



Comparing internalization of appearance ideals and appearance-related pressures among women from the United States, Italy, England, and Australia

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Abstract

Researchers have observed variation in levels of body image disturbance and eating pathology among women from different Western countries. Examination of cross-cultural differences in the established risk factors (i.e., thin-ideal internalization, muscular-ideal internalization, and appearance pressures from family, peers, and media) for negative outcomes may help to elucidate the prominence of specific risk factors within a given Western society and guide associated interventions. Women from the United States (US), Italy, England, and Australia completed the Sociocultural Attitudes Towards Appearance Questionnaire-4 (SATAQ-4). Analysis of covariance controlling for age and BMI indicated significant cross-country differences for all SATAQ-4 subscales. Results typically indicated higher levels of appearance-ideal internalization and appearance pressures in the US and lower levels in Italy; however, associated effect sizes were generally small. A medium effect of country was observed for peer-appearance pressures, which were highest in the US compared with all other countries. Repeated-measures analysis of variance and paired samples *t* tests conducted within each country identified thin-ideal internalization and media appearance pressures as the predominant risk factors for all four countries. Overall, findings suggest more cross-country similarities than differences, and highlight the importance of delivering interventions to address thin-ideal internalization and media appearance pressures among women from Western backgrounds.

Level of evidence Descriptive study, Level V.

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Introduction

Women from Western societies generally report elevated rates of body image disturbance and disordered eating compared with women from non-Western societies [1]. However, evidence suggests some regional variation in body image and eating disturbance among Western countries. For example, researchers have observed higher levels of body dissatisfaction among women in the United States (US) and Canada compared with women in Western Europe and Oceania [2], and higher levels of disordered eating among women in Australia compared to women in Italy [3]. Given possible regional variation in rates of body image disturbance and disordered eating among women from Western countries, examination of empirically supported risk factors among these groups may provide valuable information regarding the prominence of specific risk factors within each country and their appropriateness as targets of interventions.

Validated sociocultural theories provide a fruitful framework for cross-culturally examining proposed risk factors. These theories highlight the role of cultural and interpersonal processes, implicating internalization of appearance ideals and appearance-related pressures in the etiology of negative body image and eating pathology [4, 5]. Consistent with sociocultural models, a wealth of data indicates that thin-ideal internalization and appearance pressures relate to body dissatisfaction, and are causal risk factors for disordered eating among females [6, 7]. However, limited research has compared the levels of these risk factors among women from different Western countries who may vary in their degree of appearance-ideal internalization and exposure to weight pressures.

Extant work examining thin-ideal internalization suggests both similarities and differences among women from Western countries. For example, women from the US and Canada have been found to prefer thinner figures compared with women in Oceania [2], while women from Australia and Italy may have more equivalent levels of thin-ideal internalization [3]. Limited work has examined internalization of the muscular ideal among women from Western countries outside of the US. However, given evolving Western feminine appearance ideals, which increasingly emphasize the importance of muscular definition [8], as well as the increasing globalization of media promoting this ideal, further research related to this construct among women from different cultural backgrounds is warranted.

The Tripartite Influence Model suggests that appearance pressures from three main sociocultural entities (i.e., peers, family, and media) play a key role in the development of body image and eating disturbance [5]. Although evidence shows that appearance pressures are involved in

the etiology of these negative outcomes among women from various Western countries [9, 10], research examining possible cross-cultural differences in levels of pressures from these distinct groups is limited. Nevertheless, cultural values and interpersonal dynamics may vary across countries, impacting the experience of appearance pressures among women [3, 11]. For example, Ruggiero (2001) proposed that although women from Italy may be exposed to high levels of media and peer-appearance pressures, more traditional family values may result in less family based pressures and serve to buffer the effect of pressures from other sources [11].

To better elucidate the occurrence of empirically supported risk factors among women from different Western countries, the goals of the current study were to examine: (a) mean-level differences in thin-ideal internalization, muscular-ideal internalization, and perceived appearance pressures from family, peers, and media between women from the US, Italy, England, and Australia; (b) differences in levels of internalization and pressures within each of these samples. It was hypothesized that women from the US would demonstrate the highest levels of examined risk factors, while women from Italy would report the lowest levels. Women from all countries were expected to endorse greater thin-ideal internalization than muscular internalization. Finally, as most women were drawn from college samples where media and peer influences would likely predominate, family pressures were expected to be lower than other examined sources of pressure.

Method

Participants

Participants were 2275 women from college and community samples within the United States ($n=1913$), Italy ($n=159$), England ($n=110$), and Australia ($n=93$). They ranged in age from 18 to 30 ($M=20.08$ years, $SD=2.43$), with a mean body mass index (BMI) of 22.77 kg/m^2 ($SD=4.37$).

Measures

Demographic information

Participants reported their age, race/ethnicity, height, and weight. Self-reported height and weight was used to calculate each participant's BMI.

