



Social comparison, negative body image, and disordered eating behavior: The moderating role of coping style



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ABSTRACT

Comparing one's body to those of individuals perceived as more attractive is common among college women, and has been associated with increases in body dissatisfaction and disordered eating. Not all college women are vulnerable to the negative influence of these *upward body comparisons*; however, little is known about characteristics that may distinguish more vulnerable women. Coping styles, which represent individuals' responses to negative events, are a key area of opportunity for better understanding the relationship between body comparison and weight-related experiences in this population. College women ($n = 628$) completed an electronic assessment of demographics, upward body comparison, body dissatisfaction, disordered eating behavior, and coping styles. Controlling for reported BMI, positive reframing coping style moderated the relationship between upward body-focused comparison and body dissatisfaction ($p = 0.02$), such that women who engaged in more (vs. less) positive reframing showed a weakened relationship between upward body-focused comparison and body dissatisfaction. Controlling for BMI and body dissatisfaction, both self-blaming ($p = 0.02$) and self-distracting ($p = 0.009$) styles also moderated the relationship between upward body-focused comparison and disordered eating behaviors, such that women who more (vs. less) strongly endorsed self-blaming and self-distracting styles appeared more susceptible to the negative influence of upward body comparison. These findings underscore the importance of upward body comparison for body dissatisfaction and disordered eating among college women, and highlight coping style as a key factor in these relationships. Increased attention to upward body comparison and coping style may improve quality of life and contribute to the prevention of disordered eating in this vulnerable population.

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1. Introduction

1.1. Social comparison, negative body image, and disordered eating behavior: the moderating role of coping style

The ubiquity of body dissatisfaction and weight concerns among U.S. women is well documented (Strahan, Wilson, Cressman, & Buote, 2006). College women appear to be exceptionally vulnerable to body dissatisfaction and weight concerns (Pritchard, Wilson, & Yamnitz, 2007; Strahan et al., 2006), which place them at risk for health problems such as substance abuse and depression (Tiggemann & McGill, 2004; van den Berg et al., 2007). These women are also at a high risk for disordered eating symptoms (Stice & Shaw, 2002; van den Berg et al., 2007).

Among young women, frequent comparisons of one's body to that of others may serve to prompt and maintain body dissatisfaction (Leahey, Crowther, & Mickelson, 2007). Such *social comparisons* often are made toward others who are perceived to have "better" physical features

(e.g., toward thin, attractive others). These *upward comparisons* highlight a woman's failure to achieve the accepted standard of attractiveness, and communicate that achieving this standard is possible (though actual achievement is unrealistic for most women). Consequently negative self-evaluations contribute to body dissatisfaction and disordered eating behaviors (Arigo, Schumacher, & Martin, 2014) which are themselves associated with weight gain, depressed mood, and lower quality of life (Tiggemann & Kuring, 2004). Although most college women make upward body comparisons, not all women are susceptible to their negative effects (Stice, Mazotti, Weibel, & Argas, 2000). Improved understanding of the personal characteristics or behaviors that identify particularly vulnerable women could inform health promotion and disordered eating prevention programs on college campuses.

1.2. Coping style as a potential moderator

Upward body comparisons can lead to immediate increases in negative affect and guilt (Leahey et al., 2007). If managed effectively, such feelings are transient; however, poor response to such feelings may prompt disordered eating symptoms and negatively influence quality

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of life (Arigo et al., 2014). Coping style, or one's method for managing negative situations or emotions (Carver, 1997), represents one potential influence on women's responses to upward body comparisons. Coping styles typically have been categorized as either adaptive or maladaptive (Schnider, Elhai, & Gray, 2007). "Adaptive" styles include actively engaging in a behavior to overcome the negative situation, seeking out support, or positive reframing (Carver, 1997; Mahmoud, Staten, Hall, & Lennie, 2012). These styles have been associated with better psychological functioning (Cash, Santos, & Williams, 2005; Mahmoud et al., 2012).

In contrast, "maladaptive" coping styles involve avoiding searching for a solution to a problem or withdrawing from the situation (Mahmoud et al., 2012). Maladaptive styles include venting (i.e., actively expressing negative emotion), self-distraction (i.e., focusing away from the problem) and self-blame (i.e., taking full responsibility for a situation; Carver, 1997; Schnider et al., 2007). College students who use maladaptive styles report higher levels of anxiety and depression, and poorer ability to adapt to stressful circumstances (Cash et al., 2005; Mahmoud et al., 2012). Regarding body and eating concerns, avoidant coping has been linked to body dissatisfaction and disordered eating attitudes and behaviors in a small number of studies, though active coping techniques have not shown the expected relationships with these outcomes (Cash et al., 2005; Koff & Sangani, 1997; Sulkowski, Dempsey, & Dempsey, 2011). To our knowledge, the role of coping style has not been examined with respect to the specific relationships between upward body comparisons and (1) body dissatisfaction, and (2) disordered eating behaviors.

