

**A STUDY OF MASS MEDIA IMPACT ON EATING  
DISORDER: A PATH ANALYSIS STUDY OF THE MEDIATOR  
VARIABLES OF SOCIAL COMPARISON, BODY  
DISSATISFACTION, AND SELF-ESTEEM AND THE  
MEDIATOR VARIABLE OF BODY IMAGE SELF-  
DISCREPANCY**

**Shanaree Laohapongphan<sup>1</sup>**

**Jon Blauw<sup>2</sup>**

**Rosechongporn Komolsevin<sup>3</sup>**

**Abstract:** This study aims to investigate a causal relationship between mass media exposure to thinness ideal, and eventually, leading to eating disorder. The participants are 1,064 female undergraduate students age between 18 – 23 years in Bangkok. Survey questionnaire is the key methodology for data gathering and apply Structural Equation Models (SEM) for statistical analysis. The study comprises 2 phases; phase 1 is a psychometric properties test of instrument translation for Comparison to Models Survey (CMS) and Eating Attitudes Test-26 (EAT-26), from English to Thai. The analysis of reliability, convergent validity, and discriminant validity showed good internal validity and its support to apply in Thai context. Phase 2 is designed to test a direct and indirect causal relationship between mass media impact and its influence on eating disorder, being mediated by social comparison, body dissatisfaction, and self-esteem. The path analysis of study model via SEM confirmed that mass media impact has both direct and indirect influence on eating disorder when mediated by those three mediators. Phase 3 is involved the level of self-discrepancy as a moderating factor to investigate its relationship between mass media impact and eating disorder.

**Keywords:** Mass Media, Eating Disorder, Social Comparison, Body Dissatisfaction, Self-Esteem, and Body Image Self-Discrepancy.

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<sup>1</sup> Ph.D. Candidate in Counseling Psychology, Graduate School of Psychology, Assumption University, Bangkok, Thailand.

aj.shanaree@gmail.com

<sup>2</sup> Ph.D., Senior Lecturer, Graduate School of Psychology, Assumption University, Bangkok, Thailand.

jon\_blauw@yahoo.com

<sup>3</sup> Associate Professor, Graduate School of Communication Arts, Bangkok University, Bangkok, Thailand.

rosechongporn.k@bu.ac.th

## **Introduction**

In terms of gender differences, women tend to have some unique characteristics and psychological disorders when compared to men, for example, the study of body image and eating disorder (Corey, 2013). The study of body image tends to have more influence on women than men especially among young adults (Forney & Ward, 2013). The ‘sociocultural model’ is the theoretical framework that includes three dimensions, which are parents, peer, and media in order to investigate cause, treatment, and prevention of eating disorder (Lawler & Nixon, 2011; Tiggemann, 2011). Media can create a beauty standard such as thinness is a symbol of attractiveness, while overweight tend to be stereotyped negatively as laziness, joke, unhappiness, or unacceptable (West & Turner, 2010; Ogden, 2003). So, individuals tend to develop some techniques e.g. dieting, exercising, or using supplementary products/services in order to achieve those thinness ideals (Ogden, 2003).

## **Objectives**

This study aims to investigate the relationship between media impact and its influence on eating disorders. There are three mediating factors; social comparison, body dissatisfaction, and self-esteem in order to investigate the indirect relationship between media impact and eating disorder among female undergraduate students in Bangkok.

## **Literature Review**

The theoretical frameworks and empirical studies indicated some relationship among six variables, which are mass media, eating disorder, social comparison, body dissatisfaction, self-esteem, and body image self-discrepancy.

### *Mass media*

Mass media refers to the communication channels that play an important role to convey the message, create social value, or guide some stereotype in social behavior (West & Turner, 2010; Keshishonglou & Aquilia, 2005). For example, when apply the theoretical concept of mass media and body image study. Mass media seems to be the most powerful factor that creates some beauty or body image culture such as thinness is a beautiful (Lawler & Nixon, 2011). In general, media tends to portray positive aspects with thin women as being accepted, attractiveness, success, and life opportunities (Thompson et al., 1999). Therefore, women who are exposed to those beauty norms may develop some obsessive thinking towards self-image and find some techniques in order to achieve the thinness idea (Ward & Harrison, 2005). Consequently, these individuals may develop inappropriate eating behavior or use some supplementary products/services as a technique for weight loss program (Anschutz, Strien, & Engels, 2011)

