



Appearance-based rejection sensitivity as a mediator of the relationship between symptoms of social anxiety and disordered eating cognitions and behaviors



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ABSTRACT

Previous research has established a robust relationship between symptoms of social anxiety and disordered eating. However, the mechanisms that may underpin this relationship are unclear. Appearance-based rejection sensitivity (ABRS)—the tendency to anxiously expect and overreact to signs of appearance-based rejection—may be a crucial explanatory mechanism, as ABRS has been shown to maintain social anxiety symptoms and predict disordered eating. We therefore tested whether ABRS mediated the relationship between social anxiety symptoms and various indices of disordered eating (over-evaluation of weight/shape, restraint, binge eating, compulsive exercise, and vomiting). Data from community-based females ($n = 299$) and males ($n = 87$) were analyzed. ABRS was shown to mediate the relationship between social anxiety and the over-evaluation, restraint, binge eating, and compulsive exercise frequency, but not vomiting. These effects also occurred for both females and males separately. Findings demonstrated that ABRS may be an important mechanism explaining why socially anxious individuals report elevated symptoms of disordered eating. Future research testing all proposed mediating variables of the social anxiety-disordered eating link in a single, integrative model is required to identify the most influential mechanisms driving this relationship.

1. Introduction

A consistent link has been reported between social anxiety symptoms and disordered eating. Studies have documented strong correlations between social anxiety symptoms and various indices of disordered eating (e.g., Hinrichsen, Waller, & Emanuelli, 2004). Symptoms of social anxiety are also common in eating disorders. For instance, Kaye, Bulik, Thornton, Barbarich, and Masters (2004) found that 20% of their sample of individuals with eating disorders ($n = 672$) exhibited clinically significant levels of social anxiety. Retrospective (e.g., Bulik, Sullivan, Fear, & Joyce, 1997), longitudinal (e.g., Buckner, Silgado, & Lewinsohn, 2010), and experimental research (e.g., Levinson & Rodebaugh, 2015) have shown social anxiety symptoms to precede and predict disordered eating onset, which suggests that social anxiety is a potentially important risk factor for disordered eating.

An emerging body of literature has theorized how and why this link exists, with some studies having tested explanatory mechanisms of this relationship. Theoretically, the underlying psychopathology that maintains social anxiety and disordered eating is a pervasive concern

about how one appears to others (McLean, Miller, & Hope, 2007). Whereas cognitive models of disordered eating have proposed that a fear of negative evaluations (FNE) directed primarily toward *shape and weight* maintains disordered eating (Cooper, Wells, & Todd, 2004), cognitive models of social anxiety have proposed that a *general* FNE maintains social anxiety (Hofmann, 2007). Thus, both social anxiety and disordered eating symptoms share a fear of negative evaluations. However, research has also shown that the *general* (rather than weight and shape-based only) FNE proposed to maintain social anxiety symptoms could also maintain disordered eating, leading researchers to test general FNE as a possible mediating factor explaining the social anxiety-disordered eating link. For instance, FNE has been shown to correlate with both social anxiety symptoms and disordered eating (Gilbert & Meyer, 2005), and FNE, but not fear of positive evaluations, has mediated the relationship between social anxiety symptoms and disordered eating (Menatti, DeBoer, Weeks, & Heimberg, 2015; Menatti, Weeks, Levinson, & McGowan, 2013). Thus, Menatti et al. (2015) argued that FNE is not only an important variable that drives the social anxiety-disordered eating link, but FNE explained this relationship

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because it centers around fearing events that elicit negative emotions known to precipitate disordered eating.

Others have drawn from affect-regulation models (e.g., Fairburn, Cooper, & Shafran, 2003; Heatherton & Baumeister, 1991; Stice, Nemeroff, & Shaw, 1996) to test mechanisms of the social anxiety-disordered eating link, particularly as some have argued that disordered eating serves the function of regulating negative affect in socially anxious individuals (e.g., Wonderlich-Tierney & Vander Wal, 2010). Proponents of affect-regulation models have proposed that increases in negative affect trigger bulimic behavior and that bulimic behavior functions to alleviate negative affect, primarily because food or exercise is used for distraction or comfort (e.g., Stice et al., 1996). These bulimic behaviors become a conditioned response to negative affect that are negatively reinforced. Since negative affect, mood fluctuations, and feelings of anxiety are pervasive in socially anxious individuals (Hofmann, 2007), affect-regulation models are useful for conceptualizing the social anxiety-disordered eating link. Indeed, research that has used this framework has tested maladaptive emotion regulation strategies (McLean et al., 2007), shame (Grabhorn, Stenner, Stangier, & Kaufhold, 2006), social appearance anxiety (Levinson & Rodebaugh, 2012), and low self-acceptance (McClintock & Evans, 2001) as mediators, each of which have explained the social anxiety-disordered eating link.

