Disordered eating behaviors (e.g., restricting food intake, binge eating, and compensatory behaviors) and high levels of body dissatisfaction (i.e., unhappiness with body shape or size) are common in college-aged women (Duarte, Ferreira, Trindade, & Pinto-Gouveia, 2015; Schleien & Bardone-Cone, 2016). One factor that may be especially relevant for understanding disordered eating in undergraduate women is social support, defined as the extent to which individuals believe that they are loved by, esteemed by, and involved with family, friends, and others (Tripp, 2002; Vaux et al., 1986). The present study focused on social connections, a subtype of social support, which describes an individual’s specific relationships and involvement with others in various capacities (i.e., religious or social groups, romantic relationships, and close friends and family). Past research on social connections has largely focused on relationships between student involvement and general psychological well-being, suggesting that college students who are socially connected on college campuses are more likely to perform better in school and are less likely to drop out or experience mental health issues (Bowman, 2010; Kilgo, Mollet, & Pascarella, 2016). The present study aimed to expand on and refine past research by investigating specific aspects of social connections (e.g., group membership and religious involvement) and their relationships with body dissatisfaction and disordered eating in college women while controlling for BMI, which are two factors known to influence eating disorders. Past research has indicated that social support may play an important role in the development of disordered eating and body dissatisfaction, but little is known about these associations among different races. The present study examined associations between social connections and disordered eating and body dissatisfaction in African American and European American college women. Participants included 477 European Americans and 445 African Americans from 3 Southeastern universities who reported group membership, sociability, religious involvement, relationship status, body dissatisfaction, and disordered eating. Hierarchical regression analyses revealed that there was a significant main effect for group membership and sociability, but not relationship status or religious involvement, such that group membership and sociability were negatively associated with body dissatisfaction ($\Delta R^2 = .06, ps < .03$). None of the variables were associated with disordered eating nor were any of the associations moderated by race ($ps > .11$), suggesting that low levels of certain aspects of social connection may negatively impact body image regardless of race.

**Keywords:** body dissatisfaction, disordered eating, social connections, African American, European American, race, college women
Social Connection and Body Dissatisfaction | Howard, Haislip, Heron, and Hu

Disordered Eating, Body Dissatisfaction, and Social Connections

Disordered eating and body dissatisfaction continue to be among the most prevalent mental and physical health issues for young, college women (American College Health Association, 2010). Nearly 50% of undergraduate students engage in some form of disordered eating (e.g., excessive dieting) in order to maintain their ideal weight (Reichborn-Kjennerud, Bulik, Sullivan, Tambs, & Harris, 2004). This may be attributed to the life changes students face as they undergo the college experience, as evidenced by Pascarella’s (1985) model of assessing change of environments on student development. Pascarella’s model suggested that adaptation to the college environment is a function of five major variables including student background, structural organization of the institution, university environment, student interactions with socializing agents, and quality of student effort. The college transition may trigger increases in body dissatisfaction and disordered eating because students with certain risk factors may have difficulty adjusting to and engaging in a new environment (Barker & Galambos, 2007).

Body dissatisfaction, which can be defined as a negative evaluation of one’s physical body (Stice & Shaw, 2002), is common among college women, affecting nearly 80%, and is consistently linked to disordered eating as one of the hallmark risk factors (Mond et al., 2013; Stice, Marti, & Durant, 2011). Body image ideals are often developed through a combination of family, peer, media, and social pressures to attain the “perfect” body (i.e., emulating societally sanctioned standards of attractiveness; Dawson & Thornberry, 2018; Grabe, Ward, & Hyde, 2008). Historically, the most commonly sanctioned standard of attractiveness is the “thin-ideal” (i.e., a slender physique with little body fat; Thompson & Stice, 2001). However, newer research has suggested that the U.S. ideal is shifting to a more toned/athletic body as opposed to thinness (e.g., Benton & Karazsia, 2015; Karazsia, Murnen, & Tylka, 2017). College women are particularly susceptible to messages regarding expectations of weight, shape, and appearance (Fredrickson & Roberts, 1997). As young women adjust to the college experience, the pressure to make friends may lead to increases in social comparisons (i.e., comparing one’s body to others) because women often refer to their appearance as ways of evaluating their rank (Ferreira, Pinto-Gouveia, & Duarte, 2013).

