Behind women's body image-focused shame: Exploring the role of fears of compassion and self-criticism

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ABSTRACT

Purpose: Recent studies seem to support that being open to compassion from self and others is key for psychological and social well-being. In particular, findings indicated that fears of affiliative emotions are associated with negative affect and difficulties in threat regulation. The current study examined a path model which tested the direct and indirect effect of fears of compassion on both externalized and internalized body image-related shame, and the potential mediator role of self-criticism on these relationships.

Methods: In this study participated 651 Portuguese women, aged between 18 and 55, from the general population who completed a set of self-report measures of fears of compassion, self-criticism, and body image-related shame.

Results: The tested model accounted for 53% of externalized and 45% of internalized body image shame's variance and revealed an excellent fit. Findings corroborated the plausibility of the hypothesized model suggesting that fears of self-compassion and receiving compassion from others are positively associated with body image shame, and that self-criticism is a significant mediator of these associations, even when controlling for the effects of age and BMI.

Conclusions: These findings highlight the relevance of addressing fears of compassion and critical forms of self-relating in the understanding and management of body image-related difficulties. This study seems to have important clinical implications by suggesting the pertinence of the cultivation of compassionate abilities and attitudes, as adaptive self-regulatory strategies to target body image difficulties.

1. Introduction

Compassion is an affective state that involves the sensitivity to one's and others' suffering and the courage to be open to feared emotions and to adopt effective attitudes to prevent and alleviate suffering (Gilbert, 2005, 2009, 2014). Gilbert et al. (2017) suggest that compassion can have three different orientations or directional flows: (i) directing one's compassion to others; (ii) expressing compassion for oneself, and (iii) being a recipient of others' compassion.

It is now well accepted that compassionate abilities are linked to a range of health benefits (e.g., Mayseless, 2016), however for some people affiliative emotions can be perceived as a threat giving rise to defensive or avoidance responses (Gilbert, 2010). Gilbert, McEwan, Matos, and Rivis (2011) developed a set of scales to measure this phenomenon described as fears of compassion in three domains/orientations: (i) Fears and distress of expressing compassion for others, (ii) for self, and (iii) in experiencing compassion from others. Fears of feeling compassion seem to interfere with people's abilities to be aware and helpful towards themselves and others in difficult times, as well as to benefit from others compassion when one faces distress (Gilbert et al., 2011). Particularly, recent studies suggested that these fears of affiliative emotions are related to poor mental health (Gilbert et al., 2011), namely with eating psychopathology (Oliveira, Ferreira, Mendes, & Marta-Simões, 2017). Dias, Ferreira, and Trindade (2018) suggested that higher levels of fear of compassion are associated with feelings of insecurity in social context, which seem to explain higher levels of body shame and the adoption of disordered eating behaviours. Also, fears of compassion have been associated with negative affect and difficulties in threat regulation and may be linked to defensive mechanisms, such as self-criticism (Gilbert et al., 2011, 2012). Self-criticism may be understood as a maladaptive defensive mechanism, i.e., an attempt to self-correct attitudes and behaviours perceived as defects or failures, in order to assure social approval and acceptance (Gilbert, 2010). Shame is also a defensive emotional mechanism founded in
social interactions, which involves perceptions that one is negatively viewed and judged (i.e., as unattractive, worthless, flawed) (Gilbert, 2002). This distressing emotion acts as a warning signal that the self holds negative aspects or characteristics and thus is vulnerable to social humiliation, criticism, exclusion, or rejection (Gilbert, 2002; Lewis, 2003). Growing evidence supports that shame is highly linked to self-criticism (Gilbert, 2005). Indeed, shame experiences may trigger or activate self-criticism (Gilbert, Clarke, Hempel, Miles, & Irons, 2004), as an attempt to correct or overcompensate one's behaviours or personal features, and thus to avoid shame-based feelings. According to Gilbert et al. (2004), self-criticism is a maladaptive defensive strategy linked to pathogenic effects, indeed this critical form of self-relating leads to an increase of negative affect and feelings of inferiority and defectiveness (Shahar et al., 2015), contributing to shame feelings and giving rise to a shame-self-criticism vicious cycle (Gilbert, 2002). Shame-related feelings and self-criticism are positively associated with poorer wellbeing and mental health (e.g., depressive and anxiety symptoms; Harman & Lee, 2010; Matos, Pinto-Gouveia, & Gilbert, 2013). More specifically, shame and self-criticism have been highlighted as central in the field of body and eating difficulties (Pinto-Gouveia, Ferreira, & Duarte, 2014).

