

Running head: REL BET BD, SE, INT, PSR IN THAI FEMALE UGS

The Relationship between Body Dissatisfaction, Self-Esteem, Thin Media-Ideal Internalization,
and Parasocial Relationships in Thai Female Undergraduates

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Abstract

The current paper investigates the relationship between body dissatisfaction, self-esteem, thin media-ideal internalization, and parasocial relationship (PSR). 115 participants fit the criteria of being an undergraduate female, age ranging from 18-22, with body mass index that does not exceed 22.9 kg/m^2 , and also has a parasocial relationship with a favorite thin female media figure that has a thin-ideal that they desire. Results of this study showed that self-esteem was negatively associated with body dissatisfaction (Hypothesis 1) and internalization of thin media-ideals was positively associated with body dissatisfaction (Hypothesis 2). However, PSR, in terms of communication (Hypothesis 3) and support (Hypothesis 4), was not negatively associated with body dissatisfaction. In addition, self-esteem, thin media-ideal internalization, PSR-communication, and PSR-support collectively predicted body dissatisfaction (partially supporting Hypothesis 5). Specifically, self-esteem and thin media-ideal internalization uniquely predicted body dissatisfaction. Therefore, this indicates that both interpersonal and intrapersonal factors contribute to body dissatisfaction. Results from this study can be used in improving strategies to reduce and prevent body dissatisfaction.

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Chapter 1: Literature Review

Body Dissatisfaction

In the past few decades, research on body image has been progressively prominent due to the prevalence of body image concerns across countries (Furnham, Badmin, & Sneade, 2002; Wardle, Haase, & Steptoe, 2006). Body image is defined as a subjective representation of one's own body that is comprised of three interconnected components: perception, attitudes, and behaviors (Slade, 1994). The perception that one's body is different in comparison to others often leads to negative affect about the self. To alleviate self-deprecating thoughts and feelings, individuals may adopt maladaptive eating behaviors in hopes to attain a positively perceived body image (Harper & Tiggeman, 2008; Morry & Staska, 2001). The concept of body image is elastic as the construct itself is influenced by social and cultural ideals, and is adaptive to time (Birbeck & Drummond, 2003). Though both males and females experience body image concerns, research has primarily focused on adolescent females because their perceptions of body image are subject to immense influences to conform to a thin physique (Botta, 1999). Because body image is multidimensional, body image concerns are measured by different outcome variables such as self-consciousness, body satisfaction, body esteem, body-shame, body-surveillance, drive for thinness, and body dissatisfaction (Grabe, Ward, & Hyde, 2008). Specifically, research indicates body dissatisfaction as a primary risk factor and core component of women's physical and mental well-being (Grabe et al., 2008). Therefore, we aim to enhance our understanding of body dissatisfaction by examining the effects of its potential predictors.

The promotion of thinness in society has led females to develop a distorted image of their own body shape. According to Garner (2002, p. 295), "body dissatisfaction consists of dysfunctional, negative beliefs and feelings about one's weight and shape". It reflects an individual's experienced discrepancy between their perceived body image and a socially represented body ideal (Myers & Biocca, 1992; Myers & Crowther, 2007). Additionally,

research suggests that reports of body dissatisfaction are mostly related to individuals' desires to achieve a thinner physique (Kostanski, Fischer, & Cullone, 2004). The desire to be thinner is widespread across different cultures and contexts (Grabe et al., 2008; Levine, Smolak, & Hayden, 1994). Similar to Western women, Asian women desire to attain a slender physique (Suematsu, Ishikawa, Kuboki, & Ito, 1985). In particular, a preference for a thin body has also been identified in Thailand (Sharps, Price-Sharps, & Hanson, 2001). Wardle et al. (2006) reported that despite having an average BMI that is classified as 'normal' (19.6 kg/m^2), Thai female undergraduates tend to perceive themselves as being overweight. This distorted perception increases susceptibility of viewing self as different from individuals with a thin-body ideal; consequently, contributing to body dissatisfaction.

Research conducted in the United States has determined body dissatisfaction as a predictor of critical health concerns. Among female adolescents, body dissatisfaction is associated with a preoccupation of one's appearance and a desire for cosmetic surgery (Hoffman & Brownell, 1997). According to Stice and Bearman (2001), individuals with body dissatisfaction are at increased risk of experiencing psychopathology, particularly depression. More importantly, body dissatisfaction is a strong predictor for the development of eating disorders such as anorexia, bulimia, and unhealthy weight management techniques: crash diets, fluid tablets, and laxatives (Cooley & Toray, 1996; Neumark-Sztainer, Paxton, Hanman, Haines, & Story, 2006; Paxton et al., 1991; Stice, 2001), which may consequently lead to malnutrition (Pelegriani & Petroski, 2010).

Due to the various physical and psychological health consequences, it is important to identify the predictors of body dissatisfaction. The following factors are some proposed predictors of body dissatisfaction in male and female participants—physical: weight, status, gender, age, ethnicity, socioeconomic status; socio cultural: parenting, dieting, and environment (only females); and psychological: self-esteem and depression (Paxton, Eisenberg, & Neumark-

Sztainer, 2006). This indicates that there are various influencers that affect individuals' susceptibility towards body dissatisfaction.

Conceptual backgrounds of body dissatisfaction. Body dissatisfaction can be theoretically explained with intrapersonal and interpersonal factors. We will discuss predictors of body dissatisfaction with three conceptual backgrounds. This includes biological and developmental models, cognitive theories, and sociocultural models.

Biological and developmental model. Biological factors may play a role in the development of body dissatisfaction. Stice and Whitenton (2002) provided evidence indicating that elevated adiposity predicts body dissatisfaction in females. Body Mass Index (BMI) was also found to be highly correlated with body dissatisfaction (Pop, 2016). Research suggests that BMI has been found to be a unique predictor, up to 31% (Pop, 2016), of greater levels of body dissatisfaction (Paxton et al., 2006). Therefore, it was necessary to adjust for BMI in our current study.

Cognitive theory. The concept of self-schema can be used in explaining the emergence of body dissatisfaction. Self-schemata is conceptualized as how experiences have shaped the understanding and thoughts about the self, which further influences how information about the self is processed in social situations (Markus, 1977). Body satisfaction or dissatisfaction may result from the amount of value an individual places on physical appearance as part of their self-concept (Markus & Sentic, 1982 as cited in Jung, Lennon, & Rudd, 2001). In support of this theory, Jung et al. (2001) reported a positive association between self-schema in the domain of appearance and body dissatisfaction.

Another theory explaining body dissatisfaction is the self-discrepancy theory. It is used to explain emotional states in negative situations (Higgins, 1987). The theory suggests that feelings of dissatisfaction, a dejection-related emotion, can emerge from a discrepancy between the person's perception of what they have and their desired ideal state. Dissatisfaction may stem

from individuals perception that their desires are not accomplished. Self-discrepancy theory suggests that due to a person's desire for a thinner body, body dissatisfaction can result from a discrepancy between how someone views himself or herself and their ideal body (Vartanian, 2012). In support of the self-discrepancy theory, Jung et al. (2001) found that greater levels of body dissatisfaction were found in females with high appearance self-discrepancy compared to low appearance self-discrepancy. Additionally, higher appearance self-discrepancy was also found to be associated with low self-esteem. Thus, this may show how the cognitive perception of the self plays a role in self-value, which may predict negative evaluation of an individual's own body shape. Therefore, it is essential to further investigate the role of self-esteem in predicting body dissatisfaction.

Sociocultural model. Researchers have argued for the importance of examining individuals' responsiveness to sociocultural pressures in understanding the manifestation and maintenance of body dissatisfaction (Stice & Whitenton, 2002). Levine et al. (1994) have outlined four components that underlie the Sociocultural Model. First, the depiction of the ideal female body in the media has become increasingly thin as the standard of physical attractiveness for females is slimmer in comparison to the past (Silverstein, Perdue, Peterson, & Kelly, 1986). Second, rather than thin physiques representing just appearance-related beauty ideals, thinness also symbolizes professional success and intelligence (Silverstein & Perdue, 1988). The third component is behavioral. Female adolescents are continually being convinced that the thin-body ideal is achievable if they engage in body managing techniques (Levine et al., 1994). Lastly, according to Hamilton, Brooks-Gunn, and Warren (1985), exposure to stimuli that highlight thin-body ideals increases an individual's risk of developing maladaptive body management behaviors.

Sociocultural pressure to conform to thin-ideals is present in all facets of life. Individuals are encouraged to sculpt their bodies to align with ideals supported by various social

influences: family, peers, and the media (Lwin & Malik, 2012). Individuals may be pressured by family members and peers to 'fix' their bodies and are therefore, repeatedly reminded of their flaws and differences; consequently, leading them to experience displeasure with their physical bodies (Striegel-Moore, Silberstein, & Rodin, 1986; Thompson & Heinberg, 1999). The cultural fixation on physical appearances has encouraged females to monitor and view their bodies as objects (Aubrey, 2006). Self-objectification results in women defining their bodies in terms of how others perceive them rather than how their bodies feel (Calogero, Davis, & Thompson, 2005). This pressures women to compare their bodies to individuals in real life and in the media.

The Social Comparison Theory suggests that individuals evaluate themselves through comparison with similar others, including those in real life and in the media (Festinger, 1954). The media primarily depicts women with a thin physique that is not representative of the general population; consequently, influencing individuals to perceive their own bodies as being different (Grabe et al., 2008). Because the media promotes thin-beauty standards, perceived differences in body shape may lead to body dissatisfaction (Tiggeman & Slater, 2004). Additionally, researchers argue that for females, the influence of media exposure on body dissatisfaction may be dependent upon the extent of an individual's internalization of thin-body ideals (Durkin & Paxton, 2002; Myers & Crowther, 2007; Thompson & Stice, 2001). Therefore, we have chosen to assess the effects of thin media-ideal internalization on body dissatisfaction.

Research has also examined the influence of peers on female adolescents' body dissatisfaction. Peers are shown to be a relevant comparison target for body-types and are important in interpreting media message (Milkie, 1999; Paxton, Schutz, Wertheim, & Muir, 1999). As a result, body comparison with attractive peers and experiences of peer pressure has been shown to predict body dissatisfaction (Krones, Stice, Batres & Orjada, 2005). Recent research suggests that thin media figures can be perceived as real peers through the development

of a parasocial relationship and are therefore, targets of body comparison (Horton & Wohl, 1956; Levi, 1979; Rubin, Perse, & Powell, 1985). Although media figures can be a target of body comparison and may lead to individual's body dissatisfaction, studies that have examined peer qualities indicate otherwise. Positive friendship qualities can help protect against sociocultural pressures experienced by individuals and support positive body image (Stice & Whitenton, 2002). Therefore, influence of positive friendship qualities in parasocial relationships are investigated in relation to body dissatisfaction.

It has been shown that adolescents may experience body dissatisfaction as a result of internal and external pressures to attain a thin-body. Due to the physical and psychological consequences of body dissatisfaction, it is important to investigate its association with factors like self-esteem, internalization, and parasocial relationships. Therefore, the present study aims to build upon prior research by investigating body dissatisfaction in relation to self-esteem, thin media-ideal internalization, and parasocial relationship among Thai female undergraduates.

Self-esteem

Defining self-esteem. Self-esteem is a term “defined as the individual's perception of his worth” (Ziller, Hagey, Smith, & Long, 1969, p. 84). It is the amount of “value people place on themselves” (Baumeister, Campbell, Krueger, & Vohs, 2003, p. 2). One type of self-esteem is global self-esteem. Global self-esteem is made up of affective and cognitive factors (Pelham & Swann, 1989). This includes overall positive and/or negative feelings a person has concerning the self, beliefs concerning the self, and how the beliefs are structured (Pelham & Swann, 1989; Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995). The factors that were previously mentioned by itself and through interaction can affect a person's global self-esteem (Pelham & Swann, 1989). This indicates that self-esteem varies between individuals. Global self-esteem can be related to individual's psychological well-being (Rosenberg et al., 1995). To an extent, domain specific self-esteem can influence an individual's global self-esteem and vice versa.

Domain specific self-esteem is attitudes regarding parts of an individual's self-concept (Marsh, 1990 as cited in Rosenberg et al., 1995), which is related to an individual's behavior and/or performance (Rosenberg et al., 1995). For the purpose of this research, global self-esteem is studied using Rosenberg's Self-Esteem Scale (Rosenberg, 1965).

