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A literature review exploring the effectiveness of certain therapeutic frameworks regarding shame when discussing eating disorders and self-esteem.

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Introduction

When exploring the connection between self-esteem and eating disorders raising deep feelings of shame, the discussion of guilt versus shame was a consistent debate. Therefore, the differences must be defined more clearly. Guilt is suggested to be a feeling that is a response to action, most likely towards others; however, it can be fleeting or fixable; if it goes against one's internal belief system, it will fuel the feelings of shame one may have (Teroni & Deonna, 2008). Miceli and Castelfranchi (2018) suggested that shame is an internal battle between one's perceived 'negative' self and the more 'desired one.' When responding to specific actions or thoughts, feelings of hopelessness, embarrassment, anger, or sadness can trigger an overwhelming sense of shame (Higgins, 1987). This highlights that guilt can also contribute to someone feeling shame.

Shame is considered a universal emotion that most of the population can feel. However, individuals who may have insecure attachment styles that childhood experiences have caused have been shown to experience higher levels of shame compared to those who do not. Passanisi et al. (2015) found that shame was negatively correlated to secure attachment and low self-esteem. Anxious attachment and disorganised attachment demonstrated a higher relation with feelings of shame and low self-esteem in early adulthood. This is supported by another study conducted in 2021 by Sedighimornani et al. Their exploration into the connection between shame and childhood adverse experiences and insecure attachment found that 'attack self' and withdrawal were negatively related to secure attachment styles; however, it was highly correlated with anxious attachment and disorganised, similar to the previous study.

Insecure attachment styles have a direct correlation to shame, but following this low self-esteem and attacking oneself. This is where the relevance of this literature review is that shame can impact the majority; however, the impact of eating disorders and self-esteem is the focus. The research that has been conducted on these connections will then be considered. This is followed by the effectiveness of certain therapeutic interventions when addressing these areas.

Insecure Attachment and Self-esteem.

Body image has influenced many personally, socially, or academically. The term body image not only focuses on the physical attributes that an individual may have but also the personal perspective of those attributes. Whether or not someone is negative, positive, or neutral in how they view themselves, depending on how it is viewed, will impact their self-esteem (Lawler & Gillihan, 2024). An article done in 2010 by Koskina and Giovazoluas explored the impact of insecure attachment styles on eating disturbances and disorders. This study found that obesity, or being a plus-weight man or woman, was closely linked to body dissatisfaction among adults who experience insecure attachments. What was found during this study was that within romantic relationships, men were found to report higher levels of avoidant attachment compared to their female counterparts in the study. Anxious attachment style and disturbed eating habits were found to have a reliable correlation when exploring the results from the female participants. This does not state that insecure attachment styles are the factor for disturbed eating patterns. However, it is essential to acknowledge that attachment styles are a risk factor. Attachment style can change throughout one's life as it adapts to new and old relationships. However, the coping styles and how individuals are brought up will

shape their approaches to new relationships. Childhood attachments are crucial when developing skills of emotional regulation and self-love; however, if there is no secure space in the infant-caregiver relationship, this could cause emotional dysregulation, inaccurate self-beliefs, perfectionism, and reduced mindfulness (Gander et al., 2015: TAP, 2022).

Following this, a study into obesity in teenage girls and the internal workings of the family communication styles were explored alongside body satisfaction. Kavehfasani, Kelishadi and Beshlideh (2020) conducted a cross-sectional study with 173 female participants in the overweight/obese bracket. These students were chosen to participate due to their weight, but there was also a critical evaluation that viewed the participant's perception of their body image, self-esteem and depression. This study's results supported the previously mentioned article, clarifying the importance and significance of family communication styles and how addressing topics can impact a teenager's wellbeing (Kavehfasani et al., 2020). Both articles demonstrate the overall power of attachment styles on relationships and relational growth throughout an individual's development and mental health impacts. However, there is a clear difference in the aim of the studies; it would be beneficial when exploring a similar study of teenage boy obesity rates and family communication styles, as it is stated that men with avoidant attachment styles are found to have a closer correlation to adult obesity, so would this be a similar result for a teenage boy during developmental stages.

