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Unattainable Beauty: An Analysis of the Role of Body Shame and Self-Objectification in Hopelessness Depression among College-Age Women

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UNATTAINABLE BEAUTY: AN ANALYSIS OF THE ROLE OF BODY SHAME
AND SELF-OBJECTIFICATION IN HOPELESSNESS DEPRESSION AMONG
COLLEGE-AGE WOMEN

A Dissertation Presented

by

MEREDITH A. EVANS

Submitted to the Office of Graduate Studies,
University of Massachusetts Boston,
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

December 2010

Clinical Psychology Program

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OBJECTIFICATION IN HOPELESSNESS DEPRESSION AMONG COLLEGE-AGED
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A Dissertation Presented

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ABSTRACT

UNATTAINABLE BEAUTY: AN ANALYSIS OF THE ROLE OF BODY SHAME AND SELF-OBJECTIFICATION IN HOPELESSNESS DEPRESSION AMONG COLLEGE-AGE WOMEN

December 2010

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Despite substantial evidence that women suffer from depression at twice the rate of men, the etiology for this difference remains unclear. Prior to puberty, the difference in depression is negligible; however, when adolescence begins, a precipitous rise in female depression occurs that persists across the lifespan. While no definitive biological change has been linked to this phenomenon, objectification theory (Frederickson & Roberts, 1997) can be used to gain insight into the social influences at play during that transitional period. This study of 269 undergraduate women from a northeastern university used structural equation modeling to propose a path leading from self-objectification to hopelessness depression. Building on the existing theoretical links between body shame

and hopelessness, this study found empirical evidence to support a strong connection between these concepts. Hopelessness partially mediated the relationship between body shame and depression. The study also found that body shame fully mediated the relationship between self-objectification and depression. The role of appearance anxiety and thin-ideal internalization are also incorporated into the model and analyzed. The generalizability of the model and the implications for treatment are reviewed in the discussion.

DEDICATION

This dissertation is dedicated to my friends and family who travelled with me throughout this seemingly endless journey of long hours and trying moments, which finally has culminated with this document. My family – Mom, Dad, Meg, Jen, Jane, Ron and Luke – you were a continuous source of support especially in those moments when I needed it the most. My friends, both in Canada and the U.S. - thank you for the needed laughter and sage advice throughout my academic career. Catharine – my sanity in an insane world – without you to keep me grounded, I don't know where I would be. I would also like to dedicate this to my Grandparents, Gene and Eleanore Caldwell, who always believed in education and in me and unfortunately did not get to see me take this final step. Their love and encouragement throughout my years in school has meant the world to me. And last, but certainly not least, the biggest thank-you must go to my ever-patient, always-loving, best friend and confidant - my amazing husband Karl. This truly is as much your accomplishment as it is mine. You never skipped a beat in your unfailing support, you kept me going when I didn't think I could, kept me laughing when I wanted to cry and loved me wholeheartedly throughout these years of madness. Your strength, encouragement, persistence and warmth were an essential tether to reality and hope. Our American adventures were certainly something to remember.

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I would like to sincerely thank my committee Mike Milburn, Chris Bobel and Jean Rhodes. Thank you for your support and guidance throughout these final steps. This dissertation was inspired in part by my many lively and thought-provoking discussions with Chris Bobel that would often include issues of body image and women's experience of the world. We enjoyed discussions about the contradictions and "imperfections" in our own feminist activism although, to me, she is the most *perfect* example of a feminist scholar and activist and a true inspiration. And a special thank you to Mike Milburn – your patience, wisdom, encouragement and tremendous knowledge of statistics are most certainly the reason I was able to get to this point. Thank you for your steadfast friendship and support throughout the years as well as your academic guidance.

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CHAPTER 1

INTRODUCTION

Women experience depression at nearly twice the rate of men, yet the etiology of this discrepancy remains unclear. Among adults, the female-to-male ratio in clinical depression varies between 1.6:1 and 2:1 (Nolen-Hoeksema, 1987). While little to no gender difference in rates of depression exists in younger children, a precipitous rise in female depression is reliably found in mid-adolescence (Nolen-Hoeksema & Girgus, 1994), and this change appears to persist into adulthood (Petersen, Compas, Brooks-Gunn, Stemmler, Ey & Grant, 1993). However, despite this clearly established discrepancy, no comprehensive explanation currently exists that would explain the multiple facets of unipolar depression including why gender differences emerge over the life span (Hankin & Abramson, 1999).

