



The buffer effect of body compassion on the association between shame and body and eating difficulties

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ABSTRACT

Body compassion is a new construct which incorporates two multidimensional concepts: body image and self-compassion. Self-compassion has been revealed as a protective mechanism against body image and eating-related-related disturbances, including eating disorders. However, the study of this compassionate competence specifically focused on the domain of the body is still largely unexplored.

This study aims to test whether body compassion moderate the impact of external shame on body image shame and disordered eating, in a sample of 354 women from the Portuguese general population.

Correlation analyses showed that body compassion was negatively associated with experiences of shame and disordered eating. Path analysis results demonstrated the existence of a moderator effect of body compassion on the relationship between general feelings of shame and both body image shame and related behaviours, and disordered eating symptomatology. In fact, results suggested that body compassion buffered the impact of general feelings of shame on these psychopathological indices, with the tested model accounting for 46% and 39% of the variance of body image shame and disordered eating, respectively.

This study contributes to a better understanding of the role of body compassion in body image and eating difficulties. Body compassion seems to be an important protector of these difficulties in women by buffering the effects of general shame on body image shame and related body concealment behaviours, as well as disordered eating. The findings from this study thus appear to offer important research and clinical implications, supporting the relevance of promoting body compassion in prevention and treatment programs for body image difficulties and disordered eating.

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1. Introduction

There is a large body of evidence showing that compassionate skills may protect against a broad range of physical and mental health problems (e.g., Gilbert, 2010; Homan & Sirois, 2017). Particularly, self-compassion is defined as an adaptive emotion regulation strategy that involves the sensitivity to the suffering of the self and the motivation to engage in helpful actions to prevent or alleviate it (e.g., Dalai Lama, 2001; Gilbert, 2005, 2010). According to Neff (2003, 2004), self-compassion entails the ability to understand and accept in a kind and supportive manner one's negative experiences or difficulties (e.g., personal setbacks,

inadequacies, imperfections, or failures). These self-compassionate abilities encourage individuals to accept and embrace their perceived inadequacies or negative experiences (such as shame) with a mindful attitude and a sense of connectedness, which promotes the adoption of effective and health behaviours (Neff, 2004).

A growing body of research has shown that self-compassion is positively linked with positive affect, psychological well-being and social connectedness, and can be a powerful antidote to a variety of physical and mental health conditions (e.g., Gilbert, 2005; Hall, Row, Wuensch, & Godley, 2013; Pinto-Gouveia, Duarte, Matos, & Fráguas, 2014). Indeed, there is growing recognition that self-compassion may have a protective effect and promote well-being by buffering the impact of negative, distressing and challenging life experiences (e.g., Neff, 2004; Pinto-Gouveia et al., 2014). Research has consistently demonstrated that self-compassion can have a salient and beneficial impact in weight and body image-related difficulties and disordered eating behaviour, both in clinical and nonclinical samples (Ferreira, Pinto-Gouveia, & Duarte,

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2013; Marta-Simões, Ferreira, & Mendes, 2016; Pinto-Gouveia, Ferreira, & Duarte, 2014; Wasylikiw, MacKinnon, & MacLellan, 2012). In particular, research conducted with women shows that self-compassion is associated with low feelings of shame, unfavourable social comparisons (Ferreira et al., 2013), and body image concerns (Wasylikiw et al., 2012), lower levels of eating psychopathology (Pinto-Gouveia et al., 2014).

Empirical evidences suggest that self-compassionate abilities may have a buffer effect against the impact of body dissatisfaction, body shame and body surveillance on quality of life and the severity of disordered eating (e.g., Daye, Webb, & Jafari, 2014; Duarte, Ferreira, Trindade, & Pinto-Gouveia, 2015; Ferreira, Matos, Duarte, & Pinto-Gouveia, 2014; Kelly, Vimalakanthan, & Miller, 2014). However, the study of these compassionate competences specifically focused on the domain of the body remains largely unexplored in spite of the recent development of a measure of body compassion (Altman, Linfield, Salmon, & Beacham, 2017). This construct was developed from the overlap of two constructs: body image (Cash, 2000) and self-compassion (Neff, 2003). Body compassion is a multidimensional construct that comprises three factors: (1) defusion (i.e., an attitude of decentering or mindfulness, rather than an attitude of over-identification with one's body limitations or inadequacies); (2) common humanity (i.e., the ability to face one's body image negative experiences as part of the human rather than adopting an isolating or shaming perspective; and (3) acceptance (i.e., acceptance in a kind manner of body-related painful thoughts and feelings, rather than being judgmental; Altman et al., 2017). This construct offers a novel conceptualization of body-related difficulties and well-being suitable to mindfulness, compassion, and acceptance-based approaches (Altman et al., 2017). Altman et al. (2017) highlighted that higher levels of body compassion were positively linked with body image flexibility and positive affect, and negatively associated with disordered eating and lower levels of negative affect.

