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Brief research report

Social connectedness, conformity, and internalization of societal standards of attractiveness

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ABSTRACT

Internalization of societal standards of attractiveness is known to play a role in the development of body dissatisfaction and disordered eating, and researchers are now working toward identifying factors that influence the internalization of those societal standards. The present study examined to what extent social connectedness and conformity were related to internalization. Female college students (n = 300) completed measures of social connectedness, conformity, and internalization, as well as measures of body image concerns, dietary restraint, and bulimic symptoms. Path analysis showed that social connectedness was negatively related to conformity, and that conformity was positively related to internalization. Consistent with past research, internalization predicted body image concerns and dietary restraint, which in turn predicted bulimic symptoms. Conformity appears to be a risk factor for the internalization of societal standards of attractiveness, and could be targeted in efforts to reduce internalization, negative body image, and disordered eating.

Introduction

Sociocultural factors are central to the development of body image concerns among women and men. There is strong evidence that exposure to images of unrealistic idealized bodies presented in the media contributes to negative body image (Bartlett, Vowels, & Saucier, 2008; Grabe, Ward, & Hyde, 2008; Groesz, Levine, & Murnen, 2002). Despite the pervasiveness of idealized media images and clear evidence of their negative effects, it is also clear that not everyone is affected by these media images in the same way. Internalization refers to the extent to which individuals endorse societal standards of attractiveness as personally relevant beliefs (Thompson & Stice, 2001). Individuals who have internalized societal standards of attractiveness are most vulnerable to developing a negative body image (Cafri, Yamamiya, Brannick, & Thompson, 2005), and internalization has been shown to mediate the relation between social pressures regarding appearance and body dissatisfaction (Keery, van den Berg, & Thompson, 2004; Shroff & Thompson, 2006). There is considerable evidence that body dissatisfaction in turn predicts dietary restraint, and that dietary restraint is related to bulimic symptoms (e.g., Keery et al., 2004; Shroff & Thompson, 2006).

Given the implications of internalization for body dissatisfaction and disordered eating, researchers have been moving toward identifying factors that might place individuals at risk for internalizing societal standards of attractiveness. For example, individuals low in self-esteem are more likely to have internalized societal standards of attractiveness (e.g., Clay, Vignoles, & Dittmar, 2005; Cusumano & Thompson, 1997). Furthermore, lower scores on measures of internalization have been observed among people high in self-deceptive enhancement (who have a positively biased sense of self; Tester & Gleaves, 2005), high in self-determination (individuals whose actions are determined by their own motives and interests; Pelletier, Dion, & Lévesque, 2004), and high in self-concept clarity (who have a clearly defined sense of self; Vartanian, 2009), suggesting that these characteristics might serve as protective factors against internalization.

Another individual difference that has received growing support as a risk factor for internalization is conformity. Insofar as internalization represents a reliance on external factors as a means of determining what one should look like, individuals who are generally more conformist (i.e., who are more reliant on external cues as behavioral guides) should also be more likely to have internalized societal standards of attractiveness and should, consequently, be more dissatisfied with their bodies. Indeed, Twamley and Davis (1999) found that individuals who are generally non-conformist were less likely to internalize societal standards of attractiveness, and Vartanian (2009) further showed that conformity mediated the connection between self-concept clarity and internalization. These findings suggest that conformity might play an important role in the internalization process.

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In a general sense, conformity can be seen as an attempt to gain security in a social network. People are highly motivated to feel that they belong, and having strong social connections is associated with better psychological health, whereas rejection and isolation are associated with poor psychological health (e.g., Baumeister & Leary, 1995). Research indicates that a felt sense of connectedness to others is associated with enhanced psychological well-being such that "high social connectedness appears to serve as a protective factor with regard to a range of symptoms of psychological distress" (Williams & Galliher, 2006, p. 858). Social connectedness might also serve as a protective factor with respect to internalization via its impact on conformity. Once individuals have achieved the sought-after social security and feel a sense of connection to others, they should have less of a need to conform to external influences, and therefore be less likely to internalize societal standards of attractiveness, and less likely to develop body image problems and disordered eating behaviors.

