

BRIEF REPORT

Social comparisons in eating disorder recovery: Using PhotoVoice to capture the sociocultural influences on women's recovery

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Abstract

Objective: This qualitative study draws on a photo-elicitation method ("PhotoVoice") and semi-structured interviews to examine the role of social comparison during the eating disorder (ED) recovery process.

Method: Thirty U.S. women in self-defined recovery, ages 18–35, used photography to capture personally meaningful social and cultural influences on their recovery, including factors supporting, and hindering their recovery process. Participants then shared these photographs with the research team, and described them in detail.

Results: Photographs and interviews were examined for social comparisons using thematic analysis, and two broad categories emerged: recovery-promoting and recovery-hindering comparisons. Across the 30 interviews, participants reported 143 recovery hindering comparisons and 100 recovery promoting comparisons. The vast majority of comparisons involved friends and media personalities, and took place in vivo or on social media platforms. The presence of "upward" and "downward" food and body comparisons that both support and hinder recovery suggests that social comparisons during the recovery process are more nuanced than previously known.

Discussion: The classically ascribed uses of comparison in social comparison theory do not appear to hold for women in ED recovery. Comparisons should be encouraged in treatment and interventions if and only if the comparisons are meant to support the recovery process.

KEYWORDS

eating disorder recovery, PhotoVoice, qualitative, social comparison, social media

1 | INTRODUCTION

Sociocultural pressures for thinness and the internalization of the thin ideal consistently emerge as the most robust predictors of disordered eating outcomes in young adult women (Culbert, Racine, & Klump, 2015). Within the expanded sociocultural model of disordered eating (Fitzsimmons-Craft et al., 2014), these pressures result in heightened levels of body, food, and exercise social comparisons, with direct influence on disordered eating outcomes (Fitzsimmons-Craft, 2017). Social comparison theory (Festinger, 1954) posits that individuals will engage in comparisons with similar others to gain self-knowledge when uncertain about their status in each domain (e.g., appearance, eating, and exercise behavior). According to this theory, individuals generate domain specific upward comparisons (i.e., to a more successful

individual) to motivate improvement, and downward comparisons (i.e., to a less successful individual) to improve and maintain self-esteem. Social-cognitive theory posits that individuals also engage in self-comparison to improve self-satisfaction (Bandura, 1991). The existing literature overwhelmingly supports the relationship between the tendency to engage in upward comparisons and body dissatisfaction (Want, 2009). Frequent downward appearance related comparisons also correlate with greater disordered eating (Rancourt, Schaefer, Bosson, & Thompson, 2015). Comparing oneself to media images seems to have similar negative short-term consequences for body dissatisfaction as comparing oneself to acquaintances or close friends (Myers & Crowther, 2007). Social comparison has been recommended as a target of clinical interventions (Fitzsimmons-Craft, Ciao, & Accurso, 2016). However, research has yet to examine how changes

in social comparison tendencies promote recovery, or the directionality and differential impact of the comparisons women engage in during recovery.

2 | EATING DISORDER RECOVERY AND PARTICIPATORY ACTION RESEARCH

Despite numerous attempts, there is still little consensus among patients, clinicians, and researchers concerning how to define ED recovery, as the majority of qualitative studies focus solely on change in behavior in defining recovery (De Vos et al., 2017). Given the variability noted in the field, for the current study we allowed potential participants to self-identify as being in ED recovery, placing no restrictions on what recovery entailed. Steps that allow participants to cocreate the research protocol and agenda, such as self-defining recovery, are key components to participatory action research (PAR; Morrison & Lilford, 2001). These frameworks aim to gather knowledge for action along with understanding (Cornwall & Jewkes, 1995), and are in the nascent stages of use as effective tools to capture the ED recovery process (LaMarre & Rice, 2016a). One such PAR framework, PhotoVoice, has three complimentary goals: giving voice to participants' experiences and concerns, engaging the community in dialogue around the key themes that emerge via photographic art and documentation, and reaching the public, the larger scientific community, and policymakers (Wang & Burris, 1994). The current study invoked the PhotoVoice method to qualitatively explore the role and type of naturalistically-occurring social comparisons in a sample of young adult women in ED recovery.

