

# APPEARANCE COMPARISON AND BODY DISSATISFACTION OF EXPATRIATE WOMEN IN BANGKOK, THAILAND

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**Abstract:** Body dissatisfaction has a powerful influence in mental and physical wellbeing in women. It has been linked to depression, anxiety and eating disorders. The current study examined how relocating to Thailand was related to body dissatisfaction in expatriate women through appearance comparison. In Thailand, the average female BMI is roughly 15% less than those of women from the USA and the UK. Previous research has shown that women have the tendency to compare themselves unfavorably with other women who were slimmer, even though it was negatively influencing their body image and mental well-being. The current study examined the role of appearance comparison in development of body dissatisfaction in female expatriates who relocated to Thailand (n=107) by sampling those who were working and living in Bangkok. The Physical Comparison Scale – Revised, the Body Scale Questionnaire and the Stunkard Body Figure Scale were applied to this sample. The result implied that the frequency of appearance comparison in this sample remained at similar rates regardless of the length of time spent in Bangkok. Frequent appearance comparison was linked to higher levels of body dissatisfaction, this is consistent with previous studies' findings. It was also found in this sample that the level of body dissatisfaction was significantly linked to the perceived body discrepancy between the actual body shape, the ideal body shape and the perceived body shape of the average Thai woman.

**Keywords:** Body Dissatisfaction, Appearance Comparison, Social Comparison, Expatriate Adjustment.

## Introduction

Body dissatisfaction has powerful implication for the mental health. Many studies found that it related strongly to depression, anxiety and eating disorders (Ivarsson, Svalander, Litlere, & Nevonen, 2006; Smolak, 2004). Unfortunately for many people, it is difficult to avoid developing body dissatisfaction, due to the pressure to conform to the socially dictated standard of attractiveness, and because we have the tendency to compare ourselves to others. This is especially a challenge for women, who were found to be especially vulnerable to developing body dissatisfaction. Frederick,

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Forbes, Grigorian and Jarcho (2007) gathered data from 2,206 male and female college students in the United States and confirmed that women experienced higher levels of body dissatisfaction than men. The pressure to be thin is strongly perceived by women, even those of healthy weight found themselves under pressure to conform to certain standards of beauty (Malinauskas, Raedeke, Aeby, Smith & Dallas, 2006).

Where did the pressure to be thin come from? We live in a modern time often surrounded by images from advertising, television, fashion magazines and social media. These mediums are often populated by photogenic models and actors who are thinner than the average person we see in daily life. We see so much of these images that we accept them as the normal standard to evaluate normal people, including ourselves. This is when the thin ideal becomes internalized (Thompson & Stice, 2001). The thin ideal is actually unrealistic and unhealthy for most people. Even the ideally thin models struggle to maintain their thinness (Clements, 2013). But many of us internalize this ideal and even compare ourselves to this unattainable thinness, causing detrimental effects to our self-esteem (Halliwell & Harvey, 2006; Leahey, Crowther, & Mickelson, 2007).

Appearance comparison played a major role in how we evaluate our appearance (Festinger, 1954; Jones, 2004; Myers & Crowther, 2009). This is one facet of social comparison, which was first proposed by Festinger (1954) as the process by which people form self-evaluation - by comparing ourselves to others, typically other people who are somewhat similar to us. However, when the exceptionally thin images became omnipresent, we accept it as the norm (Field, Cheung, Wolf, Herzog, Gortmaker & Colditz, 1999). It is almost inevitable to compare ourselves to the thin ideal. Tiggemann and Polivy (2010) found that women who compared themselves to magazine images based on their intelligence reported better mood than those who compared based on appearance. This implies the extent of distress experienced by women through the perceived appearance pressure, which is pervasive throughout modern media.

Studies showed a strong correlation between social comparison and body dissatisfaction (Morrison, Kalin & Morrison, 2004; Stice & Shaw, 1994). It was found that people who engaged in frequent unhealthy appearance comparison were more likely to develop symptoms of eating disorder (Corning, Krumm, & Smitham, 2006). Comparing ourselves to people whom we perceive to be more attractive is detrimental not only to our self-esteem, the effects on our mental wellbeing is more expansive.

### **Objective**

This study examined whether body dissatisfaction in women became affected after relocation to an environment which is different, and how was this related to appearance comparison. The focus was on Western women who have moved to Bangkok. Existing studies suggested that, 1) People had the tendency to make comparison with others who were similar, and 2) Women were likely to compare themselves to those whom they perceived to be thinner and/or more attractive. The current study investigated which of those findings would be more likely for the expatriate women in this study - would they be influenced by the fact that people in this new location are smaller on average?

