Chapter 10

Women's Bodies
Objects of Appearance

Let's start this chapter with a simple test of your language abilities (Srull & Wyer, 1979). Using 4 of the 5 words on each line below, unscramble the words to make a sentence that makes sense. Note that you will delete one distracting word on each line.

> beauty legendary was long their
> appears desirable very runs he
> horse legs shapely her are
> his sea attractive looks body
> car slender waist her is
> envy inspires good their glamour

There's an obvious theme that runs through the six completed sentences above that relates to the focus of this chapter on women's bodies. Notice how each sentence concerns appearance.

What's stunning about this simple task is that it can have a powerful effect on how women view their own bodies. Tomi-Ann Roberts and Jennifer Gettman (2004) simply presented three different groups of college women and men with three different versions of this task. The first version created 15 of 25 sentences that dealt with appearance, like the examples above, across female (her), male (he), and plural (their) pronouns. The second version also used 15 of 25 sentences related to bodies, but this time focused on body competence (health, stamina, strength, and energy). The third condition was a control using all body-neutral words. Students completed this sentence task before going on to answer a series of questions about how they viewed their own bodies.

Doing the simple appearance task primed thoughts about body shape, size, and appearance in both women and men. When participants were asked after doing the task to give 20 descriptions of themselves in response to the sentence stem "I am _____," both women and men who created the appearance sentences filled in more body appearance responses ("I am overweight") than women and men who unscrambled sentences dealing with body competence.

Although the appearance **prime** worked to focus both women's and men's attention on bodily appearance, only women's body image was negatively affected by this priming. Examining responses from participants who did the appearance task, women reported more body shame, higher appearance anxiety, and less sexual appeal than men. Moreover, women in the appearance condition expressed more body shame, disgust, and appearance anxiety and less sexual appeal than women randomly assigned to do the body competence task. In sum, this very simple appearance prime awakened body concerns among women. Notice that this arousal occurred just for women, even though the appearance sentences referred not only to women but also to men and gender-indeterminate others (using plural pronouns).

Both this chapter and the next will focus on women's bodies. In this chapter we explore women's bodies as *objects* of appearance, both as seen by others and as viewed by women themselves. In the next chapter, we shift our vantage to consider women's bodies as *subjects* of their sexuality and physical health.

GENDER DIFFERENCES IN BODY IMAGE

Psychologists have studied three different ways of thinking about our bodies. The earliest work in this area explored *physical attractiveness*, often focusing on how physical attractiveness affects social interactions. Comparing women and men on physical attractiveness, a meta analysis concluded that observers tended to rate American women overall as being more attractive than men ($d = -.25$), but American men rated themselves as more attractive than women rated themselves ($d = +.17$) (Feingold & Mazzella, 1998). The strongest predictor of women's physical attractiveness is body mass index (weight adjusted for height) (Swami & Tovee, 2006). The research we examine here concentrates on the patterns that these data seem to suggest wherein women are critical of their bodies and thinness plays a dominant role.

A second strand of research looked at **body esteem**, typically by asking respondents to rate how strongly and how negatively or positively they viewed their own body parts and bodily activities (Franzoi & Shields, 1984). Three general patterns emerged from this research. First, an appearance component rested on perceived physical attractiveness for men, whereas for women physical attractiveness was mixed up with their sexual attractiveness. A second component concentrating on weight emphasized getting smaller for girls and women (a thinness ideal) and getting larger for boys and men (a muscularity ideal) (Donaghue & Smith, 2008; Neighbors et al., 2008; Petrie et al., 2010). A third area, focusing on physical conditioning, highlighted how women thought about their body as an object of appearance, in contrast to men, who regarded their body as an instrument of action (Halliwell & Dittmar, 2003).

These two lines of research on physical attractiveness and body esteem have converged into a third stream of research ideas centered on **body image**, or satisfaction with bodily appearance. A large number of studies have measured gender differences in body image, yielding a moderate difference between American women and men ($d = +.53$) as well as the sexes globally ($d = +.51$) (Feingold & Mazzella, 1998). This evidence (Mellor et al., 2010) consistently shows that men are more satisfied than women.

Feingold and Mazzella's (1998) meta analysis also yielded fascinating gender differences across time. Looking across a 30-year span, the gap between women's and men's body satisfaction has widened steadily from a small difference in the 1970s ($d = +.27$) to a larger difference in the 1980s ($d = +.38$), to an even larger difference in the 1990s ($d = +.58$). Across this time period, research in this area blossomed, involving just over 4,000 participants in the 1970s to over 60,000 participants in the 1990s. This trend toward more and more research exploring body image, especially women's, continued into the 21st century, largely driven in the literature on the psychology of women by the introduction of "Objectification Theory" by Barbara Frederickson and Tomi-Ann Roberts (1997; Fredrickson et al., 2011). To get a more personalized "feel" for this theory, think about the items in Box 10. 1.

BODY IDEALS AND BODY DISSATISFACTION

The ideal woman's body is contingent on historical time period, varying across the 19th through 20th century from having a tiny waist and large hips, to being full figured but

Box 10.1

Think about your evaluation of your own body. Which of the following 6 physical qualities is most important to you; next most; and third?

physical attractiveness   stamina   sex appeal
physical fitness   weight   health

Consider how much you agree or disagree with the following statements, if each is applicable to you:

Set 1
During the day, I think about how I look many times.
I think more about how my body feels than how my body looks. (reverse coded)
I often worry about whether the clothes I am wearing make me look good.

Set 2
I feel ashamed of myself when I haven't made the effort to look my best.
When I can't control my weight, I feel like something must be wrong with me.
When I'm not exercising enough, I question whether I am a good enough person.

thin, to being boyishly flat-chested but with womanly lower body curves (Calogero et al., 2007). The 21st century ideal is described as "curvaceously thin," glorifying thinness (a lean figure that includes a flat stomach, thin waist, boyish hips, and long legs) along with well-developed breasts, well-defined muscles, and flawless skin (Calogero et al., 2011, p. 8). Of these historically recent iterations, the current ideal may be the most naturally unattainable (Orbach, 2010). The central tenet of this ideal that takes center stage in the body evaluations of everyday women has to do with thinness.

Nowhere is this thinness ideal more pronounced than in fashion magazines. In the 1960s, models averaged 15 pounds less than the typical American woman; in the 1990s, models averaged 35 pounds less and were 4 inches taller (Spitzer et al., 1999). In a letter published in the *Journal of the American Medical Association*, researchers at Johns Hopkins School of Public Health reported that none of the Miss America winners since 1966 had a body mass index in the healthy range, and many fell to levels indicative of malnutrition (Rubinstein & Caballero, 2000).

Given the importance of weight, we might expect heavier people to harbor greater body dissatisfaction, and in general, this is true for both women and men (Muth & Cash, 1997). However, underweight men express dissatisfaction similar to that of overweight men in a curvilinear relationship between body weight and body image. This relationship is directly linear for women so that underweight women report the highest body satisfaction and overweight women, the least satisfaction. In sum, women seem most satisfied when they are smallest, in contrast to the most satisfied men with average builds.

In a study with over 3,000 adults, body mass index (BMI) was linked to psychological well-being—but only for women, not men (Bookwala & Boyar, 2008). Among women, well-being was highest for normal-weight women and significantly lower for all other higher weight groups, suggesting that there is a stigma associated with higher weight for women. Indeed, such stigma can play out in some fascinating ways. For example, in two longitudinal studies with German and American employees, earnings over a 5-year period were related to weight for women such that earnings dropped rapidly from thin to heavier

weights and then flattened out (Judge & Cable, 2011). For men, income and weight rose together up until obesity, where income dropped off. In this last study, thinness seems to literally "pay off" for women.

The relationship between one's *actual* body and satisfaction with it is not simple. Consider the silhouettes of women's and men's bodies in Figure 10.2.[1] Indicate where you think you fall on the scale, where the ideal woman and ideal man are, and where you think the ideals of other peers would be.

Where women place themselves on the scale is pretty accurate; in a study with 87 White college women, trained observers' ratings and self-ratings overlapped by 72 to 85% (Cohn & Adler, 1992). As expected, women did tend to underreport their weight and to think of themselves as overweight (Betz et al., 1994). And not surprisingly, White women's ideal was thinner than themselves; about half the women selected an ideal that was fully one silhouette thinner than themselves (Forbes et al., 2001). The ideal expected by peers was even thinner; indeed, women and men are likely to over-estimate the degree of thinness they think their peers find attractive (Park et al., 2007). Notably, the ideal body image for Black women is curvier than that of White women and includes a larger buttock (Overstreet et al., 2010).

Needless to say, it is this differential between perceived and ideal body size that is consistent with reports of women's body dissatisfaction. In a 1993 survey of 803 adult women across the United States, nearly half reported globally negative evaluations of their appearance and a preoccupation with being or becoming overweight (Cash & Henry, 1995). Most of this dissatisfaction was directed at general weight as well as at the lower-torso (hips, buttocks, thighs, and legs) and mid-torso (waist and stomach). Less than 20% expressed discontent with their face, height, or hair. Even admittedly underweight women reported some degree of body dissatisfaction (Lox et al., 1998). Overall then, *perceptions* of one's body are more predictive of body dissatisfaction and even general self-esteem than actual body size (Miller & Downey, 1999).

