Prediction of thin-ideal internalization from appearance perfectionism, self-concept clarity and self-esteem

Shima Shahyad[1], Shahla Pakdaman[1], Omid Shokri[1]

[1]Department of Psychology, Shahid Beheshti University, Tehran, Iran

Corresponding Author:
Shima Shahyad,
Department of Psychology, Shahid
Beheshti University, Tehran, Iran
E-mail: shima.shahyad@yahoo.com

Abstract

Introduction: Eating disorders and body-image disturbances are of the most prevalent and disabling clinical complications that adolescent girls and young women develop. From the causes of body dissatisfaction and eating pathology, internalization of thin-ideal is the factor which effectively contributes to such complications. This study aims to determine the correlations between thin-ideal internalization and the variables of appearance perfectionism, self-concept clarity and self-esteem. It afterwards investigates the percentage which each variable predicts the internalization of thin-ideal.
Method: In order to conduct the study, 477 high-school students from Tehran were recruited by cluster sampling method. Next, they filled out Rosenberg Self-esteem Scale, Appearance Perfectionism Scale, Self-concept clarity scale as well as Sociocultural Attitudes towards Appearance Questionnaire-4. Finally, the collected data were analyzed using Pearson' correlation coefficient together with stepwise regression.
Results: The findings of the study showed that the variables of self-esteem and self-concept clarity significantly correlated with thin-ideal internalization in a negative direction (p< 0.000). The relationship between appearance perfectionism and thin-ideal internalization was positively significant (p< 0.000). The outcomes of stepwise regression suggested that appearance perfectionism could account for 12% of the variance of thin-ideal internalization. After adding the variable of self-concept clarity, coefficient of determination increased by 16% which then went up by 17% as the variable of self-esteem entered regression equation. Such an increase was statistically significant. Self-esteem (p< 0.023) and self-concept clarity (p< 0.002) were negative predictors and appearance perfectionism (p< 0.0001) was a positive predictor of thin-ideal internalization. Beta coefficients also indicated that the predictor of appearance perfectionism with a beta of 0.33 had the largest impact on thin-ideal internalization. The second and the third predictors of thin-ideal internalization were self-concept clarity and self-esteem with beta coefficients of -0.15 and -0.11, respectively.
Conclusion: Personal differences which get people vulnerable to thin-ideal internalization recently have come into use as useful measures to relieve the symptoms of eating disorders. In fact, such differences, not only enhance our understanding of eating and body-image disturbances, but also could bring us with alternative methods for prevention and treatment of respective disorders.

Keywords: Appearance perfectionism, Self-concept clarity, Self-esteem, Thin-ideal internalization

Introduction

Eating disorders and body-image disturbances are the most widespread and debilitating clinical complications that girls and young women develop. [1] In recent years, multiple studies have been done to detect risk factors which play a role in the development of such disorders. Among the causes which contribute to eating pathology as well as body-image dissatisfaction, is internalization of societal ideals of beauty [2, 3].Internalization is a process wherein the standards of a society on a variety of issues like body shape, are adopted as personal codes; for example, thin-ideal for women or hyper-muscularity for men [4 & 5]. If not impossible, it is difficult for most women to achieve the thin-ideal. As a result, when people fail to change themselves into the image of models, they experience negative feelings about their figure [6].

There are several prevailing postulates that establish a causal relationship between internalization and concerns about body image as well as related disorders. For instance, three sociocultural approaches to eating pathology, i.e. Stice's dual-pathway model, the tripartite influence model of Thompson et al., plus objectification theory, all suggest that internalization directly has an impact on the construct of body image [7-10]. Furthermore, two decades of experimental and observational study, endorses the idea that internalization plays the key role in the construction of women's body image [2, 3].

As stated before, internalization of societal standards of beauty plays a major role in the development of disorders with regard to eating and body-image. Of course, all community members do not internalize these standards in an equal manner. Accordingly, identifying personal characteristics which whether predispose people to internalization or defends against them is of substantial importance. Actually, the present study tries to learn more about the effect of personal characteristics, which distinguishes it from previous studies.

Several sociocultural models of abnormal eating have declared self-esteem to be an internal determinant of internalization in social standards of beauty. In fact [11], self-esteem is a variable that has an established history of influence on eating disorders as well as other pathologic fields [12] and it defines a person's attitude towards their self-worth. Low self-esteem suggests that a person has a poor sense of self-worth. [14] A few studies have indicated the negative relationship between low self-esteem and internalization of social standards of beauty [15, 16 & 7]. Besides, internalization mediates between self-esteem and body-image dissatisfaction to some extent [17].