Sociocultural Attitudes Towards Appearance Questionnaire-4 (SATAQ-4)

The SATAQ-4 [12] is a 22-item measure assessing thin-ideal internalization (Internalization: Thin/Low Body Fat

subscale) and muscular- or athletic-ideal internalization (Internalization: Muscular/Athletic subscale), as well as perceived appearance and thinness pressures from family (Pressures: Family), peers (Pressures: Peers), and media (Pressures: Media). Items are rated on a five-point Likert-type scale ranging from 1 (Definitely disagree) to 5 (Definitely agree) with higher scores indicating higher levels of internalization and perceived pressure. The SATAQ-4 has demonstrated good reliability and validity [12]. Cronbach's alpha for the SATAQ-4 subscales in the current study was good at 0.83 or higher.

Procedure

Participants from the US were recruited through undergraduate research subject pools at five universities in the Southeast ($n = 831$), East Coast ($n = 430$), West Coast ($n = 301$), North ($n = 251$), and Midwest ($n = 98$) regions. Questionnaires for the IRB-approved studies examining appearance attitudes were administered either online or in person using paper-and-pencil format following participant consent. Following study completion, participants were debriefed and received course credit for their participation. Participants from Italy and Australia were drawn from universities in their respective countries, while participants from England were recruited both from an undergraduate research pool ($n = 62$) and the community ($n = 48$). For data collected in Italy, the SATAQ-4 was first translated into Italian by two bilingual researchers and then back-translated into English by a separate native Italian speaker. Participants from Italy, England, and Australia provided informed consent and completed measures in paper-and-pencil format. As evidence suggests that levels of disordered eating and associated risk factors vary with age [13], the current study was restricted to individuals aged 18–30.

Statistical analyses

Separate one-way analyses of variance (ANOVA) were conducted to examine differences in age and BMI across countries. Next, analyses of covariance (ANCOVA) controlling for age and BMI were conducted to examine differences in SATAQ-4 subscales across countries. Effect size was assessed via partial eta-squared (η_p^2); an effect of 0.01 is considered small, 0.06 is medium, and 0.14 is large [14]. A significant omnibus test was followed by pairwise comparisons. Finally, paired t tests and repeated-measures ANOVA with post hoc paired t tests were conducted within each sample to examine mean-level differences in Internalization and Pressures scores, respectively. All analyses were conducted using SPSS 25.0.

Results

Between-country comparisons

Results from the ANOVAs and ANCOVAs can be found in Table 1. Age and BMI significantly differed across countries. ANCOVAs controlling for age and BMI indicated significant mean-level differences for each of the SATAQ-4 Internalization and Pressures subscales across country. Both thin- and muscular-ideal internalization scores were lowest among participants from England and Italy, while internalization scores were highest among participants from the US and Australia. However, effect sizes for both scales were small in magnitude. Similarly, the effect of country on both family and media pressures scores was small. Participants from the US reported significantly higher family pressures compared with participants from England, and significantly higher media pressures compared with participants from Italy. Country demonstrated a medium effect on peer pressures, accounting for 11% of variance in scores. Participants from the US reported significantly higher peer pressures for thinness compared with participants from Italy, England, and Australia.

Within-country comparisons

A paired samples t test examining internalization levels among participants from the US indicated significantly higher levels of thin internalization compared with muscular internalization, $t(1907) = 29.63$, $p < 0.001$. This pattern of results was similar for participants from Italy [$t(158) = 5.38$, $p < 0.001$], England [$t(109) = 5.88$, $p < 0.001$], and Australia [$t(92) = 6.70$, $p < 0.001$]. Repeated-measures ANOVAs indicated significant differences across pressures subscales for all countries. Within both the US, $F(2, 1893) = 943.16$, $p < 0.001$, $\eta_p^2 = 0.50$, and Italian samples, $F(2, 157) = 103.21$, $p < 0.001$, $\eta_p^2 = 0.57$, media pressures were significantly higher than peer pressures, which were significantly higher than family pressures. Within both the English, $F(2, 107) = 110.17$, $p < 0.001$, $\eta_p^2 = 0.67$, and Australian samples, $F(2, 91) = 133.38$, $p < 0.001$, $\eta_p^2 = 0.75$, media pressures were significantly higher than both family and peer pressures.