Overall global self-evaluation can signify whether a person has high self-esteem (Baumeister et al., 2003) or low self-esteem (Rosenberg, 1965 as cited in Pelham & Swann, 1989). Factors that constitute high or low self-esteem are subjective to the individual (Baumeister et al., 2003). Self-esteem is based on the person's perception or belief they have about themselves, not based on how they really are. High self-esteem is when an individual's overall self-evaluation is positive. When under pressure, individuals with high self-esteem do not instantly react as a response to exposure to new information. They take the time to evaluate whether the information concerns the self (Ziller et al., 1969). "Higher self-esteem was found to be associated with social acceptance, social participation, socioeconomic status (only in an American sample), identification with parents, consistency of social behavior, and the normal as opposed to neurotic personality" (Ziller et al., 1969, p. 93). Baumeister et al. (2003) summarized studies that examined variables associated with self-esteem. Through extensive research, Baumeister et al. (2003) concluded that, to an extent, high self-esteem is associated with school performance, superior self-regulation strategies in performance situations, greater self-perception of social skills, show greater happiness, lower levels of depression, and better physical health.

On the other hand, low self-esteem is when an individual has a negative evaluation of the self (Baumeister et al., 2003). This negative evaluation extends to "events, circumstances, people, and other realities" (Baumeister et al., 2003, p. 7). When under pressure, individuals with low self-esteem are not able to mentally guard themselves from positive or negative evaluation (Ziller et al., 1969). Previous research has shown that low self-esteem plays a role in

an individual's psychological well-being. Mental health problems, including major depression disorder, anxiety disorder, and tobacco dependency; physical health problems; relation to criminal conviction; and economic problems are more common in adults that experience low self-esteem as an adolescent (Trzesniewski et al., 2006). In a longitudinal study, McGee and Williams (2000) showed that global self-esteem predicted health compromising behaviors. Contrary to Trzesniewski et al. (2006), McGee and Williams (2000) suggests that self-esteem did not predict substance use in adolescents. Health compromising behaviors predicted by low self-esteem includes suicidal ideation and problem eating. In a more recent study, Shea and Pritchard (2007) suggested that self-esteem is a secondary predictor of disordered eating, as measured using Eating Disordered Inventory, which measures bulimia, drive for thinness, and body dissatisfaction. Therefore, body dissatisfaction, a subscale of Eating Disordered Inventory, is further looked at in gaining understanding of its relationship with self-esteem. The authors suggested that body dissatisfaction may result from society's influence of thin ideals. With limited understanding on the mechanism underlying this process, it is important to further investigate the relationship between self-esteem and body dissatisfaction.

Self-esteem and body dissatisfaction. As previously suggested, self-esteem is found to be a predictor of body dissatisfaction (Paxton et al., 2006). Fortes, Cipriani, Coelho, Paes, and Ferreira (2014) suggest that around 30% of the adolescents in their research displayed body dissatisfaction, at varying levels, and over 56% of the participants expressed low self-esteem. Results also indicated that negative self-esteem contributed to 8% of variance used to explain body dissatisfaction in female adolescents. The authors argued that low self-esteem may lead to feelings of worthlessness and failure; therefore, potentially contributing to body dissatisfaction. Other studies also support the negative association between body dissatisfaction and self-esteem (Furnham et al., 2002; Kostanski & Gullone, 1998; Pop, 2016; Tiggeman, 2005; van den Berg, Mond, Eisenberg, Ackard, & Neumark-Sztainer, 2010). The relationship between self-esteem

and perceived body image dissatisfaction is more highly related than the relationship between self-esteem and actual body mass (Kostanski & Gullone, 1998). In addition, results also indicate that there is an interaction of other factors (gender, self-esteem, and actual body mass) that influence perceived body image dissatisfaction (Kostanski & Gullone, 1998). In gaining further insight in whether the association between body dissatisfaction and self-esteem is evident in different groups, van den Berg et al. (2010) found that this relationship is present in different groups of adolescents. The relationship maintains as adolescents increase in age. In this study, participant's age ranged from 11-18. Amongst the female adolescents studied, a relationship between body dissatisfaction and self-esteem was found in every weight status group, excluding underweight females; race/ethnicity groups; and socioeconomic status (van den Berg et al., 2010). Body dissatisfaction was found to be higher in female adolescent that are overweight or obese. Although there was a significant association, the strength of the association differed between each subgroup.

As demonstrated by literature, a relationship between self-esteem and body dissatisfaction can be explained using different theories. Thompson, Heinberg, Altabe, & Tanteleff-Dunn (1999) propose that body image is a fundamental part of individual's self-definition (as cited in Clay, Vignoles, & Dittmar, 2005). Society has shaped adolescents to value their image as a substantial part of their self-evaluation; thus, playing a role in their self-esteem. Furthermore, in a cross-cultural comparison study conducted by Jung and Lee (2006) on undergraduate students in the United States and Korea, findings suggest that negative body image and low self-esteem can be explained through appearance self-schema, which is the value an individual gives on their appearance. Low self-esteem was found in those with high appearance self-schema. The authors argued that culture plays a role in appearance perception. In a collective society, appearance is essential for how individuals define themselves.

Another theory used to explain the relationship between self-esteem and body dissatisfaction is the self-discrepancy theory. In terms of body image, the discrepancy between actual and ideal self is correlated with a decrease in self-esteem and rise in body dissatisfaction (Vartanian, 2012). Low self-esteem has found to be related to a greater level of discrepancy between actual and ideal self (Higgins, 1987; Jung et al., 2001). This theory is supported by Jung et al. (2001) and further suggests that this discrepancy occurs in the domain of appearance, as individuals with high appearance self-discrepancy gave themselves lower ratings. Having appearance self-schema and perception of discrepancy in appearance can make individuals susceptible to low self-esteem. Another suggested explanation is that negative self-evaluation, specifically of one's own body, may result from low self-esteem (Paxton et al., 2006). Low self-esteem can make female adolescents more susceptible to societal pressure to be thin. Body dissatisfaction may emerge from internalizing thin beauty ideals and body comparison (Paxton et al., 2006). Though these explanations increase our understanding of the underlying mechanisms between self-esteem and body dissatisfaction, Paxton et al. (2006) argued that better explanations are needed to explain the relationship between body dissatisfaction and self-esteem; therefore, this should be further investigated.

A limitation in the literature on the relationship between body dissatisfaction and self-esteem is that the direction of the relationship is inconclusive (Furnham et al., 2002). In a longitudinal study conducted by Tiggeman (2005), participants were required to complete a questionnaire (on weight, body dissatisfaction, and self-esteem) twice, where the second time was two years after the first. Results from preliminary analysis indicate that self-esteem predicted body dissatisfaction two years after, and vice versa. However, follow-up analysis indicated that self-esteem did not estimate body dissatisfaction in adolescents when body dissatisfaction in Time 1 was controlled for. Furthermore, body image perception constituted for 13% of the variance in self-esteem (Pop, 2016). Therefore, this shows a limitation in

establishing a cause-effect relationship between self-esteem and body dissatisfaction when there is no definite conclusion.

Previous literature has shown that self-esteem is a predictor of body dissatisfaction. However, it is also important to keep in mind the inconsistency in the direction of the relationship. There are theories that can be used to explain this relationship, but there are also limitations in this area of study. Therefore, it is important to further consider self-esteem as a variable that predicts body dissatisfaction.

In developing a further understanding of the relationship between body dissatisfaction and self-esteem, the role of media is observed. Clay et al. (2005) suggested that a reduction in body dissatisfaction and self-esteem is influenced by exposure to thin models in the media. Furthermore, the results also indicated that media plays a role in altering body satisfaction, which contributes to a change in self-esteem. In a more recent study, van Vonderen and Kinnally (2012) revealed that media exposure and media comparison did not predict body dissatisfaction. Of the variables investigated, self-esteem and peer comparison were found to be the biggest predictor of body dissatisfaction. However, the study did not measure the association between body dissatisfaction and internalization. Therefore, it is important to investigate the relationship between the internalization of thin ideals in the media as further elaborated in the following section.

Thin Media-Ideal Internalization

The media is defined as a means of mass communication that generates and delivers ideas, norms, attitudes, and behaviors that construct social reality (Levine et al., 1994). It is a mode of communication with the intention and capacity to reach a large and diverse group of individuals (Thompson & Heinberg, 1999). When referring to traditional media, the literature includes a wide range of sources: magazines, billboards, movies, television shows, music videos, and advertisements (Lwin & Malik, 2012; Silverstein et al., 1986). However, due to increased

accessibility of technology, internet sources (i.e., social media) are also an important source of media to investigate (Bell & Dittar, 2001; Lwin & Malik, 2012).

In relation to body image, the media plays a powerful role in determining and maintaining appearance standards, particularly for adolescent females. Individuals perceive images portrayed and endorsed in the media as a representation of how their physiques ought to be. Generally, across cultures, the media reinforces a thin-body ideal (Grabe et al., 2008; Groesz, Levine, & Murnen, 2002; Levine et al., 1994). This is a concern because the images in the media are not a true representation of the models or actresses. The images have been manipulated with techniques such as airbrushing, strategic camera-angles, and lighting to correlate with thin-body standards as portrayed in the media (Botta, 1999; Want, 2009). The exposure to unrealistic body ideals encourages females to equate thinness to beauty; therefore, motivating females to strive for a body-type that is often unattainable (Engeln-Maddox, 2006; Lopez-Guimera, Levine, Sanchez-Carracedo, & Fauquet, 2010). Due to its powerful influence, the media has been identified as a predominant component of the Sociocultural Model (Morry & Staska, 2001; Myers & Biocca, 1992). The emphasis of the Sociocultural Model is on the societal standard for thinness—a narrative that is constantly highlighted, whether indirectly or directly, in the media. (Benowitz-Fredericks, Garcia, Massey, & Borzekowski, 2012).

The dominance of a thin-body ideal is threatening because audiences perceive media-based images of the ideal body as a representation of a body-related social norm (DeBraganza & Hausenblas, 2008; Engeln-Maddox, 2006). Literature has identified media exposure as an important predictor of body dissatisfaction (Levine et al., 1994; Paxton et al., 1991; Thompson & Heinberg, 1999). Groez et al. (2002) conducted a meta-analytic review to examine the effect of experimental manipulations of media-based thin body ideals on female body image. The authors concluded that participants who viewed more thin media images reported higher levels of body image concern, which included higher ratings of body dissatisfaction. In support, a

meta-analytic review on experimental and correlational body image studies by Grabe et al. (2008) also reported a link between media exposure of thin-body ideals and body image concerns. Their findings indicated that exposure to thin-body ideals as portrayed by the media is associated with women's reports of body dissatisfaction.

The media's portrayal and representation of the ideal body is the foundation of the relationship between media exposure and body dissatisfaction (Botta, 1999). However, the relationship between media exposure and body image is rather complex (Tiggeman, 2006). The empirical evidence that links media exposure and body dissatisfaction can be understood based on the following mechanisms of influence—frequency of exposure, media content, and psychological processing (Thompson & Heinberg, 1999).

Frequency of exposure. Harrison and Cantor (1997) investigated the relationship between college women's media consumption and body image related variables, which included disordered eating, body dissatisfaction, and drive for thinness. Undergraduate participants completed three questionnaires: media exposure, selective exposure based on interest, and disordered eating. Media exposure was determined based on frequency of viewing television shows and reading popular magazines. Furthermore, body dissatisfaction was measured with its respective subscale from the Eating Disorder Inventory. For women, the results indicated that frequency of television viewing and magazine reading predicted body dissatisfaction.

Researchers have provided several theoretical explanations to explain the relationship between repeated media exposure and body dissatisfaction (Grabe et al., 2008). The Cultivation theory suggests that susceptibility to media increases with higher exposure. Repeated exposure to idealized thin-body ideals may unconsciously influence and distort an individual's perception of body ideals and social reality (Gerbner & Gross, 1976). Furthermore, based on Festinger's (1954) Social Comparison Theory, higher frequency of exposure to thin-body ideals means

greater opportunities for negative self-evaluations through comparison with similar media figures (Lopez-Guimera et al., 2010; Tiggeman & Slater, 2004).

