

Brief research report

Dimensions of internalization relevant to the identity disruption model of body dissatisfaction

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ABSTRACT

The Identity Disruption Model posits that negative early life experiences are associated with disrupted personal identity, which in turn increases the risk of internalizing societal standards of attractiveness and body dissatisfaction. Although internalization plays a central role in this model, it is unclear which aspect(s) of internalization (awareness, endorsement, or internalization) are most relevant to the Identity Disruption Model. To address this issue, female participants ($N = 278$) completed measures of the following constructs: early adversity; self-concept clarity; awareness, endorsement, and internalization of societal standards of attractiveness; and body dissatisfaction. Self-concept clarity was negatively correlated with internalization ($r = -.45, p < .001$), but was not significantly correlated with awareness ($r = -.05$) or endorsement ($r = -.11$). Furthermore, structural equation modeling showed that there was a significant indirect path from early adversity to self-concept clarity to internalization to body dissatisfaction (unstandardized $b = .015, SE_{boot} = .004, p < .001$). The indirect paths through awareness and endorsement were not significant. These findings help clarify the Identity Disruption Model by indicating that lower self-concept clarity is specifically associated with taking on societal standards as personally meaningful beliefs, rather than with mere awareness of, or agreement with, those standards.

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1. Introduction

The Identity Disruption Model of body dissatisfaction (Vartanian, Hayward, Smyth, Paxton, & Touyz, 2018) was developed as a theoretical framework for understanding the connection between negative early life experiences and body dissatisfaction. According to this model, negative early life experiences (e.g., childhood abuse or neglect) disrupt normal identity development processes, which in turn places individuals at greater risk for internalizing societal standards of attractiveness and consequent body dissatisfaction. There is a growing body of evidence supporting this model. For example, negative early life experiences are associated with disrupted identity processes (e.g., low self-concept clarity, low self-esteem; Streamer & Seery, 2015; Vartanian, Froreich, & Smyth, 2016; Vartanian, Smyth, Zawadzki, Herman, & Coleman, 2014), and disrupted identity is associated with greater internalization of societal standards of attractiveness (Humphreys & Paxton, 2004; Vartanian & Dey, 2013; Vartanian, 2009). These associations appear to be robust, and have been observed in student samples and community samples, in participants who

identify as Asian and White/Caucasian, in men and women, and in adolescents and adults (see Vartanian & Hayward, 2018; Vartanian et al., 2018). Importantly, disrupted identity has been shown to mediate the association between negative early life experiences and internalization and body dissatisfaction (Vartanian et al., 2014, 2016, 2018).

The idea that disrupted identity is associated with internalization of societal standards of attractiveness derives from Campbell's work on self-concept clarity. Self-concept clarity refers to the extent to which individuals have a clear, coherent, and stable sense of self (Campbell, 1990; Campbell et al., 1996). Individuals who lack a clear sense of self are thought to seek out external sources of self-definition and, thus, be more vulnerable to external influences (Campbell, 1990). In appearance-focused cultures, societal standards of attractiveness are highly salient and are readily available as an external source by which individuals can seek to define themselves. In this way, internalization of societal standards of attractiveness might be the result of people's attempt to develop their identity (see also Stice, 1994).

Despite the conceptual connection between self-concept clarity and internalization, the empirical evidence supporting this connection has focused on a single conceptualization of internalization. The theoretical perspective would be strengthened by exploring the associations between self-concept clarity and constructs closely

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linked with internalization. For example, internalization can be differentiated from simple awareness of societal standards in that internalization refers to the extent to which individuals “buy into” to the sociocultural standards (Thompson & Stice, 2001). However, internalization itself can be further differentiated into two distinct-but-related constructs. The Ideal-Body Stereotypes Scale (Stice & Agras, 1998) has been described as a measure of internalization, but seems to capture more of what we might call “endorsement” of societal standards. For example, this measure involves rating one’s agreement with items such as “Slender women are more attractive” and “Women with toned (lean) bodies are more attractive”. None of the items on this measure reflect the personal relevance of the standards. In contrast, the Sociocultural Attitudes Toward Appearance Questionnaire (at least the most recent editions of the measure; Schaefer et al., 2015) reflects the extent to which individuals take on those societal standards as personally meaningful beliefs, as personal goals that they should strive to achieve (e.g., “I want my body to look very thin”). There is recent empirical evidence that further shows the distinctiveness between these two measures (Thompson, Schaefer, & Dedrick, 2018).

