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O Impacto das Memórias Afiliativas Precoces na Qualidade de Vida Psicológica e na Psicopatologia Alimentar

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Dissertação de Mestrado em Psicologia Clínica e de Saúde (Especialização em Intervenções Cognitivo-Comportamentais nas Perturbações Psicológicas e de Saúde) sob orientação da Professora Doutora Cláudia Ferreira

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A relação entre memórias afiliativas precoces e qualidade de vida das mulheres: O papel mediador da vergonha e da autocompaixão.

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Resumo

A literatura tem demonstrado que as experiências afiliativas precoces poderão ser registadas como memórias autobiográficas, as quais se assumem como centrais na construção do estilo relacional interno e social, com um impacto significativo na qualidade de vida. Paralelamente, é apontado que a relação entre memórias afiliativas precoces e indicadores de bem-estar poderá ser mediada por diferentes fatores ou mecanismos. Assim, o presente estudo pretendeu clarificar o efeito da vergonha e da autocompaixão na relação entre estas memórias e qualidade de vida psicológica, em 612 mulheres com idades entre os 18 e 50 anos.

Os resultados revelaram uma associação significativa entre memórias afiliativas positivas, menor vergonha externa e maiores níveis de autocompaixão e de qualidade de vida. Adicionalmente, os dados sugerem que a vivência de vergonha externa e autocompaixão tem um efeito indireto significativo na relação positiva entre estas memórias e qualidade de vida psicológica das mulheres.

Estes dados parecem constituir um contributo importante no estudo das memórias afiliativas precoces e da qualidade de vida, clarificando o papel mediador da vergonha externa e da autocompaixão e sugerindo a pertinência do desenvolvimento de programas de intervenção na comunidade, focados nestes processos, para a promoção da saúde mental e bem-estar das mulheres.

Palavras-chave: Memórias afiliativas precoces; vergonha externa; auto-compaixão; qualidade de vida, mulheres.

Abstract

The literature has shown that early affiliative experiences may be recorded as autobiographical memories, which are assumed as central in the construction of the internal and external relational style and have a significant impact on quality of life. Similarly, several authors suggest that the relation between early affiliative memories and indicators of quality of life can be mediated by different factors and mechanisms. Thus, the current study aimed to clarify the effect of shame and self-compassion in the relationship between these memories and psychological quality of life in 612 women, aged between18 and 50 years old.

The results showed a significant relationship between positive affiliative memories, lower external shame, and higher levels of self-compassion and quality of life. Additionally, the data suggest that the experience of external shame and self-compassion has a significant indirect effect on the positive association between these memories and women's psychological quality of life.

These data seem to provide an important contribution in the field of early affiliative memories by uncovering the mediating role of external shame and self-compassion and suggesting the relevance of the development intervention programs in the community, focused on these processes, for the promotion of the mental health and well-being of women.

Keywords: Early affiliative memories; external shame; self-compassion, quality of life; women.

1. Introdução

A literatura tem demonstrado que as experiências afiliativas precoces desempenham um papel central no nosso desenvolvimento emocional e social (e.g., Gilbert & Perris, 2000; Schore, 1998), sendo consideradas como importantes fatores para a saúde mental e bem-estar na idade adulta (Baumeister & Leary, 1995; Bowlby, 1969, 1973; Gilbert, 1989). De facto, a qualidade das experiências precoces com as figuras de vinculação, tanto aquelas que são pautadas por sentimentos de segurança como as caracterizadas pela insegurança ou ameaça, têm sido apontadas como experiências nucleares com impacto significativo nos processos de maturação e funcionamento psicológico, fisiológico e social (e.g., Gerhardt, 2004; Schore, 1994).

Especificamente, ambientes relacionais precoces pautados pelo calor, segurança e carinho têm sido associados ao desenvolvimento de sentimentos positivos de felicidade, auto-estima, bem-estar emocional e a menor vulnerabilidade para a psicopatologia (Cheng & Furnham, 2004; DeHart, Peham, & Tennen, 2006; Mikulincer & Shaver, 2004). Adicionalmente, diversos trabalhos têm sublinhado que estas experiências precoces de segurança, tranquilização e calor se caracterizam, não apenas pela ausência de ameaça, mas principalmente pela presença de sinais afiliativos, os quais se assumem como fundamentais para a promoção de processos adaptativos de regulação de estados afetivos (e.g., Gilbert, Baldwin, Irons, Baccus, & Palmer, 2006; Richter, Gilbert, & McEwan, 2009).

Em contraste, experiências precoces marcadas por baixo calor, negligência, abuso, rejeição ou controlo excessivo por parte das figuras significativas parecem ativar estados emocionais negativos, associados a derrota e ameaça, e comportamentos defensivos maladaptativos (Cunha, Matos, Faria, & Zagalo, 2012; Gilbert, 2003). De facto, tem sido consistentemente documentada a forte associação entre a exposição precoce a ambientes de negligência ou ameaça e um empobrecimento da qualidade de vida na idade adulta, assim

como a um aumento da vulnerabilidade à psicopatologia (e.g., Brewin, Andrews, & Gotlib, 1993; Gilbert et al., 2006; Irons, Gilbert, Baldwin, Baccus & Palmer, 2006; Perris, 1994).

Paralelamente, diferentes autores têm enfatizado que as experiências afiliativas precoces poderão ser registadas como memórias autobiográficas (Gilbert & Irons, 2008), as quais se assumem como centrais na construção da história de vida, na regulação emocional e no desenvolvimento de um estilo relacional interno (eu-eu) e social (eu-outros; Gilbert, 1998, 2002; Mikulincer & Shaver, 2005; Pinto-Gouveia & Matos, 2011). A literatura sugere que as memórias de calor e afeto parecem promover o desenvolvimento de competências mais adaptativas para lidar com situações de vida adversas, caracterizadas por *stress* ou fracasso pessoal (e.g., Gilbert et al., 2006; Gilbert & Procter, 2006), associando-se a níveis superiores de saúde e qualidade de vida percebida (Martin, 2006; Richter et al., 2009). Em oposição, a ausência destas memórias poderá conduzir a estados emocionais negativos, dos quais se destaca a vergonha (e.g., Cunha et al., 2012; Murray, Waller, & Legg, 2000).

A vergonha é conceptualizada como uma emoção especificamente social, autoconsciente e multifacetada (Gilbert, 1998, 2002, 2007; Tangney & Dearing, 2002), a qual deriva de motivos humanos inatos para a vinculação e para o estabelecimento de relações positivas com os outros (e.g., Bowlby, 1969, 1973; Gilbert, 1997, 1998, 2002, 2007). De acordo com a abordagem evolucionária da vergonha, esta experiência adversa surge quando um indivíduo perceciona que determinadas características, atributos ou comportamentos do *self* são percebidos pelos outros como inferiores, inadequados ou pouco atrativos (e.g., Gilbert, 2002). De facto, ao sinalizar alvos de possíveis críticas ou rejeição e ao motivar para comportamentos de autocorreção e de submissão, a experiência de vergonha é conceptualizada como uma estratégia defensiva fundamental para o estabelecimento e manutenção de relações sociais positivas e vantajosas (e.g., para ser escolhido como um amigo, amante, membro de uma equipa; Gilbert, 1997, 2005; Mikulincer & Shaver, 2005).

Contudo, níveis extremos de vergonha têm sido associados a poderosos efeitos adversos (e.g., sentimentos de inferioridade, incapacidade e dificuldades relacionais; Gilbert, Pehl, & Allan, 1994) e a uma vasta gama de psicopatologia (e.g., Cheung, Gilbert, & Irons, 2004).