Although social anxiety symptoms are highly comorbid with disordered eating, are a barrier to help-seeking, and are predictive of poor disordered eating treatment outcomes, (Goodwin & Fitzgibbon, 2002), there has been little empirical work devoted to understanding why, or through what mechanisms, social anxiety leads to disordered eating. Fig. 1 provides an overview of mediators that have been tested. Due to consistent findings, maladaptive emotion regulation strategies and negative self-evaluative fears are plausible mechanisms driving this link. However, as Menatti et al. (2015) noted, more research is needed to pinpoint additional explanatory variables of the social anxiety-disordered eating relationship. They suggested this so that we can have a greater understanding of the factors implicated in this relationship, particularly since social anxiety and disordered eating are such broad constructs that encompass a variety of cognitive, behavioral, and emotional characteristics. Given that global negative evaluative fears are shown to be the most consistent mediating variable, this study intended on examining a specific component of negative evaluative fears—appearance-based rejection sensitivity (ABRS)—as another important mediating variable, with the intention of building on this small body of literature.

ABRS refers to the tendency to anxiously expect, readily perceive, and overreact to signs of rejection based on physical appearance (Park, 2007). ABRS is composed of affective (anxious concerns) and cognitive (expecting rejection) components. Both components are proposed to interact with, and exacerbate each other, such that *anxieties* pertaining

to rejection magnify *expectations* of appearance-based rejection and vice versa (Park, 2007). ABRS and social anxiety have been shown to correlate, and researchers have conceptualized ABRS as an important maintaining factor for social anxiety (Park, 2007). It was argued that those high in ABRS are particularly sensitive to anxiety in social settings in fear of being negatively judged based on their appearance. Such individuals then come to fear, avoid, and withdraw from social settings, further perpetuating social anxiety symptoms (Park, 2007).

ABRS may also increase the risk of disordered eating and associated concerns with weight and shape. Park (2007) argued that individuals high in ABRS associate physical flaws with rejection. Since a slender yet unattainable body type is considered ideal in modern society (Swami et al., 2010), these individuals become preoccupied with their weight and shape, are highly motivated to improve their appearance, and are therefore more likely to diet and exercise excessively (Park, 2007). Indeed, ABRS has been shown to predict body dissatisfaction, acceptance of cosmetic surgery, and disordered eating (e.g., Park, Calogero, Harwin, & DiRaddo, 2009). Critically, ABRS has mediated the relationship between social anxiety and body dysmorphic symptoms (BDD), suggesting that ABRS could be important in explaining why socially anxious individuals also exhibit elevated BDD symptoms (Lavell, Zimmer-Gembeck, Farrell, & Webb, 2014). Given the overlap between symptoms of BDD and disordered eating, it is also plausible that ABRS mediates the social anxiety-disordered eating relationship. This hypothesis, however, has not been tested.

The aim of this study was to therefore test this hypothesis and build on the small body of literature that has examined mediators of the relationship between social anxiety symptoms and disordered eating. Analyzing data from 386 participants (299 females and 87 males), we aimed to test whether ABRS is mediator of the relationship between social anxiety and five distinct symptoms of disordered eating: the over-evaluation of weight and shape, dietary restraint, binge eating, compulsive exercise, and vomiting.

2. Method

2.1. Participants

There were 393 participants recruited for this study. The mean age in years of participants was 25.33 ($SD = 8.19$), and ages ranged between 18 and 69 years. There were 303 females and 90 males. Majority of participants lived in Australia (80%). Some participants reported living in the United States (8%), the United Kingdom (6.5%), and Asia (5.5%). Most participants were either married or partnered (49.1%) or single (49.4%).

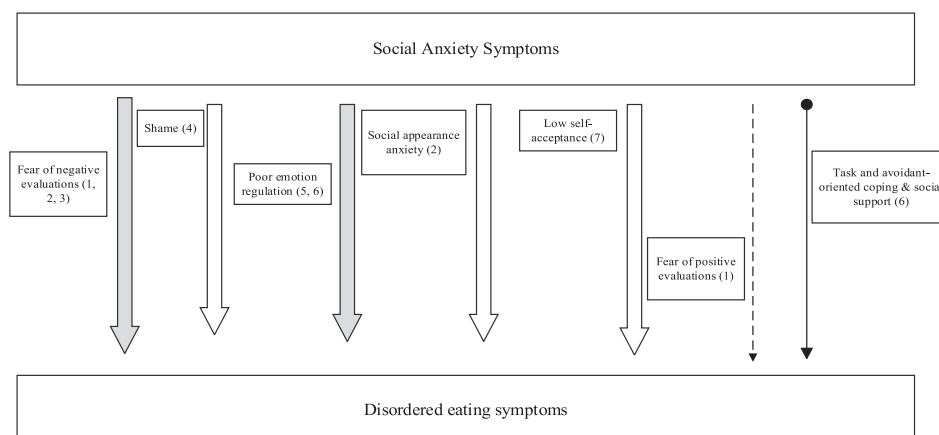


Fig. 1. Variables tested as mediators of the relationship between symptoms of social anxiety and disordered eating.

Note: 1 = Menatti (2015); 2 = Levinson (2012); 3 = Menatti (2013); 4 = Grabhorn (2006); 5 = McLean (2007); 6 = Wonderlich-Tierney (2010); 7 = McClintock (2001); shaded arrow = consistent mediating variable; unshaded arrow = mediating variable identified in one study; dotted arrow = variable inconsistently identified as mediator; bolded dot and arrow = variables that did not mediate the relationship; variable that correspond to each arrow are on the left.

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