Struggling to lose weight

The impact of shame, self-criticism and social rank on eating psychopathology in overweight and obese members of the general population

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Obesity

A major public health problem affecting 10 to 40% of the world adult population. (WHO, 2011)

Rates in USA exceed 30%; and in the UK exceed 20%.

Obesity is a multidetermined chronic condition, associated with a range of mental and physical health problems.

(Brownwell, Marlatt, Lichtenstein & Wilson, 1986; Phelan et al., 2009; WHO, 2011)
Weight management: Components

- Dietary behaviours and weight-loss: low fat, low energy dense diets
- Physical activity
- Behaviour change techniques (e.g., self-monitoring, planning)
The common problem of relapse

**Figure 1.** Average weight loss of subjects completing a minimum 1-year weight-management intervention; based on review of 80 studies (N=26,455; 18,199 completers [69%]).

Weight Control behaviours have a huge emotional dimension

in pain  
Scared  Unattractive

Depressed  Uncomfortable

Sad  Lonely

Isolated  Helpless  Miserable

Different  Embarrassed

Unlovable  Alone

Fat

Unsexy

Suicidal  Frumpy

Stupid  Resigned

Unhappy  Messed Up

Frustrated  Unworthy  Old  Devastated

Angry
Modern society stigmatizes overweight and overeating, despite the fact we are designed to do so, while at the same time offers food as a major source of comfort and soothing.
Shame

A **multifaceted self-conscious emotion** related to the competition for social attractiveness and acceptance.

Certain personal **characteristics** (e.g., being less intelligent or lazy), **attributes** (e.g., body shape or size) or **behaviours** (e.g., overeating) are seen as unattractive and might result in being ostracized or rejected by others.

Linked to evolved rank-related **defensive behaviors** (Flight, submissiveness, concealment).

External shame

How we think we exist in the mind of others.

Is often an internalization of the experience of

Internal shame

Relates to our own experiences of the self:
how we see, judge, feel and treat ourselves.
How we think we exist in the mind of others.

Is often an internalization of the experience of being stigmatized.

(Gilbert, 2002; Gilbert & Miles, 2002)

**Overweight, Obesity and Stigma**

Obesity has become an highly stigmatized condition, being perceived by many as a failure of self-control.

People with obesity experience stigma in several domains:
- employment
- education
- health care

(Latner et al, 2008; Puhl and Brownell 2001; Puhl & Heuer, 2009, 2010)
External shame

- How we think we exist in the mind of others.
- Is often an internalization of the experience of

Internal shame

- Relates to our own experiences of the self: how we see, judge, feel and treat ourselves.
Relates to our own experiences of the self: how we see, judge, feel and treat ourselves.

Associated with a tendency to engage in self-criticism and see the self as inadequate or even hate the self.

**Self-criticism**

A maladaptive threat focused emotional regulation process that emerges to cope with shortcomings of the self, which are seen as inadequate or inferior.

(Gilbert & Irons, 2005; Gilbert et al., 2004)
Are shame and self-criticism useful to bring eating under control?

- **Overweight and inactivity stigmatized by modern society**
- **Criticism from others undermines weight control capability and motivation**
- **Eating as an habitual behaviour that is a source of comfort**
- **Negative affect: become defensive, stressed, seek comfort**
- **Criticism from others increases self-criticism**

(Gilbert, 2009; Stubbs et al., 2012)
A social rank mentality characterized by shame, unfavorable social comparisons, sense of inferiority, and critical self-evaluations, is associated with a wide range of psychopathological conditions (Bellew et al., 2006; Gilbert et al., 2009; Kim et al., 2011)

and also with body image and eating-related difficulties. (Bellew, Gilbert, Mills, McEwan, & Gale, 2006; Duarte, Pinto-Gouveia, & Ferreira, 2014; Dunkley & Grilo, 2007; Fenning et al., 2008; Ferreira, Pinto-Gouveia, & Duarte, 2013; Jackson, Beeken, & Wardle, 2014; Gee & Troop, 2003; Grabhorn et al., 2006; Kelly & Carter, 2013; Pinto-Gouveia, Ferreira, & Duarte, 2012; Steele et al., 2011; Stotland & Larocque, 2004; Swan & Andrews, 2003)
The obesity field has largely ignored shame and self-criticism as key psychobiological mechanisms that might underpin difficulties in navigating towards well-being and healthy lifestyles, and weight relapse.
The impact of shame, self-criticism and social rank on eating regulation in overweight and obese people
Aims
Aims

Examine the associations between shame, self-criticism, social comparison, weight-focused affect, eating behaviours, and depression, in overweight/obese participants.

Test a mediator model in which the impact of shame, self-criticism and social comparison on dietary disinhibition and susceptibility to hunger would be mediated by weight-related negative affect.
Method

Participants

2236 overweight/obese women members of an organisation (Slimming World) engaged in a 1
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Participants

2236 overweight/obese women members of a commercial slimming organisation (Slimming World) engaged in a weight management programme.