Negative self-evaluations and feelings of inferiority, unattractiveness or depreciation relative to the self may be based on one's body appearance or characteristics (such as body shape, size, or weight), which is conceptualized as body image shame (Duarte, Pinto-Gouveia, & Batista, 2015; Gilbert, 2002). Body image shame involves negative perceptions that body image may be the source of negative evaluations about oneself and consequent affective-defensive behaviours of body image avoidance or concealment (e.g., avoiding mirrors and social situations where one's body may be more exposed) (Duarte et al., 2015; Duarte & Pinto-Gouveia, 2017). However, these defensive responses tend to have paradoxical effects by increasing the pathogenic impact of shame feelings on one's life, namely on individual's psychological and interpersonal functioning (Cash, Phillips, Santos, & Hrabosky, 2004; Vartanian & Novak, 2011).

Recent research has shown that body image shame plays a central role in body image and eating-related problems in female samples, both with and without eating disorders (Duarte, Pinto-Gouveia, & Ferreira, 2014; Duarte, Pinto-Gouveia, & Ferreira, 2017). Despite the limited studies about the link between fears of compassion and shame, recent data revealed that fears of compassion are positively associated with body image shame (Dias et al., 2018).

The current study aimed to test an integrative model examining the relationship between fears of compassion and body-focused shame (both externalized and internalized), and the mediating role of self-criticism. It was expected that fears of compassion would have positive direct and indirect effects, via the mechanism of self-criticism, on both externalized and internalized body image shame.

2. Method

2.1. Participants

The sample was comprised of 651 women from the general population aged between 18 and 55 years ($M = 27.79; SD = 8.74$), and a mean of 14.79 ($SD = 2.51$) years of education. The participants' BMI ranged from 14.82 to 42.06 kg/m² ($M = 23.41 SD = 4.42$). Forty one (6.3%) women were underweight (BMI < 18.5), 436 (67.0%) showed a normal weight (18.5 ≤ BMI ≤ 24.99), and 174 (26.7%) were overweight or obese (BMI > 25), which reflects the BMI's distribution in the female Portuguese population (Poínhos et al., 2009).

2.2. Measures

2.2.1. Body Mass Index (BMI)

The participants' BMI was calculated from the Quetelet Index, from self-reported current weight and height (kg/m²).

2.2.2. Fears of Compassion Scales (FCS; Gilbert et al., 2011; Simões & Pinto-Gouveia, 2012)

FCS is a self-report measure, composed of 3 subscales: (1) Fear of compassion for others (FCS, ForOthers; 10 items), which measures the fear of expressing sensitivity or compassion for others (e.g., “People will take advantage of you if you are too forgiving and compassionate”); (2) Fear of compassion for self (FCS, ForSelf; 15 items), which assesses the fear of being compassionate and empathic towards the self in adverse situations (e.g., “I fear that if I am more self-compassionate I will become a weak person”); and (3) Fear of compassion from others (FCS, FromOthers; 13 items), which evaluates the fear of receiving compassion and demonstrations of affection and compassion from others (e.g., “Feelings of kindness from others are somehow frightening”). Participants were asked to rate the items using a 5-point scale (0 = “Don’t agree at all” to 4 = “Completely agree”). The FCS scales showed good psychometric properties, for both original (α = 0.92, 0.85, and 0.84 for FCS, ForSelf, FCS, FromOthers, and FCS, ForOthers, respectively; Gilbert et al., 2011) and Portuguese versions (α = 0.94, 0.91, and 0.88, respectively; Simões & Pinto-Gouveia, 2012).

