

Perceived Partner's Dissatisfaction with Physical Appearance and Body Image
Dissatisfaction: The Moderating Role of Traditional Attitudes Toward Gender Role



คณะจิตวิทยา จุฬาลงกรณ์มหาวิทยาลัย
Faculty of Psychology, Chulalongkorn University

Senior Project in Partial Fulfillment of the Requirements
for the Degree of Bachelor of Science in Psychological Science
Faculty of Psychology
Chulalongkorn University
Academic Year 2014

Senior Project Title	PERCEIVED PARTNER'S DISSATISFACTION WITH PHYSICAL APPEARANCE AND BODY IMAGE DISSATISFACTION: THE MODERATING ROLE OF TRADITIONAL ATTITUDES TOWARD GENDER ROLE
Authors	1. Teranart Owassatit 2. Sittikarn Valee-ittikul 3. Surathat Wongsawan
Field of Study	Psychological Science
Senior Project Advisor	Dr. Kullaya Pisitsungkagarn

This senior project is accepted by the Faculty of Psychology, Chulalongkorn University in partial fulfillment of the requirements for the Bachelor of Science Degree (Psychological Science).

..... Dean of the Faculty of Psychology
(Assistant Professor Kakanang Maneesri, Ph.D)

Senior project committee

.....Chairperson
(Lecturer Jarungkul Burapavong)

.....Advisor
(Dr. Kullaya Pisitsungkagarn)

.....Committee
(Dr. Somboon Jarukasemthawee)

5437558938, 5437567538, 5337571938: BACHELOR OF SCIENCE

Abstract

Body image dissatisfaction has become a major problem in recent years, with the dissatisfaction being associated with disturbances in normal psychological functioning and eating disorders including bulimia (Birbeck & Drummond, 2003). With the pervasiveness of body image dissatisfaction and the costs associated, our study examined variables potentially linked to body image dissatisfaction in Thai female adolescents. Specifically, whether perceived partner perception was associated with body image dissatisfaction and whether this examination was moderated by attitude towards traditional gender role was examined. One hundred Thai female undergraduates completed measuring set of measures of body image dissatisfaction, perceived partner perception and attitudes toward gender roles. Results revealed that the participants' perception of their partner dissatisfaction with their physical appearance and their endorsement towards traditional gender role were significantly and positively associated with body image dissatisfaction ($r = .25, p < .01$ and $r = .17, p = .05$, respectively). However, attitudes toward gender roles was not significant in moderating the association between perceived partner perception and body image dissatisfaction ($\beta = -.84, p = .395$). Possible explanations for the findings were outlined in relation to the Thai collectivistic culture and methodological consideration.

Acknowledgements

First of all, we would like to express our gratitude to professor, Dr. Kullaya Pisitsungkagarn, our senior project adviser who has been very generous in giving her time to help with our senior project from the start of its development and planning through to its completion. Moreover, professor, Dr. Kullaya Pisitsungkagarn has always been very kind, patient, encouraging throughout the progress of our senior project. Her always calming and supportive presence helped us immensely throughout the process, ensuring that we were able to cope under the pressure and anxiety to keep our senior project on schedule. Her knowledge, suggestions, advice and all her invaluable feedback have been extremely helpful in developing and completing our study.

In addition, we would like to express our gratitude to the defense committees, Lecturer Jarungkul Burapavong and Dr. Somboon Jarukasemthawee for their precious time, helpful comments, and showing their interest in our senior project by revising our senior project. The feedback proved invaluable in helping us improve and revise our study.

Moreover, we would like to thank Mr. Karin Vilavorn for his expansive knowledge, constantly providing us with updated schedules, requirements and resources while patiently answering our enquiries to ensure we had a smooth journey with our senior project.

Lastly, data collection would not have been possible without the cooperation of our participants who sacrificed their time to complete our survey.

CONTENTS

	Page
ABSTRACT IN ENGLISH.....	iii
ACKNOWLEDGEMENTS.....	iv
CONTENTS.....	v
LIST OF TABLES.....	vii
LIST OF FIGURES.....	viii
CHAPTER I INTRODUCTION.....	1
1.1 Background and rationale.....	1
1.2 Literature Review: Body Image Dissatisfaction.....	5
1.3 Literature Review: Perceived Partner Perception.....	14
1.4 Literature Review: Attitudes Toward Gender Roles.....	20
1.5 Research Objective.....	29
1.6 Research Hypothesis.....	29
1.7 Research Benefits.....	30
CHAPTER II METHODOLOGY.....	31
2.1 Participants.....	31
2.2 Measures.....	31
2.3 Data Collection.....	35
2.4 Data Analysis.....	33
CHAPTER III RESULTS.....	33
3.1 Demographic Data.....	34
3.2 Research Hypothesis 1.....	35
3.3 Research Hypothesis 2.....	36
3.4 Research Hypothesis 3.....	37
CHAPTER IV DISCUSSION.....	39
4.1 Research Hypothesis 1.....	39
4.2 Research Hypothesis 2.....	42
4.3 Research Hypothesis 3.....	45
4.4 Strengths and Limitations.....	47
4.5 Further Study.....	48
REFERENCES.....	49
APPENDIX.....	59

Appendix A: Consent Form.....	59
Appendix B: Demographic Questionnaire.....	60
Appendix C: Perceived Partner Dissatisfaction Scale.....	61
Appendix D: Body Image Dissatisfaction Scale.....	62
Appendix E: Attitude Toward Gender Roles Scale.....	63
BIOGRAPHY.....	64



คณะจิตวิทยา จุฬาลงกรณ์มหาวิทยาลัย
Faculty of Psychology, Chulalongkorn University

List of Figures

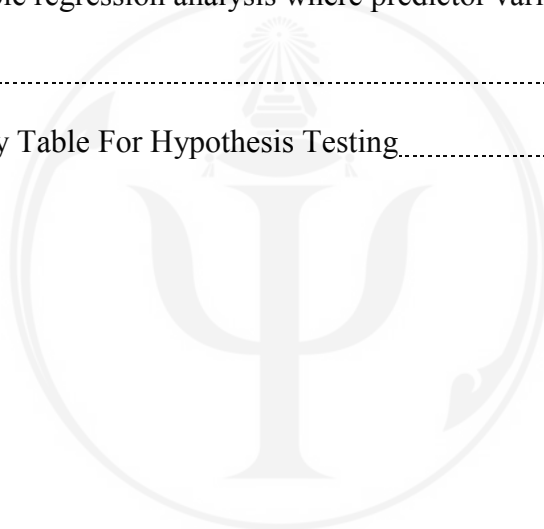
	Page
Figure 1: The Cognitive-Behavioral Model of Body Image	7
Figure 2: The Conceptual Framework	30



คณะจิตวิทยา จุฬาลงกรณ์มหาวิทยาลัย
Faculty of Psychology, Chulalongkorn University

List of Tables

	Page
Table 1: Descriptive Statistics of Participants	35
Table 2: Descriptive Statistics and Intercorrelation Statistics	36
Table 3: A Multiple Regression Analysis on Predictor Variables' Interaction To Predict Body Image Dissatisfaction	37
Table 4: A Multiple regression analysis where predictor variables predict body image dissatisfaction	38
Table 5: Summary Table For Hypothesis Testing.....	39



Introduction

Body image is a popular topic in recent years especially with the consequences and pervasiveness of body image issues in the new generation. Problems with body image can lead to disturbances in normal psychological functioning and result in depression and body image disturbances such as body dysmorphic disorders, bulimia and anorexia nervosa (Birbeck & Drummond, 2003; Delinsky, 2012). In the past few decades, body image issues have risen to prominence particularly in public policy as studies reveal body image issues emerging in young children. A recent study found that children, particularly girls from the age of 6 display body image dissatisfaction (Hayes & Tantleff-Dunn, 2010). The statistics alone are shocking, with over 24 million people with an eating disorder in the US alone, and 91% of females reporting feeling unhappy with their body ('The Renfrew Center Foundation for Eating Disorders', 2003; Palmer, 2014).

Disturbances to body image in individuals can have numerous detrimental consequences on both physical and mental well-being: development of depression, negative self-esteem, substance abuse, unhealthy exercise habits along with the previously mentioned eating disorders (Birbeck & Drummond, 2003; Phares, Steinberg, & Thompson, 2004; Stice et al., 2000). Mortality rates associated with eating disorders and body dysmorphic disorder are very high. Therefore, it is important to have a good understanding of the causes and consequences of body image dissatisfaction and most importantly, to identify the possible protective factors to reduce and prevent body image dissatisfaction.

Female's beliefs of how satisfied their partner is with their body is one sociocultural influence that is of interest to us as despite literature on partner

perception and body image being in the early stages, researchers have identified partner influence as a significant indicator of female's body image (Markey, Markey & Birch, 2004). Female's beliefs that their partner is satisfied with their body have been linked to more positive body image and higher body image satisfaction. Another sociocultural factor of interest is the role of female's attitudes toward gender roles, as research suggests that females with traditional attitudes towards gender roles are more likely to value beauty and physical appearance, which heightens the likelihood of body image dissatisfaction (Kimlika, Cross, & Tarnai, 1983; Lennon et al., 1999).

Based on previous studies and empirical evidence, we have selected partner perception and female's attitudes toward gender roles to be variables of interest as both variables have been previously found to be significantly associated with body image dissatisfaction. The aim of this study is to examine the relationship between perceived partner perception of one's body, female's gender role attitudes and their body image dissatisfaction within the Thai context. Whether attitudes towards gender roles can act as a moderator on the relationship between perceived partner perception of one's body shape on body image dissatisfaction will be examined.

Body image dissatisfaction

Body image dissatisfaction In this paper, the term 'body image dissatisfaction' refers to Maxwell and Cole's definition of body image dissatisfaction (2012), which is a perceptive component of body image resulted from an individual's perceived difference between their ideal body and current body size. Body image is a concept considered to be at large a social and cultural construct and thus varies among different cultures and time (Birbeck, & Drummond, 2003).

The ideal body in today's society takes genetics and physiology of weight regulation to achieve, which is why only few females can mold their body into ideal slender type. Our society has been placing significant values on being physically attractive, specifically on being thin. This places massive stigmatization on those who have larger body size than the average. Many studies have shown that this social norm affects all age and gender. However, these norms are applied much more strictly to females than males (Siever, 1994). Research by Hatfield and Sprecher (1986) suggested that one reason why females are much more prone to body image concerns is because of the desire to attract males as studies have shown that males are more concerned about physical attractiveness when choosing potential partner, while females place higher value on other features such as power, social status, income, personality when considering a potential partner. Because physical appearance is essential in attracting male partners, females are subjected to more pressure to be physically attractive.

The impact of the thin ideal of feminine beauty on body image has become widely acknowledged because of its correlation with eating disorders, appearance rumination, and emotional distress (Stice & Whitenton, 2002). According to Mintz and Betz (1988), 61% of college females revealed that they have regularly engaged in using extreme weight control method such as fasting, taking weight control/loss pills, or even purging after eating. Recent research also founded that high school and college females engaged in unhealthy eating habit to control weight such as skipping meals (59%), fasting for more than 24 hours (30%), using laxatives and diuretics (6.6%), and vomiting after eating (5%) (Tylka & Subich, 2002).

Issues concerning body image are thought to arise from discontentment with one's current body size, with a discrepancy between self-perceived current body size and one's ideal size. It comes as no surprise that females are significantly more vulnerable to the body image concerns, with males making up only 10-15% of eating disorders (Carlat, Camargo, & Herzog, 1997). Our culture's values are cause for concern as researchers reported an increasingly thin and sexualized image of females in the media within the past decade, projecting the ideal woman as thin and sexual (Murnen & Don, 2012). According to Dittmar, Halliwell, and Stirling (2009), the typical model in the fashion industry, many of which females look up to, can be as much as 20 percent underweight. This is a worrying statistic given that these role models would be classified and diagnosed with anorexia, with the diagnostic criteria identifying 15 percent underweight as the cutoff point (American Psychiatric Association, 2000). This thin ideal is accompanied by the depiction of females as sexual objects, with the ideal female being the one who has large breasts, an out-proportioned thin waist and long legs (Murnen & Don, 2012).

