



The influence of social anxiety on the body checking behaviors of female college students



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ARTICLE INFO

Article history:

Received 5 March 2014

Received in revised form 31 May 2014

Accepted 19 July 2014

Keywords:

Body checking

Social physique anxiety

Social appearance anxiety

Clinical impairment

ABSTRACT

Social anxiety and eating pathology frequently co-occur. However, there is limited research examining the relationship between anxiety and body checking, aside from one study in which social physique anxiety partially mediated the relationship between body checking cognitions and body checking behavior (Haase, Mountford, & Waller, 2007). In an independent sample of 567 college women, we tested the fit of Haase and colleagues' foundational model but did not find evidence of mediation. Thus we tested the fit of an expanded path model that included eating pathology and clinical impairment. In the best-fitting path model (CFI = .991; RMSEA = .083) eating pathology and social physique anxiety positively predicted body checking, and body checking positively predicted clinical impairment. Therefore, women who endorse social physique anxiety may be more likely to engage in body checking behaviors and experience impaired psychosocial functioning.

Published by Elsevier Ltd.

Introduction

A large percentage of women with eating disorders report *social anxiety* (Ruscio, Brown, Chiu, Sareen, Stein, & Kessler, 2008), defined as fear of social situations due to perceived negative evaluation from others (Hinrichsen, Wright, Waller, & Meyer, 2003). *Social anxiety disorder* is the most common co-occurring anxiety disorder for women with eating disorders (Swinbourne & Touyz, 2007), with a lifetime prevalence of 55–59% (Godart, Flament, Lecrubier, & Jeammet, 2000), which is considerably higher than in the general population (7%; American Psychiatric Association, 2013). Additionally, a majority of individuals with eating disorders (69%) report that anxiety symptoms predated their eating disorder (Swinbourne, Hunt, Abbott, Russell, St Clare, & Touyz, 2012). Longitudinal research with nonclinical women has demonstrated that social anxiety can prospectively predict eating pathology (Egan, Wade, & Shafran, 2011). Thus, across clinical and nonclinical populations, there appears to be a relationship between social anxiety and eating pathology and some theorize that anxiety may precipitate or maintain eating pathology (Black Becker, DeViva, & Zayfert, 2004).

Despite high comorbidity, the associations between social anxiety and eating pathology have typically been examined in terms

of global eating pathology rather than for specific disordered eating behaviors such as *body checking*. Body checking behaviors occur when an individual “checks” or monitors for any potential changes in weight or shape (Shafran, Fairburn, Robinson, & Lask, 2004). Common types of checking include measuring or pinching certain body parts, trying on certain clothing to gauge fit, weighing one's self repeatedly, or constantly checking one's appearance in the mirror (Mountford, Haase, & Waller, 2006). These behaviors are thought to be the behavioral manifestation of a core eating-disordered cognition: the overevaluation of weight and shape (Fairburn, Cooper, & Shafran, 2003). Literature on body dysmorphic disorder (BDD) suggests a theoretical relationship between anxiety and body checking: Body checking is used to decrease anxiety related to obsessive preoccupation with imagined flaws in one's appearance in BDD (Hrabosky et al., 2009; Neziroglu, Khemlani-Patel, & Veale, 2008). Body checking behaviors are of interest to researchers and clinicians in clinical and nonclinical samples because these behaviors can reliably distinguish women with heightened shape concerns and dieting behaviors from those without these issues (Reas, Whisenhunt, Netemeyer, & Williamson, 2002); predict pathological eating behavior, such as binge eating or purging (Haase, Mountford, & Waller, 2011); and are predictive of increased eating pathology independent of the effects of anxiety or depression (Meyer, McPartlan, Rawlinson, Bunting, & Waller, 2011).

Theoretically, anxiety may motivate body checking (Mountford et al., 2006). To better understand the relationship between body

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checking and social anxiety, Haase, Mountford, and Waller (2007) investigated whether social physique anxiety mediated the relationship between beliefs about the function or utility of body checking (i.e., body checking cognitions) and body checking behavior. Haase et al. theorized that *social physique anxiety*, or fear about negative evaluation of one's musculature or physique in social situations (Hart, Leary, & Rejeski, 1989), may intensify body checking behaviors in an effort to relieve anxiety. Results from a sample of 292 female undergraduates without eating disorders suggested that social physique anxiety partially mediated the relationship between cognitions and behaviors and that social physique anxiety was significantly associated with all cognitive and behavioral aspects of body checking (Haase et al., 2007). Haase et al. concluded that social physique anxiety contributed to an improved understanding of the factors that influence body checking behavior in female college students (2007).

To further explore the utility of Haase and colleagues' (2007) theoretical model, additional research is needed in at least two areas. First, other affective factors may influence the relationship between body checking cognitions and behaviors. Recent research suggests that the construct of *social appearance anxiety* may be more salient to eating disorder symptoms than social physique anxiety (Levinson & Rodebaugh, 2012). While social physique anxiety describes concerns specific to one's body structure and composition, social appearance anxiety encompasses overall appearance evaluation. Appearance evaluations tend to be based on more than just physique or body composition (Cunningham, 1986); therefore, it may be important to assess how social appearance anxiety as well as physique anxiety are related to body checking behaviors. However, to our knowledge, there are no existing studies that directly compared whether social physique or social appearance anxiety is more salient to eating pathology. Without studies that examine both constructs simultaneously, the independence of these constructs and their relative salience to eating pathology is unknown.

