

THE EFFECTS OF SELF-DECEPTION AND FAMILY ENVIRONMENT
ON THE INTERNALIZATION OF
SOCIETAL STANDARDS OF THINNESS

A Senior Honors Thesis

by

MELISSA ANN LEE

Submitted to the Office of Honors and Programs
& Academic Scholarships
Texas A&M University
In partial fulfillment of the requirements of the

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RESEARCH FELLOWS

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Group: Psychology I

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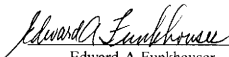
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ABSTRACT

The Effects of Self-Deception and
Family Environment on the Internalization
of Societal Standards of Thinness. (April 2002)

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The influential role of sociocultural variables on women's body dissatisfaction and disturbed eating behavior has been well documented. In particular, exposure to thinness norms has been argued to play a primary role in the etiology of these disturbances. Previous research has found that internalization of these thin-ideal body standards mediates the relationship between exposure to thinness norms, body dissatisfaction, and disturbed eating behavior. This current study was conducted to replicate and expand research by identifying personality and familial factors hypothesized to be protective against internalization of the thin ideal. Participants, 232 undergraduate female women completed measures assessing familial and personality factors and the degree of awareness and internalization. Familial factors included family preoccupation with weight and appearance and general family dysfunction. We also wanted to determine if the personality factor, self-deceptive enhancement serves as a protective factor against internalization of the thin ideal. Self-deceptive enhancement is an unconscious tendency to report positively biased self-descriptions which the respondent believes to be true. Self-deceptive enhancement has been linked to indices of positive adaptation such as increased self-efficacy, self-esteem, and mental health. Regression analyses suggested that self-deceptive enhancement and family preoccupation with weight and appearance

moderated the relationship between the awareness of thinness norms and the internalization of them. Higher levels of self-deceptive enhancement were associated with a diminished relationship between awareness and internalization. Also, lower levels of family emphasis on weight and appearance were associated with a weaker relationship between awareness and internalization. These findings indicate that self-deceptive enhancement as well as lower levels of family preoccupation with weight may be important protective factors in the internalization of thinness norms, thus protecting from body image dissatisfaction and eating disorder symptoms. These findings suggest that social influence of family and personal attributes may play key roles in internalization of the thin ideal and may protect individuals from body dissatisfaction and eating pathology.

DEDICATION

I would like to dedicate this thesis to my mother, Loretta Lee and my grandmother, Mary Ann Faour, for the support and love they've given me throughout my college years. Without them, I would not be who I am or where I am today. I especially want to thank the person who has supported me the most, my best friend, Robert Tester. He has been so patient and understanding with me through all the times I "didn't have time," and for all the times I went "crazy" because of stress. I can not thank him enough for the support he has given me for so many years.

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CHAPTER I

INTRODUCTION

Eating disorders are one of the most common psychiatric problems that have been increasingly affecting women. Over the past 20 years, researchers have recognized anorexia and bulimia as serious disorders with harmful psychological and physical consequences. Body image disturbance, characterized by a general dissatisfaction or unhappiness with some aspect of one's appearance, is also widely prevalent. This disturbance may cause depression and an impairment of functioning (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999).

Social comparison has been offered as a mechanism for the increase in body image disturbances and eating pathology in women exposed to media images reflecting the societal sanctioned standards of thinness and attractiveness. Research suggests that acceptance, and especially internalization of social and cultural messages for a thin body, is related to eating disorder symptoms and body dissatisfaction. (Cusumano & Thompson, 1997, 2001; Cattaran, Thompson, Thomas, & Williams, 2000; Thompson & Heinberg, 1999; Lochner, 1999; Twamley & Davis, 1999).

Many females are exposed to societal thinness norms, however not all women develop body image or eating disorders. This suggests that individual and environmental differences act as moderators between sociocultural pressures and eating behaviors.

This thesis follows the style and format of the Journal of Consulting and Clinical Psychology.

Examination of these differences could bring increased knowledge of the complex interactions that play a role in eating disorder development. This has been a new avenue of research followed by social scientists trying to understand risk factors that promote body dissatisfaction and eating disturbance. In this study, individual differences that may act as moderators between the awareness of and the internalization of societal standards of attractiveness were examined. It was hypothesized that certain personality and familial variables will be factors that may protect against sociocultural pressures for a thin body.

Internalization is the incorporation (as values or patterns of culture) within the self as conscious or subconscious guiding principles via learning or socialization. Because internalization can be a subconscious process, societal standards, especially as seen in the media, can make people believe that they are supposed to look or act a certain way without them even realizing why they hold such stringent standards for themselves.

Because these thinness norms are virtually unattainable for most females, thin-ideal internalization is thought to directly foster body dissatisfaction. For example, Twamley and Davis (1999) found that a large proportion (67%) of the relation between exposure to thinness norms and the development of body dissatisfaction was mediated by the internalization of these thinness norms. Therefore, the level of body dissatisfaction one experiences is greatly dependent on the level to which they internalize the thin ideal.