A well-known disorder associated with body image dissatisfaction is of course, anorexia nervosa, an eating disorder defined as the 'refusal to maintain a minimally normal weight for age and height' (Delinsky 2012). According to Delinsky (2012) the development of anorexia nervosa is mainly attributed to body image disturbance, which causes significant disturbance in individual's perception, cognition, affect and/or behavior. Body image dissatisfaction is described as a cognitive manifestation as those with anorexia are unique in that they often interpret extremely low weight as desirable. Similarly, another eating disorder is bulimia, characterized by regular repetitive episodes of binge eating followed by the use of

counteractive techniques to undo the effects of the bingeing. Both anorexia and bulimia have alarmingly high mortality rates associated with low BMI, and low self-esteem linked to suicidal tendencies (American Psychology Association, 2013).

Body dysmorphic disorder (BDD) otherwise known as dysmorphophobia is another mental disorder associated with body image dissatisfaction (Phillips, 2011). BDD is described as the 'preoccupation with an imagined defect in appearance', with individuals exhibiting 'excessive' concern causing significant distress and/or impairment in quality of life (American Psychology Association, 2013). BDD is relatively pervasive, with the prevalence reported 0.7-2.4% of the population. Shockingly, the suicidal ideation rates in BDD individuals are between 78-81%, an alarming rate along with 24-28% of individuals reporting suicide attempts.

Given the debilitating impact of body image dissatisfaction, attempts have been made to understand the phenomenon. Two theoretical models of body image dissatisfaction are often cited. These are the Cognitive-Behavioral Model (Cash, 2012) and the Sociocultural Model (Tiggemann, 2012), which will be reviewed.

The Theoretical Models of Body Image

The Cognitive-Behavioral Model of Body Image Dissatisfaction

Cash (2012) provides an explanation for the development and prevalence of body image dissatisfaction. As seen in figure 1, the model illustrates that it is the interaction between cultural and individual factors that results in body image dissatisfaction. Factors contributing to body image issues can be categorized into two groups: historical factors and proximal factors. Historical factors refer to past events and experiences that shape an individual and contributes to how they think, feel and appraise their own body (Cash, 2012). Among historical factors are cultural

socialization, interpersonal experiences, physical characteristics, and personality, which determine individual's body image attitudes such as their expectations and their ideal body shape.

Cultural socialization refers to our society's values of standards and expectations on various topics that are passed onto individuals in a given culture. According to Cash (2012), these values enforce a 'norm' to which individuals should adhere to such as what is considered physically attractive or unattractive as well as what characteristics are 'feminine' and which are 'masculine'. Once these norms are internalized and individuals see a discrepancy between their own body and society's ideal body, body image dissatisfaction is instigated, maladaptive behaviors to reduce this discrepancy may be adopted. Moreover, the previously mentioned personality factor, which falls under the historical influences category, also has an impact on body image attitudes. This highlights individual differences in the acquisition of body image issues as some personality traits can make an individual more vulnerable to body image dissatisfaction. Those with a positive self-concept will be less susceptible to negative affect whereas those with low self-esteem but with high perfectionism, public self-consciousness and feminine gender attitudes tend to be more vulnerable (Cash, 2012).

On the other hand, proximal influences are also involved in one's body image. Proximal factors refer to current life events that precipitate and maintain body image attitudes. This conceptualization is based on the cognitive behavioral basis, which asserts that individuals' schema-driven process of information and self-evaluations are triggered by specific situational cues along with internal cognitive factors. As illustrated in Figure 1, proximal influences include cognitive processing/internal

dialogues, body image emotions and coping strategies and behavior. Specifically, internal dialogues can cause activation of schema-driven processing of behavior and for individuals oriented to appearance-schema, activation of their schema influences the way they appraise situations. This in turn influences their body image evaluation. Moreover, individuals' cognitive process influences body image emotions as each individual will perceive and respond to situations differently depending on their own thoughts and how they interpret situations. Lastly, coping and self-regulatory strategies adopted by individuals vary. According to Cash and his colleagues (2005), avoiding and appearance fixing behaviors are maladaptive in dealing with body image concerns. In contrast, those who adopt a positive, rational acceptance of their body shape emphasizing on positive self-care and self-talk, show more positive attitudes towards body image.

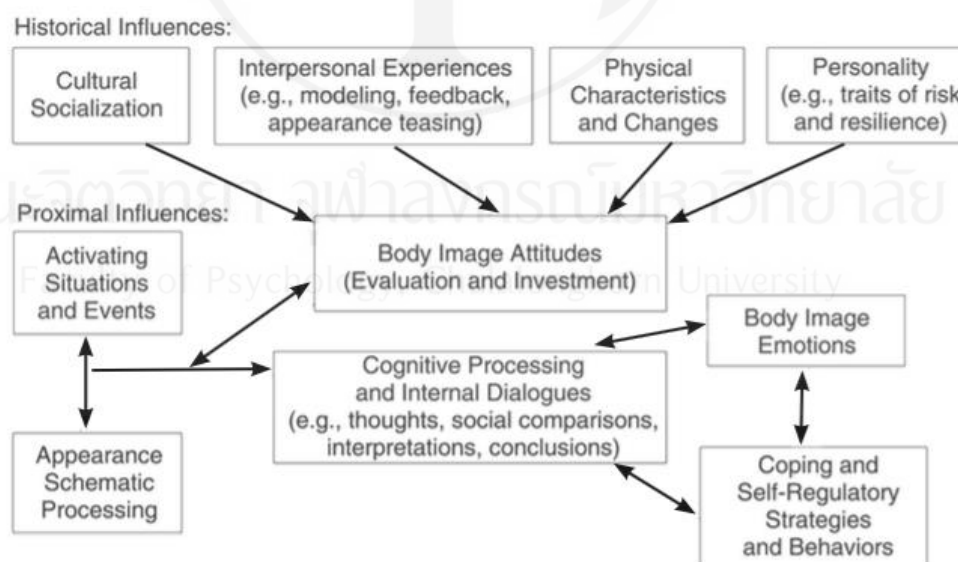


Figure 1. The Cognitive-Behavioral Model of Body Image

The Sociocultural Model of Body Image Dissatisfaction

Tiggemann (2012) proposes the sociocultural model to help understand individual's development of body image attitudes and how individuals evaluate their own body shapes. Sociocultural influences on body image are a widely accepted concept as research has found multiple factors within our society and culture that contribute to an individual's body image. Tiggemann (2012) proposes that this is a result of the strong emphasis on appearance in contemporary Western societies, evident in various forms including mannequins in shop windows, print media and ordinary, everyday conversations. The sociocultural model cites four different processes that result in the evaluation of body image: (1) the individual's society's existing body ideals, (2) the thin ideals passed on from different sociocultural channels, (3) the internalization of society's messages on body ideals, and (4) the evaluation of one's own body and the resulting satisfaction or dissatisfaction. The final evaluation and subsequent satisfaction/dissatisfaction is based on the individual's perceived discrepancy between their current and ideal body. Tiggemann believes that society does not explicitly encourage a thin ideal body, but instead proposes an unrealistic, unattainable beauty ideal. The problem lies in that our current societal standards of beauty emphasize a thin body. Sociocultural influences are also referred to as the Tripartite model as sociocultural factors includes the media, family, and peers.

One of the main influences that cause body image dissatisfaction among populations is the sociocultural pressure as the pressure to be thin from social environment is a powerful transmitters and reinforcers to one's expectation to be thin which leads to discontent of appearance (Stice & Whitenton, 2002). Many researches

claim that sociocultural pressure to be thin is the strongest predictor on the development of body image disorder (Dittmar, 2005; Cafri et al, 2005). In fact, empirical evidence from the longitudinal study by Stice and Whitenton (2002) supports that sociocultural influences is the most important risk factors for body image dissatisfaction, which also lead to eating disorder. Sociocultural pressures can come from various sources such as media, family, and peers. These traditional variables studied in relation to sociocultural influence will be outlined below.

Traditional Variables Studied in Relation to Sociocultural Influence

Media

As suggested in the study by Markey and Markey (2006) that the standards of physical attractiveness presented in the media have so much impact on how females viewed themselves against what the media have portrayed to be ideal appearance. The portrayal of thinness ideal in the media contributes to female's body image dissatisfaction (Paquette & Raine, 2004; Tantleff-Dunn & Thompson, 1995; Befort et al., 2001; Curtis & Loomans, 2014; Rajagopalan & Shejwal, 2014; Dunkley, Wertheim, & Paxton, 2001). With the relentless display of thin female bodies and the highlight on diet and weight control, visual media such as magazines or television advertisements is one of the most influential sources for causing body image dissatisfaction among adolescents (Jung & Forbes, 2007). Fashion and beauty magazines are arguably the leading factors in promoting the thin ideals among females. The flashy image of 'perfect' female beauty was promoted universally in magazines, television, and films; and this causes the viewers especially females to assume that a perfect body (i.e., flawless skin, thin waist, long legs, well-developed breast) is the most important attributes (Brumberg, 1997). An analysis by Malkin and

colleagues (1999) revealed that 94% of the American magazines displayed an image of thin-idealized model or celebrity on the cover. Not only does the media fail to portray a diverse range of body types, but it also promotes thinness as both the desired and a norm for all females. The theory behind media influence on body image dissatisfaction is that when an individual is exposed to achieve unrealistic beauty ideals, they will feel pressurized to achieve that body type. A research by Stice and colleagues (1994) found a positive correlation between the amount of time spend in engaging in visual media including magazines and television, high body image dissatisfaction, gender role endorsement, and symptoms related to eating disorder in their participants. Furthermore, a meta- analysis study from 25 experiments by Groez, Murnen, and Levine (2002) revealed that body image dissatisfaction increases after the exposure to thin supermodel media images than after viewing images of either average size models, plus size models, or inanimate objects. In addition, it was also found that the effect was strongest among female adolescents and for participants who are vulnerable to activation of a thinness schema.

Moreover, the figures of female body that is presented in the media are usually presented partially or focusing on body parts rather than focusing on the whole body or faces. This suggested that media reflects and projects female body as an object of desire (Groez, Levine, & Murnen, 2001). For instance, magazines often promote weight loss techniques and how it is linked with better sex life. On television, in order for females to be judged as a potential romantic partner, the judgment is usually made based on their physical appearance (McKay, 2013). Objectifying the body causes female adolescents become appearance conscious, which leads to self-objectification, the phenomenon in which a woman comes to internalize and accepts the ideal body

image that the society projects upon them (McKay, 2013). According to the objectification theory (Fredrickson & Roberts, 1997), females are more likely to feel shame and anxiety for not appearing perfect because females are socialized to perceive themselves as an object of desire. As a consequence of the internalization of this, females may experience body image dissatisfaction.

One of the main causes for self-objectification in females is the media. Research by Harper and Tiggerman (2007) examine whether viewing thin-idealized media images would increase self-objectification in females, which in turn would increase body image dissatisfaction. Results revealed that females who put their emphasis on thin-idealized image showed higher level of self-objectification, negative mood, and body image dissatisfaction than the control group who did not receive such an emphasis.

Family members

Other than media, other factors such as family and friends also contribute to the increase of body image dissatisfaction among young females (Curtis & Loomans, 2014). Several studies also suggested the finding that teasing and negative comments from family and peers influence young female's body image dissatisfaction (e.g. Rajagopalan & Shejwal, 2014; Dunkley, Wertheim, and Paxton, 2001). In addition to that, 70% of college females reported being teased about their weight from family and friends and they claimed that it has influenced their current body image (Befort et al., 2001).