Second, Haase and colleagues (2007) did not evaluate the extent to which trait eating pathology influences body checking cognitions and behaviors or investigate the consequences of body checking (e.g., impaired psychosocial functioning). Emerging research suggests that engaging in body checking has a detrimental impact on quality of life (Vallance, Latner, & Gleaves, 2011) and psychosocial functioning (White & Warren, 2013). Given that eating pathology is an established predictor of body checking behaviors (Haase et al., 2011) and body checking appears to be associated with clinical impairment, it is important to test how these constructs operate in consort with social physique anxiety to influence body checking behaviors.

To build on previous research, the purpose of this study is twofold. The first aim is to test the fit of Haase and colleagues' (2007) proposed model in a new sample of undergraduate women; specifically, to examine whether social physique anxiety mediates the relationship between body checking cognitions and body checking behaviors. We hypothesized that the inclusion of social physique anxiety will explain a significant proportion of the variance in body checking behaviors. The second aim is to test the fit of an expanded path model that includes: (1) social appearance anxiety in addition to social physique anxiety, since social appearance anxiety may be more salient to the relationship between anxiety and disordered eating (Levinson & Rodebaugh, 2012) but no existing studies have simultaneously compared these constructs; (2) trait eating pathology as a predictor of body checking behavior, as existing research demonstrates that eating pathology reliably predicts engaging in body checking (Haase et al., 2011); and (3) clinical impairment predicted by body checking behavior, since several preliminary studies suggest that body checking is associated with decreased quality of life and increased ratings of impairment (Latner, Mond, Vallance, Gleaves, & Buckett, 2012; Vallance et al.,

2011). We predicted that this expanded model would demonstrate adequate goodness-of-fit statistics.

Method

Participants

Women enrolled in introductory psychology courses whom were at least 18 years of age were eligible for this online study. Those who reported their sex as male or transgender ($n=3$) or were less than 18 ($n=4$) were excluded from analyses. The remaining sample consisted of 567 female undergraduate students. On average, participants were approximately 20 years old ($M=20.44$, $SD=5.11$) and average weight ($BMI=23.79$, $SD=5.29$). The sample was ethnically diverse: The majority of participants ($n=183$, 33%) identified as European American, followed by Hispanic or Latino ($n=147$, 26%), Asian or Pacific Islander ($n=92$, 16%), African American ($n=53$, 9%), multi-ethnic ($n=39$, 7%), and American Indian ($n=9$, 2%). A remaining 36 participants (6%) identified as "Other" and 8 participants (1%) did not report their ethnicity. Twenty-four women (4%) reported a history of an eating disorder diagnosis with anorexia nervosa as the most common diagnosis ($n=13$, 54%), and 61 women (11%) reported history of an anxiety disorder, with generalized anxiety disorder as the most common diagnosis ($n=17$, 28%).

Measures

Participants self-reported demographic information, including their age, race, ethnicity, height, weight, and history of an anxiety or eating disorder diagnosis. We calculated BMI (kg/m^2) based on self-reported height and weight information. In addition, participants completed the following self-report questionnaires.

Body checking behavior. The Body Checking Questionnaire (BCQ; Reas et al., 2002) is a 23-item assessment of the adiposity-related body checking behaviors that are characteristic of women. Higher scores indicate more frequent body checking and are associated with more intense body dissatisfaction, fear of fatness, body image avoidant behaviors, and general eating disturbance (Reas et al., 2002). Among nonclinical women, the BCQ has demonstrated good test-retest reliability over a 2-week period ($r=.94$) and acceptable internal consistency (coefficient alpha = .95; Reas, White, & Grilo, 2006). The BCQ also demonstrates strong convergent (Reas et al., 2002) and discriminant validity (Calugi, Dalle Grave, Ghisi, & Sanavino, 2006). Internal consistency reliability was high in the current study (coefficient alpha = .95).

Body checking cognitions. The Body Checking Cognitions Scale (BCCS; Mountford et al., 2006) is a 19-item measure of the cognitions underlying body checking behaviors. Higher total scores indicate stronger beliefs regarding the function of body checking behaviors (e.g., "body checking provides an objective verification of my size"). Within nonclinical women, the BCCS has demonstrated good construct and discriminant validity (Haase et al., 2007; Mountford et al., 2006). Internal consistency reliability was high in the current study (coefficient alpha = .95).

Clinical impairment. The Clinical Impairment Assessment (CIA; Bohn, Doll, Cooper, O'Connor, Palmer, & Fairburn, 2008) is a 16-item assessment of the degree of functional, psychosocial impairment associated with eating disorder symptoms. The CIA assesses the severity of impairment in personal, social, and cognitive domains over the past 28 days. Higher scores indicate greater general psychosocial impairment related to eating disorder symptoms. The CIA has demonstrated acceptable levels of validity and reliability for women without eating disorders (Reas, Rø, Kapstad, & Lask, 2010). Typically, higher levels of eating pathology are associated

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