



Research report

Status Update: Maladaptive Facebook usage predicts increases in body dissatisfaction and bulimic symptoms

April R. Smith^{a,*}, Jennifer L. Hames^b, Thomas E. Joiner Jr.^b^a Department of Psychology, Miami University, Oxford, Mail Stop 3F5, OH, United States^b Department of Psychology, Florida State University, Tallahassee, Florida

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ABSTRACT

Background: The current study examined the effects of online social evaluations and comparisons on body dissatisfaction and bulimic symptoms.**Methods:** We tested the effects of maladaptive Facebook usage (defined as the tendency to seek negative social evaluations and/or engage in social comparisons via Facebook) on body dissatisfaction and bulimic symptoms in a sample of 232 college females followed for approximately 4 weeks.**Results:** Results provided evidence that maladaptive Facebook usage significantly predicted increases in bulimic symptoms and episodes of over-eating approximately four weeks later. Body dissatisfaction was found to fully mediate the relationship between maladaptive Facebook usage and increases in over-eating episodes, whereas body dissatisfaction partially mediated the relationship between maladaptive Facebook usage and increases in bulimic symptoms more broadly.**Limitations:** Limitations include the use of a novel measure of maladaptive Facebook usage due to the absence of an existing measure and a non-clinical sample.**Conclusions:** The results of this study suggest that reducing maladaptive Facebook usage may be a fruitful target for interventions aimed at reducing body dissatisfaction and symptoms of eating pathology.

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1. Introduction

In the last 50 years the incidence of bulimia nervosa has increased significantly (Hoek and van Hoeken, 2003; Hudson et al., 2007). Further, approximately one in every one hundred women binges and purges at some point in her life to lose weight (National Association of Anorexia Nervosa and Associated Disorders, 2012). Bulimia nervosa (BN) is a difficult disorder to treat, with oftentimes greater than 50 percent treatment failure rate (e.g., Cooper and Fairburn, 2011; Mitchell et al., 2002). Research into the etiological and maintenance factors for BN can help aid prevention and treatment strategies.

One theory which incorporates both etiological and maintenance factors is the interpersonal formulation of eating disorders (Rieger et al., 2010). According to this formulation, in response to unsuccessful social interactions, individuals may engage in disordered eating in an attempt to repair self-esteem and regain their sense of self. In support of this formulation, several studies have found that challenging interpersonal situations trigger binge-like behavior (e.g., Baumeister et al., 2005; Tanofsky-Kraff et al., 2000). For example, in

the Baumeister et al. (2005) study participants who had been led to believe they had been rejected by their peers ate on average five more cookies than participants who had not been rejected; the amount of cookies the rejected participants ate is notable given that the non-rejected participants on average only ate four cookies.

The interpersonal formulation (Rieger et al., 2010) further postulates that engagement in disordered eating behaviors increases interpersonal problems; in turn, these interpersonal problems are believed to intensify the eating disorder symptoms. Support for the exacerbation of disordered eating in the face of interpersonal difficulties comes from a longitudinal study which examined the effect of negative feedback seeking on eating disorder related variables (Joiner, 1997). Over the course of five weeks, this study found that among college-aged women, interest in negative feedback led to body dissatisfaction, and in turn, increased bulimic symptoms (Joiner, 1997).

In addition to direct negative social evaluation, Rieger et al. (2010) also posit that indirect sources of evaluative information, such as social comparisons, can lead to poor body image and disordered eating. Empirical support for this hypothesis comes from several experimental studies. For instance, Kronen et al. (2005) found that female participants who had the ability to compare themselves to a thin confederate reported worse body dissatisfaction as compared to female participants exposed to a

* Corresponding author. Tel.: 513 529 2400 fax: +513 529 2420.

E-mail address: aprilsmith@miamioh.edu (A.R. Smith).

normal weight confederate. Notably, the negative effects of social comparison on eating disorder related variables have even been found for exposure to non-appearance related stimuli. Specifically, female undergraduates who read profiles about successful peers reported greater body image dissatisfaction and more restrictive eating attitudes than female undergraduates who read profiles of unsuccessful peers (Li et al., 2010).

With the advent and proliferation of social networking sites, such as Facebook, Twitter, and MySpace, we were interested in exploring how online social network usage may impact body satisfaction and eating behaviors. For the current study we chose to focus on Facebook usage in particular, as Facebook is the most widely used online social network, with over 1 billion users, half of whom are daily users (Smith, 2012).

Using the interpersonal formulation of eating disorders as a guide, we sought to examine the effects of online social evaluations and comparisons on body dissatisfaction and bulimic symptoms. Given that one out of every seven people on the planet uses Facebook (Smith, 2012) the sheer number of social evaluations and comparisons possible on Facebook staggers. It is possible that Facebook usage could have positive effects on body image and disordered eating, as Facebook provides a platform for building social relationships and gathering potentially positive and self-esteem enhancing evaluations. On the other hand, Facebook usage could be maladaptive when individuals use Facebook to engage in negative social evaluations and social comparisons. This type of maladaptive Facebook usage may be especially pernicious for women vulnerable to disordered eating given their noted interpersonal problems (e.g., Grisset and Norvell, 1992; Hopwood et al., 2007; Lampard et al., 2011). In fact, some support for this latter hypothesis comes from recent research which found that Facebook usage may exacerbate interpersonal problems for individuals with low self-esteem. Specifically, the study found that low self-esteem individuals posted more negative updates and received less feedback on these updates as compared to individuals with high self-esteem (Forest and Wood, 2012).

