

The influence of factors that define the body image model on the well-being of young women who suffer from anorexia and bulimia and healthy people¹

Influencia de los factores que definen el modelo estético corporal en el bienestar de las mujeres jóvenes afectadas o no afectadas por anorexia y bulimia

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Resumo

Objetivo del estudio: El modelo estético corporal actual viene determinado por diferentes factores personales y socioculturales, siendo necesario profundizar su influencia e identificar las dimensiones en que se agrupan. Metodología: Para eso, se evaluó la actitud de una muestra de 95 mujeres (saludables y enfermas de anorexia y bulimia) frente a la repercusión de su bienestar en determinados factores relacionados con el modelo estético corporal. En segundo lugar, se realizó un análisis factorial de Componentes Principales para determinar las dimensiones en que se agrupan. Resultados y conclusiones: Concluimos, que son tres las dimensiones de influencia extraídas: primera: "la dimensión social y de autoestima", segunda: "la dimensión sociocultural relacionada con los medios de comunicación" y tercera: "la dimensión de influencia del compañero y la aceptación". A pesar de ser mayor la influencia de los factores personales, familia, amigos y compañero, la "dimensión sociocultural mediática" es la que determina una diferencia mayor entre ambos grupos.

Palabras clave: Factores Socioculturales; Bienestar; Juventud; Anorexia; Bulimia.

Abstract

Objectives: The body image model is determined by different personal and sociocultural factors, a deeper study is necessary about the influence of these factors on the well being and the study about the identification of dimensions which can bring together those factors. **Methodology:** According to this, a sample of 95 women's (healthy and patients: anorexia and bulimia) opinion is evaluated about the influence of personal and sociocultural factors related to the body image model on well being. Secondly, a Principal Component Analysis is made to determine dimensions which bring together personal and sociocultural factors. **Results and conclusions:** To conclude, there are three dimensions related to the body image model: "the social dimension and self-esteem", "the sociocultural dimension related to media", "the dimension related to the partner and acceptance". Although the biggest influence is caused by personal factors, family, friends and partner, however, the "sociocultural dimension related to media" determines the biggest difference between groups.

Keywords: Socio-Cultural Factors; Well Being; Youth; Anorexia; Bulimia.

Introduction

This work presents a study about how the interest to reach a certain esthetic body model can affect the wellness of young women, such as the healthy ones and the ones with a disease related to the esthetic body model.

The esthetic model is a social construction (Carmargos et al., 2009) that varies with each culture. Authors like Baile et al. (2003), Cafri, et al. (2005) explain that the sociocultural factors influence the perceptions of the entire body, potentially leading to dissatisfaction (Rasnake et al., 2005).

Specially in the western culture (Garner and Garfinkel, 1980; Mazur 1986; Nagel and Jones, 1992), in North and South America, -for example, the body is considered like a "capital" for the Brazilian society (Goldenberg, 2011)- and of course, also in the European society.

Within the Western European level, this study was carried out in Spain. Considering this context, the objectives to be addressed are the following:

- Determine the opinion of healthy and diseased sample to the factors shaping the current body esthetic model in Western societies.
- Set the dimensions in which these factors can be grouped related to body esthetic model and can influence the well-being of young women.
- To analyze whether there are significant differences between the given scores by the two samples both underlying dimensions to the factors that compose them.

Theoretical review: Influence of body esthetic model in the welfare of the young

According to Meléndez et al. (2009), individual welfare analysis has revolved around two lines, the study of the called the psychological and the subjective well being. The psychological well being is primarily concerned with having a purpose in life and achieving worthy goals within their own social context (Keyes et al., 2002). Instead, subjective well being is closer to concepts such as personal happiness or life satisfaction. In any case, according to

the authors, both types of well being are related.

It is also necessary to clarify that the psychological and the subjective do not respond exclusively to the influence of objective and subjective factors, respectively. For example, the psychological well being can be produced by the concurrence of objective factors (resources, skills and abilities) and subjective factors, such as being able to set goals beyond reaching objective possibilities.

In this line, the welfare is related to the body shape model, it brings together elements from the two perspectives: the subjective (more personal) and the social psychological (more related to the socio-cultural context). This fact corroborates the importance they can have on the welfare of young people on both personal factors, such as socio-cultural, environmental and media.

