Information Handout

Professional Version | UK English

Social Comparison

PSYCHOLOGYTOOLS®

Description

The *Social Comparison* information handout forms part of the cognitive distortions series, designed to help clients and therapists to work more effectively with common thinking biases.

A brief introduction to cognitive distortions

Cognitive distortions, cognitive biases, or 'unhelpful thinking styles' are the characteristic ways our thoughts become biased (Beck, 1963). We are always interpreting the world around us, trying to make sense of what is happening. Sometimes our brains take 'shortcuts' and we think things that are not completely accurate. Different cognitive short cuts result in different kinds of bias or distortions in our thinking. Sometimes we might jump to the worst possible conclusion ("this rough patch of skin is cancer!"), at other times we might blame ourselves for things that are not our fault ("If I hadn't made him angry he wouldn't have hit me"), and at other times we might rely on intuition and jump to conclusions ("I know that they all hate me even though they're being nice"). These biases are often maintained by characteristic unhelpful assumptions (Beck et al., 1979).

Different cognitive biases are associated with different clinical presentations. For example, catastrophising is associated with anxiety disorders (Nöel et al., 2012), dichotomous thinking has been linked to emotional instability (Veen & Arntz, 2000), and thought-action fusion is associated with obsessive compulsive disorder (Shafran et al., 1996).

Catching automatic thoughts and (re)appraising them is a core component of traditional cognitive therapy (Beck et al., 1979; Beck, 1995; Kennerley, Kirk, Westbrook, 2007). Identifying the presence and nature of cognitive biases is often a helpful way of introducing this concept – clients are usually quick to appreciate and identify with the concept of 'unhelpful thinking styles', and can easily be trained to notice the presence of biases in their own automatic thoughts. Once biases have been identified, clients can be taught to appraise the accuracy of these automatic thoughts and draw new conclusions.

Social comparison

Social comparison describes the behaviour of comparing oneself to other people. Social comparison is not usually included in lists of cognitive distortions because it is a normal and sometimes adaptive cognitive process. However, clinicians should be aware of how social comparisons can be biased and contribute to various forms of psychopathology.

Evolutionary aspects of social comparison

The ability to compare oneself to others is apparent in many species. Gilbert and colleagues (1995) present a comprehensive evolutionary account of social comparison, arguing that it is biologically powerful and "phylogenetically very old". Key points of their argument include:

- Many species demonstrate a 'social hierarchy' or 'pecking order': there are 'high ranking' and 'low ranking' individuals.
- An individual's rank can be determined according to their status, e.g., whether they hold territory, possess strength or access to mates, and so on.
- To succeed in a hierarchical group, individuals must be aware of their relative position: "In competing with others it is important that an animal does not continually compete with and challenge those who will always defeat it; this would be to risk injury and waste energy. On the other hand, it is important to challenge those who can be bested in order not to miss out on opportunities which could be available" (Gilbert et al., 1995). In this way, social comparisons act as a form of cost-benefit analysis, helping to ensure that individuals pitch their challenges at the optimum level of risk.

Description

- Many vertebrate species engage in 'ritual agonistic behaviour' – often a kind of 'play fight' – in which one individual dominates and the other submits. Gilbert and colleagues (1995) suggest that for the loser to capitulate, they must have a kind of 'internal referee' that helps them recognise that they are weaker, and so prompts submission. They suggest that this internal referee is guided by social comparison.
- As well as aggressive/agonistic behaviour, humans and some other primates can also achieve status by displaying attractive qualities (e.g., intelligence, physical attractiveness, problem-solving abilities). Social comparison is a means to assess what others will find attractive and "whether to try harder …. or whether to search for other domains in which to compete and put one's efforts" (Gilbert et al., 1995). Deciding where and how to invest these efforts is informed by comparative information.

Gilbert and colleagues (1995) identify numerous dimensions of comparison-making that humans engage in, which appear to have evolutionary roots. They include:

- Stronger versus weaker.
- More attractive versus less attractive.
- More favoured versus less favoured (e.g., by one's parents, by a leader).
- In-group versus out-group (e.g., relative superiority-inferiority of one's group to other groups).