When a Western woman moves to Thailand, she is coming into an environment in which the average woman is smaller in size. The World Health Organization reported that the average BMI for women from the United States and the United Kingdom is 28, while the average Thai women reported BMI of 24 (BBC, 2012). In actual dimensions, a woman whose height is 160cm (5'3") would weigh around 72kg if her BMI was 28, she would weigh around 61kg if her BMI was 24. The difference is quite significant.

Body esteem is already a sensitive issue for any average woman. There is already so much pressure from the media for women to slim down. To live in a country where the average woman is smaller may contribute to perceived increase in appearance pressure. There are many reminders for Western women in Bangkok that her size is bigger than the average Thai woman. When she goes shopping and finds it a challenge to find clothes in her size, getting well-meaning comments from her Thai friends about how she has gained weight since last month, seeing the stereotypical expatriate men with their skinny Thai girlfriends. It seems that there are additional challenges for the average Western woman in Thailand to maintain healthy body esteem.

In Thai culture, appearance often has priority over mental and physical wellbeing. Appearance is used to promote social status, people wear expensive watch and carry designer bags to advertise their wealth. The less wealthy ones might rent these status 'markers' in order to keep up. It is not abnormal for employers to ask potential employees for their photographs before getting an interview because they are obviously hiring based on appearance. This would not be acceptable in the West. As is the practice of discussing someone's weight. Thai people are not shy about calling someone 'fat', it is mostly meant as a show of concern for your health. This does not mean that Thai people are immune to body dissatisfaction. Diet pills earned the nickname of 'Bangkok Pills' around South East Asian countries because Thai women use them so extensively. Thai women do go to pretty extreme length in order to conform to whatever is the current standard of attractiveness. It is not uncommon for women to get injected with glutathione, a skin whitening substance, knowing that it is a potential carcinogen, for example.

Western women relocating to Thailand are confronted with many opportunities to compare themselves to smaller Thai women. They are also getting transplanted into a culture with extreme focus on appearance. With these factors in mind, this study aimed to investigate whether Western women who moved to Thailand experienced any disturbance in their body image.

## **Literature Review**

### *Social Comparison Theory*

Festinger's Social Comparison Theory (1954) stated that people have the need to assess themselves. In the absence to objection standards, they made self-evaluation by making comparisons with others in various domains in life. Engaging in social comparison has implications for self-esteem and mood for the comparer (Festinger, 1954; Gibbons & Gerard, 1989; Wheeler & Miyake, 1992). When we engage in comparison with people we perceived to be superior, this is called 'upward comparison.' The consequence of making upward comparison is typically decrease

in self-esteem and negative mood. While the opposite, 'downward comparison' is when we make comparison with those we perceived to be inferior to us, usually leading to a boost in self-esteem and increase in positive mood.

The scope of research on social comparison is vast, it has been linked to many different areas of social interaction and self-evaluation, for instance, in cancer recovery (Brakel, Dijkstra, Buunk & Siero, 2012) and psychological influences from the use of Facebook (Feinstein et al., 2013).

The study on cancer recovery (Brakel et al., 2012) expanded on the directions of comparison. Its findings suggested that the comparison's influence on the comparer's mental wellbeing is not merely reliant on the direction of comparison. We also must take into account whether if the comparer 'identifies' or 'contrasts' with their object of comparison. And finally, how sensitive is the comparer to the information gained from making comparisons. These factors might account for why people sometimes feel worse after making a downward comparison and feel better after comparing themselves with someone who is perceived to be superior. For example, a patient who was recovering from cancer compared himself to another patient who was recovering at a quicker rate. If he identified himself with that other patient, he could imagine himself in his place and saw that it was possible to recover so rapidly, as a result he felt better from making upward comparison.

Brakel et al.'s study on social comparison and cancer recovery showed us that social comparison has many facets. There were other aspects of comparison beyond upward and downward directions influencing how people responded to information obtained from such engagement.

Feinstein et al. related social comparison to use of social media (2013), they were interested in how it affected mental health. People only present an edited version of their life on Facebook, it is unrealistic to make comparisons to such curated postings. It was found that making social comparison via Facebook was linked to rumination and symptoms of depression. Consequently, instead of refocusing their attention to things that would improve their mood, Facebook comparers continued its usage, prolonging the negative thoughts and moods.