Significant changes in an individual’s environment during the college years may result in risky behaviors and psychological distress for many students (Hudson, Hiripi, Pope Jr., & Kessler, 2007; Tao, Dong, Pratt, Hunsberger, & Pancer, 2000). However, social support has been shown to be an important protective factor for undergraduate students, often helping to prevent feelings of depression and anxiety, and increasing overall life satisfaction (Hunsberger, Pancer, Pratt, & Alisat, 1994; Riggio, Warring, & Throockmorton, 1999; Tao et al., 2000). Although some previous research has investigated associations between social support and eating disorder symptomatology broadly, less is known about how connections to specific types of social networks (e.g., group membership) impact body dissatisfaction and disordered eating. Women with known eating disorders often report a deficiency in their social network, isolating themselves from others and spending more time alone than those not diagnosed with an eating disorder (Leonidas & Antonio dos Santos, 2014). The social withdrawal syndrome hypothesis (Rotenberg, Bharathi, Davies, & Finch, 2013) of disordered eating behaviors helps to explain these behaviors, suggesting that those with an eating disorder are resistant to share personal information with others, therefore decreasing their opportunities to form social connections and garner social support. Social connections may play a valuable role in combating negative outcomes for college women including disordered eating and body dissatisfaction. The current study examined one’s connections using four constructs: college group membership (e.g., student government, art club), sociability (i.e., frequency and contact with close friends and relatives; Eng, Rimm, Fitzmaurice, & Kawachi, 2002), religious involvement, and relationship status.

Differences Between Races

Despite the severity of disordered eating symptoms and risk factors, studies exploring differences in eating disorder symptomatology between races have been limited. The research that does exist suggests that, although rates of eating disorders...
American and European American women.

dissatisfaction and disordered eating in African

However, to date, little is known about whether

Levine, Sánchez-Carracedo, & Fauquet, 2010).

loyalty and a sense of collectivism (Kim & McKenry,

well-being by providing greater social connections

American communities, religious involvement has

(1999). In African

McRae, Thompson, & Cooper, 1999). In African

This collectivist culture may foster involvement in other activities that strengthen support networks such as church or religious groups (McRae, Thompson, & Cooper, 1999). In African American communities, religious involvement has been implicated as a predictor of general feelings of well-being by providing greater social connections and support (Holt, Clark, Debnam, & Roth, 2014). Moreover, African American women tend to place greater value on their social networks (Billingsley & Caldwell, 1991; Kim & McKenry, 1998) than European Americans (Stanton, Green, & Fries, 2007)—who often look to media and other influences—social networks may have a greater impact on shaping African American body ideals and disordered eating behaviors. Taken together, research seems to suggest that racial differences in social connections may play a role in how individuals exist within their social networks, which could influence associations between social connections and body dissatisfaction and between social connections and disordered eating. However, no previous research has specifically examined whether there are differences in specific forms of social connection between African American and European American college women, and whether race moderates associations between social connections and disordered eating and social connections and body dissatisfaction.

Present Study
The goal of the present study was to assess associations between social connections and disordered eating and between social connections and body dissatisfaction in a large sample of African American and European American college women. Recent research suggests that African American women report significantly lower levels of body dissatisfaction ($p < .05$) and less disordered eating ($p < .07$) than European American women (Howard et al., 2017). However, little is known about factors such as social connections that may influence these differences. Thus, we based our investigations on three main research questions: (a) Are there significant differences in reported levels of social connections between European American and African American college women? We hypothesized that African American women would endorse higher levels of social connections compared to European American women; (b) Are social connections negatively associated with disordered eating and negatively associated with body dissatisfaction for all women? We hypothesized that social connections would be significantly and negatively associated with disordered eating and body dissatisfaction for all women; (c) Does race moderate the associations between social connections and disordered eating and between social connections and body dissatisfaction? Given limited research on this topic, we did not make specific predictions regarding race as a moderator.