Social comparison theory

Festinger (1954) has presented social comparison theory (SCT), which proposes that people have a fundamental drive to evaluate their opinions and abilities and establish stable and accurate representations of themselves. Social comparison theory has evolved significantly since its early formulation and modern proponents suggest that people have many motives for comparing themselves to others, which can result in biased views of the self (Dijkstra, Gibbons, Bunk, 2010).

SCT proposes that people make different types of comparisons. They include:

- **Lateral comparisons** with others who are similar – this is often the most accurate means of self-evaluation.
- **Upward comparisons** with others who are faring better, which can motivate self-improvement (e.g., observing people who are proficient can guide and inform the enhancement of one's abilities).
- **Downward comparisons** with others who are faring worse, which can be used for self-enhancement and boosting one's self-esteem.

The effect of social comparison can vary considerably depending not only on the direction of the comparison but also on how it is carried out, how the information is processed, and how it is appraised (Buunk et al., 1990; Collins, 1996). Buunk and colleagues (2005) propose four comparison strategies:

- **Upward identification:** identifying with an upward target can enhance self-image and evoke positive feelings of hope and admiration.
- **Downward identification:** identifying with a downward target can decrease the self-image and result in feelings of worry and fear.
- **Upward contrast:** contrasting oneself with an upward target can lower self-image and result frustration and resentment.
- **Downward contrast:** contrasting oneself with a downward target can boost self-image and result in feelings of relief and pride.

Description

It is also worth noting that comparison-making occurs intrapersonally (self-against-self) and interpersonally (self-against-other). For example, Higgin's (1987) self-discrepancy theory suggests that individuals compare themselves against both how they would be like to be (their 'ideal self') and how they believe others would like them to be (their 'ought self'). Perceived discrepancies between the individual's actual self and ideal self are believed to result in feelings of dejection (e.g., sadness and disappointment), while differences between the actual self and ought self are responsible for threat-based responses (e.g., fear and agitation). Returning to the evolutionary roots of comparison-making, it may be that humans' ability to make internal comparisons stems from their social comparison-making, which has become internalised (Gilbert, 2017).

Clinical relevance of social comparison

Many cognitive biases are inherently problematic (e.g., catastrophising). However, the same cannot be said of social comparison, which is essential to normal social functioning:

> *"Social comparisons are so difficult to avoid … because social comparison is often a key judgement in social behavior, and has been for millions of years. An animal who could not work out who was strong and who was weaker than itself could not function socially and would either elicit many attacks (from those stronger than itself) or fail to take opportunities to get ahead of others when they existed."*
>
> (Gilbert, 1998)

Nonetheless, social comparisons and maladaptive appraisals associated with them are often observed in clinical populations. Examples might include:

- "My friends are in better-paid jobs than me, so I am a failure".
- "I don't fit in because I am less socially skilled than most people".
- "I'm not as slim as most people my age, so I will never find a partner".

Furthermore, Gibbons and Bunk (1999) suggest that some people are more inclined to compare themselves. Individuals with a high social comparison orientation (SCO) are more likely to make comparisons, form judgements based on these appraisals, and react more to them. These individuals may be at higher risk of self-defeating social comparisons.

Based on common comparisons made by people with eating disorders, Fairburn (2008) suggests that destructive social comparisons are biased in at least three ways:

1. **Destructive comparisons often involve scrutinising and selectively focusing on disliked aspects of oneself.** This leads to magnification of these perceived defects and increased distress.
2. **Individuals who engage in destructive social comparisons tend to make superficial, uncritical, and often inaccurate judgements of others.** Forming an accurate impression of others from a distance is difficult and often biased (e.g., "I don't know what his grades are, I can just tell he is smarter than me").
3. **Destructive comparison-making often involves selecting biased reference groups.** For example, individuals with negative body image tend to selectively compare themselves against people who are slim and attractive rather than a broad range of people with varied appearances.