### *Appearance Comparison & Body Satisfaction*

It has been extensively found that body image was negatively affected by the media's projection of the ideal beauty, and social comparison, or more specifically appearance comparison played an influential role in this relationship (Wiseman, Sunday, & Becker, 2005). The frequency of appearance comparison to media images by a woman was found to be a major predictor of how negatively her body image is affected (Tiggeman & McGill, 2004).

Extensive exposure to these images has been found to increase body dissatisfaction in 74% of female college students who were of average weight (Brown University Health Education, Retrieved March, 2014). Myers and Crowthers identified numerous key findings in their meta-analytic review (2009). They confirmed that appearance comparison was related to body dissatisfaction. Body dissatisfaction in women was more strongly affected by appearance comparison than that in men. Those in the younger population (19 years old and less) were more deeply affected than adult. This review helped to identify key demographic variables that

mediated the link between body dissatisfaction and appearance comparison.

It was reported that although most people experienced negative mood when comparing themselves to thin ideal images in the media, they continue to make the comparison regardless of the detrimental effects (Markey & Markey, 2010). This was associated with the normalization and the internalization of the thin ideal images, when the media images were accepted as reality (Gerbner, Gross, & Morgan, 2002; Harrison & Hefner, 2006). Psychological disturbances occurred when there were difficulties accepting that the unrealistic standards of the thin ideal could not be reached (Hawkins, Richards, Granley, & Stein, 2004; Nabi, 2009; Sarwer & Crerand, 2004; Stice & Shaw, 2002).

Tiggeman and McGill proposed that the relationship between media consumption and body dissatisfaction relied on social comparison (2004). If those in frequent contact with thin ideal images did not engage in appearance comparison, there would likely be less of a chance to develop negative body image. People who were likely to make upward comparison were found to share some traits as those who were likely to develop eating disorders (de Groot & Rodin, 1994). These characteristics included low self-esteem, low confidence and high self-consciousness. They typically depended more on external information in order to assess their own looks. The frequency of upward comparison was found to be a major predictor of eating disorders and body dissatisfaction (Corning, Krumm & Smitham, 2006; Myers & Crowthers, 2009; Stormer & Thompson, 1996).

#### *Social Comparison, Media Influence and the Thin Ideal Internalization*

Thin ideal is a social construct dictating that a beautiful woman should be thin and slimness is the trait that makes a woman desirable (Low et al., 2003). Findings have shown that mass media consumption was a significant predictor for development of unrealistic standards of beauty (Levine & Murnen, 2009). Most women perceived high pressure to match the thinness portrayed in the media images although it was not recommended by medical doctors as the healthy weight (Birkeland et al., 2005; Dunkley, Monro & Huon, 2005; Tiggemann, 2003). Many women considered the healthy weight undesirable because it was not the ideal beauty, it was also felt that their value depended on being attractive and thin (Frederickson & Roberts, 1997).

Society's definition of beauty have been so reliant on what is promoted in the media. Teenagers were especially vulnerable to its influence (Levine & Murnen, 2009). The average American adolescent saw about 20,000 television advertisements per year (Gentile & Walsh, 1999). Increasingly younger people were exposed to the media message that thinness was the ideal for a beautiful woman (Vander Wal, & Thelen, 2000).

Research on internalization of the thin ideal and appearance comparison showed that these were brought forth by consumption of media channels. The idolization of the thin women might or might not be a direct influence from the media. But with such idolization, women may engage in upward comparison regardless of exposure to that information, with the detrimental result of depression and loss of body esteem.

#### *Body dissatisfaction across different ethnicity and culture*

While this current study focused on Western women in a non-Western setting, research on body dissatisfaction across ethnicity and culture were typically focused

on non-Caucasian population in Western countries like the United States or the United Kingdom. Some studies suggested that ethnic minorities reported lower degrees of body dissatisfaction while others reported the opposite, there were also those that reported no difference between the mainstream Caucasian population and the ethnic minorities.

The review of studies by Soh, Touyz, and Surgenor (2006) examined the role of cultural acclimatization and socio-economic status on body esteem and eating disorders across different cultures. From the review, it was difficult to find any pattern, only complicated interactions between various factors in determining levels of body dissatisfaction. It would be too simple to suggest that Western influence, higher socioeconomic status were significant risk factors. Although studies from Singapore and China (Lee & Lee, 2000; Ung, Lee, & Kua, 1997; Wang, Ho, Anderson, & Sabry, 1999) implied that Westernization and prosperity were significant predictor for increase in body dissatisfaction, another study comparing Taiwanese women in their home country and those in the states suggested the opposite, that the degree of body dissatisfaction correlated strongly with how much the participants identified with their homeland culture (Tsai, Curbow & Heinberg, 2003).

