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Exploring self-compassion as a refuge against recalling the body-related shaming of caregiver eating messages on dimensions of objectified body consciousness in college women

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ABSTRACT

Guided by an overarching body-related shame regulation framework, the present investigation examined the associations between caregiver eating messages and dimensions of objectified body consciousness and further explored whether self-compassion moderated these links in a sample of 322 U.S. college women. Correlational findings indicated that retrospective accounts of restrictive/critical caregiver eating messages were positively related to body shame and negatively related to self-compassion and appearance control beliefs. Recollections of experiencing pressure to eat from caregivers were positively correlated with body shame and inversely associated with appearance control beliefs. Higher self-compassion was associated with lower body shame and body surveillance. Self-compassion attenuated the associations between restrictive/critical caregiver eating messages and both body surveillance and body shame. Implications for advancing our understanding of the adaptive properties of a self-compassionate self-regulatory style in mitigating recall of familial body-related shaming on the internalized body-related shame regulating processes of body objectification in emerging adulthood are discussed.

Introduction

Objectified body consciousness represents a reprioritized self-awareness directed from *self-objectification*, or having internalized an outsider's view of the body as an object to be gazed upon and scrutinized (Fredrickson & Roberts, 1997; McKinley, 2011; McKinley & Hyde, 1996). Research suggests that objectified body consciousness appears to be especially pronounced for women at younger life stages (McKinley, 1999, 2006; Moradi & Huang, 2008). Notably, a preponderance of scholarship has been devoted to two components of objectified body consciousness: body shame and body surveillance, leaving examination of the third component, appearance control beliefs highly underdeveloped (e.g., Fitzsimmons-Craft, Bardone-Cone, & Kelly, 2011; McKinley, 2011; Sanftner, 2011; see Moradi & Huang, 2008 for a review). McKinley and Hyde (1996) defined *body shame* as the tendency to experience shame when one has not lived up to the internalized, culturally-proscribed norms of body size or weight; *body surveillance* reflects constantly monitoring one's body and being preoccupied with worry over how one's body appears in the eyes of others. *Appearance control beliefs* indicate attitudes characterized by perceptions of being able to successfully manage one's weight and/or other aspects of appearance if sufficient effort is invested (McKinley & Hyde, 1996).

Despite the sizeable research base on body shame and body surveillance, very little research has explored possible early familial socializing antecedents associated with objectified body consciousness (see Lindberg, Hyde, & McKinley, 2006; McKinley, 1999; Tylka & Hill, 2004 for notable exceptions). Goss and Gilbert's (2002) integrative biopsychosociocultural conceptual model can be used to address this gap in the literature. This model emphasizes the relevance of familial shaming experiences in promoting internal (i.e., self-directed criticism and negative affect) and external (i.e., beliefs others look down upon you or view you as inferior) body weight control shame regulation dynamics, which give rise to and perpetuate disordered eating. Aspects of this model have received empirical support (e.g., Cardi, Di Matteo, Gilbert, & Treasure, 2014; Ferreira, Pinto-Gouveia, & Duarte, 2013; Kelly & Carter, 2013; Kelly, Carter, &

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Borairi, 2014; Manjrekar, Schoenleber, & Mu, 2013; Matos, Ferreira, Duarte, & Pinto-Gouveia, 2014; Pinto-Gouveia, Ferreira, & Duarte, 2014).

Accordingly, drawing from Goss and Gilbert's (2002) model, the present investigation examined the relationships between participants' recalled frequency of the messages regarding eating and food consumption conveyed by early caregivers (e.g., parents, grandparents, babysitters, daycare providers, etc.) and dimensions of their current experience of objectified body consciousness in an ethnically-diverse sample of emerging adult women attending college. In this way, recollections of caregiver eating messages along both restrictive/critical and pressure to eat (i.e., coercive) lines (Kroon Van Diest & Tylka, 2010) are framed as representing potential sources of prior familial body-related shaming experiences. Certain components of objectified body consciousness (i.e., body surveillance and appearance control beliefs) represent internalized cognitive-behavioral processes, which operate to regulate experiences of both internal and external body shame.

We further were interested in ascertaining whether participants' levels of self-compassion would moderate these associations (Neff, 2003). Buddhism-inspired *self-compassion* encompasses the idea of valuing self-kindness over self-judgment, common humanity over social isolation, and mindfulness over over-identification (Neff, 2003). It is a health-promoting self-regulatory capacity recognized as a positive correlate of an array of well-being attributes and inversely linked to a comparably diverse spectrum of adverse psychological outcomes (e.g., Hall, Row, Wuensch, & Godley, 2013; see Barnard & Curry, 2011; MacBeth & Gumley, 2012 for comprehensive reviews). Importantly, research and theory bolster self-compassion as a healthier alternative to engaging in self-criticism (Gilbert, 2009; Neff, 2003) and experiencing shame in the face of failure or having one's perceived flaws or imperfections exposed (e.g., Albertson, Neff, & Dill-Shackleford, 2014; Ferreira et al., 2013; Gilbert, 2011; Johnson & O'Brien, 2013; Kelly et al., 2014; Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011; Wong & Mak, 2013; Woods & Proeve, 2014).