Although the division into personal factors and sociocultural may seem too rigid, in fact, this differentiation is simply operational, since at all times, this research works with propositions or items that have been assessed individually by the whole sample. It is also common grouping the factors of influence in different dimensions in the studies related to the body worship and body dissatisfaction, such as Toro et al. (1994), Stice et al. (1996) and Cusumano and Thompson (2000).

In relation to the factors affecting the welfare, Salazar (2008) emphasizes that the phenomena that influenced body worship of the young should be investigated, which can lead to excessive body dissatisfaction, which leads them to seek a physical pattern which is ultra-thin and even contracting serious diseases related to body worship.

In this line, Alegret et al. (2005) define the concept of body worship, as a situation in which the individual's concern for its external image is so much a priority that leads him to make decisions and maintain risk behaviors in order to achieve results beyond what could be considered natural. According to this, the linkage between body worship body image is clear. To Raich (2000) Body image is a complex concept that includes both the perception we have of the body, such as the boundaries of the movement and the subjective experience of attitudes, values we have and how we behave when we enter in contact with our environment.

Definition of factors related to body esthetic model

To define the factors related to the esthetic model that affects the welfare, we began from the study of Toro et al. (1994), who created the scale called CIMEC (Influences of the Body Esthetic Model Survey) To diagnose the influence of body esthetic model in anorexia and bulimia patients, moreover, we have also taken as reference the Carrillo Durán study (2004), that investigates the valuation of young ladies (suffering from anorexia and bulimia and healthy women) performed on certain factors and their degree of influence on their personal welfare.

CIMEC is one of the most used instruments to evaluate the impact of certain factors related to the body of worship and the predisposition of the young of having anorexia and bulimia. It is considered a good starting point for determining the dimensions related to the esthetic body model, although, as we shall see, we think that in this scale there are absences and uncertainties that must be taken into account.

CIMEC Items are grouped according to exploratory factor analysis resulting in five areas of influence. The first one is called "Body Image Concern" and refers to the anxiety that the person feels when she faces situations in which her own body can be disputed or may feel envious of social model's thinness or diet trends. In this factor the only item included of CIMEX that makes direct reference to the influence of the models, fashion or advertising ("Do you envy the thinness of the models appearing in fashion shows or in advertisements of clothing.")

Moreover, the only item on the role of the family ("You talk to people in your family about activities or slimming products?") is also included in this dimension, although it does not refer to the influence of the family in the transmission of the corporal esthetic model, as would be desirable, but rather to a particular action (talk about weight loss) that is not specific to the family, as this type of conversations you can have with anyone. Therefore it seems to be outside of this range as the effect of family (Oliva, 2006) in part, for considering outside this range the measure of the effect of the family (Oliva, 2006) partly on the grounds that there are different

scales of measurement to control this influence. For example, the “Perceived Sociocultural Pressure Scale” (Stice et al., 1996) led to the study of pressure from family, friends, colleagues, family and media in body dissatisfaction. So, Stice (1998) argues that the influence of family and friends correlated with symptoms that show body dissatisfaction

Another area where the CIMEC is called “The influence of advertising”, consists of items that reflect the interest in slimming product announcements. This factor mixes the items related exclusively to advertising with the influence of information on diets and beauty. We believe that information and publicity are different things; so it is wrong from the point of view of communication theory, to call this factor “Influence of advertising” because it includes direct references to information.

While it is true that the received messages are internalized, so that the reference of precedence is lost (it is possible to think in the messages of the advertisements, the images of the models and the magazine news; in the end, they contribute to create a social imaginary related to body image), it is important to identify the source of the message, because we do not expose it in the same way to the advertisements than the reading of a magazine article (Lacher and Rotfeld, 1994; Reijmersdal et al., 2005; Walton, 2010). Thus the filter of the messages we identify as persuasive is probably greater than what we consider to be messages more informative than persuasive.

Furthermore, studies like those of Rodríguez (2008) and Díaz-Soloaga et al. (2009) explain the influence of the information in magazines, in particular, the major cause of diseases such as anorexia and bulimia. In the same vein, Levine et al. (1994) established two sociocultural factors that correlated strongly to the desire of losing weight: comments and criticism from family and friends about weight or body shape and reading magazines about weight loss (more according to media factors). From there we consider it necessary to differentiate the messages according to their origin, when studying the factors that can influence the dissatisfaction with one’s body.

