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Shame and eating psychopathology: Exploring the role of self-judgment and fears of receiving compassion

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

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Índice

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Shame and eating psychopathology: Exploring the role 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 difficulties. However, the mechanisms underlying this association remain unclear. Therefore, the current study sought to examine the role of external shame on the endorsement in disordered eating attitudes and behaviours through the mechanisms of self-judgment and fears of receiving compassion from others, while controlling for body mass index (BMI). Participated in this study 400 women from general population, with ages ranging from 18 to 55 years old.

Correlation results showed a significant and positive relationship between external shame, self-judgment, fears of receiving compassion from others and eating psychopathology. Path analyses results demonstrated that, when controlling for the effect of BMI, external shame had a direct impact on disordered eating severity, and an indirect effect mediated by higher levels of self-judgment and increased fears of receiving kindness and compassion from others. Results confirmed the plausibility of the tested model, which explained 36% of eating psychopathology's variance. These findings seem to support that women who perceive that others view them negatively tend to endorse defensive and maladaptive emotion regulation strategies (such as harsh critical attitudes towards the self and resistance at receiving compassion from others), which may trigger maladaptive eating attitudes and behaviours.

The current research appears to be a pioneer 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.

Keywords:

External shame; Self-judgment; Fears of compassion; Eating psychopathology.

Introduction

Growing evidence demonstrate that shame represents a key factor in the development and maintenance of psychopathology (Gilbert, 1998; Tangney & Dearing, 2002). Particularly, higher levels of this emotion have consistently been associated with 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). Moreover, shame is fundamentally a socially-focused emotion that arises when the self perceives that others are evaluating 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 need to human beings (Gilbert, 2002; Gilbert & Irons, 2009). In this context, perceiving the self as someone with negative qualities or lack of attractive ones may trigger defensive responses. In this line, shame has defensive function acting as a warning signal of being negatively perceived by others and a signal that self may be devalued, ostracized or rejected (Gilbert, 2002; Gilbert & Irons, 2009).

Furthermore, shame may become internalized, 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), creating a hostile internal world (Gilbert, 1998, 2000; Tangney & Dearing, 2002). Some studies have been reported that the way we deal with ourselves (in a critical way or with kindness) has a major impact in our mental health and well-being (Gilbert, 1989, 2002). Thus, when individuals present a self-judgment attitude about one's own failures or inadequacies, over-identifying 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, 2013; Mendes, Marta-Simões, & Ferreira, 2016; Pinto-Gouveia, Ferreira, & Duarte, 2014) On the contrary, 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 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).

Also, research has shown that compassion may have a protective effect and promote well-being by buffering against the impact of distressing and challenging situations (Leary, Tate, Adams, Allen, & Hancok, 2007; Neff, 2003b). However, some individuals seem to perceive as threatening, rather than pleasant, receiving kindness and compassion from others, as well as demonstrating feelings of compassion for self and for others (Gilbert, 2005a). According to Gilbert (2010), these fears of compassion may be due to the fact that these affiliative feelings may trigger memories of desiring but not being a 'recipient' of compassionate feelings (Gilbert, McEwan, Matos, & Rivis, 2011). In this sense, some individuals from insecure or low affection backgrounds face compassion from others with resistance and doubt, feeling that they do not deserve it or perceive 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 influence the self in the sense of not being responsive and

receptive to their care and compassionate attitudes (Cunha, Xavier, Galhardo, & Pereira, 2015). Additionally, recent evidence has shown that the fear of self-compassion, as well as fear of compassion from others, is associated with self-criticism, anxiety, depression and stress. Also, self-reassurance appears to be negatively linked with fear of 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 evidences have 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 existent pressure in Western societies to accomplish a thin body shape, strategies such as body image and eating control tend to be developed to avoid shame and to improve one's social status, in order to compete for social advantages (Burkle, Ryckman, Gold, Thornton, & Audesse, 1999; Ferreira, Pinto-Gouveia, & Duarte, 2013). Nevertheless, the mechanisms involved in the link between shame and eating psychopathology still need to be clarified. Indeed, only few empirical studies have investigated the effect of self-judgment, and no research to date examines the role of fears of receiving compassion from others on this association.

Therefore, considering the main role of external shame to explain the engagement in disordered eating behaviours and attitudes, the current study presents and tests an integrative model examining the effect of external shame on disordered eating and the mediator role of the mechanisms 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 in accepting compassionate attitudes from

others, which were hypothesized as mediator's mechanisms explaining the engagement on body image and eating-related disordered behaviours.