1.1. The present study

The purpose of the present study was to determine which dimensions of “internalization” are most relevant to the Identity Disruption Model. Based on the theoretical perspective outlined above, we predicted that disrupted identity would be associated with internalization of societal standards of attractiveness but not with simple awareness of those standards. Although disrupted identity might be associated with endorsement of the societal standard, we predicted that this association would most likely be the result of any conceptual overlap between endorsement and internalization. Furthermore, we predicted that there would be an indirect path between self-concept clarity and body dissatisfaction via internalization (but not via awareness or endorsement). We focused on women in this study because the existing measures of awareness and endorsement reflect standards for women’s attractiveness.

2. Method

2.1. Participants

Participants were 278 women aged 18–30 years who resided in the United States and who were recruited through Amazon’s Mechanical Turk. Their mean age was 26.06 years ($SD = 2.94$) and their mean body mass index (BMI) was 23.76 kg/m² ($SD = 6.71$). In terms of ethnicity, 68.3% identified as White/Caucasian, 12.9% identified as Asian, 8.6% identified as Hispanic or Latino/a, 6.1% identified as Black or African American, 2.2% identified as American Indian or Alaska Native, 0.4% identified as Native Hawaiian or Pacific Islander, and 1.4% identified as “other”.

2.2. Materials and procedure

Participants signed up for an anonymous study on “personality and health” and the entire study took place online. The study was advertised as being open to women aged 18–30 years. Of the 381 initial respondents, 96 did not meet inclusion criteria (i.e., were over 30 years of age, identified as male, or did not specify their sex), and 7 failed at least one of the two attention check questions (questions directing participants to select a specific response option). Complete data were therefore available for 278 participants. After providing informed consent, participants completed the scales below in random order. They also provided demographic information, including their age, sex, ethnicity, and height and

weight (which were used to calculate self-reported BMI). This study was approved by the ethics committee at UNSW Sydney.

2.2.1. Early adversity

The Risky Families Questionnaire (RFQ; Taylor, Lerner, Sage, Lehman, & Seeman, 2004) is an 11-item scale that assesses participants’ perceptions of having grown up in a household characterized by family stress and dysfunction, including conflict and aggression, cold and unsupportive relationships, and neglect. Each item (e.g., “How often would you say there was quarreling, arguing, or shouting between your parents?”) was rated on a 5-point scale (0 = *not at all*, 4 = *very often*). Higher mean scores indicate more family adversity ($\omega = .91$, 95% CI [.88–.92]).

2.2.2. Disrupted identity

Disrupted identity was measured with the Self-Concept Clarity Scale (Campbell et al., 1996). This measure assesses the extent to which individuals have a well-defined, coherent, and stable sense of self. The scale consists of 12 items (e.g., “In general, I have a clear sense of who I am and what I am”), each of which is rated on a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*). Some items were reverse-coded and higher mean scores indicate higher self-concept clarity ($\omega = .95$, 95% CI [.94–.95]).

2.2.3. Dimensions of internalization

The Awareness subscale of the SATAQ (Heinberg, Thompson, & Stormer, 1995) was used to assess simple *awareness* of societal standards of attractiveness for women. The original scale consists of 6 items (e.g., “People think that the thinner you are, the better you look in clothes”), but only 5 items were used in the present study because two of the items are very similar to one another. Each item was rated on a 5-point scale (1 = *definitely disagree*, 5 = *definitely agree*), with higher mean scores indicating greater awareness ($\omega = .84$, 95% CI [.80–.87]).