The third area, “Influence of verbal messages” consists of items that also refer to the information

related to the worship of the body. The fourth area, called “Influence of social models”, groups items that reflect the interest in the body of actresses and models of advertising, appearance is also contained in the first area.

Finally, the area “Influence of social situations” consists of those items that refer to subjective social pressure experienced in situations that involve eating and social acceptance attributed to the thinness. This dimension also reflects the items related to the role of friends, but does not incorporate the influence of the couple in the need to take one’s own body, as we shall see is of great importance.

In summary, it appears that these areas of influence have to do with both personal context of the individual as the sociocultural context where elements appear more directly related to youth (influence of verbal messages and comments from friends, for example) as well as elements related to the influence of the media, advertising and images of body worship.

The work of Carrillo Durán (2004) makes a selection of items for the study if the attitude of young girls with anorexia and bulimia and the healthy young, to various factors related to body esthetic model, which can influence their welfare more or less. In that study, the items refer to different areas of influence that may affect the welfare of the sample, trying to correct some imprecisions in the CIMEC (see Table 1) but not extracting dimensions or areas in which to group the items. Our research also looks at the dimensions that can be grouped and therefore summarized by the related factors with body worship, which may affect the welfare of young people.

Explanation of selected items

As shown in Table 1, some items are linked to influential personal factors in the welfare of young people as they relate to self-esteem, the feeling of being good about yourself (Parra, 2005) and of maintaining control over their own bodies. Castro and Díaz (2002) argue that especially from the 80s, researchers have begun to give importance in their studies of personal variables influencing welfare, emphasizing concerns within the body image, the

role of self-esteem or self confidence, obsession with parts of the body, and the desire of maintaining a proper diet without the risk of gaining weight, which is reflected in the items in Table 1.

With regard to the importance of sociocultural factors, Baile et al. (2003) and Cafri et al. (2005) argue that they are very influential in body perception, being elements of little motivation of welfare and satisfaction with one's body within Western culture (Garner and Garfinkel, 1980; Fallon, 1990; Nagel, 1992).

Within sociocultural factors, the influence of the family on welfare seems to be clear (Oliva, 2006; Parra, 2005). Meanwhile, Wertheim et al. (2004) confirm the importance of sharing our context, in the transmission of a pattern of perfection, clearly differentiate the influence of the family and friends from the influence of the couple.

Moreover, Rodríguez (2008) indicates that youth satisfaction will depend on the support they receive from their environment, especially their friends (Moyano and Ramos, 2007). The influence of friends on the body satisfaction is based on the Social Comparison Theory (Heinberg and Thompson, 1992). The most dangerous thing is not the comparison, but the frequency and the subject with which young people are compared (Rodríguez, 2008).

In order to generate body dissatisfaction, the comparison model should be more attractive than the person him/herself. (Tantleff-Dunn et al., 2005).

In a similar way, but outside the group of friends, we can emphasize the role of the couple, whose influence on the development of anorexia and bulimia seems proven. Research carried out by Raboch (1991) confirms significant differences in the positive development in girls with anorexia with a satisfactory relationship opposed to those that did not. According to Fox et al. (2005) the negative comments from boyfriends and comparisons on the woman's body are factors that can influence the beginning of the disease and its evolution. Thus, according to Tozzi et al. (2003) among the most important factors of recovery in anorexia and bulimia, as well as therapy and maturation of the patient, is partner support.

In the same way, different developed studies with young ladies not affected by anorexia and bulimia also conclude that the role of the partner is crucial

in the satisfaction with one's own body (Gondoli et al., 2011; Paxton et al., 2005; Lin and Kulik, 2002; Forbes et al., 2006), need to establish mechanisms to detect this influence in adolescence and early adulthood, where the family has less and less influence even friends.

The context of the sociocultural factors that influence welfare also includes the media type influences, such as information, images of fashion and advertising (Cattarin et al., 2000). Authors like Myers and Biocca (1992), Botta (1999), Harrison (2000) and Park (2005) point out that the pressure of the media is a sociocultural factor that influences the well-being strongly - including the well-being regarding the body - and the creation of the self-identity of the youth (Santos and Silva, 2008). Following this idea, we can say that there are approaches that go against the media, and others that deem its power.

According to the positions against, the body worship seems connected to the proliferation of visual culture, that has not stopped to trigger the alarm against the influence of the media as transmitters of values that influence the body image of the youth (Rasnake et al., 2005; Livingstone and Helsper, 2006), in their feeding habits, as well as in the conception of the body and the beauty in a fragile relationship with health (Teo, 2010).