### *Eating disorder*

The concept of an eating disorder involves individuals who show some inappropriate eating or thinking towards food, dieting, body image, or fear of being fat (Nolen-Hoeksema, 2011). According to American Psychological Association has defined three major types of eating disorders and a minor category to describe

individuals who have shown some eating problems; anorexia nervosa, bulimia nervosa, binge eating, and eating disorders not otherwise specified (EDNOS). The etiology of eating disorders can be determined by four dimensions: biological, psychological, sociocultural, and social (Sue et al., 2010). Biological factor may involve with appetite, satiety, and weight regulation (Striegel-Moore & Bulik, 2007). Psychological refers to dysfunctional belief towards self-image and intense fear of gaining weight (Sue et al., 2010; Nolen-Hoeksema, 2012). Sociocultural is the concept of unrealistic beauty standard and influence individual to use/apply some products in order to achieve those thinness ideal (Pokrajac-Bulian, Ambrosi-Randić, & Kukić, 2008). The final domain is social, which refers to interpersonal interaction pattern of socialization agents e.g. parents, peers, dating partners, whom may encourage individuals to do some weight control (Sue et al., 2010; Treasure, Claudino, & Zucker, 2010).

### *Social Comparison*

Leon Festinger developed the social comparison theory in 1954 in order to explain how individuals evaluate themselves when the objective standards are not available (Fitzsimmons-Craft et al., 2012). Generally, individuals tend to compare themselves with others who are similar to them e.g. age, gender, education, race, appearance, and other dimensions that related to them (Lew et al., 2007; Myers & Crowther, 2009). There are two types of social comparison processes: downward and upward comparison (Bessenoff, 2006). *Downward comparison* is the process when individuals compare themselves with others who have fewer ability or some attributes for enhancing self-worth (Thompson et al., 1999). While, *upward comparison* may trigger some stress, individuals are unable to achieve their desire attributes (Thompson et al., 1999; Wood & Lockwood, 1999). However, the concept of social comparison can be applied to study with media message (thinness) and body image, especially among women (Thompson et al., 1999). Women tend to compare themselves with unrealistic thinness body portrayed by the media and can result to body dissatisfaction (Myers & Crowther, 2009). Individuals tend to apply the concept of upward comparison by comparing themselves with celebrities or models with thinness figure as the beauty standard (Jones, 2001). This comparison process can result some negative consequences such as body dissatisfaction, lower self-esteem, or confidence (Luevorasirikul, Broadman, & Anderson, 2012). Therefore, individuals tend to develop some behaviors e.g. eating or exercising program in order to achieve those thinness ideals (Smith-Jackson & Reel, 2012).

### *Body Dissatisfaction*

The concept of body dissatisfaction refers to a negative thinking towards body image and may involve with some unhealthy psychological such as lower self-esteem (Papalia, Olds, & Feldman, 2009). However, women are likely to have higher potential to develop body dissatisfaction than men due to the beauty norm that tends promote individuals with good physical appearance with positive aspects e.g. gain life success, acceptance, and love (Darlow & Lobel, 2010). Therefore, in order to gain those positive rewards individuals may develop some behaviors or use

some supplementary products/services that can help them achieve the body image ideal (Hess-Biber et al., 2006; Harrison & Hefner, 2006).

Adolescent females seem to be the key population to study body dissatisfaction, but it does not mean it would not impact to other age range e.g. young women age between 20 – 24 years (Thaianthai, 2006; Palmqvist & Santavirta, 2006; Australian Government, 2009). The previous study by Mission Australia in 2009 also found that young women in that age range had revealed body image is the one important criterion to evaluate their self-worth. However, the thinness ideal seems to be superficial criteria to evaluate individual's competences (Swami et al., 2010). Therefore, some women who feel less satisfied towards self-image tend to involve with weight management techniques in order to reach acceptable beauty norm (Rudd & Lennon, 2000).

### *Self-Esteem*

Self-esteem is a cognitive process that individuals apply to evaluate themselves in terms of 'how good I am' either positive or negative in various aspects e.g. being accepted, liked, and so on based on self-perception (Sigelman & Rider, 2009). In general, self-esteem can be created since childhood (5 – 7 years) based on comments or evaluation from their significant persons e.g. parents, caretakers, teachers, or peers (Papalia, et al., 2009; Sigelman & Rider, 2009). Individuals tend to develop a solid self-esteem at the age of 8 and continue till adulthood (Sigelman & Rider, 2009). However, the result of self-esteem evaluation may vary based on criteria e.g. performance, social acceptance, physical appearance, etc (Sigelman & Rider, 2009).