Teasing about weight among family members is found to be common in today's society. According to Neumark-Sztainer and colleagues (2010), more than half of the young females in the study reported being teased about their weight by family

members. In the study by Curtis and Loomans (2014), the researchers suggested that negative comments or teasing in relation to body image from family member are associated with the development of body image dissatisfaction and eating disorder among young females. The results from Rajagopalan and Shejwal's study (2014) suggested that perceived pressure from family was most strongly associated with body image dissatisfaction than any other factors. A study on parental influences has been shown to have both significant direct and indirect impact on their child's development of ideal body type (Xu et al., 2010). An example of a direct impact on child's development would be, for instance, encouraging their child to diet or to have a certain exercise habit, which causes the child to be adapted to the internalize idea of keeping their body fit. Research by Bailey and Ricciardelli (2010) suggested that young females who received negative weight-related comments from parents are more likely to develop body image dissatisfaction and tend to negatively compare themselves to others. Moreover, females who reported being teased about their weight by family members were found to have higher Body Mass Index (BMI) values, high body image dissatisfaction, and were more likely to engage in unhealthy eating behaviors (Neumark-Sztainer et al., 2010). Likewise, parents who emphasized the importance of appearance and attractiveness can, in turn, cause their child to become more concerned of their physical appearance, making them to be more aware of their weight. A study by Markey and colleagues (2002) revealed that mothers who are concerned about their body image and engage in unhealthy diet routine, reportedly passed along their concerns and habits onto their daughters, causing body image dissatisfaction and eating disorders.

Peers

Apart from the influences from family, fat-talk between peers can also influence thin ideal and body image dissatisfaction among young females (Curtis & Loomans, 2014). Studies conducted in teenagers tend to show that peers are a powerful source of influence in promoting body image ideals and body change behavior (Jones & Crawford, 2005). Numerous experiments conducted have found that peer influence is most prevalent within the communication between peers, with the norm of being thin or even a topic such as ideal appearance being exchanged within peers, This is often followed by teasing or criticism, which cultivates body image dissatisfaction. According to Lawler and Nixon (2011), peers appearance conversations provide an environment in which looks and image concern are focused upon, interpreted and slowly come to be valued. The attention and time given in engaging appearance conversation reinforce body image concerns as this may reinforce the value and importance of appearances ideal. Research by Jones (2004) has confirmed that teenagers reporting more frequent conversation with friends about physical appearance demonstrated greater body image dissatisfaction and internalization of appearance ideals than those who engaged in the conversations less regularly. Furthermore, criticism and teasing about physical appearance is also found to be common among adolescents (Lawler & Nixon, 2011). Empirical evidence from various experiment reported a significant positive correlation between peers teasing about physical appearance and body image dissatisfaction among teenagers (Jones, 2004). Peer appearance criticisms and teasing can be influential because norms and expectation of the culture are identified, which most of teenagers are pressured to achieve that expectation. Actively experiencing criticism and teasing about physical appearance will directly produces a negative evaluation of one's personal appearance

and may also promote the internalization of culture ideals by reinforcing the values of appearance to peers (Jones, 2004).

Perceived Partner Perception: A Sociocultural Factor of Body Image

Dissatisfaction

Perceived partner perception could be considered as one of the sociocultural factors that contribute to body image dissatisfaction. The majority of current studies on the topic put the emphasis on the three sociocultural factors that influence female's body image dissatisfaction and delineate them as media, parents, and peers. However, some studies have suggested that the factor regarding romantic partner might also be added to one of the sociocultural factors. Females may perceived their partners' perceptions on ideal body image and try to assume their partners' preferences based on what they perceive; therefore, creating conflict between their own perception of their body and the perceived perception of their partners. As a result, females may feel less satisfied with their own body image. For instance, the research by Markey, Markey, and Birch (2004), studied the role of husbands and body image dissatisfaction among females. Their results demonstrated that, wives perceived their husbands to be more dissatisfied with their bodies, than their husbands actually indicated.

Partner perception is among the various factors that influence females to develop body image dissatisfaction from the sociocultural perspective. As previously outlined, this perspective has been adopted as a model for body image dissatisfaction, and much research has been conducted in the area (e.g. Weller & Dziegielewski, 2004; Esnaola, Rodriguez, & Goni, 2010). Many of past researches suggested that the influences from sociocultural lead to the development of body image dissatisfaction

among females, especially in young females (e.g. Paquette & Raine, 2004; Markey & Markey, 2006). There is a strong association between body image dissatisfaction and perceived sociocultural influences (e.g. Esnaola, Rodriguez, and Goni, 2010; Dunkley, Wertheim, and Paxton, 2001), females showed higher body image dissatisfaction than men and reported being affected more from sociocultural influences (e.g. Esnaola, Rodriguez, and Goni, 2010). As previously outlined, whereas the influences from media, family, and peers are the most studied factors in sociocultural aspects of body image dissatisfaction (e.g. Esnaola, Rodriguez, and Goni, 2010; Rajagopalan and Shejwal, 2014), the role of partner perception in body image satisfaction has only recently been recognized

Partner Perception

Numerous studies on the relationship between sociocultural influences and body image have been conducted, albeit with an emphasis on media, family and peer influence. The three factors have been repeatedly proven to have a significant influence on the development of body image dissatisfaction in young females. However, there is a little research on the role of romantic partners may play in development of body image dissatisfaction (Markey and Markey, 2006). Study has pointed out that female's perception of their partner's perception on ideal body image could determine their feelings toward their own body image, which in turn would affect their eating behaviors and as well as their psychological health such as depression and self-esteem (Markey, Markey, and Birch, 2004). To highlight on that, study also suggested that the perception of being overweight could cause more psychological problems than actually being overweight because weight is seemed to be associated with one's issues on identity (Curtis & Loomans, 2014). Partner's

perception is likely to be particularly important during adolescence because this stage of development it is likely to be when gender identity is developed. An affirmation for this identify could come from the approval of the romantic partner and the degree to which female adolescents could fulfill their gender role, such as being thin.

Partner influence can be a significant indicator of female's body image dissatisfaction. There are studies suggesting the findings in accordance to the notion. For instance, a study suggested that young female's body image dissatisfaction of their bodies is linked to their perception of their partner's satisfaction with their body (Markey, Markey, & Birch, 2004). Nevertheless, there are not many studies that have looked into female's perceptions of their partner's perceptions regarding body image and their dissatisfaction. The research studies delineated below are among the few that examined the influence of romantic partners and body image dissatisfaction.

To begin with, a study by Markey and Markey (2006) examined the influence of romantic partner on body image dissatisfaction among young females. Their study also suggested the importance of young female's physical appearance, which plays a big part in providing females with their sense of self-worth (Harter, 1999 as cited in Markey & Markey, 2006). This emphasizes the idea that young females are worried about their appearance in terms of how it will be perceived by other people or potential partners, especially for those who are looking to form romantic relationships (e.g. Markey and Markey, 2006; Befort et al., 2001). Moreover, the researchers suggested that there are empirical evidence showing that males are concerned with their potential partner's body size (e.g. Markey & Markey, 2006; Befort et al., 2001; Hatfield and Sprecher, 1986). This could potentially influence young females who are

looking to form a romantic relationship to become more concerned about how they would be perceived by males (Markey and Markey, 2006).

Furthermore, in Markey's and Markey's (2006) study, they examined females' body image dissatisfaction, females' perceptions of their partner's satisfaction of their body, and as well as their partner's actual satisfaction of their body. The results of their study demonstrated that females underestimated their partner's satisfaction with their bodies, with discrepancies between perceived partner's satisfaction and their partner's actual satisfaction with their body. Females are more likely to be unhappy with their own body while males as their partners, on the other hand, reported that they are actually satisfied with their partners' bodies (Markey and Markey, 2006). As suggested in the study, this might be because females are more critical of their own body than their partners are critical to their bodies. In addition, in the study of Markey and Markey (2006), the researchers also suggested that the longer their relationship, the more likely females were to feel that males are less satisfied with their bodies.

They explained that this might be because males get used to the bodies of their partners and started to pay less attention or provide less compliment to their partner's bodies; therefore, females might started to assume that their partners are dissatisfied with their body.

Despite the fact that there are few studies on romantic partner and body image dissatisfaction, there is one older study that studied the role of perceived partner's perceptions toward preferred body size. Tantleff-Dunn and Thompson (1995) suggested the evidence for the role of perceived and actual body image among young couples. The researchers assessed the participants' ratings on body size of actual self, ideal self, ideal opposite gender, perceived partner's ideal body size of opposite

gender, perceived partner's rating of self and rating of partner's body size. The results suggested that females' perception of their partner's ideal body size determined their body image dissatisfaction, eating disorder, and also psychological functions.

Females' body image dissatisfaction can be influenced by their perceived partner's perceptions of ideal body image (e.g. Tantleff-Dunn & Thompson, 1995; Paquette & Raine, 2004).

Similarly, criticism and teasing from male partners play a role for females' perception of their partner's perception about body image. There are evidences that partners' comments can influence female's body image dissatisfaction (Paquette & Raine, 2004; Tantleff-Dunn & Thompson, 1995; Weller & Dziegielewski, 2004). The findings from the study of Paquette and Raine (2004), suggested an evidence that negative comments from partners can influence females' view on body image, the findings also suggested that the nature of the comments (e.g., playfully teasing) is not as important compared to female's interpretation of the comments.

Another study that examined body image dissatisfaction and criticisms from romantic partners is the study by Befort et al., (2001). This study examined how the criticisms from romantic partners could have an impact on females' body image dissatisfaction. The study suggested that partners' opinion regarding their appearance have become very important to their body image dissatisfaction and it influences female's self-worth and self-esteem. More to that, criticisms and teasing from partners contributed to greater body image dissatisfaction. Criticisms from romantic partners may have led females to assume the ideal body image their partners preferred; therefore, females may have tried to achieve the body image that they perceived their partners hold. The results of their study suggested that weight-related criticisms

predicted body image dissatisfaction. Females who claimed to receive more criticisms from partners felt ashamed of their body, and this study they also linked females' body shame with the disapproval from their partners. Therefore, if females perceived their partners' criticism as a disapproval of their partners, they would feel more dissatisfaction over their body image.

Additionally, there is an evidence suggesting that the level of support from romantic partners can help reduce or increase females' body image dissatisfaction. The study by Weller and Dziegielewski (2004) was conducted to explore if partners' social support could play a role in predicting females' body image dissatisfaction, the results of their study suggested that the perceived levels of support from the partners could determine the levels of body image dissatisfaction--- that higher body image dissatisfaction is associated with lower support from partners. Their findings also suggested that support from parents, friends, or partners may reduce stress and anxiety related to negative body image. This finding could emphasize that partners' criticism, negative comments, or lack of support from partners can heightened the effect of partners' influence on body image dissatisfaction.

Prior to concluding this section, it is important to note that there are individual factors that could influence female's body image dissatisfaction as resulted from sociocultural influences. Such an evidence could be drawn from findings that, whereas partner perception plays a role in female's body image dissatisfaction, the perception as can be influenced by the female's personal factor. Females, hence, are not necessarily accurate in estimating their partners' perception. Indeed, as previously outlined, they often misinterpret their partner's ideal body image and, therefore, tend to underestimate male's preference of body figure (Bergstrom, Neighbors, & Lewis,

2004; Markey, Markey, & Birch, 2004; Tantleff-Dunn & Thompson, 1995). Similar findings are reported by Bergstrom, Neighbors, and Lewis (2004) who stated females tend to be inaccurate in their perception of what males perceived as attractive in females. These findings leave open the possibility that individual factors (e.g., cognition) play a role in female's vulnerability to sociocultural influence in body image dissatisfaction. One of such a factor, female's attitude toward gender role, will be outlined below.

Attitudes toward Gender Roles

The nature of female's roles in their romantic relationship is another factor that may contribute to body image dissatisfaction levels. Previous research suggests that females who adopt traditional attitudes toward gender roles may be more susceptible to negative sociocultural influences.

Similar to body image, attitude toward gender role is the result of female's internalization of societal and cultural values. Relevant gender roles that could contribute to vulnerability toward body image dissatisfaction will be outlined below.

Traditional versus Non-traditional Gender Roles

In this paper, the term 'traditional' gender roles in females refers to the adoption of Bem's (1974) feminine traits including compassion, affection and warmth in the relationship context. Females with 'non-traditional' gender roles are characterized by Bem's (1974) masculine traits, including competitiveness, dominance and self-reliance that are displayed within their romantic relationship.