2.2.3. Forms of Self-Criticizing & Self-Reassuring Scale (FSCRS; Gilbert et al., 2004; Castilho, Pinto-Gouveia, & Duarte, 2015)

FSCRS is a 22-item scale designed to assess participants' critical and self-reassuring responses when confronted with failures or setbacks. The scale comprises three subscales which measure: (1) inadequate-self, focused on feelings of inferiority and inadequacy; (2) hated-self, characterized by feelings of disgust and self-punishment; and (3) self-re-assurance, to assess the ability to self-reassure. Participants were asked to answer all items following the statement “When things go wrong for me...” in a 5-point scale (0 = “Not at all like me” to 4 = “Extremely like me”). All subscales presented good psychometric properties in the original version (Gilbert et al., 2004) and Portuguese version (Castilho et al., 2015). For the purpose of this study, only the self-criticism dimension (calculated from the sum of inadequate-self and hated-self subscales) was used.

2.2.4. Body Image Shame Scale (BISS; Duarte et al., 2015)

BISS is a self-report instrument composed of 2 subscales, with 7 items each: (1) internalized body image shame, that assesses negative self-evaluations concerning body image and shape, and consequent behaviours enacted to control body exposure (e.g., “It bothers me to see my body undressed”); and (2) externalized body image shame, that measures the perception of others' negative evaluations related to one's physical appearance (e.g., “I feel uncomfortable in social situations because I feel that people may criticize me because of my body shape”). Participants rated each item using a 5-point scale (0 = “Never” to 4 = “Almost always”), with higher results revealing higher levels of body image shame. BISS presented good construct, convergent and divergent validity, test-retest reliability and high internal consistency for both subscales (0.92 for internalized and 0.90 for externalized body image shame) and also for BISS global score (0.92). BISS also demonstrated their ability to discriminate between women with higher or lower levels of disordered eating behaviours (as assessed by EDE-Q) (Duarte et al., 2015).

2.3. Procedure

This study is part of a wider research project investigating the association of different factors and emotional regulation processes with body and eating-related difficulties. All ethical requirements were followed to conduct this study and the research protocol was approved by the Ethics Committee of the Faculty of Psychology and Educational Sciences of the University of Coimbra (CEDI; November 16th 2017). Participants were recruited through online advertisement, using social network and private messages, and were asked to share it with two more friends (Exponential Non-Discriminative Snowball Sampling
The online advertisement included general purpose of the study (The aim of this research is to investigate how people's appreciation and feelings and attitudes regarding body image may be influenced by their social experiences and the way people feel) and detailed information about study procedures and voluntary nature of the participation, and an Internet link which redirected potential participants to an online research protocol (via LimeSurvey). Participants filled a short sociodemographic questionnaire and the Portuguese validated versions of the self-report instruments described above, after providing their informed consent.

2.4. Statistical analyses

Descriptive and correlational analyses were performed using the SPSS software (v.21 SPSS; Armonk, NY: IBM Corp.). Descriptive statistics were performed to analyse the sample characteristics and correlational analyses were conducted to explore the relationship between study variables (Cohen, Cohen, West, & Aiken, 2003). A path analysis was further conducted to examine the associations between fears of compassion (exogenous variables) and both externalized and internalized dimensions of body image shame (endogenous variables), and whether the potential mediator mechanism of self-criticism (endogenous mediator variable) influences these associations.

The Maximum Likelihood estimation method, with 95% confidence interval, was used to examine the significance of path coefficients and to compute the fit statistics. The plausibility of the model was ascertained by the following goodness of fit indicators: Chi-square ($\chi^2$), Tucker Lewis Index (TLI), Comparative Fit Index (CFI), and Root-Mean Square Error of Approximation (RMSEA). The significance of the direct, indirect and total effects was measured by Chi-square tests and the Bootstrap resampling method, with 5000 Bootstrap samples and 95% bias-corrected confidence intervals (CI) which were used to test the mediated paths. A significant mediation effect ($p < .050$) is assumed if zero is not included in the interval between the lower and the upper bounds of the CI (Kline, 2005). The path model was examined using AMOS software (v.21.0 SPSS; Armonk, NY: IBM Corp.).

3. Results

3.1. Preliminary data analyses

The analysis Skewness and Kurtosis values indicated no severe violation of normal distribution ($|Sk| < 3$ and $|Ku| < 8–10$; Kline, 2005).