Evidências clínicas e empíricas suportam que a propensão para a vergonha poderá ter origem em experiências negativas precoces de abuso, agressão, rejeição, negligência ou de controlo excessivo (Gilbert & Perris, 2000; Schore, 2001; Webb, Heisler, Call, Chickering, & Colburn, 2007). Mais recentemente surgiram evidências que suportam, igualmente, a relação entre memórias de afeto positivo e vivências de menores níveis de vergonha externa na idade adulta (Matos, Pinto-Gouveia, Duarte, 2013). Estudos recentes demonstram, ainda, que as experiências precoces desempenham um papel preponderante no desenvolvimento de importantes processos de regulação emocional, nomeadamente na autocompaixão (e.g., Gilbert, McEwan, Matos, & Rivis, 2011).

A autocompaixão é caracterizada por uma atitude calorosa relativamente a aspetos do eu percecionados como negativos, e uma atitude *mindful* da pessoa em relação à sua experiência percecionada como parte da experiência humana comum. Assim, esta estratégia de regulação emocional adaptativa implica bondade e compreensão para consigo mesmo e face às falhas ou insucessos pessoais, em vez de autocriticismo e autojulgamento severos (e.g., Folkman & Moskowitz, 2000; Isen, 2000; Neff, 2003a). Diferentes estudos têm demonstrado que a autocompaixão possibilita a adoção de ações mais úteis e eficazes, associando-se a indicadores de saúde física e psicológica e de qualidade de vida (Neff, 2003a, 2003b; Neff, Hsieh, & Dejitterat, 2005).

Gilbert (2005) sugere que a autocompaixão deriva da estimulação do sistema de vinculação, apontando os indivíduos que se desenvolvem em ambientes seguros (usufruindo de relações de calor, apoio e validação) como mais capazes de se relacionar consigo mesmos numa atitude mais carinhosa, compreensiva e compassiva. Em contraste, a recordação de

memórias emocionais precoces adversas (e.g., de ser envergonhado, humilhado, rejeitado, negligenciado por uma figura significativa) parecem associar-se a severas dificuldades dos indivíduos serem compassivos para consigo e receberem compaixão dos outros (Gilbert et al., 2011; Matos & Pinto-Gouveia, 2014; Rockliff et al., 2011). Desta forma, os estudos sugerem que os indivíduos que experienciaram ambientes afiliativos inseguros, stressantes ou ameaçadores tendem a ser mais autocríticos do que autocompassivos (Gilbert & Procter, 2006).

Embora a literatura enfatize o impacto das memórias precoces de calor e segurança na psicopatologia e na qualidade de vida na idade adulta, diversos autores sublinham que esta relação não é linear, podendo existir diferentes processos de regulação emocional envolvidos (e.g., Gilbert, 2005; Gilbert et al., 2011; Schore, 2001; Webb et al., 2007), no entanto o estudo destes processos é ainda escasso. Assim, o presente estudo teve como objetivo clarificar o efeito da vergonha e da autocompaixão na relação entre estas memórias e a qualidade de vida psicológica em mulheres da população geral. A seleção da amostra deste estudo justifica-se pelo facto de o sexo feminino tender a apresentar uma perceção mais negativa da sua qualidade de vida e maior vulnerabilidade para a psicopatologia.

Dado que a experiência de vergonha pode ter origem nas relações precoces com figuras significativas, é possível hipotetizar que a vivência de vergonha na idade adulta possa atuar como variável mediadora na relação entre as memórias precoces positivas e a qualidade de vida psicológica. Em contraste, espera-se que a autocompaixão surja como uma estratégia de regulação emocional adaptativa, com um efeito indireto na relação entre estas memórias precoces de calor e segurança e bem-estar psicológico.

2. Material e Métodos

2.1. *Participantes*

A amostra do presente estudo é composta por 612 mulheres adultas da população geral, com idades compreendidas entre os 18 e os 50 anos. As participantes apresentaram uma média de idades de 26.79 (*DP* = 8.98) e anos de escolaridade a variar entre 4 e 25 anos (*M* = 14.18; *DP* = 2.81).

2.2. *Instrumentos*

***- Escala de Memórias Precoces de Calor e Segurança* (EMWSS; Richter, et al., 2009; Matos, Pinto-Gouveia, & Duarte, 2015);** A EMWSS é uma medida de autorrelato constituída por 21 itens, que têm como objetivo avaliar as memórias emocionais precoces de calor, cuidado, sentimentos de segurança e afeto positivo (e.g., "Sentia-me amado(a)"; "Sentia que os outros se importavam comigo"). É pedido aos respondentes que selecionem, numa escala de Likert de 5 pontos (de 0 = "Não, nunca" a 4 = "Sim, a maior parte do tempo"), a opção que melhor descreve as suas emoções durante a infância. A presente escala revelou boas qualidades psicométricas, apresentando uma consistência interna muito boa (α = .97), tanto para a versão original como para a versão portuguesa. No presente estudo esta escala apresentou um alfa de Cronbach de .98.

***- Escala de Auto-Compaixão* (SELFCS; Neff, 2003b; Castilho & Pinto-Gouveia, 2011);** A SELFCS é uma escala de autorresposta constituída por 26 itens que visam avaliar a autocompaixão, através de seis domínios (três positivos e três negativos): (1) calor/compreensão (e.g., "Sou tolerante com os meus erros e inadequações"), (2) humanidade comum (e.g., "Tento ver os meus erros e falhas como parte da condição humana"), (3) *mindfulness* (e.g., "Quando me sinto em baixo tento olhar para os meus sentimentos com curiosidade e abertura"), (4) autojulgamento crítico (e.g., "Desaprovo-me e faço julgamentos

acerca dos meus erros e inadequações"), (5) isolamento (e.g., "Quando falho nalguma coisa importante para mim tendo a sentir-me sozinha no meu fracasso") e (6) sobre identificação (e.g., " Quando alguma coisa dolorosa acontece tendo a exagerar a sua importância"). A resposta aos itens é apresentada numa escala de Likert de 5 pontos, de 1 ("Quase Nunca") a 5 ("Quase Sempre"). A escala apresenta, tanto na versão original como na versão portuguesa, altos níveis de consistência interna (respetivamente, $\alpha = .92$ e $\alpha = .89$).

Neste estudo foi utilizado um índice compósito de autocompaixão (constituído pelas dimensões positivas desta medida: calor/compreensão, condição humana e mindfulness), cujo alfa de Cronbach é de .74.

***- Escala de Vergonha Externa* (OAS; Goss, Gilbert, & Allan, 1994; Matos, Pinto-Gouveia, & Duarte, 2011);** Este instrumento de autorresposta pretende medir a vergonha externa, isto é, a perceção de que os outros nos vêem ou avaliam negativamente. É constituído por 18 itens, relativamente aos quais se pede ao sujeito que refira a frequência com que sente ou experiencia esta vivência interna através de uma escala de tipo Likert de 5 pontos (de 0 = "Nunca" a 4 = "Quase sempre"). Pontuações superiores nesta escala são indicadoras de níveis mais elevados de vergonha externa (Goss et al.,1994). No que respeita à consistência interna, esta medida apresentou um alfa de Cronbach de .92 na versão original e de .91 na versão Portuguesa. No presente estudo o alfa de Cronbach é de .93.

***- Qualidade de Vida: Instrumento de Avaliação da Qualidade de Vida da Organização Mundial de Saúde – Versão Reduzida* (WHOQOL-Bref; WHOQOL Group, 1998; Vaz Serra et al., 2006);** Esta é uma escala multidimensional e multicultural de autorresposta que visa avaliar a perceção subjetiva de qualidade de vida. É composta por 26 questões, sendo que duas são gerais e referentes à perceção geral de qualidade de vida e saúde, e as restantes se encontram distribuídas por 4 domínios, nomeadamente psicológico (e.g., "Com que frequência tem sentimentos negativos, tais como tristeza, desespero,

ansiedade ou depressão?"), físico (e.g., "Em que medida é saudável o seu ambiente físico?"), relações sociais (e.g., "Até que ponto está satisfeito(a) com o apoio que recebe dos seus amigos?") e ambiente (e.g., "Até que ponto está satisfeito(a) com as condições do lugar em que vive?"). Os respondentes devem assinalar, numa escala de resposta de 5 pontos de Likert (entre 1 = "Nunca"/"Nada Satisfeito" e 5 = "Sempre"/"Muito Satisfeito"), a opção que melhor descreve a forma como percecionam a sua qualidade de vida e saúde. A medida apresenta índices elevados de consistência interna para a versão portuguesa, para o total da escala, com um alpha de Cronbach de .92, e valores bastante aceitáveis para os quatro domínios (Vaz Serra et al., 2006). Na presente investigação, os valores de consistência interna obtidos foram de .78, .82, .72, e .78 para os domínios físico, psicológico, relações sociais e ambiente, respetivamente.

