

An integrative affect regulation process model of internalized weight bias and intuitive eating in college women



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ABSTRACT

The present study extended the weight stigma and well-being process model (Tylka et al., 2014) by examining three affect regulation pathways that may help simultaneously explain the predicted inverse association between internalized weight bias and intuitive eating. A weight-diverse sample of 333 college women completed an online survey assessing internalized weight stigma, intuitive eating, body shame, body image flexibility, and self-compassion. Self-reported height and weight were used to calculate body mass index (BMI). Non-parametric bootstrap resampling procedures were computed to ascertain the presence of the indirect effects of internalized weight bias on intuitive eating via the three hypothesized mediators controlling for BMI in a combined model. Results demonstrated that body image flexibility significantly and self-compassion marginally contributed unique variance in accounting for this relationship. Our preliminary cross-sectional findings contribute to a nascent body of scholarship seeking to provide a theoretically-driven understanding of how negative and positive forms of experiencing and relating to the body may co-occur within individuals. Results also point to potential target variables to consider incorporating in later-stage efforts to promote more adaptive ways of eating amidst internalized weight stigma.

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1. Introduction

Internalized weight bias is a form of self-stigmatization in which higher weight individuals adopt stereotypically derogative attitudes and beliefs regarding fatness (Durso & Latner, 2008). This corrosive mindset is framed as a core intermediary process linking exposure to weight stigma with its noxious effects on the psychological and physiological well-being of individuals possessing a larger body size (Tylka et al., 2014). Nevertheless, Pearl and Puhl (2014) recently considered the importance of expanding the vulnerability to experience internalized weight stigma to reflect greater weight inclusion. These authors maintained that many individuals, particularly women and girls, are socialized to subjectively perceive themselves as “fat” or “overweight” irrespective of actual body size (Pearl & Puhl, 2014). Therefore, internalized weight bias is currently positioned as a potential driving force behind myriad negative health and quality of life complications for

individuals traversing the weight continuum (Hilbert, Braehler, Haeuser, & Zenger, 2014; Latner, Barile, Durso, & O'Brien, 2014; Pearl & Dovidio, 2015; Pearl & Puhl, 2014; Pearl, Puhl, & Dovidio, 2014; Pearl, White, & Grilo, 2014; Schvey & White, 2015).

Indeed, the domains of body image and eating behavior have garnered a surge of scholarly attention within this literature given their direct and indirect influence on weight regulation and associated sequelae. For instance, among adult and adolescent weight-loss seeking treatment samples higher levels of internalized weight bias corresponded with a range of maladaptive eating processes (e.g., binge eating, emotional eating, food addiction, poor eating-related self-efficacy) and forms of body image disturbance (e.g., body shame, body dissatisfaction, fear of fat, weight concerns; Burmeister, Hinman, Koball, Hoffmann, & Carels, 2013; Carels et al., 2010, 2013; Durso & Latner, 2008, Durso et al., 2012; Roberto et al., 2012). Importantly, internalized weight stigma also predicted drive for thinness (Pearl & Puhl, 2014) alongside symptoms of bulimia and self-reported binge eating (Schvey & White, 2015) in more weight-diverse samples. These latter findings point to the relevance of examining identification with culturally ingrained anti-fat attitudes and their ramifications within the contexts of eating and

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body image from a more weight-inclusive standpoint.

The present investigation attempted to extend this burgeoning line of research in two unique ways. First, we sought to widen the scope of clarifying additional correlates of internalized weight bias beyond the exclusive focus on aspects of negative body image and dysfunctional eating patterns. To provide this complementary perspective, we examined the association between subscribing to internalized weight stigma and the frequency of engaging in a more adaptive intuitive eating style (Tribble & Resch, 1995, 2012; Tylka, 2006) in a weight-diverse sample of college women. *Intuitive eating* is characterized by: (a) relying on internal hunger and satiety cues to guide the eating process, (b) challenging the dieting mentality centered on categorically defining foods as good or bad by giving oneself unconditional permission to eat, (c) avoiding the use of food as a means of regulating emotions, and (d) prioritizing nutritional choices that fuel optimization of how the body feels and functions (Tribble & Resch, 1995, 2012; Tylka & Kroon Van Diest, 2013). Since its inception, intuitive eating has been viewed as a healthier and more sustainable alternative to conventional dieting approaches with its cumulative empirical base confirming its benefits to health and well-being across the lifespan (Bruce & Ricciardelli, 2015; Tylka, Calogero, & Danielsdottir, 2015; Van Dyke & Drinkwater, 2013).

Second, we proposed to offer a preliminary, theoretically-driven process model highlighting complementary indirect effect pathways likely involved in explaining the predicted inverse relationship between internalized weight bias and intuitive eating. We did this by synergizing affect regulation principles within Tylka et al. (2014) more comprehensive weight stigma and well-being framework as the theoretical basis for this analysis. Affect regulation has achieved extensive empirical support as a theoretical rationale describing the functional relationship between the experience of negative affect (e.g., body dissatisfaction, body image threat) and disordered eating behavior (e.g., Anestis, Selby, Fink, & Joiner, 2007; Cash, Santos, & Williams, 2005; Corstorphine, Mountford, Tomlinson, Waller, & Meyer, 2007). In general, this model suggests that individuals engage in a variety of forms of dysfunctional eating patterns ranging from caloric restriction to binge eating as a means of alleviating or averting the experience of negative emotions and/or awareness of self-evaluative thoughts arising from body-image distress (Anestis et al., 2007; Cash et al., 2005; Corstorphine et al., 2007).

