

Thin-Ideal Internalization: Mounting Evidence for a New Risk Factor for Body-Image Disturbance and Eating Pathology

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Abstract

Body-image disturbance and eating disorders are a significant physical and mental health problem in Western countries. We describe emerging work on one newly identified variable that appears to be a potent risk factor for the development of these problems—internalization of societal standards of attractiveness. Work conducted independently in our labs over the past decade has included scale development, correlational studies, prospective risk-factor studies, randomized experiments, and randomized prevention trials. Findings collectively suggest that internalization is a causal risk factor for body-image and eating disturbances, and that it appears to operate in conjunction with other established risk factors for these outcomes, including dieting and negative affect. Future research is needed to examine the specific familial, peer, and media influences that promote internalization and to replicate and extend our prospective and experimental studies.

Keywords

internalization; body image; eating disturbance; risk factors; prevention

Eating disorders are one of the most common psychiatric prob-

lems faced by women, and are characterized by a persistent course, co-occurrence with other psychopathology, medical complications, and elevated mortality. Body-image disturbance, generally consisting of a subjective unhappiness with some aspect of one's appearance, is also extremely prevalent and may be associated with psychological distress (e.g., depression) and functional impairment (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Exciting advances have recently occurred in social scientists' understanding of the risk factors that promote body-image and eating disturbances. One promising avenue of new research concerns the role of internalization of societal ideals of attractiveness (thin-ideal internalization²) in the development of these problems. Thin-ideal internalization refers to the extent to which an individual cognitively "buys into" socially defined ideals of attractiveness and engages in behaviors designed to produce an approximation of these ideals (Thompson et al., 1999).

Theoretically, thin-ideal internalization results because individuals internalize attitudes that are approved of by significant or respected others (Kandel, 1980). This process is referred to as social reinforcement. Specifically, family, peers, and media (i.e., the socialization agents) are thought to reinforce the thin-ideal body image for women through comments or actions that serve to support and perpetuate this ideal (e.g., criticism or

teasing regarding weight, encouragement to diet, and glorification of ultra-slender models). These sources communicate expectations concerning the benefits of thinness, such as increased social acceptance, and these expectations likely play a key role in the propagation of this ideal (Hohlstein, Smith, & Atlas, 1998).

Thin-ideal internalization is thought to directly foster body dissatisfaction because this ideal is virtually unattainable for most females (Thompson et al., 1999). Additionally, thin-ideal internalization is thought to work in conjunction with other established risk factors for eating pathology, including body dissatisfaction, dieting, and negative affect (e.g., Killen et al., 1996), in promoting eating-disordered symptoms. Specifically, the body dissatisfaction that is thought to result from thin-ideal internalization theoretically promotes dieting and negative affect, which in turn increase the risk for onset of bulimic symptoms (Stice, 2001). Body dissatisfaction putatively leads to dieting because of the common belief that this is an effective weight-control technique. Body dissatisfaction may also foster negative affect because appearance is a central evaluative dimension for women in our culture. Dieting is theorized to result in a greater risk for bulimic symptoms because individuals might binge-eat in an effort to counteract the effects of caloric deprivation. Finally, negative affect may increase the likelihood of bulimic symptoms because of the belief that eating provides comfort and distraction from negative emotions.

RESEARCH BACKGROUND

Our initial work on thin-ideal internalization focused on the operationalization of the internalization construct and an evaluation of the

reliability and validity of the resulting measures. We asked young women and men to describe the current ideal for attractiveness for females in Western culture and used these qualitative responses to create our initial scales (Heinberg, Thompson, & Stormer, 1995; Stice, Schupak-Neuberg, Shaw, & Stein, 1994). These two paper-and-pencil questionnaires and their revisions have received extensive examination, with adult and child-adolescent samples, and have demonstrated strong internal consistencies, test-retest reliabilities, predictive validity, and convergent validity (i.e., they correlate significantly with other measures that are similar or that they should theoretically correlate with, such as measures of body image; Cusumano & Thompson, 2001; Heinberg et al., 1995; Stice, 2001; Stice & Agras, 1998; Stice, Mazotti, Weibel, & Agras, 2000). The convergent validity of our two internalization scales was supported by research indicating that they were highly correlated ($r = .69$) in a sample of young adult females (Stice et al., 2000). (See Table 1 for sample items from our two internalization scales.)

The second phase of our research consisted of preliminary studies that tested whether thin-ideal internalization is positively correlated with body-image and eating disturbances. Research with female college students confirmed these correlations (e.g., Stice et al., 1994). In addition, in studies that separated out the role of awareness of societal standards from internalization of such messages and images, internalization was a more potent correlate of eating and body-image problems (Cusumano & Thompson, 2001; Heinberg et al., 1995; Thompson et al., 1999).