Again, in terms of gender differences, women are likely to use body image as criteria to evaluate their self-esteem than men (Sigelman & Rider, 2009). The empirical studies also show a direct relationship when adolescent and young women use thinness image to evaluate their self-esteem (Sigelman & Rider, 2009; Bessenoff, 2006). Consequently, individuals who are unable to reach those thinness ideal has some potential risk to develop negative evaluation towards self-image and lead to eating disorder (Bessenoff & Snow, 2006). The low level of self-esteem can result to several psychological consequences e.g. anxiety, depresses mood, hostility, and low quality of life satisfaction (Jones, Leung, & Harris, 2007). Furthermore, these unhealthy psychological consequences may provide low level of self-worth evaluation and feel less competent in other aspect of life such as general well-being or everyday performance (Karpowicz, Skärsäter, & Nevonen, 2009). In contrast, people with high self-esteem especially towards physical appearance seem to have few potential to develop unhealthy mental health or eating disorder symptoms (Ambwamin & Strauss, 2007). Therefore, the level of self-esteem can be applied to predict the symptom of eating disorder in later life when individuals use body image as a criterion to evaluate them either positive or negative (Karpowicz et al., 2009)

### *Body Image Self-Discrepancy*

A difference between individual's actual self and ideal self (actual-ideal discrepancy) that may lead to unpleasant emotions e.g. depression, dissatisfaction, etc (Vatanian, 2012; Jung, Lennon, & Rudd, 2001; Weiten, Lloyd, Dunn, &

Hammer, 2009). Therefore, individuals tend to engage in some behaviors in order to escape from those discrepancies. (Vatanian, 2012).

### **Methodology**

This is a quantitative study by using a survey questionnaire as an instrument for data gathering. As mentioned earlier, this research is designed to investigate the relationship among those variables and apply structural equation modeling (SEM). This research consists of two studies which are 1) psychometric properties test of two Western-based questionnaires (Comparison to Model Surveys or CMS and Eating Attitudes Test-26 or EAT-26) from English to Thai. Study 2 is to employ two hierarchy path models in order to investigate media exposure can influence eating disorder directly and indirectly.

*Sample size.* A calculation by using a priori sample technique suggest to recruit at least 1,000 participants to be included in this study, by setting the anticipated effect size as 0.1, desire statistical power level of 0.8, and probability level at 0.05.

*Participants.* There are 1,064 participants that included in this study. They are female undergraduate student's age between 18 – 23 years from different university in Bangkok. The average height is 160.75 centimeters and 51.90 kilograms of body weight. Most of them are currently study in school/department of Communication Arts (29.5%), Business Administration (32.0%), Social Science (29.8%), and Science Technology and Health (8.7%).

*Instruments.* The researcher uses a self-administered survey questionnaire with Likert-type rating for data gathering. The questionnaire consists of two parts: personal information and five psychometric scales included: 1) Sociocultural Attitudes Towards Appearance Scale-3 (SATAQ-3), 2) Comparison to Models Survey, 3) Body Image Dissatisfaction Scale, 4) State of Self-Esteem, and 5) Eating Attitude Test-26.

*Procedure.* The researcher had contacted 18 universities in Bangkok and received permission for data collection process. The first step of data gathering was to explain the research objectives and consent form. Therefore, this research includes only volunteer participants, while they also have the right to stop at any time if they feel uncomfortable. Besides the university campus, the researcher also conducted a data gathering off-campus area such as department store, public park, public library, or and weekend market with the same procedure.

Study 1 aims to study the psychometric properties of 2 Western instruments scales that translated into Thai; that is Comparison to Models Survey (CMS) and Eating Attitude Test-26 (EAT-26) that involves with two steps: 1) reliability analysis, and 2) confirmatory factor analysis (CFA). Reliability analysis was conducted to evaluate the internal consistency of extracted factors. Corrected item-total correlation statistics were investigated to analyze the extracted factors to access overall consistency with perspective factor scores. CFA was applied to test the constructive validity of newly translated invented scale by investigating construct validity.

Study 2 was designed to investigate two causal relationships: direct and indirect. The direct model was designed to investigate mass media and its impact

directly to eating disorder, while indirect was being mediated by social comparison, body dissatisfaction, and self-esteem.

Study 3 was aimed to discover the level of body image self-discrepancy that moderate the relationship between mass media and eating disorder.