In contradiction, Cusumano and Thompson's (1997) research with female undergraduates failed to demonstrate a relationship between media exposure (magazines) based on duration and body dissatisfaction, which was measured with the Eating Disorder Inventory subscale for body dissatisfaction. Examining frequency or duration of media exposure does not ensure attentiveness throughout the duration of reported exposure. For example, individuals may spend more time reading articles rather than looking at pictures of thin models in magazines (Cusumano & Thompson, 1997). Therefore, due to inconsistent findings, the authors argued that frequency of media exposure is an inadequate assessment of the media's influence.

Media content. Literature suggests that the relationship between media and body image also depends on the content of the media (Thompson & Heinberg, 1999; Tiggeman, 2003). Tiggeman and Pickering (1996) conducted a study with adolescent females in Australia to assess the effects of media exposure and media content on body image concerns: drive for thinness (Eating Disorder Inventory subscale) and body dissatisfaction (Likert-type scale for body dissatisfaction from 1= *very satisfied* to 7= *very dissatisfied*). Additionally, exposure to television was calculated with Tangney and Feshbach's (1988) method—participants circled programs from a pre-determined list, which included programs with different media content (i.e., comedy, action, movies, sports). The results indicated that total amount of television viewing was not associated with body dissatisfaction. However, the results suggested that different types of programs had distinct effects on body dissatisfaction. Viewing of TV programs that depicted women with thin-body ideals was positively associated with body dissatisfaction; however, sports viewing negatively predicted body dissatisfaction. Therefore, based on their results, the authors' argued that media content, rather than mere television exposure matters.

However, there are several considerations to reflect on. Individuals with low body dissatisfaction may be more attracted to particular types of media content (Tiggeman, 2003). Furthermore, according to a longitudinal study by Stice, Spanglar, and Agras (2001), exposure to thin-body ideals in the media may have stronger influences on vulnerable (with pre-existing struggles with body image) female adolescents. Therefore, it is important to acknowledge and investigate the underlying psychological processes that contribute to the relationship between media and body dissatisfaction (Bell & Dittar, 2011; Tiggeman, 2006).

Processing mechanisms. Research on the development of body dissatisfaction, based on the sociocultural model, has primarily focused on three psychological constructs – awareness of thin-ideals in the media, perceived pressures to be thin, and internalization of thin-ideals (Cafri, Yamamiya, Brannick, & Thompson, 2005). Though all three factors are associated with body dissatisfaction, the relationship with body image concerns was strongest for perceived pressures and internalization (Cafri et al., 2005). This implies that adoption and assimilation of thin-ideals strengthens media influence, in comparison to just being aware. According to Stice's (1994) mediational model, repeated exposure to thin-body ideals encourages individuals to internalize presented body standards. Most importantly, Stice (1994) proposed that internalization of thin-ideals is a “necessary pre-condition for any adverse effects on body image” (Tiggeman, 2003, p. 420). His theoretical model has consistently been validated by research that identifies internalization of thin-body ideals as a critical mediator between media exposure and body dissatisfaction (Jones, 2004; Thompson & Heinberg, 1999; Thompson & Stice, 2001).

Internalization is defined as a psychological process that occurs when individuals cognitively integrate thin-ideals and its socially defined values (Myers & Crowther, 2007; Thompson & Stice, 2001). The internalization of thin-ideals reinforces women to establish and evaluate themselves based on their appearances. Individuals construct a mental schema of an

objective body shape in reaction to a socially represented body-ideal in the media. Rather than just comparing themselves to others, individuals are additionally comparing a subjective evaluation of their present body to a mental schema of an ideal body. This comparison may consequently highlight perceived discrepancies and may potentially lead individuals to develop body dissatisfaction (Myers & Biocca, 1992; Myers & Crowther, 2007).

As mentioned, internalization plays an important role in explaining the media's influence on body dissatisfaction. Therefore, for this research, we have chosen to investigate the relationship between thin media-ideal internalization and body dissatisfaction. Assessments of media-internalization are designed to examine individuals' acceptance and integration of media based thin-ideals into their self-concept (Knauss, Paxton, & Alsaker, 2007). The internalization subscale of the Sociocultural Attitudes towards Appearance Questionnaire (SATAQ) is validated and commonly implemented by researchers (Cusumano & Thompson, 1997; Heinberg, Thompson, & Stormer, 1995; Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004). Though there are many versions of the SATAQ, we have chosen the original version by Heinberg et al. (1995). The most updated version, SATAQ-4 (Thompson et al., 2011), limits the construct of internalization to individuals desire to have a thin body. However, the internalization subscale in SATAQ by Heinberg et al. (1995) incorporates three factors: social comparison with female media figures, internalization of thinness as a personal goal, and aspiration to look like female media figures—all of which are important influencers that lead to the internalization of thin-body ideals as represented in the media (Thompson et al., 2004).

In conclusion, thin media-ideal internalization is a critical predictor of body dissatisfaction. The focus is on individuals' assimilation of the thin body ideal as active users and meaning-makers rather than passive recipients (Arnett, Larson, & Offer, 1995; Livingstone, 1998). The influence from the media can be conceptualized as a many-to-one relationship, where individuals are exposed to representations of thin-body ideals by various media figures.

However, research suggests that this general influence may be more specific in the form of a perceived one-to-one relationship (Horton & Wohl, 1956). Audience's role as active users may lead to the formation of viewer's one-sided bonding with a media figure or parasocial relationships. Therefore, we will explore the importance of the relationship between parasocial relationship and body dissatisfaction.

Parasocial relationships

Originally conceptualized by Horton and Wohl (1956), parasocial relationship (PSR) refers to a long term, one-sided, subjective and illusory, usually positive experience with a media figure that viewers develop through repeated encounters. It involves a strong emotional response through which viewers perceive media figure as a part of their own social world (Levi, 1979; Rubin et al., 1985). As a result, viewers are more likely to develop a PSR with liked or favorite media figures who can provide experiences of companionship and friendliness as well as facilitate long-lasting emotional bonds and close relationships in comparison to disliked characters whom the viewer's tend to psychologically distance themselves with avoidance (Hess, 2000; Levi, 1979; Tian & Hoffner, 2010). Furthermore, PSR is different from a closely related concept, parasocial interaction. While PSR is maintained without direct media exposure, parasocial interaction is confined to the exposure situation. It is characterized by moment-to-moment felt reciprocity with media figures (Hartmann & Goldhoorn, 2011; Horton & Wohl, 1956). Characteristics include sense of mutual awareness, attention, and adjustments relying on behavioral cues like bodily address and eye-gazing provided by media figures (Cummins & Cui, 2014; Hartmann & Goldhoorn, 2011). Therefore, research has focused on theories, formation, and prolonged influence of PSR instead of parasocial interaction, which has short-lived, momentary effects on viewers (Dibbles, Hartmann, & Rosaen, 2015; Rosaen & Dibble, 2012).

Initially operationalized in use-and-gratification research, PSR was hypothesized to be an alternative method to fulfill unsatisfied social interaction and needs while avoiding social

pressures and demanding expectations (Nordlund, 1978; Rubin et al., 1985). Contrary to initial hypothesis, findings indicate that PSR is an extension of real social relationships instead of a substitute for social needs (Tukachinsky, 2011). Viewers actively seek affiliation and develop a PSR with a media figure that is perceived as real and similar (Coles & Leets, 1998; Perse & Powell, 1985). Studies have investigated PSR with real actors such as favorite television newscasters (Levi, 1979; Rubin et al., 1985); singers (Auter, Ashton, & Soliman, 2008); favorite celebrities (Maltby, Giles, Barber, & McCutcheon, 2005); fictional characters like superheroes (Young, Gabriel, & Hollar, 2013); and fictional personalities including favorite television performers (Rubin & McHugh, 1987), favorite soap opera characters (Rubin & Perse, 1987), and sitcom characters (Auter & Palmgreen, 2000) in different media platforms such as television (Rubin et al., 1985), magazines (Maltby et al., 2005), television programs (Perse & Rubin, 1989; Maltby et al., 2005), commercials (Auter, 1992), and online communities (Ballantine & Martin, 2005).

Furthermore, viewers with PSR develop elaborate character schemas (Perse & Rubin, 1989), entail social attraction (Rubin & McHugh, 1987), and experience intense emotions such as emptiness and loss when their favorite character is no longer on air which are comparable to real life breakups (Eyal & Cohen, 2006). Based on the varying emotional intensities, Tukachinsky (2011) argues for different types of PSR. In his study, two major types of PSR, romantic love and friendship, emerged after a total of 3 studies with 246 undergraduates through qualitative data collection, factor analysis, and construct validation. Romantic or parasocial love is characterized by longing for physical closeness, and need for approval and care mostly with opposite sex. On the other hand, parasocial friendship is characterized as the liking of a same-sex character, feeling solidarity with and trust in the media figure, desire to self-disclose, and perceived support. These findings suggest that viewers willingly develop PSR and employ

psychological mechanisms and social skills to establish the relationship similar to that of a real social relationship rather than as a replacement only after a lack of social needs.

This conceptualization of PSR, as a real life social relationship, has been used as a theoretical ground for explaining the development of PSR. In particular, social exchange theoretical perspective provides an insight to the formation of PSR by examining similar cognitive processes employed in both PSR and real social life. Social exchange theory explains the formation of human relationship such as friendship by examining individuals' relationship satisfaction through pursuing rewards and avoiding costs (Homans, 1961). Rewards refer to positive elements of relationship such as companionship, support, and acceptance while costs are negative elements of the relationship. In PSR, it would appear that viewers have high rewards such as companionship and support with low costs like anxiety and embarrassment in which the viewer's experience positive elements of the relationship without necessarily going through the negatives. Therefore, viewers can easily develop PSR with favorite media figure due to high relationship satisfaction as a result of high reward and low cost (Perse & Rubin, 1989). The explanation also points out the capability and influence of favorite media character since they can provide viewers with high reward yet low cost. The influence of PSR with favorite media figures, particularly thin media figures, on the viewers have been examined in body image research in relation to body image concern.

Parasocial relationship and body dissatisfaction. In body image research, studies have examined the influence and impact of favorite media characters on the viewers in regards to body image concerns. Findings indicate that viewers tend to make efforts to emulate behaviors, identify with, and perceive similarity with favorite media performers in regards to both psychological and physical attributes (Tian & Hoffner, 2010). Based on these findings, researchers have examined the influence and impact of favorite thin media figures on the viewer's body image concerns. Studies suggest that PSR with favorite thin media figures who

are either portrayed as attractive or explicitly represent a thin body predicted not only general eating disorder behaviors and attitudes but also specific psychological states (Greenwood, 2008; Harrison, 1997; Maltby et al., 2005). These studies have accounted for thinness of media characters by pre-selecting popular shows at the time of experiment. According to Harrison (1997), PSR with female characters in Beverly Hills 90210 and Melrose Place who explicitly portrayed a thin body ideal was positively associated with anorexia symptoms as well as predicted drive for thinness and body dissatisfaction. On the other hand, PSR with characters in The Office and Lost did not demonstrate a significant association with body image concerns as stated above. Specifically, female adolescents who have PSR with favorite female celebrities perceived to have thin, attractive bodies predicted higher body dissatisfaction (Maltby et al., 2005). Although studies indicate positive relationship between PSR and body dissatisfaction, the relationship can be influenced by three identified components: a) wishful identification in extreme types of PSR, b) perceived similarity, and c) friendship qualities.

Wishful identification. Wishful identification refers to desire to be like a favorite media figure (Harrison, 1999; Greenwood, 2008). It can influence perception of one's body and behaviors to fulfill the desire, which can lead to an extreme type of PSR – celebrity worship (Maltby et al., 2005). According to the Absorption-Addiction model, viewers develop PSR by psychologically absorbing celebrity's identity in order to establish stable sense of identity and fulfillment in times of compromised identity structure (McCutcheon, Lange, & Houran, 2002). Furthermore, the model has three levels of behaviors and attitudes: entertainment-social value, intense-personal feelings (compulsive), and borderline pathological. Maltby et al. (2005) conducted a study investigating relationship between celebrity worship and eating disorder symptoms on three different samples: 129 school aged 14 to 16 female adolescents, 182 female undergraduates aged 18 to 30, and 289 adults aged 22 to 60. Results suggested that only school-aged female adolescents with intense-personal feelings had a positive relationship with eating

disorders and body dissatisfaction while others did not. Therefore, it was recommended to be used by clinicians and researchers who intend to identify individual differences in young female adolescents who are developing or already experiencing eating disorders (Maltby et al., 2005). To capture non-clinical PSR and its relation to body dissatisfaction in the general population, it is advised to consider alternatives.

