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Body dissatisfaction and disordered eating among Portuguese and Spanish adolescents: The role of individual characteristics and internalisation of sociocultural ideals



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ABSTRACT

The aim of this study was to explore the differences in patterns of risk factors for body dissatisfaction and disordered eating attitudes in both female and male adolescents from Portugal and Spain. The sample included 455 adolescents aged 12–16 years ($M = 13.28$, $SD = 0.65$) from two urban areas of each country. Body mass index, self-reported self-esteem, perfectionism, internalisation of sociocultural ideals, body dissatisfaction and disordered eating attitudes were assessed. Path analyses provided partial support for a cross-cultural model of body dissatisfaction and disordered eating in Western countries due to the presence of certain differences in the patterns of relationships across sex and country. The findings suggest the importance not only of identifying cultural specificities, even in “neighbouring” countries, but also of developing a global and comprehensive preventive approach that focuses on the influence of the ideal of beauty transmitted by Western societies.

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The impact of Western culture's standards of beauty on body dissatisfaction and disordered eating has been widely studied, especially among adolescents, as adolescence is a period in which individuals are more attentive to the changes that occur in their bodies. During this period, preoccupations with physical appearance frequently arise, body dissatisfaction and disordered eating to compensate for this dissatisfaction and to attain the idealised body (Levine & Smolak, 2002). This idealised body image is usually built on the ideas of beauty spread by the society and, especially, reinforced via the media, peers and family (e.g., Bell & Dittmar, 2011; Field et al., 2001; Stice & Shaw, 2002). Currently, this cultural pressure is felt not only by females – requiring them to have bodies that are excessively thin and impossible for most of them to achieve (Stice & Whitenton, 2002) – but also, and increasingly so, by males (Halliwell & Harvey, 2006). They are asked to “build” moderately muscled and athletic bodies, and this has led to increased concern about body image and the use of weight and body shape

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control methods among young males and a considerable prevalence of eating disorders (6.5%; Kjelsås, Bjørnstrøm, & Götestam, 2004), higher than previously thought (Daniel & Bridges, 2010; Field et al., 2001; Kjelsås et al., 2004).

Our globalized society offers a complex web of forces and factors that bring people, cultures, markets, beliefs and practices into increasingly greater proximity to one another (Sorrells, 2012). In this context, Western culture and its standards of beauty are also widespread. A recent literature review revealed global patterns in terms of body dissatisfaction in different cultures associated with the process of acculturation to the Western lifestyle. For example, individuals from affluent and highly Westernised parts of Asia are more dissatisfied with their bodies than those from the USA, who in turn report greater body dissatisfaction than Europeans and Australians (Holmqvist & Frisé, 2010). Along the same line, eating disorders have increased in populations previously considered less vulnerable to factors leading to body dissatisfaction and disordered eating, such as non-Western groups (Soh, Touyz, & Surgenor, 2006).

Little is known, however, about cultural variations in the relative importance of risk factors for both body dissatisfaction and disordered eating. Some studies have supported the idea of a common model for Western societies, as similar patterns associated with body dissatisfaction, disordered eating, and specific risk factors have been found among adolescents and young adults (especially females) living in Western countries. For example, when comparing the tripartite influence model of body dissatisfaction and disordered eating (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999) among female Australian and French college students, Rodgers, Chabrol, and Paxton (2011) found very similar patterns of paths for risk factors between countries. In addition, Mautner, Owen, and Furnham (2000), comparing female college students from the United States, the United Kingdom and Italy, defended a cross-Western model, given that no cultural differences were found in the relationships between body dissatisfaction and the majority of correlates associated with body image disturbances. Similar paths, considering body mass index (BMI), weight-related teasing, body dissatisfaction and drive for thinness, were found among female adolescents from Sweden and Australia (Lunner et al., 2000).

Different biopsychosocial variables may contribute to the predisposition to body image and eating disturbances, despite the fact that no significant differences in the levels of these disturbances among the groups from diverse countries were found. For example, Sheffield, Tse, and Sofronoff (2005) confirmed that for young Australian women body dissatisfaction directly influenced eating disturbance and mediated the effects of self-esteem. In contrast, young Hong Kong women's self-esteem had a direct effect on eating disturbance, but body dissatisfaction was not a significant predictor for eating disturbance. Tiggemann, Verri, and Scaravaggi (2005) also found the consumption of fashion magazines to be a predictor among Australian young women but not among Italians. However, studies that focus specifically on different samples of European countries are scarce. Are Western European countries similar in relation to how adolescents are affected by the pressures of prevailing beauty models? Do the risk factors for body image dissatisfaction and eating disorders relate equally between them, considering that the values and customs influence social and gender roles, aesthetic preferences and eating habits (Privitera, 2008)?

Most of the cross-cultural studies that focus on differences in the models of risk factors for body image and eating disorders have been conducted with female adolescents or female college students (an example of an exception being Kayano et al., 2008), due in part to the lower prevalence of eating disorders among males (Striegel-Moore & Bulik, 2007). It has been assumed basically that the same factors could contribute to body dissatisfaction and disordered eating among boys and girls (Keel, Klump, Leon, & Fulkerson, 1998; Ricciardelli & McCabe, 2004). However, it is now thought that important differences may exist and should be investigated (Presnell, Bearman, & Stice, 2004). The present study aims to compare a proposed model of risk factors for body dissatisfaction and disordered eating among female and male adolescents from two "neighbouring" southern-European countries, Portugal and Spain. These two countries share many characteristics, but according to the cultural dimensions considered by Hofstede (2001), they differ notably with respect to individualism (vs. collectivism) and masculinity (vs. femininity). In fact, Spain shows higher values on these both dimensions compared to Portugal (Hofstede, Hofstede, & Minkov, 2010), so the self-image of Spanish individuals is defined more in terms of "I" than "We." They are also more self-centred and focused on material and individual achievements. These differences can be related to gender roles and aesthetic preferences in each country, so we think it is important to compare these two countries using a biopsychosocial model of risk factors for body dissatisfaction and eating disorders.

Because the development of body image and eating disorders is considered a multifactorial process, individual biological and psychological contributions to body image and disordered eating need to be considered, as well as sociocultural factors (Jones, Vigfusdottir, & Yoonsun, 2004; Lawler & Nixon, 2011). Thus, in the present study, besides considering the internalization of the sociocultural ideals of beauty, we also introduced BMI as an important variable and two other individual characteristics considered important risk factors for body dissatisfaction and disordered eating: perfectionism and self-esteem (see Fig. 1).

BMI, self-esteem and perfectionism

Body weight has been considered an important factor in predicting body image disturbance for both adolescent males and females (Stice & Whitenton, 2002), although the strength of the relationships seems to vary by gender (Jones et al., 2004; Lawler & Nixon, 2011). Body weight can also indirectly predict disordered eating, as individuals with a higher BMI and a greater deviation from the sociocultural ideal may engage in extreme dieting behaviours to control their weight (Stice & Shaw, 2002). On the other hand, adolescents with low self-esteem may be more predisposed to develop body dissatisfaction and disordered eating (e.g., Francisco, Narciso, & Alarcão, 2013; Ricciardelli & McCabe, 2004; Stice, Presnell, & Spangler,

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