2.3. *Procedimento*

O presente estudo encontra-se inserido numa investigação mais alargada sobre os fatores e os diferentes processos de regulação emocional que podem ter impacto na qualidade de vida e na saúde mental da população geral.

Os procedimentos deste estudo respeitaram todos os requisitos éticos e deontológicos inerentes à investigação. Assim, e após o consentimento das instituições envolvidas, a aplicação do protocolo de investigação foi realizada presencialmente, tendo-se elucidado todos os participantes não só relativamente aos objetivos e procedimentos do estudo, como no que respeita à confidencialidade e carácter voluntário da sua colaboração, sendo obrigatória a assinatura de consentimento informado prévia ao preenchimento das medidas de autorresposta.

A amostra inicial contou com a participação de 930 indivíduos, com idades a variar entre 18 e 69 anos, tanto do sexo feminino como masculino. Contudo, e considerando os

objetivos delineados para a presente investigação, foram excluídos todos os sujeitos do sexo masculino bem como indivíduos que se encontravam fora dos limites etários definidos (18-50 anos). De referir que se procedeu ainda à eliminação de todos os casos em que os protocolos não foram devidamente preenchidos.

2.4. *Estratégia Analítica*

A análise de dados foi realizada com recurso ao software IBM SPSS Statistics 22.0 do SPSS (SPSS IBM; Chicago, IL) e ao PROCESS (Hayes, 2013).

De forma a analisar as características da amostra nas variáveis em estudo foram efetuadas estatísticas descritivas (médias e desvios-padrão). Seguidamente, e de forma a compreender as associações entre os diferentes construtos da investigação foram realizadas análises de correlação de *Pearson*. As magnitudes destes resultados foram discutidas de acordo com as *guidelines* de Cohen, segundo as quais se considera de magnitude fraca correlações entre .1 e .3, moderada acima de .3 e forte correlações iguais ou superiores a .5, considerando-se um nível de significância de .05 (Cohen, Cohen, West, & Aiken, 2003).

Finalmente, as análises de mediação foram conduzidas através do PROCESS, uma ferramenta estatística que permite a realização de análises *path* de moderação e mediação (Hayes, 2013). De acordo com os objetivos em estudo foram conduzidos dois modelos de mediação simples (Modelo 4; Hayes, 2013): o modelo 1 testou o efeito indireto das memórias precoces de calor e afeto com as figuras de vinculação (variável independente) na qualidade de vida psicológica (variável dependente), através da vergonha externa (variável mediadora); e o modelo 2 explorou o efeito indireto das memórias precoces de calor e afeto com as figuras de vinculação (variável independente) na qualidade de vida psicológica (variável dependente), através da autocompaixão (variável mediadora). Os efeitos indiretos estabelecidos entre as variáveis foram testados a partir de *bootstrapping* (com 5000

amostras), com um intervalo de confiança corrigido de 95% (*bias-corrected and accelerated confidence intervals*) do efeito indireto. Nesta análise, considera-se que o efeito indireto é significativo quando o intervalo de confiança (IC) não inclui o zero (Hayes, 2013).

3. Resultados

3.1. *Análise Preliminar de dados*

Através da análise dos valores de assimetria (*Skewness - Sk*) e de curtose (*Kurtosis - Ku*), foi possível confirmar o pressuposto da normalidade da distribuição das variáveis (Kline, 1998). As análises preliminares indicam a adequabilidade dos dados, apontando para a independência dos erros, homocedasticidade, linearidade, normalidade, assim como para a ausência de multicolinearidade ou singularidade entre as variáveis (Field, 2004).

3.2. *Analises Descritivas*

As estatísticas descritivas relativamente às variáveis estudadas são apresentadas, para o total da amostra (N = 612), na Tabela 1.

3.3. *Análises de Correlação de Pearson*

Os resultados das análises de correlação de *Pearson* permitiram observar que as memórias precoces de calor e segurança com figuras de vinculação (EMWSS) apresentam associações positivas e significativas com a autocompaixão (SELFCS_AC) e com todas as dimensões da qualidade de vida (WHOQOL). Foi, ainda possível verificar que estas memórias precoces de calor e segurança se associam negativa e moderadamente com a vergonha externa (OAS). A medida de vergonha apresentou também relações negativas, de moderadas a altas, com todas as dimensões da WHOQOL e com a autocompaixão (SELFCS_AC). Por sua vez, a autocompaixão revelou-se positivamente associada à

qualidade de vida, com uma magnitude forte com a dimensão psicológica (WHOQOL_Psic) e moderada com as restantes dimensões (Tabela 1).

Foi, ainda, conduzida uma análise de correlação parcial para controlar a variável idade. Os resultados mostraram que a direção e a magnitude das correlações das variáveis em estudo não se alterou e, portanto, a variável idade não foi incluída nas análises subsequentes.

Tabela 1

Médias (M), Desvios-Padrão (DP) e Correlações de Pearson entre as variáveis estudadas (N = 612)

Medidas	***M***	***SD***	**1**	**2**	**3**	**4**	**5**	**6**
1. EMWSS	64.84	16.85	1	-	-	-	-	-
2. SELFCS_AC	3.10	.65	.27***	1	-	-	-	-
3. OAS	21.13	11.16	-.43***	-.35***	1	-	-	-
4. WHOQOL_Fís	74.84	13.94	.33***	.37***	-.42***	1	-	-
5. WHOQOL_Psic	69.12	14.98	.41***	.51***	-.56***	.64***	1	-
6. WHOQOL_Rel	69.20	18.62	.27***	.32***	-.45***	.44***	.61***	1
7. WHOQOL_Amb	69.90	13.21	.37***	.29***	-.37***	.57***	.54***	.36***

Nota: EMWSS = Escala de Memórias Precoces de Calor e Segurança; SELFC_AC = Escala de Autocompaixão [dimensão autocompaixão (AC)]; OAS = Escala de vergonha externa; WHOQOL = Questionário de Qualidade de Vida, OMS [dimensões: qualidade de vida física (Fis.), psicológica (Psic.), Relações Sociais (Rel.) e ambiente (Amb.)]

***p <.001

3.4. *Análises de Mediação*

De forma a melhor compreender o papel da vergonha externa (OAS; modelo 1) e da autocompaixão (SELFCS_AC; modelo 2) como possíveis variáveis mediadoras entre as memórias precoces de calor e segurança com figuras de vinculação (EMWSS) e qualidade de

vida psicológica (WHOQOL_Psic.), procedeu-se à realização de duas análises de mediação, tendo como procedimento estatístico o PROCESS (Hayes, 2013).