Description

Waller and colleagues (2019) have also studied social comparisons in individuals with eating disorders. They suggest that comparison-making sometimes functions as a safety behaviour, producing short-term reductions in anxiety that are highly reinforcing (Laker & Waller, 2020). For example, comparing one's body against others might produce favourable results on some occasions (thereby reducing one's anxiety). However, it usually doesn't due to upward comparison-making. This suggests that social comparisons are sometimes driven by beliefs about their perceived functionality (e.g., "Comparing myself against others helps me feel better about myself").

People who habitually engage in destructive social comparison may have 'blind spots' when it comes to:

- Recognising their positive self-attributes.
- Forming accurate, non-biased, and balanced impressions of other people.
- Basing their self-worth on a variety of life domains.
- Global (rather than selective, detail-focused) thinking, i.e., seeing the bigger picture.

Research indicates several psychological problems are associated with self-defeating (rather than self-enhancing) social comparisons. (Dijkstra, 2010). They include:

- Body dissatisfaction (Dijkstra, Gibbons & Buunk, 2010).
- Depression (Santor & Yazbek, 2006; Swallow & Kuiper, 1988).
- Eating disorders (Corning et al., 2006).
- Envy and jealousy (Gilbert, 1992; Swallow & Kuiper, 1988).
- Insomnia (Emert et al., 2021).
- Low self-esteem (Vohs & Heatherton, 2004).
- Narcissism (Krizan & Bushman, 2011).
- Perfectionism (Egan et al., 2014).
- Post-traumatic stress disorder (PTSD; Hooberman et al., 2010).
- Self-harm and suicide (Wetherall et al., 2019).
- Social anxiety (Antony et al., 2005).

Instructions

Suggested Question

Many people struggle with social comparisons, and it sounds as though this might be relevant to you. Would you be willing to explore it with me?

Clinicians may consider giving clients helpful psychoeducation about automatic thoughts generally. Consider sharing some of these important details:

- Automatic thoughts are those which spring up spontaneously in your mind, in the form of words or images.
- They are often on the 'sidelines' of our awareness. With practice, we can become more aware of them. It is a bit like a theatre – we can bring our automatic thoughts 'centre stage'.
- Automatic thoughts are not always accurate: just because you think something, it doesn't make it true.
- Clinicians can also give clients helpful psychoeducation about social comparison:
- Humans and other animals have evolved to make comparisons. It is 'hard wired' into our brains and is often automatic.
- Social comparison can help animals (including humans) know where they stand in a group or hierarchy. If a creature couldn't compare itself to others, it would probably get into fights, be excluded, or killed. In this way, social comparisons have helped us survive as species.
- Humans make different types of comparisons. They include upwards comparisons (with people who seem better off) or downwards comparisons (with people who seem worse off). These comparisons can focus on identifications (thinking "I'm like them") or contrasts ("I'm different from them").
- Some people are inclined to compare themselves. Other people compare themselves because it seems helpful. For example, someone might believe that comparing themselves against others provides motivation or reassurance.
- Social comparisons can make us feel good or bad depending on the conclusions we draw. For example, comparing yourself against someone faring worse than you could lift your mood ("I'm glad I'm not in that situation") or make you feel worse ("They are more deserving of happiness than I am"). For this reason, the comparisons you make and how you interpret the results are both important.

Many treatment techniques can be helpful when working with difficulties arising from social comparisons:

- **Decentering.** Meta-cognitive awareness, or decentering, describes the ability to stand back and view a thought as a cognitive event: as an opinion, and not necessarily a fact (Flavell, 1979). Help clients to practise labelling the process present in the thinking rather than engaging with the content. For instance, they might say "I'm comparing myself again" to themselves whenever they notice this style of thinking.
- **Self-monitoring.** Clients can monitor their social comparisons. This can help them become more aware of comparison-making (e.g., what they tend to compare, how often, and when), the impact it has (e.g., on their mood, body image, etc.), and the potential function of this style of thinking (e.g., to provide reassurance).