Perceived similarity. Perceived similarity refers to an initial holistic judgement of a target, which determines the overall similarity between self and target, like personality (Young, Gabriel, & Sechrist, 2012). After the initial similarity judgement, individuals engage in similarity testing to find specific, salient features like thinness in which individuals can view themselves as thinner, leading to lower body dissatisfaction (Mussweiler, 2003). Literature suggests that individuals experience less body dissatisfaction through perceived similarity with favorite thin media figures (Morry, 2005; Morry, Kito, & Ortiz, 2011). Selective Accessibility Model provides an explanation to the negative relationship between PSR and body dissatisfaction with perceived similarity (Mussweiler, 2003). In Young et al.'s (2012) study, results indicate that female undergraduates experience lower body dissatisfaction only after perceiving thinness-similarity with a favorite thin celebrity rather than a control, neutral thin celebrity. The finding suggests that perceived similarity with a thin media figure not only lowers body dissatisfaction but also depends on 'favorite' or perceived quality of PSR with a thin media figure. Studies suggest that overall similarity and process of similarity testing are likely to occur when individuals have positive friendship qualities of PSR such as closeness and intimacy whereas absence of the qualities can lead to dissimilarity effect, leading to body dissatisfaction (Aron, Aron, Tudor, & Nelson, 1991; Dijksterhuis et al., 1998; Pelham & Wachsmuth, 1995). Therefore, it is important to further examine positive friendship qualities of PSR in relation to body dissatisfaction, which, to our knowledge, previous studies have not yet investigated.

Friendship qualities. Previous studies suggest that viewers tend to perceive PSR with favorite thin media figures as real friends (Horton & Wohl, 1956; Levi, 1979; Rubin et al., 1985). Based on a recent theoretical refinement, perception of favorite media figures as real friends was defined as parasocial friendship (Tukachinsky, 2011). Parasocial friendship consists of several characteristics such as communication and support, which have yet to be examined in relationship to body dissatisfaction. Although parasocial friendship is a one-sided, subjective and illusory experience, the mentioned qualities resemble real positive friendship qualities (Berndt, 2002; Bowker et al., 2007). According to Stice and Whitenton (2002), positive qualities of real friendship may help female adolescents defend against sociocultural pressures to conform to thin body ideals and support more positive body image. Furthermore, findings indicate that positive friendship qualities such as trust, closeness, communication, and support were associated with lower body dissatisfaction in female adolescents, helping them to conceive better body image and lower body dissatisfaction (Ata, Ludden, & Lally, 2007; Leonidas, & Santos, 2014; O’Koon, 1997). Especially, an integrative review of 23 studies suggests that peer support can help individuals cope with eating disorders and related symptoms of body dissatisfaction (Leonidas, & Santos, 2014). Following the conceptual connection that PSR friendship is similar to real friendship, friendship qualities in PSR is examined as potential protective factors against body dissatisfaction.

In a more recently developed PSR scale, Multiple Parasocial Relationship Scale (MPRS) examines the positive qualities with the parasocial friendship (PSF) subscale (Tukachinsky, 2011). A qualitative pilot study found that PSF has two repeating themes—communication and support—that emerged with mainly same-sex friends. The two themes reflected items from scales that measure real life friendship (McCroskey & McCain, 1974). Further research suggests that PSF is psychometrically sound with construct, criterion, and face validity. Furthermore, the scale can measure positive friendship qualities in both fictional and nonfictional characters.

Although there is a more widely accepted and utilized measure of PSR, the Parasocial Interaction Scale, it is not sensitive to different types of PSRs and cannot discriminate between them (Harmann & Holdhoorn, 2011; Tukachinsky, 2011). Therefore, the PSF subscales of MPRS are used to measure PSR that viewers develop with favorite thin media figures.

The Current Study

Extensive research has demonstrated the impact of self-esteem and thin media-ideal internalization in relation to body dissatisfaction. Specifically, after controlling for BMI, studies have revealed a negative association between self-esteem and body dissatisfaction (e.g., Paxton et al., 2006) and a positive association between internalization of thin media-ideals and body dissatisfaction (Grabe et al., 2008). Furthermore, although there are studies that have investigated the relationship between PSR and body dissatisfaction (Harrison, 1999; Maltby et al., 2005; Young et al., 2012), to our knowledge, none have examined the quality of the relationship, particularly positive friendship qualities with favorite thin media figures. The present study aims to develop and expand on the understanding of body dissatisfaction in Thailand. It examines the associations between self-esteem, thin media-ideal internalization, and PSR under three contexts: a) female undergraduates that are in their late adolescence with an age range between 18-22, b) individuals whose BMI does not exceed 22.9 kg/m^2 (Bray & Gray, 1988 as cited in Attasaranya, 2012), and c) individuals who are able to identify and disclose of a favorite thin female media figure and subsequently, confirm that their favorite thin female media figure has a thin-body ideal that they desire.

Research Objectives

To examine whether self-esteem, thin media-ideal internalization, and parasocial relationships will collectively and uniquely predict body dissatisfaction in Thai female adolescents.

Research Scope

Dependent Variable: Body dissatisfaction

Independent Variables: Self-esteem, Thin media-ideal internalization, Parasocial relationship (i.e., communication and support).

Research Framework

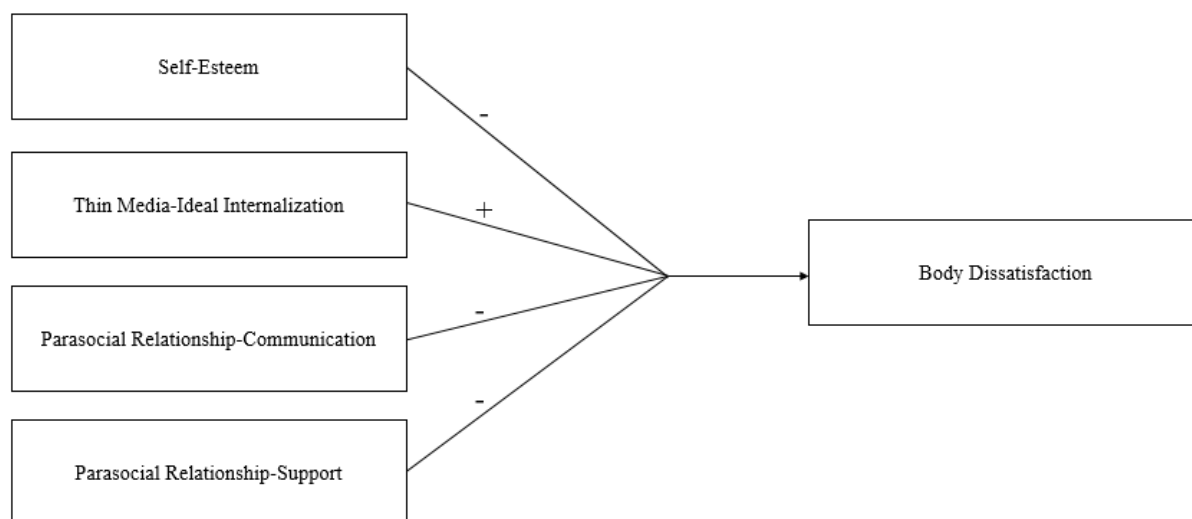


Figure 1. Research framework showing self-esteem, thin media-ideal internalization, parasocial relationship-communication, and parasocial relationship-support as predictors of body dissatisfaction.

Research Hypotheses

1. There will be a significant and negative association between self-esteem and body dissatisfaction.
2. There will be a significant and positive association between thin media-ideal internalization and body dissatisfaction.
3. There will be a significant and negative association between parasocial relationship-communication and body dissatisfaction.
4. There will be a significant and negative association between parasocial relationship-support and body dissatisfaction.
5. Collectively, self-esteem, thin media-ideal internalization, and parasocial relationship (i.e., communication and support) will predict body dissatisfaction

Benefits and implications

Research Contribution: To advance the knowledge and understanding of the predictors of body dissatisfaction.

Practical Contribution: To contribute to the prevention and reduction of body dissatisfaction.

Chapter 2: Research Methodology

Materials and Methods

Participants and recruitment. A total of 190 participants were recruited for this research through convenience sampling. Due to our inclusion criteria, responses from only 115 (61%) participants were used ($M=19.8$, $SD=1.05$). Participants included in this study were Thai female undergraduates, from a range of faculties in Chulalongkorn University; age ranging from 18-22, representing a late adolescent population; with BMI that does not exceed 22.9 kg/m^2 , signifying normal weight classification (Bray & Gray, 1988 as cited in Attasaranya, 2012); was able to identify and disclose their favorite thin female media figure; and that for the individual, their favorite thin female media figure has a thin-body ideal that they desire. Of the 115 participants, 46.1 % were first year students; 40% were 19 years of age; and 38% were from a social science faculty. We excluded 9% of the participants due to lack of PSR (see Appendix A).

Table 1

Participants Demographic Information: Faculty, Academic Year, Age, BMI, Media Use, PSR, and PSR with Thin Media Figure or Not Thin Figure (N = 115)

	Demographics	Number of Participants	Percentage
Faculty	Science and Math	37	32.0
	Humanity	34	30.0
	Social Science	44	38.0
	Total	115	
Academic Year	1	53	46.1
	2	30	26.1
	3	18	15.7
	4	14	12.2
	Total	115	100
Age	18	7	6.1
	19	46	40.0
	20	34	29.6
	21	19	16.5
	22	9	7.8
	23	0	0.0
	Total	115	100
BMI	Underweight to Normal	115	100
	Beyond Normal	0	0.0
	Total	115	100
Media Use	< 30min	0	0.0
	30min - 1hr	1	0.9
	1hr - 2hr	6	5.2
	2hr - 3hr	21	18.3
	3hr - 4hr	20	17.4
	4hr - 5hr	28	24.3
	> 5hr	39	33.9
	Total	115	100
PSR: Yes or No	Yes	115	100
	No	0	0.0
	Total	115	100
PSR: Thin or Not	Thin	115	100
	Not	0	0.0
	Total	115	100

Measures.

Demographics questionnaire. For demographics information, participants reported their age, faculty, year of study, weight and height (see Appendix B). Participants' weight and height were collected in order to calculate their BMI, which as previously outlined, was used as a criterion for study participation. BMI is derived from the formula: weight in kilograms divided by square of height in meters. Additionally, participants also reported on duration of exposure to media per day .

Body dissatisfaction. A Thai translated version of the adapted and revised version of the Body Shape Questionnaire (BSQ-R-10) was used to assess body dissatisfaction (Dejitthirat & Sukworawich, 2005) (see Appendix C). This version of the BSQ was adapted from Mazzeo (1999). The ten items on this scale are positively worded (e.g., "Have you been so worried about your shape that you ought to diet?"). Participants responded on a 5-point Scale (1 = *Strongly Disagree* to 5 = *Strongly Agree*). Scores for each item were added up together. Higher scores indicate greater body dissatisfaction. The scale showed excellent internal consistency ($\alpha = .91$).

Self-esteem. Self-esteem was measured using the Thai translated version of Rosenberg Self-Esteem Scale ([RSES]; Rosenberg, 1965; Wongpakaran & Wongpakaran, 2011) (see Appendix D). This is a 10-item questionnaire used to assess high and low self-esteem. Participants were asked to respond on a 4-point Likert scale (from 1 = *Strongly Disagree* to 4 = *Strongly Agree*). Five items are positively worded (e.g., "On the whole, I am satisfied with myself") and five items are negatively worded (e.g., "At times, I think I am no good at all"). Scores were calculated by reverse-scoring the negatively phrased items and then adding the scores. Higher scores represent higher self-esteem. The scale showed acceptable internal consistency ($\alpha = .76$). Item 7 on the scale showed negative Corrected Item-Total Correlation (CITC; see Appendix E) value, which suggests that this item may be problematic. However, this

item was not found to be problematic in Wongpakaran and Wongpakaran (2011) research; therefore, it was not adapted or changed in the current research.