3.4.1. *O efeito indireto das memórias precoces de calor e segurança na qualidade de vida psicológica, através da vergonha externa*

Como se pode verificar na Figura 1, a análise individual das relações estabelecidas entre as diferentes variáveis permite verificar que as memórias precoces de calor e segurança com as figuras de vinculação se encontram significativa e negativamente associadas com a vergonha externa (b = -0.29; SE = 0.02; $p < .001$), num modelo que explica 19% da variância da vergonha externa ($F_{(1,603)} = 138.75$, $p < .001$). Por sua vez, a qualidade de vida psicológica encontra-se negativa e significativamente associada com a vergonha externa *(*b = -0.63; SE = 0.05; $p < .001$) e positivamente relacionada com as memórias precoces de calor e segurança com as figuras de vinculação (b = 0.19; SE = 0.03; $p < .001$), num modelo que explica 34.45% da qualidade de vida psicológica ($F_{(2,602)} = 148.22$, $p < .001$). Foi ainda observado um efeito indireto significativo das memórias de calor e segurança com as figuras de vinculação na qualidade de vida psicológica através da vergonha externa (b = 0.18; SE = 0.02; IC 95% = [0.14 a 0.23]).

Foi, assim, observado que as memórias precoces de calor e segurança com as figuras de vinculação parecem exercer uma influência positiva na qualidade de vida psicológica. No entanto, os resultados parecem também indicar a presença de um efeito indireto nesta relação, explicado através dos mecanismos da vergonha externa.

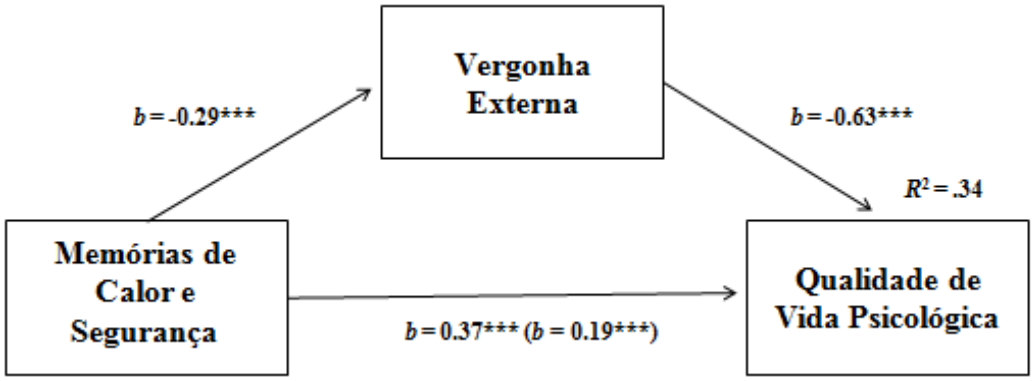

Figura 1. Diagrama estatístico de um modelo de mediação simples que explora a relação entre Memórias Precoces de Calor e Segurança com figuras de vinculação (EMWSS) e Qualidade de Vida psicológica através da mediação da Vergonha externa (OAS). Os valores que se encontram ao lado das setas representam os coeficientes de regressão não estandardizados. O valor que se encontra fora de parênteses na relação entre as memórias precoces de calor e segurança com as figuras de vinculação e a qualidade de vida psicológica diz respeito ao efeito total das memórias precoces de calor e segurança com as figuras de vinculação na qualidade de vida psicológica, enquanto os valores que se encontram dentro dos parênteses representam o efeito direto entre as memórias precoces de calor e segurança com as figuras de vinculação na qualidade de vida, após a inclusão da variável mediadora (vergonha externa) ao modelo;

***$p < .001$

3.4.2. *O efeito indireto das memórias precoces de calor e segurança na qualidade de vida psicológica, através da autocompaixão*

Como se pode verificar através da Figura 2, a exploração individual das relações estabelecidas entre as variáveis permite observar que as memórias precoces de calor e segurança com as figuras de vinculação se encontram significativamente associadas com a auto-compaixão (b = 0.01; SE = 0.002; $p < .001$), num modelo que explica 7.05% da variância da auto-compaixão ($F_{(1,610)}$ = 46.29, $p < .001$). Por sua vez, a qualidade de vida psicológica encontra-se significativamente associada com a autocompaixão (b = 9.78; SE = 0.78; $p < .001$) e com as memórias precoces de calor e segurança com as figuras de vinculação (b = 0.27; SE = 0.03; $p < .001$), num modelo que explica 33.92% da qualidade de vida psicológica ($F_{(2,609)}$ = 156.31, $p < .001$). No entanto, os resultados parecem indicar a presença de um efeito indireto significativo das memórias de calor e segurança com as figuras

de vinculação na qualidade de vida psicológica através da auto-compaixão (*b* = 0.10; *SE* = 0.02; IC 95% = [0.07 a 0.14]).

Assim, os resultados parecem demonstrar que existe uma influência positiva das memórias precoces de calor e segurança com as figuras de vinculação na qualidade de vida psicológica. Para além disso, estas análises sugerem que, nesta relação, existe um efeito indireto através da autocompaixão.

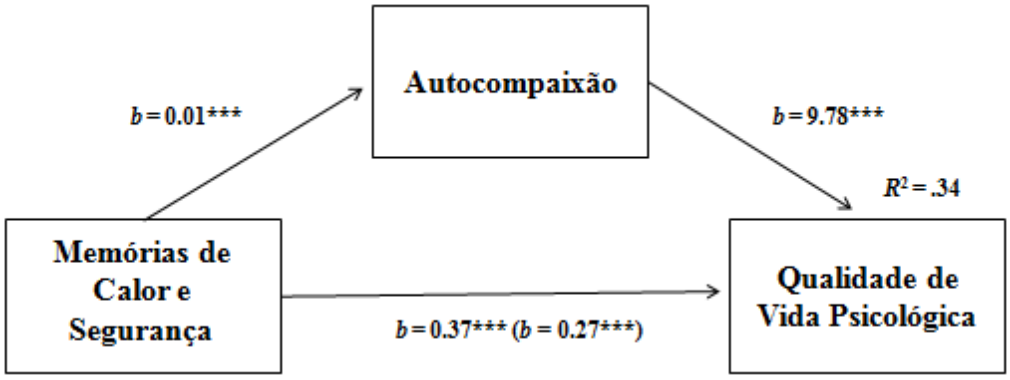

Figura 2. Diagrama estatístico de um modelo de mediação simples que explora a relação entre Memórias Precoces de Calor e Segurança com figuras de vinculação (EMWSS) e Qualidade de Vida psicológica através da mediação da autocompaixão (SELFCS_AC). Os valores que se encontram ao lado das setas representam os coeficientes de regressão não estandardizados. O valor que se encontra fora de parênteses na relação entre as memórias precoces de calor e segurança com as figuras de vinculação e a qualidade de vida psicológica diz respeito ao efeito total das memórias precoces de calor e segurança com as figuras de vinculação na qualidade de vida psicológica, enquanto os valores que se encontram dentro dos parênteses representam o efeito direto entre as memórias precoces de calor e segurança com as figuras de vinculação na qualidade de vida, quando a variável mediadora (auto-compaixão) é adicionada ao modelo;

****p* < .001

4. Discussão

A literatura tem demonstrado que as experiências afiliativas precoces têm um impacto significativo na qualidade de vida na idade adulta (e.g., Cheng et al., 2004; Dehart et al., 2006; Gilbert et al., 2006). Adicionalmente, tem sido sugerido que estas experiências poderão ser registadas como memórias autobiográficas (Gilbert & Irons, 2008), as quais parecem ser

centrais na definição da relação eu-eu e eu-outro (Gilbert, 1998, 2002; Mikulincer & Shaver 2005; Pinto-Gouveia & Matos, 2011). Embora a investigação pareça apontar uma relação positiva entre memórias de calor e segurança e melhores indicadores de qualidade de vida na idade adulta, os autores sublinham que nesta relação poderão estar envolvidos diferentes fatores e processos de regulação emocional (e.g., Gilbert, 2005; Gilbert et al., 2011; Schore, 2001; Webb et al., 2007).

Assim, o presente estudo pretendeu testar o papel mediador da vergonha externa e da autocompaixão na relação entre memórias precoces de calor e segurança com figuras de vinculação e qualidade de vida psicológica, em mulheres da população geral.