The present study

The primary aim of this study was to use path analysis to examine the extent to which social connectedness and conformity were related to internalization of societal standards of attractiveness. We predicted that higher social connectedness would be related to lower conformity and lower internalization, and that conformity would mediate the relation between social connectedness and internalization. We also examined the broader implications of social connectedness and conformity by including assessments of body image concerns, dietary restraint, and bulimic symptoms. Based on previous research on internalization (e.g., Keery et al., 2004; Shroff & Thompson, 2006), we expected that internalization would predict body image concerns and dietary restraint, and that body image concerns and dietary restraint would predict bulimic symptoms. No specific predictions were made about the association of social connectedness or conformity with body image concerns, dietary restraint, and bulimic symptoms.

Method

Participants

Participants were 300 female undergraduates at a private university in the northeastern United States. Their mean age was 18.84 years ($SD = 2.34$; range = 18–47). Their mean body mass index (BMI: kg/m^2), based on self-reported height and weight, was 22.91 ($SD = 4.34$; range = 15–55). Of those who reported their ethnicity, 188 (62.7%) were White, 48 (16%) were Asian, 26 (8.7%) were Hispanic, 22 (7.3%) were African-American, and 16 (5.3%) identified as "other."

Materials

Social connectedness

The Social Connectedness Scale-Revised (SCS-R: Lee, Draper, & Lee, 2001) is a 20-item scale that assesses individuals' general level of felt connection with others (e.g., "I feel understood by the people I know"). Each item is rated on a 6-point scale (1 = *Strongly disagree*, 6 = *Strongly agree*). Cronbach's alpha in this study was .94.

Conformity

The Conformity Scale (Mehrabian, 2005) assesses the degree to which individuals have "a characteristic willingness to identify with others and emulate them, to give in to others so as to avoid negative interactions, and generally, to be a follower rather than a leader in terms of ideas, values, and behaviors" (p. 2). The scale consists of seven positively worded items (e.g., "I tend to rely on others when I have to make an important decision quickly") and four negatively worded items (e.g., "I don't give in to others easily"). Participants indicated on a 7-point scale the extent to which they agreed or disagreed with each statement (−3 = *Strongly disagree*, +3 = *Strongly agree*). The correlation between the positively worded items and the negatively worded items was −.50, $p < .001$. Total conformity scores were calculated by subtracting the sum of negatively worded items from the sum of positively worded items. Higher scores indicated a greater tendency to conform. Cronbach's alpha for the total scale in this study was .77.

Internalization of societal standards

The Sociocultural Attitudes Toward Appearance Questionnaire (SATAQ; Heinberg, Thompson, & Stormer, 1995) is a 14-item scale that assesses the degree to which people are aware of societal standards of attractiveness, as well as the extent to which individuals internalize those standards as self-relevant beliefs. For the present study, only the eight items of the internalization subscale were included. Each item was rated on a 7-point scale (1 = *Completely disagree*, 7 = *Completely agree*), and higher scores indicated a greater degree of internalization. Cronbach's alpha in this study was .92.

Body image concerns

Two subscales of the Eating Disorder Inventory (EDI; Garner, Olmstead, & Polivy, 1983) were combined to assess individuals' concerns with body weight and shape: the Body Dissatisfaction (EDI-BD) subscale and the Drive for Thinness (EDI-DFT) subscale. For both subscales, items were rated on a 6-point scale (1 = *Never*, 6 = *Always*), with higher scores indicating greater body dissatisfaction and greater drive for thinness. Cronbach's alpha in this study was .90 for EDI-BD, and .91 for EDI-DFT. The correlation between these two subscales was .70, $p < .001$.

Dietary restraint

Participants completed the Restraint Scale (Herman & Polivy, 1980), a 10-item self-report measure of dietary concerns, eating habits, and weight fluctuations. Higher scores indicated a greater degree of dietary restraint. Cronbach's alpha in this study was .84.

