



## An exploration of the tripartite influence model of body dissatisfaction and disordered eating among Australian and French college women

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### ABSTRACT

The aim of the study was to compare levels of body dissatisfaction, disordered eating and risk factors, and to examine the tripartite influence model of body image and eating disturbance among French and Australian young adult females. Participants were 188 Australian (mean age = 19.6 years,  $SD = 1.0$ ) and 190 French (mean age = 20.7 years,  $SD = 2.6$ ) students. Media, peer and family influences, internalisation of media ideals, appearance comparison, body dissatisfaction, drive for thinness, bulimia and self-esteem were assessed. Australian participants reported perceiving more peer and media influence, and higher levels of appearance comparison, internalisation of media ideals and bulimic symptoms than French participants ( $p < .001$ ). Path analyses revealed that the tripartite model was a good fit in both samples, with similarities and differences. Findings suggest the importance of identifying cultural specificities, and developing a global framework of body image and eating disturbance with a view to prevention.

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### Introduction

Much attention has been paid to the impact of Western culture on disordered eating and body dissatisfaction (Lake, Staiger, & Glowinski, 2000). It has been proposed that the unrealistic and, for the most part unattainable, body ideal promoted by cultural channels results in body dissatisfaction, which in turn leads to disordered eating and negative affect (Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006; Stice, 2002). One of the most pervasive promoters of the Western thin-ideal is, without doubt, mass media (Grabe, Ward, & Hyde, 2008). However, other cultural agents such as peers and family members have been shown to play an important role as sources of influence (Keery, van den Berg, & Thompson, 2004; Rodgers, Paxton, & Chabrol, 2009).

Further attention has been paid to individual differences in perception and vulnerability to these broad sociocultural influences. In particular, ethnic and cultural specificities in relation to sociocultural influences have been of interest. Although initially much of this research has been limited to ethnic minority groups within the USA, an emerging body of literature has investigated body image and eating concerns throughout the Western world (e.g., Soh, Touyz, & Surgenor, 2006; Wildes & Emery, 2001). Examinations of similarities and differences in body image and eating

concerns between countries regarded as belonging to the Western world (including in particular North America, Europe, Oceania and parts of Asia) have produced inconsistent findings, however a recent cross-cultural exploration of women's body dissatisfaction suggested that overall differences are limited and are largely associated with differences in socioeconomic development (Swami et al., 2010).

There has been some support for a cross-Western model. Mautner, Owen, & Furnham (2000) explored a multidimensional measure of body dissatisfaction among college females from the United States, England and Italy. Their findings revealed no cultural differences in the relationships between body dissatisfaction and a number of correlates that are posited to intervene in the development of disordered eating. Similarly, Lunner et al. (2001) reported comparable relationships between weight-related teasing, body mass index (BMI), body dissatisfaction, and drive for thinness among Swedish and Australian female adolescents. Furthermore, similar relationships were found between body image concerns and media exposure among female Estonian and Australian young adults (Tiggemann & Rützel, 2001).

Other investigations, however, have brought to light cultural differences. A recent review of the literature, including 36 studies exploring cultural differences in body image dissatisfaction, revealed global patterns suggesting that individuals in very affluent and westernized areas of Asia reported greater body dissatisfaction than those in the United States, who in turn were more dissatisfied than Europeans and Australians (Holmqvist & Frisén, 2010). Furthermore, some cultural differences in disordered eating and

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associated variables have been reported within Western countries (Lunner et al., 2001; Tiggemann, Verri, & Scaravaggi, 2005). Tiggemann et al. (2005) reported that fashion magazine consumption was a predictor of body dissatisfaction and disordered eating among Australian young women in their study but not in the Italian sample. Cultural differences were also found in predictors of disordered eating among Japanese and American college women (Mukai, Kambara, & Sasaki, 1998). To date however, little is known about cultural variations in the relative importance of risk factors for body dissatisfaction and disordered eating.

In view of the contrasting findings described above, the exploration of differences in the relative importance of risk-factors in various western cultural contexts is important as it contributes to understanding possible sources of the variability of body dissatisfaction and disordered eating between cultural groups (Holmqvist & Frisé, 2010). Possible differences in patterns of risk factors are interesting from a theoretical perspective but are also important to pinpoint so as to better target culturally specific risk factors and tailor prevention efforts.