Os resultados obtidos permitiram confirmar as hipóteses previamente apontadas, evidenciando uma relação positiva e significativa entre memórias de calor e segurança com figuras de vinculação e níveis superiores de autocompaixão e de qualidade de vida, em todos os domínios. Em contraste, a presença de memórias de calor e segurança com figuras de vinculação surgem negativamente associadas a vergonha externa. Estes dados estão de acordo com a literatura (e.g., Gilbert, 2005) e com estudos anteriores, confirmando a relação positiva entre memórias afiliativas positivas precoces, maior autocompaixão e menores níveis de vergonha externa (e.g., Matos et al., 2013), mas acrescentam também novos dados ao revelar a relação positiva e significativa entre estas memórias positivas e os diferentes domínios da qualidade de vida em mulheres da população geral.

Por sua vez, estes dados sugerem que a vivência de vergonha externa está negativamente associada a todos os domínios da qualidade de vida. De salientar a relação positiva e alta entre a vivência de vergonha (i.e., a perceção de que características, atributos ou comportamentos do self são percebidos pelos outros como pouco atrativos, inadequados ou inferiores; e.g., Gilbert, 2002) e a dimensão psicológica da qualidade de vida. Estes resultados são consistentes com dados de estudos prévios que demonstram o impacto

negativo desta vivência de sentimentos de inferioridade, incapacidade e inadequação no bem-estar e na saúde psicológica (Cheung et al., 2004; Gilbert et al., 1994). Em contraste, os dados deste estudo permitiram corroborar a associação de uma relação eu-eu autocompassiva e indicadores de bem-estar físico e psicológico (e.g., Neff, 2003a, 2003b; Neff et al.,2005).

Os resultados dos estudos das análises de mediação indicaram que as memórias precoces de calor e segurança com figuras de vinculação parecem exercer uma influência positiva na qualidade de vida psicológica das mulheres. Contudo, sugerem igualmente um efeito indireto nesta relação, mediada através dos mecanismos da vergonha externa e da autocompaixão.

Mais especificamente, os resultados obtidos parecem indicar que a presença de memórias positivas precoces na relação com figuras de vinculação se associa, na idade adulta, a menor vergonha externa, a qual medeia a relação entre as referidas memórias e uma melhoria no bem-estar psicológico das mulheres. Adicionalmente, a presença destas memórias positivas associa-se a capacidades mais autocompassivas na relação eu-eu, processo que parece mediar a relação positiva entre as memórias afiliativas precoces e qualidade de vida. Em suma, este estudo parece assim apontar que as memórias afiliativas precoces têm um impacto positivo direto na qualidade de vida psicológica das mulheres mas que existe, simultaneamente, um efeito indireto nesta relação, através dos mecanismos da vergonha externa e da autocompaixão.

Estes resultados parecem representar um contributo significativo para a investigação acerca do impacto das experiências precoces afiliativas na qualidade de vida de mulheres adultas, sublinhando o papel mediador da experiência de vergonha externa e do processo de regulação emocional de autocompaixão. Contudo, estes dados não deverão ser lidos sem ter em conta algumas limitações neste estudo. A principal limitação deste trabalho deve-se à natureza transversal do estudo, a qual não permite retirar conclusões de causalidade. Uma

outra limitação metodológica diz respeito à utilização exclusiva de questionários de autorresposta, os quais poderão estar associados a subjetividade e a possíveis enviesamentos nos resultados. Investigações futuras devem, assim, testar estes efeitos de mediação recorrendo a um *design* longitudinal e com recurso a entrevistas, de forma a ultrapassar estas limitações. Dado que tem sido sugerido que o sexo feminino tende a apresentar uma perceção mais negativa da sua qualidade de vida e maior vulnerabilidade para a psicopatologia, esta investigação foi conduzida numa amostra de mulheres da população geral. No entanto, a utilização de uma amostra exclusivamente constituída por mulheres pode ser considerada como uma limitação, uma vez que não permite a generalização dos resultados para outro tipo de amostras, assim estudos futuros deverão replicar estas análises em diferentes amostras (e.g., população masculina e populações de outros contextos culturais).

Os resultados do presente estudo parecem, no entanto, constituir um contributo significativo para o desenvolvimento de futuras investigações e intervenções. De facto, o efeito mediador da vergonha e da autocompaixão na relação estre memórias precoces de calor e segurança com figuras de vinculação e bem-estar psicológico parece apontar para a pertinência do desenvolvimento de intervenções baseadas na diminuição de vergonha e no treino da autocompaixão (e.g., Gilbert, 2000; Gilbert & Irons, 2005; Gilbert & Procter, 2006), que tenham em vista a promoção da qualidade de vida psicológica na comunidade.

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II.

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Do shame and perfectionistic self-presentation fuel the link between early affiliative memories and eating psychopathology?

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Abstract

Literature has been consistently demonstrating that early affiliative experiences may be recorded as conditioned emotional memories, which have a central role in the development of one's inner self and social relational schema. Additionally, several studies have suggested that these early memories play an important impact on well-being and psychopathology vulnerability. However, the association between early affiliative memories and psychopathology does not seem to be linear. Thus, this study aimed to test an integrative model that explored the effect of external shame and body image-related perfectionistic self-presentation on the relationship between these particular memories (either with attachment figures and with peers) and eating psychopathology severity, in a sample of 361 female college students that completed validated self-report measures.

Path analysis' results showed significant indirect and negative associations between memories of warmth and safeness (with attachment figures and with peers) and eating psychopathology severity, mediated by external shame and the use of perfectionistic self-presentation strategies of body image. This model explained 49% of eating psychopathology's variance and presented excellent fit indices.

These findings seem to suggest that the absence of warmth and safeness affiliative memories is associated with higher levels of shame (i.e., feelings of inferiority and unattractiveness), and also with higher tendency to adopt body-image related perfectionistic self-presentation strategies, which seems to explain over concerning and pathologic control of one's eating behaviors.

These data appear to provide an important contribution in the field of early affiliative memories and seems to offer important implications for research and intervention programs by revealing the importance of assessing and targeting shame and perfectionist strategies, as

well as promoting adaptive emotion regulation strategies (e.g., self-compassion, acceptance) to deal with adverse internal events.

Highlights

- Early memories with attachment figures and peers are linked to eating difficulties
- Shame and perfectionistic self-presentation of body image mediate this link
- This integrative model explained 49% of eating psychopathology
- Interventions on eating difficulties should promote one's attachment system

Keywords: Early affiliative memories; external shame; perfectionistic self-presentation; eating psychopathology.

1. Introduction

The study of early emotional experiences has motivated the interest of researchers and clinicians, due to the presumption of its impact on adults' quality of life and mental health (e.g., Gilbert, Allan & Goss, 1996; Schore, 1994). In fact, either positive experiences (characterized by warmth, protection, safeness and care) and negative experiences (characterized by threat, insecurity, and rejection) seem to play a key role on psychological, physiological and social development and functioning (Gerhardt, 2004; Richter, Gilbert & McEwan, 2009; Schore, 1994).

Literature has highlighted the relationship between positive early emotional and relational experiences with attachment figures and the development of feelings of emotional well-being, self-esteem and happiness, and also lower levels of psychopathology (Cheng & Furnham, 2004; DeHart, Peham, & Tennen, 2006; Mikulincer & Shaver, 2004). Additionally, several authors have pointed out that these positive early experiences are not only defined by the absence of feelings of threat, but mainly by the presence of affiliative signs, which hold a primary role in the development of adaptive emotion regulation strategies (Baldwin & Dandeneau, 2005; Gilbert et al., 2006; Richter et al., 2009). In this perspective, it has been suggested that early relationships with caregivers and peers, when associated to the perception of being loved, accepted, and valued, can shut down the threat system and stimulate the attachment system (e.g., Cacciopo et al., 2000; Porges, 2003, 2007). Moreover, the development of the attachment system seems to be linked to the promotion of positive feelings of safeness and connection to others, enabling the capacity to deal effectively with adverse experiences (e.g., stress and perception of personal failure (Cheng & Furnham, 2004; Dehart et al., 2006; Martin, 2006; Masten, 2001; Richter et al., 2009).