Material and Methods

Participants

The study sample comprised 400 female participants from the general population, recruited through an online survey. The participants' age ranged from 18 to 55 years (*M* = 30.55; *SD* = 11.04). Regarding marital status, most of participants reported to be single (*n* = 251; 62.7%), 128 (32.1%) married or living together, 16 (4%) divorced and only 5 (1.3%) reported to be widows. Concerning area of residence, 40.3% (*n* = 161) of the subjects reported to live 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, presented a mean of 23.16 Kg/m^2, corresponding to a normal weight (18.5 < BMI < 24.99) (WHO, 1995) and reflecting BMI's distribution in female Portuguese population (Poínhos et al., 2009).

Measures

Demographic data regarding age, gender, education level, area of residence, marital status and current weight and height were completed by all the women, previously to the administration of self-report measures.

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

Other As Shamer Scale (Goss, Gilbert, & Allan, 1994; Matos, Pinto-Gouveia, & Duarte, 2011). OAS is a 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 they made 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 (α = 0.92) and in the Portuguese version (α = 0.91).

Self-Compassion Scale (Costa et al., 2015; Neff, 2003b) SCS is a 26-item self-report instrument that assess 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 a composite measure of 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 5-point scale (from 1 = *Almost Never* to 5 = *Almost Always*). This scale showed good reliability, in the original study (α = 0.92*)*, as well as in the Portuguese version (α = 0.89).

Fears of Compassion Scales (FCS; Gilbert et al., 2011; Matos, Pinto-Gouveia, & Duarte, 2011) This self-report measure includes three subscales: (1) fears of compassion for self (15 items), which appraises the fear of demonstrating compassion for self; (2) fears of compassion from others (FCS_fromOthers;13 items), designed to measure how one reacts to the expression of compassion from other people, (e.g. "Feelings of kindness from others are somehow frightening"); (3) fears of compassion for others (10 items) to assess fears of developing compassion for others. Participants were asked to rate on a 5-point Likert type scale (from 0 = Don't agree at all, to 5 = Completely agree) how characteristic each sentence was of them. Thus, higher scores are related to an increased

fear of developing compassion for self, for others, and accepting compassion from others. For the purposes of our study, we only used the fear of compassion from others' subscale. In the original version, FCS_fromOthers demonstrated good reliability, both in the students 'sample and in the therapists 'one (α = 0.85). Concerning the Portuguese version, in a non-student sample, this subscale also revealed good internal consistency (α = 0.91) (Simões & Pinto-Gouveia, 2012).

Eating Disorder Examination Questionnaire (EDE-Q; Fairburn & Beglin, 1994; Machado et al., 2014). This is a 36-item self-report measure developed from Eating Disorder Examination interview and comprises four subscales that reflect the severity of eating psychopathology: restraint, eating concern, weight concern and shape concern. Participants were asked to rate the items (from 0 to 6 points) according to the frequency of occurrence (items 1-15, on a scale ranging from 0 = *None* and 6 = *Every day*) or severity (items 29-36, on a scale ranging from 0 = *None* and 6 = *Extremely*), concerning the past 28 days. Higher scores on this scale indicate greater levels of eating psychopathology. In the present study, it was only used the global EDE-Q score, computed by the mean of the four subscales. The original EDE-Q and its Portuguese version presented good internal consistency (α = 0.94).

Cronbach's alphas of these measures, for the present study, are reported in Table 1.

Procedures

The current study was part of a wider research about the role of different emotion regulation processes on women' psychological functioning and mental health. Data collection and others study procedures respected all ethical and deontological requirements, inherent to scientific research. The study sample was obtained through

online advertisements on a social network (Facebook) and by e-mail, in which was included a text that clarified the procedure and aims of this study and participants' selection criterion (women with ages ranging from 18 to 55 years old). The online advertisement also included an Internet link, which redirected the potential participants to an online version of the questionnaires. All the individuals who accepted to take part in the study provided their written inform consent previously they answered the self-report measures.

Data analyses

Data analysis were conducted using the software IBM SPSS Statistics 22.0, and path analyses were performed using the software AMOS.