The feelings of shame are a direct line from the insecure attachment styles from childhood, as many children brought up in homes with ACEs were not guided into emotional regulation, and some were not encouraged and supported, which in turn could have caused doubt of self-worth whilst growing up. Passanisi et al. (2015) suggest that understanding the impacts of childhood security on family dynamics and encouraging

ways of self-emotion regulation during childhood could reduce disorders during adulthood. Having support and taught ways to regulate one's emotions, understanding one's feelings, and the projection of others will have the ability to impact a child growing up positively. Improves their self-worth and discourages specific coping mechanisms, such as binge eating or not eating (Impraim, 2016). The correlation between self-esteem and insecure attachment is positive. However, individuals who have secure attachments can still suffer from low self-esteem and eating disorders. This could be due to impacts outside the home, such as bullying.

Self-Esteem and Eating Disorders

Low self-esteem can be a result of ACEs in early childhood, insecure attachments, a response that comes from specific experiences—the feeling of not feeling good enough, and consistent negative emotions surrounding their self-worth. The emotional turmoil that an individual could feel when growing up in an insecure dynamic can closely connect low self-esteem with eating disorders.

A 1992 hypothesis stated that chronic low self-esteem is accountable for the increase in eating disorders, as an eating disorder was considered to be the symptom (Silverstone, 1992). This hypothesis has been supported by many. For instance, Pelc et al. (2023) demonstrated that students between the ages of 12 - 19 were at a higher risk of an eating disorder when having experienced unkind thoughts of themselves and low life satisfaction. The low life satisfaction could be linked to insecure attachments that may occur during this stage of development, which heightens the risk factor for an eating disorder alongside low self-esteem. Low self-esteem can be a contributing factor to eating disorders but also a result of it. A meta-analysis study that was conducted in 2023 that

explored the findings of 48 studies found that low self-esteem had a high correlation with eating disorders.

In contrast with the previously stated meta-analysis, Fatt et al. (2024) found that elite sports competitors are at a high risk of exhibiting or experiencing eating disorders. However, this does not have a high correlation with body image amongst the athletes but contributes more to the specific sports in question. During the studies, female competitors demonstrated a higher correlation of eating disturbances than their male counterparts (Fatt et al., 2024). Following this, a study presented by Culburt et al. (2022) suggested that there is a biological difference between men and women that heightens the risk factor of an eating disorder for females; for instance, an increase in testosterone within a female can increase the risk of eating pathology. Although there is a highly supported correlation between low self-esteem, body image and eating disorders, there are other contributing factors that must be addressed as this is not always the case. Assumptions like this can cause ruptures within the therapeutic room.

Eating Disorders, low self-esteem and Bullying in Adolescence

As previously highlighted, Eating disorders are connected to insecure attachment styles for men and women. However, through consistent examination, the likelihood of eating disorders and secure attachment were not explored. However, there are clear connections where family dynamics are not a risk factor for an individual to exhibit signs of an eating disorder. However, it could be down to outside forces—for instance, bullying, peer pressure and social media. Bullying can cover a variety of harassment, for instance,

name-calling, physical abuse, threatening to cause harm or causing physical damage over some time.

Quintero-Jurado et al. (2022) presented a study that explored the impact of bullying and the risk factors it has for teenagers with eating disorders. Four hundred ninety-one male/female participants participated in this study, and the results were collected from the Peer victimisation and aggression scale and the eating attitude test. Both genders responded to having a higher risk of an eating disorder when they have been verbally, physically or socially bullied (Quintero-Jurado et al., 2022). Male participants also demonstrated higher responses to aggression after the bullying. Many articles support the high association between bullying and eating disorders; one in particular was taken in China with 1643 participants at the age of 16 (Xie, L. et al., 2024). Compared to the previous article, Xie, L. et al. (2024) also explored the implications of cyberbullying but also the impact of being the perpetrator in the bullying and the risk of eating disorders. A similar finding was their gender responses, as male students were found to have a higher risk of eating disorders when cyberbullying, which was not mentioned in the previous article. This introduces a fascinating area of study to understand the mental impacts for each gender and whether or not cyberbullying impacts males more compared to their female counterparts. Low self-esteem and low body image have a consistent correlation with eating disorders; this is with either attachment disorder or bullying.