Thin media-ideal internalization. Participants' level of internalization of thin media-ideals was measured using a newly adapted and Thai translated version of the Internalization subscale of the Sociocultural Attitudes towards Appearance Questionnaire ([SATAQ-Internalization]; Heinberg et al., 1995). This is a 7-item questionnaire used to assess high and low internalization of thin-ideals as represented in the media. Participants responded to items using a 5-point Likert-type scale that ranged from 1 = *Strongly Disagree* to 5 = *Strongly Agree*. The internalization subscale included six direct items such as "I believe that clothes look better on thin models" and one reverse item which was, "I do not wish to look like models in the media". Furthermore, because several media platforms are not as popular as they used to be, we have made adaptations by substituting references to specific media platforms with the word 'media'. For example, we replaced "I often read magazines like *Cosmopolitan*, *Vogue*, and *Glamour* and compare my appearance to the models" with "I often check the media and compare my appearance to the models (see Appendix F). The negatively phrased item was reversed scored before totaling the scores across the seven items to create a scale score. Higher scores are indicative of higher levels of internalization of thin-body ideals as represented in the media. The internal reliability of the scale was acceptable ($\alpha = .74$).

Item-total statistics. According to CITC table for SATAQ-Internalization (see Appendix G) scale from the pilot study, item 7 (in the original 8-item version) had a CITC value below the cutoff of .30 (Squires, Estabrooks, Newburn-Cook, & Gierl, 2011). This item was problematic since a previous study (Sankorrakul, Sittisuntorn, & Lertbannapong, 2014). The researchers opted to make adaptations and keep the item because its removal would not impact the scales Cronbach alpha. Taking this into consideration, we attempted to improve the item by making further adaptations to the phrasing. However, after conducting a pilot study, the CITC value was

still low and the analysis indicated that deletion of this item would improve the overall internal consistency. Therefore, Item 7 was removed.

Parasocial relationship. To measure the two aspects of parasocial relationship according to our theoretical background and hypothesis, we used an adapted and Thai translated version of Parasocial Friendship subscale from the Multiple Parasocial Relationships Scale ([MPRS]; Tukachinsky, 2011). Participants were classified as having a PSR if they can identify their favorite media figure. Parasocial Friendship was measured by two different scales: Communication and Support (see Appendix H and Appendix I, respectively). Participants responded to a 6 items scale for PSR-Communication, which included items like “Sometimes, I wish I could ask X for advice” and 7 items from PSR-Support such as “If X and I know each other, I would give him/her emotional support” using a 5-point Likert scale ranging from 1 = *Strongly Agree* to 5 = *Strongly Disagree*. X refers to the participants’ favorite thin media figure. Neither scale had reversed items. Higher scores on both communication and support scales of parasocial friendship suggest greater parasocial friendship in the particular domain. PSF-communication had acceptable internal consistency with ($\alpha = .74$) and PSF-support had good internal consistency with ($\alpha = .86$).

Process.

Measure development. Two measures, BSQ-R-10 and RSES, were not included in the pilot study because they have recently been translated (Dejithirat & Sukworawich, 2005; Wongpakaran & Wongpakaran, 2011, respectively). Instructions and items on the other three scales (SATAQ-Internalization, PSF-Support, and PSF-Communication) were translated from English to Thai. Then, we conducted a pre-pilot to gather feedback to acquire participants’ understanding and reaction of the translated version of our questionnaire – adjustments were made accordingly. Another pre-pilot was also conducted to ensure that these adjustments helped further clarify the questionnaire. Finally, a pilot test was conducted.

Preliminary analysis of psychometric properties. Assessments of the psychometric properties of the newly translated scales (SATAQ-Internalization, PSF-Support, and PSF-Communication) were analyzed with SPSS. Internal consistency for the SATAQ-Internalization, PSR-Communication, and PSR-Support was assessed using Cronbach's Alpha ($\alpha = .82$, $\alpha = .71$, $\alpha = .83$, respectively).

Data collection. After the psychometric properties of all of measures were ascertained, they were combined together with the demographics sheet and the consent form (see Appendix J) into a paper and pencil questionnaire. The order which the questionnaires were presented is as follows: informed consent, demographics information, PSF-communication, PSF-support, SATAQ-internalization, RSES, and BSQ-R-10. The questionnaires were distributed among Thai female undergraduates during their leisure time in locations like cafeterias, classrooms, and common areas by means of convenience sampling. Participation was voluntary and participants did not receive monetary compensation. The participants took approximately 15 minutes to complete the questionnaire.

Data analysis. The data was analyzed through SPSS. Initially, descriptive statistics, including mean, standard deviation, minimum and maximum, range, psychometric properties, and skewness were calculated. Subsequently, for inferential statistics, we conducted bivariate correlations and multiple regression analyses.

Chapter 3: Results

Abbreviation for variables examined

BD	Body Dissatisfaction
SE	Self-Esteem
INT	Thin Media-Ideal Internalization
PSR	Parasocial Relationship

Abbreviation for statistics

N	Total number of participants
M	Mean
SD	Standard Deviation
R	Pearson correlation coefficient
B	Regression coefficient
β	Standardized regression coefficient
SE (B)	Standard Error of regression coefficient
VIF	Variance Inflation Factor
R^2	Square of multiple correlations

Preliminary Analysis

As seen in Table 2, the mean, standard deviation, skewness, and kurtosis of the five variables examined in the current study are shown. Descriptive analyses revealed that means for body dissatisfaction were slightly lower than its respective midpoint. A higher score on the

scale indicates greater body dissatisfaction. Furthermore, means for self-esteem and PSR-support were relatively high means compared to its respective midpoints. Means of thin media-ideal internalization and PSR-communication were slightly high compared to its respective midpoints. Moreover, higher scores on the scale for self-esteem suggest higher self-esteem. Similarly, a higher score on thin media-ideal internalization indicates greater internalization of thin-ideals as endorsed in the media. Furthermore, higher scores on PSR-communication and PSR-support indicate greater parasocial friendship.

Additionally, we assessed the assumptions of normality by reviewing the skewness and kurtosis values for the scores of the five variables (see Table 2). The scores for body dissatisfaction, self-esteem, and thin media-ideal internalization met the assumptions for normality as the skewness values did not exceed the acceptable limit (< 3.29) and the kurtosis values were within the acceptable limit (< 3.29) (Kim, 2013). PSR-communication was not skewed, but the kurtosis value was not within the acceptable limit. The scores for PSR-support were moderately, negatively skewed and the kurtosis value was not within the acceptable limit. Due to the nature of the variable, this result may not be unexpected. Additionally, given the recommendation by Tabachnick and Fidell (2007) that the assumption for normality can be supported with a sufficient number of participants, here 115, we proceeded with further data analysis.

Table 2

Descriptive Statistics for Body Dissatisfaction, Thin Media-Ideal Internalization, PSR-Communication, and PSR-Support (N=115)

Scales	<i>M</i>	<i>SD</i>	Minimum	Maximum	Range	Skewness	Kurtosis
BD	28.50	8.06	10	50	10-50	2.55	-0.05
SE	29.78	3.73	10	40	10-34	-2.40	1.02
INT	23.20	4.22	7	35	10-35	-0.37	-1.16
PSR – Communication	20.70	3.69	6	30	6-29	-4.09	4.57
PSR - Support	25.73	4.29	7	35	8-35	-3.19	3.84

Bivariate Correlations

Using a Pearson's correlational analysis, bivariate correlations were conducted to examine the associations between the key variables examined (see Table 3). Supporting Hypothesis 1, a significant negative relationship was found between self-esteem and body dissatisfaction such that higher scores on the self-esteem were associated with lower scores on the body dissatisfaction, $r = -.41, p < .001$. A significant positive relationship was found between thin media-ideal internalization and body dissatisfaction such that greater scores on internalization of thin media-ideals were associated with higher scores on the body dissatisfaction, $r = .55, p < .001$. This supports Hypothesis 2. However, non-significant relationships were found between the following correlations: PSR-communication ($M = 20.70, SD = 3.69$) and body dissatisfaction, $r = -.13, p = .079$ and PSR-support ($M = 25.73, SD = 4.29$) and body dissatisfaction, $r = -.10, p = .154$. These findings did not support Hypotheses 3 and 4

that PSR-communication and PSR-support will have a significant negative relationship with body dissatisfaction.

Preliminary analysis on multicollinearity was conducted prior to a multiple regression analysis through the examination of tolerance and Variance Inflation Factor (VIF). As shown in Table 4, tolerance values exceeded .10 and VIF values were below 10. As for the association between variables, the assumptions for regression were met because the examined relationships between predictors were below .90. These analyses indicate that multicollinearity is not problematic. Therefore, a multiple regression analysis was conducted.

Table 3

Bivariate Correlations for Body Dissatisfaction, Self-Esteem, Thin Media-Ideal Internalization, PSR-Communication, and PSR-Support (N= 115)

Variables	BD	SE	INT	PSR-Communication	PSR-Support
BD	(.91)				
SE	-.41**	(.76)			
INT	.55**	-.02	(.74)		
PSR-Communication	-.13	.30**	-.05	(.74)	
PSR-Support	-.10	.14	-.10	.58**	(.86)

** $p < .01$

Multiple Regression Analysis

A multiple regression analysis was conducted by entering the variables simultaneously with self-esteem, thin media-ideal internalization, PSR-communication, and PSR-support as predictors and body dissatisfaction as the criterion (see Table 4).

Together, the four predictors accounted for a significant 43% of variance in body dissatisfaction, $F(4, 107) = 20.06, p < .001$. As for the coefficients alphas, self-esteem significantly predicted 13% of unique variance in body dissatisfaction, $\beta = -.37, p < .001$, such

that with a standardized unit increase in self-esteem, body dissatisfaction decreases by 0.37 points. Thin media ideal internalization significantly predicted 29% of unique variance in body dissatisfaction, $\beta = .54, p < .001$, such that with a standardized unit increase in internalization, body dissatisfaction increases by 0.54 points. PSR-communication predicted a non-significant less than 1% of unique variance in body dissatisfaction, $\beta = .06, p = .502$. If PSR-support increases by a standardized unit, body dissatisfaction should increase by 0.06 points. PSR-support predicted a non-significant less than 1% of unique variance in body dissatisfaction, $\beta = -.04, p = .683$. With a standardized unit increase in PSR-support, body dissatisfaction should decrease by 0.04 points.

Based on the findings, the regression equation where self-esteem, thin media-ideal internalization, PSR-communication, and PSR-support predict body dissatisfaction can be constructed as follows:

$$\hat{Z}BD = 27.81^{***} - 0.37^{***}Z_{SE} + 0.54^{***}Z_{INT} + 0.06Z_{PSR-Communication} - 0.04Z_{PSR-Support}$$

*** $p < .001$

Table 4

A Multiple Regression Analysis where Self-Esteem, Thin Media-Ideal Internalization, PSR-Communication, and PSR-Support Predict Body Dissatisfaction (N = 112)

Variables	B	SE B	β	Co-linearity Statistic	
				Tolerance	VIF
SE	-0.80***	0.16	-.37***	.93	1.07
INT	1.00***	0.14	.54***	.99	1.01
PSR - Communication	0.14	0.20	.06	.61	1.65
PSR - Support	-0.07	0.17	-.04	.63	1.59
Constant	27.81***	6.53			

Note: $R^2 = .43^{***}$, $F(4, 107) = 20.06^{***}$, *** $p < .001$

Additional Analysis

Additional analysis was conducted to examine the association between media exposure, operationalized as duration of media exposure per day, and body dissatisfaction. Literature suggests that mere duration is an inadequate measure when utilized in relation to body dissatisfaction (Cusumano & Thompson, 1997; Stice, 1994). A Pearson's r correlation analysis indicated a non-significant relationship between media exposure, ($M = 5.61$, $SD = 1.31$) and body dissatisfaction, $r = .15$, $p = .058$ (see Table 5). The analysis further supports internalization as having an important role in explaining the media's influence on body dissatisfaction.

