Cognitive and Affective Mediators of Weight Stigma and Binge Eating in Women

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ABSTRACT

Weight stigma is common among women and is associated with weight gain. Little attention focuses on the pathways that explain how weight stigma impacts the eating behaviors that may lead to weight gain. We predicted that weight stigma would be indirectly related to greater binge eating severity through weight shame, guilt, and intuitive eating. Additionally, Body Mass Index (BMI) was explored as a moderator of these links. Results suggested that the indirect effect of stigma on binge eating through increased guilt and decreased intuitive eating was significant. These links did not differ based on BMI. Women who experience weight-related guilt or reductions in intuitive eating as a result of weight stigma may have greater binge eating severity, which may lead to future weight gain, regardless of their weight.

INTRODUCTION

- Obesity is associated with numerous negative health outcomes and over two-thirds of adults in the United States are either overweight or obese.
- Weight stigma is common among women and is associated with poorer dietary behaviors and increased caloric intake.
- Intuitive eating involves recognizing cues of satiety in order to stop eating while not restraining oneself, and has been associated with lower BMI and fewer binge eating behaviors.
- Shame and guilt are common emotions that occur when an individual self-attributes and internalizes a perceived failure or shortcoming and is associated with eating behaviors.
- Affect regulation and dietary restraint theories posit that negative emotions and cognitively restraining one’s diet may be linked to binge eating.
- Thus, feelings of shame and guilt and changes in intuitive eating may play a role the weight stigma-binge eating relationship.

HYPOTHESES

- We hypothesized that experiences of weight stigma in women would be indirectly related to greater binge eating severity through reduced intuitive eating and increased shame and guilt.
- We further hypothesized that the indirect effect of weight stigma on binge eating through intuitive eating, shame and guilt would be moderated by BMI. Specifically, we expected that the indirect effects would be stronger as BMI increased.

PARTICIPANTS (N = 196)

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RESULTS

- Weight-Related Stigma was indirectly associated with binge eating through weight-related guilt and intuitive eating, but not weight-related shame.
- Contrasts of indirect effects revealed no significant differences between the indirect effects for intuitive eating and guilt.
- BMI did not moderate the links among weight stigma, shame, guilt, intuitive eating, and binge eating.
- Hypotheses 1 and 2 were re-analyzed to explore whether these patterns differed based on the two subscales of the Binge Eating Scale: Cognitive and Behavioral components of binge eating.
- Results demonstrated no differences in these patterns.

DISCUSSION

- Consistent with etiological theories of binge eating, results showed that experiencing weight stigma may lead to increased feelings of guilt and, in an attempt to cope, may lead to greater binge eating symptomatology in women.
- In addition, weight-related stigma may lead to reductions in one’s ability to appropriately regulate one’s eating behavior (i.e., not eat intuitively).
- Shame did not explain the relationship between weight stigma and binge eating, possibly because shame is a more stable self-evaluation compared to guilt.
- Addressing factors that contribute to binge eating are imperative to preventing future weight gain and preventing later health complications.
- Interventions should target factors that account for the relationship between weight stigma and binge eating as these may be particularly beneficial for improving outcomes of individuals who are stigmatized on the basis of their weight.
- Improving coping with feelings of guilt with treatments such as cognitive-behavioral therapy or self-compassion.
- Treatment programs and group classes that focus on enhancing one’s ability to eat intuitively.