Bulimic symptoms

Participants completed the Bulimia subscale of the EDI (EDI-BUL; Garner et al., 1983). This subscale consists of seven items, each of which was rated on a 6-point scale (1 = *Never*, 6 = *Always*). Higher scores indicated greater frequency of bulimic symptoms. Cronbach's alpha in this study was .83.

Procedure

Participants signed up for an online study on the "experiences of college students." After reading an introductory information page and indicating their consent, participants completed the questionnaires described above. Participants were also asked to report their age, height and weight (which were used to calculate BMI), and ethnicity. After completing all of the measures, participants read a debriefing page providing further information about the study, and were assigned research credit in their introductory psychology course. This study was approved by the university's Institutional Review Board.

Statistical analyses

Correlational analyses were conducted to examine the bivariate associations among all of the study variables. Path analysis was used to simultaneously model the associations among the

variables, using AMOS (Version 17.0). Indices of model fit included χ^2 (non-significant values indicate an adequate model); Comparative Fit Index (CFI; values above .90 indicate good fit); Normed Fit Index (NFI; values above .95 indicate good fit); Root Mean Square Error of Approximation (RMSEA; values less than .05 indicate good fit); and Hoelter's Critical *N* (values above 200 indicate adequate sample size). Eight participants had missing data and were therefore excluded from the analyses (final *N* = 292).

Results

Correlation analyses

The bivariate correlations among all of the variables in this study are shown in Table 1. Of particular note, social connectedness was negatively correlated with conformity, body image concerns, dietary restraint, and bulimic symptoms. Contrary to our prediction, however, social connectedness was not significantly correlated with internalization. Conformity was positively correlated with internalization, body image concerns, and bulimic symptoms.

Path analysis

We constructed an initial model based on our hypotheses. In light of the observed bivariate correlations between social connectedness and body image concerns, dietary restraint, and bulimic symptoms, and between conformity, body image concerns, and bulimic symptoms, those paths were also added to the model. The final model, after deleting all non-significant paths, is shown in Fig. 1. Model fit was good, $\chi^2(6) = 6.68$, $p = .35$, CFI = 1.00, NFI = .99, RMSEA = .02, Hoelter's Index = 549. There was a direct path from social connectedness to conformity, but there was no significant path from social connectedness to internalization. There was a direct path from conformity to internalization. Consistent with previous research, the following paths were also significant: internalization predicted body image concerns and dietary restraint, and body image concerns and dietary restraint mediated the association between internalization and bulimic symptoms. Although not initially hypothesized, there were also significant direct paths from social connectedness to both body image concerns and bulimic symptoms.

Table 1
Bivariate correlations, means, and standard deviations for all variables included in the present study.

	1	2	3	4	5	6	7
1. SC	–	−.16**	−.03	−.14*	−.13*	−.21***	.11†
2. CONF		–	.38***	.27***	.22***	.26***	−.13*
3. INT			–	.68***	.61***	.46***	−.02
4. BODY				–	.79***	.59***	.27***
5. DIET					–	.63***	.22***
6. BUL						–	.04
7. BMI							–
Mean	4.56	−3.90	4.45	3.43	13.76	2.05	22.92
SD	0.75	9.43	1.46	1.08	6.41	0.79	4.31

Note: SC = social connectedness; CONF = conformity; INT = internalization of societal standards of attractiveness; BODY = body image concerns; DIET = dietary restraint; BUL = bulimic symptoms; BMI = body mass index.

† $p < .10$.
* $p < .05$.
** $p < .01$.
*** $p < .001$.

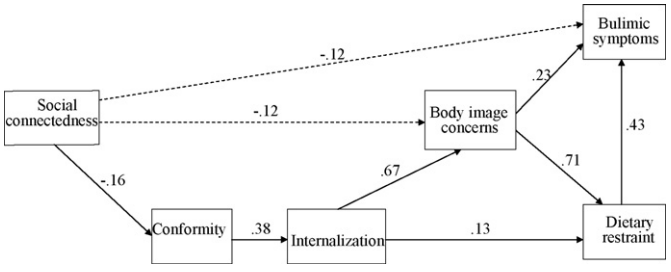

Fig. 1. Path diagram depicting the final model with only significant paths included. Values presented are standardized path coefficients. Solid lines represent significant hypothesized paths, and dashed lines represent significant non-hypothesized paths.