Table 5

Means, Standard Deviations, and Bivariate Correlation for Media Exposure and Body Dissatisfaction (N = 115)

Variables	Mean (<i>SD</i>)	BD	Media Exposure
BD	28.50 (<i>8.06</i>)	-	
Media Exposure	5.61 (<i>1.31</i>)	.15	-

* $p < .05$

Table 6

Conclusion of the Findings According to the Research Hypotheses

Research Hypotheses	Findings
1. There will be a significant and negative association between self-esteem and body dissatisfaction.	Supported; $r = -.41, p < .001$ (one-tailed)
2. There will be a significant and positive association between thin media-ideal internalization and body dissatisfaction.	Supported; $r = .55, p < .001$ (one-tailed)
3. There will be a significant and negative association between parasocial relationship-communication and body dissatisfaction.	Not Supported; $r = -.13, p = .079$ (one-tailed)
4. There will be a significant and negative association between parasocial relationship-support and body dissatisfaction.	Not Supported; $r = -.10, p = .154$ (one-tailed)
5. Collectively, self-esteem, thin media-ideal internalization, and parasocial relationship (i.e., communication and support) will predict body dissatisfaction.	Partially supported; $R^2 = .43, F(4,107) = 20.06, p < .001$. SE: $\beta = -.37, p < .001$ INT: $\beta = .54, p < .001$ PSR-communication: $\beta = -.04, p = .683$ PSR-support: $\beta = .06, p = .502$

Chapter 4: Discussion

This study aims to investigate the influences of self-esteem, thin media-ideal internalization, and PSR on body dissatisfaction. Several hypotheses were examined. To begin with, self-esteem will have a significant negative correlation with body dissatisfaction (Hypothesis 1). Thin media-ideal internalization will have a significant positive association with body dissatisfaction (Hypothesis 2). PSR-communication and PSR-support will have significant negative correlations with body dissatisfaction (Hypothesis 3 and 4). Lastly, it was hypothesized that self-esteem, thin media-ideal internalization, PSR-communication, and PSR-support will collectively predict body dissatisfaction in Thai female undergraduates (Hypothesis 5).

Self-Esteem and Body Dissatisfaction

Hypothesis 1 was supported as there was a negative association between self-esteem and body dissatisfaction. Individuals with lower self-esteem showed greater levels of body dissatisfaction. Although our participants were limited to individuals that have a PSR that represent their thin ideal, the findings in this research supports previous research that suggested that there is a relationship between self-esteem and body dissatisfaction (e.g., Fortes et al., 2014; Furnham et al., 2002; Kostanski & Gullone, 1998; Pop, 2016; Tiggeman, 2005; van den Berg et al., 2010).

The current finding could be viewed in light of the conceptualization of self-esteem as stemming from negative self-evaluation and criticism towards the self (Baumeister et al., 2003). This could occur due to different factors, depending on what an individual perceives to be important (Pelham & Swann, 1989), which contributes to an individual's self-esteem. In the domain of appearance, individuals with high appearance self-discrepancy are more likely to have lower self-esteem than those that have low appearance self-discrepancy (Jung et al., 2001). In contrast, females with low self-esteem may look for an attribute that could help increase their self-worth. As discussed below, societal messages highlighting body image is an important

criterion for determining self-worth for female adolescents (Stice & Whitenton, 2002). Through internalization of such messages, female adolescents may pay more attention to their bodies (Fortes et al., 2014); therefore, increasing the risks that they perceive flaws and limitations in their physique.

Thin Media-Ideal Internalization and Body Dissatisfaction

Hypothesis 2 was also supported as the results indicated a positive relationship between body dissatisfaction and thin media-ideal internalization. Higher levels of thin media-ideal internalization were associated with higher body dissatisfaction. Further analysis also revealed that duration of media exposure and body dissatisfaction was not positively associated. Together, these results corroborate body image literature (Bell & Dittar, 2011; Jones, 2004; Tiggeman, 2006; Thompson & Heinberg, 1999; Thompson & Stice, 2001) that identified internalization as a psychological construct that contributes to the relationship between media exposure and body dissatisfaction. The results reiterate the importance of accounting for internalization, rather than just media exposure (duration or frequency) when investigating the influence of media on body dissatisfaction.

As Cusumano and Thompson (1997) argued, mere examination of the frequency or duration of media exposure is an inadequate assessment of the media's influence. The results of this study challenge the application of Cultivation Theory (Gerbner & Gross, 1976) – repeated exposure or increased exposure to thin-body ideals as portrayed in the media does not necessarily increase an individual's susceptibility to having a distorted perception of body ideals. The distinction between media exposure and internalization of thin media-ideals is important because rather than just assessing duration or frequency of exposure, thin media-ideal internalization is an assessment of the extent to which an individual assimilates thin-ideals as depicted in the media (Myers & Crowther, 2007; Thompson & Stice, 2001).

Therefore, the results indicate that through thin media-ideal internalization, Thai female undergraduates who have a PSR with a thin female media figure are susceptible to experiencing body dissatisfaction. Individuals integrate thin-media ideals into their self-concept and are then encouraged to prioritize appearance related values (Knauss et al., 2007). With increased salience on appearance and body ideals, individuals use media-influenced mental schemas of a thin-body ideal as a standard of comparison. Consequently, if individuals perceive a discrepancy between their ideal-body shape (as influenced by the media) and present body shape, they may experience body dissatisfaction (Myers & Biocca, 1992; Myers & Crowther, 2007)

Parasocial Relationship and Body Dissatisfaction

Hypothesis 3 was not supported because PSR-communication did not have a meaningful association with body dissatisfaction. Despite the conceptual connection, the result did not support previous research that reported a negative association between real friendship communication and body dissatisfaction (Holsen, Jones, & Brikeland, 2012; Schutz, 2007). Studies that have found a negative association between communication and body dissatisfaction used positive communication in their measure that included acceptance and trust. On the other hand, Curtis and Looman (2014) found a positive relationship between communication and body dissatisfaction when communication focused on negative remarks about the body, concern for weight, and 'fat-talking'. These findings in the literature suggest that specific types of communication, either positive or negative, can determine its relationship with body dissatisfaction. Items of PSR-communication in this study measured a broad concept, perception of communication, without positive or negative valence. Therefore, the lack of valence in the items of PSF-communication scale may explain the null relationship between PSR-communication and body dissatisfaction.

Similarly, Hypothesis 4 was not supported as the result revealed that PSR-support and body dissatisfaction was not associated. Although PSR-support and social support in real

friendships are conceptually similar (Tukachinsky, 2011), our result does not support the studies that reported a negative association between social support in real friendships and body dissatisfaction (Ata et al., 2007; Bearman, Presnell, Martinez, & Stice, 2006; Stice, Presnell, & Spangler, 2002; O’Koon, 1997). On the contrary, Gerner and Wilson (2005) found that social support was not associated with body dissatisfaction but rather, social support was negatively associated with body image concern. The researchers suggested that the construct of body dissatisfaction is restricted, measuring only bodily representation of weight and shape. However, body image concerns encompass broader aspects, like thoughts and feelings, of the individual’s outer appearance. Comparably, PSR-support was not associated with body dissatisfaction potentially due to BSQ-R-10’s narrow construct of measuring only body shape.

The negative direction of the association between PSR (communication and support) and body dissatisfaction was consistent with previous studies. This can be indicative of its potential as protective factors for body dissatisfaction. However, our findings were not significant possibly due to potential cultural differences in individuals’ interpretations of PSR. PSF-communication and PSF-support scales in the MPRS were developed through qualitative study and analyzed using factor analysis with a sample of university students in the U.S. (Tukanchinsky, 2011). Their understanding of PSR as one-sided and illusory may not reflect the understanding of PSR in Thai female undergraduate participants. Furthermore, there may be cultural differences in understanding PSR-friendship qualities in Thai female undergraduates compared to students in the U.S. In addition, an interdependent culture may have influenced the result. There may be more accessible real communication and support available for Thai female undergraduates. Therefore, it is possible that Thai female undergraduates may not necessarily look for friendship qualities – communication and support – in PSR with favorite media figure. However the discussed explanations warrant further investigation. Lastly, these findings should be considered with caution. Despite the attempts to transform the data obtained to enhance

normality, PSF-communication scale did not meet the assumptions for normal distribution and kurtosis while PSF-support scale only moderately exceeded the acceptable limit of kurtosis.

Predictors of Body Dissatisfaction

The last hypothesis was partially supported. Collectively, self-esteem, thin media-ideal internalization, PSR-communication, and PSR-support predicted body dissatisfaction. This finding suggests that both interpersonal and intrapersonal factors contribute to body dissatisfaction within the context of female undergraduates in their late adolescents with a BMI below 22.9 and has a PSR with a thin female media figure with a physique that the individual desires.

As unique predictors, PSR-communication and PSR-support did not predict body dissatisfaction. This can be explained by the lack of a significant association between the PSR variables (communication and support) and body dissatisfaction. On the contrary, self-esteem and thin media-ideal internalization uniquely predicted body dissatisfaction. Our findings indicate that thin media-ideal internalization has a greater influence on body dissatisfaction in comparison to influence of self-esteem on body dissatisfaction. However, there is inconsistency in the existing literature in regards to which variable has a greater influence on body dissatisfaction (Calado, Lameiras, Sepulveda, Rodriguez, & Carrera, 2011; Shahyad, Pakdaman, & Shokri, 2015). Therefore, future research should further examine the impact that self-esteem and internalization has on body dissatisfaction. In addition, the finding that self-esteem is a predictor of body dissatisfaction provides additional support to the direction of the relationship, which was previously criticized as inconsistent (Furnham et al., 2002). This suggests that placing value on body shape or appearance may make an individual more susceptible to low self-esteem (Jung et al., 2001; Pelham & Swann, 1989) and vice versa. Greater value placed on an individual's body image may be a factor influencing body dissatisfaction. Furthermore, thin media-ideal internalization as a unique predictor of body dissatisfaction supports the notion that

the media can shape an individual's perception of a specific body type (Myers & Crowther, 2007; Thompson & Stice, 2001). This can lead to greater discrepancy between an individual's actual and ideal body shape; thus, eliciting greater feeling of body dissatisfaction (Myers & Biocca, 1992; Myers & Crowther, 2007). In relation to self-esteem and thin media-ideal internalization, a possible explanation for feelings of body dissatisfaction is that individuals may internalize thin body ideals, which may increase the potential discrepancy between actual and ideal body image; thus, reducing the individual's self-esteem (Calado et al., 2011). However, future research is required to give more clarity to the underlying process that causes body dissatisfaction.

Implication and Findings

Research implication. Findings regarding the predictors of body dissatisfaction should pave the way for further investigations on the topic. In regards to PSR, the results did not indicate a significant association with body dissatisfaction. However, the observed negative directions challenge the evidence supporting a positive relationship between PSR and body dissatisfaction (Greenwood, 2008; Harrison, 1997; Maltby et al. 2005). Therefore, the potential for friendship qualities as a protective factor in PSR's warrants further examination. Additionally, in our study, 91% of participants reported having a PSR. Due to this high prevalence, researchers should explore PSR and its influence on different phenomenon in Thailand.

Furthermore, it was established that Thai female undergraduates in this study had an average BMI of 19.5, which according to Bray and Gray (1988), is a normal weight classification (as cited in Attasaranya, 2012). Despite having a normal BMI, there was still evidence of body dissatisfaction. This finding corresponds with Wardle et al.'s (2006) study which concluded that undergraduates still perceived themselves as being overweight and therefore, were dissatisfied with their bodies and were driven to lose weight despite their normal

BMI classification (average BMI for Thai female undergraduates: 19.6). Therefore, research regarding body dissatisfaction in Thailand should not overlook individuals with normal BMI, as signified based on the classification.

Practical implication. In practice, this research can be applied in improving strategies to reduce and prevent body dissatisfaction. To develop adaptive and healthy weight management techniques, it is important to understand how adolescents rate their body dissatisfaction and the extent to which they could be affected by the following predictors: self-esteem, thin media-ideal internalization, PSR-support, and PSR-communication.

The results of this research indicate that under the PSR context, self-esteem, and thin media-ideal internalization uniquely predicted body dissatisfaction. Therefore, these variables should be considered when examining the factors that influence body dissatisfaction. The underlying mechanism of influence from a cognitive perspective for self-esteem and internalization on body dissatisfaction is analogous. Feelings of body dissatisfaction can emerge due to a discrepancy between an individual's perception of their current body shape and their desired ideal body shape (Higgins, 1987; Vartanian, 2012). Unfortunately, the ideal body shape is constructed from manipulated and unrepresentative depictions of the female body in the media. The representation of thin-ideals in the media is a powerful determinant of appearance standards, encourages females to equate thinness to beauty, and most importantly, is the foundation of the relationship between media exposure and body dissatisfaction (Botta, 1999). Therefore, when developing strategies to tackle the issue of body dissatisfaction, it is important to consider the effects of societal influence. Individuals should learn to protect themselves from the consequences of integrating sociocultural values of appearance and beauty standards. Furthermore, factors found to be relevant in this study—self-esteem and thin media-ideal internalization— should be used to inform therapy. Interventions may be utilized to raise awareness of the consequences of comparison due to sociocultural pressure. Individuals can be

aided with strategies to regulate against the perception of a discrepancy between their ideal body and current body.