Being a victim of bullying or being a bully can leave an individual feeling shame. As highlighted previously, shame is what an individual may feel when experiencing thoughts of inadequacy, worthlessness, loneliness, and the idea that an individual is not good enough to themselves (Bath, 2019). Bullying victimisation is linked to shame, relating to low self-esteem, which later results in social anxiety (Wu et al., R., 2021; Strøm

et al., 2018). Following this, adolescent bullying for the victim leads to shame along with psychosocial distress. As stated by Strøm et al. (2018), "shame mediated 70% of the association between bullying victimisation and psychological distress". Bullying has the potential to cause another individual to feel ashamed of themselves as it is the act of consistently pointing out another person's insecurities or causing new insecurities to take form. This will cause an individual to feel as though there is an issue with themselves that needs to change or the need to control something. This has the potential to lead to mental health decline for a teenager and also for adults. Being ashamed of oneself can lower self-esteem, which has also been closely linked to the development of eating disorders. The key aim of the literature review is to examine the impacts of shame and how it links with eating disorders. Therefore, presenting therapeutic approaches can be ideal in the way of best assisting an individual in coping with an eating disorder.

Therapeutic Approaches to Eating Disorders

-Cognitive behavioural therapy.

When approaching ways in order to help those with eating disorders, the desired approach is cognitive behavioural therapy. CBT, regarding eating disorders, has four stages; at the end of each stage, there is a review of each process. Stage one: Developing the therapeutic relationship. Stage 2: when the plan of the therapeutic relationship and aims of the relationship are reviewed and developed according to what the client needs during that stage. Stage 3: Exploring the impact of body image and emotional dysregulation, the change in food intake during those times. Stage four delves

into any areas that can cause an individual to suffer a setback, followed by closure (NHS, 2019). This NHS guideline of CBT approach is loosely based, as more enhanced programmes for eating disorders may approach certain areas differently. A meta-analysis exploring the effectiveness of CBT for all eating disorders was conducted; bulimia and binge eating were found to have the highest success rate. However, more specifically, CBT, which was more therapist-led with psychoeducation and group settings, provided more significant long-term behavioural and cognitive responses for change (NHS, 2019). However, when exploring the impact of CBT on individuals with anorexia nervosa, how the therapy was led during treatment did not pose a significant difference as it did with other eating disorders.

On the other hand, Dalle Grave et al. (2020) supported the use of extensive CBT when helping individuals with anorexia nervosa; this study saw no difference between the adolescent and adult participants regarding drop-out rates. The results emphasised the positive impact of intense CBT on individuals who have severe anorexia. Over time, there is evidence showing signs that there are relapse rates for CBT approaches; therefore, Waller and Beard (2024) highlighted that although there is apparent effectiveness in the practice of CBT regarding disturbed eating patterns, there needs to be change in the applicability to younger individuals as eating patterns and unhealthy relationships with food start in adolescence; alongside the approaches will need to be adapted more suitable for these cases (Waller & Beard, 2024). Cognitive behavioural therapy approaches cases of eating disorders with empathy. However, clinically rather than humanistically, it raises the question of whether or not the root cause of the eating disorder was even explored, and it also raises the question of whether this is a long-term solution.

-Emotion-focused therapy

Although CBT has been highly supported for its efficiency in treating eating disturbances, it is not the only therapeutic approach, and there may be others that are better suited for others. Especially when reviewing the risk factor that insecure attachments have on people and the correlation to eating disorders, perhaps approaching eating disorders with therapeutic interventions that are used to help insecure attachment disorders. Emotion-focused therapy has been suggested to be highly efficient when helping cope with attachment disorders and eating disorders. A mixed model study explored the efficiency of EFT for maladaptive emotions over the course of 12 weeks: this study focused on binge eating. During emotion-focused therapy, there is an exploration into food triggers, feelings surrounding food and one's body, when it started, and what was happening around the time it started (NCED, 2012). The results of the study found that EFT was highly effective for significant progress for those with binge-eating disorder post-therapy but also maintained the follow-ups (Glisenti et al., 2021). Following this, chair work has been a useful tool in helping clients communicate feelings and thoughts in EFT that they may not have done outside of therapy. When applying this to eating disorders, it has been suggested that it is effective with individuals suffering from anorexia nervosa (Pugh, 2019). This is due to some studies stating that those with anorexia disorder also experience a distressing anorexia voice; chair work allows the client to talk with that voice in a safe environment and experience what it would feel like to fight back against it (Pugh, 2019; Hibbs et al., 2021). Hibbs et al.'s study conducted a brief emotion-focused therapy approach, which suggested that it was effective. However, it was stated that due to the limited number of participants and the inability to follow up with the participants, the longevity of the results is not provided. Current research on emotion-focused therapy and eating disorders has mostly been on binge eating and

obesity rates, compared to CBT, which has more extensive research regarding most areas of eating disorders.