Method

Participants
Participants included 445 African American and 477 European American female undergraduates from three Southeastern universities who took part in a larger online survey study about college health and student experiences. Both African American and European American women reported a mean age of 21 years ($SD = 2.81$). African American women reported significantly higher body mass index (BMI; $M = 28.24$, $SD = 6.13$) than European American women ($M = 25.20$, $SD = 5.86$), $t(920) = 7.76$, $p < .001$. However, both are considered overweight, which is similar to other college samples (Center for Disease Control and Prevention, 2017). Inclusion criteria required self-reports of female gender, identification as African American or European American, and age between 18 and 30 (the present sample ranged from 18 to 30).

Measures

Demographics. A demographics questionnaire was administered that included questions about age, race, year in school, sexual orientation, height,
and weight.

**Eating Disorder Examination Questionnaire** (EDE-Q; Fairburn & Beglin, 1994). The Eating Disorder Examination Questionnaire is a 29-item self-report measure that focuses on the main cognitive and behavioral aspects of disordered eating behaviors on four subscales: Restraint scale, Eating Concern scale, Weight Concern scale, and Shape Concern scale. The Eating Disorder Examination Questionnaire demonstrates good internal consistency (α = .78–.93; Rose, Vaesworn, Roselli-Navarra, Wilson, & Weissman, 2013) and 2-week test-retest reliability among female undergraduates (.81–.94). It is scored on a 7-point Likert-type scale rating from 0 (no days) to 6 (everyday), with the total score calculated by averaging the four subscales, thus producing a total score that ranges from 0 (minimum) to 6 (maximum). Higher scores indicate higher levels of disordered eating behaviors. A mean score above a 2.3 indicates engagement in at least subclinical levels of disordered eating (Mond et al., 2004). The Cronbach’s α was .94.

**Body Shape Questionnaire** (BSQ-16; Evans & Dolan, 1993). The Body Shape Questionnaire is a 16-item self-report measure used to assess fears of weight gain, desires for weight loss, body dissatisfaction, and low self-esteem due to one’s physical appearance. It has good internal consistency (α = .93–.97; Rosen, Jones, Ramirez, & Waxman, 1996), which was replicated in our sample with α = .97. Response options range from 1 (never) to 6 (always). Scores are added together, producing a minimum score of 16 to a maximum score of 96, with higher scores reflecting greater body dissatisfaction. A score above 66 indicates marked concern with body shape (Evans & Dolan, 1993).

**Berkman-Syme Social Network Index** (SNI; Berkman & Syme, 1979). The Berkman-Syme Social Network Index is an 11-item self-report questionnaire that measures social connections through four components: group membership, sociability, religious involvement, and relationship status. The components of the Berkman-Syme Social Network Index are scored dichotomously, with participants receiving a score of 0 or 1 on each component; this allows for the percentages of participants who scored a 0 or 1 on each component to be calculated. Individuals who report fewer than two close friends or relatives, single status (i.e., not in a romantic relationship), no group participation, and no religious participation would receive a score of 0 for each of the components, whereas individuals who report more than two close friends or relatives, being in a romantic relationship, group participation, and religious involvement would receive a score of 1 for each component. Due to the young age of the population of interest, we altered the original relationship status question from the Berkman-Syme Social Network Index (“Which of the following describes your current relationship status?”) to capture romantic relationship involvement outside of marriage (“Which of the following options best describes your current relationship status?”), making the question more applicable to this age group. The Berkman-Syme Social Network Index has been shown as a valid measure of social connections in a sample of healthy participants ages 18 to 55 (Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997). A Cronbach’s α is not reported for the current sample due to the dichotomous nature of scoring.