3.2. Descriptive and correlation analyses

The descriptive statistics of the study's variables are presented in Table 1. Correlational results demonstrated that age revealed non-significant associations with the variables in study, except with self-criticism and BMI. In turn, BMI presented positive correlations, albeit weak, with fears of affiliative emotions and self-criticism, and a moderate association with both dimensions of body image shame. Also, the three dimensions of fears of compassion revealed moderate to strong positive associations with each other. Fear of self-compassion and fear of receiving compassion from others presented positive and strong associations with self-criticism. Furthermore, these two dimensions of fears of compassion were positively correlated with externalized and internalized body shame (with moderate and strong magnitudes, respectively). Fear of expressing compassion for others showed a positive and moderate association with self-criticism and a weak correlation with body image shame dimensions. Moreover, a positive and strong relationship was found between self-criticism and feelings of inferiority based on body image (both externalized and internalized). Finally, the two dimensions of body image shame were strongly positive associated with each other.

These results are in line with previous data concerning the relationship between fears of compassion, self-criticism (Gilbert et al., 2011, 2012) and with body shame (Dias et al., 2018) and with the theoretical model tested in the current study.

3.3. Path analysis

The path analysis was performed to test whether self-criticism mediates the association between different dimensions of fears of compassion and body image shame (externalized and internalized), while controlling for the effect of age and BMI. Firstly, the path model was tested through a saturated model (with zero degrees of freedom). Results revealed that the following paths were not significant: the direct association of fear of expressing compassion with others with internalized body image shame ($b_{\text{FCS_ForOthers}} = 0.05; SE_b = 0.29; Z = 0.16; p = .88$); the direct link of fear of self-compassion with internalized body image shame ($b_{\text{FCS_ForSelf}} = 0.01; SE_b = 0.27; Z = 0.42; p = .68$); the direct association of fear of expressing compassion for others and self-criticism ($b_{\text{FCS_ForOthers}} = -0.02; SE_b = 0.02; Z = -0.70; p = .49$); the direct association of fear of expressing compassion with externalized body image shame ($b_{\text{FCS_ForOthers}} = -0.02; SE_b = 0.02; Z = -1.20; p = .22$); and the direct link of fear of receiving compassion from others with internalized body image shame ($b_{\text{FCS_FromOthers}} = 0.03; SE_b = 0.03; Z = 1.33; p = .18$). These paths were progressively eliminated and the model was readjusted (Fig. 1).

The final model presented an excellent model fit ($X^2 = 5.70; p = .58; TLI = 1.00; CFI = 1.00; RMSEA = 0.00; p = .98; 95% CI = 0.00–0.04$). Fear of self-compassion demonstrated a significant direct effect on self-criticism ($b_{\text{FCS_ForSelf}} = 0.16; SE_b = 0.02; Z = 7.51; p < .001$), and

<table>
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<th>a</th>
<th>M</th>
<th>SD</th>
<th>1.</th>
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<tbody>
<tr>
<td>1. Age</td>
<td>–</td>
<td>27.79</td>
<td>8.74</td>
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<td>2. BMI</td>
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<td>23.41</td>
<td>4.42</td>
<td>0.29***</td>
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<td>3. FCS_ForOthers</td>
<td>0.89</td>
<td>18.39</td>
<td>8.81</td>
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<td>4. FCS_ForSelf</td>
<td>0.94</td>
<td>10.93</td>
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<tr>
<td>5. FCS_FromOthers</td>
<td>0.91</td>
<td>14.43</td>
<td>10.79</td>
<td>–0.08</td>
<td>0.14***</td>
<td>0.52***</td>
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<td>6. Self-Criticism</td>
<td>0.93</td>
<td>8.73</td>
<td>5.84</td>
<td>–0.11**</td>
<td>0.10***</td>
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<td>7. BISS_Int.</td>
<td>0.93</td>
<td>10.61</td>
<td>7.44</td>
<td>0.03</td>
<td>0.44***</td>
<td>0.24***</td>
<td>0.38***</td>
<td>0.40***</td>
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<td>8. BISS_Ext</td>
<td>0.93</td>
<td>5.53</td>
<td>6.60</td>
<td>–0.05</td>
<td>0.38**</td>
<td>0.28**</td>
<td>0.50**</td>
<td>0.52**</td>
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Note: BMI = Body Mass Index; FCS_ForOthers = Fears of Compassion for Others; FCS_ForSelf = Fears of Compassion For Self; FCS_FromOthers = Fears of Compassion from Others (assessed by Fears of Compassion Scale); Self-Criticism (assessed by Forms of Self-Criticizing & Self-Reassuring Scale); BISS_Int = Internalized Body Image Shame; BISS_Ext = Externalized Body Image Shame (assessed by Body Image Shame Scale).