Instructions

- **Cost-benefit analysis.** Explore what aspects of social comparisons are helpful or unhelpful in the short and long term. Highlight the impact it has on the client's mood, any biases that are apparent (e.g., the client selectively compares themselves only against certain types of people), and how accurate it is likely to be.
- **Balanced comparison-making.** Clients can practise making both upwards and downwards social comparisons, or at least as many downwards comparisons as they do upwards comparisons (e.g., "I feel grateful because I have…"). Making deliberate changes in social comparisons could be treated as behavioural experiment (e.g. "spend three days making downward social comparisons, then three days making upward social comparisons").
- **Systematic comparison-making.** Clients can practise less selective comparison-making. For example, rather than choosing who they compare themselves against they might compare themselves against every fourth person they see, or against the first ten people that pass them by. Explore the impact this has on their mood and what they noticed when they were less selective (e.g., that people have a wide variety of body shapes; Fairburn, 2008).
- **Broadened comparison-making.** If the client tends to focus their comparisons on one characteristic (e.g., differences in height), encourage them to notice other features or neutral characteristics (e.g., differences in hairstyle, sense of humour).
- **Behavioural experiments.** Use experiments to test beliefs about making social comparisons (e.g., "Comparisons help me assess the quality of my work"). For example, the client might increase the frequency of their comparisons for three days, then minimise them for the following three days (Waller et al., 2019). When they make fewer comparisons, do they feel better or worse, and more or less motivated?
- **Shifting the focus of attention.** Social comparisons can be habitual and automatic. Rather than trying to stop them, the client can practise shifting their attention whenever distressing comparisons arise (e.g., "Rather than focusing on how I look compared to this person, I am going to focus on what they are saying").
- **Self-compassion.** Use moments when the client notices distressing social comparisons as an opportunity to remind themselves that it is not their fault that they are predisposed to making comparisons, that it is probably an understandable response to the situation (e.g., they might feel threatened or insecure), and that they can choose to disengage from this style of thinking and focus on self-directed care and compassion instead.
- **Values work.** Encourage clients to consider whether the process and content of their social comparisons are consistent with their values. Practise making choices that move them towards their values while not being swayed by social comparisons that deter them.

References

Antony, M. M., Rowa, K., Liss, A., Swallow, S. R., & Swinson, R. P. (2005). Social comparison processes in social phobia. *Behavior Therapy*, 36, 65–75. DOI: 10.1016/S0005-7894(05)80055-3.

Beck, A. T. (1963). Thinking and depression: I. Idiosyncratic content and cognitive distortions. *Archives of General Psychiatry*, 9, 324-333. DOI: 10.1001/archpsyc.1963.01720160014002.

Beck, A. T., Freeman, A., Davis, D. D., & Associates. (2004). *Cognitive therapy of personality disorders*. 2nd ed. New York: The Guilford Press.

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive–behavioral therapy of depression*. Guilford Press.

Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. Guilford Press.

Buunk, B. P., Collins, R. L., Taylor, S. E., VanYperen, N. W., & Dakof, G. A. (1990). The affective consequences of social comparison: either direction has its ups and downs. *Journal of Personality and Social psychology*, 59, 1238-1249. DOI: 10.1037/0022-3514.59.6.1238.

Buunk, A. P., & Gibbons, F. X. (2006). Social comparison orientation: A new perspective on those who do and those who don't compare with others. In S. Guimond (Ed.), *Social comparison and social psychology: Understanding cognition, intergroup relations, and culture (pp. 15–32)*. Cambridge University Press.

Collins, R. L. (1996). For better or worse: The impact of upward social comparison on self-evaluations. *Psychological Bulletin*, 119, 51–69. DOI: 10.1037/0033-2909.119.1.51.

Corning, A. F., Krumm, A. J., & Smitham, L. A. (2006). Differential social comparison processes in women with and without eating disorder symptoms. *Journal of Counseling Psychology*, 53, 338-349. DOI: 10.1037/0022-0167.53.3.338.