Self-concept clarity is another variable that can play a supportive role can be a risk factor for internalization of social standards of beauty [18 & 19]. Self-concept clarity means how well the content of an individual's self-concept (e.g. perceived personal characteristics) is clearly defined, consistent and temporally stable. [20] People with insufficient self-concept clarity, indeed do not have a clear sense of identity; so they may seek in external sources to better describe themselves which as a result makes them vulnerable. Conversely, those who have complete self-concept clarity are less influenced by external sources as they possess strong sense of identity [21].

Perfectionism is among the factors that relates to internalization of thin-ideal. [22 & 23]. Perfectionism means to set high standards or unrealistic criteria as one's own objectives and expectations [24]. Perfectionists lay down high standards of functioning for different parts of life. In a culture that thin-as-ideal is promoted as an optimal size, it is not improbable that perfectionism and tendency for rigorous standards open the way for internalization of thin-ideal [22].The present study aimed to investigate the relationship between thin-ideal internalization and three variables of appearance perfectionism, self-concept clarity and self-esteem. Then,

it assessed the importance that each variable had for the prediction of thin-ideal internalization.

Method

This research has a correlational study design. Statistical society comprised all female students of high-schools scattered throughout Tehran in the academic year of 2014-2015. The sample population consisted of 477 high-school students who were selected by Multi-stage Cluster Sampling method. On this account, Tehran was divided into five clusters; district 1 from northern part, 18 from southern part, 6 from the central part, 8 from the eastern part and 9 from the western part of Tehran. Afterwards, girls' high schools and classes were randomly selected in stages, so as to recruit the sample population. The required permission was obtained from the Research Division and Committee of Ethics of Shahid Beheshti University as well as the Ministry of Education. Following the permission, researchers went to the selected high-schools and distributed the questionnaires among the students with prior consent of relevant authorities, namely high-school principals and teachers. The instruments which were employed to collect data are mentioned below. Then, collected data were analyzed using measures of descriptive statistics (mean and standard deviation) along with techniques of inferential statistics (pearson's correlation coefficient and stepwise regression) by SPSS 18.

Self-concept clarity scale (SCCS): This scale is a questionnaire that measures the extent to which an individual's beliefs about oneself are stable, consistent and well-defined. It includes 12 items in a five-point rating Likert scale from strongly disagree (1) to strongly agree (5). As respondents achieve higher scores, they possess better self-concept clarity. The validity and reliability of the questionnaire has been confirmed by multiple studies [6 & 20]. Vartanian and Dey [21], through their research reported Cronbach's alpha of the questionnaire to be 0.87. Initially, this instrument was translated into Persian. Next, it was rendered back into English and three experts reviewed the outcome in comparison to the original version. Afterwards, through a pilot study, the validity and reliability of the questionnaire was confirmed so as to come into use in the present study. Cronbach's alpha of the scale also came to 0.74, in this study.

Appearance Perfectionism Scale (APS): This scale is a questionnaire of 10 items which measures peoples' desire for high standards of physical appearance. Items could be answered in a seven-point rating Likert scale from strongly disagree (1) to strongly agree (7). As the respondents achieve higher scores, they sustain higher levels of perfectionism. Srivastava [25], in a research investigating the technical aspects of APS, proved that the questionnaire had a great level of validity and reliability. The appearance perfectionism scale was first translated into Persian and then rendered back into English. Next, three experts assessed the outcome as compared to the original one. At last, the Persian copy underwent a pilot study to check the validity and reliability. In this study, the Chronbach's alpha of the questionnaire came to 0.94.

Sociocultural Attitudes toward Appearance Questionnaire-4 (SATAQ-4):

This questionnaire is an inventory including 22 items which measures the impact of sociocultural dispositions on appearance ideals. This questionnaire comprises 5 subscales. Among them, the subscale of internalization of thin/low body fat came into use in order to evaluate the variable of thin- ideal internalization in the sample population. The subscale consisted of 5 items in a format of five-level Likert-type rating, from definitely disagree (1) to definitely agree (5). The subscale was first translated into Persian and then rendered back into English. Next, three experts were asked to evaluate the version which had been rendered into the original language. After experts' assessment, researchers carried out a pilot study for determining the validity of the subscale. Cronbach's alpha was estimated to be 0.85 in this study. It is necessary to explain that considerable experimental evidence has confirmed the technical aspects of this subscale [26 & 27].