Early studies reported that eating disorder was found in Caucasian women more than in other ethnic groups. This suggested that Caucasian women were more prone to body dissatisfaction (Becker, Franko, Speck, & Herzog, 2003; Gordon, Brattole, Wingate, & Joiner, 2006). Indeed, Wilde et al.'s meta-review (2001) found that 80% of studies reviewed reported that Caucasian females were more likely to suffer from eating disorders than other ethnic population, however the differences between the ethnic groups were small.

Gordon et al. (2010) studied the differences in body ideals between different ethnic groups in the United States and their link to symptoms of eating disorder. Their use of discrepancy scores was helpful in understanding the differences in the perceived ideal body, the actual body shape and body dissatisfaction across ethnicity. In previous studies, the body dissatisfaction score and the discrepancy between the actual and ideal body shape correlated significantly with each other (Garrusi & Baneshi, 2013; Jung & Forbes, 2007; Williamson, Gleaves, Watkins & Schlundt, 1993). In the Gordon et al. study, women were asked to choose from a series of human figure drawings what they perceived to be the mainstream ideal body, the ideal body for their ethnic group, their own ideal body, and their actual body shape. It was found that the chosen ideals were significantly different across the ethnic groups. Caucasians reported the thinnest ideal body, followed by Latinas, while African Americans chose the thickest ideal for their population. Caucasians and Latinas made similar choices for the personal ideal body shape. There was no detectable pattern in the choice of perceived current body shape across the ethnic groups. All women chose roughly the same body shape for the mainstream ideal. The study also looked at discrepancies between the perceived ethnic ideals and the mainstream ideal, the smallest differences were found among the Caucasian group, followed by Latinas and African Americans. This implied that the participants perceived Caucasians' ideals as the closest to the mainstream ideal.

The same study also found that the differences between the perceived actual body shape and the mainstream ideal body chosen by African Americans correlated

significantly with body dissatisfaction and symptoms of eating disorder. Amongst the Latina population, it was reported that the discrepancies between the perceived ideal shape for their ethnicity and the current shape was predictive of eating disorder symptoms. This seems to suggest that the differences between African Americans and Latinas were that body dissatisfaction in African American was more influenced by the perception of the mainstream ideal body while Latinas were more affected by what was perceived as the ideal for their ethnicity.

There were a number of studies that made use of the discrepancy score on the Body Figure Scale (BFS) to determine the difference between the perceived ideal and current body shape. It was carried out in a study comparing Hispanic women in America and Europe (Fitzgibbon, Blackman & Avellone, 2000), with Iranian participants relating to symptoms of eating disorders (Garrusi & Baneshi, 2012), and in Korean and American college students (Jung & Forbes, 2007). The findings were consistent that higher discrepancy scores between the perceived ideal and the current body shape were related to higher levels of body dissatisfaction.

### *Expatriate Wellbeing*

Relocating countries can be challenging to any individual, many are confronted with a feeling of isolation because they are far away from the familiar social support while there are many adjustments to make in the new environment. Shaffer and Harrison (2001) elaborated on the dimensions of adjustment into three general categories - the 'individual adjustment' relating to personal identity, 'interpersonal adjustment' relating to identity in social context, and 'environmental adjustment' relating to how an individual interact with the surrounding. All of these were influential to how a person sees himself (Ogden, 1995). Adverse living condition and cultural differences in day to day interactions between the host culture and the expatriate's home culture were factors that could hinder identity development around the new setting (Shaffer & Harrison 1998).

The wellbeing of women who accompany their working spouses overseas was found to be influential to the success of the posting. Typically, the support was reciprocal between husband and wife, therefore any difficulties faced by the wife could lead into early termination of the posting. (Takeuchi, Yun, Tesluk, 2002; Hulin, 1991).