Objectified Body Consciousness as Internalized Body-related Shame Regulatory Processes

For women in Western culture, the dogmatic pursuit of the elusive thin body ideal is considered by many to be a moral imperative (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996). Understandably then, falling short from attaining thinness or not expending sufficient effort towards effectively controlling one's weight and appearance may be construed as contemptuous behavior warranting self-inflicted shame and other-inflicted shame in the forms of social stigma and interpersonal rejection (Fredrickson & Roberts, 1997; Goss & Allan, 2010; Goss & Gilbert, 2002; McKinley & Hyde, 1996). Given such a powerful social reinforcing agent, scholars suggest it is adaptive for young women to be acculturated to view the experience of body shame as intolerable and therefore be motivated to invest much time and energy in averting its occurrence (Fredrickson & Roberts, 1997; Goss & Allan, 2010; Goss & Gilbert, 2002; McKinley & Hyde, 1996).

This stance is aligned with Gilbert's (1997) theory of social rank mentality, in which individuals are overly preoccupied with, for instance, how their level of physical attractiveness stands in relation to others in the social hierarchy and consequently are sensitive to any threats that may challenge their ability to secure access to social approval and acceptance (Gilbert, 2011; Goss & Gilbert, 2002; Matos et al., 2014; Pinto-Gouveia et al., 2014). Yet, the perceived social advantages garnered from attempting to conform to the thin ideal as a means to avoid social censure and inferiority may come at the cost of chronic, "normalized" body dissatisfaction (Rodin, Silberstein, & Striegel-Moore, 1984) compounded by unrelenting social/body comparison processes (Cardi et al., 2014; Fitzsimmons-Craft et al., 2012; Pinto-Gouveia et al., 2014) and potentially their most pernicious outcomes (e.g., internalized body shame and eating disorders; Bessenoff & Snow, 2006; Cardi et al., 2014; Goss & Allan, 2010; Goss & Gilbert, 2002; Matos et al., 2014; McKinley & Hyde, 1996).

From this vantage point then, body surveillance and appearance control beliefs may be framed as interrelated cognitive-behavioral processes that arise as a consequence of self-objectification to prevent the emergence of or to lessen the negative impact of internalized body shame (i.e., both the distressing emotion and self-critical thoughts; McKinley, 2011; McKinley & Hyde, 1996; Moradi & Huang, 2008). For instance, body shame reflects the strength of an individual's ingrained beliefs regarding how shame is a natural and expected outcome for failing to conform to cultural and/or personal standards of the ideal body (e.g., Bessenoff & Snow, 2006; McKinley & Hyde, 1996). Holding these views in such a rigid and inflexible manner suggests that there is little room for alternative emotional reactions or critique of the standards themselves and thus over time likely results in shame becoming the dominant and automatic response when falling short from achieving culturally-dictated beauty standards (e.g., Bessenoff & Snow, 2006). This type of body-centric self-criticism could function to motivate the individual to engage in maladaptive weight control behaviors (Goss & Gilbert, 2002; Kelly & Carter, 2013; Pinto-Gouveia et al., 2014).

As such, the thoughts and feelings indicative of internalized body shame are deemed highly aversive for the individual (Manjrekar et al., 2013) as these experiences may be triggered by internal self-discrepancies (e.g., Bessenoff & Snow, 2006) as well as by the external body shaming of others, signaling threats to one's preferred social standing in desired relationships (Gilbert, 2011; Goss & Gilbert, 2002). Therefore, body surveillance and appearance control attitudes would appear to function to both impede and alleviate the harmful effects from encountering both body-related self-discrepancies and body shaming experiences. Nevertheless, these processes may also serve to further reinforce valuing the standards that give rise to thoughts and feelings of body shame in the first place, thereby maintaining evaluation of its experience as wholly undesirable (McKinley & Hyde, 1996).

For example, body surveillance denotes an intensified cognitive preoccupation with how one's appearance will be evaluated by others and a corresponding hypervigilant monitoring of the body (McKinley & Hyde, 1996). These characteristics are consistent with a heightened sensitivity to cues that might indicate both internal and external shame in order to ward off the perceived social threat associated with anticipating body shaming by others (Cardi et al., 2014; Goss & Gilbert, 2002). In conjunction with the shaming potential-detecting properties of body surveillance, believing that one has the ability to effectively control one's weight and appearance given adequate effort contributes to efficacy beliefs (e.g., Fitzsimmons-Craft et al., 2011) in being able to (a) proactively derail or pre-empt body shaming by others, and (b) mitigate the possible fallout stemming from body shaming by others and its concomitant self-critical evaluations, further underscoring the contradictory relationship young women have with their bodies in this context (McKinley & Hyde, 1996).

Caregiver Eating Messages as Reminders of Body-related Parental Control and Shaming from Childhood

Considerable evidence has accrued demonstrating the power that parents and other early caregivers exert on influencing children's eating behavior and body image (e.g., Brown & Ogden, 2004; Fisher, Sinton, & Birch, 2009; Kroon Van Diest & Tylka, 2010; Rodgers & Chabrol, 2009). The two most well-established channels