Tylka et al. (2014) contemporary process model serves as the cornerstone of the paradigmatic shift from the dominant weight-normative approach (weight loss focus) to an emerging weight-inclusive (well-being focus) approach to health promotion. This newly introduced framework implicates body objectification-related factors (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996) inclusive of body shame and appearance monitoring as central processes through which internalized weight stigma exerts its negative effects on psychological and physiological health outcomes (see Fig. 1). A wealth of scholarship has advanced body shame as an especially insidious consequence of having internalized the outside observer's perspective as the overriding metric governing evaluation of one's own body (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996; Moradi & Huang, 2008). This intense body-related self-conscious emotion (Castonguay, Sabiston, Crocker, & Mack, 2014) is conceptualized as stemming from: (a) subscribing to beliefs that one has failed to achieve the narrowly-defined cultural standard of the thin beauty ideal (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996) and (b) holding perceptions of inhabiting a lower social rank relative to members of one's peer group based on physical appearance norms (Duarte, Pinto-Gouveia, Ferreira, & Batista, 2014).

In the current study, we attempted to broaden the emphasis

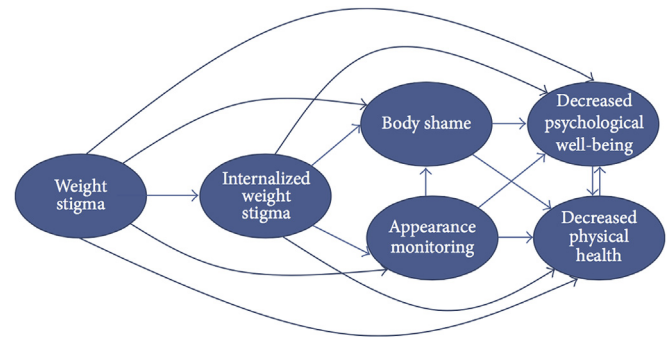


Fig. 1. Theoretical model of weight stigma and its associated variables. Reprinted from "The weight-inclusive versus weight-normative approach to health: Evaluating the evidence for prioritizing well-being over weight loss," by T.L. Tylka et al., 2014, *Journal of Obesity*, 2014, page 9. Copyright [2014] by Tracy L. Tylka et al. Reprinted with permission.

placed on negative body image affect regulation mediating pathways such as those involving body shame (Duarte et al., 2014) featured in this existing weight stigma and well-being framework (Tylka et al., 2014). We pursued this aim by also incorporating a positive body image-specific measure (i.e., body image flexibility; Sandoz, Wilson, Merwin, & Kellum, 2013) and a global measure of adaptive self-regulation (i.e., self-compassion; Neff, 2003) in a combined multiple indirect effect model. *Body image flexibility* is defined as the willingness to openly accept and experience rather than avoid or suppress unwanted thoughts, emotions, and physiological sensations regarding the body with mindfulness and compassion in the service of leading a meaningful, values-congruent life (Sandoz et al., 2013). Relatedly, *self-compassion* is an intentional orientation guiding how to treat oneself during emotionally painful times in situations in which one's perceived flaws or imperfections are made salient (Neff, 2003). This mindset is characterized by choosing self-kindness as an alternative to self-criticism, mindful equanimity rather than overidentification, and the understanding that such suffering is part of the shared human condition versus finding it a unique, personally isolating experience (Neff, 2003).

By evaluating this expanded process framework, our efforts advance the growing awareness of the importance of understanding how both positive and negative dimensions of body image may operate and co-occur within persons as opposed to being viewed functionally as polar opposites (Tylka, 2011; Webb, 2015; Webb, Butler-Ajibade, & Robinson, 2014). Testing this integrative affect regulation process model is further uniquely poised to clarify the potential independent effects contributed by (a) negative and positive body image-specific affect regulation strategies with (b) a conceptually-overlapping though non body-image specific affect regulation style (Schoenefeld & Webb, 2013).

For example, self-compassion is viewed as a constructive means of counteracting the acute experience of shame (Gilbert, 2009). Indeed, previous scholarship has consistently documented moderate to large inverse correlations between self-compassion and body shame in adolescent and young adult female samples (r s ranged from $-.46$ to $-.72$; Breines, Toole, Tu, & Chen, 2014; Daye, Webb, & Jafari, 2014; Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011). Additionally, researchers found that body shame was significantly reduced following exposure to a brief self-guided self-compassion meditation intervention among adult women (Albertson, Neff, & Dill-Shackleford, 2014). Notably, the relationship between body image flexibility and body shame has not been previously examined. Yet, we would expect to observe a strong inverse association between measures of these two constructs in

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