Examining an elaborated sociocultural model of disordered eating among college women: The roles of social comparison and body surveillance[☆]

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ABSTRACT

Social comparison (i.e., body, eating, exercise) and body surveillance were tested as mediators of the thin-ideal internalization-body dissatisfaction relationship in the context of an elaborated sociocultural model of disordered eating. Participants were 219 college women who completed two questionnaire sessions 3 months apart. The cross-sectional elaborated sociocultural model (i.e., including social comparison and body surveillance as mediators of the thin-ideal internalization-body dissatisfaction relation) provided a good fit to the data, and the total indirect effect from thin-ideal internalization to body dissatisfaction through the mediators was significant. Social comparison emerged as a significant specific mediator while body surveillance did not. The mediation model did not hold prospectively; however, social comparison accounted for unique variance in body dissatisfaction and disordered eating 3 months later. Results suggest that thin-ideal internalization may not be "automatically" associated with body dissatisfaction and that it may be especially important to target comparison in prevention and intervention efforts.

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Introduction

There is support for sociocultural models of disordered eating among college women (e.g., Dual Pathway Model – Stice, 1994; Stice, Nemeroff, & Shaw, 1996; Tripartite Influence Model – Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999) – a group

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with high rates of diagnosable eating disorders, disordered eating, and body dissatisfaction in the USA and other Western countries (e.g., Berg, Frazier, & Sherr, 2009; Eisenberg, Nicklett, Roeder, & Kirz, 2011; Mikolajczyk, Maxwell, El Ansari, Stock, Petkeviciene, Guillen-Grima, 2010; Said, Kypri, & Bowman, 2013; White, Reynolds-Malear, & Cordero, 2011). These sociocultural models tend to have several elements in common. According to them, disordered eating is partially a result of pressure for women to achieve the thin ideal (Striegel-Moore, Silberstein, & Rodin, 1986). In order for this pressure to have the most pronounced negative impact, it must be internalized. Indeed, if a woman internalizes this pressure/the thin ideal, it is likely that this thin-ideal internalization will have adverse effects (Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004). It is of note though that among samples of college women, pressure for thinness accounts for unique variance in body dissatisfaction, even above and beyond the variance accounted for by thin-ideal internalization (e.g., Stice, Nemeroff, & Shaw, 1996). That is, on their own, repeated messages that one is not thin enough may increase

dissatisfaction with the body (e.g., Stice, 2001). Thus, pressure for thinness may result in body dissatisfaction both directly and indirectly via its influence on thin-ideal internalization (e.g., Stice & Shaw, 2002).

Both cross-sectional and prospective research studies have demonstrated that thin-ideal internalization is associated with body dissatisfaction (e.g., Keery, van den Berg, & Thompson, 2004; Shroff & Thompson, 2006; Stice & Whitenton, 2002). Body dissatisfaction can in turn lead to disordered eating (Halliwell & Harvey, 2006). Yet, as highlighted by Fitzsimmons-Craft, Harney, et al. (2012), sociocultural models of disordered eating typically lack explanations as to how thin-ideal internalization leads to body dissatisfaction and subsequent disordered eating. In theory, women who have internalized the thin ideal would be at risk for developing body dissatisfaction when the ideal is not met, but how does a woman come to know that there is a discrepancy between what she would ideally like to look like and what she currently looks like? A better understanding of the mechanisms through which thin-ideal internalization is associated with body dissatisfaction would inform prevention and intervention efforts and provide researchers and clinicians with a more comprehensive understanding of the sociocultural influences underlying body dissatisfaction development. The current study focused on two prominent social psychological theories, namely social comparison (Festinger, 1954) and objectification (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996) theories, as explanations of the thin-ideal internalization-body dissatisfaction relation in the context of a sociocultural model among college women.