Discussion

The present study further examined potential risk and resiliency factors relevant to internalization of the thin-body ideal. It was hypothesized that having strong social connections would be associated with lower internalization, but that this association would be mediated by conformity. These hypotheses were partially supported: social connectedness was negatively related to conformity, but was not related to internalization. Consistent with previous research (Twamley & Davis, 1999; Vartanian, 2009), conformity was positively related to internalization. Thus, there is growing evidence that conformity might be a risk factor for internalization. If social connectedness does play a role in the process of internalization, it might be by impacting individuals' tendency to conform. It is, however, unlikely that the association between social connectedness and conformity is a static one. Individuals who lack social connections might be motivated to conform as a means of gaining security in a social network. Once such security has been achieved, there might be less of a need for individuals to conform. Future research should examine the dynamics of this association over time.

Interestingly, there was also a direct negative association between social connectedness and body image concerns. Other work has shown that social support is negatively related to body dissatisfaction but is not related to internalization (Presnell, Bearman, & Stice, 2004). Taken together, these findings suggest that social ties might provide a buffer against negative body image. It is also possible, however, that negative body image provokes a lack of felt connection to others. Indeed, there is some evidence that individuals with negative body image have less positive expectations about their relationships with future interaction partners (Santuzzi, Metzger, & Ruscher, 2006).

The present study also replicated previous findings showing that internalization predicted body image concerns and dietary restraint, which in turn predicted bulimic symptoms (e.g., Keery et al., 2004; Shroff & Thompson, 2006). A particularly noteworthy finding was the direct negative association between social connectedness and self-reported bulimic symptoms, suggesting that lacking strong social connections might be a risk factor for developing disordered eating behaviors. This notion is consistent with experimental evidence that social rejection can lead to overeating (e.g., Baumeister, Dewall, Ciarocco, & Twenge, 2005). Alternatively, it might be that the shameful and secretive nature of bulimic behaviors leads to a decline in social connectedness.[1] The precise nature of this association should be examined in future research.

The findings of the present research fit with a growing body of literature aimed at identifying potential protective factors and risk factors for the internalization of societal standards of attractiveness. Together, these studies provide a richer picture of the process of internalization, and point to potentially fruitful avenues for future research and clinical work. There is now accumulating

[1] We thank an anonymous reviewer for this suggestion.

evidence that certain factors (such as conformity) might be risk factors for internalization, and efforts to reduce these factors could potentially result in a reduction in internalization. For example, Arndt, Schimel, Greenberg, and Pyszczynski (2002) demonstrated that people who wrote about an intrinsic self-attribute (a quality that defines themselves and makes them feel good) were less likely to conform on a subsequent task. Perhaps harnessing a focus on an individual's own internal qualities (rather than on external sources of influence) might help reduce conformity and, consequently, reduce internalization, body dissatisfaction, and disordered eating. This focus on internal qualities, however, might be difficult for individuals who lack a clearly defined sense of self (cf. Vartanian, 2009).

Some limitations of the present research should be noted. First, as with much of the research on the factors related to internalization, the present data are cross-sectional in nature. Future studies using longitudinal designs are needed to map the developmental trajectory of the internalization process. Second, the sample in the present study consisted exclusively of female college students. Although female college students are known to be a high-risk group with respect to the development of body dissatisfaction and disordered eating, other research has shown that some of the individual differences related to internalization differ for males and females (e.g., Vartanian, 2009) and as a function of age group (Presnell et al., 2004; Stice & Whitenton, 2002). Thus, research examining risk and resiliency factors would benefit by including more diverse samples. Finally, the present study focused on a limited number of predictors of internalization (social connectedness and conformity). A step forward for researchers would be to develop more complex models integrating several of the putative risk and resiliency factors so that the most central features can be targeted in intervention and prevention efforts.

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