Strengths

There are two internal strengths of the current study. The first could be viewed in terms of the three newly translated scales: SATAQ-internalization, PSF-communication, and PSF-support. The scales were evaluated with two pre-pilot studies and a pilot study to ensure understanding and reliability. Through rigorous methodology, all three newly translated and adapted scales had acceptable internal consistency of at least .70 (Streiner, 2003) during both pilot studies and data collection. Furthermore, the study had strict inclusion criteria. Body dissatisfaction can be distinctly affected by different age range, BMI, and components of PSR. Therefore, strict exclusion criteria allowed us to examine the relationship between the variables within the intended scope of our literature review.

External strength could be drawn from the fact that, to our knowledge, this study brought novelty into existing literature by examining four predictors— self-esteem, thin media-ideal internalization, PSR-communication, and PSR-support— all together in relation to body dissatisfaction in Thai female undergraduates. Collectively, the predictors accounted for 43% variance of body dissatisfaction. Due to their potency, studies examining body dissatisfaction in Thai female undergraduates should consider self-esteem and internalization. Although PSR-communication and PSR-support were not associated with body dissatisfaction, the study revealed that a high number of Thai female undergraduates (91% of our total participants) identified as having a PSR.

Limitations

Although the study has several notable strengths, few limitations need to be addressed. Firstly, the study used self-report questionnaires. Participants may not have truthfully answered items on the scales and demographic information like weight and height, which may have

affected the BMI. Secondly, this research is a correlational study. Therefore, a cause-and-effect relationship cannot be established and the results should be interpreted with caution. Thirdly, there is a potential cross-cultural limitation. It is possible that the conceptualization of PSR based on Western participants does not reflect PSR as understood by Eastern participants.

Future Research

Future research can focus on improving the limitations stated to support and extend beyond the findings of this study. Specifically, conducting a longitudinal study may provide a clearer direction of the relationship between the variables. In addition, expanding the scope of participants (e.g. different age group) would be useful to determine the generalizability of the findings. In terms of areas that can be explored, it would be interesting to further investigate whether there is a difference in body dissatisfaction between participants who have a PSR with a media figure that fits their perception of having a thin-ideal or a media figure that they just perceive as a friend, disregarding their body shape. In addition, examining other friendship qualities can increase understanding of PSR as a protective factor against body dissatisfaction. Furthermore, previous research has suggested that different components of PSR (e.g. wishful identification, perceived similarity) can predict body dissatisfaction differently (e.g. Maltby et al., 2005; Mussweiler, 2003). Therefore, future research can also use different constructs of PSR to examine its relationship with body dissatisfaction. In terms of body dissatisfaction, future research can focus on different constructs of body dissatisfaction (e.g. different measure of body shape or focusing on specific body areas). Moreover, examining other variables that may predict body dissatisfaction may give a better understanding of individual's attitude towards their body.

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Appendix
Appendix A: Demographic Information

	Demographics	Number of Participants	Percentage
Faculty	Science and Math	60	32.0
	Humanity	61	32.0
	Social Science	69	36.0
	Total	190	
Academic Year	1	72	37.9
	2	46	24.2
	3	38	20.0
	4	30	15.8
	5	4	2.1
	Total	190	100
Age	18	10	5.3
	19	65	34.2
	20	49	25.8
	21	39	20.5
	22	20	10.5
	23	7	3.7
	Total	190	100
BMI	Underweight to Normal	163	85.8
	Beyond Normal	26	13.7
	Missing	1	0.5
	Total	189	100
Media Use	< 30min	0	0.0
	30min - 1hr	1	0.5
	1hr - 2hr	12	6.3
	2hr - 3hr	34	17.9
	3hr - 4hr	35	18.4
	4hr - 5hr	43	22.6
	> 5hr	65	34.2
	Total	190	100
PSR: Yes or No	Yes	172	90.5
	No	18	9.5
	Total	190	100
PSR: Thin or Not	Thin	138	72.6
	Not	34	17.9
	Total	172	90.5

Appendix B: Demographic Sheet

ส่วนที่ 1 ข้อมูลพื้นฐาน

คำชี้แจง กรุณาเติมข้อความและตัวเลขลงในช่องว่าง หรือทำเครื่องหมาย X หน้าคำตอบที่คุณต้องการ

คณะ _____ ชั้นปี _____ อายุ _____

ส่วนสูง (เซนติเมตร) _____ น้ำหนัก(กิโลกรัม) _____

จำนวนชั่วโมงโดยเฉลี่ย ในการใช้งาน สื่อ (media) ใน 1 วัน

- น้อยกว่า 30 นาทีต่อวัน
- 30 นาที ถึง 1 ชั่วโมงต่อวัน
- 1-2 ชั่วโมงต่อวัน
- 2-3 ชั่วโมงต่อวัน
- 3-4 ชั่วโมงต่อวัน
- 4-5 ชั่วโมงต่อวัน
- มากกว่า 5 ชั่วโมงต่อวัน

กรุณาตอบแบบสอบถามนี้ อย่างซื่อสัตย์ และ ตรงตามความเป็นจริงที่สุด

ในแบบสอบถามนี้ คำว่า “สื่อ” หมายถึง แหล่งต่างๆ ที่คุณได้รับข้อมูลข่าวสารหลากหลาย เช่น รายการโทรทัศน์ หนังสือ ซีดี วีซี ดีวีดี นิยายสาร โฆษณา ข่าว โซเชียลมีเดีย (social media) และ เว็บไซต์ออนไลน์ และ ผู้หญิงในสื่อ หมายถึง ตัวแบบต่างๆ ที่เห็นในสื่อ ซึ่งครอบคลุมถึงนักแสดง นักร้อง นางแบบ พิธีกร และ ผู้ประกาศข่าว

Appendix C: Thai Translated Version of Body Shape Questionnaire-Revised-10 (BSQ-R-10)

(Dejitthirat & Sukworawich, 2005)

แบบวัดความไม่พึงพอใจในรูปลักษณ์

คำชี้แจง กรุณาระบุว่าคุณรู้สึกตรงกับข้อความในแต่ละข้อมากน้อยเพียงใดโดยทำเครื่องหมาย O หรือ X บนตัวเลขในแต่ละข้อเพียงตัวเลขเดียว กรุณาทำเรียงตามลำดับให้ครบทุกข้อ

ข้อความ	ไม่รู้สึกเลย	รู้สึกนานๆ ครั้ง	รู้สึก บางครั้ง	รู้สึก บ่อยครั้ง	รู้สึกตลอด เวลา
1. ฉันไม่พอใจรูปร่างที่มีจนรู้สึกว่าการเปลี่ยนแปลงตัวเอง	1	2	3	4	5
2. ฉันเห็นรูปร่างผู้หญิงคนอื่นแล้วรู้สึกว่ารูปร่างตัวเองด้อยกว่า	1	2	3	4	5
3. เวลาถอดเสื้อผ้าออกหมดฉันรู้สึกว่าตัวเองอ้วนเกินไป	1	2	3	4	5
4. ฉันรู้สึกกังวลกับรูปร่างหากทานอาหารแคลอรีสูงเข้าไป	1	2	3	4	5
5. ฉันรู้สึกว่ารูปร่างของตัวเองไม่สมส่วน	1	2	3	4	5
6. ฉันรู้สึกอายเวลาที่มองเห็นรูปร่างตัวเอง	1	2	3	4	5
7. ฉันไม่พอใจรูปร่างตัวเองที่ปรากฏในกระจกเงา	1	2	3	4	5
8. ฉันรู้สึกกังวลกับรูปร่างตัวเองเวลาต้องเข้าสังคม	1	2	3	4	5
9. ฉันรู้สึกว่าตัวเองวิตกกังวลกับรูปร่างของตนเอง	1	2	3	4	5
10. เวลาเห็นผู้หญิงรูปร่างดีฉันจะรู้สึกชื่นชอบในรูปร่างของเขา	1	2	3	4	5

Appendix D: Translated Version of Rosenberg Self-Esteem Scale (Wongpakaran & Wongpakaran, 2011)

แบบสอบถามความรู้สึกต่อตนเอง

คำชี้แจง กรุณาระบุว่าคุณเห็นด้วยกับข้อความในแต่ละข้อมากน้อยเพียงใดโดยทำเครื่องหมาย O หรือ X บนตัวเลขในแต่ละข้อเพียงตัวเลขเดียว กรุณาทำเรียงตามลำดับให้ครบทุกข้อ

ข้อความ	ไม่เห็นด้วย อย่างยิ่ง	ไม่เห็นด้วย	เห็นด้วย	เห็นด้วย อย่างยิ่ง
1. โดยทั่วไปฉันรู้สึกพอใจตนเอง	1	2	3	4
2. บ่อยครั้งที่ฉันคิดว่าตัวเองไม่มีอะไรดีเลย	1	2	3	4
3. ฉันรู้สึกว่าตัวฉันเองก็มีอะไรดีๆ เหมือนกัน	1	2	3	4
4. ฉันสามารถทำอะไรได้ดีเหมือนๆ กับคนอื่น	1	2	3	4
5. ฉันรู้สึกว่าตนเองไม่มีอะไรน่าภาคภูมิใจมากนัก	1	2	3	4
6. ฉันรู้สึกบ่อยๆว่าตนเองไร้ค่า	1	2	3	4
7. ฉันรู้สึกว่าตนเองก็มีคุณค่าอย่างน้อยที่สุดก็เท่าๆ กับคนอื่น	1	2	3	4
8. ฉันอยากภาคภูมิใจในตัวเองให้มากกว่านี้	1	2	3	4
9. โดยรวมแล้วฉันมีแนวโน้มจะรู้สึกว่าตนเองล้มเหลว	1	2	3	4
10. ฉันมีความรู้สึกที่ดีกับตนเอง	1	2	3	4

Appendix E: CITC for RSES

RSES - Self Esteem scale

Data Collection		
Items	CITC	Alpha if item deleted
1	0.33	0.76
R2	0.74	0.69
3	0.44	0.75
4	0.26	0.76
R5	0.73	0.70
R6	0.72	0.70
7	-0.21	0.84
R8	0.39	0.75
R9	0.56	0.72
10	0.59	0.73
Alpha	0.76	

Appendix F: SATAQ-Internalization Questionnaire (Adapted and Translated from Heinberg et al., 1995)

แบบสอบถามการรับค่านิยมในด้านรูปร่างจากสื่อ

คำชี้แจง กรุณาาระบุว่าคุณเห็นด้วยกับข้อความในแต่ละข้อมากน้อยเพียงใดโดยทำเครื่องหมาย O หรือ X บนตัวเลขในแต่ละข้อ เพียงตัวเลขเดียว กรุณาทำเรียงตามลำดับให้ครบทุกข้อ

ข้อความ	ไม่เห็นด้วย อย่างยิ่ง	ไม่เห็นด้วย	ไม่เห็น ด้วย/เห็น ด้วย พอๆกัน	เห็นด้วย	เห็นด้วย อย่างยิ่ง
1. รูปร่างหน้าตาของผู้หญิงในสื่อสะท้อนให้เห็นถึงรูปร่างหน้าตาที่ฉันอยากมี	1	2	3	4	5
2. ฉันเชื่อว่าเสื้อผ้าจะดูดีขึ้น ถ้าคนที่สวมใส่มีรูปร่างผอม	1	2	3	4	5
3. สื่อที่แพร่ภาพผู้หญิงที่ผอมทำให้ฉันอยากมีรูปร่างผอมตามไปด้วย	1	2	3	4	5
4. ฉันไม่ได้อยากมีรูปลักษณ์เหมือนผู้หญิงที่ปรากฏในสื่อ	1	2	3	4	5
5. ฉันมักจะเปรียบเทียบรูปร่างของตัวเองกับผู้หญิงในสื่อ	1	2	3	4	5
6. ภาพของผู้หญิงผอมทำให้ฉันอยากผอมตามไปด้วย	1	2	3	4	5
7. ฉันเช็คสื่อออนไลน์บ่อยครั้ง เพื่อเปรียบเทียบรูปร่างหน้าตาตัวเองกับผู้หญิงในสื่อ	1	2	3	4	5

Appendix G: CITC for SATAQ-Internalization

SATAQ - Internalization Scale				
Items	Pilot Testing		Data collection	
	CITC	Alpha if item deleted	CITC	Alpha if item deleted
1	0.60	0.78	0.33	0.74
2	0.65	0.78	0.52	0.70
3	0.70	0.77	0.61	0.67
R4	0.46	0.81	0.19	0.77
5	0.63	0.78	0.43	0.72
6	0.70	0.77	0.69	0.65
R7	0.17	0.84	-	-
8	0.37	0.82	0.44	0.72
Alpha	0.82		0.74	

Note. Data collection item 8 (in this table) is item 7 of the questionnaire.

