

# EXPLORING THE RELATIONSHIP BETWEEN YOUNG WOMEN'S INTERNALIZED SOCIAL EXPECTATIONS ABOUT THEIR APPEARANCE, SELF-ESTEEM AND ASPECTS OF MENTAL HEALTH

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University of Split

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**Exploring the Relationship between Young Women's  
Internalized Social Expectations About Their  
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Final thesis

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Split, 2024.

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Health**

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# Contents

1. Introduction .....	1
1.1. Women's Ever-Changing Body Ideal.....	1
1.2. Mental Health.....	2
1.2.1. Self-Esteem.....	3
1.2.2. Mental Health Aspects.....	4
1.3. Internalized Societal Explanations About Female Appearance .....	6
1.4. Present study.....	8
2. Methods .....	9
2.1. Study design and procedure .....	9
2.2. Participants .....	10
2.3. Instruments.....	10
2.3.1. <i>Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3)</i> .....	10
2.3.2. <i>Depression Anxiety Stress Scales-21 (DASS-21)</i> .....	11
2.3.3. <i>Rosenberg's Self-Esteem Scale (RSES)</i> .....	11
2.4. Data Analysis.....	12
3. Results .....	13
4. Discussion .....	17
5. Conclusion .....	22
6. References.....	23
7. Abstract.....	29
8. Sažetak.....	30

# 1. Introduction

## 1.1. Women's Ever-Changing Body Ideal

Body ideal is the body type deemed most attractive or appropriate for a person's age, gender, and race according to the relevant culture and media standards. Body ideal is often internalized, imposed, and resisted by individuals within cultures (APA Dictionary of Psychology, 2018).

While societal standards for the female ideal body have changed considerably, throughout history, they have often been unrealistic and difficult to achieve. Women were willing to tolerate discomfort to meet societal standards of appearance, usually sacrificing their comfort in the process (Derenne & Beresin, 2006).

Before and during colonial times, the focus was on valuing fertile, robust women capable of assisting with household tasks and land stewardship. However, as societal norms changed in the 19<sup>th</sup> century, a different aesthetic started to be appreciated. Women characterized by slender waists and ample busts emerged as the epitome of beauty, mirroring society's perceptions of femininity. Fragile body types were highly coveted during this era. Some contend that the adoption of corsets prompted women to challenge societal norms regarding their bodies (at the beginning of the 20<sup>th</sup> century), ultimately embracing more comfortable and pragmatic clothing choices, including trousers. This shift marked a departure from the delicate ideal towards a more angular, "boyish" aesthetic.

Following the end of World War II and the return of men to their homes, conventional gender roles reemerged, emphasizing the significance of fertility and feminine curves. This period heralded the onset of the Baby Boom era, during which a voluptuous figure, characterized by ample busts and curvaceous frame like that of Marilyn Monroe, was celebrated. During the 1960s, amid a wider push for equality and freedom, women dared to defy societal standards concerning their bodies. Echoing past suffrage movements, women of this era (20<sup>th</sup> century) embraced a slender, less curvaceous figure, diverging from traditional beauty ideals (Derenne & Beresin, 2006).

As for today, research suggests that the Western female body ideal is ectomorphic or thin (Butler & Ryckman, 1993; Cohn & Adler, 1992; Garner & Garfinkel, 1980; Garner, Garfinkel, Schwartz, & Thompson, 1980; Lamb et al., 1993; Martinelli-Hall & Havassy, 1981; Mintz & Betz, 1988; Mishkind, Rodin, Silberstein, & Striegel-Moore, 1986; Myers & Biocca, 1992; Rodin et al.,

1984; Toro et al., 1989, as cited in Monteath & McCabe, 1997). Additionally, today's ideal body promoted to women emphasizes a slim figure and a slightly more athletic and toned physique

than in previous decades. This athletic body type would encompass muscle definition and minimal body fat (Speranza et al., 2022). One of the factors contributing to the internalization of these unrealistic societal expectations about young women's appearance from a young age was the iconic Western children's doll Barbie. This famous doll promoted extremely thin body proportions, which young girls internalized through fantasy and play (Dittmar et al., 2006).

In today's Western, Educated, Industrialized, Rich, and Democratic cultures, societal standards like the thin body standard are common and can heavily affect one's body image formation and perception (Anderson-Fye, 2012; Benton & Karazsia, 2015; Grogan, 2016, as cited in Speranza et al., 2022). Likewise, previous research supports evolutionary theories regarding how people perceive bodies of the opposite gender. Women tend to prefer strong male bodies, associating them with resource acquisition and protection, while men are attracted to slim female bodies and physical traits indicating fertility (Speranza et al., 2022).

## **1.2. Mental Health**

According to Galderisi et al. (2015), mental health has numerous definitions. Despite many researchers and theories attempting to define a universal definition, a universal definition has yet to be established. According to the World Health Organization, mental health is a state of well-being where a person realizes their abilities, including dealing with normal stressors, working productively, and contributing to their community (World Health Organization, 2004). The American Psychological Association (APA) defines mental health as a state of mind that is characterized by emotional well-being marked by effective behavioral adjustment, minimal anxiety, and disabling symptoms, and the ability to form positive relationships and handle the usual challenges and stresses of daily life (APA Dictionary of Psychology, 2018). On the other hand, according to Boorse's biostatistical theory, mental health can be defined in terms of the absence of diagnosable psychiatric disease (Lewis & Alexandrova, 2021).

However, Lewis and Alexandrova (2021) critique both viewpoints, stating that defining mental health solely as the absence of diagnosable psychiatric disease is too simplistic, lacks rigor, and is heavily influenced by psychiatric judgments. Conversely, defining mental health in terms of well-being sets a high standard that could potentially be too restrictive. As a compromise, they propose considering mental health as the psychological foundation necessary for pursuing any concept of a fulfilling life, including well-being, but not synonymous with it (Lewis & Alexandrova, 2021).

