

Sociocultural pressures, thin-ideal internalization, self-objectification, and body dissatisfaction: Could feminist beliefs be a moderating factor?[☆]

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Abstract

Theory and research suggest that sociocultural pressures, thin-ideal internalization, and self-objectification are associated with body dissatisfaction, while feminist beliefs may serve a protective function. This research examined thin-ideal internalization and self-objectification as mediators and feminist beliefs as a moderator in the relationship between sociocultural pressures to meet the thin-ideal and body dissatisfaction. Female undergraduate volunteers ($N = 195$) completed self-report measures assessing sociocultural influences, feminist beliefs, thin-ideal internalization, self-objectification, and body dissatisfaction. Multisample structural equation modeling showed that feminist beliefs moderate the relationship between media awareness and thin-ideal internalization, but not the relationship between social influence and thin-ideal internalization. Research and clinical implications of these findings are discussed.

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Introduction

Body dissatisfaction is a significant problem among women, as considerable research documents body dissatisfaction as a risk factor for chronic dieting and eating pathology (Stice, 2002). According to Spitzer, Henderson, and Zivian (1999), over 80% of women in university settings report body dissatisfaction. In this context, *body dissatisfaction* consists of dysfunctional, negative beliefs and feelings about one's weight and shape (Garner, 2002). In particular, body dissatisfaction

is a belief that particular parts of the body (such as hips or buttocks) are too large. Women often become dissatisfied with their bodies because they are unable to meet the socioculturally determined beauty ideal, an ideal that prescribes an extremely thin figure for women. Due to Western cultures' focus on this thin-ideal, an ideal that is often unattainable, the primary focus of body image and its disturbance in these cultures is body weight and shape (Heinberg, 1996; Tiggemann & Lynch, 2001).

Theorists have argued that this thin-ideal is often promulgated by the media and encouraged by family members and peers (e.g., Heinberg, 1996; Silberstein, Striegel-Moore, & Rodin, 1987). As a recent meta-analytic review demonstrates (Stice, 2002), these *sociocultural pressures* to conform to the thin-ideal are considered important risk factors for body dissatisfaction. In particular, *media awareness*, or

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knowledge of the thin-ideal as presented by the media, and *social influence*, or actions taken or comments made by family and friends to encourage a slender body type, are important facets of the sociocultural pressure to conform to the thin-ideal. The discrepancy between the ideal body type presented by the media and society at large and the way women perceive and experience their own bodies is so common – even in non-clinical populations – that it may actually be a “normal part of the female experience” for most women within Western cultures (Silberstein et al., 1987, p. 89). Indeed, in their meta-analytic review, Groesz, Levine, and Murnen (2002) concluded that even short-term exposure to thin media images can lead to increased body dissatisfaction in women. Theory and research also support modeling and negative communication as vehicles through which family and peers may influence women’s body dissatisfaction (Kichler & Crowther, 2001, 2007; Stice, 1994).

In his dual pathway model, Stice (1994) theorizes that internalization of the thin-ideal mediates the relationship between sociocultural pressures to achieve an unrealistic thin-ideal and body dissatisfaction. *Thin-ideal internalization* has been defined as the psychological process that occurs when women assimilate this thin-ideal and its associated values (i.e., women must be thin to be considered attractive) into their own world view such that these ideas become guiding principles in the women’s lives (Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004). Thin-ideal internalization is central to the understanding of body dissatisfaction, serving as a risk factor for body dissatisfaction (Stice, 2002; Thompson & Stice, 2001) and a potential mediator of the relationship between sociocultural pressures and body dissatisfaction (Stice, 1994). The

major purpose of this research was to explore feminist beliefs as a potential moderator of the relationship between sociocultural pressures and thin-ideal internalization (see Fig. 1).

Influence of feminist beliefs

Feminist theories have provided interesting perspectives on the development and maintenance of body image and eating problems among women, arguing that negative body image and eating pathology are “natural responses to pathological societal pressures to be thin” (Heinberg, 1996, p. 35) and eating disorders may reflect women’s attempts to regain control of their bodies (Smolak & Murnen, 2004). However, not all women who are exposed to sociocultural pressures to achieve the thin body ideal experience high levels of body dissatisfaction. Because feminist theory criticizes and rejects the thin-ideal and women’s need to conform to it, some researchers have suggested that belief in feminist ideas may allow women to reject this thin-ideal and thus to have more positive body image (Ojerholm & Rothblum, 1999; Rubin, Nemeroff, & Russo, 2004; Tiggemann & Stevens, 1999). Indeed, Piran’s inclusion of the discussion of feminist ideas in the prevention program she conducted at an elite ballet school suggests the potential importance of feminism as a protective factor (Piran, 1999).

Tiggemann and Stevens (1999) examined attitudes towards feminism and weight concern in women across the life span (ages 18–60) and found a negative relationship between these two variables – but only for women between the ages of 30 and 49. However, research on populations of college students has found nonsignificant relationships between feminism and

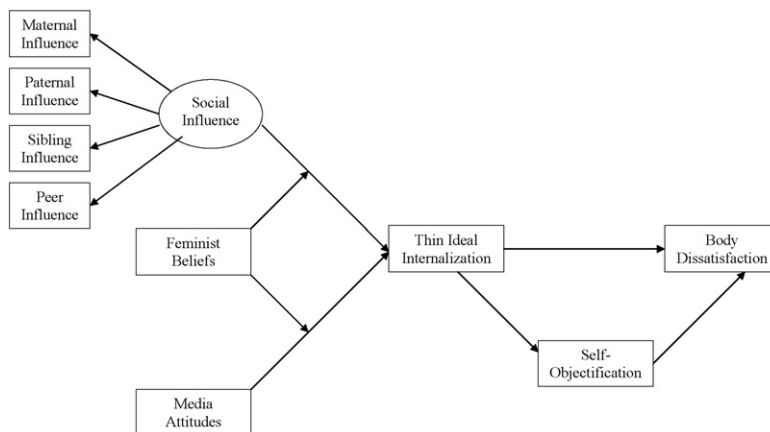


Fig. 1. Hypothesized model: Influence of sociocultural pressures, feminist beliefs, thin-ideal internalization, and self-objectification on body dissatisfaction.

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