Discussion

Consistent with hypotheses, women from the US generally reported the highest levels of examined risk factors, while women from Italy generally reported lower levels. Findings appear to partially support suggestions that the traditional

Table 1 Comparison of demographic characteristics and SATAQ-4 subscales across and within countries

Variable	United States (<i>n</i> = 1913)	Italy (<i>n</i> = 159)	England (<i>n</i> = 110)	Australia (<i>n</i> = 93)	<i>F</i>	<i>p</i>	Partial, η^2	Cross-country pairwise com- parisons
Cross-country ANOVA results								
Age	19.59 (1.99)	23.39 (2.47)	21.81 (2.73)	22.68 (3.19)	$F(3, 2246) = 229.59$	<0.001	0.24	I, A > E > US
BMI	22.95 (4.48)	20.85 (3.02)	22.28 (3.90)	23.01 (3.87)	$F(3, 2250) = 11.79$	<0.001	0.02	A, US, E > I
Cross-country ANCOVA results								
Internalization: thin/low body fat	3.42 (0.91)	2.69 (1.07)	2.92 (1.03)	3.24 (1.10)	$F(3, 2224) = 25.54$	<0.001	0.03	US > E, I; A > I
Internalization: muscular/ athletic	2.70 (0.96)	2.22 (0.81)	2.42 (0.85)	2.49 (0.94)	$F(3, 2225) = 12.72$	<0.001	0.02	US > E, I
Pressures: family	2.50 (1.16)	2.02 (1.01)	2.04 (0.96)	2.10 (1.03)	$F(3, 2213) = 4.65$	0.003	0.01	US > EB
Pressures: peer	2.89 (1.13)	1.75 (0.89)	1.97 (0.88)	2.08 (1.03)	$F(3, 2223) = 88.48$	<0.001	0.11	US > A, E, I
Pressures: media	3.75 (1.16)	3.22 (1.36)	3.44 (1.07)	3.73 (1.03)	$F(3, 2221) = 5.35$	0.001	0.01	US > I
Within-country comparisons	TI > MI MP > PP > FP	TI > MI MP > PP > FP	TI > MI MP > FP, PP	TI > MI MP > FP, PP				

All pairwise comparisons listed were significant at least at $p < .05$. Inferential statistics included age and BMI as covariates, but descriptive statistics (means and standard deviations) are reported as unadjusted for the covariates, so that they may be compared to other studies

US United States, I Italy, E England, A Australia, TI thin-ideal internalization, MI muscular-ideal internalization, MP media pressures, PP peer pressures, FP family pressures

Italian culture may result in lower levels of internalization and appearance pressures among Italian women [11]. Importantly, however, observed cross-cultural differences were generally small in magnitude. For example, although women from the US and Australia reported significantly higher levels of thin-ideal internalization compared with other countries, mean levels were moderate for all four examined countries. Similarly, results examining appearance and thinness pressures across countries suggested only slight differences in the reported levels of family and media pressures.

Within-country analyses also revealed striking similarities across each of the four regions. Consistent with the study hypotheses, women from all countries reported higher levels of thin-ideal internalization compared with muscular-ideal internalization, suggesting that a preference for thinness is pervasive across Western societies. Furthermore, women from the US, Italy, England, and Australia all reported experiencing the greatest degree of appearance and thinness pressures from media. The fact that media pressures emerged as the single greatest source of pressures for women from each of the examined countries demonstrates the ubiquity and strength of media messages promoting the thin ideal. Given the increasing globalization of traditional media outlets (e.g., television and movies) and social media (e.g., Instagram), which frequently promote unrealistically thin body ideals for women [15, 16], it is likely that the cross-cultural similarity in

appearance ideals observed within this study is, in part, driven by shared exposure to Western media. These findings underscore the importance of refining and delivering interventions which seek to reduce the harmful effects of media and thin-ideal internalization.

One exception to the general theme of cross-cultural similarity emerged in our examination of peer pressures. Women from the US reported considerably higher peer pressures than women from Italy, England, and Australia, which may, in turn, increase the relative risk for body image disturbance or disordered eating in this group [9]. Alternatively, it is possible that differences in living arrangements (e.g., on-campus versus off-campus settings) and sample recruitment may have contributed to this finding. Although information regarding housing arrangements was not uniformly collected at each site, it is believed that participants from the US may have more commonly resided in on-campus housing (i.e., dormitories or sororities) compared with participants from other countries. As individuals living in dormitories or sororities may experience increased peer pressures compared to individuals living in alternative settings [17], further work is needed to clarify whether findings in the current study may be driven in part by differences in living arrangements.

Although the current study possesses several strengths including the use of validated measures and the examination of five empirically supported risk factors for body image and eating disturbance among women from four different

countries, important limitations must be noted. Specifically, sample sizes for the Italian, English, and Australian groups were considerably smaller than the US group, which may impact statistical power to detect effects. Furthermore, the wide age range (18–30) and use of both college and community samples preclude strict conclusions regarding college-age women, but may increase the generalizability of findings. Finally, the use of self-reported height and weight may have resulted in biased BMI estimates.

In sum, women across all four examined countries reported more similarities than differences with regard to appearance-ideal internalization and appearance pressures, suggesting that interventions designed to target these experiences are likely to be highly relevant to women from each country. Furthermore, findings indicated particularly high levels of thin-ideal internalization and media pressures across sites, supporting the use of interventions specifically addressing these constructs among Western women.

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Compliance with ethical standards

Conflict of interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

Ethical approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee, and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent Informed consent was obtained from all individual participants included in the study.

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