There is a general misperception that body dissatisfaction is most troublesome for White women. A meta analysis combining 98 studies concluded that differences among
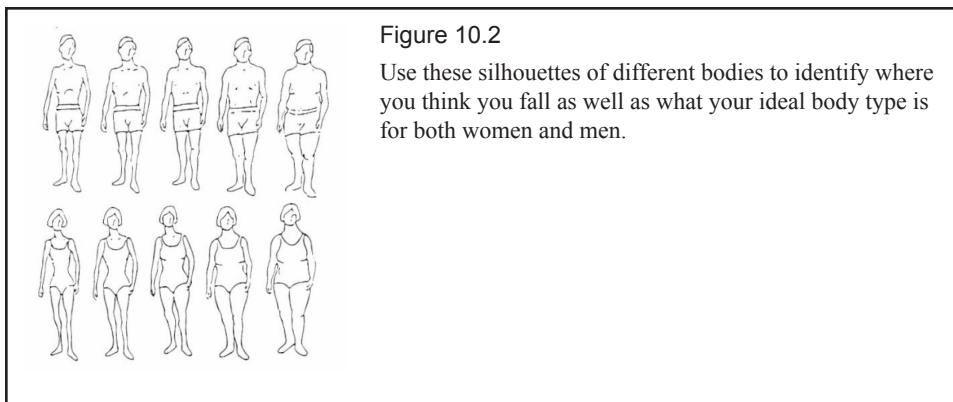
Figure 10.2

Use these silhouettes of different bodies to identify where you think you fall as well as what your ideal body type is for both women and men.

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[1]An expanded series of figure drawings of men that extend out to very muscular figures finds that what college women say they want is somewhat more muscular than how men categorize themselves as they currently are but is less than men's more muscular ideal (Lynch & Zellner, 1999).

Asian American, Black, Latina, and White women's body dissatisfaction were small ($d =$ .29 for the largest Black-White contrast) to null (Grabe & Hyde, 2006), although the least globally satisfied group of American college women was Asian American women (Forbes & Frederick, 2008).

Identification with the stereotype for **femininity** as measured by the Personal Attributes Questionnaire was associated with higher body dissatisfaction among women (Forbes et al., 2001). In contrast, women who self-reported more masculine-stereotyped (or **agentic**) traits, both alone or in combination with feminine traits (androgyny), exhibited less dissatisfaction. Additionally, stronger endorsement of thinness ideals and beauty practices among college women and men is associated with both **hostile** and **benevolent sexism** (Forbes et al., 2007). Both patterns suggest some linkages among appearance ideals and traditional attitudes about women.

Finally, there's a prevalent argument made in support of thinness based in presumed health benefits. First, it is important to note that the drive for thinness at one end of the BMI is not the same as promoting obesity. However, even if this were so, there is an intriguing argument made by "fat studies" scholars that the American "obesity epidemic" is more about weight stigmatization and the diet and drug industries than about promoting the health and well-being of people of all sizes (Lyons, 2009).

Second, in most of studies we examine here, participants' actual weight or body mass index was measured and ruled out as the reason why people expressed dissatisfaction with their body. Although, as we have seen, BMI is related to perceived attractiveness by others, people with a full range of body sizes can express dissatisfaction with their body. What we are talking about with objectification theory has much more to do with *self-perceptions* than any objective indicators of attractiveness, weight, or health.

OBJECTIFICATION THEORY

These concepts of physical attractiveness, body esteem, body image, body ideals, and body dissatisfaction all come together in a rich model that includes how we think about our body as well as the antecedents and consequences of this thinking: "Objectification Theory." Since these ideas were first presented by Fredrickson and Roberts in 1997, research to test and expand the theory has burgeoned—so much so that I introduced a new chapter devoted almost entirely to this theory in the third edition of this text. But even since then, the original model has been tested, refined, and expanded beyond its original formulation. I have tried to take a snapshot of this evolving model in Figure 10.3, and it is this model that I will use throughout this chapter to organize and review this literature.

I want to trace this model in detail; however, let me start with a big-picture overview of it. As you can see, the source of our body image rests in our culture and our own individual experiences within that culture. To varying degrees, and in response to what we each experience, we all take on (internalize) some of these body image messages (self-objectification). This process is both individualized and affected by our group memberships, including our gender, age, race/ethnicity, and sexual orientation (which act as moderators). This self-objectification (across Path 1) can lead to psychological consequences (e.g., body shame) that, in turn, can threaten our physical, mental, and sexual health and well-being. Self-objectification (on Path 2) can also affect how strongly we each feel the impact of cul-
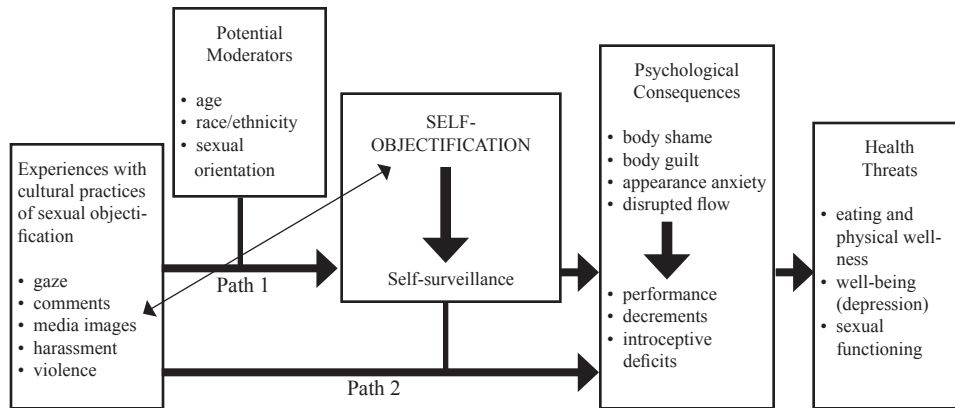
Figure 10.3
A snapshot of an evolving model originated by Objectification Theory (Fredrickson & Roberts, 1997). This model draws on the overview by Calogero, Tantleff-Dunn, and Thompson (2011) and the empirical review by Moradi and Huang (2008).

tural practices related to our body, making these practices most powerful for those people who have internalized high levels of self-objectification.

If you go back to our discussion of **mediation** and **moderation** in Chapter 2 (see Figure 2.2), you'll understand that self-objectification can function both as a mediator (Path 1) leading to psychological consequences and as a moderator (Path 2) along with cultural practices to exaggerate or mute these consequences. The central focus of the model then is **self-objectification**, which functions both as an **individual differences** variable (so that we all score somewhere along a continuum from high to low), and as an outcome that can be induced by exposure to cultural practices that are sexually objectifying.

What Is Self-Objectification?

Let's start to answer this question by thinking about **objectification** in general. What we are talking about here is how we think about objects or things—like the chair you are probably sitting in. It is a tool for your purpose, it has no autonomy, it lacks agency or activity, it is just as good as other chairs in fulfilling its purpose, it is OK for you to break it, it is owned by someone, and you certainly don't need to consider its feelings or its experiences (Nussbaum, 1995, reported in Calogero et al., 2011). For a human being then to be "objectified" is "to be made into and treated as an object that can be used, manipulated, controlled, and known through its physical properties" (Calogero et al., 2011, p. 5). As we'll see, this concept of objectification is important in our discussions both of body image here and of harassment and violence in Chapter 13 (hence, the inclusion of these cultural practices in Figure 10.3).

People become targets of **sexual objectification** when they are treated like things for the sexual gratification of another person. They are fragmented into a collection of body parts, divorced from the individual's personality, and relegated to a subordinated status (Calogero et al., 2011). Sexual objectification occurs in two general life domains: in actual

social encounters (being the target of an unreciprocated gaze [ogling] and through comments directed at one's body) and through exposure to the visual media (e.g., magazines and television).

Self-objectification refers to the degree to which an individual internalizes being treated like a thing and turns that perspective on themselves. The body becomes an "it," to be observed from the vantage of an external observer and to be monitored. Rachel Calogero and her colleagues (2011) regard self-surveillance (or habitual body monitoring) as a consequence of self-objectification, whereas Bonnie Moradi and Yu-Ping Huang (2008) conceptualize self-surveillance as a manifestation of self-objectification. In either approach, self-objectification and self-surveillance go hand in hand.

Moradi and Huang (2008) make two important points about self-objectification that will help us throughout the following discussion. First, they point out that researchers commonly talk about self-objectification as both a "state" and as a "trait." Generally though, we think about traits as innate, enduring, and resistant to change—but self-objectification clearly is culturally created (not innate) and, as we'll see, must be targeted for change. The important point for us here is that self-objectification can be both *induced* in individuals by exposing them to body-emphasizing stimuli (making all of us vulnerable to some degree of self-objectification), as well as measured as an *individual difference* variable (with variability along a continuum from high-to-low self-objectification—so that some of us are more self-objectifying than others).

In fact, you can get some sense of self-objectification as an **individual differences** variable by going back to how you responded in Box 10.1. The first part is from the Self-Objectification Questionnaire (SOQ; Noll & Fredrickson, 1998). The full measure includes 12 body-related concepts that participants rank—with half representing appearance-based body attributes (physical attractiveness, weight, sex appeal) and the other half, competence-based body qualities (physical fitness, stamina, health). Higher rankings for the appearance items are indicative of greater self-objectification. Additionally, strong endorsement of the three items in Set 1 in Box 10.1 signals higher levels of self-surveillance (as measured by the Objectified Body Consciousness Scale, OBC) (McKinley & Hyde, 1996).

The second point that Moradi and Huang make defines the two paths that I illustrated in Figure 10.3. The first path treats self-objection as both an outcome of exposure to cultural practices and as a critical **mediator** between these practices and a list of psychological consequences. The second path regards self-objectification as a **moderator** that intensifies the impact of exposure to sexual objectification on psychological consequences. These moderating effects, then, are stronger for individuals who highly endorse self-objectifying attitudes. The point that becomes clear across all these analyses is that self-objectification is the linchpin of the objectification model, making it a prime target for interventions designed to derail both paths.

Objectification Theory Targets Women

Objectification theory largely targets women because, as we have seen, women are more vulnerable than men to threats to their body image and, as we'll see, are more frequently the targets of sexually objectifying cultural practices. In addition, there is evidence that women exhibit greater overall body objectification than men (Strelan & Hargreaves, 2005). However, there is beginning to be some evidence that the objectification model may apply

to boys and men as well as to girls and women (see Choma et al., 2010; Slater & Tigge-mann, 2010). A key point in extending the model to men may be in better understanding some potential differences in what drives men's body image as compared to women's (for example, see Chen & Russo, 2010) as well as in recognizing diversity among men.