**Procedure**

The research team recruited participants through class announcements, flyers, e-mails, and psychology department research pool postings at three universities. The three universities included a diverse public research university (60% European American), a historically Black university (8% European American), and a primarily White liberal arts university (76% European American). As part of a larger study about college health and life experiences (see Howard et al., 2017), all participants provided informed consent prior to completing an online survey that included the questionnaires described above. (The questionnaires were presented in the order provided above. However, they were embedded within a larger online survey.) The questionnaire also included four attention items (e.g., “select 2 for this question”) to ensure that participants were attending to the survey questions. The length of time that it took participants to complete the survey was also automatically recorded by the online survey software. Neither names nor any other identifying information were linked to the participants’ responses. Participants received either course credit or were entered into a raffle to win one $50 gift card or one of ten $10 gift cards for their participation. All three institutional review boards (Norfolk State University, Virginia Wesleyan University, and Old Dominion University) approved this study.

Initially, 1,434 responses from African American and European American women were collected; 512 were removed if participants made duplicate entries, did not correctly answer at least
three of four attention items, or completed the survey very quickly (less than 1/3 of the median duration time). All of these responses were removed due to data integrity issues and are recommended best practices (Enders, 2010).

Results

Descriptive Statistics

Responses from 922 women were analyzed. Overall, the sample was dispersed between first-year students (27%), sophomores (22%), juniors (25%), and seniors (25%). The age and race of participants at each of the three colleges where women were recruited were consistent with each college’s demographics. The number of participants from each school was as follows: public research university (n = 639; 60% European American, 40% African American), historically Black university (n = 185; 8% European American, 92% African American), and a primarily White liberal arts university (n = 135; 76% European American, 24% African American). Given that data were collected from three different universities and that eating disorder symptomology has been shown to change as a result of year in school, we examined whether university or year in school moderated any of our primary effects. We found no significant effects. Therefore, we reported the more parsimonious results that do not include university or year in school in the models.

Scores on all predictor (social connections and race) and outcome measures (body dissatisfaction and disordered eating) were normally distributed, and Levene’s tests indicated homogeneity of variance. Box plots revealed one Eating Disorder Examination Questionnaire total score outlier. Analyses were conducted with and without the outlier, and the results did not change, thus the outlier was retained in analyses. Multivariate outliers were examined through the calculation of Cook’s D; there were no significant multivariate outliers. The variance inflation factor was less than 2 across the models, suggesting that multicollinearity was not an issue. A missing values analysis revealed low level of missing data (missingness < 5%). Missing items were imputed using all variables contained in the model via multiple imputation analyses. The means and standard deviations for the Berkman-Syme Social Network Index components are presented separately for African American and European American women in Table 1. The average total scores for both the Eating Disorder Examination Questionnaire (M = 1.73, SD = 1.32) and Body Shape Questionnaire (M = 39.60, SD = 21.70) for this study are reported elsewhere (see Howard et al., 2017) and are similar for norms typically reported for U.S. college students (Evans & Dolan, 1993; Quick & Byrd-Bredbenner, 2013). All analyses were conducted utilizing two-tailed tests.

Research Question 1

To examine whether African American women reported significantly higher levels of social connections than European American women, we examined the different aspects of social connection: group membership, sociability, religious involvement, and relationship status. We used chi-square tests to assess differences across the social connection items between African Americans and European Americans. In regard to these social connection items, as shown in Table 1, we found that European American women were significantly more likely to report being in a relationship (62%) compared to African American women (43%). There were no significant differences between levels of group membership (56% European American, 54% African American), sociability (i.e., 71% European American women compared to 65% African American women), or religious involvement (25% of European American women compared to 38% African American women).