Recent research developed several possible factors moderating and mediating the relationship between awareness of the thinness norm and dysfunctional eating behaviors. It is important to note the distinction between a moderator variable and a mediator variable. A moderator variable is a variable that affects the strength and/or direction of a relationship between two other variables, and is what we purpose to test as individual differences. Moderator variables are often labeled as either protective or risk factors. Contrasted, a mediator variable is a variable through which one variable (predictor variable) impacts another (criterion variable). (Baron & Kenny, 1986; Twamley & Davis, 1999).

For instance, internalization of the thin ideal, as well as body dissatisfaction, have been found to mediate the relationship between awareness of the thin ideal and dysfunctional eating. These mediators can be conceptualized as a chain of factors that may lead to eating disorder pathology. Researchers have designated this chain of factors as the sociocultural model of eating pathology (Twamley & Davis, 1999). In the sociocultural model of eating pathology, protective factors may affect eating behavior by moderating the mediational relations between a) exposure to thinness norms and internalization of the thin-ideal b) thin-ideal internalization and body dissatisfaction c) body dissatisfaction and disordered eating (Thompson & Stice, 2001).

For example, Twamley and Davis (1999) found that nonconformity, past family influences on weight control, perceived body shape, and self-esteem moderated the relationships between these mediational links. The fact that only perceived body shape, and not actual body weight, moderated the link in the chain between

internalization of the thin ideal and body dissatisfaction, suggests that perception of the body as thin was more protective against body dissatisfaction than was actual body size. Because these misperceptions about oneself are generically defined as self-deception (Paulhus, Fridhandler, & Hayes, 1997), the current study intended to investigate self-deception as a possible moderator of the relationship between awareness of the thin ideal and internalization of that ideal.

Research concerning the beneficial effects of self-deception has been controversial. Taylor and Brown (1988) concluded that distorting reality in the direction of positive illusions could, for a healthy minded person, increase efficacy, self-esteem, and mental health. Lane, Merikangas, Schwartz, & Huang (1990) investigated the relation between defensiveness and psychiatric disorders and found that self-deception may help to protect against psychiatric illness.

However, in a study conducted by Johnson, Vincent, and Ross (1997), the influence of self-deception in buffering the negative effects of failure was examined. Self-deception was found to cause individuals to be more vulnerable to the negative effects resulting from failure, and contrary to some claims for the adaptiveness of self-deception, only self-esteem buffered individuals from these effects. More recent studies have however, replicated Taylor and Brown's (1988) results concerning the advantageous aspects of self-deception such as an increased well being, self-efficacy, and self-esteem (Tournois, Mesnil, & Kop, 2000).

Some researchers distinguish between two different categories of self-deception. These categories are enhancement, an unconscious tendency to report

positively biased attributes, and denial, the repudiation of negative attributes (Paulhus & Reid, 1991). Paulhus & Reid (1991) found that self-deceptive enhancement (SDE), as opposed to denial, was the best predictor of adjustment. If the factors that moderate or mediate internalization of societal standards for thinness and beauty can be revealed and refined, this knowledge can be used in prevention and intervention treatments of eating disturbance. Strategies can be developed to alter or use these factors to help people to filter out the media messages related to acceptable looks so that they might develop better, healthier levels of body image self-acceptance.

Much research has been conducted concerning the effect family environment has on the cultivation of eating disorders. Dysfunctional family relationships have long been recognized as a factor in the development of eating disorders (Munuchin, Rosen, & Baker, 1978; White, 1992; Leung, 1995; Hawworth-Hoepfner, 2000). Munuchin, et al. (1978) and White (1992) described common features in the family structure of people with eating disorders.

These features included overprotectiveness, enmeshment (exhibiting a lack of privacy or autonomy for family members), achievement and success orientation, rigidity in interaction patterns, and a lack of conflict solving strategies. Since strong evidence has been presented concerning the dysfunctional family environment and its relation to eating disorder development, the present empirical undertaking investigated the relationship between the family environment and the internalization of societal standards of thinness, with the latter having been found in previous research to ultimately lead to body dissatisfaction and eating pathology.

Some recent research conducted by Haworth-Hoepfner (2000) indicates that a critical family environment, specifically coercive parental control and a dominating discourse on weight maintenance in the household, are salient factors in the etiology of eating disorders. Family and peers are thought to reinforce the thin-ideal body image through comments or actions that perpetuate this ideal. Leung, Schwartzman, and Steiger (1995) tested the dual aspect of the family environment, which included family dysfunction as well as family preoccupation with weight and appearance in order to determine their effect on the development of body dissatisfaction and eating disorder symptoms. Leung et al. (1995) found that dysfunctional family relationships contributed indirectly, through negative self-esteem, to the development of eating and psychiatric problems. The researchers also found that family preoccupation with weight and appearance contributed directly to the development of body dissatisfaction and to eating disorder symptomatology.