3 | METHOD

3.1 | Procedure

Participants were recruited via paper flyers distributed on the campus of a large, Southeast, Hispanic-serving public university, online social media advertisements, and snowball sampling. Three individuals declined to participate after learning more about the study; all others who responded to the advertisement completed the project. The sample ($n = 30$) was 56.7% White Hispanic, 33.3% White non-Hispanic, 6.67% Black Hispanic, and 3.3% Indigenous North American. Saturation was reached, with redundancy occurring, after 30 interviews. After learning about the study requirements and providing written informed consent for participation, interview analysis, and dissemination of their photos, participants were given the following study prompt in writing:

"Give us insight into your recovery world. What are the social and cultural pressures and expectations in your world that support you in your recovery, and what are those that are challenging for you in your recovery? What role does comparison to others play in making recovery more challenging? What types of comparisons serve to support your recovery process? Please take photos of the things you encounter in your everyday life to answer these questions and help me to better understand your recovery process."

Participants then had 7 days to respond to the prompt via as many photographs as they saw fit. No guidelines on the minimum or maximum number of photos were provided to the participants. The number of photographs taken by each participant varied widely, from four to 28 ($M = 10.13$, $SD = 5.56$). In-person interviews reviewing and discussing the photos were conducted one-on-one with the first author ($n = 16$) or a trained graduate research assistant ($n = 14$) in a location of the participant's choosing.

The semi-structured interview began with the elicitation of demographic and ED background information. Participants were then invited to share the photos they selected, and answer a series of questions about each. The semi-structured interview protocol featured open-ended questions (see Hergenrather, Rhodes, Cowan, Bardhoshi, & Pula, 2009), allowing the participant to share as much information as she deemed relevant to her experience. To preserve anonymity, participants offered a pseudonym to be used throughout the manuscript. Participants received a \$25 e-gift card as compensation for their time. All procedures were approved by the university's Institutional Review Board.

3.2 | Data analysis

Interviews were transcribed by five undergraduate research assistants, and a random selection of 20% of interviews ($n = 6$) were reviewed by an independent transcriber for accuracy. Interviews were approached using thematic analysis to extract patterns of meaning (Braun & Clarke, 2006), as is common with PhotoVoice projects (Han & Oliffe, 2016). The research team took an iterative approach to coding the interviews. The first author developed an initial codebook based on theory, then revised based on feedback from the second author and patterns observed in the interviews. The comparison patterns for this sample of women in ED recovery fell into two distinct categories: *recovery promoting* or *recovery hindering*. Both "upward" and "downward" comparisons fell into each category. The first and second authors individually coded the same three randomly selected transcripts, met to discuss discrepancies among codes, and revised the codebook based on the incongruity in codes. The authors then coded an additional three randomly selected transcripts and assessed reliability ($\kappa = .90$). During the second stage of analysis, the first author coded each instance of comparison, and categorized it by target and overarching theme.

4 | RESULTS

Participant characteristics appear in Table 1. About half of the sample (46.7%) was in recovery from anorexia, 20% in recovery from bulimia, and 33.3% in recovery from an unspecified ED or more than one

TABLE 1 Participant ED and recovery characteristics

	M (years)	SD	Range (years)
Age at interview	23.37	4.35	18–35
Age ED developed	14.5	3.19	8–20
Time in recovery	1.7	1.2	0.5–5
Time to recovery	7.43	5.07	1.92–19.75

ED. Seventy percent of the sample had received medical or clinical ED treatment. Across all 30 interviews, participants shared a total of 304 photographs ($M = 10.13$, $SD = 5.56$), and described engaging in a total of 243 comparisons ($M = 10.43$, $SD = 6.4$), ranging from as few as three comparisons to as many as 27. Recovery hindering comparisons occurred most frequently ($n = 143$), followed by recovery promoting comparisons ($n = 100$), with the average ratio of recovery promoting to recovery hindering comparisons being three to five. Recovery promoting and recovery hindering comparisons featured four distinct targets: (1) the ED self, (2) peers, family, and the media, (3) others in ED recovery or who currently appear unhealthy, and (4) societal and medical ideals. All participants engaged in at least one recovery-promoting comparison, and most participants (63.3%, $n = 19$), when asked directly at the end of the interview, considered social comparison to be a helpful cognitive pattern at some point during their recovery, given specific circumstances and motives. The specific comparison targets, themes, subthemes, and examples generated during the interviews using the SHOWeD photovoice method (Hergenrather et al., 2009) appear in Table 2. Photographic and accompanying narrative examples of each subtheme can be accessed through the Supporting Information.