## Results

*Pretest.* The pretest process was implemented amongst 30 female undergraduate students (participants) at Bangkok University in order to check errors and readability. The result indicated that the questionnaire of this study was free from errors and comprehension problem. The researcher will then continue to conduct the actual study.

*Study 1: The psychometric properties of the Thai-translated versions of the Comparison to Models Survey (CMS) and the Eating Attitudes Test-26 (EAT-26).*

The researcher translated those two instruments from English into Thai in order to apply among Thai participants for this study. Therefore, the reliability and confirmatory factor analysis (CFA) have been applied to investigate both cross-cultural reliability and construct validity. The following table shows the analysis of corrected item-total correlations and Cronbach's Alphas

**Table 1: CMS and EAT-26 Factor Items Together with Their Corrected Item-Total Correlations and Cronbach's Alphas**

<i>Comparison to Models Survey (CMS)</i>	<i>Corrected Item-Total Correlation</i>
• In general?	.58
• In terms of career success?	.53
• In terms of eating habit?	.58
• In terms of exercise habit?	.51
• In terms of happiness?	.63
• In terms of intelligence?	.63
• In terms of physical appearance?	.57
• In terms of popularity?	.60
Cronbach's alpha = .85	
<i>Dieting (EAT-26)</i>	<i>Corrected Item-Total Correlation</i>
• Am terrified about being overweight.	.57
• Aware of the calories content of food that I eat.	.58
• Particularly avoid food with high carbohydrate content (i.e., bread, rice, potatoes, etc.)	.65
• Feel extremely guilty after eating.	.65
• Am occupied with a desire to be thinner.	.73
• Think about burning up calories when I exercise.	.65
• Am preoccupied with the thought of having fat on my body.	.71
• Avoid foods with sugar in them.	.62
• I eat diet foods.	.71
• Feel uncomfortable after eating sweets.	.66
• Engage in dieting behavior.	.75

**Table 1: CMS and EAT-26 Factor Items Together with Their Corrected Item-Total Correlations and Cronbach's Alphas**

• Like my stomach to be empty.	.41
Cronbach's alpha = .91	
<i>Bulimia and food preoccupation (EAT-26)</i>	<i>Corrected Item-Total Correlation</i>
• Find myself preoccupied with food.	.47
• Have gone on eating binges where I feel that I may not able to stop	.39
• Vomit after I have eaten.	.42
• Feel that food controls my life.	.58
• Give too much time and thought to food.	.59
• Have the impulse to vomit after meals.	.42
Cronbach's alpha = .74	
<i>Oral control (EAT-26)</i>	<i>Corrected Item-Total Correlation</i>
• Avoid eating when I am hungry.	.37
• Cut my food into small pieces.	.41
• Feel that others would prefer if I ate more.	.49
• Other people think that I am too thin.	.32
• Take longer than others to eat my meals.	.44
• Display self-control around food.	.44
• Feel that others pressure me to eat.	.60
Cronbach's alpha = .72	

The result of reliability analysis showed the Cronbach's alpha coefficients for four scales were ranged from .72 to .91. The next table present the goodness-of-fit indices for these two models.

**Table 2:  $\chi^2$  Goodness-of-Fit Value, Normed Fit Index (NFI), Incremental Fit Index (IFI), Tucker-Lewis Index (TLI), Comparative Fit Index (CFI), and Root Mean Square Error of Approximation (RMSEA)**

Model	$\chi^2$ (N=1064)	df	p	NFI	IFI	TLI	CFI	RMSEA
Comparison to Models Survey(CMS)								
Null Model	1518.613	6	<.001	0.00	0.00	0.00	0.00	0.49
CMS Model	42.297	2	<.001	0.97	0.97	0.92	0.97	0.14
Eating Attitude Test (EAT-26)								
Null Model	5497.497	36	<.001	0.00	0.00	0.00	0.00	0.38
Three-factor	303.933	24	<.001	0.95	0.95	0.92	0.95	0.10
EAT-26 Model								

The overall chi-square values of both models are significant ( $p<.001$ ), the incremental fit indices (Normed Fit Index – NFI, Incremental Fit Index – IFI, Tucker-Lewis Index – TLI, Comparative Fit Index – CFI) are all above 0.0 (range: 0.92 – 0.97). These fit indices indicated that the two models provided good fit relative to their respective null or independence models (i.e., the posited models represented between 92% to 97% improvement in fit over their respective null or independence models), and support the hypothesized structure of the posited CMS

and the EAT-26 models. The RMSEA values for the CMS model and the EAT-26 models of 0.14 to 0.10 indicate some error of approximation when compared to the population co-variance matrix (Browne & Cudeck, 1993).