The *endorsement* dimension was assessed using the Ideal-Body Stereotypes Scale (Stice & Agras, 1998). This measure consists of 6 items (e.g., “Slender women are more attractive”) that assess respondents’ level of agreement with societal standards of attractiveness. Each item is rated on a 5-point scale (1 = *strongly disagree*, 5 = *strongly agree*). One item is reverse-coded, and higher mean scores reflect greater endorsement of the societal standard of attractiveness ($\omega = .79$, 95% CI [.73–.83]).

The *internalization* dimension (i.e., the extent to which individuals “buy into” to the sociocultural standards) was measured using the Internalization: Thin/Low Body Fat subscale of the SATAQ-4 (Schaefer et al., 2015). This measure consists of 5 items (e.g., “I want my body to look very thin.”). Each item is rated on a 5-point scale (1 = *definitely disagree*, 5 = *definitely agree*), with higher mean scores reflecting a greater degree of internalization ($\omega = .88$, 95% CI [.84–.90]).

2.2.4. Body dissatisfaction

Participants completed the 8-item Shape Concern subscale (e.g., “How dissatisfied have you felt about your shape?”) and 4-item Weight Concern subscale (e.g., “How much has your weight influenced how you think or judge yourself as a person?”) of the Eating Disorder Examination Questionnaire (EDE-Q; Fairburn & Beglin, 1994). One item (“Has thinking about shape or weight made it more difficult to concentrate on things you are doing?”) is proposed to load on either the Shape Concern or Weight Concern subscale; however, to have distinct subscales, we included it only with the Shape Concern subscale (Vartanian et al., 2014, 2018). Respondents are asked to consider the previous 28 days when responding to this questionnaire. All items were rated on a 7-point scale (0 = *not at all*; 6 = *markedly*), with higher mean scores indicating more body shape and weight dissatisfaction (Shape Concerns, $\omega = .90$, 95% CI

[.88–.92]; Weight Concerns, $\omega = .85$, 95% CI [.82–.88]). The two subscales were included as indicators of a latent body dissatisfaction factor.

2.3. Statistical analyses

We first conducted bivariate correlations among all variables in the study. We then conducted a structural equation model in order to estimate the indirect effects from early adversity to body dissatisfaction through self-concept clarity and each dimension of internalization. Early adversity was specified to predict self-concept clarity which in turn predicted awareness, endorsement, and internalization (in parallel), and these three variables predicted a latent factor of body dissatisfaction (shape and weight concerns). The residuals of the awareness, endorsement, and internalization variables were free to correlate with one another, and a direct path was included from self-concept clarity to the latent body dissatisfaction factor. All models were conducted in AMOS (Arbuckle, 2016) with Maximum Likelihood estimation. Indirect effects were tested using bootstrap estimation with 5000 samples and bias-corrected percentile bootstrap confidence intervals are reported at the 95% confidence level. Phantom variable models were conducted to obtain estimates and confidence intervals for specific indirect effects (i.e., the indirect effect of early adversity on body dissatisfaction through self-concept clarity and internalization, separately from the indirect effect through self-concept clarity and awareness or endorsement; Macho & Ledermann, 2011). Indices of model fit included χ^2 (a non-significant value indicates an adequate-fitting model), the Comparative Fit Index (CFI; values close to .95 indicate good fit), the Normed Fit Index (NFI; values close to .95 indicate good fit), and the Root Mean Square Error of Approximation (RMSEA; values less than .05 indicate good fit and values less than .08 indicate adequate fit; Kline, 2005). For all analyses, effects were considered significant at $p < .05$.

3. Results

Bivariate correlations among the variables are shown in Table 1. Of note, early adversity was negatively correlated with self-concept clarity; self-concept clarity was negatively correlated with internalization, but not with endorsement or awareness; and internalization, endorsement, and awareness were all positively correlated with shape and weight concerns.