Age 30 to 49 (n = 1227; 53%).

Height  M = 1.65 (SD = 6.70) m

Weight  M = 210.8  (SD = 41.3) lb

BMI  M = 35.28  (SD = 6.49) kg/m^2 (ranging from 25 to 66)
**Measures**

**Shame** *(Weight-focused External shame Scale; Goss, Gilbert, & Allan, 1994).*

**Self-criticism** *(Weight-focused Forms of Self-Criticising/Attacking & Self-Reassuring Scale; Gilbert et al., 2004): Inadequate Self, Hated self, Reassured self.*

**Social Comparison** *(Weight-focused Social Comparison Scale; Allan & Gilbert, 1995).*

**Negative and positive affect related to weight** *(Weight-focused Feelings Scale).*

**Depression** *(Depression, Anxiety and Stress Scales; Lovibond & Lovibond, 1995).*

**Eating Regulation** *(The Three Factor Eating Questionnaire; Stunkard & Messick, 1985): Dietary disinhibition, Susceptibility to hunger, Restraint.*
Results
Shame

Strongly correlated with

Self-criticism:
Inadequate self .64***
Hated self .62***

Reassured Self -.50***

Negative social comparison -.65***

*** p < .001
**Depression**

Strongly associated with
Shame $0.61^{***}$
Self-criticism: Inadequate self $0.57^{***}$; Hated self $0.61^{***}$
Reassured self $-0.50^{***}$
Negative social comparison $-0.54^{***}$

**Weight-related negative affect**

Strongly associated with
Shame $0.63^{***}$
Self-criticism:
Inadequate self $0.73^{***}$; Hated self $0.70^{***}$,
Reassured self $-0.55^{***}$
Negative social comparison $-0.62^{***}$

**Weight-related positive affect**

Linked to
Shame $-0.49^{***}$
Self-criticism: Inadequate self $-0.55^{***}$; Hated self $-0.53^{***}$
Reassured self $0.68^{***}$
Positive social comparison $0.63^{***}$

$^{***} p < .001$
Dietary disinhibition

Moderately associated with
Shame .31***,
Self-criticism: Inadequate self .39***; Hated self .33***,
Negative social comparison -.38***,
Weight-related negative affect .42***
Depression .31***

Susceptibility to hunger

Correlated with
Shame .28***,
Self-criticism: Inadequate self .32***; Hated self .28***,
Social comparison -.38***,
Weight-related negative affect .35***,
Depression .27***

Negatively linked to Reassured self -.30***, -.22***

Restraint

Weak correlations with
Reassured self .11***,
Positive social comparison .17***,
Weight-related positive affect .13***

***p < .001
Path Analysis
Mediation model with regression coefficients estimates and $R^2$ for disinhibition, susceptibility to hunger and weight-related negative affect

When the effect of depressive symptoms is controlled for, the impact of shame, hated self and reassured self on disinhibition and susceptibility to hunger is fully mediated by their effect on weight-related negative affect.

Inadequate self and negative social comparison predict higher disinhibition and susceptibility to hunger directly and partially through increased weight-related negative affect.
The impact of self-criticism, self-reassurance and weight-focused affect on well-being
Aims

Examine the mediator role of well-being in the relationship between negative and positive affect on the satisfaction with life in climate change activists.
Aims

Examine the mediator role of weight-focused negative and positive affect on the association between self-criticism and self-reassurance on well-being.
Method
Method

Participants

A path analysis was conducted in a subsample of 2175 participants

Measures

Subjective well-being (Warwick-Edinburgh Mental Well-being Scale)
Results
Well-being

Was highly and negatively associated with
Self-criticism \(-.55^{***}\)
Weight-focused negative affect \(-.57^{***}\)

Positively associated with
Self-reassurance \(.62^{***}\)
Weight-focused positive affect \(.65^{***}\)
Mediation model with regression coefficients estimates and $R^2$ for weight-related negative and positive affect and well-being

Self-criticism has a direct effect on well-being and an indirect effect mediated by increased negative affect and decreased positive affect. Self-reassurance has a direct effect on well-being and an indirect effect mediated by lower negative affect and increased positive affect.
Discussion
Self-reassurance
Compassion

- Overweight and inactivity stigmatized by modern society
- Criticism from others undermines weight control capability and motivation
- Negative affect: become defensive, stressed, seek comfort
- Criticism from others increases self-criticism
- Eating as an habitual behaviour that is a source of comfort
The ability to reassure and soothe oneself in times of distress or when facing setbacks may protect against weight-related negative affectivity and overeating, promoting well-being and a more flexible and healthy dietary pattern.
Conclusions

These findings point to potential interventions that could increase the effectiveness of current approaches to weight management.

By targeting specific psychological processes that link affect regulation to self-regulation of eating behaviours.

Shame, self-criticism and social comparison, should be a key target of weight loss-focused intervention programmes as they undermine strategies of planned behavior that are necessary to navigate to a healthy lifestyle and weight.

Compassion focused approaches
Thank you
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