Twamley and Davis (1999) found that family influence to be thin was a risk factor for increased thin-ideal internalization, only among those who had lower levels of awareness of thinness norms. Internalization of the thin ideal may be a predecessor for both the development of body dissatisfaction and eating pathology, therefore the present study incorporated a measure to assess whether familial preoccupation with body weight and attractiveness influences the level of thin-ideal internalization. If family preoccupation and family dysfunction are found to affect the internalization of the thin ideal, families can be made aware of this and can be guided in healthier communication, boundary setting, and development of a decreased emphasis on thinness and appearance.

This present study analyzed the effects of self-deception on the internalization of societal standards of thinness. Based on findings from previous research indicating the adaptive nature of self-deceptive enhancement, the present study hypothesized that self-deception, especially SDE, will be a protective factor and will help to guard individuals from internalizing society's thinness norms, thereby protecting them from the development of body dissatisfaction and eating dysfunction.

We also examined the effects of family environment, including family dysfunction and family preoccupation with body weight and appearance, on the internalization of the thin ideal. Building on previous research, it was hypothesized that family environment will contribute to the internalization of the thin ideal through two pathways. Family attitude toward weight and appearance and the degree of dysfunctional family relationships would have a direct effect on the degree to which the thin ideal is internalized.

Specifically, the more the family emphasizes the importance of weight and appearance, the more one would internalize societal thinness norms. Further, it was predicted that the degree of family dysfunction present would positively correlate with the degree of internalization of the thin ideal. In Figure 1, the simplified version of the sociocultural model of eating disturbance developed by Twamley and Davis (1999) is depicted along with the moderators proposed to influence the relationship between awareness of society's thinness norms and the internalization of them.

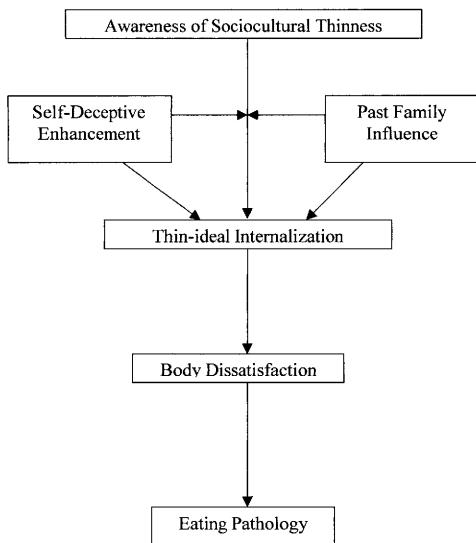


Figure 1. The proposed model of sociocultural influences on eating pathology.

Mediators are thin-ideal internalization and body dissatisfaction. Proposed moderators were family preoccupation with weight and appearance, self-deceptive enhancement.

CHAPTER II

METHOD

Participants

Participants were 232 undergraduate female students enrolled in an Introductory Psychology Course at a Southwestern University. They ranged in age from 18 to 22 years ($M = 18.5$, $SD = .788$). Participants were offered course credit in compensation for their participation. The majority of the participants were Caucasian (82.8 %). The remainder of participants were Hispanic (7.3%), African American (3.9%), Asian (3%), or other (3%). The average female participant was 5 feet 5 inches ($SD = 2.57$) and weighed 132 pounds ($SD = 19.03$).

Procedure

The study was presented as an investigation of personality characteristics and health behaviors in an attempt to avert participant bias. The women read and signed informed consent letters prior to participating. Participants were asked to complete a packet containing, in order, five scales (1) an Anthropometric questionnaire, assessing height, weight, age, and race, (2) the Family Environment Scale (FES), (3) the Family History of Eating-Student (FHES), (4) the Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ) and, (4) the Balanced Inventory of Desirable Responding (BIDR). These measures assess familial factors, self-deception, and degree of thin-ideal internalization (see below). Participants were verbally debriefed and received a written debriefing statement.

Measures

Familial factors. General family environment and functioning was assessed by the Family Environment Scale (FES; Moos & Moos, 1986). The FES is a 90-item, true-false self-report questionnaire consisting of 10 sub-scales (with 9 items each) that include Cohesion, Expressiveness, Conflict, Independence, Achievement Orientation, Intellectual/Cultural Orientation, Active/Recreational Orientation, Moral/Religious Emphasis, Organization, and Control. These sub-scales were constructed to measure three underlying dimensions of family environment: the quality of interpersonal relationships, the emphasis on personal growth goals, and degree of structure and openness to change. This scale has been featured widely in family research since its development more than 10 years ago.

Past and current family and peer preoccupation and influence with weight and appearance was assessed using a modified version of the Family History of Eating-Students (FHE-S; Moreno & Thelen, 1993) (See Appendix A). The original scale contains four items concerning the history of parental influences on weight, dieting, and exercise (e.g., "Did your mother/father ever encourage you to lose weight?"). Twamley and Davis (1999) expanded on this scale to include pressure from siblings, other relatives, and peers, in addition to parents.

Also, additional items were included to measure the current (as opposed to historical) influences of parents, siblings, other family members, and friends (Twamley & Davis, 1999). Collectively, the scale consists of 32 items presented in a multiple-choice format, each with five possible responses. Items assessing current and past

family influence were found to be internally consistent (Cronbach alphas of 0.85 and 0.88, respectively). The items measuring current and past peer influence also demonstrated an adequate internal consistency (Cronbach alphas of 0.70 and 0.73, respectively)(Twamley & Davis, 1999).