Descriptive statistics (means and standard deviations) were used to explore the features of the final sample. Additionally, product-moment Pearson correlations were conducted to examine the associations between body mass index (BMI), external shame (OAS), self-judgment (SJ), fear of compassion from others (FCS_fromOthers), and the severity of eating psychopathology (EDE_Q). The magnitudes of these correlations were examined taking into account Cohen's guidelines, in which magnitudes between 0.1 and 0.3 were considered weak, between 0.3 and 0.5 were considered moderate, and magnitudes above 0.5 were considered to be strong, considering a significance level of 0.05 (Cohen, Cohen, West, & Aiken, 2003). Finally, path analyses were performed to test presumed structural relations among the variables in the purposed model. Particularly, it was explored the link between external shame and disordered eating and whether self-judgment and fears of compassion from others mediated this association, after controlling for BMI (Figure 1). Thus, external shame was considered as exogenous variable; self-

judgment and fears of compassion from others were hypothesized as mediator variables and EDE_Q was entered as an endogenous variable.

The Maximum Likelihood estimation method was performed to test the regression coefficients and to compute fit statistics. Moreover, a series of goodness-of-fit indices were calculated to examine the adequacy of the model to the empirical data (CMIN/DF; TLI; CFI; RMSEA) (Hu & Bentler, 1999).

Additionally, the Bootstrap resampling method was used to analyse the significance of the mediational paths, using 5000 Bootstrap samples and 95% confidence intervals (Kline, 2006) around the standardized estimated of direct, indirect and total effects.

Results

Preliminary analyses

The assumption of the normality of the distribution of the variables was confirmed by the analysis of Skewness and Kurtosis (Kline, 2006).

Preliminary analyses indicated that data followed the assumptions of homoscedasticity, normality, linearity, independence of errors and multicollinearity and singularity among the variables (Field, 2004).

Descriptive and correlation analyses

The descriptive statics (means and standard deviations) of the study variables for the total sample (N = 400) on Table 1.

Correlation results demonstrated that BMI was positively linked, albeit weakly, with OAS and with EDE-Q. Also, external shame showed positive and strong associations with the mechanisms of self-judgment and fear of receiving compassion from others, and

a moderate association with EDE-Q. Moreover, self-judgment and fear of receiving compassion from others appeared to be positively linked with each other, and evidenced a positive and moderate association with EDE_Q.

Table 1. *Cronbach's alpha (α), Means (M), Standard Deviations (SD), and intercorrelation scores on self-report measures (N = 400)*

Measures	*α*	*M*	*SD*	1	2	3	4
1. BMI	-	23.16	3.77	-	-	-	-
2. OAS	0.94	20.09	11.70	0.10*	-	-	-
3. SJ	0.92	2.81	0.78	0.05	0.55***	-	-
4. FCS_fromOthers	0.93	12.35	10.62	0.04	0.62***	0.47***	-
5. EDE-Q	0.92	1.47	1.23	0.42***	0.42***	0.34***	0.38***

Note. BMI = Body Mass Index; *OAS* = Other As Shamer Scale; *SJ* = Self-judgment dimension of the Self-Compassion Scale (SCS); *FCS_fromOthers* = Fears of compassion from others subscale of the Fears of Compassion Scale (FCS); *EDE_Q* = Eating Disorder Examination Questionnaire. ***$p < 0.001$

Path analyses

Path analysis was performed to test whether the mechanisms of self-judgment and fear of compassion from others mediate the impact of external shame on disordered eating attitudes and behaviours, while controlling for the effect of body mass index (BMI).

The path model was tested through a saturated model (with zero degrees of freedom), consisting 18 parameters, which explained 36% of eating psychopathology (EDE-Q). Results indicated that the two following paths were not significant: the direct effect of body mass index on self-judgment (b_{BMI} = 0.000; SE*b* = 0.009; *Z* = -0.043, *p* =0.965), as well as the direct effect of body mass index on fears of compassion from others (b_{BMI} = -

0.063; SE*b* = 0.109; *Z* = -0.579, *p* = 0.563). These paths were progressively eliminated and the model was readjusted. The final model (Figure 1) predicting disordered eating revealed that all path coefficients were statistically significant and presented an excellent model fit [$\chi^2_{(2)}$ = 0.337; *p* = 0.845, CMIN/DF = 0.17; TLI = 1.00; CFI= 1.00; RMSEA = 0.00; *p* = 0.94; 95% CI = 0.00 - 0.06] (Hu & Bentler, 1999). Particularly, this model accounted for 36% of the EDE-Q variance, while controlling for the effect of BMI, and revealed that external shame accounted for 30% of self-judgment and 39% of fear of receiving compassion from others.