* $p < .05$.
** $p < .01$.
*** $p < .001$. 

Table 1. Correlational results demonstrated that age revealed non-significant associations with the variables in study, except with self-criticism and BMI. In turn, BMI presented positive correlations, albeit weak, with fears of affiliative emotions and self-criticism, and a moderate association with both dimensions of body image shame. Also, the three dimensions of fears of compassion revealed moderate to strong positive associations with each other. Fear of self-compassion and fear of receiving compassion from others presented positive and strong associations with self-criticism. Furthermore, these two dimensions of fears of compassion were positively correlated with externalized and internalized body shame (with moderate and strong magnitudes, respectively). Fear of expressing compassion for others showed a positive and moderate association with self-criticism and a weak correlation with body image shame dimensions. Moreover, a positive and strong relationship was found between self-criticism and feelings of inferiority based on body image (both externalized and internalized). Finally, the two dimensions of body image shame were strongly positive associated with each other. These results are in line with previous data concerning the relationship between fears of compassion, self-criticism (Gilbert et al., 2011, 2012) and with body shame (Dias et al., 2018) and with the theoretical model tested in the current study.

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The final model presented an excellent model fit ($X^2 = 5.70; p = .58; TLI = 1.00; CFI = 1.00; RMSEA = 0.00; p = .98; 95% CI = 0.00–0.04$). Fear of self-compassion demonstrated a significant direct effect on self-criticism ($b_{\text{FCS_ForSelf}} = 0.16; SE_b = 0.02; Z = 7.51; p < .001$), and
on externalized body image shame ($b_{FCS_ForOthers} = 0.06$; $SEb = 0.02$; $Z = 3.142; p < .002$). Moreover, the fear of receiving compassion from others showed a direct effect on self-criticism ($b_{FCS_FromOthers} = 0.21$; $SEb = 0.02$; $Z = 8.81; p < .001$), and on externalized body image shame ($b_{FCS_FromOthers} = 0.05; SEb = 0.02; Z = 2.44; p = .015$). Finally, self-criticism presented a direct effect on externalized body image shame ($b_{FSCRS_Criticism} = 0.57; SEb = 0.04; Z = 15.55; p < .001$), and on internalized body image shame ($b_{FSCRS_Criticism} = 0.67; SEb = 0.04; Z = 18.11; p < .001$).

The analysis of indirect effects showed that fear of self-compassion presented an indirect effect of 0.16 (95% CI = 0.11–0.22) on externalized and 0.17 (95% CI = 0.12–0.22) on internalized body image shame, both mediated by the mechanism of self-criticism. Furthermore, the fear of receiving compassion from others showed indirect effects of 0.19 (95% CI = 0.14–0.24) on externalized and 0.20 (95% CI = 0.15–0.25) on internalized body image shame, both through the mechanism of self-criticism.

In conclusion, this model accounted for 53% of externalized and 45% of internalized body image shame's variance, and revealed that self-criticism mediates the association between fears of self-compassion and receiving compassion from others with body image shame.

4. Discussion and conclusions

Emerging literature supports that being open to compassion from the self and from others is key for psychological and social well-being (e.g., Gilbert, 2005, 2009; Mayseless, 2016). Empirical and clinical studies also demonstrated that some individuals have difficulty experiencing affiliative emotions, which potentially render these individuals more vulnerable to develop mental health problems (Gilbert et al., 2011, 2012). However, research about the relationship between fears of compassion and body shame remains scarce. Hence, this study intended to test a model which explores whether fears of compassion could be relevant for the understanding of both externalized and internalized body image shame, and the mediating role of the mechanism of self-criticism on these associations.

According to previous literature, results from the correlation analysis corroborated that fears and distress of expressing compassion for others, for self, and in experiencing compassion from others are inter-related (Gilbert et al., 2011). Also, the results revealed that fears of receiving empathy and compassion from others were strongly associated with fears and resistances to being self-compassionate, but much less so to being compassionate to others. In accordance with prior studies, our results support study hypotheses by revealing that fears of experiencing compassion are associated with maladaptive emotion regulation strategies (such as self-criticism; Gilbert, 2010). Moreover, our findings expanded previous knowledge by revealing the positive and strong associations with both externalized and internalized body image shame.