While researchers (e.g., Angold & Costello, 2006) believe that the hormonal changes of puberty could play a role in triggering depression in girls, the mechanism through which this functions is not yet fully understood. Therefore, without an inclusive, empirically-supported theory pointing to a biological basis for this discrepancy, an important source to consider is the socio-cultural context in which one develops. Furthermore, biology inevitably interacts with one's social context. From the moment of birth, when the doctor declares "it's a boy" or "it's a girl," individuals experience a

different and deeply gendered life trajectory. Without being able to definitively tie this divergence in rate of depression in adolescent boys and girls to the biological and hormonal changes of puberty, it is instructive to examine the other ways in which the lives of boys and girls change at that age. The physical changes of puberty are often associated with an increase in body fat for girls and lean muscle mass for boys, moving the boys closer to, and girls further away, from the culturally prescribed ideal body. Moreover, pubertal hormones create conspicuous changes in the female body, which in turn, alter the way girls and women interact with and experience the social world (Brooks-Gunn & Petersen, 1983). A girl's new body, in a sense, becomes "public domain" and is increasingly looked at, commented on and evaluated by others. With these changes, girls become more fully, "initiated into the culture of sexual objectification" (Fredrickson & Roberts, 1997, p. 194).

As a result of these pubertal changes and cultural expectations, girls develop a complicated and often adversarial relationship with their bodies. Body dissatisfaction is widespread among adolescents in Western cultures (Neumark-Sztainer, *et al.*, 2002), and is strongly implicated as a predictor of subsequent depression (Nolen-Hoeksema & Girgus, 1994; McCauley, Mintz & Glenn, 1988; Petersen, *et al.*, 1993; Wichstrom, 1999). Researchers posit that body dissatisfaction is triggered by the girls' physically maturing bodies which stand in contrast to the prepubertal look that has become idealized in Western cultures (Wichstrom, 1999). A prospective study of body dissatisfaction found adolescence girls experienced significant increases with adolescent boys showing significant decreases in body dissatisfaction over time. In fact, no differences in body image of boys or girls were found at the age of 13, but by the age of 14, girls were

significantly more dissatisfied (Bearman, Presnell, Martinez & Stice, 2006). Body dissatisfaction is correlated with puberty (Stice, 2003) and predicts depression in women and girls (Stice, Cameron, Killen & Taylor, 2000) and as a result, likely plays a powerful role in understanding the increase in female depression that begins in adolescence.

Objectification Theory can help to illuminate this predisposition toward body dissatisfaction (Fredrickson & Roberts, 1997). The theory provides a framework for understanding how living in a society that places an inordinate emphasis on physical attractiveness for women and relentlessly objectifies them, can lead to body dissatisfaction and ultimately depression in adolescent girls and women. From a young age girls are bombarded with sexualized images of women, more so with the unparalleled access to media of the 21st century. From American Apparel ads featuring quasi-pornographic ads of young women to the incessant images of half-naked women in music videos, it is virtually impossible to avoid the ubiquity of these suggestive images. Objectification Theory argues that living in this culture leads women and girls to internalize the sexually objectifying male gaze and thus to perceive themselves as objects and to adopt an observer's perspective as their primary view of their physical self. This internalization of an observer's perspective upon one's own body is called self-objectification and is manifested by persistent body surveillance.

Sexual objectification is defined as any time a woman's body, body parts or sexuality are separated out from her person and reduced to mere instruments (Bartky, 1990). In other words, when women are objectified, they are treated as body parts that exist for the use and pleasure of others rather than as persons with the capacity for independent action and decision-making (Fredrickson & Roberts, 1997). At an