Specifically, external shame presented a direct effect of 0.55 (b_{OAS} = 0.036; SE*b* = 0.003; *Z* = 13.039, *p* < 0.001) on self-judgment, of 0.62 (b_{OAS} = 0.566; SE*b* = 0.036; *Z* = 15.908, *p* < 0.001) on fear of compassion from others and 0.20 (b_{OAS} = 0.021; SE*b* = 0.006; *Z* = 3.657, *p* < 0.001) on EDE-Q. In turn, self-judgment and fear of compassion from others had a direct effect on EDE-Q of 0.12 (b_{SJ} = 0.190; SE*b* = 0.077; *Z* = 2.467, *p* = 0.014) and 0.18 ($b_{FCS\_fromOthers}$ = 0.022; SE*b* = 0.006; *Z* = 3.552, *p* < 0.001), respectively.

The analysis of indirect effects demonstrated that external shame presented an indirect effect on EDE-Q of 0.18 (95% CI = 0.094 - 0.264), which was partially mediated by self-judgment and fear of compassion from others.

To sum up, the model accounted for 36% of EDE-Q's variance, revealing that the impact of external shame on eating psychopathology was partially carried through the mechanisms of self-judgment and fear of receiving compassion from others.

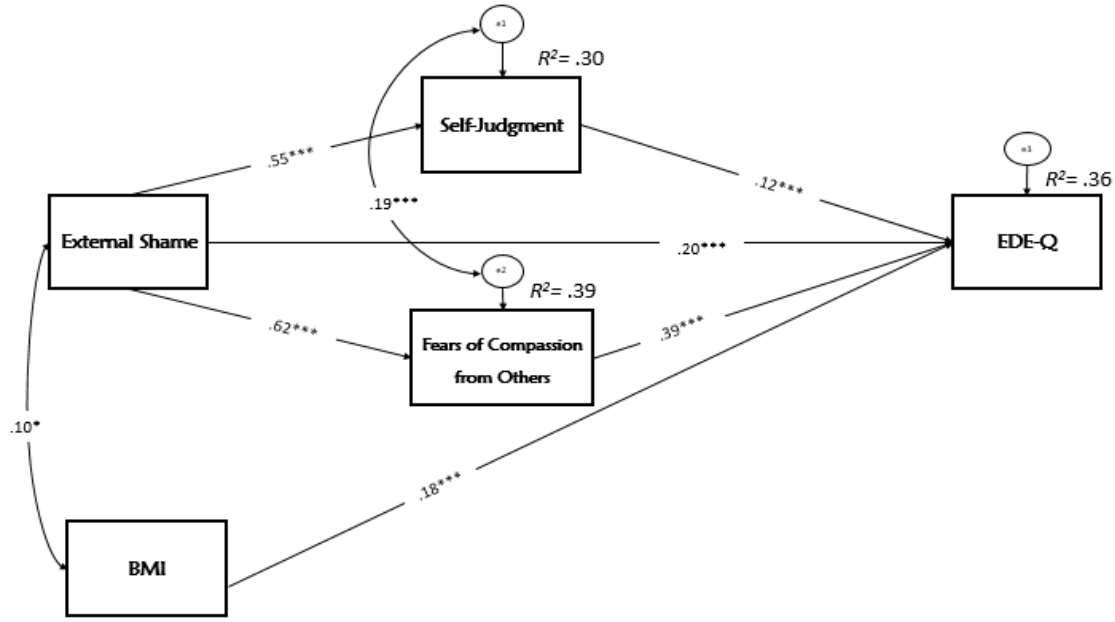

Figure 1. Final path model. *Note*: Standardized path coefficients among variables are presented. All paths were significant at the 0.05 level; ***$p < 0.001$. *$p < 0.05$.

Discussion

Shame has been for long associated with eating psychopathology, both in clinical and nonclinical samples (e.g., Ferreira et al., 2013; Gee & Troop, 2003; Goss & Gilbert, 2002; Pinto-Gouveia et al., 2014; Troop & Redshaw, 2012). Even though there is growing evidence demonstrating the impact of experiencing shame on disordered eating, the emotional processes involved remain unclear. Hence, the current study sought to explore whether a self-judgmental attitude and fears of receiving compassion from others mediate the link between the perceptions of being negatively evaluated by others and disordered eating. It was hypothesized that aforementioned association is not linear and that some important maladaptive processes (e.g., critical attitude towards the self and fear of receiving kindness and compassion from others) would mediate it.