Due to the unprecedented access to social comparisons and evaluation, in the present study we hypothesized that maladaptive Facebook usage would exacerbate eating disorder symptoms over time. Specifically, we predicted that maladaptive Facebook usage would lead to body dissatisfaction, which in turn would engender bulimic symptoms. For the purposes of this study, maladaptive Facebook usage was defined as the tendency to seek negative social evaluations and/or engage in social comparisons via Facebook. We were particularly interested in investigating body dissatisfaction as a mediator of the potential relationship between maladaptive Facebook usage and bulimic symptoms given that body dissatisfaction is a well-documented risk factor for bulimic symptoms (Stice and Shaw, 2002) and because previous work has found that body dissatisfaction mediated the relationship between interest in negative social evaluations and bulimic symptoms (Joiner, 1997).

2. Method

In return for course credits, participants were asked to participate in a two-part study requiring them to fill out questionnaires on two separate occasions separated by two to four weeks (average time between Time 1 and 2 was 24 days). Participants completed Time 1 and 2 questionnaires online via a secure website that time stamped their completion. All procedures were approved by the university's Institutional Review Board.

2.1. Participants

There were 232 female participants from a large southeastern university. Only participants who completed both the Time 1 and

Time 2 portions of the study were included in the analysis. Subjects who failed to participate at both time points ($n=13$) were eliminated from the analyses. A one-way ANOVA was performed to test for differences between those who were included in the analyses and those who were excluded. This test revealed no significant differences between these two groups on any of the variables used in the analyses (all p 's $> .10$). The sample was predominantly Caucasian (76.3%, $n=177$); the remainder of the sample divided as follows: 9.5% African American ($n=22$), 2.6% Asian ($n=6$), 9% ($n=2$) Hawaiian/Other Pacific Islander, and 17% other ($n=25$). The participants' age ranged from 17 to 35 ($M=18.72$, $SD=1.60$).

2.2. Measures

In the absence of a validated scale, a Maladaptive Facebook Usage Scale was created. This 7-item questionnaire was created by the authors to assess participants' maladaptive Facebook usage. According to the interpersonal formulation of eating disorders both negative social evaluations and social comparisons can lead to eating disorders symptoms. Thus, we designed our scale to reflect these factors. Example items include: "I tend to read the status updates of others to see if they are feeling the way I am," "Reading the status updates of others tends to make me feel down on myself," "I sometimes write negative things about myself in my status updates to see if others will respond with negative comments about me." Items were rated on a 1 ("Strongly Disagree") to 7 ("Strongly Agree") scale; thus, higher scores indicate greater tendencies to seek online social comparisons and negative evaluations. This scale demonstrated adequate to good reliability at Time 1 ($T1$) and Time 2 ($T2$), as the average alpha was .71. The test-retest reliability was .71, which is considered good. Further validity data, including correlations with theoretically similar constructs, are reported in the Results section.

The Eating Disorder Inventory (EDI; Garner et al., 1983) is a 64 item self-report questionnaire that assesses behaviors and attitudes related to eating. Participants are asked to rate statements on a scale from 1 (*never*) to 6 (*always*). The EDI bulimia subscale consists of seven items that assess binge eating (e.g., I have gone on eating binges where I have felt I could not stop) and thoughts of purging (e.g., I have the thought of trying to vomit to lose weight). The EDI body dissatisfaction subscale is comprised of nine questions that measure dissatisfaction with one's shape (e.g., "I think that my thighs are too large," "I feel satisfied with the shape of my body [*reverse coded*]"). The current study used the EDI bulimia subscale as a measure of self-reported bulimic symptoms, and the EDI body dissatisfaction subscale was used to measure our putative mediator, body dissatisfaction. Both subscales were administered at $T1$ and $T2$ and demonstrated good reliability (EDI-Bulimia: $T1$, $\alpha=.87$, $T2$, $\alpha=.88$; EDI-Body Dissatisfaction: $T1$, $\alpha=.92$, $T2$, $\alpha=.91$).

The Eating Disorder Examination Questionnaire-4 (EDEQ-4; Fairburn and Beglin, 1994) is a 36-item self-report questionnaire based upon the Eating Disorder Examination interview (EDE; Fairburn and Cooper, 1993) which assesses eating disorder symptomatology. The questionnaire yields four subscales (Restraint, Eating Concern, Shape Concern, and Weight Concern) as well as a global score. Items in this questionnaire focus on symptom levels during the previous 28 days. The Shape Concern subscale ($T1$ $\alpha=.93$, $T2\alpha=.93$), which measures dissatisfaction with one's shape, was used as an additional measure of body dissatisfaction in the current study. Further, Item 17, which measures the number of times participants have engaged in over-eating, was used as a dependent variable. The exact wording for Item 17 is as follows: "How many such episodes have you had

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