Moreover, according to Korkeila (2000) there are two dimensions of mental health. Individuals who exhibit positive mental health typically display positive emotions and personality traits that are considered advantageous resources. They possess high levels of self-esteem, a sense of mastery, a coherent understanding of life (perceiving life as meaningful and manageable), and self-efficacy. Positive mental health can be seen as an individual's ability to manage challenges effectively, preventing breakdown or the onset of various mental health issues when facing adversity. Conversely, negative mental health relates to the presence of mental disorders, symptoms, and issues (Korkeila, 2000).

This research is focused primarily on the negative aspects of mental health, specifically the presence of depression, anxiety, and stress symptoms. An important part of our research that will also be explained is self-esteem.

### **1.2.1. Self-Esteem**

According to Rosenberg (1965), self-esteem is described as an individual's perceptions and feelings about themselves, based either on positive or negative social feedback received from others. Positive self-esteem is a very important aspect of mental health. According to Henriksen et al. (2017) it can also be seen as a correlate of mental health, and it can be also looked at as a protective factor that can lead to better mental health and physical health (Mann et al., 2004). Research by O'Garro et al. (2020) showed self-esteem's mediating role in the relationship between internalizing Eurocentric appearance ideals and mental health in non-Western populations. In other words, the internalization of Western beauty ideals among Jamaican undergraduate students was negatively associated with self-esteem, and, through it indirectly associated with heightened symptoms of depression.

Tiggemann & Polivy's (2010) study showed that women's engagement in upward social comparison, comparing themselves with thin and beautiful images of other women, can lead to negative mood and body dissatisfaction (Major et al., 1991, as cited in Tiggemann & Polivy, 2010). Regarding media representations, with ultra-thin and glamorous characters, comparisons for the average viewer would be upward: the models and celebrities in the media are quite different from the viewers' self-appraisal, which leads to feelings of dissatisfaction and lower self-esteem (Constructed, 2008). In other words, when the assessment of one's appearance deviates from the appearance of media figures with whom the individual compares, it can lead to dissatisfaction with appearance or attempts to resemble them more (Kičec, 2020). A study conducted by Clay et al. (2005) showed that observing either ultra-thin or average-sized magazine models led to declines in both body satisfaction

and self-esteem among adolescent girls aged 11–16. Similarly, various studies indicate that women tend to have greater negative feelings toward their bodies, including increased drive for thinness (Tucci & Peters, 2008; Ahern et al., 2008; Bardone-Cone & Cass, 2007) and lower social self-esteem when they see pictures of thin women in magazines (Bardone-Cone & Cass, 2007, as cited in Fernandez & Pritchard, 2012). Another study showed that when a person's self-worth is closely linked to their appearance, it is associated with low appearance self-esteem (Noser & Hill, 2014).

On the other hand, women can engage in downward comparison, making social comparisons on other dimensions on which they judge themselves superior to the media images. Suppose women can be encouraged to compare themselves with others in areas where they perceive themselves as superior to media images, such as intelligence, education, and authenticity. In that case, the negative effects of upward social comparisons (such as the decline in self-esteem and the decline in body dissatisfaction) may be mitigated. This is based on the idea that students generally rate themselves higher in these areas compared to media models, who are often seen as superficial (Tiggemann & Polivy, 2010).

Moreover, not all media promote unhealthy bodily ideals. Research by Selensky & Carels (2021) examined the effects of body-positive advertising campaigns, such as Dove for Real Beauty and Aerie Real, on various psychological factors among female undergraduates. The content of the Aerie Real campaign included a short video showcasing women of different body types, sizes, ages, ethnicities, and appearances wearing Aerie underwear, appearing happy and confident with uplifting music playing in the background. In the Dove campaign, participants also watched a short video where women are interviewed on the street with questions like, "Would you ever lose weight to make more money?" discussing how "beauty standards of body size" negatively impact women in the workplace to raise awareness about the harmful effects of weight stigma on women.

Various speakers emphasized the importance of self-confidence and loving oneself from within. Results showed that women's self-esteem improved after consuming media like Aerie Real and Dove Real Beauty compared to those who watched campaigns promoting thinness like Victoria's Secret (Selensky & Carels, 2021).

### **1.2.2. Mental Health Aspects**

Depression, anxiety, and stress are widely recognized as symptoms of declining mental health. Depression, or major depressive disorder, is a psychiatric condition that substantially impairs mood, behavior, and general health. It is characterized by persistent feelings of sadness, emptiness, and hopelessness, as well as a loss of interest in formerly enjoyable activities. Common symptoms



include changes in appetite and sleep patterns, low energy, and difficulties focusing (Fancher & Kravitz, 2010). Depression can have a profound impact on a person's thoughts, actions, feelings, and overall sense of well-being (ManiMala et al., 2016). Additionally, anxiety is a natural emotional response to stress, defined by emotions of unease, worry, or fear (Boughner, 2020). It includes a wide spectrum of ideas, feelings, and actions impacted by biological, psychological, and genetic variables. Common symptoms include worry, muscle tightness, quick pulse, and difficulty breathing (Vanin, 2008). Anxiety disorders, the most common kind of emotional illness, impact up to 20% of individuals annually, with women being diagnosed more frequently than males (Guthrie, 2022). Lastly, stress is a state of physical or mental strain that can be caused by any notion or experience that makes one feel nervous, furious, or dissatisfied. It is a natural human reaction that motivates us to face challenges and hazards in our lives (Daisy et al., 2024). Physiological responses to stress can include changes in heart rate and digestion (Wood, 2018). According to Blanco et al. (2021), symptoms of depression, anxiety, and stress are prevalent among university students. However, they can harm specific populations, such as female university students (Blanco et al., 2021).

