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Spring 4-2020

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Recommended Citation

Drake, Jordan E.; Christian, Caroline; and Levinson, Cheri, "Social Appearance Anxiety is Strongly Related to Eating Disorder Symptoms regardless of Age in both Clinical Eating Disorder and Nonclinical Cases" (2020). *Undergraduate Arts and Research Showcase*. 2.

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Social Appearance Anxiety is Strongly Related to Eating Disorder Symptoms regardless of Age in both Eating Disorder and Nonclinical Cases



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Introduction

- Eating disorders (EDs) commonly develop in adolescence and persist into adulthood (Christian et al., 2019)
- Social appearance anxiety (SAA) is the fear of appearance-based judgement (Claes, 2012)
 - Predicts ED symptoms in undergraduates (Levinson et al., 2013)
- SAA is more prevalent in adolescents than adults in community samples (Dakanalis, 2015)
 - No research on SAA and ED symptoms across development
- The current study tests if age moderates the relationship between SAA and ED symptoms
- Hypothesis
 - Age will moderate the relationship between SAA and three ED symptoms (drive for thinness (DT), bulimic symptoms, and body dissatisfaction)
 - younger participants would have a stronger connection between SAA and ED symptoms than older participants

Participants

- $N=3,273$ participants from a combined dataset of 14 studies
 - Mix of adolescent, undergraduate, and clinical samples
- Average age = 21.04 years ($SD = 7.03$, Range = 14-70)
- 84.1% Female ($n = 2,754$)
- 69.7% European American

Measures

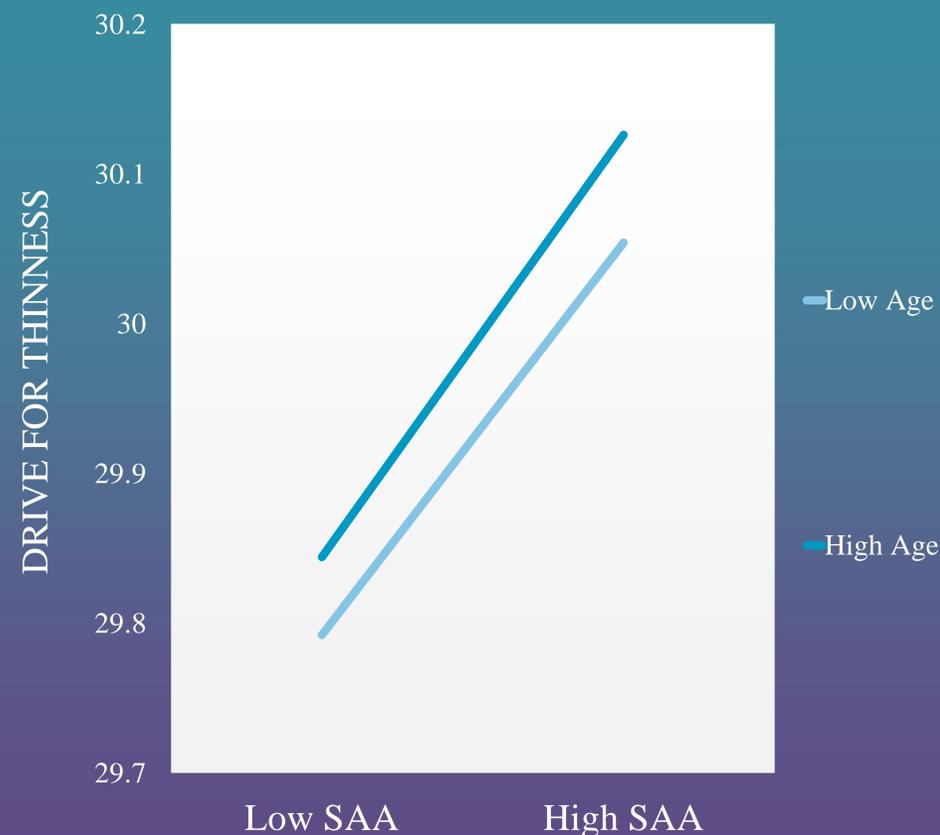
- Social Appearance Anxiety Scale (SAAS; Hart et al., 2008)
 - 16-item measure to assess anxiety about being negatively evaluated by others because of one's appearance, including body shape
- Eating Disorder Inventory-2 (EDI-2) (Garner, et al., 1983)
 - 91-item measure with 8 subscales to assess different aspects of ED symptoms
 - 3 subscales used in the current study
 - Drive for Thinness Subscale
 - Bulimic Symptoms Subscale
 - Body Dissatisfaction Subscale

Table 1. Zero Order Correlations

	Age	SAA	DT	Bulimia	BD
Age	-				
SAA	.09**	-			
DT	.15**	.60**	-		
Bulimia	.10**	.47**	.56**	-	
BD	.23**	.61**	.73**	.45**	-

Note. ** = values are significant at $p < .001$. SAA = Social Appearance Anxiety, DT = Drive for Thinness, BD = Body Dissatisfaction

Figure 1. Interaction of SAA and Age on DT



Data Analytic Plan

- Conducted zero-order correlations
- Conducted cross-sectional linear regression testing the interaction between age and SAA on ED symptoms
- Conducted moderation analyses to test if age moderated the relationship between SAA and ED symptoms
 - Simple slopes probing analysis
- Tested these models in three samples:
 - Clinical ED sample ($N=952$)
 - Nonclinical sample ($N=1,693$)
 - Full sample ($N=3,273$)

Results

- All zero order correlations were significant at ($p < .001$; see Table 1)
- Significant interaction between age and SAA on DT (see Figure 1) in younger participants ($b = .25$, $p < .001$) compared to older participants ($b = .43$, $p < .001$) in the clinical ED sample
 - Age moderated the relationship between SAA and DT
 - SAA and DT were more strongly related in older participants
- Age did not moderate the relationship between SAA and DT, body dissatisfaction, or bulimic symptoms in the nonclinical sample or full sample ($p > .05$)
- SAA was related to all three domains of ED symptoms regardless of age ($bs = .25-.62$, $ps < .001$)

Discussion

- Conclusions:
 - SAA is strongly related to EDs across developmental stages
 - SAA and DT may be more strongly related in older participants with ED symptoms
 - Potentially related to longer duration of illness
- Implications:
 - Treatments and interventions focused on SAA may be useful across developmental stages and levels of ED severity
- Future Directions:
 - Examine factors that influence the relationship between SAA and DT across age and duration of illness
 - Examine these associations prospectively across development
 - Test the influence of social media and technology on the relationship between SAA and ED symptoms