Rosenberg Self-Esteem Scale: To evaluate self-esteem, Rosenberg Self-Esteem Scale (RSES) was applied. This questionnaire includes ten items of global statements and is scored from 1 (strongly disagree) to 4 (strongly agree). Negative items are scored in a reverse order. The psychometric properties of this questionnaire were acceptable in Persian [28]. The Cronbach's alpha was estimated to be 0.8.

Results

Table 1 indicates the frequency of the distribution of respondents in terms of districts and educational grades.

Table 2 shows the descriptive measures of the variables. As mentioned in the table below, the mean scores of the sample group for predicting variables of self-esteem, appearance perfectionism and self-concept clarity were 1.98, 5.82 and 3.01, respectively. The mean score of thin-ideal internalization as an independent variable was estimated to be 3.39. The results of the correlation matrix indicated that the relationship between thin-ideal internalization and the variables of self-esteem and self-concept clarity was significantly negative $p < 0.000$. Moreover, appearance perfectionism significantly correlated with thin-ideal internalization in a positive manner $p < 0.000$ (table 3).

To calculate the percentage which each variable could predict internalization, analysis of stepwise regression was employed. Results of the analysis suggested that appearance perfectionism could predict 12% of the variance of thin-ideal internalization. This percentage increased by 16% when adding the variable of self-concept clarity and further went up by 17%, as the other variable, self-esteem entered the regression equation. This rise in the coefficient of determination was statistically significant. Self-esteem $p < 0.023$ and self-concept clarity $p < 0.002$ were negative predictors and appearance perfectionism $p < 0.000$ was a positive predictor of thin-ideal internalization to a significant extent. Beta coefficients also revealed that among the three predicting variables of the present study, appearance perfectionism with β 0.33 could better predict thin-ideal internalization compared to self-concept clarity (β= −0.15) and self-esteem (β= −0.11) (table 4).

Table 1. Frequency distribution of respondents in terms of districts and education grades

School	district	Quantity	Educational grade	Quantity
Public	1	108	First grade	246
	6	73		
	8	100	Second grade	135
	9	101		
	18	95	Third grade	96

Table 2. Descriptive measures of the research variables

Variable	Mean	Standard deviation
Internalization of thin-ideal	3.39	1.13
Self-esteem	1.98	0.54
Appearance perfectionism	5.82	1.21
Self-concept clarity	3.01	0.68

Table 3. Correlation matrix of thin-ideal internalization with variables of self-esteem, appearance perfectionism and self-concept clarity

Variable	Internalization of thin-ideal
Self-esteem	− 0.19[**]
Appearance perfectionism	0.34[**]
Self-concept clarity	− 0.25[**]

*p< 0.05   **p< 0.01

Table 4. Summary of the results of stepwise regression for prediction of thin-ideal internalization

Step	Variable	R	R2	(p) F	β	(p) t
1	Appearance perfectionism	0.34	0.12	(0.000) 64.02	0.33	(0.000) 7.78
2	Self-concept clarity	0.41	0.16	(0.000) 47.41	− 0.15	(0.002) − 3.05
3	Self-esteem	0.43	0.17	(0.000) 33.61	− 0.11	(0.23) − 2.28

Discussion

The findings of this study revealed that self-esteem significantly correlated with thin-ideal internalization in a negative direction (p< 0.000). In other words, if self-esteem decreases, internalization of thin-ideal increases and vice versa. This conclusion resembles the findings of Clay, Vignoles and Dittmar [15], Cusmano and Thompson [16], as well as Fingeret and Cleaves [17]. This is because self-esteem supports people when dealing with challenges of life. A child, an adolescent or an adult who has a sense of self-assurance, feels that he/she is efficient and agreeable. This person is optimistic and makes every effort to reach his/her goals. Indeed, people with great self-esteem do not consider success contingent to ideal appearance [14].

The findings also indicated that self-concept clarity significantly correlated with thin-ideal internalization in a negative direction (p< 0.000). If self-concept clarity gets lower in level, internalization of thin-ideal increases and vice versa. This conclusion goes along with the findings of Drewes [18], Yamamiya, Shroff and Thompson's [19] studies. Possible explanation for such a relationship could be that internalization of social standards of beauty is an easily accessible source for women so that they could construct their identity. As a result, women suffering from lower levels of self-concept clarity may turn to internalize thin-ideal to a larger extent. Indeed, the less people have self-concept clarity, the more they are influenced by external forces. Perhaps as individuals feel a poor sense of identity, internalize social standards of beauty in order to develop self-conceptions [21].