### *Expatriate Adjustment over Time*

Studies found that people who relocate usually go through a pattern of adjustment resembling a U-curve (Bhaskar-Shrinivas, Harrison, Shaffer & Luk, 2005; Black and Mendenhall, 1991; Torbiorn 1982), the differences between the studies were usually related to the time span. When a person first arrived at the new destination, it was typical to feel a sense of excitement and that everything was a novelty, the first stage of adjustment was referred to as the 'honeymoon' stage, the good feeling and adjustment was high on the curve. This was followed by 'Culture Shock,' this was when novelty has worn off and the individual becomes disorientated by the foreignness of the new environment. This was usually the stage where the accumulation of negative reaction to the expatriate's behaviour began to take its toll. This would be behaviour which did not fit into the new environment. The adjustment

level at this stage would be heading for the lowest point on the U-curve, a challenging time for the expatriate. In the next stage, the expatriate would be gradually adapting to daily stress, he would be learning new behaviour, which was more suitable in his new setting. At this stage, the adjustment level made a steep increase on the U-curve. Finally the adjustment level reached a plateau at 'Mastery' stage to finish off the U-curve. The expatriate settled into the new environment. This stage was defined by better adaptation. Early studies suggested that the four stages of adjustment would likely take place over a time span of two years (Black and Mendenhall, 1991; Torbiorn 1982), while Bhaskar-Shrinivas et al.'s review (2005) suggested that the adjustment stages may take place over longer period, probably more than 3-4 years after arriving.

## **Method**

The current study tested the relationship between the length of time in Thailand and body dissatisfaction in expatriate women, with appearance comparison and the discrepancy scores (between the ideal body shape, the current body shape and the perceived average Thai woman's body shape) as the mediating factors. The instruments used were the Physical Appearance Comparison Scale - Revised (PACS-R), Body Shape Questionnaire (BSQ-8C) and the Stunkard Body Figure Scale (BFS).

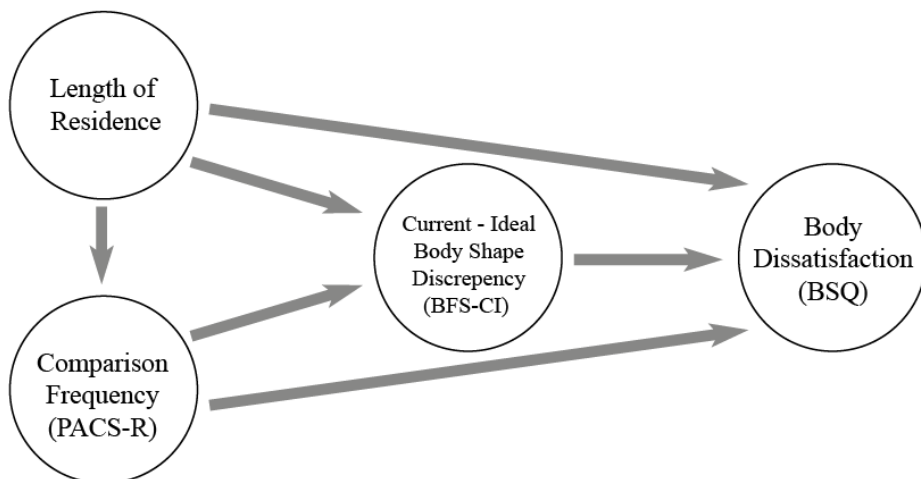
The PACS-R (Schaefer & Thompson, 2014) was an 11-item questionnaire used to measure the frequency of appearance related comparison. The PACS-R had been validated with 1176 college students, and reported excellent reliability of Cronbach alpha .97 (Schaefer & Thompson, 2014). The scale also correlated well with the subscale of the Eating Disorder Examination - Questionnaire (EDE-Q) and the Sociocultural Attitudes towards Appearance Questionnaire - 4 (SATAQ - 4). Those instruments were extensively used to measure eating disorder symptoms, sociocultural appearance related pressure and the thin ideal internalization.

The Body Shape Questionnaire (BSQ-8C) was used to measure the degree of body dissatisfaction, it contains 8 items, shortened from the original 34-item questionnaire (Cooper, Taylor, Cooper & Fairburn, 1987; Evans and Dolan, 1993). It correlated well with the Body Satisfaction sub scale of the Eating Attitude Test (EAT-26) and Eating Disorder Inventory (ESI). These were widely used to monitor symptoms of eating disorders. The BSQ-8C's reliability was reported at Cronbach alpha .91 (Pook, Tuschen & Brähler, 2008).