Self-deceptive enhancement. Self-deceptive enhancement was assessed using the Balanced Inventory of Desirable Responding. The BIDR assesses two constructs: SDE (the tendency to give self-reports that are honest but positively biased) and impression management (deliberate self-presentation to an audience). The focus of the scale is ego enhancement and emphasizes exaggerated claims of positive cognitive attributes. The inventory consists of 40 items to which participants respond using a 7-point rating scale (BIDR; Paulhus, 1986).

Thin-ideal awareness and internalization. The degree to which a participant is aware of and internalizes societal standards of thinness and appearance was measured via the Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ; Heinberg, Thompson, & Stormer, 1995) (see Appendix B). The two sub-scales incorporated in this measure are awareness and internalization. The questionnaire consists of 14 items that assesses participants' recognition (awareness) and acceptance (internalization) of societal standards of appearance. The items in the internalization sub-scale and the awareness sub-scale demonstrated adequate internal consistency for research purposes (Cronbach alpha of 0.88 and Cronbach alpha of 0.71, respectively) (Heinberg et al., 1995).

Anthropometric Measures. Subjects were asked to complete a self-report requesting their height, weight, ethnicity, and age.

CHAPTER III

RESULTS

Table 1 displays the mean values of the questionnaire measures in the sample. Participants generally agreed with statements reflecting an awareness or acknowledgment of sociocultural pressures to be thin, as is reflected by their responses on the SATAQ Awareness Scale. For example, 97% of participants endorsed the SATAQ item “Most people believe that a toned and physically fit body improves how you look.” They also personally accepted sociocultural pressures to be thin, as can be seen from their responses to the SATAQ Internalization Sub-scale. For example, 87% agreed with the SATAQ item “ I believe that clothes look better on women that are in good physical shape.”

Pearson’s Correlations were conducted to test the univariate association of all indices with the internalization of the thin-ideal. Because we found no previous research on the relationship between family dysfunction and internalization and made no specific predictions about which aspect of family environment would predict internalization, we conducted an initial examination of family dysfunction and internalization by correlating all scales of the FES with internalization. As can be seen in Table 2, only the Conflict, Cohesion, and Activity/Recreation Orientation sub-scales were significantly related with internalization. Other factors that significantly predicted internalization of the thin-ideal are (1) past and current family preoccupation with weight and appearance($r = .276$ and $.363$, respectively), (2) SDE($r = -.373$), and (3) awareness of societal thinness norms($r = .550$), all significant ($p < .01$).

Table 1.

Mean Values of Questionnaire Measures

Measure	Mean	SD	Possible Range
SATAQ Internalization Sub-scale	36.015	8.08	12-50
SATAQ Awareness Sub-scale	42.56	6.43	21-55
BIDR Self-deceptive enhancement Sub-scale	5.49	3.16	0-15
BIDR Impression management Sub-scale	6.12	3.26	0-18
Past Family and Peer Influences	12.05	8.93	0-43
Current Family and Peer Influences	10.89	8.94	0-47
FES Control Sub-scale	4.61	2.27	0-9
FES Conflict Sub-scale	3.31	2.41	0-9
FES Cohesion Sub-scale	6.86	2.05	0-9
FES Expressiveness Sub-scale	5.48	1.95	0-9
FES Independence Sub-scale	6.87	1.48	1-9
FES Active-Recreational Orientation Sub-scale	6.38	1.96	0-9
FES Achievement Orientation Sub-scale	6.4	1.53	2-9
FES Intellectual-Cultural Orientation Sub-scale	5.61	2.42	0-9
FES Moral-Religious Sub-scale	6.70	2.06	1-9
FES Organization Sub-scale	5.49	2.31	0-9

Table 2.

Correlations between FES sub-scales and the SATAQ Internalization Sub-scale

FES Sub-scale	SATAQ Internalization Sub-scale	p
Control Sub-scale	.042	.520
Conflict Sub-scale	.149	.023 ^a
Cohesion Sub-scale	-.177	.007 ^a
Expressiveness Sub-scale	-.068	.299
Independence Sub-scale	-.064	.332
Active-Recreational Orientation Sub-scale	-.140	.033 ^a
Achievement Orientation Sub-scale	.083	.205
Intellectual-Cultural Orientation Sub-scale	-.094	.155
Moral-Religious Sub-scale	.073	.268
Organization Sub-scale	-.098	.137

^aThese correctional coefficients are significant at a $p < .05$ level, two-tailed.

Multiple Regression analyses were then utilized to determine how the variables in combination predicted thin-ideal internalization and to test for moderator effects. The first regression model used included awareness, past family preoccupation with weight, the Control and Conflict sub-scales of the FES, and SDE as predictor variables with internalization of the thin-ideal as the criterion variable. The results of this regression analysis are depicted in Table 3. The complete model accounted for 40.8% of the variance in internalization [$F(5, 226) = 31.12, p < .05$].