Research findings suggest that physical appearance state anxiety is often linked to internalizing societal beauty ideals (Fredrickson et al., 1998; Grabe et al., 2008; Moradi et al., 2005, as cited in Molder, 2020). When discussing the decline in mental well-being in girls during puberty from non-biological perspectives, the focus is often on "body image" and "body dissatisfaction." These discussions involve examining how gaining weight in a society that values thinness can lower girls' self-esteem, making them more prone to depression and eating disorders (McCarthy, 1990, as cited in Fredrickson & Roberts, 1997). According to Pompili et al. (2006) dissatisfaction with one's body image has driven many women to extremes, resulting in severe eating disorders and depression, ultimately leading some to contemplate or take their own lives (Azhaar et al., 2020).

Likewise, findings from Vannucci and Ohannessian's (2017) research indicated that increased body dissatisfaction correlated with a higher total of symptoms related to generalized anxiety disorder and social anxiety disorder, with no impact observed on separation anxiety disorder (Azhaar et al., 2020). Additionally, Dhillon and Deepak (2017) showed that body dissatisfaction is associated with the development of eating symptomatology, stress, and depression. According to objectification theory, absorbing the viewpoint of an observer regarding oneself leads to the development of habitual body monitoring. This, in turn, may trigger recurring feelings of shame and anxiety while also diminishing the enjoyment linked with peak motivational states (Fredrikson & Roberts, 1997).

### **1.3. Internalized Societal Explanations About Female Appearance**

According to Thompson et al. (2004), the internalization of beauty standards is the degree to which a person psychologically accepts societal standards regarding size and appearance, to the extent of altering their behavior to match this ideal. In the late 1990s, Thompson and his team proposed the concept of thin-ideal internalization. This concept indicates that individuals mentally embrace societal standards of beauty and may take actions to attain these ideal attributes, potentially resulting in body image issues and eating disorders (Thompson et al., 1999, as cited in O'Garro et al., 2020). Researchers have discovered that among young college women, heightened media exposure was indirectly associated with stronger internalization of the ideal-body stereotype, leading to greater body dissatisfaction. In contrast, thin-ideal exposure has been shown to improve self-views if women feel similar to a thin model, regardless of the women's weight (Papies & Nicolaije, 2012, as cited in Betz & Ramsey, 2017). Additionally, a study by Forbes et al. (2001) suggested that internalizing these societal standards contributes to body dissatisfaction among women.

A meta-analysis conducted by Grabe et al. (2008) showed that studies consistently demonstrate a positive relationship between exposure to media portraying thin-ideal bodies and negative body image outcomes such as body dissatisfaction among women. Correlational evidence shows that internalized athletic media messages predict body dissatisfaction among both athletes and non-athletes. Betz & Ramsey (2017) found that athletic messages (including images and quotes for an athletic body type) can cause equal or even more body dissatisfaction than quotes and images about thin body types (Swami et al., 2009, as cited in Betz & Ramsey, 2017). Although seemingly contradicting ideals, internalizations of thin and athletic body types are not mutually exclusive among women (Uhlmann et al., 2018; Wagner et al., 2022, as cited in Marashi et al., 2024). Indeed, it is possible and common for women to simultaneously internalize both thin and athletic ideals (Wagner et al., 2022, as cited in Marashi et al., 2024).

Thompson et al. (2004) developed a scale for measuring internalized societal expectations about female appearance (The Sociocultural Attitudes Towards Appearance Questionnaire-3, SATAQ-3) based on their argument, that there are four relevant aspects involved in internalization.

First, the general internalization of societal beauty standards refers to the endorsement and acceptance of media messages promoting unrealistic ideals for female beauty, primarily those related to the thin body ideal and the striving towards this ideal. Second, the internalization of the athletic body ideal reflects how much individuals value and aspire to the athletic body type

promoted by the media and society. Third, the information aspect includes recognizing that the information about appearance standards is accessible through media sources. Finally, the pressure aspect involves the subjective feeling of pressure to alter one's appearance due to exposure to media images and messages (Calogero et al., 2004).

This study specifically focused on the general internalization and athletic internalization aspects, which both signal how deeply an individual has integrated media-promoted appearance standards into their self-identity, to the extent that they desire or strive to achieve them (Calogero et al., 2004).

Different theoretical approaches have attempted to explain how and why women internalize beauty ideals. For example, evolutionary theorists claim that women's physical attractiveness indirectly signals reproductive value, and therefore evaluating women's physical attributes has become an important criterion in men's mate selection. Additionally, Singh (1993) suggests that men's initial judgments of women's physical attractiveness involve visual evaluations of body shape (Fredrickson & Roberts, 1997). By being aware of this, women can become more self-conscious of their own body shapes, which in turn can lead to various mental health issues and a decrease in self-esteem.

According to Fredrickson & Roberts (1997), the objectification theory suggests that regular experiences of sexual objectification can lead girls and women to view themselves as objects to be observed and judged, turning their bodies into objects for others (Bartky, 1988, 1990; de Beauvoir, 1952; McKinley, 1998; Spitzack, 1990, as cited in Moradi et al., 2005). This Self-objectification often manifests as body surveillance, leading women to constantly evaluate themselves against societal standards of appearance. Consequently, Self-objectification is found to lead to greater levels of body shame and anxiety (Moradi et al., 2005).

Moreover, other relevant theories to mention are communications theories (for example, cultivation theory by Gerbner, Gross, & Morgan, 2002, and social learning theory by J. D. Brown, 2002 both support this concept) that suggest that when people are repeatedly exposed to media content, they tend to perceive these portrayals as reflections of reality. It is argued that the consistent portrayal of a thin ideal by the media causes women to perceive this ideal as standard, anticipated, and crucial to being attractive. However, given that media representations of women's bodies are often exaggerated, presenting an ideal that is unattainable for most, embracing this perception may result in diminished satisfaction with one's own body (Grabe et al., 2008). Similarly, social comparison theory states that people have a drive to assess their own opinions and abilities and meet

them by comparing themselves with others. Research suggests that women experience various pressures from media, peers, and family to maintain thinness, as they compare their appearance to others (Tsiantas & King, 2001).