However, the model evaluation should be implemented based on a subjective combination of substantive or theoretical issues, inspection of parameter estimates, goodness-of-fit, and interpretability. The table 3 presents the standardize regression weights, residuals, and explained variances for the two models.

**Table 3: Standardized Regression Weights, Explained Variances, and Residual Variances for the CMS and the EAT-26 Indicator Variables**

Parameter			Standardized Regression Weights	Explained Variances	Residual Variances
<b>CMS</b>					
cm1	<---	comparison to models	.80	.64	.36
cm2	<---	comparison to models	.72	.52	.48
cm3	<---	comparison to models	.67	.45	.55
cm4	<---	comparison to models	.75	.56	.44
<b>EAT-26</b>					
diet1	<---	dieting	.85	.72	.28
diet2	<---	dieting	.88	.77	.23
diet3	<---	dieting	.92	.85	.15
oc1	<---	oral control	.56	.31	.69
oc2	<---	oral control	.66	.44	.56
oc3	<---	oral control	.78	.61	.39
bul1	<---	bulimia food preoccup	.70	.50	.50
bul2	<---	bulimia food preoccup	.81	.66	.34
bul3	<---	bulimia food preoccup	.70	.48	.52

The result of standardized regression coefficients (factor loadings) in order to measure the indicator are all positive and significant by the critical ratio test,  $p<.001$ . Standardized loading ranged from 0.56 to 0.92 ( $M = 0.75$ ). These values indicate that the latent CMS and EAT-26 constructs performed in a reliable manner. The percentage of residual (unexplained) variances for the 13 indicator variables ranged from 15% (i.e. 85% of the variance explained) (diet3) to 69% (i.e. 31% of the variance explained) (oc1). Table 2 presents the goodness-of-fit indices for these two models

The result of CFA confirmed and clarified the adequacy of four factor structures: comparison to model, dieting, oral control, and bulimia and food preoccupation regards to convergent and discriminant validity. CMS is valid by the criterion of convergent validity, while the EAT-26 is valid by both convergent and discriminant validity. In conclusion, these two instruments provide a good psychometric properties of Thai-translated version and applicable to employ in study within Thai context.

## *Study 2: A path analysis of casual relationships between mass media impact and eating disorder, both direct and indirect model.*

The direct model aims to study the relationship between mass media and eating disorder. The researcher employed Structural Equation Model (SEM) in order to investigate this relationship between these two variables. In this study, mass media consists of three internal factors: (1) *media internalization* (refer to when individuals are engaged or buy in to some social idea of attractiveness/thinness from mass media); (2) *media information* (an awareness/source of fashion/attractiveness idea from media; and (3) *media pressure* (when individuals pressure themselves to achieve desirable media images)

The result clearly suggested that mass media had a direct on eating disorder attitude, but in different ways. *Media internalization* and *media pressure* had a positive direct to eating disorder. The more they are exposed to media message (thinness), the more they pressured themselves to achieve the ideal images, and likely to develop higher level of eating disorder. On the other hand, media information did not have an effect to eating disorder among the participants. The covariance matrix analysis also showed a significant value of overall chi-square goodness-of-fit,  $\chi^2(df=6)=118.307$ ,  $p < .01$ , the incremental fit indices (NFI, IFI, TLI, CFI) are all close to or above 0.90 (range: 0.86 – 0.95). These fit model showed that the model provided a good fit relative to a null or independence model, and supported the hypothesized of direct path model.

The indirect relationship was employed social comparison, body dissatisfaction, and self-esteem as the mediating factors in order to investigate mass media and its impact to eating disorder. The finding showed that only media pressure provided a direct influence on eating disorder. Media information and media pressure had an indirect relationship to eating disorder when mediated by social comparison and body dissatisfaction. In addition, media information also provides an indirect relationship to eating disorder when mediated by self-esteem regards to everyday performance. The more they perceived information toward fashion/attractive, the more they perceived it important to self-esteem towards performance, and less severe to eating disorder attitude. Table 4 shows the goodness-of-fit indices of direct and indirect models.

**Table 4: Chi-Square Goodness-of-fit Values, Incremental Fit indices (NFI, IFI, TLI, CFI), Akaike Information Criterion (AIC), Parsimony Normed Fit Index (PNFI), and Model Comparison**

Model A vs Model B	1138.10	16	<.001	0.20	0.20	0.60	0.21	0.120	1202.10
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The result of the direct model showed that the fitted data is significantly better than the full indirect model. Therefore, this comparison showed that the direct model may suggest better predictions of mass media exposure and eating disorder attitude.