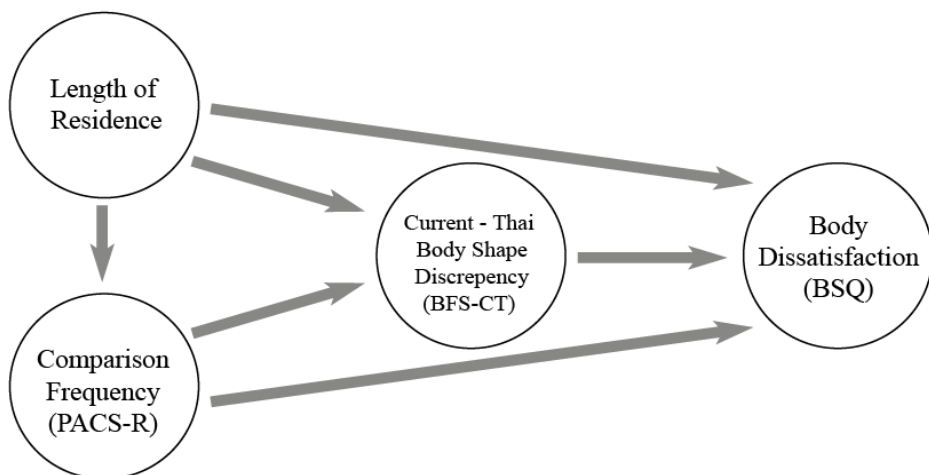
The Stunkard Body Figure Scale (BFS) (Stunkard, Sorensen & Schulsinger, 1983) is a series of female figure drawings, ranging from extremely thin to extremely obese (see Figure). It is useful for interpreting subjective body related attitudes and has been extensively administered in body image related research (Bessenoff, 2006; Garrusi & Baneshi, 2013; Gordon, Castro, Sitnikov, & Holm-Denoma, 2010; Tiggemann & Lynch, 2001). In this study we used the BFS to work out two sets of discrepancy. The first discrepancy is between the participant's perception of their actual shape and their ideal shape (BFS-CI), the second discrepancy is between the participant's perception of their actual body shape and their perception of the average Thai women's body shape (BFS-CT).



*Hypothesized Path Models*



**Figure 1: Hypothesized Path Model 1. The mediating variable is the discrepancy score between the perceived ideal and current body shape.**



**Figure 2: Hypothesized Path Model 2. The mediating variable is the discrepancy score between the perceived current body shape and perceived average Thai body shape.**

*Procedure*

Data collection was obtained by online questionnaire via [surveymonkey.com](https://www.surveymonkey.com). The participants (N=107) were female adult (more than 18 years old) Caucasian expatriates living in Bangkok for less than 5 years, this was to make sure that the expatriates were not long term residence. The nationalities of the participants included Americans, Australians, Continental Europeans, British and Canadians. The participants' mean age was 39.34 years old (Standard Deviation =11.04). The mean length of residency was 21.29 months (SD=14.95).

The data was tested for internal consistency to make sure that the scales were reliable with this population. Path analysis via regression was used to test the strength of the relationship between the variables. Two sets of analysis were carried out, once for each of the discrepancy scores between 1) The perceived current body shape score and the ideal body shape (BFS-CI), and 2) The perceived current body shape and the average Thai woman's body shape as perceived by the participants (BFS-CT). The results from these two analyses were then compared to see which discrepancy score was more strongly related to the other variables.

### Findings/Results

The reliability analysis for the PACS-R showed excellent internal consistency, with the Cronbach's alpha of .94. All the items were acceptable for inclusion, with Corrected Item-Total Correlation (CI-TC) value of greater than .3, which is the normally accepted value for item to remain in the scale. The BSQ reliability analysis resulted in overall Cronbach's alpha value of .88, showing strong internal consistency with all items acceptable for inclusion.

**Table 1: The Means, Medians, Standard Deviation and Bivariate Correlations of the Variables**

	Months	PACSR	BFS-CI	BFS-CT	BSQ
Mean	21.29	1.73	1.06	2.16	2.57
Median	18.00	1.73	1.00	2.00	2.38
S.D.	14.95	0.81	0.97	1.35	0.93
Months in Thailand	-	-0.19	-0.16	-0.05	-0.18
PACSR	-	-	0.21*	0.15	0.56**
BFS CI	-	-	-	0.73**	0.54**
BFS CT	-	-	-	-	0.41**

Note: PACS-R = Physical Appearance Comparison Scale – Revised; BFS = Standard Body Figure Scale; CI = Current-Ideal Discrepancy; CT = Current-Thai Discrepancy.