A series of three studies conducted by Nathan Heflick and his colleagues (2011) further explains why objectification theory is applied largely to women. Participants in these studies were instructed to focus solely on the appearance of targeted women and men. Only the appearance-emphasized women were then rated as less competent, warm, and moral, taking away three key signs of being "human," and thus treating these women more like objects. In another study, women's and men's memories about the appearance of women were more accurate than their memories about the appearance of men, suggesting that appearance itself is more salient when it is about women (Horgan et al., 2004).

Finally, self-objectification appears to be better understood by women than by men, suggesting that women have more experience with self-objectification than do men (Newheiser et al., 2010). When college women and men were lead to regard a female target as engaging in self-objectification, only the women perceived more negative emotions in her (independent of their own state of self-objectification). In a follow-up study, when an online sample of women and men was asked to identify with a self-objectifying target, again women reported stronger negative reactions suggestive of greater empathy. In sum, there is much about objectification theory that makes it especially well targeted to understanding women's body concerns.

CULTURAL PRACTICES TARGETING WOMEN

Let's start working our way through Figure 10.3, starting with an overview of cultural practices identified by objectification theorists that target women, specifically the sexualized gaze, comments, and media images. We'll also explore the impact of these cultural practices on women's self-objectification and self-surveillance. Situating each of these cultural practices within the puzzle we outlined in Chapter 6 (in Box 6.1), each represents a piece of women's general **social context**. It is this environmental context that is the root of women's self-objectification, making the logic we developed about social contexts in Chapter 6 applicable here.

The most global point that we shouldn't lose track of is that *culture matters*. Women's body image is embedded within a culture that socially constructs appearance ideals. However, the effects of something as broad as culture are necessarily complex. On the one hand, Polish women desired a larger body ideal than American women (Forbes et al., 2004). More Ghanaian than U.S. women rated larger body sizes as ideal (Cogan et al., 1996), as did Ugandan as compared to British women (Furnham & Baguma, 1994).

On the other hand, body image and change concerns were similar among Indigenous and mostly Anglo-Saxon White Australians (Ricciardelli et al., 2004). Arab and Jewish Israeli women expressed more body dissatisfaction than their male counterparts, like American women, but unlike American women, these Israeli women reported dissatisfaction when they thought they were too thin (Safir et al., 2005). For an ethnically diverse sample of women, neither how acculturated they were into American culture nor how long their family's generations lived in the United States predicted body satisfaction (Petrie et al., 2002). However, a study with Japanese and Chinese students studying in the United

States suggests that it is not acculturation per se that predicts disordered eating, but rather awareness and internalization of Western appearance norms (Stark-Wroblewski et al., 2005). Thus, there's more going on here than a simple, blanket characterization of Western culture as bad for women's body image.

Still, there is reason to be concerned specifically about Western body ideals. For example, interviews with Tanzanian women about their use of damaging skin bleach documented that colonialism and Westernization played important roles (Lewis et al., 2011). Most fascinating is a naturalistic experiment that involves girls and women living on the Fiji islands in the Pacific after the introduction of Western television in 1995. Among both adolescent girls and adult women a cultural body image that previously centered on robustness came to include thinness (Williams et al., 2006)—bringing with it a desire to lose weight and disordered eating (Becker, 2004; Becker et al., 2005).

The Sexualized Gaze

Ask almost any woman if she has ever felt that someone, especially a man, was looking at her in an unwanted sexualized way, and she'll likely tell a story or two. These cultural images are easy to picture: women being whistled at on the street or people making open comments about women's bodies, clothing, etc. Think about words like "ogling" and "leering," and what images come to your mind? This sense is backed up by research evidence documenting that women are gazed at more than men; that women feel looked at more than men; that men direct more unreciprocated gaze at women in public places than women do in turn; and that men's gaze is often accompanied by sexually evaluative commentary (the common 10-point rating scale; reviewed by Fredrickson and Roberts, 1997, and captured provocatively in the film "War Zone").

The gaze targets women.   Men continue to objectify women more than other women do (Strelan & Hargreaves, 2005). American men's reported preference for the highly sexualized breast size of women is consistently larger than women's ideal, and the variety of positive characteristics thought to accompany larger breasts has grown from 1992 to 1998 (Tantleff-Dunn, 2001). Women and men in 1998 associated larger breasts with greater intelligence, success, and popularity for women than did raters in 1992.

Not surprisingly, there's evidence that the media play a significant role in leading men to sexualize women's bodies. A study with 13 to 15-year-old boys exposed half to 20 commercials that epitomized the thin ideal for women and the reminder to 20 neutral ads (Hargreaves & Tiggemann, 2003). The researchers also measured how much importance each boy placed on appearance as part of his general **schema** for choosing a partner or girlfriend. Interestingly, the commercials most affected the boys with *moderate* appearance schemas by making them more sensitive to the appearance characteristics of girls. Exposure is not enough to affect body perceptions, but rather for some people, even brief exposure can have significant effects. It doesn't take a giant leap to move from this relatively small amount of exposure to 20 sexist ads to their virtual omnipresence in many boys' lives.

Turning to adult men, men originally expressing egalitarian attitudes about women moved toward becoming more traditional after viewing stereotypic *masculine* models (Garst & Bodenhausen, 1997). Men exposed to magazines and action movies that tar-

geted male audiences not only expressed greater concerns about their own muscularity and fitness, but also overvalued thinness in women (Hatoum & Belle, 2004). Thus, growing trends about valuing "bigness" for men have implications for men themselves and for men's images of women.

Before we blame men as the cause of women's self-objectification, two other pieces of information qualify this blanket statement. First, men are not alone in their objectification of women; rather, women objectify women as well. In fact, White women are harsher critics of their own bodies than White men are: fully 69% of women considered the thinnest silhouettes as most attractive to men, yet only 25% of men actually selected these options (Cohn & Adler, 1992).

Women are also more likely to objectify other women than they objectify themselves (Strelan & Hargreaves, 2005). Furthermore, women objectify men more than men do. What may eventually sort this all out is the power relations involved in the sexualized gaze. Surely few people wouldn't mind being sexually appreciated, *if* that appreciation did not demean them as objects, but rather empowered them as equal subjects in their own sexuality.

A second piece of this puzzle has to do with women's misunderstanding of men's desires. Women greatly overestimated men's preferences for thin women (Forbes et al., 2001), and wives exaggerated their husband's presumed dissatisfaction with their wife's body (Markey et al., 2004). Obviously the blame for this misunderstanding could just as easily reside in the misperceptions of women as in miscommunication from men.

However, the simplicity of this conclusion becomes muddied when we consider that the above findings involve mostly White women and men. African American and Latino men prefer to date larger women than do White men (Glasser et al., 2009). Not only are Black men less demanding of thinness, African American women are more accurate in estimating Black men's preferences (Patel & Gray, 2001). Thus, women and men can convey their desires accurately—when they are Black.

I don't want to let men fully off the hook here. It just makes some sense to me that men play some role in heterosexual women's concerns about their bodies. Indeed, heterosexual men's personals ads generally emphasize the physical attractiveness of prospects (Miller et al., 2000), sending a clear message that looks matter. However, when a phenomena is this pervasive (affecting women and men) and targeted (affecting most acutely younger, White, heterosexual, middle class and affluent women more than others), we need to think about larger systems than any one of us as individuals controls.

Indeed, some authors talk about a "culture of thinness" to capture this systemic perspective (White, 1992). For example, there appears to be a **halo effect** for women centered on their weight. Joel Wade and Cristina DiMaria (2003) asked participants to rate as heavy or thin, Black or White women not only for their perceived attractiveness, but also for their expected life success and personality. The perceived attractiveness of the thin White woman didn't stop there, but rather extended to projections for a successful life and a more favorable personality. In contrast, the halo effect with its positive glow surrounded the heavy Black woman in contrast to the thin one.

The gaze affects women.   Peggy Evans (2003) took this finding about a halo effect a step farther by linking it to internalized thinking. She hypothesized that White women may internalize the thin ideal because they associate this ideal not only with attractiveness

but also with a halo of other positive outcomes. She tested this prediction by exposing one group of women to a thin ideal described as successful, while another group saw the same women but described as having an unsuccessful life. Only the successful ideal led to reduced self-satisfaction in observers (as well as suppressed optimism about observers' future life prospects). In another study, the more women linked positive outcomes to being like a media ideal, the more they internalized these ideals and subsequently reported heightened appearance dissatisfaction (Engeln-Maddox, 2006). Thus, it appears that weight serves as a central trait that globally affects not only how we see others, but also ourselves.

A core point of objectification theory is that women's repeated exposure to this direct sexualized gaze can affect women's own self-objectification. More research is needed to directly make this link, but one study does confirm objectification theory's predictions. Rachel Calogero (2004) recruited college women to participate in a study on "mind, body, and health issues" (p. 17). After completing a packet of questionnaires gathering demographic, self-objectification, and health information, women were randomly told that for the next part of the study, they would engage in "small talk" with a stranger for 5 minutes. Their partner was described as either male, female, or not at all. All participants then completed a second packet of surveys that included measures of body shame and social physique anxiety. Simply anticipating interacting with a male stranger was enough to affect women's body image. Women expecting to talk with a male stranger reported more body shame and more anxiety about their bodies than women who thought they would interact with another woman. In sum, women's mere *anticipation* of the potential male gaze was enough to elevate their body concerns.

Additionally, as objectification theory would predict, the more women acknowledged experiencing the sexualized gaze, the more internalization of thin ideals and self-surveillance they reported (Kozee et al., 2007). Furthermore, women actually talked less when a camera was focused on their bodies (compared to their face or just their voice), suggesting some muted performance in response to appearance concerns (Saguy et al., 2010).