Growing evidence has demonstrated that shame significantly impacts on individuals' sense of self, well-being and vulnerability to psychopathology (e.g., Gilbert, 1998). Shame is a painful self-conscious and universal emotion (e.g., Gilbert, 1998), which arises from the experience of being seen by others as inferior, weak inadequate or unattractive – external shame (Gilbert, 1998; Tangney & Dearing, 2002). Particularly, shame feelings involve the sense that one holds negative qualities or lacks attractive ones and fails to create a positive image and positive feelings on others. Shame can have a detrimental impact on mental health problems, especially in body and eating maladaptive attitudes and behaviours, (Ferreira et al., 2013; Ferreira et al., 2014; Goss & Gilbert, 2002; Skarderud, 2007). Shame has been regarded as a central feature of the development and maintenance of body image and eating-related symptomatology (Goss & Gilbert, 2002; Hayaki, Friedman, & Brownell, 2002; Pinto-Gouveia et al., 2014).

Particularly, in women, physical appearance is a crucial dimension for self-evaluation on whether one is accepted and valued by others (e.g., Gatward, 2007; Gilbert, 2002). Women who perceive that their physical appearance is negatively perceived by others may be more prone to shaming experiences. The perception that body image makes the self-inferior, unattractive, undesirable, and vulnerable to criticism or rejection has been conceptualized as body shame (e.g., Duarte, Pinto-Gouveia, Ferreira, & Batista, 2015; Gilbert & Miles, 2002). This content-specific emotion has been linked to several psychological distress and psychopathological symptoms (such as external shame, anxiety and depressive symptoms; Duarte, Pinto-Gouveia, et al., 2015). Moreover, body image shame is highly associated with weight and shape concerns, body concealment and avoidance behaviours, and eating psychopathology (Castonguay, Brunet, Ferguson, & Sabiston, 2012; Duarte, Pinto-

Gouveia, Ferreira, & Batista; Duarte, Pinto-Gouveia, et al., 2015).

Given the pervasive and negative impact of body image shame and disordered eating, it is considered that research should focus on the analysis of potential protective factors of these difficulties so intervention and prevention programmes on these areas can be more comprehensive and helpful. Considering that body compassion is an ability that can be cultivated through mental training, and given the aforementioned association of body compassion with low levels of negative affect and disordered eating, body compassion may be a key variable in this area. The current study therefore aims to explore whether body image and eating difficulties can be attenuated by body compassion. It is expected that body compassion will buffer the relationships of general feelings of shame with body image shame and related concealment behaviours, and with disordered eating.

2. Material and methods

2.1. Participants

The sample of this study comprised 354 women from the Portuguese general population. The mean age was 28.70 ($SD = 10.02$), ranging from 18 to 62. The mean of completed years of education was 14.77 ($SD = 2.85$). Participants' Body Mass Index (BMI) ranged from 15.94 to 44.08, with a mean of 22.97 ($SD = 3.94$) Kg/m^2 , which corresponds to normal weight values (WHO, 1995). Moreover, the sample's BMI distribution was revealed to be equivalent to the female Portuguese population (Poinhos et al., 2009).

2.2. Measures

Demographic data: participants reported their age, sex, education level, area of residence, marital status, and current weight and height.

Body Mass Index (BMI): BMI was calculated using the Quetelet Index based on from self-reported participants' height and weight (kg/m^2).

The Other as Shamer Scale – 2 (OAS-2; Matos, Pinto-Gouveia, Gilbert, Duarte, & Figueiredo, 2015). OAS-2 is a shorter version of the OAS (Goss, Gilbert, & Allan, 1994), designed to evaluate levels of external shame (i.e., the perception of being negatively evaluate and judge by others). It comprises 8 items such as “Other people see me as small and insignificant” or “Other people see me as defective as a person” scored on a 5 point scale from 0 (“Never”) to 4 (“Almost always”). In the original study, the scale showed high internal consistency (Cronbach's $\alpha = 0.82$).

Body Compassion Scale (BCS; Altman et al., 2017; Ferreira, Marta-Simões, & Oliveira, 2017). BCS is a self-report questionnaire with 23 items which evaluates an attitude of compassion specifically towards one's body. It comprises three subscales: Defusion (e.g., “When I notice aspects of my body that I do not like, I get down on myself”- reverse item); Common humanity (e.g., “When I feel out of shape, I try to remind myself that most people feel this way at some point”); and Acceptance (e.g., “I am accepting of my looks just the way they are”). Participants are invited to rate each item using a 5-point scale, ranging from 1 (“Almost never”) to 5 (“Almost always”). The original BCS and its Portuguese version demonstrated good internal consistency, presenting Cronbach's alphas of 0.92 and 0.91, respectively.

Body Image Shame Scale (BISS; Duarte, Pinto-Gouveia, et al., 2015). BISS comprises 14 items and assesses the experience of body image shame (perceptions that one is negatively evaluated or judged by others due to their physical appearance; external dimension), negative self-evaluations due to one's physical appearance (internal dimension), and consequent avoidance and

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