The present study examined relations between upward body comparison, coping styles, and body image and disordered eating behavior in a large sample of college women. We expected an inverse relationship between upward body comparison and body image, and a positive relationship between upward body comparison and disordered eating behaviors. The moderating effects of five coping styles (selected to capture both adaptive and maladaptive coping) on these relationships were also examined. The coping styles examined were positive reframing, self-distraction, self-blame, active coping, and venting. We predicted that (1) higher (vs. lower) positive reframing and active coping (i.e., greater identification with adaptive coping styles) would weaken the relationships between upward body comparisons and body image and disordered eating behaviors, while (2) higher (vs. lower) venting, self-blame, and self-distraction (i.e., greater identification with maladaptive coping styles) would strengthen these relationships.

2. Method

2.1. Participants and procedure

Female students taking introductory psychology ($n = 628$) at a large, private university in the Northeastern United States completed an electronic assessment of body image, eating behaviors, social functioning, and coping styles. The average participant was 19 years old ($SD = 1.02$) with a body mass index (BMI) of 22.89 kg/m² ($SD = 4.03$). As noted below, BMIs were calculated based on self-reported height and weight; reported BMIs ranged from 15.51 to 49.09. Participants identified as Caucasian (60%), Asian (21%), Hispanic/Latina (8%), Black/African American (7%), Native American (1%), and mixed (3%). The largest subsets of participants were freshmen (66%) and lived on campus (81%).

2.2. Materials and measures

2.2.1. Demographics questionnaire

Participants were asked to report their age, year in school, current living situation (i.e., on vs. off campus), and ethnicity, and to estimate

their current height and weight. BMI was calculated from self-reported height and weight.

2.2.2. Body-focused social comparison scale

This measure was created for a larger study of well-being among college women. Items were modified from a validated measure of general social comparison (Gibbons & Buunk, 1999) to assess comparisons specific to the domain of body shape (see Arigo & Smyth, 2012). The upward comparison subscale consisted of two items (i.e., "When it comes to my body, I compare myself with others whose bodies I think are better than mine," and "When I feel negatively about my body, I think of others whose bodies are BETTER than mine"), which assessed upward body comparison in two different contexts. Each item was rated from 1 (strongly disagree) to 5 (strongly agree); items were summed to create the total score (possible range = 2–10). Cronbach's alpha for this brief measure of upward comparison was 0.83, indicating good internal validity but not unnecessary item redundancy (Streiner, 2003). This measure also showed convergent validity with existing, broader measures of appearance-focused social comparison (O'Brien et al., 2009; Thompson, Heinberg, & Tantleff-Dunn, 1991; $ps < 0.0001$).¹

2.2.3. Body Image Quality of Life Inventory (BIQLI)

This 19-item scale quantifies the influence of body image on a respondent's functioning and quality of life in various domains (Cash & Fleming, 2002). Respondents rate items on a scale of -3 (highly negative impact of body image) to +3 (highly positive impact of body image). Cronbach's alpha was 0.95 in the present study.

2.2.4. Eating Disorders Examination Questionnaire (EDE-Q)

This 28-item self-report measure is based on the Eating Disorders Examination (Fairburn & Beglin, 1994), a widely-used clinical interview for diagnosing eating disorders. With respect to the past 28 days, participants indicate the frequency of key behavioral features of eating disorders (e.g., binge eating, definite fear of weight gain) in terms of number of episodes or number of days on which the behavior occurred (e.g., *no days*, *6–12 days*, *every day*). In addition, the severity of core attitudinal aspects of eating disorder psychopathology (e.g., dissatisfaction with shape) over the past 28 days are assessed using a 7-point scale ranging from 0 (*not at all*) to 6 (*markedly*). A Global score and four subscale scores can be derived: Restraint (5 items), Eating Concern (5 items), Shape Concern (8 items), and Weight Concern (5 items). In the present study, Cronbach's alphas were 0.91 (Global), 0.83 (Restraint), 0.54 (Eating Concern), 0.88 (Shape Concern), and 0.81 (Weight Concern).

2.2.5. Brief COPE

This 28-item inventory assesses typical coping style on 14 dimensions (Carver, 1997). Items are rated on a scale of 1 (*I haven't been doing this at all*) to 3 (*I have been doing this a lot*). The present study focused on active coping (i.e. focusing efforts on making the situation better), venting (i.e., expressing unpleasant feelings), positive reframing (i.e., taking a positive perspective on a negative event), self-distraction (i.e., focusing on other interests or responsibilities), and self-blame (i.e., focusing on one's own flaws or mistakes). Cronbach's alphas for the current sample ranged from 0.60 (self-distraction) to 0.72 (self-blame).

2.3. Statistical Analyses

Descriptive statistics for upward comparison, body image quality of life, disordered eating (EDE-Q Global Score and subscales), and coping styles were examined to determine the similarity of our sample to published norms for validated scales. Pearson's R correlations were used to test bivariate relations between constructs of interest. Although previous examinations of upward comparison have found only modest correlations with BMI (Leahey, LaRose, Fava, & Wing, 2011), it remains possible that the extent of upward comparison may be strongly associated with

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