Some of the earliest and most provocative studies coming from objectification theory used a swimsuit versus sweater experimental manipulation to raise women's *anticipation* of the sexualized gaze (Fredrickson et al., 1998). Under the pretext of sampling and evaluating consumer products, women were randomly assigned to either try on a one-piece bathing suit or a sweater. While wearing the garment in a private, mirrored room where they were seen by no one, they completed questionnaires measuring body shame. Women simply wearing the swimsuit, even though they were not observed, recorded higher body shame scores than women wearing a sweater. Presumably, wearing a more revealing bathing suit is enough to raise concerns about body image that are a response to the context, not any personality characteristics of the women involved.

Furthermore, the effects of this experimentally induced body shame linger. In another study (Quinn et al., 2006), even after the swimsuit women got dressed, they continued to have body-related thoughts intrude into a free response task (unlike the women who had tried on the sweater). In fact, the more body shame these swimsuit women had reported predicted how many body thoughts they continued to experience.

Other research finds that women don't even need to put on a bathing suit to elevate their body concerns. Simply imagining both social and nonsocial body-focused situations (like being on a beach or in a dressing room) is all it takes to raise women's body dissatisfaction (Tiggemann & Slater, 2001). In sum, these studies begin to argue that varying the situation

people are in can affect how much bodily objectification they experience. Thus objectifi-cation can be a *state* that can be induced by the social context in which women find (or even imagine) themselves—a context that can affect most randomly assigned women, thus capturing the pervasiveness of exposure to objectification.

Finally, Sarah Gervais, Theresa Vescio, and Jill Allen (2011) actually created the sexu-alized gaze in the laboratory by training women and men **confederates** to stare briefly but repeatedly at the chest of the other-sex undergraduate man or women they were interview-ing. (You can actually see this gaze as well as hear Dr. Gervais talk about this study in a video and podcast posted at *pwq.sagepub.com*.) To reinforce the sexual connotations of this gaze, these confederates also provided appearance feedback after the interview. In contrast, these same confederates simply made eye contact with randomly assigned control participants. Participants then went on to complete a math test, indicated if they would like to interact again with their interviewer, and filled out measures of body surveillance, body shame, and body dissatisfaction.

Women exposed to the sexualized gaze scored significantly lower on the math test than both men exposed to the gaze and control women. Intriguingly, sexualized women were most likely to want to interact with their partner in the future, suggesting that women found his attraction flattering. Indeed, this positive reaction may explain why being exposed to this sexualized gaze from a man had no impact on these women's body evaluations. The authors speculate that "the objectifying gaze may simultaneously convey to women that their appearance is valued while their other qualities [their competence and abilities] are devalued, which may cause **stereotype threat**" (p. 13) and hence lower math performance.

What strikes me as most chilling about this experiment is that these sexualized women left the experiment feeling good about themselves and the male interviewer without real-izing that their performance had suffered. Thus, the effect of the sexualized gaze remained subtle and outside their awareness, although clearly documented in their math test scores. Without the comparison to the control group afforded by this experiment, these women would have never known that their performance was lowered by simply being randomly assigned to the "wrong" interviewer.

Comments and "Fat Talk"

Like the sexualized gaze, body-related comments more commonly target girls and women than boys and men. For example, in-depth interviews with adolescent girls and boys docu-mented that girls receive more negative and positive messages about their body than do boys (McCabe et al., 2006). In fact, boys reported almost none of these types of messages. Similarly, a "Health and Wellness Survey," emailed to over 4,000 adult women and men, found that women reported hearing more body-related talk and felt pressured to engage in it (Martz et al., 2009).

Given the centrality of weight-related concerns in objectification theory, it is not sur-prising that much of this body-related talk focuses negatively on the size and shape of women's bodies and thus has been dubbed "fat talk." Think about how you'd respond to a friend beginning a conversation with "Ugh, I feel so fat." Then take a look at Box 10.4 to see how undergraduate women typically responded.

Rachel Salk and Renee Engeln-Maddox (2011) went beyond just looking at the con-tent of fat talk (in Box 10.4) to also explore the meaning of fat talk to women by asking

TABLE 10.4
Fat Talk: How college women respond to the conversation-
starter from another woman saying "Ugh, I feel so fat."

Theme Mentioned	Sample Response	Percentage
Denial	"Oh, come on! You're not fat at all!"	87%
Evidence	"Yes I am, look at my thighs."	37%
Causes	"Me too. I ate so much last night."	30%
Empathy	"I feel that way too sometimes."	26%
Action together	"We should diet together!"	23%
I'm fat, you're not	"If you're fat, then I'm humongous."	13%
Probing	"Why do you think like that?"	8%

Note. A podcast interview with these authors about this study is available at pwq.sagepub.com.

Source: R. H. Salk & R. Engeln-Maddox. (2011). "If you're fat, then I'm humongous!": Frequency, content, and impact of fat talk among college women. *Psychology of Women Quarterly, 35*, 18–28.

these women to consider what they want to get from fat talk dialogues with their friends. Most women (69%) want their friend to deny their assertion that they are fat; other desired responses include fishing for a direct compliment, looking for strategies to be healthier or lose weight, and seeking emotional support. As for women's reactions to having a friend initiate fat talk, the most common reaction was to believe that such talk could relieve their friend's distress (often considered temporary), although this reaction was followed by annoyance and feeling manipulated to say something nice. Only a few women thought that engaging in fat talk made them feel worse about their own body. Most notably, fully 149 (93%) of the women in the study indicated that they engaged in "body-related talk… [in which] women express dissatisfaction with their bodies (e.g., feeling fat or expressing disappointment in a body part)" (p. 20).

Furthermore, Salk and Engeln-Maddox found that the more frequently women reported engaging in fat talk, the more body dissatisfaction they expressed. Interestingly, the woman these participants imagined talking with was most commonly of average or below average weight, suggesting that fat talk is more about body perceptions than about actual body size. Indeed, in another study of fat talk with preadolescent and adolescent girls, the initiators of these conversations were typically not overweight (Nichter (2000). Finally, college women reported feeling pressured to engage in fat talk, which ultimately serves "to reinforce the thin body ideal and the notion that disliking one's body is normative for women" (Salk & Engeln-Maddox, 2011, p. 26).

Fat talk focuses negatively on women's bodies, and indeed it is commonsensical that repeated exposure to body *criticisms* reflects poorly on body image. As we might then expect, overweight adult women had poorer body image and psychosocial functioning to the degree that they were stigmatized for their weight throughout their lives (Annis et al., 2004). What, however, is surprising about findings related to body comments is that even *compliments* appear to have a downside.

Rachel Calogero and her colleagues (2009) explored whether experiences with body-related criticisms and compliments over the past 2 years were related to an ethnically and weight-diverse sample of college women's self-objectification, self-surveillance, and body dissatisfaction. As we would expect given our weight-driven culture, women with higher

body mass index scores were more frequently targeted and felt the negative impact of criticisms more than lower BMI women. Not surprisingly, regardless of body size, the more negatively these women felt about experiencing criticism, the higher they scored on all three body measures. Furthermore, the more positively these women felt about being complimented, the higher were their scores on all three troubling body measures—so that *compliments functioned no differently than criticisms*. Challengingly our intuition that body compliments are "nice," this finding of **complimentary weightism** suggests that drawing attention to women's bodies, even in a seemingly positive way, is not good for women's body image.

Expressed comments, both negative and positive, then have a downside for women. We might also think about "comments" as those subtle, unexpressed indicators of a general climate. Indeed, Rachel Calogero and John Jost (2011) conducted the first study about which I am aware to consider this unspoken **social context** in which women and men are embedded. Specifically, they subtly manipulated college women's and men's exposure to sexism by setting up a bogus "proofreading task" that asked students to rate their agreement with, and then the clarity of, four items taken from the Ambivalent Sexism Inventory (see Chapter 7). They randomly assigned participants to one of four conditions in which all four items came from the Benevolent Sexism (BS) portion of the ASI, all from the Hostile Sexism (HS) scale, two from each scale, and four neutral items (the control).

Across three studies conducted by Calogero and Jost, their results consistently indicated that exposure to two or four BS items caused women, but not men, to exhibit negative body image effects. For example, in Study 2, BS exposure predicted women's self-surveillance, body shame, and intention to engage in some form of appearance management (e.g., dieting or exercise for weight loss) in the next week. Interestingly, HS exposure had no more impact on women's body image than did the control condition—indicating that these women's body image attitudes and intentions were not created in response to openly sexist hostility, but rather they were insidiously affected by subtle benevolent sexism. Just like body compliments, nice-appearing benevolent sexism is not so nice in its consequences for women's own body image.

Sexualized Media

There are two strands of research that combine to make the case that the visual media is a major source of objectification leading to self-objectification for women (and possibly men). The obvious place to start is to examine how women's bodies are portrayed in the media. A piece of this analysis also looks at the status afforded women in the media and how women are treated in the media as they age. Although the media indeed may be sexist and ageist, to support objectification theory we then need to link these portrayals to women's body image. We are all exposed to lots of media images, but what are the conditions that encourage internalization of these images (self-objectification)?

The media targets women. You probably aren't taken aback by the assertion that the media present thin and sexualized images of women's bodies, so I'll just sample a few recent research examples. A content analysis of almost 2,000 print ads from 59 popular U.S. magazines documented that one of every two ads that featured women portrayed them as sex objects (Stankiewicz & Rosselli, 2008). Even the printed content of women's magazines focuses on bodily appearance: 78% of popular women's magazines, and none of

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Box 10.5

Lessons about women's beauty can be found in many popular fairy tales. Lori Baker-Sperry and Liz Grauerholz (2003) found that references to women characters' beauty outstripped references to men's handsomeness across all Brothers Grimm fairy tales. Even more interestingly, the 25% of these stories that made it into contemporary children's books and movies have more themes about women's beauty than those that haven't been reproduced. Why these choices?

