldn’t have missed my exercise session”). Self-conscious emotions like shame and guilt are thought to motivate individuals to engage in morally or socially appropriate ways to maintain or enhance social interactions and intimate relationships and to avoid social rejection (Leith & Baumeister, 1998; Tracy & Robins, 2007a).

Researchers have found that self-conscious emotions such as shame and guilt are important in understanding various body image facets. For example, Markham, Thompson, and Bowling (2005) found that body image esteem, global self-worth, appearance comparison, and internalization of the thin ideal were collectively a strong predictor of body shame in female university students. Bessenoff and Snow (2006) established that internalization of cultural norms regarding body image were predictive of body shame in female college students. Castonguay et al. (2012) found that not only was actual weight (assessed as body mass index) moderately correlated with both trait body-related shame and guilt but that these experiences increased as the discrepancies between actual and ideal body weight increased in women. Mosewich, Kowalski, Sabiston, Sedwick, and Tracy (2011) demonstrated that guilt proneness in female athletes was negatively related to fear of failure, body shame, and objectified body consciousness. Noll and Fredrickson (1998) found evidence that body shame mediated the relationship between self-objectification and disordered eating in university women. Overall, these findings strongly suggest that processes related to the self-conscious emotions of shame and guilt can facilitate our understanding of factors linked to the multidimensional facets of body image (Cash & Smolak, 2011).

Given the motivational and regulating features of body-related self-conscious emotions, it is important to identify the process involved in the generation of such emotions. Tracy and Robins (2004) developed a theoretical process model of self-conscious emotions that can facilitate our understanding of emotions in specific situations. In terms of the body, the model postulates that self-conscious emotions are activated when an eliciting event initiates self-awareness of self-representations such as current, idealized or hoped for, and ought to have body appearance and behavior (Tracy & Robins, 2007b). This self-awareness of self-representations is followed by appraisal of whether the event is important and congruent with identity goals. A key last step in the self-conscious emotion process is determining the cause of the event and as such the process model holds that self-conscious

emotions should be predicted by a specific pattern of attributions. Internal, stable, and uncontrollable attributions are proposed to be associated with shame whereas internal, unstable, controllable, attributions are associated with guilt. Furthermore shame is associated with global attributions (reflect part of self) whereas guilt is associated with situational attributions (behaviors by self). According to the process model, attributions will mediate the effects of self-representation activation and identity processes on generating specific self-conscious emotions. While there is little research testing the mediating effects of attribution in body image contexts, research by Tracy and Robins (2006) generally supports the model tenets in academic settings, suggesting attributions are a key component in the self-conscious emotion process.

One aspect of identity that is highly relevant to emotional experiences related to the body is physical self-concept (Crocker, Sabiston, Kowalski, McDonough, & Kowalski, 2006; Fox, 2000). People who have negative physical self-concept are likely to be self-critical of their bodies, be subject to more negative body-related criticism by others, and are more likely to experience negative emotional states (Crocker et al., 2006; Sabiston, Sedgwick, Crocker, Kowalski, & Mack, 2007). Physical self-concept is also a moderate to strong correlate of global self-esteem (Fox, 2000; Harter, 2012). Since perceptions of self-concept influence how people appraise themselves in the world (Harter, 2012), individuals’ perceptions of their physical self-concept are likely to influence the types of attributions and subsequent self-conscious emotions experienced in any particular setting where the body is salient. While most of the research on physical self-concept and emotion has focused on social physique anxiety (Crocker et al., 2006; Hagger & Stevenson, 2010), the research on body image and shame indirectly supports the importance of body self-concept in the self-conscious emotion process. More research is needed to examine the association between physical self-concept and self-conscious emotions. As suggested in the process model (Tracy & Robins, 2004), physical self-concept may be an antecedent to the appraisals associated with experiences of shame and guilt.

Much of the body-related research guided by the Tracy and Robins (2004) process model has focused on dispositional self-conscious emotions (see Castonguay et al., 2012; Mosewich et al., 2011). However, the model depicts a process that is triggered by an eliciting event that produces either basic or self-conscious emotions (Tracy & Robins, 2004, 2007b). Thus, researchers need to evaluate the model in terms of state self-conscious emotions. However, emotional dispositions are important predictors of state experience of self-conscious emotions and stable and unstable behaviors in various contexts (Covert, Tangney, Maddux, & Heleno, 2003; Tracy & Robins, 2007a). Given the empirical literature showing that dispositional shame and guilt impact maladaptive behaviors, cognitions, and emotional experiences (Lewis, 2008; Mosewich et al., 2011; Tangney & Dearing, 2002), these dispositions should be considered as factors that likely influence the causal attribution process and the subsequent experience of body-related state guilt and shame.

Tangney and Tracy (2012) argued there is a need to examine self-conscious emotions contextualize to the physical self. Much of the literature on body-related emotions of shame and guilt, however, has focused on dispositional aspects rather than state experiences. The Tracy and Robins’ process model provides a guiding framework to examine how identity related variables such as physical self-concept, emotional dispositions such as proneness to guilt and shame, as well as causal attributions related to a specific context, predict body-related state shame and guilt. To fill some of the gaps in the knowledge we examined body-related state shame and guilt experiences in young women using a scenario methodology. Tracy and Robins’ model implies that dispositional (shame and guilt proneness) and identity (physical self-concept) effects on

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