5 | DISCUSSION

In this study, we described the most common forms of social comparison held by a diverse sample of emerging and young adult women in ED recovery. Contrary to prior quantitative work finding that all body, food, and exercise comparisons are detrimental to disordered eating (i.e., Fitzsimmons-Craft, 2017; Saunders & Eaton, 2018), and in contrast to Festinger's (1954) original conceptualization of the upward-downward spectrum, these comparisons reduced into two categories: recovery promoting or recovery hindering. Notably, both upward and downward comparisons appeared with regularity in each of the two categories. While the number and type of comparisons women engaged in cannot be assumed to exactly replicate daily comparison patterns, this does suggest that women continue to engage in comparisons during the recovery process, and that both upward and downward comparisons can be used to support recovery efforts. The benefits and impediments of body, food, and exercise social comparison are incredibly nuanced, and the motive of the comparison appears to be more important than the direction.

The majority of comparisons were recovery hindering, and featured comparisons to the ED self, media, and peers, either in face-to-face or online interactions. This is unsurprising, given prior findings emphasizing the detrimental effect of comparison on disordered eating outcomes, including those to peers in recovery (Saffran et al., 2016). The common targets align with those predicted by the Tripartite Influence Model (Keery, van den Berg, & Thompson, 2004), with the ED "self" replacing family as the third mode of influence. Given the egosyntonic nature of EDs (Gregertsen, Serpell, & Mandy, 2017), the continued comparison to the self is also unsurprising. Most participants shared an image related to their appearance or clothing size when ill, and mentioned a longing to return to a similar shape or size.

Notably, the vast majority of participants also underscored positive comparisons to their ED self, indicating that although these comparisons can serve to hinder the recovery process, they also elucidated physical and behavioral changes that favored remaining in recovery. Some participants expressed a desire to return to their pre-recovery bodies, but did not express a similar desire to return to the psychological and physical symptoms associated with their disorders. Others viewed all components of the ED, including a potentially different-sized body, as something they never wanted again. These findings are in line with the ambivalent nature of the recovery process (Darcy et al., 2010), and the shift from dichotomous to holistic thinking about the self that women experience upon embracing the benefits of recovery (Jenkins & Ogden, 2012).

Following comparisons to the ED self, the next common targets, with comparisons falling into both categories, were individuals on social media, especially Instagram. Recent research has highlighted the negative effects of attractive celebrity and peer images (Brown & Tiggemann, 2016) and fitspiration images (Holland & Tiggemann, 2017) on Instagram in women without a clinical ED diagnosis. It follows that women in recovery would find these images difficult to view. As an antidote to viewing these images, a handful of participants recommended seeking Instagram content promoting body positivity and open discourse concerning bodies.

Within the subcategory of societal and medical ideals, several participants shared images of *clean* eating, noting that when they could not achieve that ideal, they felt poorly about themselves and the recovery process. Participants in LaMarre and Rice's (2016b) study expressed similar frustrations, with recovery prescriptions situated within a socio-cultural context dichotomizing food, health, and bodies into good/bad, or healthy/unhealthy, and running counter to the realities of recovery. The relativity of the term healthy became evident in the current study, as participants noted both the benefits and drawbacks of comparing their eating patterns to healthy peers. These comparisons served as assurance that eating a particular food would not be harmful, yet left participants grappling with what it meant to eat healthfully. Participants expressed frustration when comparing intake and exercise to that shared by others on social media, citing increased ED thoughts. This finding aligns with prior research relating calorie and fitness tracking to increases in ED symptomology (Simpson & Mazzeo, 2017), and highlights both the importance of eliminating this behavior during ED recovery and the subjectivity of health in modern culture.