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men's, spotlighted appearance content on their covers (Malkin et al., 1999). Men's magazines offered entertainment and information about general knowledge, hobbies, and activities, in contrast to popular women's magazines, that promised to improve women's lives by changing their appearance.

Just as sobering, print images of women have not changed significantly from 1955 to 2002 (Lindner, 2004), although, not surprisingly, what did change from 1985 (more) to 1994 (less) was how clothed women were (Plous & Neptune, 1997). Looking at over 200 photos from the top fashion magazines (Cosmo, Glamour, and Vogue), White women models were more likely than Black to strike sexually explicit poses, whereas Black women models were more often shown in submissive poses (Millard & Grant, 2006). In fact, women in print magazines were most often shown in passive poses and were airbrushed to appear flawless, and the objectifying tendency to dismember women into their body parts continues (Conlesy & Ramsey, 2011). Not surprisingly, younger models were more prevalent than older ones, especially in magazines targeting young women, and were thinner and less clothed (Bessenoff & Del Priore, 2007).

These types of thinness and attractiveness messages are not confined to adults. Rather, a look at the top 150 top-selling video games revealed that games rated for children featured even thinner female characters than games targeting adults (Martins et al., 2009). Another study examining the 25 top children's movie videos listed by Amazon and the American Film Institute for ages 4 to 8 recorded an average of 8.7 body image-related messages per video (topped by *Cinderella* and the *Little Mermaid*, each with 14)—the majority of which targeted women's thinness and physical attractiveness (Herbozo et al., 2004).

The media affects women.   For the media to affect women, women obviously need to pay attention to it, and indeed college women are more likely than college men to compare themselves to professional models (Franzoi & Klaiber, 2007). Similarly, the more Black adolescent girls identify with sexualized portrayals of Black women, the more these girls emphasize the importance of their own appearance (Gordon, 2008).

Beyond these baseline data, there are two empirical ways to study the impact of media message on women. The first are correlational designs, which document associations between media choices and body outcomes. For example, among Australian female high school students, choosing to view appearance magazine and Internet content was highly related to internationalizing thin ideals, making appearance comparisons of one's self with others, and reporting weight dissatisfaction and a drive for thinness (Tiggemann & Miller,

2010). In another study with middle-aged Australian women (age 35 to 55 years-old), television and magazine exposure was associated with internalization, body comparisons, appearance investment, and aging anxiety, which in turn were related to body dissatisfaction and disordered eating (Slevec & Tiggemann, 2011). A meta analysis by Shelly Grabe and her colleagues (2008) established that women's media exposure was associated with more internalized self-objectification ($d = .42$ across 16 studies) and disordered eating behaviors and beliefs ($d = .28$ across 12 studies).

A key shortcoming of these correlational studies, though, is that we don't know whether media choices are affecting women or if women with body interests self-select specific media (a directionality problem). Jennifer Stevens Aubrey (2006) tackled this problem in her 2-year panel study with undergraduate women, finding that the patterns go in both directions. The more women were exposed to sexually objectifying images at Time 1, the more they self-objectified at Time 2, indicating the impact of media. Additionally, self-objectification, appearance anxiety, and body shame at Time 1 all predicted media choices at Time 2, signifying a self-selection factor. In sum, then, correlational studies argue for a small-to-moderate impact of media exposure on women's body image that appears to exist within a self-sustaining cycle (captured by the thin two-headed arrow between media images and self-objectification in Figure 10.3).

The second approach to studying media exposure is experimental, allowing for clear causal statements as well as suggesting that most women, randomly assigned, can be affected. Overall, Grabe et al.'s (2008) meta analysis concluded that experimental demonstrations were similar in small-to-moderate size as correlational evidence: for internalization, $d = .21$ (7 studies); for disordered eating behaviors and beliefs, $d = .36$ (8 studies); and for body dissatisfaction, $d = .28$ (across 90 correlational and experimental studies).

Studies published subsequent to this meta analysis repeatedly confirm this pattern of media effects across a wide range of outcomes as well as among girls and women. For example, 6 to 10 year-old Dutch girls randomly assigned to play for just 10 minutes with an average-sized doll ate more in a subsequent "taste test" than girls who played with a thin doll (Anschutz & Engels, 2010). A similar pattern was demonstrated with German college women who chose a diet snack after viewing thin models, regardless of their own BMI (Krahé & Krause, 2010). Australian college women who viewed thin-idealized magazine ads reported higher self-objectification, appearance anxiety, negative mood, and body dissatisfaction (Harper & Tiggemann, 2008). Turning to video game exposure, college women who played games with thin female characters exhibited lower body esteem (Barlett & Harris, 2008); others who played games with sexualized women figures showed reduced self-efficacy (Behm-Morawitz & Mastro, 2009). Highlighting how these effects extend to many women, appearance-based ads reduced White women's body satisfaction independent of their BMI and across varying degrees of objectified body consciousness (Hamilton et al., 2007).

Bianca Loya and her colleagues (2006) documented that college women exposed to images of attractive models recorded higher levels of hostility directed toward women than control women whose hostility was measured prior to exposure. Interestingly, this hostility did not reflect competition with the attractive models, but rather was expressed by discounting the models' attractiveness. Furthermore, the higher an individual woman's hostility score, the more self-surveillance and body shame she reported—demonstrating that the hostility aroused by attractive models negatively targets not only other women but also the woman doing the viewing herself.

Finally, there's more to a print ad than the image of the woman herself. The surrounding copy (words) frames the image and presumably can affect its meaning. For example, ads in women's health magazines frequently present idealized models along with copy that promotes health, although not to the extent that we might think. A content analysis of over 400 cover headlines in the five highest circulating women's U.S. health magazines found an equal representation of health and appearance messages (Aubrey, 2010). Ironically, undergraduate women exposed to *appearance*, not health, framing reported more body shame and *more* motivation to exercise.

There's a sizable, but still not dominant (Conley & Ramsey, 2011) trend in the framing of print ads to project models as active and powerful. Emma Halliwell and her co-authors (2011) captured these themes in how they framed the same idealized images of women. For example, one ad for a push-up bra featured a woman holding a ribbon on the strap she is wearing accompanied by the sexually agentic slogan "I pull the strings"—versus the passively objectifying copy "For a beautiful figure." The former characterization is meant to be empowering; however, just like the objectifying version, the agentic framing increased college women's weight dissatisfaction compared to a non-exposed control. Furthermore, women rated the agentic version no more positively than the appearance one, and intriguingly, the agentic version created more self-objectification in viewers than did the appearance-based one. These authors conclude: "…what on the face of it appears to be a positive step forward toward empowering women consumers of sexualized advertising actually appears to be a step backward" (p. 43).

POTENTIAL MODERATORS

Cultural practices like the sexualized gaze, comments, and the media certainly affect different individuals in various ways—a point we address later. As we saw in Chapter 6, women are not a monolithic group, but rather vary by subgroupings defined by the multiple social representations we explored around the Diversity Wheel in Chapter 1. In objectification theory, three potential moderating variables have attracted researchers' attention: age, race/ethnicity, and sexual orientation. Returning to Figure 10.3 in this chapter, we'll see here that although the model may vary across these diverse subgroups of women by showing somewhat different patterns and by considering additional variables, the general variables that make up objectification theory affect diverse women.

Age

As we might expect, girls aren't born with body dissatisfaction. Preschool girls and boys showed similar body image satisfaction as measured with same-gender silhouettes (Hendy et al., 2001). Sadly though, even girls as young as age 3 show signs of being emotionally invested in the thinness ideal (Harriger et al., 2010). By about age 9, clear gender differences begin to emerge (Thompson et al., 1997) and peak in high school (Frost & McKelvie, 2004). Likewise, girls' physical self-concept declines across the school years (Klomsten et al., 2004). Not surprisingly, Feingold and Mazzella's (1998) meta analysis revealed that the most vulnerable periods in the life course appear to be during adolescence (when gender differences ranged from ds = +.41 to +.57) and through the traditional college ages of 18

to 22 (d = +.42). This difference narrows in early adulthood (23 to 34 years old; d = +.23), then revives a bit in midlife onward (over 35; d = +.36).

A longitudinal study of seventh- to tenth-grade girls and boys captures both the process of how this change occurs and why it is more pervasive for girls than for boys (Jones, 2001). Many girls' increasing body dissatisfaction reflected the effects of more and more appearance conversations with friends, more frequent comparisons of one's body with those of peers, and gaining body mass.

At every age, women's concerns about appearance are greater than men's, and women's appearance esteem is lower than men's (Pliner at al., 1990). Looking across the life course, the importance of appearance declines with aging, and appearance self-esteem improves. Among the elderly, body dissatisfaction shifts away from weight-related issues toward concerns about facial attractiveness and body functioning (Franzoi & Koehler, 1998). Still, body concerns remain a life-long issue, with the predicted relationships among media exposure, body dissatisfaction, and disordered eating extending to middle-aged women (Slevec & Tiggemann, 2011).

Race/Ethnicity

A meta analysis (Grabe & Hyde, 2006) and a large-scale study of over 2,000 undergraduates (Frederick et al., 2007) converge on the general conclusion that racial/ethnic differences in body satisfaction among Asian American, Latina, Black, and White women are small to moderate. Although there are variations in the body ideals projected by different racial/ethnic groups, sexually objectifying experiences, self-objectification, body self-surveillance, and body shame characterize all groups of women (Harrison & Fredrickson, 2003; Kozee et al., 2007; Moradi et al., 2005). Women who base their self-worth on their weight, regardless of their race/ethnicity, are vulnerable to objectification outcomes—indicating that race/ethnicity itself is not a sufficient buffer against objectification (Sabik et al., 2010).

As we have seen, much of objectification theory is based on evaluations of bodily size and shape, ignoring other features that may be significant to women of color. For example, Taneisha Buchanan and her colleagues (2008) found support for objectification theory in regards to thinness with their sample of African American college women (also see Mitchell & Mazzeo, 2009) as well as skin-tone specific surveillance linked to skin-tone dissatisfaction.