Study 3 was designed to investigate a function of high/low level of body image self-discrepancy on mass media impact and eating disorder. The researcher applies a multi-group path analysis by separating the participants into two groups: higher/lower level of body image self-discrepancy. Table 5 presents the goodness-of-fit indices for both these models, together with the model comparison statistics.

**Table 5: Chi-Square Goodness-of-fit Values, Incremental Fit Indices (NFI, IFI, TLI, CFI), Akaike Information Criterion (AIC), and Model Comparison for The High/Low Body Image Self-Discrepancy Models**

Model	$\chi^2$	df	p	NFI	IFI	TLI	CFI	AIC
<i>High body image discrepancy model (Model A)</i>								
Null Model	1963.162	55	<.001	0.00	0.00	0.00	0.00	1985.162
Model A	527.687	19	<.001	0.73	0.74	0.23	0.73	621.687
<i>Low body image discrepancy model (Model B)</i>								
Null Model	2853.979	55	<.001	0.00	0.00	0.00	0.00	2875.979
Model B	709.190	19	<.001	0.75	0.76	0.29	0.75	803.190
<i>Model comparison</i>								
Model A vs. Model B	181.503	0		0.02	0.02	0.06	0.02	

The result of high body image self-discrepancy showed that only media pressure provided a direct influence on eating disorder, while media information showed an indirect relationship to eating disorder when mediating by self-esteem performance. Media internalization also found only indirect influences on eating disorder when it mediated by social comparison. Furthermore, the group of low body image self-discrepancy showed that media information and media pressure found indirect influences on eating disorders. Media information showed an indirect influence to eating disorders when mediated by self-esteem performance, their reported symptoms and concerns of eating disorders. The mediating factors of body image dissatisfaction also played an important role between media pressure and eating disorders. Media internalization was found as an indirect effect on eating disorder when being mediated by social comparison, and self-esteem performance.

## Discussion

The research of this study suggested the consistency between media theories and empirical studies towards media impact and eating disorder. The concept of cultivation theory suggests that, the more individuals' exposure with media contents, the more likely they perceived those messages as social reality (Baran,

2013). The participants of this study showed some tendency to develop unhealthy eating behavior in order to achieve thinness ideal that portrayed by media. The phenomenon of media internalization may connote how individual accepted the meaning of thinness as being beauty and gain positive regards by others (Galliano, 2003; Sheldon, 2010). Media also plays a sender role by performing as the source of information and awareness via several platforms such as television, magazine, celebrities, fashion show, and so on. However, the way individuals interpret the message are varied based on media literacy factors e.g. age, education, gender, etc (Turow, 2014; Baran, 2013). Therefore, the role of media information may impact only individuals who have preoccupation towards those beauty ideas and engage with some behavior in order to achieve those body images. While media pressure seems to reinforce individuals to engage some weight loss techniques in order to escape from unpleasant feelings. Therefore, individuals who are normal/overweight may experience rejection or unhappiness when they are unable to achieve to beauty norm.

An Eating Disorder is a psychological symptom and tends to have higher impact on women than men in all life stage (Nolen-Hoeksema, 2011). The findings of this study also suggest that young female undergraduate students tend to develop unhealthy eating habits after exposed to media message regarding to thinness figure. However, there are many techniques and information that freely available to access, but the key point is how individual select the accurate technique in order to thinness ideal.

Comparison to media models can be considered as another factor to investigate the relationship between mass media and eating disorder. The finding of this study also found that individuals tend to compare themselves in terms of body weight and physical appearance. So, they may experience body dissatisfaction and low self-esteem because they unable to attain those thinness ideals. However, the context of social comparison does not limit only media models. In Thailand, women may experience social comparison in a different context or situation e.g. using university uniform as a criterion to evaluate self-worth. The smaller university uniform they can wear the more confident and higher self-esteem they are.

Furthermore, the level of body image self-discrepancy (high/low) indicated that individuals who have higher actual-ideal self tends to develop some eating disorder attitudes. However, the previous cross-cultural research found that Thai college students with lower average body weight have a higher eating disorder attitude than Asian Australian and Caucasian Australian students (Jennings, Forbes, McDermott, Hulse, & Jupiter, 2006). Therefore, this phenomenon can be explained that thinness plays an important role in terms of beauty culture among Thai women.

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