



A serial mediation model testing early adversity, self-concept clarity, and thin-ideal internalization as predictors of body dissatisfaction

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ABSTRACT

This study examined the associations among early family adversity (e.g., family violence, neglect), self-concept clarity (i.e., having a clear and coherent sense of one's own personal identity), thin-ideal internalization, and body dissatisfaction. Female university students in Australia ($n=323$) and adult female community members in the United States ($n=371$) completed self-report measures of the relevant constructs. In both samples, serial mediation analysis revealed that early family adversity was negatively associated with self-concept clarity, self-concept clarity was negatively associated with thin-ideal internalization, and thin-ideal internalization was positively associated with body dissatisfaction. These findings suggest that early adverse experiences might impair individuals' self-concept clarity, and that low self-concept clarity might increase the risk of internalization of the thin ideal (as a means of defining the self) and consequently body dissatisfaction. These findings also suggest possible avenues for prevention and intervention efforts.

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Introduction

Body dissatisfaction is widespread among both women and men, and has been associated with a range of negative psychological outcomes, including low self-esteem, depression, and stress (Johnson & Wardle, 2005; Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006). Body dissatisfaction is particularly concerning because it is one of the most consistent and robust risk factors for the development and maintenance of eating disorders (Stice, 2002). Sociocultural models suggest that internalization of societal standards of attractiveness can lead to body dissatisfaction (e.g., Cafri, Yamamiya, Brannick, & Thompson, 2005; Stice, 1994). According to these models, although most people are exposed to the same media images and social pressures that promote the thin-ideal appearance, not everyone internalizes those pressures to the same degree (Thompson & Stice, 2001). Furthermore, there is consistent evidence from correlational (e.g., Nouri, Hill, & Orrell-Valente, 2011; Vartanian & Dey, 2013) and longitudinal studies (e.g., Stice, 2001) showing that internalization of the thin ideal is associated with body dissatisfaction among women and adolescent girls. There is also evidence from experimental studies indicating that it is those

women who have internalized the societal standards to a greater degree who are most negatively impacted by exposure to thin-ideal media images (e.g., Halliwell & Dittmar, 2004).

Although there is clear evidence that internalization plays an important role in body dissatisfaction, less is known about what predicts internalization: Why do some people internalize societal standards of attractiveness whereas others do not? There are a range of individual-difference factors that might be considered risk or resilience factors in this context. For example, low self-esteem prospectively predicts the development of body dissatisfaction (e.g., Paxton, Eisenberg, & Neumark-Sztainer, 2006), and cross-sectional studies also suggest that individuals with higher self-esteem are less likely to have internalized societal standards of attractiveness (e.g., Clay, Vignoles, & Dittmar, 2005). These types of individual-difference factors (including self-esteem) have been described as *intrapersonal resources*—characteristics of the person that can buffer against the development of body dissatisfaction and disordered eating (Vartanian, Smyth, Zawadzki, Heron, & Coleman, 2014).

One intrapersonal resource that might be particularly important in the context of body dissatisfaction and internalization of the thin ideal is self-concept clarity. Self-concept clarity is defined as the extent to which individuals have a clear and coherent sense of their own personal identity, and is a component of the self that is distinct from the evaluative component (i.e., self-esteem; Campbell et al., 1996). Furthermore, self-concept clarity is thought to be

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associated with resilience and wellbeing (Campbell, 1990). For example, correlational research has shown that self-concept clarity mediates the relation between stress and wellbeing (Ritchie, Sedikides, Wildschut, Arndt, & Gidron, 2011), and a longitudinal study found that self-concept clarity predicted lower symptoms of depression at two-year follow-up (Lee-Flynn, Pomaki, DeLongis, Biesanz, & Puterman, 2011).

In the body image literature, some researchers have suggested that identity disturbance can increase the risk of internalization of society standards of attractiveness (Stice, 1994). That is, individuals who lack a clear personal identity might turn to external sources as a means of defining themselves. Given the emphasis on appearance and attractiveness in Western cultures, cultural appearance ideals can represent an external source that people can use to construct their identity. Consistent with this proposition, there are several correlational studies showing that low self-concept clarity is associated with a greater degree of thin-ideal internalization and with greater body dissatisfaction among young women (Cahill & Mussap, 2007; Vartanian, 2009; Vartanian & Dey, 2013). Vartanian (2009) further showed that self-concept clarity mediated the link between self-esteem and internalization, suggesting a unique role for self-concept clarity.