Maya Poran (2002; also 2006) compared the body image perceptions of Black, Latina, and White college women. Black women exhibited the highest body esteem and described cultural standards of beauty as racist, in contrast to White women, who, ignoring race, regarded these standards as solely sexist. Latinas scored lowest in body esteem and emphasized consumerism in their conceptualization of body standards. Poran concluded that beauty is a *racialized* experience such that diverse women perceive the same cultural stimuli differently. Indeed, capturing the richness of diverse women's body experiences may rest in more open-ended approaches such as this one.

Sexual Orientation

Although lesbians reported feeling more fit, fewer negative body attitudes, and less internalization of cultural norms related to negative body attitudes than heterosexual women

(Bergeron & Senn, 1998), conflict between mainstream valuing of thinness and lesbians' acceptance of women's bodies is a recurring theme in interviews with young lesbian women (Beren et al., 1997). It is not surprising then that objectification theory applies to lesbians—but in a somewhat different way than for heterosexual women.

Holly Kozee and Tracy Tylka (2006) recruited sizable samples of both lesbian and heterosexual college women to complete a survey that included the central concepts of objectification theory: self-objectification, self-surveillance, body shame, interoceptive awareness, and disordered eating. Although they found in heterosexual women's data a good fit to the model, a different model emerged for their lesbian respondents. Lesbians reported low levels of disordered eating but high levels of self-surveillance (although other research may challenge the latter finding). However, consistent with the general objectification model, lesbians were just as prone to self-objectification, body shame, and deficits in interoceptive awareness as heterosexual women.

In another study, the inclusion of a measure of lesbians' internalized heterosexism ("If I could change to being heterosexual, I would") adds richness to our understanding (Haines et al., 2008). The higher individual women scored in internalized heterosexism, the higher were their self-surveillance, body shame, and depression (which was linked both to body shame and directly to their internalized heterosexism). As we just saw with age and race/ethnicity, the variables that make up objectification theory can play out differently for lesbians as well as suggest additional variables and further qualifications of the overall model. Watch for more research with these potential moderators.

CONSEQUENCES OF SELF-OBJECTIFICATION

If we continue Path 1 in Figure 10.3 beyond self-objectification, we see that the model predicts a set of psychological consequences which, in turn, predict some specific threats to women's health and well-being. There is ample research evidence in support of the linkages modeled by objectification theory and reviewed by Bonnie Moradi and Yu-Ping Huang (2008). We already noted some of this research above when we traced cultural practices not only to self-objectification and self-surveillance but also to these other outcomes. My goal, then, is this section is not to explore these established linkages, but rather to describe what these psychological consequences and health threats are—mindful that their sources are cultural practices and women's internalization of their objectifying messages.

Psychological Consequences

Both *body shame* and *body guilt* are related forms of regulating one's self, but in somewhat different and complementary ways (Calogero & Pina, 2011). Body shame captures women's sense of feeling ashamed about their body when they don't measure up to societal standards (and to their own ideal; Bessenoff & Snow, 2006). You responded to three items designed to tap body shame in the final segment of Box 10.1 earlier in this chapter (items from McKinley & Hyde, 1996). Feelings of shame cue us as to what we should *proscriptively* do in order to be more like our body ideal. In contrast, body guilt tells us how we should go about *prescriptively* "fixing" ourselves; that is, what corrective action we can take in response to tension, remorse, or regret over specific body-related behaviors. An

example item tapping body guilt is: "You are watching a television show and you notice that all the actors have perfect bodies. How likely is it that you would decide to stop eating junk food from now on?" (p. 431). Both outcomes result from self-surveillance and predict restrained eating.

At least five additional studies link self-objectification by women to body shame, both directly (Greenleaf, 2005; Fingeret & Gleaves, 2004; Muehlenkamp et al., 2005; Slater & Tiggemann, 2002) and as mediated by body surveillance (Moradi et al., 2005). One of these studies also associated self-objectification by women to appearance anxiety (Slater & Tiggemann, 2002), and other research extends this finding to general anxiety and depression (Davison & McCabe, 2005). Elevated body shame (Greenleaf, 2005; Slater & Tiggemann,) and appearance anxiety (Slater & Tiggemann) were then related to disordered eating. Furthermore, body shame predicted depression that was then linked to vulnerability to engage in self-harm (Muehlenkamp et al., 2005). Additionally, internalized thinness pressures were associated with smoking for weight control (Zucker et al., 2001).

Anxiety is a generalized reaction to threat—as opposed to more concrete and specific fears. *Appearance anxiety* refers to generalized negative reactions in response to body threats. An example of appearance anxiety concerns worrying about how others might think one looks (as opposed to self-surveillance, which monitors how one *thinks* one looks). Becky Choma and her colleagues (2010) found that the more self-surveillance Canadian college women did, the more body shame and appearance anxiety they reported, which together then predicted lower overall self-esteem. Heightened appearance anxiety has also been linked with depression (Szymanski & Henning, 2007), and worrying about others' evaluations has deterred women from trying weightlifting (a good hedge against losing bone density; Salvatore & Marecek, 2010).

Flow refers to the optimal experience of being uninhibited in one's involvement in accomplishing something difficult and worthwhile. As an academic, I live for such moments of peak motivational experience when I am so immersed in what I'm doing that I don't attend to anything going on around me. Self-objectification interrupts flow, both by diverting attention toward bodily worries about appearance and by distracting one away from the loss of self-consciousness that is part of being in a state of flow (Frederickson & Roberts, 1997).

Recall the swimsuit study we talked about previously in which women expressed more body shame when wearing a one-piece bathing suit compared to other women wearing a sweater, even though both were unobserved (Fredrickson et al., 1998). A second experiment tested both women and men, with men wearing swim trunks[2] or a sweater. Women's body shame differed according to what they wore as it did in the first experiment, but men's did not. However, even more strikingly, randomly assigned women who took a math test in a private dressing room wearing a bathing suit did worse than women wearing a sweater!

This last finding speaks to the re-direction of cognitive energies when worries about how one looks are activated. It also should sound familiar given what we know about **ste-**

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[2]A discerning reader may question whether swim trunks are sufficiently threatening to men's body image. In another study, wearing a scanty Speedo heightened gay and heterosexual men's self-objectification over control men, and those who felt increased body shame also reported dissatisfaction with their lower body parts (Martins et al., 2007). However, gay men reported more overall body shame than did heterosexual men, and only gay men subsequently ate less Chex mix than men in the control group. Thus the body effects of the swimsuit manipulation play out differently for women and heterosexual men and vary across subgroups of men (gay versus heterosexual).

reotype threat. Might the context of wearing a swimsuit raise appearance demands that are linked for women to stereotyping about femininity which then raises negative expectations about women's math abilities?

However, the link between objectification and flow is not confined to tasks for which negative stereotyping of women is evident. Using the gender-neutral Stroop task in which test takers name the color or the name of colors printed, in unmatched versions (the word purple printed in red), Diane Quinn and her colleagues (2006) found that women who simply thought about wearing a swimsuit took longer to perform the task than women told to think about wearing a sweater. Furthermore, the effects of disrupted flow are not confined to task performance; indeed, they can extend to depression (Szymanski & Henning, 2007).

In their original formulation of objectification theory, Fredrickson and Roberts (1997) speculated that by treating one's body as an object separate from one's self, a woman can become alienated and distant from "it." Thus, the day-to-day signals that our body may send (for example, reminding us to eat) may be actively suppressed and ignored, paving the way for dieting and restricted eating. Also, the attention one directs toward maintaining external appearances can be channeled away from internal needs—again making one out of touch with one's own body, including one's own sexuality. Limited research to date on these *interoceptive deficits* starts to clarify some these ideas.

Taryn Myers and Janis Crowther (2008) concluded that interoceptive deficits might best be captured by looking at both reduced awareness of hunger and satiety (being full) cues and lower emotional awareness. In their study, both resulted from self-objectification and predicted disordered eating, but neither alone fully explained troubled eating. In a subsequent study, Sarah Shouse and Johanna Nilsson (2011) concluded that higher levels of emotional awareness can combine with not expressing these emotions (self-silencing) to increase disordered eating and reduce positive, intuitive eating by college women. The deficit thus shifts in this study from being about emotional unawareness to being aware of emotions but unable to express them. Both studies are provocative and call for further research in this area, especially with regard to disordered eating.

Health Threats

The original formulation of objectification theory described these ultimate outcomes mainly in terms of mental health risks (see Moradi & Huang, 2008, for a review). However, the outcomes linked to objectification have since expanded to generally threaten women's holistic physical, mental, and sexual health.

The most obvious consequence of self-objectification we'd expect is pathologically disordered eating, and indeed research evidence does make a case for linking self-objectification to severe eating disorders meriting residential treatment (Calogero et al., 2005). **Anorexia** and **bulimia** are important topics that we'll address in Chapter 12. However, making this leap to such extreme cases can overshadow how pervasive threats to women's body image can be. Objectification theory helps us to stay focused on the harm that self-objectification can produce in large numbers of women's everyday lives, including restricted eating by college women (Muehlenkamp & Saris-Baglama, 2002) as well as disordered eating attitudes ("I think about bingeing"; Morrison & Sheahan, 2009) and behaviors (extensive dieting) (Harrell et al., 2006).

In Figure 10.3, I included "physical wellness" in this category of outcomes to capture studies that look at body-relevant behaviors and attitudes beyond those tied directly to eating. For example, women smokers scored higher in self-objectification and disordered eating than nonsmokers (Harrell et al., 2006), and body shame has been implicated in weight control motives for smoking (Fiissel & Lafreniere, 2006). In addition, body image variables are all linked to British college women's (Calogero et al., 2010) and Australian middle-aged women's (Slevec & Tiggemann, 2010) attitudes toward having cosmetic surgery, which we'll see in the next chapter can carry health risks.