Appendix H: MPRS PSF-Communication Scale (Adapted and translated from Tukachinsky, 2011)

แบบสอบถามเกี่ยวกับบุคคลในสื่อที่คุณรู้สึกใกล้ชิด: การสื่อสาร

คำชี้แจง กรุณานึกถึงผู้หญิงในสื่อ (จากสื่ออันใดก็ได้) บุคคลนี้สามารถเป็นบุคคลสมมุติ หรือ บุคคลจริงก็ได้

A. คุณมีผู้หญิงในสื่อ ที่คุณชื่นชอบเป็นพิเศษ หรือไม่

- มี (โปรดตอบข้อ B) ไม่มี (ถ้าหากไม่มี กรุณาแจ้งผู้วิจัย)

B. โปรดระบุชื่อผู้หญิงในสื่อ (คนเดียว) ที่คุณชื่นชอบเป็นพิเศษ (X) _____ (โปรดตอบข้อ C)

C. บุคคลที่คุณกล่าวถึงในข้อ B มีรูปร่างพอมอย่างที่คุณต้องการ หรือไม่

- ใช่ ไม่ใช่

กรุณาระบุว่าคุณเห็นด้วยกับข้อความในแต่ละข้อมากน้อยเพียงใด โดยทำเครื่องหมาย O หรือ X บนตัวเลขในแต่ละข้อเพียงตัวเลขเดียว กรุณาทำเรียงตามลำดับให้ครบทุกข้อ

หมายเหตุ: ให้นึกถึงผู้ในสื่อที่คุณระบุไว้ในข้อ B (X) ขณะทำแบบสอบถาม

ข้อความ	ไม่เห็นด้วยอย่างยิ่ง	ไม่เห็นด้วย	ไม่เห็นด้วย/ เห็นด้วยพอๆกัน	เห็นด้วย	เห็นด้วยอย่างยิ่ง
1. ถ้า ฉันและ X รู้จักกัน ฉันจะสามารถเล่าเรื่องราวในแง่ลบเกี่ยวกับตัวเองให้ฟังได้อย่างตรงไปตรงมาและลึกซึ้ง	1	2	3	4	5
2. ถ้า ฉันและ X รู้จักกันฉัน จะสามารถเล่าเรื่องราวต่างๆให้ฟังได้	1	2	3	4	5
3. บางครั้ง ฉันก็อยากรู้ว่า X จะทำอะไรหากอยู่ในสถานการณ์ที่ฉันเจอ	1	2	3	4	5
4. ถ้า ฉันและ X รู้จักกัน ฉันจะสามารถบอกเล่าเรื่องราวดีๆเกี่ยวกับตัวเองให้ฟังได้อย่างตรงไปตรงมาและลึกซึ้งเต็มที่	1	2	3	4	5
5. บางครั้ง ฉันปรารถนาที่จะขอคำแนะนำจาก X	1	2	3	4	5
6. ฉันคิดว่า X จะสามารถเป็นเพื่อนกับฉันได้	1	2	3	4	5

Appendix I: MPRS PSF- Support Scale (Adapted and translated from Tukachinsky, 2011)

แบบสอบถามเกี่ยวกับบุคคลในสื่อที่คุณรู้สึกใกล้ชิด: การสนับสนุน

คำชี้แจง กรุณาระบุว่าคุณเห็นด้วยกับข้อความในแต่ละข้อมากน้อยเพียงใด โดยทำเครื่องหมาย O หรือ X บนตัวเลขในแต่ละข้อ เพียงตัวเลขเดียว กรุณาทำเรียงตามลำดับให้ครบทุกข้อ

หมายเหตุ: ให้นำเครื่องหมายในสื่อที่คุณระบุไว้ (X) ขณะทำแบบสอบถาม

ข้อความ	ไม่เห็นด้วย อย่างยิ่ง	ไม่เห็นด้วย	ไม่เห็นด้วย/ เห็นด้วย พอๆกัน	เห็นด้วย	เห็นด้วย อย่างยิ่ง
1. ถ้า ฉันและ X รู้จักกัน ฉันจะสามารถ พึ่งพาเขาได้ในเวลาที่ ต้องการ	1	2	3	4	5
2. ถ้า ฉันและ X รู้จักกัน ฉันจะให้กำลังใจ เขา	1	2	3	4	5
3. ถ้า ฉันและ X รู้จักกัน เขาจะสามารถ พึ่งพาฉันได้ในเวลาที่ต้องการ	1	2	3	4	5
4. ถ้า ฉันและ X รู้จักกัน ฉันจะแบ่งปันสิ่ง ต่างๆ ที่ฉันมีกับเขา	1	2	3	4	5
5. ถ้า ฉันและ X รู้จักกัน ฉันจะสามารถ ไวใจเขาได้อย่างเต็มที่	1	2	3	4	5
6. ถ้า ฉันและ X รู้จักกัน ฉันก็คงจะใกล้ชิด สนิทสนมกันเขา	1	2	3	4	5
7. ฉันอยากให้ X สบายใจ	1	2	3	4	5

Appendix J: Informed Consent Form

ใบยินยอมของผู้มีส่วนร่วมในการวิจัย

หัวข้อการวิจัย: แบบสอบถามเกี่ยวกับความไม่พึงพอใจในรูปปลั๊กอิน ของนิสิตหญิงในจุฬาลงกรณ์มหาวิทยาลัย

นักวิจัย: ชินแต คิม ญัฐชา นาราฤทธิ ราวีณา ปาวา

สอบถามเพิ่มเติมได้ที่: คณะจิตวิทยา(ภาคอินเตอร์) จุฬาลงกรณ์มหาวิทยาลัย โทร. 02-218-1189

ขั้นตอนการวิจัย:

แบบสอบถามนี้เป็นส่วนหนึ่งของวิชา 3807494 โครงการทางจิตวิทยา (Senior Project) โดยนิสิตระดับชั้น ปริญญาตรี ปีที่ 4 ซึ่งแบบสอบถามนี้ประกอบไปด้วย 6 ส่วน รวมข้อมูลเบื้องต้นและ คำถามอีกทั้งสิ้น 40 ข้อ โดยกลุ่มผู้วิจัยจะนำผลการตอบ ในครั้งนี้ไปวิเคราะห์ข้อมูลเพื่อรายงานผลในการทำโครงการต่อไป หากผู้เข้าร่วมมีคำถามเพิ่มเติมสามารถถามผู้วิจัยได้ทุกเมื่อ

ความเสี่ยง และ ผลประโยชน์

ผู้เข้าร่วมจะไม่ได้รับค่าตอบแทน จากการเข้าร่วมโครงการนี้

ผู้เข้าร่วมจะใช้เวลาในการทำแบบสอบถามนี้ประมาณ 15 นาที และอาจรู้สึกเหนื่อยล้า

ความร่วมมืออย่างสมัครใจ

ความร่วมมือในงานวิจัยนี้ขึ้นอยู่กับความสมัครใจของคุณ หากคุณเลือกที่มีส่วนร่วมในงานวิจัยนี้ แต่เปลี่ยนใจในภายหลัง หน้าที่ คุณมีสิทธิที่จะถอนตัวได้ทุกเมื่อ โดยไม่จำเป็นต้องมีเหตุผล การตัดสินใจที่จะไม่เข้าร่วมในงานวิจัยนี้ หรือ การถอนตัวจาก งานวิจัยนี้จะไม่ส่งผลใดๆกับคุณทั้งสิ้น

การรักษาความลับ/ความไว้วางใจ

ข้อมูลในการตอบแบบสอบถามของท่านจะถูกเก็บไว้เป็นความลับ จะเปิดเผยได้เฉพาะในรูปที่เป็นสรุปผลการวิจัย ขอให้ ท่านตอบแบบสอบถามตามความเป็นจริงมากที่สุด

ข้อมูลเพิ่มเติม

หากคุณมีคำถาม หรือ ข้อสงสัยเพิ่มเติมเกี่ยวกับโครงการนี้ คุณสามารถติดต่อ ผู้กำกับโครงการ ผู้ช่วยศาสตราจารย์ ดร. วัชรภรณ์ บุญญศิริวัฒน์ (โทร. 02-218-1187 ระหว่าง 9 A.M.-5 P.M) หรือ อาจารย์ที่ปรึกษาผู้ช่วยศาสตราจารย์ ดร. กุลยา พิ ลักษณ์สังฆการ (โทร. 02-218-1187 ระหว่าง 9 A.M.-5 P.M)

ความยินยอม

ข้าพเจ้าได้อ่านข้อความข้างต้นแล้ว และมีความเข้าใจดีทุกประการ และได้ลงนามในใบยินยอมนี้ด้วยความเต็มใจ

ลงนาม.....วันที่

ลงนาม.....วันที่.....

(.....)

(.....)

ผู้ทำวิจัย

ผู้ยินยอม

Appendix K: CITC for BSQ-R-10
BSQ-R-10 - Body Dissatisfaction scale

Data Collection		
Items	CITC	Alpha if item deleted
1	0.74	0.90
2	0.73	0.90
3	0.64	0.91
4	0.63	0.91
5	0.65	0.91
6	0.80	0.90
7	0.83	0.90
8	0.72	0.90
9	0.77	0.90
10	0.31	0.92
Alpha	0.91	

Appendix L: CITC for MPRS PSF-Communication
Parasocial Relationship - Communication

Items	Pilot Testing		Data collection	
	CITC	Alpha if item deleted	CITC	Alpha if item deleted
1	0.61	0.62	0.50	0.70
2	0.53	0.66	0.55	0.69
3	0.43	0.69	0.38	0.73
4	0.36	0.70	0.62	0.67
5	0.47	0.67	0.47	0.71
6	0.32	0.71	0.39	0.73
Alpha	0.71		0.74	

Appendix M: CITC for MPRS PSF-Support
Parasocial Relationship - Support

Items	Pilot Testing		Data collection	
	CITC	Alpha if item deleted	CITC	Alpha if item deleted
1	0.42	0.83	0.61	0.84
2	0.49	0.82	0.59	0.85
3	0.62	0.80	0.68	0.83
4	0.72	0.78	0.69	0.83
5	0.63	0.80	0.60	0.84
6	0.59	0.80	0.61	0.84
7	0.58	0.80	0.61	0.84
Alpha	0.83		0.86	

Biography
Shin-Tae Kim

Shin-Tae Kim's passion for psychology took him on a long and memorable journey as a student in Joint International Psychology Program (JIPP) at Chulalongkorn University, Thailand and, later, in University of Queensland, Australia. The invaluable experiences and knowledge acquired during the journey contributed to personal growth as well as in-depth understanding of human cognition and behaviour. He will continue to pursue the passion for psychology, find a career to integrate his knowledge and experience, and inspire others.

Natasha Nararidh

Natasha Nararidh is an undergraduate student at Chulalongkorn University, majoring in Psychological Science as part of the Joint International Psychology Program. This program gave her the opportunity to study abroad at The University of Queensland, St. Lucia. Through that experience, she received a Bachelor of Arts in Psychology. From her at time Chulalongkorn University and The University of Queensland, she was able to attain knowledge that fulfilled her curiosity on human behavior from highly qualified professors. She hopes to apply what she has learnt to help people.

Raweena Pawa

Raweena Pawa is an undergraduate student in the Joint International Psychology Program at Chulalongkorn University (CU), Thailand and will soon be graduating with a Bachelor of Science in Psychology. In 2016, she graduated with a Bachelor of Arts in Psychology from the University of Queensland (UQ). During her time there, she was awarded the Dean's Commendation for Academic Excellence for three consecutive semesters. Furthermore, throughout her undergraduate journey at both universities, Raweena was a member of several clubs and societies – Student council of the faculty of psychology (class president and

vice president of academic affairs), CU women's futsal team, and UQ's Thai student association (committee member). Through these opportunities, she has gained invaluable experiences that have contributed to her personal growth. Her journey as an undergraduate psychology has inspired Raweena to pursue a career that involves an integration of her knowledge in psychology and her passion for helping others.