Sex Roles Along with the terms 'traditional' and 'non-traditional' gender roles, the terms 'feminine', 'masculine', 'androgynous' and 'undifferentiated' are also used. These four categories of sex roles are drawn from Bem's (1974) Sex Role

Theory that describes gender roles as not binary and one's gender can lie on a contingent scale with masculinity on one side, and femininity on the other. With this, Bem introduced a third gender role 'androgyny' characterized by a combination of masculine and feminine traits. A fourth gender role 'undifferentiated' was also introduced, characterized by a combination of low masculine and feminine traits.

Traditional and non-traditional gender roles and sex roles are two factors that researchers have consistently found to be significantly correlated with body image dissatisfaction, with both describing individuals' attitudes toward gender roles. It is important to note that despite different terms, traditional/non-traditional gender roles and sex roles refer to very similar traits in females. For example, females with traditional gender roles will share the same characteristics as those with feminine gender roles (e.g., compassion, warmth, emotional) while females with non-traditional gender roles will share the same traits as those with masculine gender roles (e.g., rational, competitive, dominating). Researchers use the two terms interchangeably and have found consistent, comparable results between sex roles and body image and traditional/non-traditional gender roles. To elaborate, studies have found females with traditional gender roles and participants with feminine gender role to be significantly more likely to report high levels of body image dissatisfaction (Kimlika, Cross, & Tarnai, 1983; Lennon et al., 1999). Therefore, in this study the terms traditional/non-traditional gender roles and sex roles are interchangeable.

Attitudes Toward Gender Role and Body image dissatisfaction

The association between attitude towards toward gender roles and body dissatisfaction has been much explored, with researchers citing different conceptual frameworks and theories including the following:

Social comparison theory

Festinger (1954) proposed the social comparison theory to explain human tendencies to compare oneself to others in order to assess one's standing in a given context. The researcher originally described the comparison process as mostly 'objective' as individuals are predisposed to seek objective, unbiased information about their standing on a wide range of characteristics. Festinger believed that subjective information was only appraised as a second choice, when objective information is not readily available. However, contemporary theorists have disputed these claims and proposed that the original theory has underestimated individual differences such as those associated with personality differences (Halliwel, 2012). The terms 'upward' and 'downward' comparisons were introduced, with upward comparisons referring to the comparison of oneself with those who are superior in the specific context while downward comparisons refer to the comparison of oneself to those who are inferior. These comparisons have been linked to lower self-esteem, and increased negative affect (Halliwel, 2012). According to Strahan and colleagues (2006), males and females engage in social comparisons differently with males engaging in mostly downward comparisons whereas females engage in upward comparisons. The researchers suggested that these differences are a result of society's extreme emphasis on female's physical appearance. As a consequence, females may adopt traditional gender roles as they work to improve themselves and since societal norms and values emphasize beauty and physical appearance such as the thin ideal, body image dissatisfaction can arise.

Objectification theory Fredrickson and Robert's (1997) objectification theory was proposed specifically to provide a better understanding of society's sexualization of females and the negative consequences on body image and mental disorders. Objectification is the treatment of 'something that is not an object as an object' (Calogero, 2012). The researchers propose that body image issues pervasive in females are due to the 'extreme and pervasive tendency to equate females with their bodies'. The objectification theory clearly identifies sociocultural influences as a main factor of body image issues in females, particularly with the oversexualization of females in the media. Sexual objectification of females can come in the form of the more harmless gazing at female's bodies, whistling or honking as well as the more shocking sexual violence and rape (Calogero, 2012). The objectification of females and consequently sexualization of females in society results in the internalization of these inappropriate messages that cultivates feminine gender roles. Feminine gender roles are developed through the internalization of societal values and messages for females, primarily that they are sexual objects, valued for their physical appearance and beauty.

Femininity theory Boskind-Lodahl (1976) proposed the femininity theory of eating disorders that identifies over-conformity of traditional feminine gender norms as resulting in high body image dissatisfaction and consequently, eating disorders. The theory aimed to explain the development of eating disorders, which are the consequence of high body image dissatisfaction. According to Boskind-Lodahl, over-conformity of traditional feminine gender norms results in hyperfemininity, a psychological state where there is an extreme adoption and adherence to the feminine gender norm, dictated by sociocultural values. Hyperfeminine behavior is

characterized by feminine traits including fragility, dependence, submissive behavior, appearance focus, approval seeking and passivity. Therefore, hyperfeminine females are more prone to body image dissatisfaction and therefore eating disorders due their attribution of self-worth to the attainment of a perfect ideal body shape and weight.

Empirical Evidence: Attitudes Toward Gender Roles and Body Image

Lennon and her colleagues (1999) conducted a study to examine the relationship between gender roles within the relationship and body image. Self-esteem has long been an accepted factor in body image with high self-esteem associated with positive body image and lower body image dissatisfaction (Tiggemann, 2012).

Lennon and her colleagues' aimed to measure the effect of gender role on body image over and above the effects of self-esteem. The researchers adopted Festinger's (1954) social comparison theory, where individuals compare their own attitudes to that of others, including attitudes towards gender roles and what is appropriate for males and females to do. Therefore, as previously discussed, culture and society often value females based on their appearance and this is internalized by individuals as they align themselves according to society's values.

Lennon and her colleagues (1999) found significant relationships between body image, attitudes toward gender roles and self-esteem. Specifically, positive body image predicted high scores on self-esteem and attitudes toward gender roles predicted and was positively correlated with self-esteem. More importantly, the scores on importance placed on appearance were positively correlated with high scores on gender roles suggesting high scores on importance placed on appearance were positively correlated with participants with traditional gender roles but not those with non-traditional gender roles. Interestingly, Korean college females scored

significantly higher on Appearance Orientation than Singaporean participants despite coming from similar cultural backgrounds. The researchers suggest that this may be a result of the sociocultural influences prevalent in Korea: a male-dominant traditional country. This male-dominance may have reinforced females to hold traditional gender roles.

Lennon and her colleagues' (1999) study of attitudes towards gender roles have great influence on today's research on body image as it clearly identifies traditional gender roles to be correlated with body image dissatisfaction. In this, they highlight that this is due to female's embodiment of the feminine gender role, a well-developed area in the field of social psychology. Femininity is commonly associated with passiveness, irrationality, sensitiveness, powerlessness and of course the value of physical appearance (Bem, 1974; Gill, 2012).

The relationship between femininity and body image dissatisfaction attracts little controversy with strong empirical evidence to suggest that gender roles are a significant predictor of body image dissatisfaction and disordered eating (Forbes et al., 2001; Kimlika & Tarnai, 1983; Martz, Handley, & Eisler, 1995). Interestingly, current research suggests that it is the masculinity component of gender roles that prevents body image dissatisfaction. Studies conducted have found that feminine females rated their bodies less favorably than androgynous females but no difference was found between feminine and undifferentiated females (Kimlika, Cross, & Tarnai, 1983; Jackson, Sullivan, & Rostker, 1988). Researchers propose that these results suggest that it may be the masculine component of gender roles that predicts body image dissatisfaction as masculine and androgynous females reported lowest levels of body image dissatisfaction. To understand this, it is important to distinguish between

androgynous females and undifferentiated females based on Bem's (1974) definitions. Androgynous females are those who score high on both masculine and feminine traits while undifferentiated females are those who score low on both masculine and feminine traits. Therefore with findings illustrating differences between androgynous and undifferentiated females, it may be suggestive of the masculine component in androgynous and masculine females that protects females from sociocultural influences on body image dissatisfaction (Jackson, Sullivan, & Rostker, 1988).

One study comparing body image dissatisfaction in feminine, masculine, androgynous and undifferentiated males and females found clear differences among gender role in body image dissatisfaction (Forbes et al., 2001). This study is unique and of interest to our research as in addition to examining gender role and body image dissatisfaction, Forbes and his colleagues also studied individual's perception of what members of their own sex preferred, and what members of the opposite sex preferred. Results revealed that females were more dissatisfied with their body than males although gender roles had the same effects on body image dissatisfaction in both males and females: those with feminine and undifferentiated gender roles reported higher levels of body image dissatisfaction. Feminine participants regardless of sex recorded the highest discrepancies between their self-reported body type and their ideals. Results also yielded the expected differences in sex as females reported significantly thinner ideals than males and vastly overestimated male's preferences for thin bodies.

Forbes and his colleagues identified social roles in society as a factor in female's heightened vulnerability to body image dissatisfaction. The researchers propose that it is a result of cultural emphasis on thin bodies for females leading to

internalization of these values. Most importantly, the researchers provide support for gender schema theory, which proposes that those with more feminine gender roles would show higher body image dissatisfaction.

The heightened vulnerability of females to body image dissatisfaction and disordered eating is a well-documented topic, and there appears to be many factors contributing to this, including gender roles. Murnen and Don (2012) provide support to findings by Forbes and his colleagues (2001) along with other researchers that body image dissatisfaction in females is a result of our social and cultural values. Murnen and Don describe our current society as one that is patriarchal and heterosexist that encourages and values gender-stereotyped roles, many of which give a negative message to females. According to the researchers, females are more vulnerable to internalizing this message due to their 'subordinate societal position' and this is reinforced from a young age starting from gendered toys (e.g., action figures for boys and barbies for girls). The adoption of these gendered values in females lead to 'hyperfemininity' characterized by the 'oversubscription to traditional feminine gender norms' such as fragility, submissiveness, dependence and emphasis on appearance (Green et al., 2011).

The objectification theory has also been drawn to help explain the relationship between attitudes toward gender roles and body image dissatisfaction. Sexual objectification primarily derives from society, particularly messages that media convey to audiences with females portrayed sexually. Galdi, Maass and Cadinu (2013) examined the relationship between media and attitudes toward gender roles and found that when participants viewed television clips where females were portrayed as sexual objects, participants showed heightened conformity to their

gender norm. In other words, female participants showed increased conformity to feminine gender role norms while male participants showed increased conformity to male gender role norms. Therefore, it is evident that objectification of females in society relays onto individuals attitudes towards gender roles.

The review of literature on body image and gender roles have clear trends as they identify sociocultural influences as the main factor in cultivating traditional feminine gender roles and body image dissatisfaction. Within the sociocultural context the objectification theory helps explain the internalization of society's thin-ideal values while the femininity theory clearly identifies gender identity as a factor of body image dissatisfaction in females. Therefore, it is evident that sociocultural influences play a significant role in body image dissatisfaction and in addition to perceived partner perception, attitudes toward gender roles is another factor that we believe to be significantly correlated with body image dissatisfaction and might play a role in moderating the association between partner perception and body image dissatisfaction. It is important to note that the literature on body image dissatisfaction in Eastern cultures is limited, with most research conducted in Western cultures and on Caucasian participants. Therefore, it will be of interest to conduct our study in the Eastern context to examine body image dissatisfaction in Eastern participants.

Conclusion

In conclusion, sociocultural influences play an important part in the development of body image dissatisfaction. As discussed, perceived partner perception appear to be a factor worth exploring within the Thai context, as perceived partner perception is potentially associated with body image dissatisfaction in female

adolescents. Whether this association is moderated by an intrapersonal factor, attitude toward gender role, remains open for an investigation here.

In this study, therefore, we aim to examine the relationship that perceived partner perception and attitude towards gender role have on female adolescents' body image dissatisfaction. Whether attitudes toward gender roles moderate the association between perceived partner perception and body image dissatisfaction will be investigated.

Objectives

1. To examine whether perceived partner perception and attitude toward gender role are associated with body image dissatisfaction in Thai female adolescents.
2. To identify whether the association between perceived partner perception and body image dissatisfaction is moderated by attitudes toward gender roles.

Research Hypotheses

1. There will be a significant and positive association between perceived partner dissatisfaction of one's body and body image dissatisfaction.
2. There will be a significant and positive relationship between traditional attitude toward gender identity and body image dissatisfaction.
3. Traditional attitude toward gender identity will be a significant moderator of the relationship between perceived partner dissatisfaction of one's body and body image dissatisfaction.