The most thoroughly studied mental health risk associated with high levels of self-objectification is depression. For example, Shelly Grabe and her colleagues (2007) found that adolescent girls scored higher than boys on self-objectification, body shame, rumination (continually thinking about a problem), and depression. In support of the theory, they showed that among adolescent girls, self-objectification predicted both mediators of body shame and rumination, which, in turn, each lead to depression. Furthermore, testing these adolescents at age 11 and again at age 13, they demonstrated that the gender difference in self-objectification appeared before gender differences in rumination and depression, suggesting that self-objectification was indeed a root cause in the chain between rumination and depression.

Moreover, self-objectification appears to lead to additional mental health risks that cut to the very core of women's well-being. Testing multiple mediated paths, Andrea Mercurio and Laura Landry (2008) concluded that among college women, self-objectification created body shame, which in turn lowered self-esteem, which in turn reduced overall life satisfaction.

Finally, when we consider sexual functioning as an outcome of objectifying processes, it is important to understand that we aren't necessarily talking about pathological levels of dysfunction. Rather, self-objectification has been linked to compromised sexual self-esteem, that, along with body shame leads to disordered eating (Calogero & Thompson, 2009). Additionally, common sexual functioning itself can be affected. For example, Marika Tiggemann and Elyse Williams (2012) found that appearance anxiety negatively affected Australian college women's normal sexual functioning, including their reported desire, arousal, orgasm, and satisfaction. In another study, heterosexual college women's body dissatisfaction was related to a set of sexual functioning variables, including elevated sexual anxiety, sexual un-assertiveness, lower sexual esteem, and more sexual problems (Weaver & Byers, 2006).

SELF-OBJECTIFICATION AS A MODERATOR

Path 2 in Figure 10.3 diagrams self-objectification as a moderator affecting the link between cultural practices with psychological consequences and their subsequent health outcomes. The emerging research I want to capture with this path shows that women who score chronically high in self-objectification (as a trait) are affected more powerfully by exposure to cultural practices (the gaze, comments, and media) than less self-objectifying women. This point should make some intuitive sense—we all realize that not all women are similarly affected by these social contextual factors. However, it is important to realize that few, if any, women are immune. As we saw earlier, randomly assigned groups of women internal-

ize objectification beyond what control groups do—arguing that these cultural practices are powerful elements of our social context.

Let me give a few examples here for each of the cultural practices we reviewed, starting with the gaze. The more strongly college women endorsed thinness ideals (alone or in combination with being overweight), the more comparison to peers and evaluation by another affected their appearance anxiety (Darlow & Lobel, 2010).

Turning to comments, not surprisingly criticisms hit high objectifiers harder, increasing their self-surveillance and body dissatisfaction (Calogero et al., 2009). The pattern with compliments though gets more complex. Chronically self-objectifying women were more strongly affected by a compliment, which increased both their state objectification and body shame (Tiggemann & Boundy, 2008). Even more complicated, Rachel Calogero and her colleagues (2009) considered women's reactions to compliments as well as their levels of chronic self-objectification. Even when high objectifiers felt good about a compliment, it aroused body dissatisfaction in them. For generally low objectifiers, feeling good about a compliment produced *more* body dissatisfaction than reacting negatively to a compliment. Further specifying the impact of **complimentary weightism**, even compliments that are perceived as complimentary by their recipient have a downside.

As for the media, the more discrepant women's actual and ideal body images were, the more likely they were to engage in body comparisons after exposure to thin-ideal advertisements which then led to increased body dissatisfaction, negative mood, lower self-esteem, and depression (Bessenoff, 2006). In another study, exposure to sexually objectifying images or conversations more strongly affected highly objectifying college women (Henderson-King et al., 2001). Research with 6 to 12-year-olds who were shown images of objectified women and men showed that exposure alone was not sufficient to lower body esteem. Rather, girls who actively rejected the pictures were unaffected; only girls who weren't sure how to react were affected negatively (Murnen et al., 2003).

In another study, how much exposure women aged 18 to 49 years old had to body shape images in magazines they routinely read was coded by the researchers (Cusumano & Thompson, 1997). Simply seeing these pictures did not predict body image disturbance, eating dysfunction, or overall self-esteem. What did significantly predict these outcomes was, not surprisingly, self-objectification. In other words, only women who showed evidence of internalization were negatively influenced by exposure to these objectifying images. Similarly, the impact of viewing ads featuring idealized images was most powerful for young women with high self-objectification scores (Monro & Huon, 2005; also see Botta, 2003).

RESISTING SELF-OBJECTIFICATION

Overall, I know of no research to suggest that self-objectification works *for* women. Rather, resisting self-objectification seems like a much more defensible path. Objectification theory and research begins to offer some clues about how women can avoid falling into a self-objectifying trap. Furthermore, as more and more media images emphasize men's muscularity and body size, some men too are showing signs of objectification that may best be thwarted.

We have seen that negative consequences follow from both internalized self-objectification and cultural practices that sexualize people. These two components point to sources

both internal and external to the person, respectively. This naturally leads to solutions that are both internally (individually) and externally (contextually) focused.

Individual Resistance

We all need to examine our own attitudes about our bodies and those of others (Maine, 2000). Both avoidance coping ("I eat something to help me deal with the situation") and appearance fixing ("I spend extra time trying to fix what I don't like about my looks") don't work; rather, they link self-objectification and body shame to negative outcomes for women (Choma et al., 2009). We need to watch our attitudes about food and eaters; for example, both women and men who ate a low-calorie "feminine" diet were regarded more favorably by others (Mooney & Lorenz, 1997). Adopting a model of *intuitive eating* (that is, eating in response to physiological hunger and satiety cues coupled with little preoccupation with food) leads to better body acceptance and less self-objectification by women (Augustus-Horvath & Tylka, 2011).

When we compliment others for losing weight and looking good, we are reinforcing some dangerous cultural norms, and as we saw with the research on **complimentary weightism**, compliments turn out to be not that complimentary. We need to buffer our daughters from harmful cultural standards of thinness (Frank, 1999), as well as avoid (especially maternal; Rodgers et al., 2009) comments about weight and shape (Wertheim et al., 1999). Listen to women's concerns; when women were exposed to minimizing messages that trivialized their body image concerns, they became more vulnerable to an appearance threat (Bosson et al., 2008).

We need to exercise for health and fitness, not weight control (Strelan et al., 2003; Tiggemann & Williamson, 2000). Yoga practice seems to derail the unresponsiveness to bodily sensations that we saw can result from self-objectification (Daubenmier, 2005). Participation in any sport is not a simple panacea. Generally, both female and male athletes have more positive body images (Greenleaf et al., 2009; Hausenblas & Downs, 2001), and physical activity is consistently related to greater **instrumentality** and feeling in control (**agency**), both of which predict favorable self-esteem and fewer symptoms of psychological distress (Parsons & Betz, 2001). However, women's participation in both physical activities and sports, especially those that emphasize appearance, was associated with greater body shame. This may be because body shame has to do with acceptance of traditional images of feminine bodies that may be challenged when active women develop their musculature.

Watch what you watch. Black-oriented television was unrelated to body image for both Black and White women (Schooler et al., 2004); in contrast, viewing mainstream television was related to poor body image among White, but not Black, women. Comparing ourselves to others is an automatic process that takes active, conscious processing to avoid (Want, 2009). For example, I know that I feel a lot better about my own body when I avoid reading fashion magazines.

Developing one's feminist thinking (or more specifically, feelings of empowering) (Peterson et al., 2008), may help to some degree. A meta analysis summarizing 26 studies found a small relationship between women's feminist identity and body attitudes ($d = +.28$) that was strongest among older women (Murnen & Smolak, 2009). Additionally, lower endorsement of **benevolent sexism** was related to higher perceived sexual attractiveness

(Franzoi, 2001). Documented feminist strategies for resisting body dissatisfaction include celebrating bodily diversity and maintaining critical awareness about cultural messages and the consequences these can have (Rubin et al., 2004). However, knowing that cultural messages are demeaning and objectifying doesn't necessarily make women immune to their impact. In fact, some feminists report feeling guilty about "buying into" pervasive cultural ideals. This ambivalence by feminists points to the fact that resistance is not an endpoint to be achieved, but rather entails an ongoing and active process of seeking new and better ways to live comfortably within one's complete self, including one's body. It also points to how appearance issues are part of systems of oppression that exist well beyond any single individual.

Contexts That Promote Resistance

To resist this broader system of appearance, we need to explore structural changes. The most obvious target is the media. A wider diversity of images could derail much of what we reviewed earlier about the sexism and ageism of the media. One study of the 1999 to 2000 prime-time television season revealed that shows involving women writers included fewer appearance insults, but focused more on appearance comments (Lauren & Dozier, 2002). For better and for worse, writers make a difference. Maybe media creators will get the message from research showing that readers did not like newspaper articles about athletes, both female and male, that focused on attractiveness (Knight & Giuliano, 2001). I think more research along these lines might help compel those who control media images to respond more proactively to calls for more diverse and realistic body images.

Media itself isn't necessarily the culprit; rather, media itself can be used to raise awareness about the realism of typical media images and real women's dissimilarity from these popular images (Irving & Berel, 2001). Various interventions that encourage media literacy can derail otherwise negative media effects (Strahan et al., 2008). For example, Heidi Posavac and her colleagues (2001) exposed women to information either about the artificiality of beauty created by make-up and air brushing or about genetic predispositions that make most women constitutionally ineligible to ever meet the exacting standards for media models. Both educational approaches were effective at preventing women, especially women likely to internalize objectification (Yamamiya et al., 2005), from expressing body dissatisfaction after exposure to thin-and-beautiful media images.