5.1 | Limitations

Despite providing a foundational understanding of the type and function of social comparisons related to body, food, and exercise, the current study comes with limitations. While the decision to allow women to self-define recovery is consistent with the literature (De Vos et al., 2017), including findings that patient reported outcomes are often most comprehensive (Winkler et al., 2017), our sample demonstrated much heterogeneity in terms of recovery stability and progress. Narrower inclusion criteria regarding behavior use, psychological status, and time in remission would elucidate how comparison tendencies might differ at different stages of recovery (see Bardone-Cone et al., 2009). Our sample was also transdiagnostic, and while most EDs

TABLE 2 Comparison targets, themes, sub-themes, and examples generated during the interviews

Comparison	Recovery promoting		Recovery hindering		Example
	n (%)	Subthemes	n (%)	Subthemes	
ED self	25 (83.3%)	Affirmative changes in mindset (n = 12), severity of physical symptoms (n = 9), body image and the meaning of weight (n = 8), food preferences and interests (n = 7), cooking tendencies (n = 3), use of behaviors (n = 3), and shift in self-care while pregnant (n = 2)	22 (75%)	Current to 'sick' body (n = 13), clothing (n = 6), "sick body" to others' unhealthy bodies (n = 3)	I can't look at my own pictures. I can't go back and look at them. It sets things off. It hurts. I really am not kidding when I tell you I was the happiest with my body when I was (inaudible). And, like, looking back at it, even in this picture I thought I was larger... because I was, I was larger than I used to be. But, I would die to have that body again. Not, like, literally die. But, you know... (Steph, age 31)
Peers, family, media	14 (48%)	Body acceptance (n = 11), hope to achieve freedom perceived in others (n = 8), normalization of eating freely (n = 5)	17 (56.7%)	Instagram personalities (n = 8), friends in-person or on social media (n = 12), boyfriends (n = 3), co-workers (n = 3), older female relatives struggling with weight (n = 3)	And then I was like "damn, I'm skinnier than all these girls, but I still hate how I look. I still don't feel as good as them."....And, and I actually took a laxative, I purged, the day before. (Ana, age 20)
Others in ED recovery or who currently appear unhealthy	7 (23.3%)	Gratitude for support from others in recovery (n = 3), seeing benefits of recovery in others (n = 4)	10 (33%)	Smaller or larger bodies (n = 7), eating patterns (n = 2), individuals at yoga studio (n = 2), individuals with recent dramatic weight loss (n = 1)	When she walked into the hospital I got jealous of her because she was thinner than I was. And I'm like "dang goddit, if only I was...as thin as she was" and she thought that I hated her! (Kelly, age 24)
Societal & Medical Ideals	—	—	8 (26.7%)	"Thinspiration"(n = 5), fitspiration (n = 6), athletes (n = 2), food and weight ideals (n = 7), actresses (n = 6)	...there's like some ad I saw in a movie when I was a kid, and it talked about a guy getting a 120 lb Christmas gift, and then showed this leggy blonde woman and I was like 11 and I weighed more than 120lbs and I was like, wait, is that what women are supposed to weigh? ...so like, all of these numbers I hear, if I'm not these numbers, then I'm wrong. (Jane, age 30)

demonstrate diagnostic changes over time (Allen, Byrne, Oddy, & Crosby, 2013), this precludes investigation of the possible differences and similarities in the type and function of social comparison among diagnoses. Lastly, ED recovery is a vulnerable and personal process, and the individuals willing to share a part of their journey with the scientific community share a self-selection bias (Braver & Bay, 1992).

5.2 | Future directions

Using the PhotoVoice method, this study sheds light on the role of social comparison for women in ED recovery. Given our finding that directionality of the comparison is less salient and impactful than the motive and function, a quantitative examination of social comparison tendencies in this unique population should not only examine the type of comparisons, but also their differential impact and motive. Existing quantitative measures would need to be validated for a population of women in ED recovery, and adapted to account for the distinctive uses of comparison during the recovery process. Likewise, the current findings highlight the importance of targeting the recovery hindering comparison processes in clinical settings and in future clinical programs of research, while encouraging the comparisons that bolster one's recovery trajectory.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article.

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