Conceptual Framework

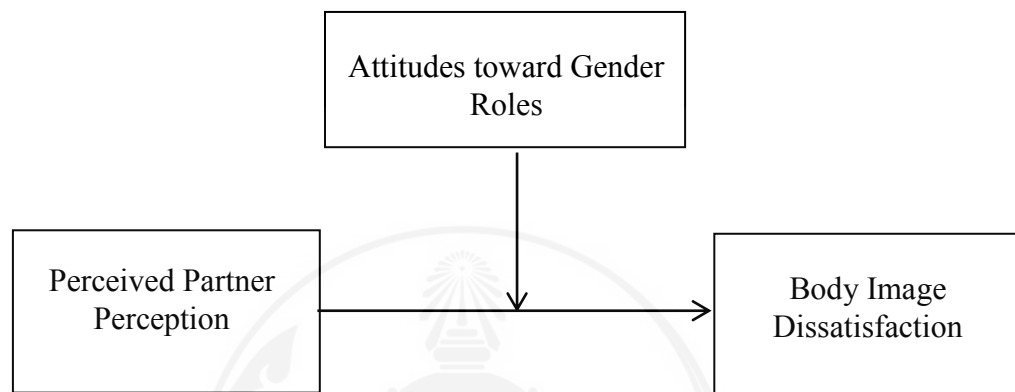


Figure 2. Conceptual Framework

Benefits and Implications

1. Research: To develop the field's understanding of the association between perceived partner perception, attitude towards gender role and body image dissatisfaction in Thai female adolescents. This is an underdeveloped area as most research on body image dissatisfaction are conducted in Western countries.
2. Practical: Findings can help understand the appropriate attitude towards gender role to moderate body image dissatisfaction levels in female adolescents. This knowledge can help cultivate the appropriate attitude towards gender role in female adolescents to help reduce and prevent body image dissatisfaction.

Research Methodology

Participants

Through convenience sampling, a total of 100 Thai female college students who are currently in a heterosexual romantic relationship will be recruited and invited to volunteer participate in the current study. The signified number of participants is selected with the aim to accumulate a representative sample of the population and to increase statistical power.

Measures

Demographics Questionnaire

Demographics Questionnaire was used to collect data on participant's gender, age, own weight and height, as well as partner's weight and height. Participants were asked to report their relationship status and the duration of their current romantic relationship.

Body image dissatisfaction

Body image dissatisfaction was assessed by Mezzeo's (1999) Body Shape Questionnaire-Revised, comprised of 10 statements (e.g. "Have you been so worried about your shape that you have been feeling that you ought to diet?" and "Have you noticed the shape of other women and felt that your own shape compared unfavorably?"). Participants were asked to rate the degree that they agree with the 10 statements on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). A higher score on the scale were indicative of higher body image

dissatisfaction. As the scale was originally in English, the items were translated into Thai

Perceived Partner Dissatisfaction

Perceived Partner Dissatisfaction was assessed by Srisornchor's "Partner Influence Scale" (2008), which was developed from Young's et al. (2001). Participants were asked to rate the degree to which they agree to the 12 statements (e.g. "I feel that my boyfriend wanted me to go on diet" and "My boyfriend usually mention about girls with thin body figure") on a five-point Likert scale. Responses ranged from 1 (extremely disagree) to 5 (extremely agree). Higher scores on the scale were indicative of higher perception of partner's dissatisfaction of one's body image.

Traditional Attitudes toward Gender Role

Traditional Attitudes Toward Gender Role was assessed by the gender role subscale from the Chinese-Western Intercultural Couple Standards (Hiew et al., 2015). Participants were asked to rate the extent to which they agree with the beliefs described in 12 statements (e.g. "The man is responsible for major decisions" and "The woman avoids achieving more than the man") on a five-point Likert scale. Responses ranged from 1 (extremely disagree) and 5 (extremely agree). Higher scores on the scale were indicative of more traditional attitudes towards gender roles. As the scale was originally in English, the items were translated into Thai.

Data Collection

Participants were provided a brief introduction to our survey as well as their rights in the study: Should they agree to participate in the study, they were asked respond to the questionnaire for 10-15 minutes.

Data Analysis

SPSS was used for data analysis as follows.

- 1) Descriptive statistic data analysis was conducted.
- 2) Inferential statistic data analysis was conducted with correlational and regression analyses (i.e., with body image dissatisfaction as the criterion and perceived partner dissatisfaction and traditional attitude toward gender role as predictors). Then, traditional attitude toward gender role was tested as a potential moderator of the association between perceived partner dissatisfaction and traditional attitude toward gender role.

Results

The objectives of this current study was to examine the association that perceived partner perception and attitude toward gender role had with body image dissatisfaction among Thai female undergraduates, and whether attitude toward gender role acted as a moderator toward body image dissatisfaction. The result will be presented in the following sections:

Section 1 Descriptive statistics and demographics information will be analyzed to examine sample characteristics.

Section 2 Inferential statistics with 2.1) correlational analysis being conducted to examine the association between perceived partner perception, attitudes toward gender roles, and body image dissatisfaction and 2.2) a Multiple Regression with a test of moderation being conducted with body image dissatisfaction as the criterion

and perceived partner perception, attitude toward gender role as well as their interaction term as predictor variables.

Statistics Symbols

1. N Total number of participants recruited in this study
2. M Mean
3. SD Standard deviation
4. r Pearson correlation coefficient
5. B Regression coefficient
6. β Standardized regression coefficient
7. $SE \beta$ Standard error of β
8. VIF Variance inflation factor
9. R^2 Square of multiple correlation
10. ns Non-significant

Participants

As shown in Table 1, through convenience sampling, a total of 100 Thai female college students with the age ranging from 18 to 24, who are currently in a heterosexual romantic relationship, voluntarily participated in the current study. Their mean age was 20.65 ($SD = 1.44$).

Table 1. *Frequency, Percentage, Age, and Education Levels of Participants (N = 100)*

	Demographic Information	Frequency	Percentage
Sex	Female	100	100
	Total Participants	100	100
Age (Years)	18	5	5.1
	19	20	20.2
	20	20	20.2
	21	27	27.3
	22	16	16.2
	23	9	9.1
	24	2	2.0
	Total Participants	99	100
Education Level	Bachelor Degree	100	100
	Total Participants	100	100

Section 2: Inferential Statistics

Correlational analyses were conducted to examine the association between the three key variables of attitudes toward gender roles, perceived partner perception and body image dissatisfaction. As shown in Table 2, there was a significant positive correlation between perceived partner perception and body image dissatisfaction ($r = .25, p < .01$), such that participants who scored higher in perceived partner perception

scale were highly likely to experience higher body image dissatisfaction. Furthermore, there was a significant positive correlation between attitude toward gender role and body image dissatisfaction ($r = .17, p < .05$), such that participants who scored higher in attitude toward gender role were highly likely to experience higher body image dissatisfaction.

Table 2. *Descriptive Statistics and Intercorrelation between Body Image*

Dissatisfaction, Perceived Partner Perception and Attitude toward Gender Role (N = 100)

	<i>M (SD)</i>	1	2	3
1. Body Image Dissatisfaction	2.73 (0.79)	-		
2. Perceived Partner Perception	2.25 (0.79)	.25**	-	
3. Attitude Toward Gender Role	2.96 (0.63)	.17*	.25**	-

* $p < .05$, ** $p < .01$.

A standard multiple regression analysis was conducted with body dissatisfaction as the dependent variable, and perceived partner perception and attitude toward gender role as well as their interaction as independent variables. Prior to proceeding to the analysis, following a recommendation by Hair and colleagues (2010), to be able to conduct a multiple regression analysis, various assumptions need to be met, particularly those relevant to multi-collinearity. First, the correlation of the variables examined have to be lesser than .90. Second, the “tolerance” rate has to be equal or greater than .10. Lastly, the variance inflation factor (VIF) has to be equal or less than 10. As seen in Table 2, none of the variables examined were correlated greater or beyond .90. Furthermore, as shown in Table 3, the tolerance rate and VIF of each independent variable were greater than .10 and less

than 10, respectively. Therefore, multiple regression analysis was conducted, with the predictor variables being perceived partner perception and attitude toward gender role and the interaction between the two variables. Our results revealed that these predictors explained 8.2% ($R^2 = .082$) of the variance in body image dissatisfaction, $F(3, 96) = 2.87, p < .05$. However, when the coefficient alphas were examined, only perceived partner perception was significant in predicting body image dissatisfaction, $\beta = .22, p < .05$. Attitude toward gender role and its interaction with perceived partner perception were not significant in this regard ($\beta = .12, p = .236$ and $\beta = -.08, p = .395$, respectively).

Table 3. *A Multiple Regression Analysis where Perceived Partner Perception, Attitude Toward Gender Role, and Perceived Partner Perception*Attitude Toward Gender Role, Predict Body Image Dissatisfaction (N = 100)*

	B	SE	β	T	Tolerance	VIF
Perceived Partner Perception	.22	.10	.22*	2.20	.94	1.07
Attitude Toward Gender Role	.15	.13	.12 _{ns}	1.19	.92	1.09
Perceived Partner Perception x Attitude Toward Gender Role	-.13	.16	-.08 _{ns}	-.85	.98	1.02
Constant	2.74***	.08				

* $p < .05$.

Since the interaction effect was not significant, an additional analysis was conducted with perceived partner perception and attitude toward gender role as the independent variables and body image dissatisfaction as the dependent variables. As shown in Table 4, results revealed that 7.5% ($R^2 = .075$) of variance in body image dissatisfaction was significantly accounted for by perceived partner perception and

attitude toward gender role, $F(2, 97) = 3.96, p < .05$. However, when the coefficient alphas were examined, only perceived partner perception was significant in predicting body image dissatisfaction, $\beta = .23, p < .05$. Attitude toward gender role were not significant in this regard, $\beta = .11, p = .282$.

Table 4. *A Multiple Regression Analysis where Perceived Partner Perception and Attitudes Toward Gender Roles Predict Body Image Dissatisfaction (N = 100)*

	<i>B</i>	<i>SE</i>	<i>B</i>	<i>T</i>
Perceived Partner Perception	.27	.10	.23*	2.24
Attitude Toward Gender Role	.14	.13	.11 _{ns}	1.08
Constant	2.73***	.08		

* $p < .05$, *** $p < .001$.

Based on this finding, the regression equation where perceived partner perception and attitude toward gender role predict body image dissatisfaction can be constructed as follows:

$$Z_{BID} = 2.73*** + 0.23*Z_{PPP} + 0.11Z_{ATGR}$$

Based on this equation, it can be explained that if perceived partner perception were to increase by 1 unit, the score of body image dissatisfaction would increase by 0.23 unit, and the increase was statistically significant. As for attitude toward gender role, if its score were to increase by 1 unit, the score of body image dissatisfaction would increase by .11 unit. However, such an increase was not statistically significant. Therefore, when the two are considered concurrently, only perceived partner perception is statistically significant in predicting body image dissatisfaction.

Table 5. *Summary Table for Hypothesis Testing.*

Hypothesis	Results
1. There will be a significant and positive association between perceived partner dissatisfaction of one's body and body image dissatisfaction	<u>Confirmed</u> $r(100) = .25, p < .01$ (One-tailed)
2. There will be a significant and positive relationship between traditional attitude toward gender identity and body image dissatisfaction.	<u>Confirmed</u> $r(100) = .17, p < .05$ (One-tailed)
3. Attitude toward gender role will be a significant moderator of the relationship between perceived partner dissatisfaction of one's body and body image dissatisfaction.	<u>Not Confirmed</u> The interaction between perceived partner perception and attitude toward gender role interaction was not significant, $\beta = -.08, p = .395$, indicating that there was no moderation effect.

Discussion

The aim of this study was to examine: 1) the relationship between perceived partner dissatisfaction, traditional attitudes toward gender roles, and body image dissatisfaction in Thai female adolescents and 2) the possible moderating role of traditional attitudes toward gender roles in the association between perceived partner perception and body image dissatisfaction. To accomplish this, three hypotheses were proposed and statistical analyses were conducted to test these hypotheses.