Social Comparison

Social comparison theory (Festinger, 1954) holds that humans have a natural drive to assess their progress and standing in life. There is ample evidence that college women engage in frequent comparisons with peers (e.g., Leahey, Crowther, & Mickelson, 2007), and research and theory have suggested that social comparisons with peers, which are usually in the upward direction (i.e., an individual compares herself to someone whom she perceives to be "better off" in some way), may be one pathway through which internalized pressures for thinness develop into body dissatisfaction and disordered eating (Dittmar, 2005; Dittmar & Howard, 2004; Fitzsimmons-Craft, Harney, et al., 2012; Leahey et al., 2007). It may be that via social comparison, individuals come to know that they have not yet actualized their ideal. Indeed, appearance-related social comparison and body comparison have been found to mediate the relation between thin-ideal internalization and body dissatisfaction in cross-sectional studies of preadolescent and adolescent girls (Blowers, Loxton, Grady-Flesser, Occhipinti,

& Dawe, 2003; Carey, Donaghue, & Broderick, 2014). However, Fitzsimmons-Craft, Harney, et al. (2012) found that neither general nor appearance-related social comparison tendencies uniquely mediated this relation (above and beyond the effects of body surveillance) in a cross-sectional study of college women. They hypothesized that the general measure of social comparison used in this study may have been too general and that the appearance-related social comparison measure may have been too narrow. For example, other social comparison domains, such as those related to eating and exercise, may also stem from thin-ideal internalization and be associated with body image disturbance. Thus, examining the roles of body, eating, *and* exercise comparisons may be important in terms of coming to a more comprehensive understanding of the ways in which social comparison behavior contributes to body dissatisfaction and disordered eating.

Body Surveillance

Objectification theory holds that within dominant American culture, the female body has been constructed as an object to be looked at (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996). As a result, girls and women learn to view themselves from an observer's perspective and to treat themselves as objects to be looked at. This self-objectification is thought to behaviorally manifest itself in the act of body surveillance (Moradi & Huang, 2008), which involves thinking about how one's body looks to an outside observer and thinking more about how one's body looks than how it feels (McKinley & Hyde, 1996). In other words, self-objectification describes a perspective of oneself, while body surveillance is the active, behavioral manifestation of this viewpoint. It is via this surveillance that many women realize there is a discrepancy between what they see and what they would ideally like to look like, and thus, may experience negative consequences, such as body dissatisfaction (e.g., Knauss, Paxton, & Alsaker, 2008; McKinley & Hyde, 1996). Indeed, Myers and Crowther (2007) and Fitzsimmons-Craft, Harney, et al. (2012) found that both the process of self-objectification and the behavior of body surveillance mediated the relation between internalization of the thin ideal and body dissatisfaction in cross-sectional studies of college women.

The Current Study

Research on sociocultural models of disordered eating typically lacks a comprehensive understanding as to how thin-ideal internalization leads to body dissatisfaction and subsequent disordered eating. Additionally, although aspects of sociocultural models of disordered eating have been tested longitudinally (e.g., Stice, Shaw, & Nemeroff, 1998), much of the work in this area has
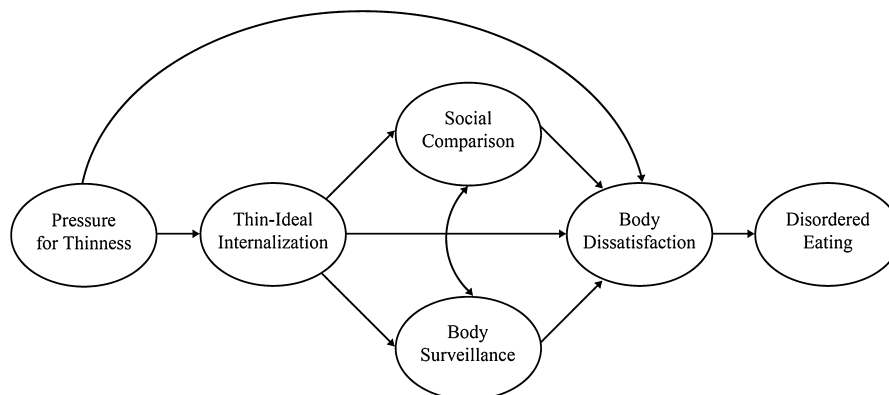

Fig. 1. An elaborated sociocultural model of disordered eating. Social comparison and body surveillance are conceived as mediators of the thin-ideal internalization-body dissatisfaction link.