#### **1.4. Present study**

Previous research has established that internalized societal expectations about women's appearance are linked to body dissatisfaction and that body dissatisfaction is related to self-esteem, depression, anxiety, and stress symptoms. Our study aims to contribute to this field of research by assessing the potential association of internalized beauty standards on young women's psychological well-being and self-esteem. Specifically, it examines the association between young women's internalized societal expectations of the thin and athletic body ideal, their self-esteem, and other aspects of their mental health (symptoms of depression, anxiety, and stress) without examining the possible role of body dissatisfaction in that relationship. This topic can shed more light on future studies and urge more awareness of women's mental health aspects caused by this generation's inevitable social media use.

H1: Young women's general internalization (internalization of thin body ideal) will be negatively associated with self-esteem.

H2: Young women's athletic internalization (internalization of athletic body ideal) will be negatively associated with self-esteem.

H3: Young women's general internalization (internalization of thin body ideal) will be positively associated with symptoms of depression, anxiety, and stress.

H4: Young women's athletic internalization (internalization of athletic body ideal) will be positively associated with symptoms of depression, anxiety, and stress.

## **2. Methods**

### **2.1. Study design and procedure**

The study employed a cross-sectional design utilizing a survey approach, conducted entirely online. The online survey was developed using the Google Forms platform and shared through a link distributed on social media platforms such as Instagram and WhatsApp to the target population. The survey commenced with the Informed Consent section, encompassing the names of the research authors, the research's purpose and procedure, potential benefits and risks of participation, information on confidentiality and data security, ethical committee approval number, and an option for participants to either agree or decline participation. Following this section, participants were asked about their age and sex, alongside three additional sections comprising three different scales, totaling 61 questions. The survey ended with a section asking participants to forward the survey to other eligible individuals. After the survey was closed, it was no longer available for others to complete and, all the data from the survey was transferred to Microsoft Excel. There, according to the scale instructions, the variables were coded and then transferred to the JASP program, where the data analysis was performed.

The study was approved by the Ethical Committee Board of the Faculty of Humanities and Social Sciences in Split (2181-190-24-00012, date of approval was February 1st, 2024.). Participants were informed that their participation was voluntary and that they could withdraw at any time. Anonymity and confidentiality were emphasized, with assurances that collected data would be stored securely and accessible only to the researchers. It was explicitly stated that the survey did not collect data that could be linked to individual identities, except for gender and age, which were relevant to the study results. Additionally, participants were assured that if the research findings were published, individual responses would remain confidential and only aggregate results would be presented. Informed consent was obtained from participants, which included details on the time required to complete the questionnaire and contact information for inquiries about the research or its results. After the questionnaire, participants were prompted to press a "Submit" button and were encouraged, if possible, to share the survey with their eligible peers. The survey was available for participation from March to May 2024.

### **2.2. Participants**

Participants were recruited through the personal phone list of the research leader, whose contact numbers are directly linked to the WhatsApp application. Around 120 respondents (a convenient sample consisting of friends and colleagues) from the Faculty of Humanities and Social Sciences received a direct message about completing our survey. Additionally, through a personal Instagram account, another 100 respondents (also friends) from the University of Split (Faculty of Law in Split and Faculty of Economics in Split) received a direct message as well. The message included a link to the survey and a request for participants to forward the survey to other eligible individuals (i.e., other female students from the University of Split who are 18-30) if they knew any. We collected a total sample of 375 participants, but we excluded 5 participants from the analysis because they were minors (stated that they were 17 years of age), and 1 because they stated that they did not identify as a woman. All analyses were thus conducted on a sample of 370 participants. All our participants were female, with a median age of 22 (Range = 12).

### **2.3. Instruments**

The scales that were used in this research consisted of the Sociocultural Attitudes Toward Appearance Scale (SATAQ-3), the Depression, Anxiety, and Stress Scale, (DASS-21), and the Rosenberg Self-Esteem Scale (RSES).

#### *2.3.1. Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3)*

The Sociocultural Attitudes Toward Appearance Questionnaire-3 (SATAQ-3) was developed to measure awareness and internalization of sociocultural beauty ideals (Thompson, van denBerg, Roehrig, Guarda, & Heinberg, 2004). It comprises 30 items distributed across 4 subscales: The Information subscale encompasses 9 items that measure the perception of media as a valuable source of attractiveness and beauty ideals (e.g., “*Television programs are an important source of information about fashion and how to be attractive.*”). The Pressure subscale assesses the pressure to conform to media-depicted body image ideals through 7 items (e.g., “*I have felt pressure from magazines or television to lose weight.*”). The General internalization subscale measures the adoption of thinness ideals, with 9 items (e.g., “*I compare my body to the bodies of people on television.*”), and The Internalization of the athletic ideal subscale comprises 5 items evaluating awareness of exercising for an attractive athletic physique (e.g., “*I compare my body to the bodies of athletes.*”).

This study used only two subscales of internalization of thin and athletic body ideals. These subscales demonstrate internal reliability, typically exceeding Cronbach’s alpha coefficient of .80 (Batista, 2018). Responses on both subscales were recorded on a 5-point Likert scale (1 – “*Strongly*

*Disagree*”, 2 – “*Disagree*”, 3 – “*Neither Agree nor Disagree*”, 4 – “*Agree*”, 5 – “*Strongly Agree*”), and the total score was calculated as the sum of responses across subscales, where higher scores indicate greater internalization of thin and athletic body ideals. The potential score range for the General internalization subscales is 9 to 45 points, and for the Internalization of the Athletic ideal subscale, it is 5 to 25 points.