Hypothesis 1: The Association between Perceived Partner Satisfaction of One's Body Image and Body Image Dissatisfaction

The first hypothesis stated that there would be a positive association between perceived partner dissatisfaction of female adolescents' body and these adolescents' body image dissatisfaction. Statistical analyses provided support for this hypothesis, with a statistically significant positive correlation observed between perceived partner perception and body image dissatisfaction. Female participants who perceived that their partners viewed their body as less satisfactory are likely to report higher body image dissatisfaction, while those who viewed their partners to be more satisfied with their body are more likely to report lower body image dissatisfaction ($r = .25, p < .01$). Despite the significant positive correlation, it is important to note that the strength of the association between perceived partner dissatisfaction and body image dissatisfaction is relatively small.

Still, there are several justifications supporting the significant association between perceived partner's dissatisfaction of one's body and one's body image dissatisfaction. To begin with, a number of empirical studies have found that females determine their satisfaction of their own body shape and weight based on the satisfaction they perceived from their partner. Examples are studies by Tantleff-Dunn and Thompson (1995) and Markey and colleagues (e.g., Markey & Markey, 2006; Markey, Markey, & Birch, 2004;), where the role of male partner's perception of female participant's body size is reported to predict the participants' body image dissatisfaction, eating disorder, and psychological well-being.

Another possible explanation lies in the fact that most of the participants in the study are in their adolescence years. During this budding period, developing romantic relationship becomes significant for many adolescents (Markey & Markey, 2006). Unfortunately, body image has been shown to be one of the factors viewed by female

adolescents as playing a significant role in their romantic relationship (Markey & Markey, 2006).. Hence, partners' perception of their physical appearance becomes influential for female adolescents. Unfortunately, with the exposure to other sociocultural factors (e.g., the media), which emphasizes the thin ideal, lead, female adolescents are reported to adopt an unrealistic body image ideals and perceive that their partners prefer smaller female body size than their partners reportedly actually do (Tantleff-Dunn & Thompson, 1995).

In Markey and Markey (2006), which they examined females' body image dissatisfaction, females' perceptions of their partners' dissatisfaction of their body, and their partners' actual dissatisfaction of their body. Their study showed that females were more likely to underestimate their partners' evaluation of their body, as suggested by the discrepancies between females' perceived perception of their partners and the actual dissatisfaction their partners reported. Together with the perception that their partners were less satisfied with their body, females reported being more dissatisfied with their body image. The results of the current study replicate those reported by their study that there was a significant positive association between perceived partners' dissatisfaction and females' own body image dissatisfaction.

Findings here also support the past report by another study by Markey and his colleagues (Markey, Markey, & Birch, 2004). In this study, the researchers (2004) examined wives' body image dissatisfaction and their perceived perceptions of their husbands' dissatisfaction of their wives' bodies. Findings suggested that there was an association between the wives' body image dissatisfaction and their perceived

dissatisfaction from their husbands. The wives who believed that their husbands were dissatisfied with their bodies tend to report more dissatisfaction with their bodies.

Furthermore, Markey and Markey (2006) also suggested that females who are in longer relationship with their partners tend to have a higher tendency of misbelieving that their partners wanted them to become thinner. In addition to assuming that their partners share the same thin ideal as previously outlined, they might obtain less compliments regarding their physical appearance as their relationship progresses. As a result females tend to conclude that their partners are less satisfied with their bodies and experience body image dissatisfaction. In addition, weight-related teasing, comment, and criticism, which might increase with the degree of familiarity the couple have with each other might lead females to perceive their partners to be less satisfied with their body image and experience body image dissatisfaction (Befort et al., 2001).

Hypothesis 2: The Association between Traditional Attitudes toward Gender

Roles and Body Image Dissatisfaction

The second hypothesis proposed that there would be a significant and positive relationship between traditional attitudes towards gender roles and body image dissatisfaction. Results also provided support for this, with a positive correlation observed between traditional attitudes toward gender roles and body image dissatisfaction. Statistical analyses revealed a significant positive correlation between attitudes toward gender roles and body image dissatisfaction, such that higher attitudes toward gender role is associated with higher body image dissatisfaction ($r = .17, p = .05$). Despite the significant positive correlation, it is important to note that the

strength of the association between traditional attitudes toward gender role and body image dissatisfaction is relatively small.

The association found between traditional attitudes towards gender roles and body image dissatisfaction in females may be due to a number of explanations based on conceptual grounds and theories, the first being Boskind-Lodahl's (1976) femininity theory. According to this theory, 'hyperfemininity', or the tendency to overconform to the society's feminine gender norm, could result in the development of body image dissatisfaction. A psychological state, hyperfemininity is characterized by the adherence to traits inherent in traditional female gender role such as being dependent, submissive, appearance focused and passive. This adherence leads females to endorse the societal message that prescribes physical attractiveness as a key characteristic of females.

The femininity theory proposes that hyperfemininity or overconformity to feminine gender roles in females can put females at the risk of developing body image dissatisfaction and eating disorders. This is due to females' tendency to internalize society's message of the 'ideal' female as they strive to gain social approval by conforming to the feminine gender norms. This internalization can be explained by the Social Comparison Theory (Festinger, 1954), which suggests that evaluation of oneself is part of human nature and this is done by making comparisons of oneself to others. These social comparisons, either to others or to cultural standards allows one to make an evaluation of oneself in a given context. Unfortunately, today's cultural standards of the 'ideal' female is one that reflects today's patriarchal society, with the ideal female body being thin with an out-proportioned small waist, long legs and large

breasts (Murnen & Don, 2012). Females tend to adhere to this ideal of physical attractiveness.

The tendency to make comparisons to what they believe to be the 'ideal' female body, a body that has been consistently described as 'unattainable' and 'unrealistic' is associated to body image dissatisfaction (Calogero, 2012), because there are likely to be a discrepancy between females' physical appearance and these ideals. Often, the dissatisfaction becomes intensified with the traditional gender role message that equates female value to their physical attractiveness, rendering them to become a sexual object or objectifying them (Calogero, 2012). This is explained in Fredrickson's Objectification Theory (1997), which proposes that the objectification of females can result in internalization of females of the sociocultural ideal of physical attractiveness, the perpetuation of traditional female gender role, unrealistic social comparison, and body image dissatisfaction.

As previously discussed, numerous studies conducted on attitudes toward gender roles have found significant positive associations between traditional attitudes toward gender roles and body image dissatisfaction (Forbes et al., 2001; Lennon et al., 1999; Kimlika, & Tarnai, 1983; Martz, Handley, & Eisler, 1995).

For example, the study found very similar results to the study conducted by Lennon and her colleagues' (1999) study on the relationship between attitudes toward gender roles and body image satisfaction. In this study, the researchers examined the relationship between participant's gender roles within the relationship and body image. Results revealed a positive significant relationship between body image and attitudes toward gender roles with participants with non-traditional gender roles reporting higher, more positive body image scores. Moreover, the results revealed the

effects of attitudes toward gender roles to be significant, over and above the effects of self-esteem, a recognized factor in body image. This strongly suggests that attitudes toward gender roles play an important role in body image satisfaction.

Additionally, Forbes and his colleagues (2001) also conducted a study on the relationship between gender roles and body image dissatisfaction, comparing body image dissatisfaction in participants classified as feminine, masculine, androgynous and undifferentiated. In addition to body image dissatisfaction, discrepancies between participants' perception of what their own sex's and opposite sex's ideal body size is was also recorded. Results yielded similar results to Lennon and his colleagues' (1999) study, as well as the findings reported here. Participants classified as feminine reported highest body image dissatisfaction. Moreover, feminine participants recorded the largest discrepancies between their self-reported body type and their ideals while all females reported significantly thinner ideal models than males, overestimating male's preferences for thin bodies.

Hypothesis 3: Traditional Attitudes toward Gender Roles as a Moderator of the Relationship between Perceived Partner Dissatisfaction and Body Image Dissatisfaction

The third hypothesis predicted a significant moderation role that attitudes toward gender role had on the relationship between perceived partner dissatisfaction and body dissatisfaction. Findings here, however, did not support this hypothesis.

Based on outcomes of the regression analysis with a test of attitude toward traditional gender role as a possible moderator of the relationship between perceived partner dissatisfaction and body dissatisfaction, whereas the regression model where the three independent variables (i.e., perceived partner dissatisfaction, traditional

female gender role, and their interaction term) were significant in predicting body image dissatisfaction, when each variable was examined within the consideration of the others, the interaction term between perceived partner perception and body image dissatisfaction was not significant ($\beta = -.84, p = .395$). Only partner perception was a significant predictor of body image dissatisfaction. The same result was confirmed with a simple regression model where perceived partner dissatisfaction and traditional female gender role were examined as the independent variables. In predicting body image dissatisfaction while traditional attitudes toward gender roles was proven to be a non-significant moderator of.

The aforementioned finding might be clarified should the issues below could be addressed. To begin with, cultural differences may have attributed to the current finding. With previous research findings revealing various aspects of the culture to have an effect on human behavior. One such aspect worth considering here is the cultural dimension of 'collectivistic' and 'individualistic'. While it was not explicitly examined in the current study, Thailand is generally classified as a collectivistic culture (Tanchotsrinon, Maneesri, & Campbell, 2007), which emphasizes interconnectedness and interdependence. With this emphasis, those from a collectivistic culture might be particularly sensitive to the evaluation of their significant others, including their partner. In contrast, the orientation toward collectivism might render their personal orientation toward gender role to be subordinate to the evaluation of their significant others, leading gender role orientation and their interaction with perceived partner perception insignificant in their prediction of body image dissatisfaction. Therefore, in the context of the study it may be that attitudes toward gender roles played no significant part in moderating the

effects of perceived partner perception on body image dissatisfaction because of Thai female's tendency to be dependent on their partners. Due to Thailand's collectivism, it may be that females are very dependent on their partners such that they value their partner's perception more than their own views.

Another possible explanation is the overlap between the effects of perceived partner perception and attitudes gender role on body image dissatisfaction. This is because results revealed attitudes toward gender roles to be significantly correlated with body image dissatisfaction, despite a smaller number of participants and statistical power. In the current regression model where both perceived partner perception and attitudes toward traditional gender role were considered together, the degree to which the body image dissatisfaction was explained by attitude toward traditional gender role could be overshadowed by partner perception.. Another statistical aspect that should be considered upon attempting to understand the current finding is relevant to the sample size of the participants in this study. Being a pilot study, only 100 participants were recruited and this might have contributed to the lack of the statistical power and the non-significant result.

Strengths and Limitations of the Study

The current study draws its strengths from being one of the first studies to examine perceived partner perception and attitudes toward gender role in the context of body image dissatisfaction within the Thai culture. Whereas past research studies in this setting generally focused on examining the sociocultural influence on body image satisfaction in terms of media influence Contribution from this initial study, however, should be viewed with consideration of potential consideration of potential limitations of the current study. Firstly, our sample size of one hundred participants

was relatively small and this could have affected the statistical power and resulting findings. Secondly, our participants consisted of only Thai female university students, thus making it difficult to generalize our findings to a wider population. Lastly, the study was conducted using a self-report nature, which could be impacted by social desirability.

Future Research

Future research could address the limitations previously discussed. First, a larger sample size should be used to maximize the statistical power of our study. Second, a more variable sample should be used with females at different age groups to ensure the generalizability of results. Lastly, to ensure more reliable, valid results it may be beneficial to have a more controlled environmental setting to enhance to privacy of the participants in giving their responses and reduce social desirability. Additionally, an experiment method could be adopted to test the proposed hypotheses so as to obtain a causal information regarding the relationship that partner perception and attitude toward gender role have with body image dissatisfaction.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Association.
- Bailey, S. D., & Ricciardelli, L. A. (2010). Social comparisons, appearance related comments, contingent self-esteem and their relationships with body dissatisfaction and eating disturbance among women. *Eating Behaviors, 11*(2), 107-112.
- Befort, C., Kurpius, S. E. R., Hull-Blanks, E., Nicpon, M. F., Huser, L., & Sollenberger, S. (2001). Body image, self-esteem, and weight-related criticism from romantic partners. *Journal of College Student Development, 42*(5), 407-419.
- Bem, S. L. (1974). The measurement of psychological androgyny. *Journal of Consulting and Clinical Psychology, 42*, 155-162.
- Bergstrom, R., Neighbors, C., & Lewis, M. A. (2004). Do men find “bony” women attractive?: Consequences of misperceiving opposite sex perceptions of attractive body image. *Body Image, 1*, 183-191. doi: 10.1016/S1740-1445(03)00025-1.