Research Question 2

To test whether the social connections were associated with disordered eating and body dissatisfaction, hierarchal analyses were conducted, with social connections (as measured by the Berkman-Syme Social Network Index)
status, group membership, sociability, and religious involvement) as the predictor variables and Eating Disorder Examination Questionnaire or Body Shape Questionnaire score(s) as the outcome variables. A hierarchical regression analysis was conducted given that it allows for control of covariates, the study is not experimental in design, and it can be used to determine the relative contribution of various forms of social connection and race in levels of body dissatisfaction and disordered eating. In Step 1, BMI (computed using height and weight) was added as a covariate given that higher BMI is one of the most pervasive risk factors for the development and severity of body dissatisfaction and disordered eating among college students (Robinson, Kosmerly, Mansfield-Green, & Lafrance, 2014). In Step 2, the predictor variables (social connections and race) were added to the model. This procedure was repeated for both body dissatisfaction and disordered eating as the outcome variables.

In regard to body dissatisfaction, BMI accounted for 19% of the variance in Step 1. In Step 2, the predictor variables (social connections) were added to the model, and the change in $R^2$ was significant, $p < .001$, accounting for an additional 6% of variance. As shown in Table 2, we found that group membership and sociability were significantly and negatively associated with body dissatisfaction ($b = -.18, p = .03; b = -.19, p = .01$) and religious involvement and relationship status were not. In regard to disordered eating, BMI accounted for 16% of the variance in Step 1. In Step 2, the predictor variables were added to the model, and the change in $R^2$ was significant, $p = .03$, accounting for an additional 4% of variance. However, none

### Table 2

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Body Dissatisfaction</th>
<th>Disordered Eating</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\beta$ (SE)</td>
<td>$t$</td>
<td>$p$</td>
</tr>
<tr>
<td>Step 1: Covariate</td>
<td>.19</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td>.31 (.02)</td>
<td>12.93***</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Step 2: Predictors</td>
<td>.25</td>
<td>.06</td>
<td>.20</td>
</tr>
<tr>
<td>BMI</td>
<td>.29 (.02)</td>
<td>11.33***</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Group membership</td>
<td>-.18 (.05)</td>
<td>-2.19*</td>
<td>.03</td>
</tr>
<tr>
<td>Sociability</td>
<td>-.19 (.06)</td>
<td>-3.05**</td>
<td>.01</td>
</tr>
<tr>
<td>Religion</td>
<td>.06 (.09)</td>
<td>0.87</td>
<td>.66</td>
</tr>
<tr>
<td>Relationship status</td>
<td>-.05 (.08)</td>
<td>-0.81</td>
<td>.51</td>
</tr>
<tr>
<td>Race</td>
<td>.22 (.08)</td>
<td>5.43***</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Step 3: Moderation</td>
<td>.25</td>
<td>--</td>
<td>.20</td>
</tr>
<tr>
<td>BMI</td>
<td>.28 (.02)</td>
<td>11.31***</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Group membership</td>
<td>-.17 (.06)</td>
<td>-1.91</td>
<td>.04</td>
</tr>
<tr>
<td>Sociability</td>
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<td>.02</td>
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<td>.35</td>
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<td>.25</td>
</tr>
<tr>
<td>Race</td>
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<td>1.29</td>
<td>.17</td>
</tr>
<tr>
<td>Group Membership x Race</td>
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<td>1.38</td>
<td>.13</td>
</tr>
<tr>
<td>Sociability x Race</td>
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<td>.64</td>
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<tr>
<td>Religion x Race</td>
<td>-.01 (.02)</td>
<td>-0.33</td>
<td>.61</td>
</tr>
<tr>
<td>Relationship Status x Race</td>
<td>.05 (.08)</td>
<td>0.84</td>
<td>.38</td>
</tr>
</tbody>
</table>

*Note. BMI = Body Mass Index. $^* p < .05$ $^** p < .01$ $^*** p < .001.$
of the specific components of social connection (group membership, sociability, religion, and relationship status) were significantly associated with disordered eating.