If individual differences in self-concept clarity are associated with the degree of internalization (and, in turn, with body dissatisfaction), it can also be important to ask what factors predict low self-concept clarity. In doing so, we can start to build more comprehensive models of the development of body dissatisfaction, which could inform future intervention and prevention efforts. One factor that might be particularly relevant is the quality of early life experiences. Early adverse experiences are associated with poorer psychological and physical health later in life (Felitti et al., 1998; Repetti, Taylor, & Seeman, 2002), and there is accumulating evidence that early adversity is associated with body dissatisfaction and disordered eating. Although much of this evidence comes from research on childhood sexual abuse (Rind, Tromovitch, & Bauserman, 1998), other studies have conceptualized early adversity in a broader sense (including emotional abuse, physical abuse, and adverse family environments; e.g., Kinzl, Traweger, Guenther, & Biebl, 1994; Smyth, Heron, Wonderlich, Crosby, & Thompson, 2008). In examining potential mechanisms underlying the connection between early adversity and young women's body dissatisfaction/disordered eating, Vartanian et al. (2014) found that the association between early family adversity and body dissatisfaction was mediated by lower intrapersonal resources (self-esteem and personal growth) and lower interpersonal resources (social support and gratitude). If self-concept clarity also functions as an intrapersonal resource (as we suggested above), we might similarly expect that early adversity would be associated with lower self-concept clarity and, in turn, with internalization of the thin ideal and body dissatisfaction. There is some preliminary evidence that early family adversity (Streamer & Seery, 2015) and poor parental bonding (Perry, Silvera, Neilands, Rosenvinge, & Hanssen, 2008) are associated with low self-concept clarity, but those studies have not examined these associations in the context of thin-ideal internalization and body dissatisfaction.

The Present Study

The aim of the present study was to examine potential risk and resiliency factors related to thin-ideal internalization and body dissatisfaction. Specifically, we tested whether early family adversity would predict lower self-concept clarity, and if self-concept clarity would in turn predict thin-ideal internalization and body dissatisfaction. Our study focused on young women because body dissatisfaction is highly prevalent in that population (e.g., Neighbors & Sobal, 2007). Furthermore, past research connecting

self-concept clarity to internalization and body dissatisfaction has found consistent results for women but not for men (Cahill & Mussap, 2007; Vartanian, 2009). To increase the generalizability of our findings, however, two separate samples were included in this study: The first sample consisted of a group of female undergraduate students in Australia, and the second sample consisted of an online sample of adult female community members from the United States. Based on the findings of Vartanian et al. (2014), we hypothesized that there would be an indirect path from early adversity to body dissatisfaction through self-concept clarity. Furthermore, based on the theoretical links outlined above, we also hypothesized that there would be an indirect path from early adversity to body dissatisfaction through both self-concept clarity and thin-ideal internalization (sequentially).

Method

Participants

Undergraduate sample. Participants were 355 female undergraduate students at a large Australian university who were recruited through an online psychology participant pool and who participated in exchange for course credit. Participants were excluded if they did not complete all of the questionnaires ($n = 8$) or if they failed any of the validity checks included in this study (i.e., questions asking participants to select a specific response option; $n = 24$). The final sample consisted of 323 participants. Their mean age was 19.61 years ($SD = 3.27$) and their mean body mass index (BMI; kg/m^2) was 21.99 ($SD = 3.61$). With respect to ethnicity, the majority identified as White (45.2%) or Asian (45.2%), with the remaining participants identifying as "Other" (9.6%).

Community sample. Participants were 442 women based in the United States who were recruited from Amazon's Mechanical Turk (MTurk). MTurk is an online data collection method that has been shown to produce data that are comparable in quality and reliability to those provided by student and community samples (e.g., Buhrmester, Kwang, & Gosling, 2011). Individuals who are registered with MTurk have access to a range of tasks that they can complete for small monetary incentives. They select, of their own volition, which tasks they wish to complete. As with the student sample, participants were excluded if they did not complete all of the questionnaires ($n = 16$) or if they failed any of the validity checks ($n = 55$). The final sample consisted of 371 participants. The mean age for the community sample was 29.75 years ($SD = 5.79$) and their mean BMI was 23.46 ($SD = 7.45$). With respect to ethnicity, the majority identified as White (77.4%), 7.8% identified as African American, 7.0% identified as Hispanic, 5.4% identified as Asian, and 2.4% identified as "Other".

Measures and Procedure

All participants completed the study online as part of a larger study on personality. They completed the following measures (presented in random order).

Early family adversity. Early family adversity was measured using an 11-item version of the Risky Families Questionnaire (Taylor, Lerner, Sage, Lehman, & Seeman, 2004). Participants indicated the extent to which they grew up in a household characterized by family stress and dysfunction, including conflict and aggression and containing relationships that are cold, unsupportive, and neglectful (e.g., "How often would you say there was quarreling, arguing, or shouting between a parent and you?"). Each item was rated on a 5-point scale (1 = *Not at all*, 5 = *Very often*), with higher mean scores indicating more family adversity. Reliability

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