The media seems to be a factor in the esthetic values adopted by the society (Harrison and Cantor, 1997) and accepted beauty standard. Authors such as Botta (1999) indicate that young people are more vulnerable to media messages that promote or show thinness as an ideal, and that at their age, they are still looking for information to help them form their own identity. In addition, most young people do not achieve a minimum critical view of what they see and when they do it the effect is opposite of the expected. For many, questioning the perfection of the body of the characters in the media is not a protective factor, on the contrary, you can remind them to live according to this ideal of thinness.

Although authors such as Valkenburg and Cantor (2001) show that media literacy mitigates the effect of advertising, Botta (2000) notes that more experienced viewers are more affected than most beginners, the mental effort being the more important

Table 1 - Items related to the esthetic model that influences on well-being

| Factors related with the corporal esthetic model | | Summary. Items (Carrillo Durán, 2004) | Related Dimensions OF CIMEC |
|--------------------------------------------------|-------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------|
| Personal | | "The confidence in myself" | "Body image concern" |
| | | "The obsession with some parts of my body" | |
| | | "Maintaining a stable weight by eating normal" | |
| Socio-cultural | Family | "The family" | The family does not appear clearly in any dimension CIMEC. |
| | Friends | "The friends" | "Influence of social relationships" "Influence of verbal messages" |
| | Couple | "Having a partner who likes the way I am" | The couple did not appear in any dimension CIMEC. |
| | Information of body cult | "The information about diet and beauty" | "The influence of advertising" "Influence of verbal messages" |
| | Fashion | "The runway models as standard of beauty" | "Concern about body image" |
| | Advertising. Images | "The models in the advertisements as standard of beauty" | "Concern about body image" "Influence of body aesthetic models" |
| | Advertising. Body worship Products | | "The beauty product ads" |
| | | "The light product announcements" | "The influence of advertising" |

Source: self made

variable, rather than the amount of time exposure. Based on this approach it seems appropriate to highlight the research about young people, who seem to be more influenced in the short term, like children and adolescents.

As explained above, it is sometimes difficult to separate the influence of the models of fashion shows, casted in large part by the influence of television advertising ads where models also appear. However, within the influences that are related to the context of the media, it is not the same role of images showing patterns of beauty and fashion, transmitted on television, press ... and considered influential for the risk suffered by young people wanting to imitate them, as the role of specific information issued and related to the worship of the body; so this type of informative pressure, results more damaging than the self image transmission of body worship through fashion or advertising, because the person consciously seeks this information (Harrison and Cantor, 1997) and presents a psychological lower

barrier to the content of these messages identified before as clearly persuasive (Walton, 2010).

Moreover, about the influence of advertising, we must emphasize its two facets in the relationship with the esthetic body model. On one hand, the role of the images that appear in advertisements, and particularly the role of advertising model, and on the other hand, the role of the body worship products being advertised.

Regarding advertising images, many of the representations that are considered close to the thin ideal are tied to advertising (Frith et al., 2005), so that, according to Cattarin et al. (2000) women encouraged to be compared with these models, end up feeling unsatisfied. At this point, it seems to fit within the same pattern of influence from fashion models and advertising, the first being perceived as thinner than the models of the ads (Carrillo Durán, 2004).

Actually, it seems possible that exposure to thin images can generate risk of anorexia or bulimia (Jimenez and Silva, 2010), according to Posavac et al.

(2001), women routinely compare their bodies with those of the media and this conduct then creates dissatisfaction. Also, Rodgers and Chabrol (2009) warn that the effect of images of body worship is even greater when there is already a disorder related to the body shape model, speaking of the need to present images not too thin to not aggravate the disease.

Moreover, it is essential to note that not all women will be affected in the same grade, as there are women who put their perfect thinness target, such as those suffering from anorexia and bulimia, and they find reinforcement in these images (Tiggemann and McGill, 2004; Bessenoff, 2006) while others do not. While we all tend to establish a larger filter to the influence of messages already detected as persuasive (as the publicity advertisement) and a much smaller one to the messages we consider news, actually, this trend may be altered by the condition of subject. The person who is in a situation of particular sensitivity before the stimuli, related to body image, can cause the set filter to be different. In this way we can say that the effect of the messages transmitted by the media, about their own body image, depends on the perception and needs of young people present and, therefore, in how they process information received and turn over on their body image (Faber et al., 1979). That is why we consider it necessary to study the influence of several factors related to messages from different sources, comparing the results of a sample of unaffected population from a disorder of body image and one control sample that is affected.