**Research Question 3**

To test race as a potential moderator of the relationships between social connections and body dissatisfaction and social connections and disordered eating, race was entered as a moderator variable in Step 3 of the previously described hierarchical analyses (see Table 2). The change in $R^2$ was not significant, $p > .05$, suggesting that the relationships between group membership and sociability with body dissatisfaction are similar between African American and European American women.

**Discussion**

The current study attempted to offer additional insight into racial differences in disordered eating and body dissatisfaction by investigating the role of social connections in disordered eating behaviors and body dissatisfaction for African American and European American college women. This study examined racial differences in the various components of our social connection measure (the Berkman-Syme Social Network Index), which were group membership, sociability (close friends and family), religious involvement, and relationship status.

First, we examined racial differences within the Berkman-Syme Social Network Index components. Forty-three percent of African Americans reported being in a romantic relationship compared to 62% of European Americans (see Table 1). This could potentially be attributed to differences in African Americans and European American social networks. As previous research has found, both male and female African Americans report stronger extended families, religious ties, and closeness with immediate family members (Kim & McKenry, 1998; McRae et al., 1999). Although it is speculative, African American students may not focus on developing romantic relationships upon entering college because of the strong social ties already in place. In support of this interpretation, African American students reported higher levels of religious involvement compared to European Americans (38% vs. 25%, respectively), although these results did not reach statistical significance. Previous research corroborates these findings, suggesting that African Americans, particularly women, report involvement in religious activities at greater rates than European Americans (Pew Research Center, 2009).

Although the present study found differences in relationship status and religious involvement between African American and European American college women, we found no significant race differences in women’s group involvement or sociability. The majority of both African American and European American women reported group membership and having more than two close relationships, which aligns with other findings that suggest U.S. college women, generally, report high levels of social support networks (Hamilton, 2009). However, Doan (2011) suggested that certain factors such as campus climate (i.e., attitudes and behaviors of faculty, administrators, and students) and the presence of minority organizations must be present in order to predict group involvement and sociability for students of color on college campuses. Given that the majority of students in this sample were recruited from a diverse research university where minority organizations are prioritized, these findings might be unique to our sample. Therefore, although the current study suggested that European American and African American college women report involvement in group activities and close relationships at similar levels, future research should investigate whether these similarities exist on other campuses where there may be differences in campus climate or opportunities for minority student involvement.

Most previous research exploring associations between social connections, disordered eating, and body dissatisfaction has focused on social support (Riggio et al., 1993; Tao et al., 2000), a broader version of social connection. This study added to the literature by focusing on the specific aspects of social connection and how they relate to body dissatisfaction and disordered eating. We found small but statistically significant negative associations between group membership and sociability on body dissatisfaction, but no statistically significant associations between religious involvement or relationship status on body dissatisfaction. Women who reported greater group involvement and sociability also reported lower body dissatisfaction than those who did not. Although these effect sizes are small to moderate, they corroborate past research that suggests sociocultural impacts on eating disorder symptomatology are generally small to moderate in magnitude (Culbert, Racine, & Klump, 2015). This may suggest that being involved in activities...
and frequent contact with friends and relatives may help to shape a positive perception of body image. These findings are consistent with previous research that suggests feeling socially connected with friends and family is associated with a more positive body image and self-esteem for women in general (Bleeker, Evans, Fisher, & Miller, 1998; Snapp, Hensley-Choate, & Ryu, 2012). Taken together, these results suggest that providing opportunities for social connections could be particularly helpful in decreasing levels of body dissatisfaction on college campuses. Although we did not find significant associations between any of these social connections and disordered eating, the sample used reported low levels of disordered eating behaviors, making it difficult to detect associations. Future research should explore the impact of social connections on disordered eating behaviors in clinical samples.