In accordance with previous literature, correlation analyses showed that external shame was strongly associated with higher levels of self-judgment and fears of receiving

compassion from others (Gilbert, McEwan, Catarino, Baião, & Palmeira, 2014; Gilbert et al., 2011). Moreover, results supported that external shame was positively linked with overall levels of eating psychopathology. These findings were expected and congruent with extant research, corroborating that shame experiences may comprise a primary threat to one's social self and self-identity and, therefore, are associated with the rapid activation of defensive emotional and behavioural responses (e.g., Gilbert, 1998, 2000), namely body image and eating related control behaviours. Therefore, these data seemed to support the relevant role of shame on body image and eating-related psychopathology (Ferreira et al., 2013; Gee & Troop, 2003; Goss & Gilbert, 2002; Pinto-Gouveia et al., 2014).

Additionally, our results revealed that higher levels of a judgmental inner relationship were associated with fear of receiving care and compassion from others. Similarly, these emotional processes were positively linked to a higher engagement in maladaptive body and eating-related attitudes and behaviours. These findings appeared to corroborate that people who are more self-critical are not just hostile to themselves, but also tend to be more resistant to receive social support, kindness as well as compassion from others (Cozolino, 2006; Gilbert et al., 2011; Gilbert et al., 2014). Likewise, these results seemed to corroborate previous studies (e.g., Gilbert et al., 2014), and added to the literature highlighting the relationship between these maladaptive emotion regulation processes and eating psychopathological indicators.

All of these associations were further examined in a path analysis which tested whether the mechanisms of self-judgment and fears of compassion from others mediated the impact of external shame on disordered eating attitudes and behaviours, while controlling for the effect of body mass index (BMI). This mediational model, demonstrated an excellent fit to the empirical data, explaining a total of 36% of the

variance of disordered eating behaviours. Hence, it was possible to verify that, while controlling for BMI, external shame had a direct effect on self-judgment and on fears of receiving compassion from others, as well as on eating psychopathology severity. Moreover, these maladaptive emotion regulation processes emerged as the mechanisms through which shame partially led to disordered body image and eating-related behaviours. More specifically, our results suggested that, although shame directly impacts on eating psychopathology, this adverse effect was partially explained by the mechanisms of self-judgment and fears of receiving compassion from others. Indeed, even though these maladaptive defensive responses, driven by shame, are intended to correct personal features and to protect the self (Gilbert & Irons, 2005), they may have paradoxical effects and promote extreme maladaptive behaviours (e.g., disordered eating). In this sense, extreme behaviours of control over one´s body and eating may emerge as compensatory strategies to strive for a secure social rank position and avoid shame, fuelled by maladaptive emotional processes (Gilbert, 2005b; Pinto-Gouveia et al., 2014)

These findings cannot however be considered without taking into account some limitations. Firstly, the main limitation is the cross-sectional design of the study, which restrains the establishment of causal directions between the variables. Thus, future studies should be developed based on longitudinal designs to explore the attained associations between variables over time. Additionally, the use of self-report measures and of an online survey may be susceptible to biases. Therefore, it would be useful to include another assessment measures (e.g., interviews), in order to corroborate our findings. Furthermore, the study's sample was only composed by women from the general population, thus precluding once again the generalization of the results. In this sense, our model should be replicated in different samples, namely clinical samples with eating and weight-related disorders and men samples. Finally, this study did not entirely cover the

multidetermined nature of eating psychopathology, thus it would be important to further explore different emotional regulation processes involved in the link between shame and disordered eating.

To sum up, the present study seems to support that women who perceive that others view them negatively (e.g., inferior, inadequate, defectiveness) may endorse maladaptive emotion regulation strategies (such as harsh critical attitudes towards the self and higher resistance at receiving compassion from others), which may trigger disordered eating attitudes and behaviours

These findings seem to have important clinical implications suggesting the relevance of developing self-compassionate attributes and skills, rather than adopting a self-judgmental attitude, and emphasizing the importance of targeting mechanisms that block this adaptive and caring attitude (such as fears of compassion from others). Moreover, this is a pioneer 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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Anexo – Guia para Autores da revista Appetite

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AUTHOR INFORMATION PACK

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