In contrast, early experiences of low warmth, abandonment, rejection, neglect, abuse, shame or excessive control by significant caregivers can be registered as negative relational

experiences with a significant impairment and are linked to higher vulnerability to develop psychopathology (e.g., Bifulco & Moran, 1998; Bowlby, 1988; Brewin, Andrews & Gotlib. 1993; Richter et al., 2009), namely eating psychopathology (Vertanian, Smyth, Zawadzki, Heron, & Coleman, 2014).

Research has consistently shown that these affiliative experiences, either positive or negative, can be recorded as conditioned emotional memories (e.g., Gilbert & Irons, 2008), playing a central role on self-identity and emotional regulation (Brewin, 2006). Also, these memories seem to be particularly relevant on the development of the relational schema for the self and others (Gilbert, 1998, 2002; Mikulincer & Shaver, 2005; Pinto-Gouveia & Matos, 2011). In this context, while safe and supportive environments promote mental health and well-being, facilitating adaptative coping during setbacks and personal failures (Gilbert et al., 2006; Irons & Gilbert, 2005), negative early experiences can activate negative emotional states (such as shame) and the subsequent adoption of defensive behaviors (Cunha, Matos, Faria, & Zagalo, 2012; Dunlop, Burns, & Bermingham, 2001; Murray, Waller, & Legg, 2000).

Shame is defined as a self-conscious emotion characterized by the perception that others see the self negatively, i.e. as inferior, inadequate, undesirable or unattractive (e.g., Gilbert, 2002, Lewis, 1992; Nathanson, 1996). The social focused-emotion as it emerges in an interaction context (Lewis, 1995; Tangney & Dearing, 2002), serves an important defensive function (e.g., Gilbert, 2000, 2002). In fact, shame is a painful affect, which acts as a warning signal that one's characteristics and/or behaviors are unable to create positive feelings in others, and may put the self at risk of being criticized or rejected (Gilbert, 2000; Tangney & Dearing, 2002). In this context, this emotion motivates a series of defense behaviors such as correction, concealment, escape or appeasement, in order to attenuate social negative consequences (e.g., Gilbert, 2002; Tangney & Dearing, 2002). Nevertheless,

intense feelings of shame have been strongly associated to several social difficulties (e.g., isolation or alienation) and different psychopathological conditions (Gilbert, 2000, 2002). Specifically, shame has been highlighted as a central emotion in body- image difficulties and eating psychopathology (e.g., Gee & Troop, 2003; Grabhorn, Stenner, Stanger, & Kaufold, 2006; Pinto-Gouveia, Ferreira, & Duarte, 2014; Swan & Andrews, 2003).

In fact, research has suggested that some individuals facing shame experience may endorse maladaptive compensatory strategies, aiming at the public concealment of characteristics or attributes perceived as inadequate, defective, inferior or unattractive (Ferreira, Trindade & Ornelas, 2015; Hewitt et al., 2003).

Perfectionistic self-presentation is one of those maladaptive interpersonal strategies which reflect the belief that looking perfect in the eyes of others assures acceptance and belonging to the group (Peterson, 2003). However, consistent evidence demonstrates that this need to present a perfect public image is associated with different clinical conditions, namely eating disorders (Bardone-Cone et al., 2007; Ferreira & Trindade et al., 2015; Steele, O'Shea, Murdock, & Wade, 2011).

Specifically, research has demonstrated an association of perfectionistic self-presentation strategies with higher levels of body dissatisfaction and eating psychopathology severity in women (e.g., bulimia symptomatology and eating restraint; Cockell et al., 2002; Hewitt et al., 1995; McGee, Hewitt, Sherry, Parkin, & Flett, 2005). Indeed, since the female body shape is a particularly used dimension in self and social evaluations, especially in modern Western societies (Ferreira, Pinto-Gouveia, & Duarte, 2013; Gilbert et al., 1995; Troop, Allan, Treasure, & Katzman, 2003), women of these cultures tend to overvalue this dimension and to establish rank positions inside the social group, based on physical appearance (Buote et al., 2011; Ferreira et al., 2013; Macedo et al., 2007). Furthermore, qualities such as success, status and happiness are usually associated to a thinner female

body-image (Strahan, Wilson, Cressman & Buote, 2006) which may further explain women's involvement in maladaptive attitudes and behaviors with the purpose of controlling body shape, when coping with feelings of inferiority (Cockell et al., 2002; Ferreira & Trindade et al., 2015; Hewitt, Flett & Ediger, 1995; McGee et al., 2005).

In accordance with previous literature, the current study aimed to test an integrative model that explores the impact of early positive affiliative memories (in relationships with attachment figures and also with peers) on eating psychopathology symptomatology, and whether external shame and body image-related perfectionistic self-presentation act on this association. To this concern, it was hypothesized that external shame and perfectionist self-presentation focused on body image mediate the relationship between the absence affiliative memories of warmth and higher eating psychopathology severity.

2. Materials and methods

2.1. Participants

The sample of this study comprised 361 female college students, with a mean age of 21.37 years (*SD* = 3.66) and 13.90 (*SD* = 1.62) years of education. Concerning marital status, the majority of the participants reported to be single (352; 97.5%), 6 (1.7%) married or living together and 3 (.8%) divorced or separated. Participants' BMI mean was 21.90 (*SD* = 3.21), corresponding to normal weight values (WHO, 1995).

2.2. Measures

- *Early Memories of Warmth and Safeness Scale* (EMWSS; Richter et al., 2009; Matos, Pinto-Gouveia & Duarte, 2015); The EMWSS is a self-report measure, with 21 items, that aims to assess a set of childhood emotional memories related with care, feelings of warmth, safeness, soothing and positive affection with attachment figures. The response

options are displayed on a 5-point Likert scale (0 = No, Never to 4 = Yes, Most of the time), in which the respondent should select the value that better describes his/her emotions and feelings during childhood in statements such as " I felt understood" and "I felt safe and secure". The measure was found to have good psychometric properties, with a high level of internal consistency (α = .97) both for the original as well as for the Portuguese versions. In the current study, the measure presented a Cronbach's Alpha of . 98.

- Early Memories of Warmth and Safeness Scale – Peers version **(Ferreira, Matos, Cunha, Duarte & Pinto-Gouveia, 2015);** This is 21-items a self-report measure adapted from the EMWSS (Richter, Gilbert & McEwan, 2009) in order to regard relationship with peers. The respondents are thus asked to state the frequency of emotional experiences regulated by warmth, affection, care and safeness in their relationships with peers (e.g., "I felt safe and secure with my peers/friends" or "I felt loved by my peers/friends"), in a 5-point Likert scale (ranging from 0 = No, Never to 4 = Yes, Most of the time). In the current study, the EMWSS_ peers presented a Cronbach's alpha of .99.

- Other as Shamer Scale **(OAS; Goss, Gilbert, & Allan, 1994; Matos, Pinto-Gouveia, & Duarte, 2011)*;*** The OAS is a self-report measure composed by 18 items that aims to measure external shame, that is, the perception of how one exists in the mind of others. Thus, participants are asked to indicate in a 5-point Likert scale (0 = Never to 4 = Almost always) the frequency of their perceptions about others' negative evaluations. Higher results in this scale are indicators of higher levels of external shame (Goss et al., 1994). In what concerns internal consistency, this measure presented a Cronbach's alpha of . 92 in the original version and of .91 in the Portuguese validation study. In the current sample, the Cronbach's alpha was .93.

