

The relationship of shame, self-compassion and intolerance of uncertainty with eating attitudes in female students

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Introduction

The findings of this study indicate that adolescent girls are susceptible to develop various forms of eating behavior, because they are sensitive to challenges related to body appearance. However, literature has focused on indicators that have not reached the critical stage, but require serious attention. However, researchers believe that today's treatments do not work for eating disorders for most patients, and it is necessary to develop other mechanisms that can target eating disorders. Research has shown that shame plays a decisive role in understanding the etiology of eating disorders. Research has also emphasized the importance and promotion of self-compassion as an antidote to shame in women with eating disorder pathology. In addition, intolerance of uncertainty is a factor associated with the pathology of eating disorders and may increase vulnerability to eating disorders. Thus, this study aimed to investigate the role of shame, self-compassion and intolerance of uncertainty in pathological eating attitudes in female students.

Method

This study was a descriptive and correlational study. The statistical population of the study included all female students in third grade of high school in Birjand in the academic year of 2017-18. According to the

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population and based on the Krejcie and Morgan table, the sample was estimated 259 students. To collect data, the Body Image Shame Scale (Divert et al, 2015), Shame from others Scale (Matthews et al, 2015), Self-Compassion Scale (Rice et al, 2011), Intolerance of Uncertainty Scale (Carlton et al, 2007) and Eating Attitudes Test (Garner et al, 1979) were used. Multiple regression analysis was used to examine the hypotheses.

Results

Findings showed that eating attitudes were positively associated with shame of others, shame about body image, intolerance of uncertainty and maladaptive self-compassion, and negatively associated with adaptive self-compassion ($p < 0.01$). In addition, the results of multiple regression analysis showed that shame about body image, adaptive self-compassion and shame of others play a role in predicting eating attitudes and all together, accounted for 32% of these attitudes, but maladaptive self-compassion and intolerance of uncertainty did not play a role in explaining this relationship.

Discussion

In this study, in line with the proposed hypothesis the results showed that shame is related to eating disorder symptoms. These findings suggest that shame experiences can act as traumatic memories and are largely threatening. The consequence of this arousal is higher in Eating Syndrome. Also, the findings showed that self-compassion is inversely correlated with symptoms of eating disorder. Based on three circle model of emotion, when traumatic shame memories are triggered, the activation of the threat system may be moderated through the security-relaxation system. Regarding the relation between shame and eating attitudes, it is suggested to pay attention to shame structures of body image and shame of others in the process of psychological interventions and to present strategies to patients to modify them. In addition, given the consistent relationship between self-compassion and eating attitudes, training and increased self-compassion can be applied to such individuals.

Keywords: eating attitudes, shame, self-compassion, intolerance of uncertainty