# Effects of visual media and social-support networks on disordered eating behavior

## **Background**

Through various cultural media, Western culture sexually objectifies the female body. Sexual objectification occurs when a female's body image is regarded as characterizing who she is as a person (Fredrickson & Roberts, 1997). Self-objectification occurs when a female internalizes the outsider's objectified view of her body, and deems her physical attributes more important to her self-concept than her non-appearance related attributes (McKinley & Hyde, 1996).

The thin body image portrayed as ideal in Western culture contributes to both mental and physical health issues. Increased levels self-objectification can have a variety of negative behavioral and psychosocial effects on women (e.g., Prichard & Tiggemann, 2008; Tylka, & Sabik, 2010). Self-surveillance (the process of appearance evaluation based on the internalized thin-ideal) and body shame (feelings of shame when one's body does not conform to the thin-ideal) can result in subsequent disordered eating behavior. Approximately 10% of female undergraduates suffer from a clinical or sub-clinical eating disorder. Eating disorders have been recognized as a public health issue since 1985 (Herzog & Copeland; Hudson, et al, 2011).

If the impact of certain cultural media can be determined the information can influence educational interventions regarding risky appearance management behaviors for young adult females. The current study sought to understand the influence of various sociocultural factors that communicate this thin-ideal. We explored the influence of visual media (e.g., television, movies, magazines) and social-support networks (e.g., friends and family) on body-image preoccupation (self-surveillance and body shame) and disordered eating behavior via two competing models. The surveillance subscale of McKinley & Hyde's (1996) Objectified Body Consciousness Scale was used to measure the manifestation of self-objectification. The hypothesized relationships are presented in Figure 1.

❖Hypothesis 1: The amount of self-surveillance and body shame experienced by a young female is influenced by the internalization of the cultural media to which she is

\*Hypothesis 2: Increased levels of body shame and control will be positively associated with negative disordered eating behaviors.

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### Methods

- 478 undergraduate females
- ❖ Ages 18 to 22

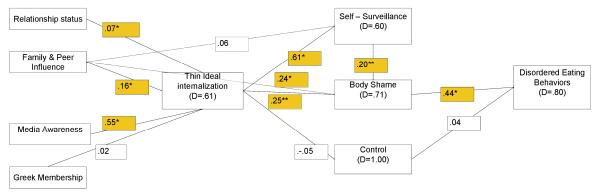
### Procedure

478 predominately Caucasian, undergraduate females attended an inperson session to complete a survey packet for course credit. Participants may have leaned toward more socially desirable answers, if they believed their answers could be linked back to them. To ensure the anonymity of the participants' responses, the measures did not contain any personally identifying information. Participant packets were labeled with an ID number after completion. Participants with incomplete data were excluded from the analysis. A final sample of 463 was analyzed.

Participants responded to guestions on the following measures:

- \* Family and Friends Scale (FFS-R)
- Sociocultural Attitudes Towards Appearance Scale (SATAQ-3)
- Objectified Body Consciousness Scale (OBCS)
- Eating Disorders Diagnostic Scale (EDDS)
- Lifestyle characteristics questionnaire

Figure 1. Standardized path coefficients (parameter estimates) for Model 2



N=463, df=18

## Results

Table 1. Analyzed correlation matrix Media Awareness 1 2. Family &Peers .21" 3. Relationship .11 .13" .09 -.03 -.02 1 4. Greek Membership .29\*\* .15" 5 Internalization .60\*\* 24\*\* 6 Surveillance 43\*\* .12\* .00 .63" 7. Shame .25\*\* .16\* -.02 .44" -.06 .02 -.06 -.01 -.05 8. Control Disordered Eating .17\*\* .23\*\* .06 -.04 .30\*\* .22\* .44\*\* .01 Purging 10. .14\*\* .16\*\* .08 -.03 .21\*\* .16\*\* .23\*\* -.05 .50\*\* .11\* .05 -.06 .19 .14\*\* .26\*\* .00 .59 .24\*\* 11. Diet Pills .11\* .16\*\* .26 .38\*\* .78\*\* .30\*\* .32\* 12. Fasting .14\*\* -.01 .01 .24\*\* .03 .21" .08 -.05 .21\*\* .10\* .33" 13. Exercise

- ❖ Maximum-Likelihood was used in Lisrel 8.72 (Jöreskog & Sörbom, 2007) to analyze the correlation matrix presented in Table 1.
- ❖ Most of the path relationships specified a priori were found to be significant. The data in Table 2 indicates that both Models 1 and 2 had acceptable fit overall.
- ❖ The addition of the paths to Model 2 resulted in a slightly better fit than Model 1. The path from Family & Peer Influence to Body Shame accounted for this significant change in fit.

Table 2. Chi-square and Goodness of Fit indices for each

Model	$X^2_{SB}$	df	$\Delta X^2_{SB}$	$\Delta df_{SB}$	p-value	SRMR	CFI <sub>SB</sub>
Model 1	63.55	20				0.06	0.95
Model 2	29.52	18	22.33	2	< 0.01	0.03	0.99
SB indicates values based on the Satorra-Bentler adjustment							

- Despite adequate model fit, there are still issues that arise in this model, including non-
- \* There are paths in Figure 1 that were not significant, despite being hypothesized as such a priori, including the construct of Control as a whole.

## Conclusions

- The results suggest that visual media awareness and social-support networks influence the internalization of the thin-ideal, self-surveillance and body shame, and disordered eating
- . Understanding the critical influence of the social-support network and visual media on young women's mental health and subsequent disordered eating behavior is essential to addressing
- Developing comprehensive educational programs which use a multipronged approach to underscore both the role of social support and visual media in potentially cultivating body
- \* Future research should focus on the directionality of these relationships in order to better inform the focus of education and prevention efforts.
- Future research should also attempt to examine a more racially diverse population.

<sup>\*</sup> p<.05, \*\*p<.01

<sup>(</sup>D=) standardized disturbance term for each variable

<sup>\*</sup>indicates p<.05

<sup>\*\*</sup> indicates p<.01