Table 3.

Results of Regression Analysis for Variables Predicting Internalization of the Thin-ideal (n =232)

Dependent Variable	Predictor Variable	B	SE B	β	Semi-partial Correlation (R)
Internalization	Awareness	.590	.068	.470	.446**
	Self-deceptive enhancement	-.749	.133	-.293	-.288**
	Past family and peer influences	.124	.050	.137	.127**
	Family Conflict	.108	.180	.032	.033
	Family Control	-.234	.189	-.066	-.066

Note. $R^2 = .408$; $\Delta R^2 = .395$ ($p < .05$); $F(5, 226) = 31.12, p < .05$.

** $p < .01$.

Variance breakdown of the predictors shows the prediction power of each predictor independent of all other predictors. Awareness of thinness norms, explained 20% of the variance in internalization of the thin-ideal above and beyond other variables. Women who reported high levels of awareness also reported high levels of internalization ($\beta = .47$). SDE explained 8.2% of the variance of thin-ideal internalization above and beyond other variables. As the degree of SDE reported increased, the degree of internalization reported decreased ($\beta = -.29$). In addition, women who reported higher levels of family influence to control weight, reported higher levels of internalization ($\beta = .137$). However, family dysfunction, measured via the Control and Conflict sub-scales of the FES, was not a significant predictor in the regression equation.

Self-deceptive Enhancement

We hypothesized that SDE would moderate the relation between awareness to thinness norms and thin-ideal internalization. To test this prediction, a moderator regression analysis was conducted with internalization as the dependent variable and awareness, SDE, and their interaction (the moderator effect), as predictor variables. The interaction between SDE and awareness (the moderator effect) was statistically significant, $F(3, 228) = 52.707, p < .01$. Regression coefficients and significance levels pertaining to the moderational effect are depicted in Table 4.

To investigate the nature of the interaction, the data set was divided into three groups (high, medium, and low) based on self-deceptive enhancement scores. Specifically, the low group was below one standard deviation below the mean. The

middle was one SD below to one SD above, and the upper group was above one SD above the mean ($M = 5.49$, $SD = 3.16$). We then examined Pearson Correlation between awareness within each of these three groups. As can be seen in Table 5, among women who had greater SDE, a diminished relationship between the acknowledgment and acceptance of sociocultural thinness norms was observed. This interaction is also depicted in Figure 2, which represents the non-parallel regression lines for the three SDE groups.

Family Preoccupation with Weight and Appearance

We also wanted to test whether past family influence to control weight moderated the relationship between acknowledgment of thinness standards and internalization of the thin-ideal. To test this, a moderator regression analysis was conducted with internalization as the dependent variable and awareness, past family influence to control weight, and their interaction (the moderator effect) as predictor variables. The interaction between family influence to control weight and awareness (the moderator effect) was marginally statistically significant, $F(3,228) = 37.35$, $p = .05$. Regression coefficients and significance levels pertaining to the moderational effect are depicted in Table 4.

To determine the nature of the interaction the same procedure described above was followed (based on $M = 12.047$ and $SD = 8.92$). We then examined Pearson Correlation between awareness within each of these three groups. Results of the Person Correlations depicting the nature of interaction effects of past family influence are also depicted in Table 5. As can be seen, women reporting low versus high past family

influences to control weight were less likely to internalize the thin-ideal. This interaction is also depicted in Figure 3, which represents the non-parallel regression lines for the three past family influence on weight groups.

Table 4.

Summary of Regression Analyses for Moderator Variables (n = 232)

Dependent Variable	Predictor Variable	B	SE B	β	p value
Internalization	Self-deceptive enhancement x Awareness	-1.172	.392	-.155	.003 ^a
	Past Family Influences x Awareness	.949	.499	.114	.059 ^b

Note. Predictor variables and their interactions were centered before analysis was conducted.

^aF (3, 228) = 52.707

^bF (3,228) = 37.35.

Table 5.

Summary of Moderator Effects of Self-deceptive Enhancement and Past Family and Peer Influence on Weight in predicting Self-deceptive Enhancement.

Moderator	Correlation Coefficient		
	low	medium	high
SDE	.73 ^{a***}	.599 ^{b***}	.288 ^{c*}
FHE	.405 ^{d*}	.518 ^{e***}	.656 ^{f***}

Note. SDE = Self-deceptive enhancement; FHE = Past family and peer influence on weight.

^a $n = 37$. ^b $n = 154$. ^c $n = 41$. ^d $n = 25$. ^e $n = 172$. ^f $n = 35$

* $p < .05$. *** $p < .0001$.