### 2.3.2. *Depression Anxiety Stress Scales-21 (DASS-21)*

The Depression, Anxiety, and Stress Scale (Lovibond & Lovibond, 1995) consists of 21 items, divided into 3 subscales, each containing 7 items measuring symptoms of depression, anxiety, and stress. The depression subscale assesses feelings of hopelessness, lack of interest, inertia, and devaluation of life and oneself (e.g., “*It was hard for me to start doing anything.*”), the anxiety subscale involves the assessment of autonomic arousal, situational anxiety, skeletal muscle effects, and subjective experience of anxiety (e.g., “*I felt my mouth was dry.*”), while the stress subscale examines the level of chronic and non-specific arousal, assessing the inability to relax, irritability, impatience, and overreaction (e.g., “*I couldn't calm down.*”) (Bogdanić, 2019, as cited in Kičeeć, 2020). Participants responded by circling the appropriate number on a 4-point Likert scale (0 – “*Did not apply to me at all*”, 1 – “*Applied to me to some degree, or some of the time*”, 2 – “*Applied to me to a considerable degree, or a good part of the time*”, 3 – “*Applied to me very much, or most of the time*”). The total score was calculated as a linear combination of assessments on individual subscales and multiplied by two since DASS-21 is a shortened questionnaire version. The theoretical range of scores for all three subscales is from 0 to 21 (or from 0 to 42). Higher scores on each component indicate higher severity of each mental health problem.

### 2.3.3. *Rosenberg's Self-Esteem Scale (RSES)*

Rosenberg Self-Esteem Scale is a standard tool for measuring overall self-esteem in psychological research (Rosenberg, 1965). It consists of 10 items, half of which are negatively phrased, and they cover various aspects of self-worth and self-acceptance (e.g., “*I feel that I am a person of worth, at least on an equal plan as others*”). Participants gave their responses on a 4-point Likert type scale (1 - “*Strongly Disagree*”, 2 - “*Disagree*”, 3 - “*Agree*”, 4 – “*Strongly Agree*”). Negatively worded items were recorded, after which the total score was calculated as a sum of responses on all items. Scores on the scale can range from 10 to 40, with higher scores indicating higher levels of self-esteem (Rosenberg, 1965).

## **2.4. Data Analysis**

Statistical analyses were done using JASP software (Borenstein, et al., 2014). Before calculating the correlation coefficients, we first checked whether the data from all variables were normally distributed using the Shapiro-Wilks test for normality. If variables were not normally distributed, then we used medians and IQRs to describe the data. On the other hand, if variables were normally distributed, then we used means and standard deviations to describe the data. For estimating the association among the variables, we used bivariate correlation coefficients to explore the relationship among all our variables. If we got statistical significance from the Shapiro-Wilks test, we used the Spearman rho correlation coefficient; if we did not get statistical significance from the Shapiro-Wilks test, we used the Pearson correlation coefficient.



### 3. Results

Firstly, we checked for the normality of distributions for all variables included in the analysis using the Shapiro-Wilk test, which showed that none of the variables were normally distributed (Table 1). Reliability coefficients for the scales were also calculated. The reliability coefficients of the SATAQ-3 subscales were all found to be excellent. The coefficients for the individual subscales of the SATAQ-3 were as follows: Thin-ideal Internalization ( $\alpha=0.95$ ) and Athletic-ideal Internalization ( $\alpha=0.89$ ). For the DASS-21 scale, the reliability coefficients of all the DASS-21 subscales were satisfactory for the Depression scale ( $\alpha=0.91$ ), Anxiety scale ( $\alpha=0.88$ ), and Stress scale ( $\alpha=0.91$ ). Lastly, the reliability coefficient of Rosenberg's self-esteem scale was also found to be excellent ( $\alpha=0.89$ ). Given that all the variables were not normally distributed, we decided to use medians and IQRs to describe the data.

**Table 1**

*Descriptive Statistics for the General Internalization, Athletic Internalization, Mental Health Aspects, and Self-Esteem variables*

Variable	Min	Max	Median	IQR	Shapiro-Wilk	
					W	p
Internalization- General	9	45	26.0	17-34	.956	<.001
Internalization- Athletic	5	25	15.5	11-20	.981	<.001
Perceived pressure	7	35	19.0	12-27	.935	<.001
Information	9	45	23.0	15-30	.955	<.001
Self-esteem	12	40	29	25-33	.981	<.001
Depression	0	42	10	4-18	.894	<.001
Anxiety	0	42	10	4-18	.902	<.001
Stress	0	42	16	8-26	.964	<.001