The present study focuses on 2 particular Western countries: France and Australia. France was chosen, as some authors have pointed to particular features of the French culture in terms of its attitude towards food. It has been suggested that in comparison to the United States, the French tend to eat smaller portions, to linger over their meals and to derive a fuller “food experience” (Rozin, Kabnick, Pete, Fischler, & Shields, 2003). Furthermore, there is evidence of greater positive attitudes towards food and enjoyment of eating in France, compared to other countries, and French people have been found to respond more to internal cues for meal cessation compared to Americans (Holdsworth, 2008; Wansink, Payne, & Chandon, 2007). However, despite these positive aspects which have been brought forward as protective factors against obesity, disordered eating and body dissatisfaction are still important concerns among French young women (Callahan et al., 2003; Grigioni, Beaucreux, Ladner, & Déchelotte, 2007). Furthermore, there is increasing evidence of the impact of sociocultural influences on body dissatisfaction and disordered eating within the French culture (Rodgers & Chabrol, 2009; Rodgers, Paxton, & Chabrol, 2010).

In Australia a large number of studies have documented the prevalence of body dissatisfaction and disordered eating among University students (Hay, 1998). Furthermore, among Australian young women there is an increasing amount of support for sociocultural models of these concerns, which posit that sociocultural influences produce increased internalization of social body ideals, and social comparison tendencies which in turn lead to body dissatisfaction and disordered eating (Lunner et al., 2001; Rodgers et al., 2009). Despite the increasing support for sociocultural models of body dissatisfaction and disordered eating in Australian samples, to date there have been no explorations of an integrative model.

The tripartite influence model, a theoretical model aiming to depict the influence of sociocultural influences on body dissatisfaction and disordered eating, has received some support in diverse cultural settings (van den Berg, Thompson, Obremski-Brandon, & Coovert, 2002; Yamamiya, Shroff, & Thompson, 2006). This model (Fig. 1) proposes that the effect of influences from media, parents and peers is mediated by internalization of social ideals and social comparison, leading to body dissatisfaction, disordered eating and negative affect. However, to date, this model has not been explored among any European or Australian samples.

## Research Questions

The aim of this study was therefore (1) compare body dissatisfaction, risk factors (sociocultural influences, thin-ideal internalisation, appearance comparison) and disordered eating in

an Australian and a French sample of University students and (2) to test the tripartite influence model (in which internalization of the thin-ideal and social comparison mediate the relationship between sociocultural influences and body image and eating concerns) in these samples. In line with previous findings we expected that France and Australia would not differ in levels of body dissatisfaction, risk factors and disordered eating, and that the tripartite model would prove a good fit in both samples.

## Method

### Participants

The Australian sample included 188 female undergraduate students from the Melbourne area. Their ages ranged from 18 to 21 years old ( $M = 19.56$ ,  $SD = 1.01$ ). The ethnic composition of the sample was 81% Caucasian, 9% Asian, 2% Hispanic, 3% Middle-Eastern, 2% Indian, and 3% of other ethnicity. Seventy-two percent of the participants reported living at home with one or both of their parents.

The French sample included 190 female undergraduate students from the University of Toulouse in France. Their ages ranged from 18 to 24 ( $M = 20.70$ ,  $SD = 2.56$ ). The ethnic composition of the sample was 84% Caucasian, 8% from French overseas territories, 4% from North-Africa, 2% Hispanic, and 2% of other ethnicity. Twenty-five percent of participants reported living at home with one or both of their parents.

In both countries, participants were approached by one of the authors (RR) and briefly introduced to the study, which was approved by the relevant ethics authorities. Students who agreed to participate were handed a packet containing an information sheet and the questionnaire. The Australian participants were approached individually on campus and provided with a pre-paid envelope in which to return the questionnaire, whereas the French ones were introduced to the study in classroom settings and returned the completed questionnaires into a collection box.

### Measures

**Family influences.** Participants' perceptions of family norms regarding appearance were assessed using English and French versions (obtained using a standard forward and backward translation procedure with resolution of disparities) of the Family Influence Scale (Levine, Smolak, & Hayden, 1994). This three-item scale assesses participants' views of the investment in physical appearance conveyed by each of their parents. An example question is, “How often is you father on a diet to lose weight?” For each scale, two items are rated on a 3-point scale, from 1 (not at all important) to 3 (very important), while the third is rated on a 6-point scale, from 1 (never) to 6 (all the time). Higher scores indicate higher levels of perceived investment of appearance. Among female college students, van den Berg et al. (2002) reported an internal reliability of .69 for the Family Influence Scale. In the current sample, the internal reliability was .73 among the Australian sample and .68 among the French sample.

**Peer influences.** The Peer Influence Scale (van den Berg et al., 2002) is a parallel measure of the Family Influence Scale. The French version was obtained using a forward and backward translation procedure. The three-item scale assesses participants' views of the investment in physical appearance conveyed by their peers. This is a sample item: “It is important to my friends that they be as thin as possible”. The alpha value for this scale among female adolescents has been reported to be of .83 (van den Berg et al., 2002); in the

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