- Perfectionistic Self Presentation Scale – Body Image **(PSPS-BI; Ferreira, Duarte, Pinto-Gouveia, & Lopes, 2015);** This is a self-report instrument comprising 19 items that evaluate the need to present a perfect physical appearance to others (e.g., "It is important to have an attractive physical appearance"). Participants select in a 7-point Likert (1 = totally disagree to 7 = totally agree), the value that better quantifies their degree of agreement towards each item. PSPS-BI's internal consistency was revealed to be high in the original version (α = .93). In this study its Cronbach's alpha was .95.

- Eating Disorder Examination Questionnaire **(EDE-Q; Fairburn & Beglin, 1994; Machado et al., 2014)*;*** The EDE-Q is a 36 item self-report measure adapted from the Eating Disorder Examination interview (EDE; Fairburn & Cooper, 1993). It consists of four subscales (restraint, eating concern, weight concern and body shape concern) and evaluates the frequency and intensity of disordered eating attitudes and behaviors. The items are rated for frequency of occurrence (items 1-15, on a scale ranging from 0 = "None" and 6 = "Every day") or for severity (items 29-36, on a scale ranging from 0 = "None" and 6 = "Extremely"). The instrument presented good psychometric qualities in both the original and Portuguese versions (α = .94). In the current study it was only used the global value of the scale (obtained through the calculation of the average of the four subscales), which presented a Cronbach's alpha of .93.

2.3. Procedures

The current study is part of a wider research about the impact of different factors and emotion regulation processes on quality of life and mental health.

The procedures of the current study have respected all the ethical and deontological issues inherent to scientific research. Thus, the institutions involved approved the administration of the research protocol (composed of a set of self-report measures) and

participants were clarified about the objectives, procedures of the study, the confidentiality issues and voluntary character of this participation, and gave their written informed consent.

The initial sample was constituted by 930 individuals of both genders (692 women and 236 men), with ages ranging from 18 to 69 years old. However, having in mind the objectives outlined for the current study only 361 female students were selected, having all the other individuals that did not fit the required criteria to constitute the sample been excluded, that is, all the male individuals and all the non-college student females. All the protocols incorrectly filled in by the participants were also excluded.

2.4. Data analyses

Data analyses was performed using the software IBM SPSS Statistics 22.0 (SPSS IBM; Chicago, IL) and path analyses was explored using the software AMOS (Arbuckle, 2006). In order to analyze the characteristics of the selected sample, the descriptive statistics of the constructs in study were performed (mean and standard deviation). Afterwards, product-moment Pearson correlation analyses were performed to observe the relationship established between the different study variables. The magnitudes of these results were discussed taking into account Cohen's guidelines, in which correlations ranging between . 1 and .3 are considered of weak magnitude, moderate above .3 and strong, those correlations equal or superior to .5, considering a significance level of .05 (Cohen, Cohen, West, & Aiken, 2003).

Path analysis (MacKinnon, 2008), a structural equation modeling (SEM), was performed in the proposed theoretical model to estimate the presumed relations among variables. It enables the concurrent examination of structural relationships as well as direct and indirect effects among multiple variables (endogenous and exogenous), concomitantly controlling error (Kline, 2005).

In the path model proposed in this study, we intended to examine whether early experiences of warmth and safeness with attachment figures and with peers would predict eating psychopathology's severity, with indirect effects mediated by external shame and perfectionistic self-presentation of body image. Thus, early experiences of warmth and safeness with attachment figures and with peers were considered as exogenous variables; external shame and perfectionistic self-presentation of body image were hypothesized as endogenous mediator variables, and eating psychopathology as endogenous variable. The Maximum Likelihood the method used for the estimation of the regression coefficients and fit statistics. Additionally, a set of goodness-of-fit indices were used to examine the adequacy of the model to the empirical data. Resorting to the Bootstrap resampling procedure the significance of the paths was also examined, with 5000 samples, and 95% bias-corrected confidence intervals (CI) around the standardized estimates of total, direct and indirect effects.

3. Results

3.1. Preliminary analyses

The analysis of Skewness and Kurtosis values seems to confirm the assumption of normality of the distribution of the variables in study (Kline, 1998). The suitability of the data is indicated by preliminary analyses, pointing to linearity, independence of errors, normality, homocedasticity, as well as to the singularity and absence of multicolinearity among the variables (Field, 2004).

3.2. Descriptive analyses

The descriptive statistics referring to the variables in study are presented for the total sample (N = 361) on Table 1.

Table 1

Means (M), Standard Deviations (SD), and Intercorrelation scores on self-report measures (N=361)

Measures	*M*	*SD*	1	2	3	4
1. EMWSS	65.87	17.06	1	-	-	-
2. EMWSS_peers	62.43	18.14	.57***	1	-	-
3. OAS	21.13	11.17	-.45***	-.50***	1	-
4. PSPS_BI	77.50	23.32	-.24***	-.32***	.52***	1
5. EDE_Q	1.32	1.17	-.22***	-.30***	.51***	.68***

Note: EMWSS = Early Memories of Warmth and Safeness Scale; EMWSS_peers = Early Memories of Warmth and Safeness Scale - Peer version; OAS = Other As Shamer; PSPS_BI = Perfectionistic Self-Presentation Scale – Body Image; EDE_Q = Eating Disorder Examination Questionnaire

*** $p < .001$

3.3. Correlations

Results demonstrated that both early memories of warmth and safeness with attachment figures (EMWSS) and early memories of warmth and safeness with peers (EMWSS_peers) presented negative associations (with moderate and strong magnitudes, respectively) with external shame (OAS), weak and moderate negative associations with perfectionistic self-presentation of body image (PSPS-BI), and weak and moderate correlations with eating psychopathology's severity (EDE-Q). Moreover, results showed that the OAS presented positive and strong correlations with PSPS-BI and EDE-Q. Also a positive and strong relationship was found between PSPS-BI and EDE-Q. (Table 1).

Additionally, a partial correlation analysis controlling for Body Mass Index (BMI) was conducted. Results showed that both the direction and magnitude of the correlations of the variables in study remained similar and therefore BMI was not included in later analyses.

3.4. Path Analysis

The goal of path analysis was to test of whether external shame and perfectionistic self-presentation of body image mediate the effects of early memories of warmth and safeness with attachment figures and with peers, on eating psychopathology severity.

The theoretical model was tested through a saturated model, that is, with zero degrees of freedom, which contained 30 parameters.

The initial model explained 49% of the eating psychopathology's variance. In this model, the following paths were not significant: the direct effect of early memories of warmth and safeness with peers on eating psychopathology (b_{EMWSS_peers} = -.002; SE_b = .003; Z = -.523; p = .601) and on perfectionist self-presentation of body image (b_{EMWSS_peers} = -.111; SE_b = .066; Z = -1.675; p = .094); the direct effect of early memories of warmth and safeness with figures of attachment on eating psychopathology (b_{EMWSS_total} = -.001; SE_b = .003; Z = .394; p = .694) and on perfectionist self-presentation of body image (b_{EMWSS_total} = .051; SE_b = .077; Z = .659; p = .510). In the face of these results, these paths were eliminated and the model was readjusted (Figure 1).

The new model presented an excellent fit with a non-significant chi-square [$X^2_{(4)}$ = 3.657; p = .914]. Different well-known and recommended fit indices were also used to assess the quality of fit of the model (Kline, 2005); these indices indicated that the model presented an excellent fit to the empirical data (CMIN/DF = .914; CFI = 1.000; TLI = 1.000; RMSEA = .000, p =.790, IC = .000 - .077).

In Figure 1, the final model is presented with standardized estimations of the regression coefficients and the R^2 of external shame, perfectionistic self-presentation of body image and the index of severity of eating psychopathology.

As it can be observed, this model explains 49% of the variability of eating psychopathology. Simultaneously, 29% of external shame is explained by the EMWSS and

the EMWSS_peers; and 27% of perfectionist self-report of body image is explained by the effect of the EMWSS and EMWSS_peers through external shame.