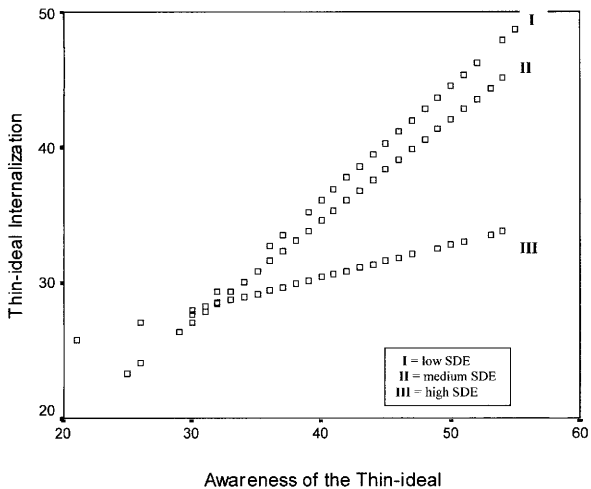


Figure 2. Prediction of thin-ideal internalization by awareness and self-deceptive enhancement.

Note. SDE = Self-deceptive enhancement

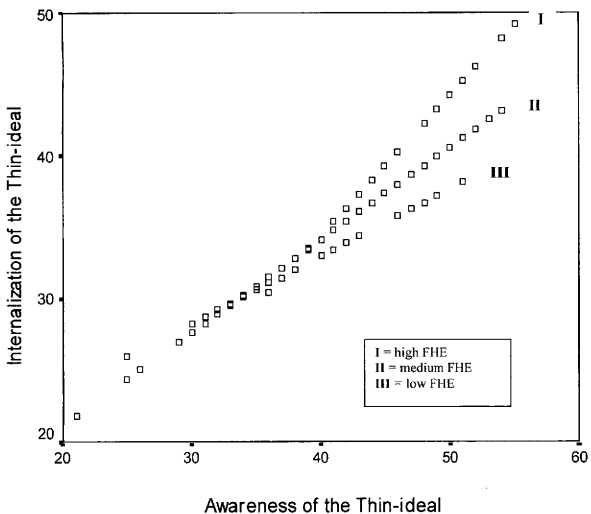


Figure 3. Prediction of thin-ideal internalization by awareness and past family preoccupation with weight and appearance.

Note. FHE = Family preoccupation with weight and appearance

CHAPTER IV

DISCUSSION

The findings of this study replicate previous studies within eating disorder literature showing that individual and environmental factors influence internalization of sociocultural standards of appearance (Twamley & Davis 1999, Thompson & Stice, 2001). In particular, this study found that SDE may protect individuals from accepting the thin-ideal. These findings also extend previous studies within the self-deception literature (Taylor and Brown, 1988; Tournois, Mesnil, & Kop, 2000) by showing one pathway through which SDE may promote mental health. If SDE protects against internalization of the thin-ideal, it may also decrease the risk of body dissatisfaction and eating pathology.

As hypothesized, the relation between awareness and internalization of thinness norms was moderated by self-deceptive enhancement. Greater levels of SDE were associated with a diminished relationship between awareness and internalization. We interpret this to mean that self-deceptive enhancement is a factor that may buffer individuals from internalizing societal norms of thinness and beauty. These women recognize prevailing social influences, yet are protected from accepting them by an inclination to perceive themselves positively. Thus, self-deceptive enhancement may result in lower levels of internalization thereby protecting against body dissatisfaction and disturbed eating behavior.

Women who in general tend to report and believe positively-biased self-descriptions seem to be less likely to internalize the thin-ideal, and may avoid often health-compromising attempts to attain this ideal. In support of this notion, an earlier study (Twamley & Davis, 1999) found that a positively-perceived shape moderated the relationship between internalization and body dissatisfaction, thus protecting individuals from developing body dissatisfaction. It seems that this moderating effect is a result of an overall propensity to report and believe positively-biased self-descriptions. It could also be the case that positively-biased perceptions about oneself increase self-esteem, which in turn decreases the likelihood of internalizing the thin-ideal or developing body dissatisfaction. Future research should attempt to further clarify the pathways through which positively-biased perceptions about oneself moderate relationships within the sociocultural model of eating disturbance.

A second variable, past family emphasis on weight also modified the relationship between awareness and internalization. Among women who reported high levels of past family emphasis on weight control, awareness of thinness norms was more likely to be associated with internalization of thinness norms. Women who's family encourage them to diet and exercise to lose weight are likely in an environment that values and endorses sociocultural messages regarding thinness to a high degree. This affirmation of societal thinness standards within the more intimate social network and subculture of the family unit may amplify the value of broader sociocultural messages for thinness, thus leading individuals to be more at risk to internalize these standards.

It is also possible that a general family and peer preoccupation with weight, not necessarily directed at the individual's own appearance, serves to magnify the value of broader societal messages of thinness and increase the chance of internalization of the thin-ideal. In this study, family and peer preoccupation with weight directed toward the individual's weight and appearance, as well as general family and peer preoccupation with weight and appearance not necessarily directed at the individual's own appearance, were measured simultaneously. Future focus regarding parental influence on internalization of thinness norms should attempt to differentiate the effects these two avenues of family influence have on internalization of the thin-ideal.