According to the findings of this study, it can be understood that appearance perfectionism had a significant relationship with thin-ideal internalization in a positive direction (p< 0.000). In other words, if appearance perfectionism rises, the level of internalization goes up and vice versa. These findings are in agreement with the findings of Boon, Soenens and Braet [22] as well as Pokrajac, Ambrosi and Kukic [23]. To explain this relationship, it is probable that perfectionists tend to exaggerate their failure to achieve the goals while minimizing their achievements. Moreover, while perfectionists encounter advertisements for thin-as-ideal in the media, they may overemphasize thinness and consequently feel upset [29].

Finally, results of stepwise regression showed that appearance perfectionism could predict thin-ideal internalization to a larger extent than self-concept clarity and self-esteem did. This is also the point that distinguishes the present study from preceding researches. To give a probable explanation for such a result, it is believed that perfectionism is made up of 2 components. From a structural point of view, it comprises attitudes and motivation. In fact, people who are perfectionists subjectively feel the need to be perfect. On the other hand, perfectionism has an objective aspect that is perfectionistic self-presentation which means idealists are preoccupied with presenting themselves as perfect in the eyes of others. Actually, they try hard to cover up their flaws and are unwilling to display their imperfections [30]. Therefore, these individuals are more likely to engage in thin-as-ideal and seek for an ideal body shape in a persistent manner [31].

Conclusion

It can be concluded from this study that personal differences not only broaden our knowledge of body image as well as eating disturbances, but also have implications for assessment, prevention, intervention or any other clinical purposes. For instance, Stice and Shaw (32) came to know in their study that when targeting preventive measures on vulnerable or at-high-risk groups, it brought them with more results of interest. Thus, identification of risk factors through differences can be useful in selecting individuals who benefit preventive measures to the maximum extent. From a preventive point of view, these risk factors could be beneficial to reducing the symptoms of body image disturbances or eating disorders.

One of the constraints that the present study faced was the sample population. In this study, the entire respondents were female high-school students. For this reason, when generalizing the results of this study to other societal sections, it is best to err on the side of caution. It is also recommended doing further research on a diverse sample population to make further decisions.

Another constraint was the correlational study design. On this account, causal inferences cannot be drawn. However, future studies could take notice of this issue and experiments can be done to evaluate the efficacy of predictive variables in reducing body dissatisfaction. At last, it is recommended doing further research considering other social and personal variables to cover different aspects of discontent from body image.

Acknowledgement

References

1. Thompson JK, & Smolak L. Body image, eating disorders and obesity in youth. Washington, DC: American Psychological Association; 2001.
2. Cafri G, Yamamiya Y, Brannick M, Thompson JK. The influence of sociocultural factors on body image: Ameta-analysis. Clinical Psychology: Science and Practice. 2005; 12: 421–33.
3. Thompson JK, Stice E. Thin-ideal internalization: Mounting evidence for a new risk factor for body-image disturbance and eating pathology. Current Directions in Psychological Science. 2001; 10: 181–83.
4. Jones DC. Body image among adolescent girls and boys: A longitudinal study. Developmental Psychology. 2004; 40: 823–835.
5. Thompson JK, Heinberg LJ, Altabe M, & Tantleff-Dunn S. Exacting beauty: Theory, assessment, and treatment of body image disturbance. Washington, DC: American Psychological Association; 1999.
6. Vartanian LR. When the body defines the self: Self-concept clarity, internalization, and body image. Journal of Social and Clinical Psychology. 2009; 28: 94–126.
7. Stice E, Schupak-Neuberg E, Shaw HE, Stein RI. Relation of media exposure to eating disorder symptomatology: An examination of media ting mechanisms. Journal of Abnormal Psychology. 1994; 103: 836–40.
8. Thompson JK, Heinberg LJ, Altabe M, Tantleff-Dunn S. Exacting

beauty: Theory, assessment, and treatment of body image disturbance. Washington, DC: American Psychological Association; 1999.

9. Fredrickson B L, Roberts T. Objectification theory: Toward understanding women's lived experiences and mental health risks. Psychology of Women Quarterly. 1997; 21: 173–76.

10. Moradi B, Huang YP. Objectification theory and psychology of women: A decade of advances and future directions. Psychology of Women Quarterly. 2008; 32: 377–98.

11. stice E. Review of the evidence for a sociocultural model of bulimia nervosa and an exploration of the mechanisms of action. Clinical psychology review. 1994; 14: 633-661.