Early memories of warmth and safeness with the attachment figures predicted external shame, with a direct effect of -.25 (b_{EMWSS_total} = -.162; SE_b = .036; Z = -4.558; p < .001). Early memories of warmth and safeness with peers also predicted external shame, with a direct effect of -.35 (b_{EMWSS_peers} = -.218; SE_b = .033; Z = -6.543; p <.001). In turn, external shame had a direct effect of .52 on the perfectionist self-presentation of body image (b_{OAS} = 1.189; SE_b = .094; Z = 11.611; p <.001) and of .21 on the severity of eating psychopathology (b_{OAS} = .022; SE_b = .005; Z = 4.753; p = <.001). It was also verified that perfectionist self-presentation of body image had a direct effect of .57 on eating psychopathology ($b_{PSPS-BI}$ = .028; SE_b = .002; Z = 12.972; p < .001).

The analysis of the indirect effects revealed that early memories of warmth and safeness with the attachment figures as well as with peers presented indirect effects through external shame on the perfectionist self-presentation of body image, of -.13 (95% CI = -.20 - -.07) and -.19 (95% CI = -.25 - -.12), respectively. The EMWSS and EMWSS_peers also presented indirect effects in eating psychopathology, of - .13 (95% CI = -.19 - -.06) and -.18 (95% CI = -.25 - -.11), respectively, which were totally explained by external shame and by the perfectionist self-presentation of body image. Results also demonstrated that external shame presented an indirect effect of -.30 (95% IC = .24 - .36) on eating psychopathology which was partially mediated through the perfectionist self-presentation of body image. Overall, the model account for 49% of eating psychopathology severity and revealed that external shame and body image-related perfectionistic self-presentation totally mediate the impact of early memories of warmth and safeness with attachment figures and with peers on eating psychopathology.

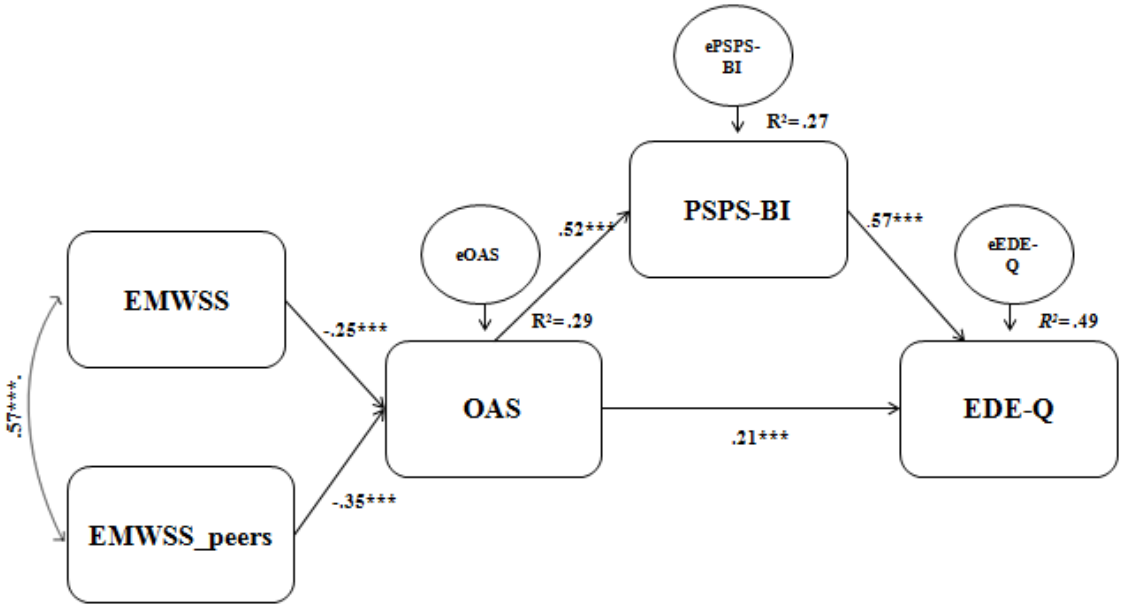

Figure 1. Final path model. *Note*: Standardized path coefficients among variables are presented. All path coefficients among variables are presented. All path coefficients are significant at the 0.5 level; ***p < .001 EMWSS = Early Memories of Warmth and Safeness Scale; EMWSS_peers = Early Memories of Warmth and Safeness Scale - Peer version; OAS = Other As Shamer; PSPS_BI = Perfectionistic Self-Presentation Scale – Body Image; EDE_Q = Eating Disorder Examination Questionnaire.

4. Discussion

This study presents an integrative model to explain the link between early memories of warmth and safeness and eating psychopathology severity, in a sample of 361 female college students. In accordance to the literature (e.g., Cunha et al., 2012; Gee & Troop, 2003; Pinto-Gouveia et al., 2014), it was hypothesized that external shame and body image-related perfectionistic self-presentation mediate the negative impact of the absence of early memories of warmth and safeness, both with attachment figures and with peers, on the engagement on disordered eating behaviors and attitudes.

The tested model showed an excellent fit to the empirical data, explaining 49% of the variance of eating psychopathology and confirming our hypotheses. Furthermore, it was also revealed that 29% of external shame was explained by early memories of warmth and safeness with attachment figures and with peers, and that 27% of perfectionistic self-

presentation of body image was explained by the lack of these affiliative memories through increased levels of external shame.

More specifically, data seemed to show that the absence of early memories of warmth and safeness presented a negative effect on eating psychopathology severity, which goes in line with preceding literature regarding the impact of affiliative memories on psychopathology (Cheng & Furnham, 2004; DeHart et al., 2006; Mikulincer & Shaver, 2004). These findings further extend previous research by exploring the role of these memories specifically on disordered eating. Also, the present study adds new data suggesting the importance of affiliative memories with peers (e.g., friends and colleagues) in childhood and adolescence on the later vulnerability to present higher levels of shame, perfectionistic self-presentation focused on body image and disordered eating. In fact, this is the first study that explores the role of both early memories with attachment figures and with peers in these outcomes.

Furthermore, another important contribution of the present study seems to be the suggestion that the relationship between early affiliative memories and eating psychopathology is mediated by the negative effect of external shame and by the endorsement of compensatory perfectionistic strategies (such as striving to present a perfect body image) aiming to cope with feelings of inferiority and unattractiveness. In fact, our findings seem to indicate that the perception that others see the self negatively (i.e., external shame) may trigger the striving to present a perfect body image which seem to promote pathological eating behaviors and attitudes. In other words, these findings seem to corroborate that the lack of early affiliative memories may activate the threat system (e.g., Cacciopo et al., 2000; Porges, 2003, 2007) associated with adverse experiences (such as shame), which may lead to the adoption of perfectionistic strategies towards body image in order to assure acceptance and belonging in the group (Ferreira, Trindade, et al., 2015). In

turn, these maladaptive strategies can have paradoxical effects fueling heightened concern and control about body shape and weight and consequently the adoption of disordered eating behaviors.

The results present in this study should be interpreted in the light some limitations. Firstly, the cross-sectional nature of this investigation does not allow the inference of causal relationships between the variables. Furthermore, another limitation lies on the use of self-report measures that may be susceptible to biases. Thus, future research should focus on the development of studies with longitudinal designs and with the inclusion of another assessment methods, such as interviews, in order to confirm this paper's findings. In addition, the use of a sample exclusively composed of college female students does not allow the generalization of the results for other populations; therefore, future work should test our hypotheses in samples of women from the general population or clinical populations, for example. Nevertheless, the present study offers new empirical data that may be relevant for research and for the development of intervention programs. In fact, intervention programs in the community (namely with female college students) aiming to target body image and eating difficulties should promote adaptive emotion regulation strategies (e.g., self-compassion, acceptance) to deal with adverse internal events.

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A

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