On the other hand, when exploring the effectiveness of emotion-focused therapy and the risk factors for eating disorders in this literature review, there is more support for humanistic approaches. Kurd et al. (2021) found that there was a strong increase in child/parent security through emotion-focused intervention with three family dynamics. This improved the emotional regulation and resilience of the children in the family dynamics, therefore demonstrating a positive improvement and possibly reducing risks. Another article that supports the use of emotion-focused therapy and emotion training was conducted in 2015 by سن پور ا, اصلاني ف, گودرزي ز. Emotion attunement and therapy were effective in improving how mothers approached their children and spouses during this study, which resulted in a positive increase in secure behaviours. Following this, the behaviours exhibited by the children after the study were not as disruptive (سن پور, 2015). This study also suggests that psychoeducation alongside therapy is highly effective.

-Therapeutic approaches for shame

Shame is at the base of all of the topics that have been presented whilst exploring eating disorders, as the feeling of unworthiness has been highly linked to low self-worth, a result of insecure attachment. Shame, when being explored with emotion-focused therapy interventions, is linked alongside another area of study. However, a study that represents the effectiveness of EFT with self-criticism and low feelings of self-worth was done in 2019 (Thompson & Girz, 2019). This study highlighted that group emotion-focused therapy provided a positive impact on the decrease in emotional dysregulation

and depressive symptoms. Emotion-focused therapy would be ideal in confronting feelings of shame for individuals as it helps them reconnect to their deeper and primary emotions whilst encouraging healthy coping mechanisms. This will reduce the amount of times the secondary emotion of shame takes hold as often (Harmon, 2024). Yazdi et al.'s (2023) findings also supported the use of emotion-focused therapy regarding feelings of shame. However, the research conducted explored shame in social anxiety. However, it is still relevant to this review as their method used an internalised shame scale, along with others, to see if it has any significant impacts on feelings of shame (Yazdi et al., 2023). The results of this study suggested that this therapeutic approach would be highly suitable for internal and external feelings of shame. However, this study does not apply to eating disorders. Therefore, an area to explore could be seeing the effectiveness in regard to eating disturbances.

Shame: Recent Developments

Interestingly, there is a development in regard to the area of shame and how therapeutic professionals approach this complex emotion. Shame containment theory, following the functionalistic approach to shame as seen as a protective emotion in order to discourage an individual from repeating the action, also views shame as taking protective measures for an individual (Dempsey, 2017; Etherson, 2023). Etherson (2023) acknowledges that empathy and compassion for one's self are highly important in confronting feelings of shame. In addition to this, 'Permission' is the ability to respond authentically and passionately. This is where disrupted attachment styles may cause a rupture as children may shape their authentic responses as they have been discouraged and punished for their original responses (Schimmenti, 2012; Etherson, 2023)

a brief overview of Shame containment theory is crucial to comment on whilst exploring the impacts of shame; although this is alongside eating disorders, there is clear overlap in how individuals may cope with their internal battles, but also how the current research could be limited in one area but extensive in another.

This is where the development of shame containment therapy has been introduced to the psychotherapeutic field. However, there is no data to show the efficiency of this approach. This does not mean that this is a lost area; presenting this area of development for an under-researched area of shame can hold benefits for the future. Furthermore, this theory and therapy has been brought forward by a practitioner of over twenty years (Etherson, 2024). This new area of therapy may not be effective for those suffering from eating disorders symptoms; however, if the triggers are from shame triggers stemming from attachment disruptions, this could still help benefits by allowing someone permission to understand their contained shame.