12. vartanian LR. When the body defines the self: self-concept clarity, internalization, and body image. Journal of social and clinical psychology. 2009; 28 (1): 94-126.

13. Kinnunen ML, Feldt T, Kinnunen U, & Pulkkinen L. Self- Esteem: An Antecendent or a Consequence of Social Support and Psychosomatic Symptoms? Cross-lagged Associations in Adulthood, Journal of Research in Personality. 2008; 42: 333-347.

14. Cash, F, Thomas . The Body Image Workbook: Fine Communications;1998.

15. Clay D, Vignoles VL, & Dittmar, H. Body image and self-esteem among adolescent girls: testing the influence of sociocultural factors. Journal of research on adolescence. 2005; 14: 451-477.

16. Cusumano DL, & Thompson JK. Body image and body shape ideals in magazines: exposure, awareness, and internalization. Sex roles, 1997; 37: 701-721.

17. Fingeret MC, & cleaves, DH. Sociocultural, feminist, and psychological influences on women's body satisfaction: a structural modeling analysis. Psychology of women quarterly. 2004; 28:370-380.

18. Drewes KM. Body dissatisfaction and eating disturbance in adolescent girls: Atripartite influence model [Dissertation]: Hoftsra University; 2005.

19. Yamamiya Y, Shroff H, & Thompson JK . The tripartite influence model of body image and eating disturbance: A replication with a Japanese sample. IJED. 2008; 41: 88-91.

20. Campbell JD, Trapnell, PD, Heine, SJ, Katz IM, Lavallee LF, & Lehman DR. Self- concept clarity: Measurement, personality correlates, and depression. Journal of Personality and Social Psychology. 1996; 70: 141–156.

21. Vartanian, L.A., Dey, S (2013). Self-concept clarity, thin-ideal internalization, and appearance-related social comparison as predictors of body dissatisfaction. Body Image ,10: 495–500.

22. Boone L, Soenens B, & Braet C. Perfectionism, Body Dissatisfaction, and Bulimic Symptoms: The Intervening Role of Perceived Pressure to be Thin and Thin Ideal Internalization. Journal of Social and Clinical Psychology. 2011; 30(10): 1043-1068.

23. Pokrajac-Bulian A, Ambrosi-Randić N, Kukić, M. Thin-Ideal Internalization and Comparison Process as Mediators of Social Influence and Psychological Functioning in the Development of Disturbed Eating Habits in Croatian College Females, Psychological Topics. 2008; 17(2): 221-245

24. Cook LC & Kearney CA. Parent and youth perfectionism and internalizing psychopathology personality and individual differences. 2008; 46: 325-330.

25. Srivastava K. Conceptualization and Development of the Appearance Perfectionism Scale:Preliminary Evidence for Validity and Utility in a College Student Population. [Dissertation]: University of Michigan; 2009.

26. Schaefer LM, Burke NL, Thompson JK, Dedrick RF, Heinberg LJ, Calogero RM, etal. Development and Validation of the Sociocultural Attitudes towards Appearance Questionnaire-4 (SATAQ-4). Psychol Assess; 27(1): 54-67

27. Llorente E, Gleaves DH, Warren CS, Pérez-de-Eulate L, Rakhkovskaya L. Translation and validation of a spanish version of the sociocultural attitudes towards appearance questionnaire-4 (SATAQ-4). Int J Eat Disord. 2015; 48(2):170-75.

28. Shapurian R, Hojat M, & Nayerahmadi H. Psychometric characteristics and dimensionality of a Persian version of the Rosenberg Self-Esteem Scale. Percept Mot Skills. 1987; 65(1): 27-34.

29. Wong KKL.The moderating role of perfectionism in appearance comparison and body dissatisfaction in female college students. [Dissertation]: University of Hong Kong; 2009.

30. Sherry, simon. B., vriend, Jennifer. L., Hewitt, paul. L., sherry, Dayna. L. flett, Gordon. L., wardrop, andrea. A. (2009). Perfectionism dimensions, appearance schemas, and body image disturbance in community members and university student. Body image, 6 (2): 83-89.

31. Fairburn CG, Doll, HA. Weich, SL, Hay PJ, Davies BA, & O'Connor, M.E. Risk factors for binge eating disorder: acommunity based case control study. Archives of general psychiatry. 1998; 55: 425-432.

32. Stice E, shaw H. Eating disorder prevention programs a meta analytic review. Psychological Bulletin. 2004; 130: 206-27.