- Birbeck, D. J., & Drummond, M. J. N. (2003). Body image and the pre-pubescent child. *Journal of Educational Enquiry*, 4(1), 117-127.
- Boskind-Lodahl, M. (1976). Cinderella's stepsisters: A feminist perspective on anorexia nervosa and bulimia. *Journal of Women in Culture and Society*, 2, 342-356.
- Brumberg, J. J. (1997). *The body project: An intimate history of American girls*. New York, NY: Random House.
- Cafri, G., Yamamiya, Y., Brannick, M., & Thompson, K. (2005). The influence of sociocultural factors on body image: A meta-analysis. *Clinical Psychology: Science and Practice*, 12(4), 421-433.
- Calogero, R.M. (2012). Objectification theory, self-objectification, and body image. In Cash, F. T. (Ed.). *Encyclopedia of body image and human appearance* (pp.574-580). San Diego, CA: Elsevier Inc.
- Cash, T. F. (2011). Cognitive-behavioral perspectives on body image. In Cash, T. F., & Smolak, L. (Eds.). *Body image: A handbook of science, practice, and prevention* (pp.305-320). New York, NY: The Guilford Press.
- Carlat, D. J., Camargo, C.A., & Herzog, D. B. (1997). Eating disorders in males: A report on 135 patients. *American Journal of Psychiatry*, 154(8), 1127-1132.
- Curtis, C., & Loomans, C. (2014). Friends, family, and their influence on body image dissatisfaction. *Women's Studies Journal*, 28(2). 39-56.
- Dunkley, T. L., Wertheim, E. H., & Paxton, S. J. (2001). Examination of a model of multiple sociocultural influences on adolescent girls' body dissatisfaction and dietary restraint. *Adolescence*, 36(142). 265-279.

- Dittmar H. (2005). Vulnerability factors and processes linking sociocultural pressures and body dissatisfaction: An introduction to the second special issue on body image. *Journal of Social and Clinical Psychology, 24*, 1081-1087.
- Dittmar, H., Halliwell, E., & Stirling, E. (2009). Understanding the impact of thin media models on women's body-focused affect: The roles of thin-ideal internalization and weight-related self-discrepancy activation in experimental exposure effects. *Journal of Social and Clinical Psychology, 28*(1), 43-72.
- Esnaola, I., Rodriguez, A., & Goni, A. (2010). Body dissatisfaction and perceived sociocultural pressures: Gender and age differences. *Salud Mental, 33*(1), 21-29.
- Festinger, L. (1954). A theory of social comparison processes. *Human Relations, 7*, 117-140.
- Forbes, G. B., Adams-Curtis, L. E., Rade, B., & Jaberg, P. (2001). Body dissatisfaction in women and men: The role of gender-typing and self-esteem. *Sex Roles, 44*(7/8), 461-484.
- Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly, 21*(4), 173-206.
- Galdi, S., Maass, A., & Cadinu, M. (2014). Objectifying media: Their effect on gender role norms and sexual harassment of women. *Psychology of Women Quarterly, 38*(3), 398-413.
- Garner, D. M., Garfinkel, P. E., Schwartz, D., & Thompson, M. (1980). Cultural expectations of thinness in women. *Psychological Reports, 47*, 483-491.

- Gill, F. (2012) Gender identity. In Helmut, K., Juergensmeyer, A., & Juergensmeyer, M. (Eds.). *Encyclopedia of global studies* (pp. 618-622). Thousand Oaks, CA: SAGE Publications, Inc.
- Green, M. A., Davids, C. M., Skaggs, A. K., Riopel, C. M., & Hallengren, J. J. (2008). Femininity and eating disorders. *Eating Disorders, 16*, 283-293.
- Green, M. A., Kugler, D., Stillman, A., Davids, C., Read, K., Siglin, K., & Jepson, A. (2011). Feminine norms and disordered eating. In Preedy, V. R., Watson, R. R., & Martin, C. R. (Eds.) *Handbook of behavior, food and nutrition* (pp. 1897-1910). New York, NY: Springer-Verlag New York.
- Groesz, L. M., Levine, M. P., & Murnen, S. K. (2001). The effect of experiment presentation of thin media images on body satisfaction: A meta-analytic review. *International Journal of Eating Disorders, 31*(1), 1-16.
- Halliwell, E. (2012). Social comparison theory and body image. In Cash, F. T. (Ed.) *Encyclopedia of body image and human appearance* (pp. 751-757). San Diego, CA: Elsevier Inc.
- Harper, B., & Tiggemann, M. (2008). The effect of thin ideal media images on women's self-objectification, mood, and body image. *Sex Roles, 58*, 649-657.
- Hatfield, E., & Sprecher, S. (1986). *Mirror, mirror: The importance of looks in everyday life*. New York: Suny Press.
- Hayes, S., & Tantleff-Dunn, S. (2010). Am I too fat to be a princess? Examining the effects of popular children's media on young girl's body image. *British Journal of Developmental Psychology, 28*(2), 413-426.
- Herman, C. O., & Polivy, J. (2004). The self-regulation of eating: Theoretical and practical problems. In Baumeister, R. D., & Vohs, K. D. (Eds.), *handbook of*

self-regulation: Research, theory and application (pp.492-508). New York, NY: Guilford Press.

Jackson, L. A., Sullivan, L. A., & Hymes, J. Gender, gender role, and physical appearance. *Journal of Psychology*, 121, 51-56.

Jackson, L. A., Sullivan, L. A., & Rostker, R. (1988). Gender, gender role, and body image. *Sex Roles*, 19(7/8), 1988.

Jones, D. C. (2004). Body image and the appearance culture among adolescent girls and boys: An examination of friend conversations, peer criticism, appearance magazines, and the internalization of appearance ideals. *Journal of Adolescent Research*, 19(3), 323-339. doi: 10.1177/0743558403258847

Jones, D. C., & Crawford, J. K. (2005). Adolescent boys and body image: Weight and muscularity concerns as dual pathways to body dissatisfaction. *Journal of Youth and Adolescence*, 34(6), 629-636.

Jung, J., & Forbes, G. B. (2007). Body dissatisfaction and disordered eating among college women in China, South Korea, and the United States: Contrasting predictions from sociocultural and feminist theories. *Psychology of Women Quarterly*, 31(4), 381-393.

Kimlika, T., Cross, H., & Tarnai, J. (1983). A comparison of androgynous, feminine, masculine, and undifferentiated women on self-esteem, body satisfaction, and sexual satisfaction. *Psychology of Women Quarterly*, 7(3), 291-294.

Kluck, A. S. (2010). Family influence on disordered eating: the role of body image dissatisfaction. *Body Image*, 7, 8-14.

Lawler, M. & Nixon, E. (2011). Body dissatisfaction among adolescent boys and girls: The effect The effects of body mass, peer appearance culture and

- internalization of appearance ideals. *Journal of Youth and Adolescence*, 40(1), 59-71.
- Lennon, S. J., Rudd, N. A., Sloan, B., & Kim, J. S. (1999). Attitudes toward gender roles, self-esteem, and body image: Application of a model. *Clothing and Textiles Research Journal*, 17(4), 191-202.
- Markey, C. N., Markey, P. M., & Birch, L. L. (2004). Understanding women's body satisfaction: The role of husbands. *Sex Roles*, 51(3-4), 209-216. doi: 10.1023/B:SERS.0000037764.40569.2b.
- Markey, C. N., & Markey, P. M. (2006). Romantic relationships and body satisfaction among young women. *Journal of Youth and Adolescence*, 35(2), 271-279. doi: 10.1007/s10964-005-9013-6.
- Markey, C. N., Tinsley, B. J., Erickson, A. J., Ozer, D. J., & Markey, P. M. (2002). Preadolescents' perceptions of females' body size and shape: Evolutionary and social learning perspectives. *Journal of Youth and Adolescence*, 31(2), 137-146.
- Martz, D. M., Handley, K. B., & Eisler, R. M. (1995). The relationship between feminine gender role stress, body image, and eating disorders. *Psychology of Women Quarterly*, 19(4), 493-508.
- Maxwell, M. A., & Cole, D. A. (2012). Development and initial validation of the adolescent responses to body dissatisfaction measure. *Psychological Assessment*, 24(3), 721-737.
- McKay, T. (2013). Female self-objectification: Causes, consequences and prevention. *McNair Scholars Research Journal*, 6(1), 53-70.

- Mintz, L. B., & Bentz, N. E. (1988). Prevalence and correlates of eating disordered behaviors among undergraduate women. *Journal of Counseling Psychology*, 35(4), 463-471.
- Murnen, S. K. (2012). Body image and gender roles. In Cash, F. T. (Ed.) *Encyclopedia of body image and human appearance* (pp. 128-134). San Diego, CA: Elsevier Inc.
- Myers, T. A., & Crowther, J. H. (2009). Social comparison as a predictor of body dissatisfaction: A meta-analytic review. *Journal of Abnormal Psychology*, 118(4), 683-698.
- Neumark-Sztain, D., Bauer, K. W., Friend, S., Hannan, P. J., Story, M., & Berge, J. M. (2010). Family weight talk and dieting: How much do they matter for body dissatisfaction and disordered eating behaviors in adolescent girls? *Journal of Adolescent Health*, 47(3), 270-276.
- Norman, D. K., & Herzog, D. B. (1983). Bulimia, anorexia nervosa, and anorexia nervosa with bulimia: A comparative analysis of MMPI profiles. *International Journal of Eating Disorders*, 2, 43-53.
- Paquette, M. C., & Raine, K. (2004). Sociocultural context of women's body image. *Social Science and Medicine*, 59, 1047-1058. doi: 10.1016/j.socscimed.2003.12.016.
- Phares, V., Steinberg, A. R., Thompson, J. K. (2004). Gender differences in peer and parental influences. *Journal of Youth and Adolescence*, 33, 421-429.

- Phillips, K. A. (2011). Body image and body dysmorphic disorder. In Cash, T. F., & Smolak, L. (Eds.). *Body image: A handbook of science, practice, and prevention* (pp.305-320). New York, NY: The Guilford Press.
- Rajagopalan, J., & Shejwal, B. (2014). Influence of sociocultural pressures on body image dissatisfaction. *Psychological Studies, 59*(4), 357-364. doi: 10.1007/s12646-014-0245-y.
- Reddy, S. L., & Burns, L. D. (2011). Preventing body dissatisfaction among young women. *Journal of Family and Consumer Sciences, 103*(1), 55-60.
- Siever, M. D. (1994). Sexual orientation and gender as factors in socioculturally acquired vulnerability to body dissatisfaction and eating disorders. *Journal of Consulting and Clinical Psychology, 62*(2), 252-260.
- Srisornchor, K. (2008). Personal and social factors predicting body image dissatisfaction of late-adolescent females. Unpublished master's thesis, Chulalongkorn University, Bangkok, Thailand.
- Strahan, E. J., Wilson, A. E., Cressman, K. E., & Buote, V. M. (2006). Comparing to perfection: How cultural norms for appearance affect social comparisons and self-image. *Body Image, 3*, 211-227.
- Stice, E., Mazotti, L., Weibel, D., & Agras, W. S. (2000). Dissonance prevention program decreases thin-ideal internalization, body dissatisfaction, negative affect, and bulimic symptoms: A preliminary experiment. *International Journal of Eating Disorders, 27*, 206-217.

