



Pergamon

Eating Behaviors 2 (2001) 247–261

**EATING
BEHAVIORS**

The underlying psychopathology of eating disorders and social phobia

A structural equation analysis

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Abstract

This study investigates the underlying psychopathology of disordered eating and social phobia behaviours by examining the interrelationships between variables thought to be common to both. The participants were 252 female tertiary students. Each completed measures of eating behaviours, social phobia, body esteem, fear of negative evaluation, social support, self-acceptance, and general psychopathology. Structural equation modelling was used to determine if fear of negative evaluation and social support had a direct or indirect effect on the behaviours of disordered eating, social phobia, and body esteem. Findings indicated that fear of negative evaluation had a direct and indirect effect on the behaviours associated with eating disorders and social phobia, and only an indirect effect on body esteem. Social support indirectly affected eating disorders, social phobia, and body esteem. Implications from this study are that social support, fears of being criticised or rejected by others, and low self-acceptance are important variables in the assessment of eating disorders and social phobia. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Eating disorders; Social phobia; Body esteem; Behavioural assessment; Structural equation modelling

1. Introduction

Many commentators have noted the close connection between anxiety — particularly social anxiety — and eating disorders (e.g., Bulik, Sullivan, Carter, & Joyce, 1996; Fairburn & Wilson, 1996; Striegel-Moore, Silberstein, & Rodin, 1993). Bulik (1995) reviewed the

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literature on this relationship and hypothesised that there is an “underlying psychopathology” for both eating disorders and social phobia, and that symptom expression is simply in different areas. Research based on classifying psychological disorders into discrete syndromes often interprets the co-occurrence of symptom clusters as indicative that disorders may be “comorbid.” Behavioural approaches, however, attempt to determine the dynamic interrelationships within and between the elements of each disorder (Evans & Litz, 1987). From the perspective of functional clinical assessment of clients, it is especially important to examine the organisational patterns of closely related behaviours in order to focus intervention on the common underlying pathways (Evans, 1993), and this is particularly true when selecting new treatment targets in eating disorders (Wilson, 1996).

The current study was designed to investigate the interrelationships between elements often described as being components of the behavioural patterns of both eating disorders and social phobia: fear of negative evaluation, social support, and self-acceptance (Bulik, 1995; Button, Loan, Davies, & Sonuga-Barke, 1997; Clark & Wells, 1995; Munir & Jackson, 1997; Tiller et al., 1997). Body esteem was also incorporated into the study as an outcome variable due to its close relationship to eating disordered behaviour and social phobia behaviours, albeit in different ways. College students are also more likely to display difficulties with body esteem rather than the clinical syndromes of eating disorders and social phobia.

Fear of negative evaluation was defined by Watson and Friend (1969) as “apprehension about others’ evaluations, distress over their negative evaluations, avoidance of evaluative situations, and the expectation that others would evaluate oneself negatively” (p. 449). This characteristic is commonly accepted by researchers and clinicians alike as being a primary feature of social phobia (American Psychiatric Association, 1994; Barlow, 1988; Turner, McCanna, & Beidel, 1987; Watson & Friend, 1969). A primary feature of eating disorders is a fear of gaining weight, with body shape and weight having a disproportional influence on one’s self-evaluation. This has been reconceptualised by Bulik (1995) as fear of negative evaluation from the self and others.

Social support is also relevant to the assessment of both eating disorders and social phobia, partly due to its connection with psychopathology in general (e.g., Cresswell, Kuipers, & Power, 1992; Leavy, 1983; Power, Champion, & Aris, 1988). This construct is defined by Alloway and Bebbington (1987) as having two functional components: practical support and emotional support. Tiller et al. (1997) examined the relationship between social support and eating disorders, and concluded that people with eating disorders have significantly impaired social networks. Similarly, within the anxiety literature, Munir and Jackson (1997) examined social support, need for support, and anxiety in women graduate students. They found that high anxiety was related to a strong need for support while actually experiencing low levels of social support.

Self-acceptance, defined as holding a positive regard towards oneself, has been considered a “central feature of mental health” (Ryff, 1989, p. 1071). Button et al. (1997) found, when investigating psychological well-being and eating problems in adolescents, that girls displaying abnormal eating behaviour and having eating concerns also had greater global self-dissatisfaction and low self-esteem. Low self-acceptance is seen as a primary feature of social phobia, and in cognitive models of social anxiety, negative self-schemas are a core

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