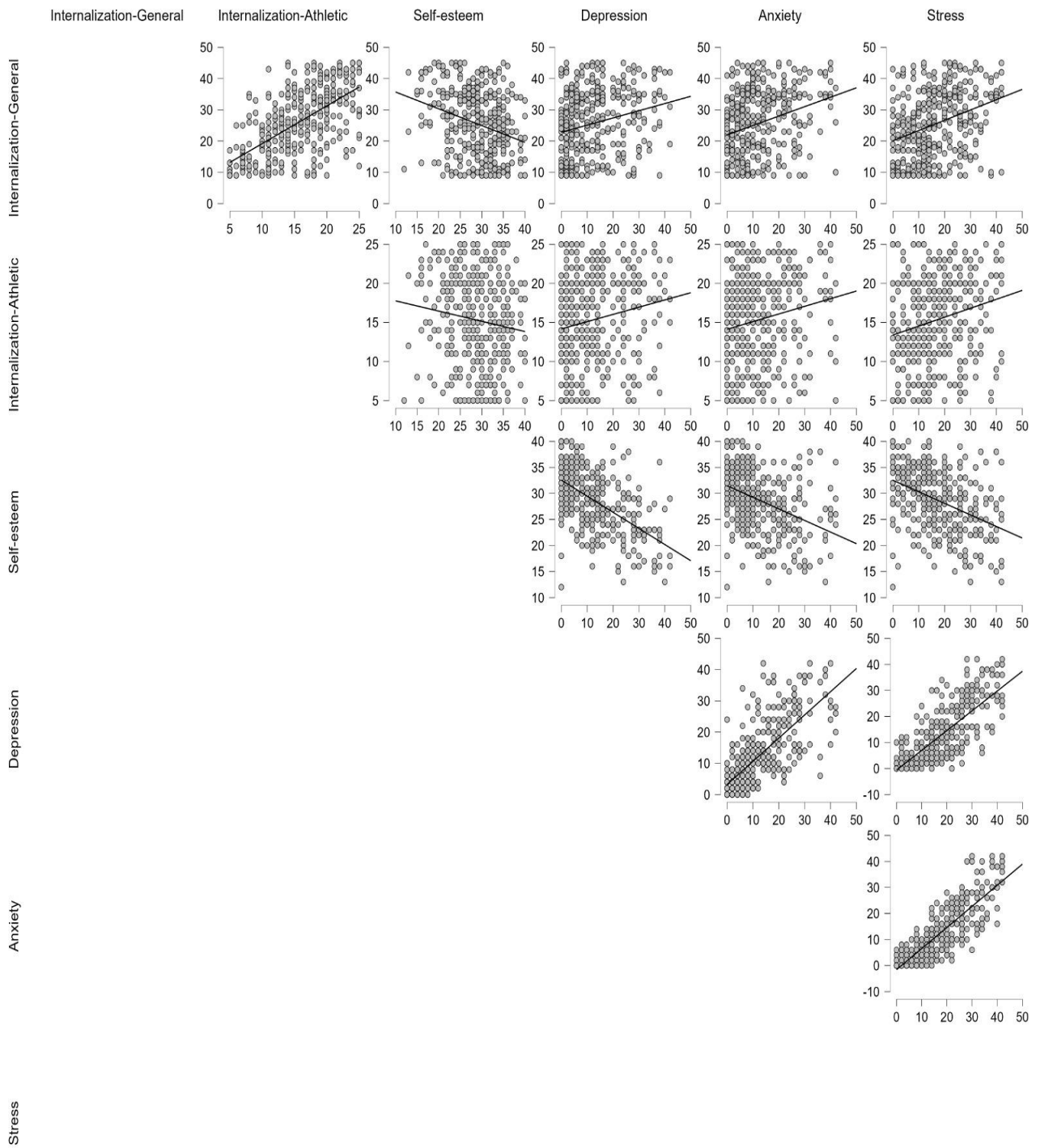
*Note: Min=minimum score; Max= maximum score; IQR= Interquartile range; W=W statistics; (Total N = 370)*

According to the results in Table 1, statistical analysis showed that the median of all participants' scores on the SATAQ-3 scale, they scored above average for all factors of the scale. The highest scores were on the general internalization subscale and athletic internalization. Furthermore,

considering the median of all participants' scores on the self-esteem scale, the scores were around average.

All variables were measured on a continuous scale. We also checked for the linearity of the relationship between variables using a scatter plot. From Figure 1, we can see that for some variables, the regression shapes are narrower and closer to the regression line, indicating a stronger and more consistent relationship with less variability in the data, while for others, they are wider and farther from the line, indicating a weaker and less consistent relationship with more variability in the data. The scatterplots show that Internalization-General showed moderate variability of the dots around the regression lines with Internalization-Athletic, Depression, and Anxiety, and higher variability with Self-esteem and Stress. Internalization-Athletic showed high variability of the dots around the regression lines with Self-esteem, Depression, Anxiety, and Stress. Self-esteem consistently shows lower variability with Depression, Anxiety, and Stress. Finally, Depression, Anxiety, and Stress demonstrate lower variability of the dots around the regression lines with each other, indicating more consistent relationships. Additionally, the regression lines suggest linear relationships between all variables, meaning that changes in one variable are consistently associated with changes in another variable linearly. Given the described characteristics of the variables, we used Spearman's rho coefficient to calculate the correlations between the variables.

**Figure 1**



*Visual representation for the General Internalization, Athletic Internalization, Self-Esteem, and Mental Health Aspects variables*

According to the results presented in Table 2, all variables were significantly correlated. There was a low but significant negative relationship between general internalized and athletic internalized sociocultural expectations about appearance and self-esteem, indicating that women with higher levels of generalized internalization on average have lower self-esteem. Conversely, a low but significant positive relationship was found between general internalization and all mental health aspects, which indicates that higher levels of generalized and athletic internalization are associated with higher scores on the depression, anxiety, and stress scales. Additionally, as for athletic internalization, a low but significant positive correlation was found with mental health aspects, meaning that higher levels of athletic internalization are associated with higher scores on the depression, anxiety, and stress scales.

**Table 2**

*Correlations between mental health aspects, self-esteem and general internalization*

<b>Variable</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>
1. Internalization-General	-					
2. Internalization-Athletic	0.636**	-				
3. Self-esteem	-0.296**	-0.155**	-			
4. Depression	0.255**	0.250**	-0.560**	-		
5. Anxiety	0.327**	0.206**	-0.451**	0.757**	-	
6. Stress	0.345**	0.230**	-0.427**	0.786**	0.843**	-

*Note: Numbers in the table indicate Spearman's rho coefficient of correlation; \*\* indicates  $p < 0.01$*

## 4. Discussion

This study aimed to examine the association between young women's internalized societal expectations about their bodies (appearance), their self-esteem, and aspects of their mental health (symptoms of depression, anxiety, and stress). Firstly, the results show a significant relationship between all variables in the analysis. Specifically, a significant negative relationship was found between the general internalization and athletic internalization of sociocultural attitudes towards appearance (meaning internalization of the thin and athletic body ideal) and self-esteem. Moreover, results also showed a significant positive relationship between general internalization and athletic internalization of sociocultural attitudes towards appearance (meaning internalization of the thin and athletic body ideal) and mental health aspects. Thus, all four hypotheses were confirmed. Additionally, regarding the reliability coefficient for the SATAQ-3 scale ours are all similar to the previous research that used the scale (Warren et al., 2013). The reliability coefficients of all the DASS-21 subscales were similar to previous findings (Ahmed et al., 2022). Lastly, the reliability coefficient of Rosenberg's self-esteem scale was also found to be excellent, which is in accordance with the previous studies that used the scale (Rosenberg, 1965).