Family dysfunction as measured by the Conflict and Control sub-scales of the FES did not significantly predict internalization above and beyond the other variables entered into the regression model. There are a few possible explanations for this. First, the FES is a self-report measure and self-reports can be biased. Perhaps individuals not wanting to disclose family conflict, control or other indicators of family dysfunction did not report as accurately as possible. Also, it may be that the indicators of family dysfunction in the FES serve as predictors within a clinical rather than a non-clinical sample. Another explanation may be that the effect of family environment on the internalization of the thin-ideal is captured by the family focus on eating variable.

When simple correlations with the FES sub-scales were conducted, the Control, Cohesion, and the Active-Recreational Orientation sub-scales were found to be related to the degree of thin-ideal internalization. These results suggest that as the amount of family conflict reported increased, the degree of internalization reported increased also.

Given that earlier studies (Haworth-Hoepfner, 2000; Leung et. al, 1995) have shown that a controlling family environment may lead to body dissatisfaction and eating pathology, the effects of general family dysfunction within the sociocultural model of eating disorders should be the focus of future research.

Several aspects of the current study limit the conclusions that can be drawn from the findings. First, given the correlational nature of the data, causal inferences cannot be drawn. Prospective and experimental designs might enhance our understanding of and provide clarification of the causal directions of these relations. Another concern is that the nature of the sample may limit the generalizability of the findings. The participants in this study were primarily young, Caucasian, college students. Thus, the current sample may not adequately represent minority women, older women, or non-collegiate women or men. However, the current study used a sample of young adult women who represent a population most at risk for eating pathology.

CHAPTER V

CONCLUSIONS

These findings refine previous studies on SDE by demonstrating that protecting against thin-ideal internalization, thus protecting against body dissatisfaction and eating pathology, is one pathway through which SDE promotes mental health. In addition, the current findings contribute some potentially useful leads to the risk and protective factor literature in eating disorder research. These moderating variables could be targeted to reduce levels of thin-ideal internalization, body dissatisfaction, and eating pathology.

Future research should attempt to expand on these findings and confirm the causal relationship between these variables using experiments and longitudinal designs that permit attributions of causality to be made. In addition, future studies should expand this study using a sample more representative of the ethnic composition of the population. We may then apply this knowledge towards efforts at prevention and intervention in the development of eating disorders.

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APPENDIX A

FHE-S

Please circle the best answer as each question applies to you.

Some of the questions are about your childhood and adolescence, and some of them are about your life today. If the question does not apply to you (e.g., you have no siblings, or you have/had no contact with the family members in the question), circle F., "Not applicable to me."

Childhood/Adolescence

1. Did your mother/father ever encourage you to go on a diet to lose weight?
 - A. Never
 - B. 1 or 2 times
 - C. 3 to 5 times
 - D. 6 to 10 times
 - E. 11 or more times
2. How much was weight a topic of discussion with your mother/father?
 - A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
3. Did your mother/father encourage you to exercise in order to lose weight or keep from gaining weight?
 - A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
4. How much did your mother/father restrict (or try to restrict) your food intake so that you would not gain weight?
 - A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
5. Did your sibling(s) ever encourage you to go on a diet to lose weight?
 - A. Never
 - B. 1 or 2 times

- C. 3 to 5 times
 - D. 6 to 10 times
 - E. 11 or more times
 - F. Not applicable to me
6. How much was weight a topic of discussion with your sibling(s)?
- A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
 - F. Not applicable to me
7. Did your sibling(s) encourage you to exercise in order to lose weight or keep from gaining weight?
- A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
 - F. Not applicable to me
8. How much did your sibling(s) restrict (or try to restrict) your food intake so that you would not gain weight?
- A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
 - F. Not applicable to me
9. Did your other relatives (such as grandparents, aunts/uncles, cousins) ever encourage you to go on a diet to lose weight?
- A. Never
 - B. 1 or 2 times
 - C. 3 to 5 times
 - D. 6 to 10 times
 - E. 11 or more times
 - F. Not applicable to me
10. How much was weight a topic of discussion with your other relatives?
- A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
 - F. Not applicable to me

11. Did your other relatives encourage you to exercise in order to lose weight or keep from gaining weight?
- A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
 - F. Not applicable to me
12. How much did your other relatives restrict (or try to restrict) your food intake so that you would not gain weight?
- A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
 - F. Not applicable to me
13. Did your friends ever encourage you to go on a diet to lose weight?
- A. Never
 - B. 1 or 2 times
 - C. 3 to 5 times
 - D. 6 to 10 times
 - E. 11 or more times
14. How much was weight a topic of discussion with your friends?
- A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
15. Did your friends encourage you to exercise in order to lose weight or keep from gaining weight?
- A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
16. How much did your friends restrict (or try to restrict) your food intake so that you would not gain weight?
- A. Never
 - B. Rarely
 - C. Once in a while

- D. Fairly often
- E. Often

Your Life Today

1. Does your mother/father currently encourage you to go on a diet to lose weight?
 - A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
 - F. Not applicable to me

2. How much is weight now a topic of discussion with your mother/father?
 - A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
 - F. Not applicable to me

3. Does your mother/father currently encourage you to exercise in order to lose weight or keep from gaining weight?
 - A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
 - F. Not applicable to me