Our third line of research tested whether thin-ideal internalization prospectively predicts body-image and eating disturbances. It is important to demonstrate temporal precedence between a putative risk factor and the pathologic outcomes

Table 1. *Sample internalization items*

<p>I would like my body to look like the women that appear in TV shows and movies.</p> <p>I wish I looked like the women pictured in magazines that model underwear. Music videos that show women who are in good physical shape make me wish that I were in better physical shape.</p> <p>I do not wish to look like the female models that appear in magazines. (reverse-keyed)</p> <p>From Thompson, Heinberg, Altabe, and Tantleff-Dunn (1999)</p> <p>Slender women are more attractive.</p> <p>Women with toned bodies are more attractive.</p> <p>Women with long legs are more attractive.</p> <p>From Stice and Agras (1998)</p>
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to rule out the possibility that the factor is simply a concomitant or consequence of the disorder (Kraemer et al., 1997). An initial prospective study found that thin-ideal internalization predicted the onset of bulimic symptoms among initially asymptomatic adolescent girls (Stice & Agras, 1998), thereby establishing that thin-ideal internalization is a risk factor for eating pathology. Two additional findings support the theorized mediational processes that link thin-ideal internalization to eating disturbances. First, analyses also revealed that internalization predicted increased dieting (Stice, Mazotti, Krebs, & Martin, 1998). Second, an independent study found that thin-ideal internalization predicted subsequent increases in body dissatisfaction, dieting, and negative affect, which in turn predicted subsequent increase in bulimic symptoms (Stice, 2001).

The fourth phase of our research used randomized experiments to reduce the impact of one major promoter of thin-ideal internalization: thin-ideal images portrayed in the media. Specifically, Stormer and Thompson (1998) developed a program to teach women how to be more critical consumers of the media so as to reduce thin-ideal internalization. For example, one component of this intervention provides information on the degree to which photographic images in magazines are

altered through computer modification. Two controlled trials showed that this intervention reduced thin-ideal internalization (Stormer & Thompson, 1998), and the effect has been replicated in other independent trials (e.g., Irving, DuPen, & Berel, 1998).

The fifth phase in this line of research entailed the experimental manipulation of thin-ideal internalization in an effort to rule out potential third variables that might explain the prospective findings and to establish that internalization is a causal risk factor for body-image and eating disturbances (Kraemer et al., 1997). In a dissonance-based intervention, women with higher than average thin-ideal internalization were persuaded to voluntarily argue against this ideal through a series of verbal, written, and behavioral exercises. Assessments conducted both at the time the intervention ended and at a later follow-up indicated that this intervention resulted in reductions in level of internalization, as well as decreased body dissatisfaction, dieting, negative affect, and bulimic pathology (Stice et al., 2000). These findings were replicated in an independent randomized experiment (Stice, Chase, Stormer, & Appel, 2001). Because there is experimental evidence that a reduction in thin-ideal internalization resulted in decreased body dissatisfaction and bulimic symptoms, thin-ideal

internalization can be considered a causal risk factor for these outcomes according to the criteria of Kraemer et al. (1997).

FUTURE DIRECTIONS

These preliminary findings suggest that thin-ideal internalization is an important risk factor for body-image and eating disturbances, but several avenues of future research are indicated. First, our findings appear to suggest that internalization is a causal risk factor, and not a proxy for some other variable. Manipulation of thin-ideal internalization would not have affected body image if a proxy effect were operating. Nonetheless, our confidence in this conclusion would be strengthened by replication from other laboratories. Second, further work is needed in the prevention area to verify that interventions targeting internalization do not inadvertently manipulate other variables, such as body dissatisfaction. A temporal analysis indicating that internalization decreased prior to any changes in eating or body-image measures would be a key demonstration. Third, it would be desirable to elucidate possible physiological and cognitive correlates of internalization, such as reaction time or processing biases in response to weight and shape stimuli.

Finally, additional theoretical work is needed to investigate the factors that promote thin-ideal internalization, as well as the factors that buffer and heighten the effects of this risk variable. Variables that have been hypothesized or found to moderate the pernicious effects of internalization include self-esteem, exposure to the media, and tendency to compare one's appearance with other people's appearance (Thompson et al., 1999). More theory-driven work based on social-comparison and cognitive-pro-

cessing models may also yield important information about the dispositional and contextual factors related to internalization. Furthermore, as we noted at the outset of this article, social-reinforcement theory may help explain the development of internalization. However, prospective studies are needed to document that social reinforcement from family, peers, and the media predicts subsequent development of thin-ideal internalization. Research should also attempt to manipulate parental and peer social reinforcement of the thin-ideal, to generate experimental evidence that these processes foster thin-ideal internalization.

Recommended Reading

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Notes

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2. The societal ideal of attractiveness encompasses more than just thinness. However, we use the term thin-ideal internalization because this is the convention in the literature. Furthermore, it is

the weight component of the ideal that is thought to give rise to eating pathology.

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