This finding aligns with existing literature, which has consistently reported that exposure to idealized body images in the media can lead to body dissatisfaction and lower self-esteem. Additionally, research showed that women tend to have greater negative feelings toward their bodies, including increased drive for thinness and lower social self-esteem when they see pictures of thin women in magazines (Bardone-Cone & Cass, 2007, as cited in Fernandez & Pritchard, 2012). The negative association with adopting athletic body standards shows that aiming for an athletic body can hurt self-esteem just like aiming to be thin. Betz and Ramsey (2017) found that promoting an athletic body can be just as harmful to self-esteem as promoting a thin body.

Internalizing these sociocultural standards is important for how women perceive their worth and values within society (Warren et al., 2013). Additionally, theorists explain that we live in a society where women's bodies are, for whatever reasons, looked at, evaluated, and always potentially objectified, so therefore, they want to be evaluated positively. Self-objectification theory also suggests that exposure to objectifying media can lead individuals to internalize an outsider's view of their bodies, leading to body surveillance and decreased self-esteem along with body dissatisfaction and anxiety (Fredrickson & Roberts, 1997). Our study also found a significant low positive correlation between the internalization of both thin and athletic body ideals and mental health aspects, including depression, anxiety, and stress. These findings indicate that participants who internalize media-

depicted appearance ideals are more likely to experience higher levels of depression, anxiety, and stress symptoms.

This is consistent with previous research demonstrating that internalization of beauty ideals can contribute to psychological distress (Grabe et al., 2008). Additionally, Moder (2020) has stated that internalization of social standards of appearance is associated with depression and anxiety. Regarding the stress variable, research conducted by Dhillon and Deepak (2017) stated that body dissatisfaction is associated with the development of stress (along with the development of eating symptomatology, and depression). One possible explanation for this relationship is that internalizing unattainable beauty standards can lead to chronic dissatisfaction with one's body, which may cause or exacerbate feelings of depression, anxiety, and stress. Furthermore, the pressure to conform to these ideals can result in stress and an inability to relax, as participants may constantly strive to achieve these standards. Moreover, the constant exposure to and pursuit of these ideals can create a persistent sense of inadequacy and failure, contributing to emotional distress. The findings of this study have important implications for interventions aimed at improving self-esteem and mental health among young women.

Programs that promote media literacy and critical thinking about media messages could help reduce the internalization of harmful appearance ideals. Teaching individuals to question the realism and desirability of media images can empower them to resist societal pressures and develop a healthier body image. Media literacy intervention programs are based on discrediting toxic social messages and media influence (Mol & Tyszkiewicz, 2023). Media literacy interventions have been shown to reduce body dissatisfaction and the internalization of thin ideals, providing a promising approach to mitigating these negative outcomes (McLean et al., 2016). Stice et al. (2001) used an intervention that was based on cognitive dissonance theory. This theory suggests that when someone holds conflicting beliefs, they experience psychological discomfort and are therefore driven to adjust their beliefs to achieve consistency. Therefore, applying this theory in practice can help women reduce their discomfort by promoting self-acceptance, challenging societal norms, and fostering a supportive environment for embracing diverse definitions of beauty ideals is a way to use this theory in practice.

A study conducted by Yamamiya et al. (2005) examined the moderating effects of the extent of internalization of media ideals and the preventative impact of two brief interventions (media literacy information with and without a dissonance-induction procedure). Its results revealed reduced thin-ideal internalization and body image dissatisfaction (Yamamiya et al., 2005). Reduction happened because females who had internalized thin ideal were asked to voluntarily be against the

internalization of the thin ideal, by discussing various ways to avoid internalization that adolescent girls are susceptible to, which was proven by a study done by Clay et al. (2005).

Furthermore, interventions focusing on building self-compassion and body positivity may effectively mitigate the negative impact of sociocultural attitudes toward appearance. By fostering an environment where diverse body types are accepted and celebrated, it may be possible to improve self-esteem and reduce mental health problems among young women.

Self-compassion interventions, which encourage individuals to be kind to themselves to recognize their common humanity, and be mindful when considering negative aspects of oneself have been shown to improve body image and reduce psychological distress (Neff, 2011). Additionally, body positivity movements that promote acceptance of diverse body types can help shift societal norms and reduce the pressure to conform to unrealistic appearance standards.

Despite the significant findings, this study has several limitations. The cross-sectional design does not allow for causal inferences, and the use of self-report measures may be subject to social desirability bias. Additionally, the sample was limited to female university students. A more diverse sample (in terms of the sample's age group or not just university students but women who do not attend university or who work) would have allowed this study to gain a better grasp of relationships between young women's internalized societal expectations about their bodies, their self-esteem, and aspects of their mental health. The results would have also been more generalizable to all women, not only those in university. Another limitation is the lack of a specific question about the participants' cities, which could have resulted in the inclusion of students from universities in other cities, potentially affecting the external validity of the results. Although the questionnaires were only administered to women who study at the University of Split, it is possible that someone from another area of Croatia received the questionnaire.