The possible influence of advertising on body esthetic model, not only by the images it presents, but also by the type of products advertised, makes us start defining “body worship advertising” like the communication of products / services, through messages or the presence of images related to the trend, motivation, desire or need of the subject to lose weight or improve their appearance. Within the category in products / services of body worship, to which we refer, we can distinguish the beauty and slimming. The first are referred, in general, to the improvement of external appearance of the subject and the second have the aim of weight loss.

As mentioned above there are also arguments and positions that correlate the power of the media to generate wellness dissatisfaction or body image.

Bellemare et al (1994) state that young people in contact with the television become informed and judicious viewers, Merlo (2005) indicates that young people are media experts and know exhaustively the contents and shapes of the programs. Cebrián (2001), meanwhile considers that the youth is able to understand the mediation systems, can make a critical reading of the messages. However, although research shows that youth consumers have enough critical judgment as to understand the degree of truth (Vera, 2005), “there is no guarantee whatsoever that they will still enjoy seeing unnecessary advertisements or content” (Buckingham, 2002, p. 171).

A work of Anschutz et al. (2009) presents interesting results in the sense that we have been discussing. One group of subjects was exposed to an advertising emission with thin images, not thin and neutral. During the meeting, participants could eat snacks and other foods. It was shown that the sample subjects ate more after perceiving thin images, and not the opposite, concluding that the presence of thin images not necessarily increased anxiety levels before the meal.

Hypothesis

According to the referenced literature, we establish the following hypothesis. First of all, and taking into account all the factors that the body esthetic model considered likely to influence the welfare of young people, we state the H1:

H1: The sociocultural factors create a greater influence than those of a personal nature in the welfare of young people across the sample. In second place, and agreeing with the results of previous studies the H2 establishes the following.

H2: The influence of the dimensions related to the worship of the body that influence wellness is different for the sample of healthy women versus the control sample, young girls affected by anorexia and bulimia.

Material and methods

To study the relationship between the esthetic body model and the welfare of young women we asked a sample of young people their opinion about the set

of aspects described throughout this work to be considered that may influence more or less their welfare (Tabla 1). Remember that this study is to determine which aspects seem to be more determinants on people's welfare, in which dimensions those issues can be grouped, and whether there are significant differences in attitudes between the two groups of women participants (healthy and diseased).

For the collection of information we used a closed survey which asked young people the valuation of selected items. We used a Likert scale of five points, of extremes "does not influence me at all" (assessed with a 1) and "strongly influenced me" (valued at 5) and a neutral position (assessed with 3).

After the collection of the data, the analysis in order to identify the most and least influential aspects and compare the evaluations of both samples was first analyzed. Secondly, a Principal Component Factor Analysis (ACP) was applied to the data set in order to reduce and group the items and thereby to determine the factorial structure (subjacent dimensions) of the studied phenomenon. In the final composition of the sample, the number of young people participating in the study increased to 95 women, divided into two subgroups, normal and young, 61 in total, and suffering from anorexia and bulimia, 34. The group of women affected by eating disorders was established from the start as a control sample, as it has been done in similar studies, such as Botta (2000), which investigated 145 white women and 33 black women who acted as a control group when disagreeing with their body.

Also let us remember that there is frequent research published in scientific journals that use samples around 30 records. For example, Alba and Chattopadhyay (1986) (n = 205, in 12 groups between 14 and 20 individuals) Lynch et al. (1988) (n = 211, in groups between 48 and 59); Nedungadi (1990) (n = 160, in groups of 40 and 20), Kent and Allen, (1994), Keller et al. (1998) (n = 105, in 4 groups of 18, and a group of 33 (control); Hastak and Mitra (1996); Singh and Rothchild (1983) (n = 108, divided into 8 groups), Singh et al. (1988) (n = 64, in groups of 32).

The control sample, affected by body image disorders, was diagnosed and treated at the Department of Food Behavior Disorders, under the Hospital Infanta Cristina, located in the city of Badajoz,

Spain. The patient sample research was performed under the permission and supervision of the Chief of the Unit for Eating Behavior Disorders, which in turn was a member of the team participating in the research project, and that was the one that provided access to the sample of young people suffering from anorexia and bulimia, who were being treated on an outpatient basis in that unit.