\* $p < .05$  (2-tailed). \*\*  $p < .01$  (2-tailed).

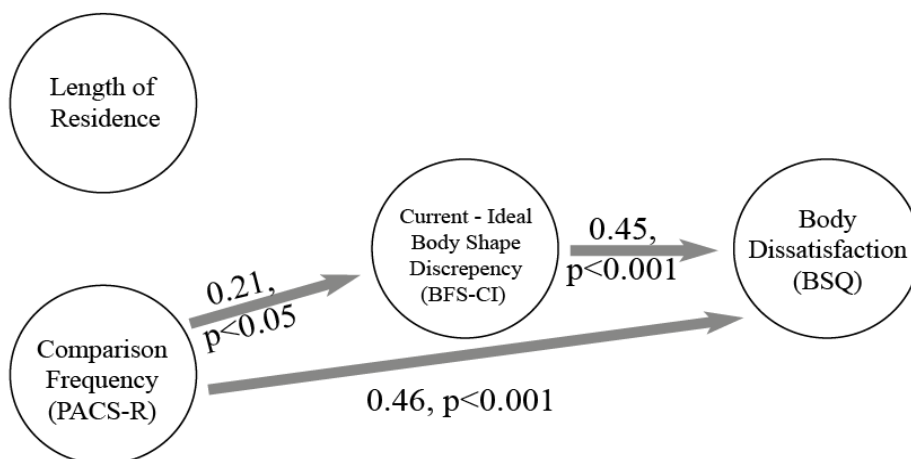
There were strong correlations between comparison frequency (PACS-R) and the current-ideal discrepancy scores (BFS-CI) ( $r = .21$ ,  $p < 0.05$ ). This implies that the more frequently the participant engaged in appearance comparison, the further away the perceived ideal body became from the perceived current body shape. There was also significant correlation found between PACS-R and body dissatisfaction (BSQ) ( $r = .56$ ,  $p < 0.01$ ). This suggested that the more frequently the comparison, the higher the level of body dissatisfaction. Strong relationship was also found BFS-CI and BSQ ( $r = .54$ ,  $p < 0.01$ ), implying that the further away the perceived ideal body shape and the actual body shape was linked to higher level of body dissatisfaction.

In the second discrepancy score, the Current-Thai discrepancy (BFS-CT), there were strong correlation between the BFS-CT and BSQ ( $r = .42$ ,  $p < 0.01$ ). This correlation suggested that the level of body dissatisfaction in this sample was related to how differently the participants perceive the average shape of the Thai women

from their own. The wider the discrepancy, the higher the level of body dissatisfaction was reported.

The result showed a significant positive correlation between appearance comparison and body dissatisfaction, this was consistent with findings from Myers and Crowthers' meta-analysis (2009) stating that the more frequently a person engage in appearance comparison, the more likely the reported level of body dissatisfaction.

On average, the participants reported the perceived discrepancy between their actual shape and that of the average Thai woman to be about 2.1 figures apart on the BFS. This discrepancy was significantly related to the levels of body dissatisfaction, however there was no correlation between the discrepancy and the frequency of comparison. It seems that although the participants observe considerable differences in size between Western women and Thai women, these differences was not linked to their engagement in appearance comparison.

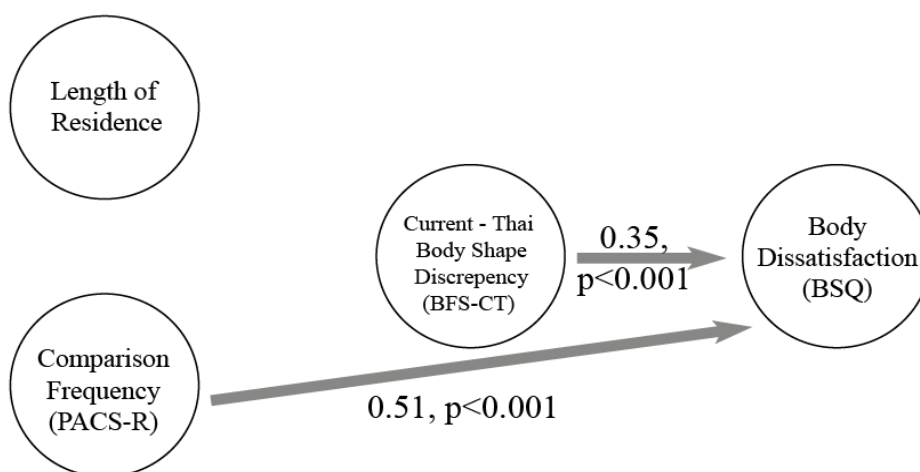


**Figure 3: Path Model with the Results, with the Current-Ideal Body Shape Discrepancy as the Mediator Variable. Only Significant Paths Presented.**