Fig. 1 shows the structural equation model with standardized regression weights reported and significant paths indicated. The model fit the data well: $\chi^2(8, N = 278) = 13.44$, $p = .098$; CFI = .99;

Table 1

Means, Standard Deviations, and Inter-Scale Correlations for all Variables Included in the Study.

Variables	M	SD	1	2	3	4	5	6
1. Early adversity	1.31	0.91	–					
2. Self-concept clarity	4.30	1.37	–.42*	–				
3. Awareness	3.84	0.76	–.01	–.05	–			
4. Endorsement	3.62	0.64	.06	–.11	.50*	–		
5. Internalization	3.44	0.94	.21*	–.34*	.39*	.56*	–	
6. Shape concerns	2.79	1.63	.29*	–.45*	.34*	.39*	.65*	–
7. Weight concerns	2.87	1.79	.28*	–.39*	.30*	.38*	.63*	.91*

Note. * $p < .001$.

NFI = .99; RMSEA = .05 (LO90 < .001, HI90 = .09). Early adversity was negatively associated with self-concept clarity; self-concept clarity predicted lower internalization and body dissatisfaction, but was not significantly related to endorsement or awareness; internalization and awareness predicted greater body dissatisfaction, but endorsement did not. Tests of the specific serial indirect effect from early adversity to self-concept clarity to internalization to body dissatisfaction was significant (unstandardized $b = .015$, $SE_{boot} = .004$, 95% CIs [.008, .023], $p < .001$). The serial indirect effect was not significant for awareness ($b < .001$, $SE_{boot} = .001$, 95% CIs [$< .001$, .002], $p = .269$) or for endorsement ($b < .001$, $SE_{boot} < .001$, 95% CIs [–.001, .001], $p = .983$).

4. Discussion

The Identity Disruption Model of body dissatisfaction postulates that individuals low in self-concept clarity look to external sources to help define themselves, and thus are more vulnerable to internalize societal standards of attractiveness (Vartanian & Hayward, 2018; Vartanian et al., 2018). Consistent with this theoretical perspective and with previous research, we found that early adversity was associated with lower self-concept clarity. We further showed that internalization of societal standards of attractiveness, but not awareness or endorsement of those standards, mediated the association between self-concept clarity and body dissatisfaction. These findings help refine the theoretical perspective outlined in the Identity Disruption Model. Specifically, these findings are consistent with the notion that people with low self-concept clarity are more likely to take on societal standards of attractiveness as a part of their personal identity, rather than simply being more attuned to those societal standards. It could thus be useful for future interventions to focus on reducing the extent to which people take on these societal standards as an aspect of their personal identity.

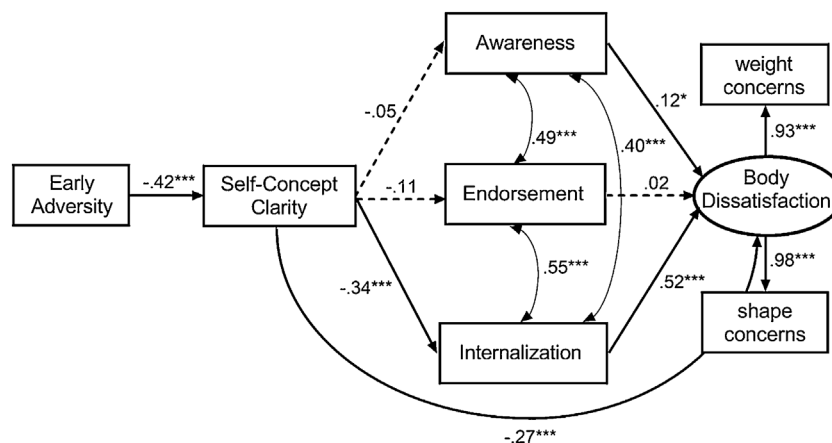


Fig. 1. Structural equation model of early adversity on body dissatisfaction through self-concept clarity and dimensions of internalization. Standardized regression weights are reported. * $p < .05$. *** $p < .001$.