The young patients were cited to participate in the study, having been contacted individually and informed prior to performing of the investigation, stating their verbal consent and not being subject to the obligation to participate, if they did not wish to.

The range of age from the participants is from 15 to 38 years, although, the majority (86.3%) is located on the stretch of 16-22 years with a mean age of 19.65 years (standard deviation: 3.54), there's no significant differences in the mean age of both groups (experimental and control), although the dispersion is greater in the diseased group, given the individual patient's condition and treatment phase in which they were.

Results and discussion

First, the results of influence of each of the medium items valued are presented; they are for the entire sample and for each group (Table 2). We ordered the factors in a descending way that influence the diseased group, in order to compare more easily with healthy ones.

It is observed that having a partner who will accept them as they are (a factor that is not present in the CIMEC) and self-confidence are two aspects of great importance for both subgroups. Two other factors are sort of personal. They are also considered very important in the sense of well being of the sick: "the obsession with your body" and "to maintain an stable weight." However, these factors are less influential in the welfare of healthy people, which give more importance to family and friends.

Moreover, the factors related to the esthetic body model less influential in the welfare of the whole sample are the ads of light and beauty products, as well as fashion models and advertising. As already mentioned, although sometimes difficult to separate these influences in reality, the fact that he valued

Table 2 - Influence factors on healthy and sick people

| Factors | Average rating | | |
|--------------------------------------------|----------------|---------|-------|
| | Sick | Healthy | Total |
| Having a partner that likes the way I am | 4.42 | 4.40 | 4.41 |
| The obsession with some parts of my body | 4.38 | 3.18 | 3.61 |
| The confidence on myself | 4.09 | 4.46 | 4.33 |
| Maintaining a stable weigh eating normally | 4.03 | 3.43 | 3.65 |
| Family | 3.97 | 4.38 | 4.24 |
| Information about diets and beauty | 3.94 | 3.02 | 3.35 |
| Friends | 3.79 | 4.35 | 4.15 |
| Advertisement models | 3.48 | 2.00 | 2.52 |
| Runway models | 3.38 | 1.95 | 2.46 |
| Beauty adds | 3.26 | 2.97 | 3.08 |
| <i>Light product adds</i> | 3.00 | 2.20 | 2.48 |

each of these factors separately and the results of the particular influence of each of them go in the same direction, he confirms the entire set of influences affecting less than other factors.

Here we focus on the differences in the median influence of various items for the two subgroups investigated (Table 3).

The factors have been sorted from highest to lowest difference. The positive differences indicate that the item is more influential in the sick and the negative differences, that the considered item is more influential in the healthy ones. The analysis shows that seven from the eleven studied aspects (with a positive value in Table 3) significantly influence the sick. The ANOVA test, designed to measure whether the differences between the experimental sample and the control are statistically significant, confirms that the items that seem to have more influence on the patients are : the presence of models in the media, advertising ($p = 0.000$) and gateway ($p = 0.000$), the obsession with certain parts of their body ($p = 0.000$), information on diets and Beauty ($p = 0.000$), advertisements of products both light ($p = 0.002$) and beauty ($p = 0.001$) and to maintain a stable weight while eating normal($p = 0.025$).

On the contrary, it seems that healthy people seem to give more importance to friends than the sick ones ($p=0.022$) and the family ($p = 0.000$). The self confidence ($p = 0.088$) is another factor that the

healthy ones give more importance to. But all seem to agree in the importance of having a partner who will accept them as they are ($p = 0.914$).

To complete the study, we conducted a principal components factor analysis (ACP) on the set of items related to the body esthetic model in order to synthesize in a few subjacent dimensions. KMO statisticians (0,827) and Barlett ($p = 0.000$) were calculated on the initial data confirmed the suitability of the analysis.

Factor analysis extracted three dimensions that explained 66.8% of the initial variant of the studied phenomenon. Table 4 shows the three extracted dimensions

The first dimension explains the 35.5% of the total variant and brings together a broad set of elements linked to cultural influences related to communication media and fashion, the ones referred to the models, runway or advertising, and the publicity of the products linked with body worship (beauty product announcements and light) with general information about dieting and beauty. Furthermore, the obsession with body image helps to define the meaning of this dimension, which seems logical since the factors related to communication and fashion influence the definition of physical identity.