These relationships were further examined in a path analysis which tested whether self-criticism had a mediating effect on the association between the fears of compassion and the two dimensions of body image shame, while controlling for the effects of age and BMI. The proposed theoretical model explained 53% of externalized and 45% of internalized body image shame's variance and clarified the differential role of the three orientations of fears of compassion in the explanation of body shame attitudes and behaviours. Unlike fears of compassion for the self and from others, fear of compassion for others did not present a significant effect on self-criticism and body shame. One possible explanation for this result may lie in the fact that fear of compassion for others acts through different psychological mechanisms than the other two dimensions of fears of compassion as suggested by Gilbert et al. (2011). Furthermore, our study suggested that fears of receiving kindness and care from others and fears of being self-compassionate in difficult times have direct and indirect link to body image shame. Additionally, the results demonstrated that self-criticism plays a mediating role on the association between these two dimensions of compassionate fears and externalized and internalized feelings of inferiority and consequent affective-defensive behaviours of body image-related avoidance or concealment. These findings suggest that the effect of fears compassion from the self and from others on body image shame largely depends on the adoption of a critical and deprecative attitude towards the self, which in turn seems to increase maladaptive defensive responses focused on body image. These results are in line with prior
theoretical and empirical accounts and seem to support shame-self-criticism vicious cycle (Gilbert, 2002; Shahar et al., 2015). Thus, our study seems to suggest that women who present higher levels of fear of experiencing compassionate and caring emotions from others and from the self tend to adopt more self-critical attitudes towards their failures or shortcomings, which leads them to experience increased feelings of inferiority and inadequacy based on their physical appearance.

4.1. Limitations and suggestions for further research

Despite of the promising results of this investigation, some limitations need to be taken into account. Firstly, the cross-sectional design of our study does not allow to established causal directions between the variables of the model. Future studies should focus on longitudinal and experimental designs, which can provide clues about the direction or temporal relationships between the variables in study. Secondly, the sample of the present study was composed exclusively by women. Although the difficulties related to physical appearance are more prevalent in women, it is important that future studies replicate our study in a male sample. Another limitation from our investigation was the use of self-report measures. The self-report nature of the measures (including current weight and height) may lead to some response bias (e.g., due to social desirability). Furthermore, the recruitment method (i.e., online recruitment) which enables the access to a large number of participants and offer an increased sense of privacy that facilitates the honest disclosure of sensitive data, this methodology has a number of limitations, including sampling bias (e.g., younger age and higher educational level) that do not allow the generalization of data. Future studies should use other recruitment and data collection methods to corroborate this study’s findings.

Also, future studies should explore other mechanisms (such as others’ criticism, unfavorable social comparisons or submission) that may be involved in the relationship between fears of compassion and body image shame, since our study only focused on the mediational role of self-criticism. The study of other mechanisms might inform future interventions to improve self-compassion and reduce self-criticism and body shame. Finally, future replications of the present study could consider to explore the invariance of the model between different BMI categories (underweight, normal weight and overweight).

4.2. Strengths and conclusion

Despite the clinical pertinence of fears of compassion, the research about the role of fears of affiliative experiences is limited. The theoretical model tested in this research incorporated both fears of affiliative emotions and self-criticism as potentially fundamental processes to explain both internalized and externalized body image shame. Results highlight the relevance of addressing fears of compassion and critical forms of self-relating in the understanding and management of body image-related experiences and have important clinical implications. These implications might be to conduct a clear assessment of patients’ fears of compassion, and the support of the pertinence of cultivating compassionate attitudes and attitudes in the promotion of appreciative attitudes and healthy behaviours towards physical appearance.

Conflict of interest

The authors declare no conflicts of interest.

CRediT authorship contribution statement

Cláudia Ferreira: Conceptualization, Writing - review & editing, Supervision. Bernardo Dias: Project administration, Resources, Writing - original draft. Sara Oliveira: Data curation, Formal analysis, Writing - original draft.

References