Finally, in the present study we examined race as a potential moderator between social connections and disordered eating and social connections and body dissatisfaction. Given that African American women tend to place greater value on their social networks than European Americans, this study explored whether social networks may in turn have a greater impact on shaping African American body ideals and eating behaviors (Billingsley & Caldwell, 1991; Kim & McKenry, 1998; Stanton et al., 2007). However, race did not moderate any of the associations between social connections and body dissatisfaction in this study, suggesting that for both African American and European American college women, group involvement and close relationships play an important role in how these young women view their bodies.

**Practical Implications**

Greater access to peer support through involvement in groups and other social organizations (e.g., club sports, cultural clubs) may provide young women with valuable relationships that encourage positive body image. Furthermore, prevention programs such as the Healthy Body Image Program (Jones et al., 2014), Student Bodies (Saekow et al., 2015), and Body Project (Stice, Shaw, Burton, & Wade, 2006) are vital resources for college campuses. The Healthy Body Image Program and Student Bodies are psycho-education communities easy to access via online administration, and are shown to significantly reduce body image concerns in subclinical samples (Jones et al., 2014; Saekow et al., 2015). The Body Project is a group-based intervention developed for high school and college women that provides a forum for young women to question the thin-ideal (i.e., the acceptance of and adherence to sociocultural beauty ideals that focus on thinness) through various peer-led exercises (Stice et al., 2006). The Body Project has the added benefit of providing an opportunity to bring women of various races together and fostering social connections while reducing body dissatisfaction (Stice, Marti, Spoor, Presnell, & Shaw, 2008). These programs all provide education and programming targeting body positivity, and are invaluable for young women struggling with body or eating related issues.

**Limitations and Directions for Future Research**

Although the goal of this study was to survey a large, diverse sample of college women who had varying levels of body dissatisfaction, disordered eating, and social connections, these findings cannot be generalized to clinical populations, men, races other than African American or European American, and schools not contained in the sample. It should also be noted that some participants in our sample fell outside of the “traditional” college age. The cross sectional data collected for this study also presents limitations because cross sectional data does not provide information about behavior(s) over time or cause and effect. In addition, this study utilized self-report measures, which may be problematic due to shared-method variance and when asking about constructs typically associated with shame and stigmatization (i.e., body dissatisfaction and disordered eating). Furthermore, demographic information was collected at the beginning of the survey, which may have inadvertently introduced stereotype threat. Future research designs should utilize a measure of social desirability to control for individuals attempting to present themselves in a favorable light.

Finally, much of the previous research using the Berkman-Syme Social Network Index has been conducted on older populations. The Berkman-Syme Social Network Index assesses social connections through four components: group membership, sociability, religious involvement, and relationship status organizations. Although these components are largely applicable across age groups, the relationship status question was adapted for applicability to college-aged students. Furthermore, the reliability and validity of the Berkman-Syme Social Network Index is difficult to locate, particularly for younger populations, suggesting it may not be the most adequate tool to assess social connections in younger adults.
and the dichotomous scoring of the Index poses psychometric challenges. Moreover, it is important to recognize that group membership and social connections (especially to others who have disordered eating and body dissatisfaction) can also lead to negative outcomes (e.g., in sororities; Allison & Park, 2004; Basow, Foran, & Bookwala, 2007). Future research should explore the impact of specific social connections on body dissatisfaction and disordered eating using various samples (e.g., race, sexual orientation, gender) utilizing longitudinal research designs.

Conclusions

Our findings suggest that less group membership and sociability are associated with greater body dissatisfaction for both African American and European American college women. These findings may help to inform prevention and intervention efforts such as creating opportunities for increased group membership and sociability for both races. These efforts may be particularly helpful in reaching college women with body-related insecurities. Future research should continue to investigate differences in body dissatisfaction and disordered eating between African American and European American college women and the role of social connections in both of these groups, potentially informing culturally tailored interventions.

References


Social Connection and Body Dissatisfaction

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