Shame: Transference and Countertransference

This literature review has explored eating disorders and their connections with shame, insecure attachments and self-esteem. How these areas can be helped through therapeutic approaches. Throughout the therapeutic process, many complex topics can be discussed, even if the focus is on a specific disorder or struggle that an individual may have; other experiences and relational dynamics can be brought to the therapeutic space, no matter the type of therapy. This will leave the area of transference when the client directs their feelings of a situation or person onto the therapist/therapeutic model style. Countertransference is when the therapist responds to the client's experiences and feelings regarding a similar topic and brings it into the therapeutic space. The therapy

that is taking place does not reduce or take away from the chance for this to happen; it depends on the therapist. Prasko et al. (2022) highlighted that the chances of transference and countertransference are high when exploring CBT approaches due to the intense topics; however, if handled correctly, this can benefit the therapeutic relationship and the therapist's self-development. It has been highlighted that a therapeutic relationship is positively impacted when transference is explored appropriately, as it helps the client with emotional regulation and the therapist's self-development, therefore being something more productive (Ryum et al., 2010). However, countertransference may happen during the therapeutic relationship. Racker (1968) and Hahn (2000) stated that there is concordant and complementary countertransference; both occur when the therapist is aware of feelings/ experiences similar to those of their clients. However, acting or responding to the client based on the emotions brought up by the topic, for instance, if the therapist introjects with their own experience and solutions, could jeopardise the therapeutic process (Racker, 1968).

When applying this to the topic of shame, clients may enter the therapeutic relationship with internalised shame that ends up being projected when in a safe space to do so. However, therapists themselves can also have lapses of feeling shame and inadequacy, which leaves them open to taking on the emotions of their clients and resonating with that essence of shame. This could cause a therapist to respond according to their own experience (Hahn, 2000). A therapist could rupture a therapeutic relationship, causing a safeguarding issue by sharing too much about themselves in an attempt to reassure and resonate with the client, which could also devalue the feelings and experience of the client. On to this, the therapist may start to withdraw from the relationship if the feelings of shame are too strong; also, the feelings of inadequacy may influence how they approach the relationship. Focusing very hard on ways to alter the course of conversation without self-awareness. These alterations could cause the client

to stop entering that area, therefore restricting the effectiveness of the therapy. It may also reiterate the feelings of shame that the client was feeling (Hayes et al., 2018). In order to limit the number of ruptures caused by countertransference, therapists must maintain continuous personal counselling as well as supervision, as this will also address any concerns within the therapeutic relationships with an outside perspective whilst also providing emotional support regarding the profession (Hayes et al., 2018; NCPS, 2024). Although the topic of transference and countertransference are not precisely correlated to shame within the literature, the weight of the possible ruptures and triggers that can be caused for the client and therapist is important to note, as self-awareness, especially on the side of the therapist, is crucial.

Conclusion

The exploration of shame and eating disorders was not an area of literature that was highly researched. However, the primary link between low self-esteem and insecure attachment disorders provided an in-depth base for an area of research to be explored. There is a clear pattern linking the insecure attachments from childhood and adult relationships and the decrease in self-esteem. Low self-esteem and shame are very similar, and both respond to insecure attachments (Passanisi et al., 2015). Low self-esteem and insecure attachments both act as risk factors for eating disorders. Whilst delving into the research, it was evident that there is a lot more research conducted on females and eating disorders compared to males, or there was comparison research. Therefore, exploring the connection between males and eating disorders would be beneficial to grant further understanding within this field (Kavehfasani et al., 2020).

This literature review highlighted the impacts of bullying in adolescents and the risk of eating disorders to demonstrate that there is more than just one trigger for this response, and low self-esteem and a deep feeling of shame can be just as detrimental to individual wellbeing as childhood insecure attachment styles. However, due to the number of areas that are also connected to adolescent bullying, it would need to be fully explored as a topic on its own, alongside the consequences for the victim and perpetrator.

Shame has been hinted at throughout this review; transference and countertransference were not highlighted during the therapeutic approaches. This is due to the limited research, although it is an understood concept. That has the potential to take place during any therapeutic relationship. It was evident that CBT was the therapy that demonstrated the most research and aimed to limit it from being detrimental during the interventions. Although emotion-focused therapy provides a strong argument for helping those with eating disorders, there is no significant evidence suggesting that it is the most efficient approach compared to CBT, as there is more extensive research using CBT as the therapeutic choice (NHS,2019). Especially when considering the multiple layers of emotions and risk factors for the eating behaviours. This literature review provides a base for understanding the impacts of insecure attachment and low self-esteem for those with eating disorders whilst also dipping into other areas. However, for greater depth, an intense depth into shame as a topic on its own would be highly efficient, especially for shame containment theory being presented to the field.

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