Dijkstra, P., Gibbons, F. X., & Buunk, A. P. (2010). Social comparison theory. In J. E. Maddux & J. P. Tangney (Eds.), *Social psychological foundations of clinical psychology (pp. 195–211)*. Guilford Press.

Egan, S. J., Wade, T. D., Shafran, R., & Antony, M. M. (2014). *Cognitive-behavioral treatment of perfectionism*. Guilford Press.

Emert, S. E., Gunn, H. E., Molzof, H. E., Dietch, J. R., & Lichstein, K. L. (2021). Appraisals of insomnia identity in a clinical sample. *Behaviour Research and Therapy*, 145, 103943. DOI: 10.1016/j.brat.2021.103943.

Fairburn, C. G. (2008). *Cognitive behavior therapy and eating disorders*. Guilford Press.

Festinger, L. (1954). A theory of social comparison processes. *Human relations*, 7, 117-140. DOI: 10.1177/001872675400700202.

Gilbert, P. (1998). The evolved basis and adaptive functions of cognitive distortions. *British Journal of Medical Psychology*, 71, 447-463. DOI: 10.1111/j.2044-8341.1998.tb01002.x.

Gilbert, P. (2017). Compassion as a social mentality: An evolutionary approach. In P. Gilbert (Ed.), *Compassion: Concepts, research, and applications (pp.31-68)*. Routledge.

References

Gilbert, P., Price, J., & Allan, S. (1995). Social comparison, social attractiveness and evolution: How might they be related?. *New Ideas in Psychology*, 13, 149-165. DOI: 10.1016/0732-118X(95)00002-X.

Higgins, E. T. (1987). Self-discrepancy: a theory relating self and affect. *Psychological review*, 94, 319-340.

Hooberman, J., Rosenfeld, B., Rasmussen, A., & Keller, A. (2010). Resilience in trauma-exposed refugees: The moderating effect of coping style on resilience variables. *The American Journal of Orthopsychiatry*, 80, 557–563. DOI: 10.1111/j.1939-0025.2010. 01060.x

Krizan, Z., & Bushman, B. J. (2011). Better than my loved ones: Social comparison tendencies among narcissists. *Personality and Individual Differences*, 50, 212-216. DOI: 10.1016/j.paid.2010.09.031.

Laker, V., & Waller, G. (2020). The development of a body comparison measure: The CoSS. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, 25, 879-888. DOI: 10.1007/s40519-019-00698-5.

Noël, V. A., Francis, S. E., Williams-Outerbridge, K., & Fung, S. L. (2012). Catastrophizing as a predictor of depressive and anxious symptoms in children. *Cognitive therapy and research*, 36, 311-320. DOI: 10.1007/s10608-011-9370-2.

Santor, D. A., & Yazbek, A. A. (2006). Soliciting unfavourable social comparison: Effects of self-criticism. *Personality and Individual Differences,* 40, 545–556. DOI: 10.1016/j.paid.2005.06.029.

Shafran, R., Thordarson, D. S., & Rachman, S. (1996). Thought-action fusion in obsessive compulsive disorder. *Journal of Anxiety Disorders,* 10, 379-391. DOI: 10.1016/0887-6185(96)00018-7.

Swallow, S. R., & Kuiper, N. A. (1988). Social comparison and negative self-evaluations: An application to depression. *Clinical Psychology Review,* 8, 55-76. DOI: 10.1016/0272-7358(88)90049-9.

Teasdale, J. D. (1996). Clinically relevant theory: Integrating clinical insight with cognitive science. In P. M. Salkovskis (Ed.), *Frontiers of cognitive therapy (pp. 26–47)*. Guilford Press.

Teasdale, J. D. (1996). Clinically relevant theory: Integrating clinical insight with cognitive science. In P. M. Salkovskis (Ed.), *Frontiers of cognitive therapy (pp. 26–47)*. Guilford Press.