- Stice, E., Schupak-Neuberg, E., Shaw, H. E., & Stein, R. I. (1994). Relation of media exposure to eating disorder symptomatology: An examination of mediating mechanisms. *Journal of Abnormal Psychology, 103*, 836-840.
- Stice, E., & Whitenton, K. (2002). Risk factors for body dissatisfaction in adolescent girls: A longitudinal investigation. *Developmental Psychology, 38*(5), 669-678.
- Tanchotsrinon, P., Maneesri, K., & Campbell W. K. (2007). Narcissism and romantic attraction: Evidence from a collectivistic culture. *Journal of Research in Personality, 41*, 723-730.
- Tantleff-Dunn, S., & Thompson, J. K. (1995). Romantic partners and body image disturbance: Further evidence for the role of perceived-actual disparities. *Sex Roles, 33*(9), 589-605.
- The Renfrew Center Foundation for Eating Disorders. (2003). *Eating disorders 101 guide: A summary of issues, statistic and resources*. Retrieved from http://www.ndsu.edu/fileadmin/counseling/Eating_Disorder_Statistics.pdf on 11 February 2015.
- Thompson, J. K., & Stice, E. (2001). Thin-ideal internalization: Mounting evidence for a new risk factor for body-image disturbance and eating pathology. *Current Directions in Psychological Science, 10*(5), 181-183.
- Tiggemann, M. (2011). Sociocultural perspectives on human appearance and body image. In Cash, T. F., & Smolak, L. (Eds.). *Body image: A handbook of science, practice, and prevention* (pp.305-320). New York, NY: The Guilford Press.

- Timko, C., Striegel-Moore, R. H., Silberstein, L. R., & Rodin, J. (1987).
Femininity/masculinity and disordered eating in women: How are they
related? *International Journal of Eating Disorders*, *6*, 701-712.
- Tylka, T. L. (2004). The relationship between body dissatisfaction and eating disorder
symptomatology: An analysis of moderating variables. *Journal of Counseling
Psychology*, *51*(2), 178-191.
- Tylka, T. L., & Subich, L. M. (2002). Exploring young women's perceptions of the
effectiveness and safety of maladaptive weight control techniques. *Journal of
Counseling & Development*, *80*(1), 101-110.
- Weller, J. E., & Dziegielewska, S. F. (2005). The relationship between romantic
partner support styles and body image disturbance. *Journal of Human
Behavior in the Social Environment*, *10*(2), 71-92. doi:
10.1300/J137v10n02_04.
- Williamson, D. A., Kelley, M. L., Davis, C. J., Ruggiero, L., & Blouin, D. C. (1985).
Psychopathology of eating disorders: A controlled comparison of bulimic,
obese, and normal subjects. *Journal of Consulting and Clinical Psychology*,
53, 161-166.
- Wiseman, C. V., Gray, J. J., Mosimann, J. E., & Ahrens, A. H. (1992). Thinness in
women: An update. *International Journal of Eating Disorders*, *11*, 85-89.
- Xu, X., Mellor, D., Kiehne, M., Ricciardelli, L. A., McCabe, M. P., & Xu, Y. (2010).
Body dissatisfaction, engagement in body change behavior and sociocultural
influences on body image among Chinese adolescents. *Body Image*, *7*(2), 156-
164.

Appendix A

Consent Form

JIPP Informed Consent Form

RESEARCH TITLE: Opinion survey about body image and attitudes toward gender roles.
 PRINCIPLE INVESTIGATOR: Surathat Wongsawan, Sittikarn Valce-ittikul, Teranart Owassatit

CONTACT INFO: JIPP program. The faculty of psychology, Chulalongkorn University.
 TEL. 02-218-1189

STUDY PROCEDURE:

It will take you approximately 5-10 minutes to complete this survey. As part of this survey, you will be asked to provide brief demographic information. Then, you will be asked to rate the extent to which you agree with the statements in the survey.

RISK AND BENEFITS:

The risks of this study are minimal. You may feel a little stress while trying to complete the survey. If you feel upset or disturbed from this experience, you can tell the researcher, and she will tell you about the resources available to help.

We are unable to promise an direct benefits for your participation in the study. However, at the end of the study the researchers will be able to provide information regarding body image in the romantic couple context. Participating in this discussion may be interesting to you.

VOLUNTARY PARTICIPATION

It is up to you to decide whether to take part in this study. If you decide to take part but later change your mind, you are still free to withdraw at anytime without giving a reason. Refusal to participate or the decision to withdraw from this research will involve no penalty or loss of benefits to which you are otherwise entitled.

CONFIDENTIALITY

Your data will be kept confidential. Any information that you provide during your participation will be recorded and employed for research purposes only. This information will be stored anonymously and kept confidential. A code number will identify your data, and no one will be able to link your responses with your name at the conclusion of our study.

PERSON TO CONTACT

If you have questions, complaints or concerns about this study, or feel that you have been harmed as a result of participation, please call Dr. Watcharaporn Boonyasiriwat at 02-218-1187 who may be reached during 9 A.M.-5 P.M.

CONSENT

By signing this consent form, I confirm I have read the information in this consent form and have had the opportunity to ask questions. I will be given a signed copy of this consent form. I voluntarily agree to take part in this study.

Signature Date Signature Date
 (.....)
 Researcher Participant

Appendix B

Demographics Questionnaire recording participants' sex, age, relationship status, length of romantic relationship, participant's weight and height, romantic partner's weight and height.

ข้อมูลส่วนบุคคล

เพศ _____

อายุ _____

มีคู่รัก มี _____ หรือ ไม่มี _____

ระยะเวลาของการคบหากับคู่รัก _____ ปี _____ เดือน

น้ำหนักตัวของตัวเอง _____

น้ำหนักตัวของคู่รัก _____

ส่วนสูงของตัวเอง _____

ส่วนสูงของคู่รัก _____

คณะจิตวิทยา จุฬาลงกรณ์มหาวิทยาลัย
Faculty of Psychology, Chulalongkorn University

Appendix C

Perceived Partner Perception was measured by Srisornchor's Partner Influence Scale (2008).

1. ฉันรู้สึกว่แฟนของฉันอยากให้ฉันลดน้ำหนัก
2. ฉันสังเกตว่แฟนของฉันต้องการให้ฉันมีรูปร่างผอมเพรียว
3. แฟนของฉันมักล้อเลียนคนที่มีน้ำหนักเกิน
4. แฟนของฉันมักพูดชื่นชมรูปร่างของผู้หญิงที่ผอมเพรียว
5. แฟนของฉันชอบพูดถึงเรื่องน้ำหนักตัวของฉัน
6. แฟนของฉันมักสนับสนุนให้ฉันออกกำลังกายเป็นประจำเพื่อควบคุมน้ำหนัก
7. แฟนของฉันมักช่วยดูแลอาหารที่ฉันรับประทานเพื่อให้ฉันลดน้ำหนัก
8. แฟนของฉันมักชวนให้ฉันงดอาหารบางมือเพื่อควบคุมน้ำหนัก
9. แฟนของฉันมักจะแลกเปลี่ยนเคล็ดลับในการควบคุมอาหารเพื่อลดน้ำหนักกับฉัน
10. ฉันรู้สึกว่แฟนของฉันกดดันให้ฉันมีรูปร่างผอมเพรียว
11. แฟนของฉันมักห่วงกับการเพิ่มขึ้นของน้ำหนักของฉันแฟนของฉันชี้มนนางแบบและผู้หญิงคนดังที่มีรูปร่างผอมเพรียว

Scoring Item responses recorded were on a 5-point Likert scale, with 1 being 'strongly disagree' and 5 being 'strongly agree'. All items were positively worded with no reverse scoring involved. Higher total scores were indicative of higher perceived partner dissatisfaction.

Appendix D

Body Image Dissatisfaction measured by the translated and adapted version of Mezzeo's (1999) Body Shape Questionnaire-Revised.

1. ฉันไม่พอใจรูปร่างตนเองมากเกินไปจนรู้สึกว่าจะเปลี่ยนแปลงตัวเอง เช่น ลดหรือเพิ่มน้ำหนัก
2. ฉันเห็นรูปร่างผู้หญิงคนอื่นและรู้สึกว่ารูปร่างตนเองด้อยกว่า
3. เวลาถอดเสื้อผ้าออก เช่นเวลาอาบน้ำ ฉันรู้สึกว่าตัวเองอ้วนหรือผอมเกินไป
4. ฉันรู้สึกไม่ดีเวลาทานขนมหวาน เด็กหรืออาหารแคลอรีสูงอื่นๆเข้าไป
5. ฉันรู้สึกว่ารูปร่างตนเองไม่สมส่วน อ้วนหรือผอมเกินไป
6. ฉันรู้สึกอายรูปร่างตนเอง
7. เวลาเห็นเงาตัวเองในกระจก ฉันจะรู้สึกไม่พอใจรูปร่างตัวเอง
8. ฉันรู้สึกอึดอัดกับรูปร่างตนเองเป็นพิเศษ เมื่ออยู่กับคนอื่น
9. ฉันสังเกตว่าตัวเองหดหู่กับรูปร่างที่มี
10. เวลามองเห็นผู้หญิงรูปร่างดี ฉันจะรู้สึกไม่พอใจรูปร่างตนเอง

Scoring Item responses recorded were on a 5-point Likert scale, with 1 being 'strongly disagree' and 5 being 'strongly agree'. All items were positively worded with no reverse scoring involved. Higher total scores were indicative of higher body image dissatisfaction.

Appendix E

Attitudes Toward Gender Roles measured by the gender role subscale from the Chinese-Western Intercultural Couple Standards (Hiew et al, 2015), which was translated to Thai.

1. ภรรยาควรทำทุกอย่างที่จำเป็นในการช่วยสนับสนุนการงานอาชีพ ของสามี
2. สามีมีหน้าที่รับผิดชอบในการตัดสินใจที่สำคัญของครอบครัว
3. ภรรยา มีหน้าที่รับผิดชอบหลักในการเลี้ยงดูลูก
4. ภรรยา มีหน้าที่รับผิดชอบหลักในการทำงานบ้าน
5. สามีมีหน้าที่รับผิดชอบในส่วนของงานนอกบ้านรวมถึงการ ซ่อมแซมรถยนต์และซ่อมแซมบ้าน
6. สามีช่วยเหลือสนับสนุนการเงินของภรรยาและลูก
7. ภรรยาควรให้ความสำคัญกับสามี ลูก รวมถึงพ่อแม่ของตัวเองมากกว่าการงานอาชีพและการเข้าสังคมของตัวเอง
8. สามีควรปกป้องภรรยา
9. ภรรยาควรหลีกเลี่ยงจากการประสบความสำเร็จเหนือกว่าสามี
10. ภรรยาควรดูแลรูปลักษณ์ของตัวเอง
11. สามีควรเป็นฝ่ายออกความคิดเห็นแทนภรรยาของตัวเองในพื้นที่ สาธารณะ
12. ภรรยาไม่ควรแสดงความคิดเห็นเกี่ยวกับความประพฤติ ของสามี

Scoring Item responses recorded were on a 5-point Likert scale, with 1 being

‘strongly disagree’ and 5 being ‘strongly agree’. All items were positively worded with no reverse scoring involved. Higher total scores were indicative of more traditional attitudes toward gender roles.

Bibliography

Ms. Teranart Owassatit graduated from Shrewsbury International School in Bangkok, Thailand. After graduation, she entered the second cohort of the Joint International Psychology Program where she received her undergraduate degree from the University of Queensland, Queensland, Australia and is completing her last semester at Chulalongkorn University, Bangkok, Thailand. Ms. Owassatit provided great skills in her literature analysis with her interest in body image issues. She hopes to apply her skills in her future studies and career.

Mr. Sittikarn Valee-ittikul graduated from high school at Ekamai International School with the class of 2011. In the same year he joined Chulalongkorn University in the second cohort of Joint International Psychology Program. He spent the entire third year and first semester of fourth year in Brisbane, Australia, studying at the University of Queensland, where he received a Bachelor of Arts in Psychology (2014). The major role of Mr. Valee-ittikul is to provide immense knowledge in interpreting statistical data in this research.

Mr. Surathat Wongsawan is an undergraduate student in the Joint International Program in Psychology at Chulalongkorn University, Thailand. In the third year and first semester of the fourth year of his study, as part of a joint international program he spent his study in Brisbane. In 2014, he also received a Bachelor of Arts in Psychology from the University of Queensland, Australia. Experiences in Australia

have made him realize that the field of psychology in Thailand is still very new and still growing.



คณะจิตวิทยา จุฬาลงกรณ์มหาวิทยาลัย
Faculty of Psychology, Chulalongkorn University