Think more expansively about the media models you see. Ann-Marie Lew and her colleagues (2007) asked college women to write essays about thin-model images they just perused. The experimental group was instructed to consider aspects of themselves that they valued but didn't see in the models, as well as things they might be better at than the models. Compared to control women (who were simply reminded that advertisers use attractive models to sell products and whose essays focused on common features across models), the experimental women showed positive shifts in their body and weight satisfaction, appearance anxiety, and desire to lose weight.

Renee Engeln-Maddox and Steven Miller (2008) developed a measure, the Critical Processing of Beauty Images Scale, that may help us be more critical consumers of idealized media images. The scale focuses our attention in three areas: Fake ("That kind of perfection isn't real"), Questioning/Accusing ("Images like that make women feel like they have to look perfect"), and Too Thin ("She looks malnourished").

Interestingly, being in a trusting intimate relationship enhanced women's self-confidence and body esteem (Ambwani & Strauss, 2007), and women primed to think about relationships exhibited less self-objectification when they were in a relationship than when they were single (Sanchez & Broccoli, 2008). Among a racially diverse sample of college women and men, those who felt agentic and authentic in their relationships also felt more positively about their body (Gillen & Lefkowitz, 2006). On the flip side, the higher women scored in relationship contingency (feeling that their self-worth was tied up in having a relationship), the higher was their body shame and, in turn, their symptoms of disordered eating (Sanchez & Kwang, 2007). It appears that having secure and positive relationships establishes a context in which women (and men) can feel good about their body.

Women and girls themselves can band together effectively to share and change their experiences of body dissatisfaction (Piran, 2001). In fact, this linking of the personal to broader political issues is effective for encouraging fat acceptance (McKinley, 2004) as well as dealing with physical impairments (Olkin, 1999).

Body Politics and Power

Throughout this book, we have talked about power, privilege, and oppression. There's power in bodies (Johnson & Lennon, 1999). Privileges do accrue to those who are deemed attractive. We saw the **halo effect** of perceived beauty, and social psychologists have documented advantages of attractiveness, from being liked to being more effective in changing others' attitudes (Chaiken, 1979). Thus, there's both a carrot (the halo effect) and a stick (discrimination) to appearance that makes it difficult not to monitor and try to control our own looks (Rubin et al., 2004).

Physical discrimination becomes clearest when we observe the consequences of deviating from stereotyped perceptions of women's bodies, including social pressures to be thin and able-bodied. Stigmatization of obesity is evidenced as early as preschool (Cramer & Steinwert, 1998) and carries with it strict proscriptions about women's eating behaviors. Women who eat smaller meals are considered more physically desirable (Bock & Kanarek, 1995), interpersonally attractive (Mooney & Lorenz, 1997), and socially appealing (Basow & Kobrynowicz, 1993). Fully 14% of American college women admit to being embarrassed when they bought a chocolate bar (Rozin et al., 2003). Weight may even play

Box 10.6

Both photos are of me, but which makes me look more powerful? Dress is an important part of conveying power and status. Think of how you dress for an important job interview compared to just coming to class every day. Indeed, researchers frequently use dress, defined as modifications and supplements to the body, to convey information about

power (see Johnson & Lennon, 1999). Often one function of uniforms (think about the military and police) is to lend power to the wearer. Look again at my pictures. Are there limits to how far dress can take me toward conveying power? Why is that?

into employment. Actors of normal weight who were dressed in theatrical prostheses to appear overweight were videotaped during a mock employment interview; hiring preferences were biased against the "job applicants" when they appeared overweight (Pingitore et al, 1994). As we saw earlier, thinness even predicted higher earnings for women (Judge & Cable, 2011).

The halo effect we saw for attractiveness reverses for obese women (Breserman et al., 1999). Overweight women were described as lazy, stupid, and unfriendly, and they were perceived as "slow moving" and thus "slow thinking." Much of this negativity comes from beliefs that obese people lack discipline, flaunting the control beliefs that we have seen are part of body image. Being out of control furthermore is associated with powerlessness, coming full circle to link obesity with lack of power. Indeed the corollary of this relationship bears it out: feeling powerful and feeling good about one's self are closely connected (Rudd & Lennon, 1999).

Fat stigmatization is so strong that guilt by simple association exits. Michelle Hebl and Laura Mannix (2003) found that male job applicants were regarded less favorably simply by being pictured sitting next to a heavy (as compared to an average-weight) woman. In a follow-up study, participants were induced to rate an apparent participant who was actually part of the experiment (a **confederate**). Before completing these ratings, they observed the male confederate either with a heavy or average woman with whom it was clear he was either intimately involved or a stranger. The girlfriend/stranger—average (size 8) or heavy (wearing an obesity prosthesis to look like a size 22) woman—was the same woman across all participants. The *man* was evaluated less favorably when he was seen with the heavy woman, even when they were strangers, and even when the female and male raters expressed unbiased attitudes about obesity.

Theorists argue that a "myth of bodily perfection" dominates American culture and creates misperceptions of those who deviate from this standard by virtue of physical impairments (Stone, 1995). Stereotyping of people who are physically challenged includes victimization, dependence, helplessness, and social isolation—stereotyping that is exaggerated for women (Hanna & Rogovsky, 1991). As we'll see in the next chapter, a feminist model of (dis)ability is beginning to emerge (Olkin, 1999).

We have seen that surveillance and control beliefs underlie self-objectification and the negative consequences that continue from there. Bodies can be sources of both privilege and oppression, leading to body shame and guilt, anxiety, loss of flow, and dissociation from internal and emotional states, as well as threats to our physical, mental, and sexual health. Understanding the power of our bodies may be a big first step toward coming to terms with this very visible part of ourselves.

CHAPTER SUMMARY

Fundamental aspects of our bodies involve appearance, sexuality, and health. We have seen in this chapter that it takes active resistance to think about women's bodies, both women's own and others', as parts of people's subjective being rather than as distant, detached objects. Bodies need not be regarded this way; indeed, many men commonly think of their bodies as instruments for action (**agency**). Researchers have consistently documented a fundamental gender difference in body consciousness wherein women report more body

dissatisfaction than men, engage in more body surveillance, and endorse stronger beliefs about control over body appearance.

Objectification theory offers the concept of self-objectification as a way to bring these ideas together. Self-objectification refers to the degree to which an individual internalizes cultural messages that view bodies as objects. Although women as a group self-objectify themselves more than men (**intergroup differences**), there are wide variations among individuals and subgroups of both women and men (**intragroup differences**). Although objectifying messages originate in our culture—indirectly through the media and directly through the sexualized gaze and comments—exposure alone doesn't explain internalized self-objectification. Whereas some groups, such as young, White, heterosexual, middle class and affluent women, appear most vulnerable to the negative consequences of self-objectification, individuals vary in how much they internalize the lessons conveyed through cultural practices.

For individuals with high levels of self-objectification, many of whom are women, the consequences of repeated and pervasive exposure to idealized images of thinness and bodily perfection can lead to negative consequences, including body shame, body guilt, and appearance anxiety, disrupted peak motivational experiences (flow), and detachment from bodily states and emotions. The evidence is ample and clear that media images, especially of thin and perfect women (and increasingly of muscular men), are largely unrealistic and unattainable. Furthermore, it is clear that these sources produce pressures even active resistors can identify. Surely the research argues that a de-emphasis on thinness and perfection in both mass culture and in our everyday interactions would help derail objectification pathways.

Yet objectification theory and research make it clear that resistance is *not* futile. Both individuals and contexts can promote health over appearance, leading active resistors down a path toward bodily empowerment. In the next chapter, we'll extend our call for understanding the power of our bodies by exploring empowerment in the determination of our own sexuality, health, and physical well-being.

SUGGESTED READINGS

Fredrickson, B. L., & Roberts, T. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly, 21*, 173–206.
Fredrickson, B. L., Hendler, L. M., Nilsen, S., O'Barr, J. F., & Roberts, T.-A. (2011). Bringing back the body: A retrospective on the development of objectification theory. *Psychology of Women Quarterly, 35*, 689–696.

The original article summarizes the thinking that lead Barbara Fredrickson and Tomi-Ann Roberts to propose objectification theory, as well as fully lays out the theory as a good supplement to this chapter. The subsequent retrospective look at the theory's development provides a fascinating behind-the-curtain peek at theory development and the importance of bringing together and listening to diverse voices.

McKinley, N. M. (2004). Resisting body dissatisfaction: Fat women who endorse fat acceptance. *Body Image, 1*, 213–219.

Rather than give in to the process of body objectification, Nita McKinley seeks out women who resist falling into this cultural trap.

Lyons, P. (2009). Prescription for harm: Diet industry influence, public health policy, and the "obesity epidemic." In E. Rothblum & S. Solovay (Eds.), *The fat studies reader* (pp. 75–87). New York: New York University Press.

Many chapters in this path-breaking reader are worth reading, but this one by Pat Lyons struck me as especially thought-provoking because she offers an alternative interpretation of the "obesity epidemic" that undermines some of the health justifications for fat bias.

Ahern, A. L., Bennett, K. M., Kelly, M., & Hetherington, M. M. (2011). A qualitative exploration of young women's attitudes toward the thin ideal. *Journal of Health Psychology, 16*, 70–79.

Amy Ahern and her colleagues describe a series of focus groups with 41 women, 16 to 26 years old, about how they think about the thin ideal, revealing diverse and multifaceted perspectives.

New Moon Magazine

This bimonthly, advertising-free magazine is edited by and for girls aged 8 to 14. It delivers on its pledge to be "the magazine for every girl who wants her voice heard and her dreams taken seriously." *http://www.newmoon.org*

Johnson, K. P., & Lennon, S. J. (Eds.) (1999). *Appearance and power.* New York: Berg.

This edited book offers an array of chapters that converge on the social constructionist theme of how we dress to modify our appearance, and in doing so shape how much power we feel and actually do have. The implications of dress extend to rape survivors, images of police, and power in the workplace, the popular press, and television. They also connect women's appearance management with social power and obesity with powerlessness.