The findings of this study also contribute to clarifying nature of internalization. Early work differentiated between awareness of societal standards of attractiveness and internalization of those standards (Heinberg et al., 1995). A recent study by Thompson et al. (2018) also differentiated internalization as measured by the Ideal-Body Stereotype Scale (which seems to tap into agreement with, or endorsement of, the thin ideal) from internalization as measured by SATAQ (which seems to reflect taking on these ideals as personal goals). Our data provide further support for the distinctions among these constructs, suggesting that the process of internalization can be conceptualized in terms of three distinct-but-related components: awareness (i.e., understanding what constitutes beauty in a particular culture; “I recognize that thin women are considered to be attractive in this culture), endorsement (i.e., agreeing with the cultural norms; “I agree that thin women are more attractive”), and internalization (i.e., taking the norm on as a personally meaningful belief and goal to strive for; “I want to be thin like the models I see on TV”).

Although the present study contributes to the theoretical perspective outlined in the Identity Disruption Model, as well as to the conceptualization of internalization, the study is also limited by the cross-sectional nature of the data. A full test of the predictions of the Identity Disruption Model would require a longitudinal analysis demonstrating that, over time, low self-concept clarity leads to greater internalization and subsequent body dissatisfaction. Similarly, a longitudinal design would be ideal to test the possibility that internalization is a staged process (i.e., first one becomes aware of the cultural standards, then one endorses those standards, and finally one internalizes those standards). Furthermore, the sample was limited to a non-clinical sample of young women, most of whom identified as White/Caucasian (although the Identity Disruption Model has been demonstrated in a range of samples; see Vartanian & Hayward, 2018; Vartanian et al., 2018). Future research in this line would benefit from including more diverse samples (including clinical samples). Collectively, these lines of research would contribute to a richer understanding of the development of body dissatisfaction.