The second dimension (that explains the 17.8% of the variant) includes three factors related to social relationships, family and friendship, which

Table 3 - Influence factors: Differences among groups

| Factors | Average rating | | |
|-------------------------------------------|----------------|------|---------|
| | Difference | Sick | Healthy |
| Advertisements models | 1.48 | 3.48 | 2.00 |
| Runway models | 1.43 | 3.38 | 1.95 |
| Obsession with some parts of my body | 1.20 | 4.38 | 3.18 |
| Information about diets and beauty | 0.92 | 3.94 | 3.02 |
| <i>Light products advertisements</i> | 0.80 | 3.00 | 2.20 |
| Maintaining a stable weight eating normal | 0.60 | 4.03 | 3.43 |
| Beauty products advertisement | 0.29 | 3.26 | 2.97 |
| Having a couple that likes the way I am | 0.02 | 4.42 | 4.40 |
| Confidence on myself | -0.37 | 4.09 | 4.46 |
| Family | -0.41 | 3.97 | 4.38 |
| Friends | -0.56 | 3.79 | 4.35 |

The difference with positive signs means that the influence of the factor is higher on sick people; the difference with negative signs have a higher influence on healthy people.

Table 4 - Influence dimensions

| Factors | Component | | |
|---------------------------------------------|-----------|-------|-------|
| | 1 | 2 | 3 |
| Advertisement models | 0.890 | | |
| Runway models | 0.885 | | |
| Beauty products adds | 0.821 | | |
| <i>Light products adds</i> | 0.750 | | |
| Information about diets and beauty | 0.729 | | 0.307 |
| Obsession with some parts of my body | 0.652 | | 0.376 |
| Family | | 0.841 | |
| Confidence on myself | | 0.726 | |
| Friends | | 0.684 | |
| Maintaining a stable weight eating normally | 0.338 | | 0.796 |
| Having a partner that likes the way I am | | 0.406 | 0.709 |

Extraction method: Main components analysis. Rotation method: Vartimax.

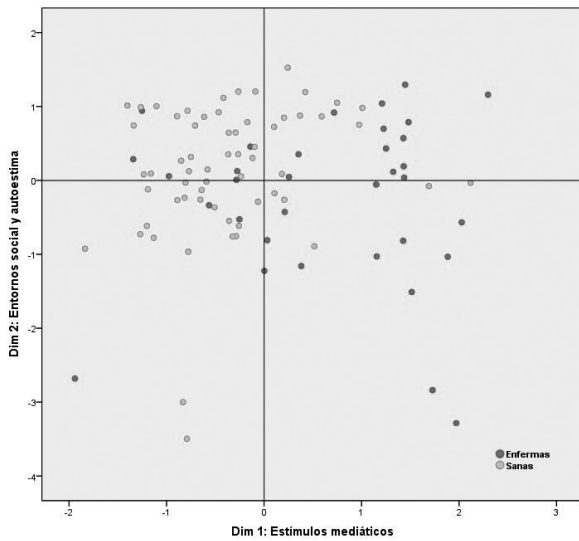
is attached to some personal type of factor on self-esteem (self-confidence), probably because of the influence of friends and family in the strengthening of self-esteem.

The third and final factor, which explains 13.5% of the original variant, clearly correlates with social relations partner and the body weight maintenance. This result indicates that those who give great importance to the fact of being accepted by the couple, also

give importance to the ability to maintain weight and care for their appearance, as also stated by Gondoli et al. (2011) and Paxton et al. (2005), among others.

To complete the study we have shown a scatter diagram (Figures 1 and 2), all youth participants in the study, according to the values taken for the three dimensions identified by factor analysis, and differentiated by the subgroup to which they belong, sick or healthy.

Figure 1 - Influence on the youth well-being. Dimensions 1 & 2



They cross in the first place in dimension 1, which reflects the body shape model elements related to sociocultural media influences, and dimension 2, which measures the given importance to the socio-cultural environment of family, friends and self-esteem (Figure 1). Of the four quadrants that cause the crossing of the two dimensions, the bottom left

is where we find girls who feel that they have little influence from both dimensions in their well-being, these are fundamentally healthy girls.

The upper right quadrant reflects the opposite situation. In this quadrant the young people are located for which the two dimensions are very important, these are mostly young sick girls.