Given the established association between the internalization of thin and athletic beauty standards and lower self-esteem and mental health issues, future studies can build on this foundation by exploring several key areas to gain deeper insights into these relationships. These include a longitudinal study design, for instance, seeing the changes over time in an individual's internalization of beauty standards and their self-esteem and mental health. The research can also consider more diverse populations than the present one, in terms of age, gender, ethnicity, and cultural backgrounds. Understanding how these other groups internalize beauty standards and the impact on their mental health can provide more comprehensive insights.

Physical and biological correlates could also be assessed, such as seeing how stress levels (measured by cortisol levels or other biomarkers) are associated with the internalization of beauty standards. Cross-cultural comparisons could examine how different cultural beauty standards influence stress levels and psychological outcomes, comparing biomarkers among individuals from diverse cultural backgrounds with varying beauty ideals. Brain imaging techniques could also be incorporated to explore real-time physiological responses to beauty standards. These ideas can help gain deeper knowledge into this field of research.

Furthermore, exploring the role of social media (instead of focusing on TV advertisements and magazine articles), given its pervasive and growing influence, could provide more nuanced insights into how modern media (like Instagram, YouTube, TikTok, and Twitter) consumption impacts psychological well-being. For instance, examining the differential effects of various social media platforms on women's attitudes about their bodies and mental health could reveal important intervention points, because younger generations tend to use modern media more often. Because younger generations more frequently use modern media, young women are more exposed to the “ideal feminine picture”, and this is why future research should put more focus on the effects of modern media on the well-being of young women (Coleman & McCombs, 2007)

To emphasize a positive aspect of the topic, the example of promoting diverse beauty standards is another important aspect that encourages the representation of various body types, ethnicities, and beauty standards in media. This broader representation helps young women see a wider array of role models and reduces the pressure to conform to a single ideal. Several prevention programs have demonstrated success in helping young women navigate the pressures of media beauty standards. For instance, already mentioned campaigns like the Dove campaign aim to make women feel more desirable and beautiful in their own skin by challenging traditional stereotypes about how beautiful women should look. Additionally, the campaign uses its website, videos, a self-esteem fund, and workshops to educate young girls and women about media messages and help them build a positive self-image. Dove's campaign seeks to inform the public about these issues and the actions needed to prevent negative impacts from media images and the beauty industry. This type of campaign is relatively new, with no other campaign of its scale addressing self-esteem and body image issues (Johnson & Magee, 2010). Dove identifies body image and self-esteem as significant issues for women and aims to redefine and improve how women and young girls perceive and define themselves. Dove faces the unique challenge of raising awareness about body image, which is not as widely recognized as other health concerns. They must make it an issue people care about and want



to engage with. This campaign has been studied using focus groups where women discuss the concept of “real women” (Scott & Cloud, 2008, as cited in Johnson & Magee, 2010).

## **5. Conclusion**

Our study highlights the potential and harmful impact of internalizing societal beauty ideals for young women on their self-esteem and aspects of mental health like depression, anxiety, and stress. Our research offers a new insight by explaining how young women's internalization of thin and athletic body ideals is associated with lower self-esteem and heightened symptoms of depression, anxiety, and stress. By providing evidence of a negative correlation of internalized standards with self-esteem and a positive correlation with aspects of mental health, we contribute to the growing body of research on this topic.

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## 7. Abstract

This study explored the relationship between internalized societal expectations about young women's appearance, their self-esteem, and several aspects of mental health. Specifically, it examined how internalized societal expectations about young women's appearance in Western culture are related to self-esteem and symptoms of depression, anxiety, and stress. The study was carried out on a sample of 370 female university students in Split between the ages of 18-30. Participants voluntarily filled out an online survey that assessed their attitudes about their physical appearance (through the SATAQ-3 scale), attitudes about themselves (through the RSES scale), and daily feelings and experiences (through the DASS-21 scale). The results revealed a significant negative association between the internalization of the thin and athletic body ideal and their self-esteem, as well as a positive association between the internalization of both body ideals and symptoms of depression, anxiety, and stress.

*Keywords:* Internalized societal expectations about young women's appearance, mental health aspects, self-esteem

## 8. Sažetak

Ovo istraživanje je ispitalo odnos između internaliziranih društvenih očekivanja o izgledu mladih žena, njihovog samopoštovanja i nekoliko aspekata mentalnog zdravlja. Konkretno, istraživanje je ispitalo kako su internalizirana društvena očekivanja o izgledu mladih žena u zapadnoj kulturi povezana sa samopoštovanjem i simptomima depresije, anksioznosti i stresa. Istraživanje je provedeno na uzorku od 370 studentica Sveučilišta u Splitu u dobi od 18 do 30 godina. Sudionice su dobrovoljno ispunile online anketu koja je procijenila njihove stavove o fizičkom izgledu (putem SATAQ-3 skale), stavove o sebi (putem RSES skale) i svakodnevne osjećaje i iskustva (putem DASS-21 skale). Rezultati su pokazali značajnu negativnu povezanost između internalizacije ideala mršavog i atletskog tijela i njihovog samopoštovanja, kao i pozitivnu povezanost između internalizacije oba tjelesna ideala i simptoma depresije, anksioznosti i stresa.

*Ključne riječi:* Internalizirana društvena očekivanja o izgledu mladih žena, aspekti mentalnog zdravlja, samopoštovanje

Izjava o pohrani i objavi ocjenskog rada  
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Split, 23.07.2024.

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Napomena:

U slučaju potrebe ograničavanja pristupa ocjenskom radu sukladno odredbama Zakona o autorskom pravu i srodnim pravima (111/21), podnosi se obrazloženi zahtjev dekanici Filozofskog fakulteta u Splitu.

Obrazac A.

SVEUČILIŠTE U SPLITU  
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Potpis Mateja M.