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# Social anxiety and coping strategies in the eating disorders

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## Abstract

Studies of social phobia in the eating disorders have demonstrated high comorbidity with both anorexia and bulimia nervosa. This study examined levels of social anxiety across different types of eating disorders, and determined the association of such anxiety with specific forms of emotional regulation. One hundred fourteen females who met DSM-IV criteria for an eating disorder and a comparison group of 50 nonclinical women completed three self-report questionnaires, which measured bulimic behaviours, dissociation, and social anxiety. The clinical groups reported higher levels of social anxiety than the nonclinical group. In both the nonclinical individuals and the bulimia nervosa patients, social anxiety was found to be associated with higher levels of bulimic psychopathology. By contrast, social anxiety in the restrictive anorexic group was linked to higher levels of dissociation. The present findings highlight the clinical importance of addressing social anxiety in eating-disordered individuals, and suggestions are made for the treatment of different forms of emotional regulation in such cases. Implications for future research are also discussed.

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## 1. Introduction

Emotional factors are known to act as antecedents to bulimic behaviours (Abraham & Beumont, 1982; Arnow, Kenardy, & Agras, 1992, 1995; Fairburn, 1997) and are related to restrictive behaviours. While much is known about the role of anger (e.g., Fava, Rappe, West,

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& Herzog, 1995; Geller, Cockell, & Goldner, 2000) and depression (e.g., Agras & Telch, 1998; Dancyger, Sunday, & Halmi, 1997; Laessle, Kittl, Fichter, & Pirke, 1998), less is known about other emotions, such as loneliness and anxiety. Our understanding of the role of anxiety is particularly limited, because it is such a broad construct with different manifestations. For example, there is a clearly established link between eating problems and obsessive–compulsive pathology (Thiel, Broocks, Ohlmeier, Jacoby, & Schussler, 1995). However, less is known about the relationship between eating problems and other manifestations of anxiety, such as simple phobia, panic disorder, and social anxiety. Given recent evidence that social triggers play an important role in the onset and maintenance of eating-disordered behaviours (e.g., Steiger, Gauvin, Jabalpurwala, Seguin, & Stotland, 1999), there is a particular need to determine the relationship between social anxiety and eating psychopathology.

Social anxiety manifests as a fear of social situations, where individuals perceive themselves to be vulnerable to negative evaluation by others. In its most extreme form, it reaches diagnostic criteria for social phobia, where there is a “marked and persistent fear of social or performance situations in which embarrassment may occur,” leading to significant functional impairment (American Psychiatric Association, 1994). A diagnosis of social phobia is relatively common, with lifetime prevalence rates of 4.9% for males and 9.5% for females (Wittchen, Stein, & Kessler, 1999). Other research (e.g., Furmark et al., 1999) has suggested that over 15% of the population experience levels of social anxiety that lead to some disruption of their everyday functioning, even if they do not meet diagnostic criteria. Given the extreme levels of concern regarding appearance in the eating disorders (Diehl, Johnson, Rogers, & Petrie, 1998; Haase & Prapavessis, 1998), it can be hypothesised that social anxiety will be overrepresented in this clinical group. However, the literature to date on the eating disorders is limited by an exclusive focus on diagnosable cases of social phobia, and there is a strong clinical case for examining levels of social anxiety across different eating-disordered groups. Such studies should explore the role of social anxiety as a dimensional construct, as well as comparing those individuals who have unusually high levels of social anxiety with those who have a more normal level (e.g., Stopa & Clark, 2001), irrespective of formal diagnostic status.

While studies of social phobia in the eating disorders (Brewerton, Lydiard, Ballenger, & Herzog, 1993; Bulik, Sullivan, Fear, & Joyce, 1997; Godart, Lament, Lecrubier, & Jeammet, 2000; Halmi et al., 1991; Schwalberg, Barlow, Alger, & Howard, 1992) have demonstrated a high comorbidity with both anorexia nervosa (e.g., 33.9% lifetime prevalence; Halmi et al., 1991) and bulimia nervosa (e.g., 17% lifetime prevalence; Brewerton et al., 1993), the literature is somewhat contradictory. For example, Godart et al. (2000) reported higher and more equivalent lifetime prevalence rates of social phobia in anorexia nervosa (55%) and bulimia nervosa (59%). Although it appears that some of this difference may be attributable to the use of measures with different levels of sensitivity, the contradictory findings regarding prevalence across anorexia and bulimia nervosa may be due to the failure to differentiate anorexia of the restrictive subtype and of the binge–purge subtype (American Psychiatric Association, 1994). Therefore, it is important that levels of social anxiety should be determined for both forms of anorexia nervosa.

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