4. How much does your mother/father currently restrict (or try to restrict) your food intake so that you do not gain weight?
 - A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
 - F. Not applicable to me

5. Do your sibling(s) currently encourage you to go on a diet to lose weight?
 - A. Never
 - B. Rarely
 - C. Once in a while
 - D. Fairly often
 - E. Often
 - F. Not applicable to me

6. How much is weight now a topic of discussion with your sibling(s)?

- A. Never
- B. Rarely
- C. Once in a while
- D. Fairly often
- E. Often
- F. Not applicable to me

7. Do your sibling(s) currently encourage you to exercise in order to lose weight or keep from gaining weight?

- A. Never
- B. Rarely
- C. Once in a while
- D. Fairly often
- E. Often
- F. Not applicable to me

8. How much do your sibling(s) currently restrict (or try to restrict) your food intake so that you do not gain weight?

- A. Never
- B. Rarely
- C. Once in a while
- D. Fairly often
- E. Often
- F. Not applicable to me

9. Do your other relatives (such as grandparents, aunts/uncles, cousins) currently encourage you to go on a diet to lose weight?

- A. Never
- B. Rarely
- C. Once in a while
- D. Fairly often
- E. Often
- F. Not applicable to me

10. How much is weight now a topic of discussion with your other relatives?

- A. Never
- B. Rarely
- C. Once in a while
- D. Fairly often
- E. Often
- F. Not applicable to me

11. Do your other relatives currently encourage you to exercise in order to lose weight or keep from gaining weight?

- A. Never
- B. Rarely
- C. Once in a while
- D. Fairly often
- E. Often
- F. Not applicable to me

12. How much do your other relatives currently restrict (or try to restrict) your food intake so that you do not gain weight?

- A. Never
- B. Rarely
- C. Once in a while
- D. Fairly often
- E. Often
- F. Not applicable to me

13. Do your friends currently encourage you to go on a diet to lose weight?

- A. Never
- B. Rarely
- C. Once in a while
- D. Fairly often
- E. Often

14. How much is weight now a topic of discussion with your friends?

- A. Never
- B. Rarely
- C. Once in a while
- D. Fairly often
- E. Often

15. Do your friends currently encourage you to exercise in order to lose weight or keep from gaining weight?

- A. Never
- B. Rarely
- C. Once in a while
- D. Fairly often
- E. Often

16. How much do your friends currently restrict (or try to restrict) your food intake so that you do not gain weight?

- A. Never
- B. Rarely
- C. Once in a while
- D. Fairly often
- E. Often

APPENDIX B

SATAQ

Please read each of the following items and circle the number that best reflects your agreement with the statements.

- 1) I would like my body to look like the women who appear in TV shows and movies.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 2) I believe that clothes look better on women that are in good physical shape.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 3) Music videos that show women who are in good physical shape make me wish that I were in better physical shape.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 4) I do not wish to look like the female models who appear in magazines.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 5) I tend to compare my body to TV and movie stars.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 6) In our society, fat people are regarded as attractive.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 7) Photographs of physically fit women make me wish that I had a better muscle tone.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 8) Attractiveness is very important if you want to get ahead in our culture.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 9) It's important for people to look attractive if they want to succeed in today's culture.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 10) Most people believe that a toned and physically fit body improves how you look.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 11) People think that the more attractive you are, the better you look in clothes.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 12) In today's society, it's not important to always look attractive.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 13) I wish I looked like women pictured in magazines who model underwear.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 14) I often read magazines and compare my appearance to the female models.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 15) People with well-proportioned bodies look better in clothes.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 16) A physically fit woman is admired for her looks more than someone who is not fit and toned.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 17) How I look does not affect my mood in social situations.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 18) People find individuals who are in shape more attractive than individuals who are not in shape.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 19) In our culture, someone with a well-built body has a better chance of obtaining success.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 20) I often find myself comparing my physique to that of athletes pictured in magazines.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

- 21) I do not compare my appearance to people I consider very attractive.

1	2	3	4	5
completely disagree		neither agree nor disagree		completely agree

AWARENESS SCALE

Please indicate the degree to which you agree or disagree with the following statements:

	Completely disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat agree	Completely agree
1. Physical appearance is not that important to most people in our society.	1	2	3	4	5
2. People with unattractive bodies do not look as good in clothes.	1	2	3	4	5
3. Attractiveness can enhance a woman's self-confidence	1	2	3	4	5
4. Our society does not equate thinness with beauty in women.	1	2	3	4	5
5. People think that being attractive is important to having a good sex-life.	1	2	3	4	5
6. Being unattractive can seriously challenge a woman's self-worth.	1	2	3	4	5
7. A woman's body shape and size help determine whether she is considered attractive.	1	2	3	4	5
8. It is easier to become successful in our society if you are attractive and thin.	1	2	3	4	5
9. Having a well-toned body is not important to women in our society.	1	2	3	4	5
10. Most people would say that attractive people are happy and successful.	1	2	3	4	5
11. Fat people are looked upon favorably in our society.	1	2	3	4	5
12. Being in good physical shape improves how you look.	1	2	3	4	5

VITA

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