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Social anxiety and social comparison: differential links with restrictive and bulimic attitudes among nonclinical women

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Abstract

This study investigated the relationship of two social psychological constructs (social anxiety and social comparison) with bulimic and restrictive eating attitudes among nonclinical women. Eighty young women completed a measure of social anxiety (the Fear of Negative Evaluation Scale, FNE), a measure of social comparison (the Iowa–Netherlands Comparison Orientation Measure, INCOM), the Beck Depression Inventory (BDI), and the Eating Disorders Inventory (EDI). The results indicate a differential link between the two different social processes and the nature of eating psychopathology. Specifically, heightened social anxiety predicted drive for thinness, while levels of social comparison predicted bulimic attitudes. The findings support a model where the two social processes are each associated with different patterns of eating pathology.

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1. Introduction

Numerous studies have considered the role of broad social factors in the aetiology and maintenance of eating problems (e.g., Brooks, LeCouteur, & Hepworth, 1998). Such work has begun to elucidate the mechanisms by which these social pressures are transmitted to the

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individual (e.g., Edmunds & Hill, 1999; Feunekes, de Graaf, Meyboom, & van Staveren, 1998). These preliminary studies have focused almost exclusively on the impact of weight- and shape-related information (e.g., criticism regarding appearance) upon eating behaviours (e.g., Thompson, Coovert, & Stormer, 1999). In addition, aspects of eating psychopathology are not differentiated in these socially focused studies despite recent research distinguishing socially validated attitudes (i.e., body dissatisfaction and restriction) from socially stigmatised attitudes (i.e., bulimia) (e.g., Meyer & Waller, 2001; Paxton, Schutz, Wertheim, & Muir, 1999).

A small number of studies have considered how an individual's level of vulnerability to societal pressure can be a crucial factor in determining who will develop an eating disorder (e.g., Stice, 1994; Wertheim, Paxton, Schutz, & Muir, 1997). In addition to the specific impact of weight- and shape-related criticism (e.g., Thompson et al., 1999), it has been suggested that women with eating disorders generally experience more *social anxiety* than controls. In particular, heightened fears of negative evaluation have been found within groups of eating-disordered individuals (e.g., Hinrichsen, Waller, & Wright, 2001). However, whilst social anxiety may be involved in the transmission of disturbed eating attitudes in general, it is likely that these negative evaluation fears may be relevant only to those eating behaviours deemed socially desirable (i.e., drive for thinness and dissatisfaction with one's shape and weight) (Paxton et al., 1999).

An alternative mechanism underpinning the transmission of social pressures to the individual involves less overt familial and peer influences. Recent research suggests that the process of *social comparison* is a critical mediator between teasing by peers and development of poor body image and eating disturbance (Thompson et al., 1999). Support for social comparison as a transmission mechanism in the eating disorders is limited. However, Gibbons and Buunk (1999) have isolated qualities shared by individuals who are likely to engage in social comparison. Most of these characteristics involve uncertainty about the self, such as unstable self-concepts and low self-esteem (e.g., Campbell, 1990; Wayment & Taylor, 1995), all of which are features commonly seen in the eating disorders (e.g., Williams et al., 1993).

In summary, preliminary links have been found between restrictive psychopathology and social anxiety, and there is some suggestion that social comparison might be involved in the development of eating psychopathology. In light of this, the current study has two aims: (1) to examine whether links between social anxiety and eating characteristics are specific to restrictive pathology (i.e., socially validated attitudes) and (2) to empirically test the relationship between general social comparison processes and eating psychopathology. In keeping with the model proposed above, it is hypothesised that socially validated eating attitudes (drive for thinness and body dissatisfaction) will be associated with heightened levels of social anxiety. It is also predicted that a general tendency towards social comparison will be associated with relatively unhealthy eating attitudes. However, because links have previously been found between social anxiety and depression, and depression and eating psychopathology (e.g., Fava et al., 1997; Lepine & Pelissolo, 2000), the current study will determine whether any links between eating attitudes and social processes are accounted for by depression.

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