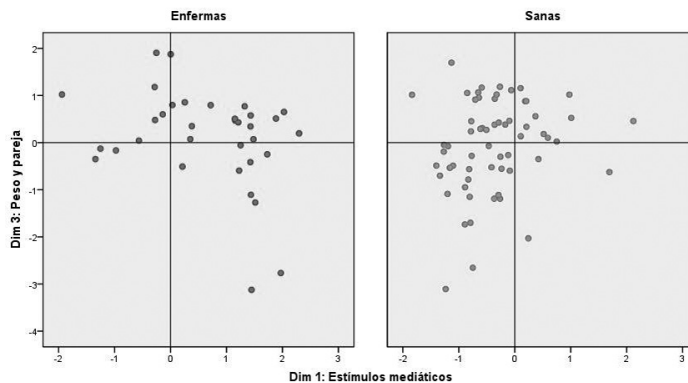
The other two quadrants show intermediate situations. In the upper left quadrant are the girls that are not affected by the media factors but are affected a lot by their social surrounding, familiar and friends, mainly healthy girls.

In contrast, in the lower right quadrant are the girls that are more affected by the media environment than by the immediate social environment, mainly sick girls.

In general, there is a greater presence of young sick girls towards the right side of the plane (concern about the stimuli related with the physical aspect and the transmission of the corporal esthetic model) and of the healthy ones in the left superior part (concern for the familiar and friends context).

Figure 2 shows the scatter diagram obtained across the first dimensions (referred to sociocultural influences media) and third (referred to the importance given to the couple and weight control to achieve acceptance) differentiating between healthy and diseased.

Figure 2 - influence on youth well-being. Dimensions 1 and 3



It is seen that most of the sick young girls are situated in the upper part and, therefore, claim to be highly qualified in their welfare for weight control and the opinion of their couple. This result is not so clear to the healthy group, which shows that a significant part, about half, is situated towards the bottom, not letting themselves be influenced so much by the opinion of their couples and the weight control. The couple, although it can be considered an influential factor in body satisfaction for the entire sample, it manifests as a much more decisive element for the sample of young people already affected by a body image disorder (Raboch, 1991; Fox et al., 2005; Tozzi et al., 2003).

Conclusions

Taking into account the results obtained in the opinion of the sample of young interviewed girls, the first hypothesis is not completely corroborated. In general, considering the particular influence of each item and the dimensions obtained from the factor analysis, we can say that the factors belonging to the immediate environment of the young participants are ones that really influence their welfare, apart from the influences related to communication media.

The most influential factors for the healthy population interviewed are the family, friends, couple and the trust in themselves. In contrast, for the sick women participating in the study, having a couple to accept them, and a set of factors such as the obsession with any part of their body, self-confidence and to maintain a stable weight, are the most important factors, ahead of considerations such as family or friends.

Therefore, the role of the couple has emerged as a key issue in welfare for the entire sample, probably due to the importance that this factor is gaining in the creation of the own body identity as we have argued above and in the election of the way of living their own life, becoming less dependent on traditional institutions such as the family. According to Ortega and Mínguez (2003, p. 39) "The changes have meant the passing of the family as an institution to the family based on personal interaction." Anyway, according to the authors, not only the family but the entire set of institutions or social organizations is necessarily involved in the change of socializing.

Moreover, when we seek the possible existence of significant differences between both subgroups for the studied items is when we observe that media sociocultural influences are heightened for the sick group of participants.

According to the second hypothesis, for the women with anorexia and bulimia participating in this study, the dimension that contains the largest number of sociocultural mediatic factors, mixed with those relating to the acceptance of one's body image is more important than the dimension related to family and friends.

Excluded from this context is the couple, which stands in a third dimension of influence on welfare, which also seems to impact more girls who have a disorder of their body image.

Therefore, we can say that the factors related to the context of the media help to define the absence of well-being in affected young girls from a disorder related to the model body shape, but do not seem able to directly influence the healthy interviewed sample. In addition, we must add that this dimension of sociocultural mediatic factors is not explained without the help of items related with self-esteem, body acceptance, and weight control, factors clearly related with the context of the sample.

In summary, the study showed that for the healthy young interviewed girls, factors like family, friends and partners are more influential on their welfare than factors related to the media.

Moreover, for the sick women interviewed, particularly sensitive to the model body shape, the sociocultural factors related to the influence of the media, combined with the influence of the couple, as we have explained, and some personal aspects that make them feel bad about themselves, made their attitude stronger toward the disease.

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