(See figure 4 on the next page)

## Discussion

The results from the current study suggested that there were no detectable correlation in this sample between body dissatisfaction, appearance comparison and time spent in the new environment. Those who already engaged in frequent appearance comparison would continue to make comparison at the same degree, regardless of their location. This was inconsistent with previous findings on similar themes in adolescent population (Chen & Jackson, 2009; Jones, 2004). It was mentioned in Myers and Crowthers' meta-analysis (2009) that the relationship between appearance comparison and body dissatisfaction is most strong in adolescents than it is in other demographics. Perhaps the inconsistency in the current result could be attributed to the differences in demographic from the previous studies.



**Figure 4: Path Model with the Results, with the Current-Thai Body Shape Discrepancy as the Mediator Variable. Only Significant Paths Presented.**

If the length of time was really an inert variable, it could be attributed to the fact that many Westerners living and working in Bangkok were also surrounded by other Westerners. So, actually many expatriates would be surrounded by people who look somewhat similarly to those found back home. Therefore, the new setting did not present much change to their environment in that regard.

It was found that frequent appearance comparison was significantly related to higher discrepancy between ideal body shape and the perceived actual body shape. This was similar to the finding from Bessenoff's study (2006), the result was found in the context of exposure to thin-ideal media images.

The combination of the current results could help to clear up the relationship between higher frequency of comparison, wider self-ideal discrepancy and higher levels of body dissatisfaction. Women who made frequent appearance comparison were more likely to place high value on appearance. They relied on external information to evaluate their own looks, information that may include the thin-ideal images. Possible consequence of frequent comparison with the media images was internalization of the thin ideal. A woman of average weight who accepted the thin ideal as the normal standard would be likely to report higher discrepancy between her perceived current body shape and her ideal body shape. This was strongly linked to higher levels of body dissatisfaction (Jung et al., 2009; Myers & Crowthers, 2009).

The current result implied that the discrepancy between the perceived current body shape and the perceived average Thai body shape had influence on body dissatisfaction in this sample. The relationship between body dissatisfaction and the discrepancy was not related to appearance comparison. The factors that contributed to the discrepancy can only be speculated. It seems as though the participants who observed wider differences between themselves and the average Thai women were not making the observation through appearance comparison. It could be theorized that participants who reported higher BMI were likely to report higher degrees of body

dissatisfaction, and were also likely to be more sensitive to seeing thinner women. This might explain the strong link between Western-Thai body shape discrepancy and body dissatisfaction.

Appearance comparison might not be the only factor responsible for the outcome of the comparison, although that was the only variable being measured in this study among many aspects of social comparison highlighted by Brakel et al.'s study. That study suggested that the outcome of the comparison also depended on how the comparer saw herself in the comparison domain, whether the comparer saw herself above or below average. Although the participants in the current study perceived themselves as being larger than the average Thai woman, they might see themselves as 'superior' in other areas of comparison. For example, they might be taller, have larger bust or had Western looks more similar to the Hollywood movie stars and the models in international fashion magazines. As a result although the participant might perceive that Thai women as smaller, they do not get affected because they value other attributes in themselves over slimness.

### **Recommendations**

The current study used convenience sampling, data was collected from participants who were already in Bangkok. Since the issue being investigated was on the effect of time on body dissatisfaction, future studies on similar themes may benefit from data obtained from participants before and after relocation, a longitudinal within group design. It would then be possible to gain information from participants at different points in time, which could then be compared.

Another alternative for future studies is to follow previous studies examining two similar groups in different settings. Tsai et al.'s study (2003) examined body dissatisfaction on Taiwanese women in the home country and those in the United States, it was found that Taiwanese in the home country reported higher degrees of body dissatisfaction. Similarly, Abdollahi & Mann's study (2001) investigated eating disorder symptoms in the Iranian women in Iran and in the states. It was found that women in both groups experienced about the same degree of eating disorder symptoms. The method of comparing two similar groups in different settings may be applied to future studies similar to this current one to investigate the effects of environment on body dissatisfaction.

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