References

- Campbell, J. D. (1990). Self-esteem and clarity of the self-concept. *Journal of Personality and Social Psychology*, 59, 538–549. <http://dx.doi.org/10.1037/0022-3514.59.3.538>
- Campbell, J. D., Trapnell, P. D., Heine, S. J., Katz, I. M., Lavallee, L. F., & Lehman, D. R. (1996). Self-concept clarity: Measurement, personality correlates, and cultural boundaries. *Journal of Personality and Social Psychology*, 70, 141–156. <http://dx.doi.org/10.1037/0022-3514.70.1.141>
- Fairburn, C. G., & Beglin, S. J. (1994). Assessment of eating disorders: Interview or self-report questionnaire? *The International Journal of Eating Disorders*, 16, 363–370. [http://dx.doi.org/10.1002/1098-108X\(199412\)16:4<363::AID-EAT2260160405>3.0.CO;2-%23](http://dx.doi.org/10.1002/1098-108X(199412)16:4<363::AID-EAT2260160405>3.0.CO;2-%23)
- Heinberg, L. J., Thompson, J. K., & Stormer, S. (1995). Development and validation of the sociocultural attitudes towards appearance questionnaire. *The International Journal of Eating Disorders*, 17, 81–89. [http://dx.doi.org/10.1002/1098-108X\(199501\)17:1<81::AID-EAT2260170111>3.0.CO;2-Y](http://dx.doi.org/10.1002/1098-108X(199501)17:1<81::AID-EAT2260170111>3.0.CO;2-Y)
- Humphreys, P., & Paxton, S. J. (2004). Impact of exposure to idealised male images on adolescent boys' body image. *Body Image*, 1, 253–266. <http://dx.doi.org/10.1016/j.bodyim.2004.05.001>
- Kline, R. B. (2005). *Principles and practice of structural equation modeling* (2nd ed.). New York: Guilford Press.
- Macho, S., & Ledermann, T. (2011). Estimating, testing, and comparing specific effects in structural equation models: The phantom model approach. *Psychological Methods*, 16, 34–43. <http://dx.doi.org/10.1037/a0021763>
- Schaefer, L. M., Burke, N. L., Thompson, J. K., Dedrick, R. F., Heinberg, L. J., Calogero, R. M., . . . & Anderson, D. A. (2015). Development and validation of the sociocultural attitudes towards appearance questionnaire-4 (SATAQ-4). *Psychological Assessment*, 27, 54–67. <http://dx.doi.org/10.1037/a0037917>
- Stice, E. (1994). Review of the evidence for a sociocultural model of bulimia nervosa and an exploration of the mechanisms of action. *Clinical Psychology Review*, 14, 633–661. [http://dx.doi.org/10.1016/0272-7358\(94\)90002-7](http://dx.doi.org/10.1016/0272-7358(94)90002-7)
- Stice, E., & Agras, W. S. (1998). Predicting onset and cessation of bulimic behaviors during adolescence: A longitudinal grouping analysis. *Behavior Therapy*, 29, 257–276. [http://dx.doi.org/10.1016/S0005-7894\(98\)80006-3](http://dx.doi.org/10.1016/S0005-7894(98)80006-3)
- Streamer, L., & Seery, M. D. (2015). Who am I? The interactive effect of early family experiences and self-esteem in predicting self-clarity. *Personality and Individual Differences*, 77, 18–21. <http://dx.doi.org/10.1016/j.paid.2014.12.034>
- Taylor, S. E., Lerner, J. S., Sage, R. M., Lehman, B. J., & Seeman, T. E. (2004). Early environment, emotions, responses to stress, and health. *Journal of Personality*, 72, 1365–1394. <http://dx.doi.org/10.1111/j.1467-6494.2004.00300.x>
- Thompson, J. K., Schaefer, L. M., & Dedrick, R. F. (2018). On the measurement of thin-ideal internalization: Implications for interpretation of risk factors and treatment outcome in eating disorders research. *The International Journal of Eating Disorders*, 51, 363–367. <http://dx.doi.org/10.1002/jeat.22839>
- Thompson, J. K., & Stice, E. (2001). Thin-ideal internalization: Mounting evidence for a new risk factor for body-image disturbance and eating pathology. *Current Directions in Psychological Science*, 10, 181–183. <http://dx.doi.org/10.1111/1467-8721.00144>
- Vartanian, L. R. (2009). When the body defines the self: Self-concept clarity, internalization, and body image. *Journal of Social and Clinical Psychology*, 28, 94–126. <http://dx.doi.org/10.1521/jscp.2009.28.1.94>
- Vartanian, L. R., & Dey, S. (2013). Self-concept clarity, thin-ideal internalization, and appearance-related social comparison as predictors of body dissatisfaction. *Body Image*, 10, 495–500. <http://dx.doi.org/10.1016/j.bodyim.2013.05.004>
- Vartanian, L. R., Froreich, F. V., & Smyth, J. M. (2016). A serial mediation model testing early adversity, self-concept clarity, and thin-ideal internalization as predictors of body dissatisfaction. *Body Image*, 19, 98–103. <http://dx.doi.org/10.1016/j.bodyim.2016.08.013>
- Vartanian, L. R., & Hayward, L. E. (2018). Self-concept clarity and body image. In J. Lodi-Smith & K. G. DeMarree (Eds.), *Self-concept clarity: Perspectives on assessment, research, and applications* (pp. 195–218). Springer.
- Vartanian, L. R., Hayward, L. E., Smyth, J. M., Paxton, S. J., & Touyz, S. W. (2018). Risk and resiliency factors related to body dissatisfaction and disordered eating: The identity disruption model. *The International Journal of Eating Disorders*, 51, 322–330. <http://dx.doi.org/10.1002/jeat.22835>
- Vartanian, L. R., Smyth, J. M., Zawadzki, M. J., Heron, K. E., & Coleman, S. R. (2014). Early adversity, personal resources, body dissatisfaction, and disordered eating. *The International Journal of Eating Disorders*, 47, 620–629. <http://dx.doi.org/10.1002/jeat.22313>