Teasdale, J. D., Scott, J., Moore, R. G., Hayhurst, H., Pope, M., & Paykel, E. S. (2001). How does cognitive therapy prevent relapse in residual depression? Evidence from a controlled trial. *Journal of Consulting and Clinical Psychology*, 69, 347–357. DOI: 10.1037/0022-006X.69.3.347.

Veen, G., & Arntz, A. (2000). Multidimensional dichotomous thinking characterizes borderline personality disorder. *Cognitive Therapy and Research*, 24, 23-45. DOI: 10.1023/A:1005498824175.

Vohs, K. D., & Heatherton, T. F. (2004). Ego threat elicits different social comparison processes among high and low self-esteem people: Implications for interpersonal perceptions. *Social cognition*, 22(1: Special issue), 168-191. DOI: 10.1521/soco.22.1.168.30983.

Waller, G., Turner, H. M., Tatham, M., Mountford, V. A., & Wade, T. D. (2019). *Brief cognitive behavioural therapy for non-underweight patients: CBT-T for eating disorders*. Routledge.

References

Westbrook, D., Kennerley, H., & Kirk, J. (2011). *An introduction to cognitive behaviour therapy: Skills and applications (2nd ed.)*. Sage.

Wetherall, K., Robb, K. A. and O'Connor, R. C. (2019) Social rank theory of depression: A systematic review of self-perceptions of social rank and their relationship with depressive symptoms and suicide risk. *Journal of Affective Disorders*, 246, 300-319. Doi:10.1016/j.jad.2018.12.045.

Social Comparison

When we feel strong emotions – such as fear, sadness, shame, or hopelessness – we have often just had an *automatic thought*. These thoughts can happen so quickly and effortlessly that we are not even aware we've had them. It can take practice to notice them as they arise. Automatic thoughts often feel convincing, but they are not always 100% accurate.

They are often *exaggerated*, *biased*, *distorted*, or *unrealistic*. There are different types of biases, which psychologists call *cognitive distortions* or *unhelpful thinking styles*. We all think in exaggerated ways sometimes, but it can become a problem if your thoughts are distorted very often or very strongly.

Social comparison is a style of thinking where you compare yourself with others. Making comparisons is a normal and automatic process that has helped us survive as a species. Comparisons that highlight your talents and abilities ('downward' social comparisons) can sometimes boost your self-esteem, but if your comparisons draw attention to your flaws and weaknesses ('upward' social comparisons), they can be distressing. Although often well-intended, social comparisons can be self-defeating, biased, and inaccurate, and they can cause problems.

Social comparison is associated with a wide range of problems:

Body image problems | Depression | Eating disorders | Low self-esteem | Narcissism | Perfectionism | PTSD | Self-harm | Social anxiety | Suicidal thoughts

Overcoming social comparison

Noticing and labelling

The first step in overcoming your social comparisons is to catch them. Practise *self-monitoring* so that you get better at catching your negative comparisons as they happen. When you notice one, say something to yourself like:

- "I'm comparing myself again."
- "There's another social comparison."

Disengage from your comparisons

It's not your fault that you make social comparisons (your brain is designed to do it), but you do have a choice about whether you focus on them. Whenever you notice a social comparison, ask yourself:

- "Is this social comparison helpful or good for me?"
- "Is comparing myself like this consistent with my values?"
- "How could I treat myself with compassion right now?"
- "What else could I focus on (e.g., the conversation, rather than how the person looks)?"

Compare yourself differently

Social comparisons are often biased and selective. For example, you might compare your body with only slim people, or focus just on differences in income. However, you can make your comparisons fairer in lots of ways.

- Rather than being selective, compare yourself with the first 10 people you see – what do you notice about them?
- Rather than focusing on one feature, compare a few neutral things (e.g., sense of humour, hairstyles) – not just the characteristic you feel sensitive about.

Test your beliefs about comparisons

Do you think your social comparisons are helpful, reassuring, or motivating? You can find out by doing experiments:

- Compare yourself as much as you can for three days.
- Try to compare yourself less for the following three days.
- On which days did you feel better?
- What does that tell you about your social comparisons?

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