intraindividual level, Objectification Theory suggests that this can lead females to learn to treat themselves in this way, as objects to be gazed at and evaluated. As women and girls become aware that external evaluation of their appearance is a constant possibility, they begin to chronically monitor themselves in anticipation of how others will judge their appearance and subsequently treat them (Grabe, Hyde & Lindberg, 2007). This leads to a predictable set of subjective experiences that can accumulate and be compounded, resulting in a specific set of mental health risks. Self-objectification has been studied in numerous settings and has been associated with a host of negative outcomes (Grabe & Hyde, 2009; Greenleaf, 2005; McKinley & Hyde, 1996; Miner-Rubino, Twenge & Fredrickson, 2002; Mercurio & landry, 2008; Mitchell & Mazzeo, 2009; Moradi, Dirks & Matteson, 2005; Noll & Fredrickson, 1998, Slater & Tiggemann, 2002; Tiggemann & Kuring, 2004; Tylka & Hill, 2004). According to Objectification Theory, constant body monitoring leads to shame, anxiety, a reduction in peak motivational states and a diminished awareness of internal bodily states which in turn, leads to a variety of mental health risks of which women are overrepresented, including unipolar depression (Fredrickson & Roberts, 1997). (See Figure 1.)

This internalization of an observer's view of oneself is manifested by persistent body surveillance and thus the terms can be used interchangeably. Some may be tempted to deem this preoccupation with physical appearance simple vanity on behalf of women; however, empirical research demonstrates that a woman's appearance can determine the quality of her life and serve as social capital. For instance, educational and economic attainment and social mobility may be negatively impacted for overweight women but not for overweight men. This may include job discrimination (Rothblum, Brand, Miller &

Oetjen, 1990), enduring a hostile work environment (Snow & Harris, 1985) and biased college admissions (Wooley & Wooley, 1980). Engeln-Maddox (2006) reported that women associate a wide variety of rewards with looking like a media ideal such as being happier, more socially competent, successful and well-adjusted. From this observation, adopting an observer's view as the primary view of oneself (i.e. self-objectification) may be an adaptive strategy for young women just learning how to navigate their increasingly changing social environment.

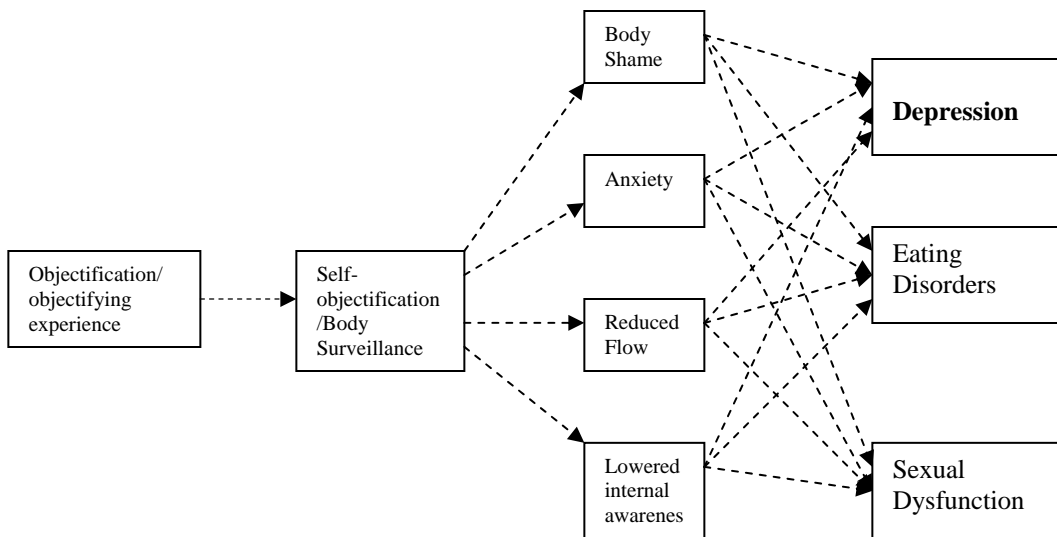


Figure 1. Proposed predictors of depression in the context of objectification theory.

Fredrickson and Roberts (1997) posit a key role for shame in predicting risk for an array of mental health problems that disproportionately affect women. As girls try to attain an unrealistic beauty ideal and inevitably fail (at least on a permanent basis), they begin to form a negative, shame-filled relationship to their body and to themselves as a person. In the US, women are constantly being exposed to images of idealized bodies, which almost invariably consist of youth, thinness and Whiteness (Crawford, 2006). Media-portrayed idealized images promote the idea that body size is flexible and easy to

change and the images appear realistic, despite the extensive editing that takes place (Brownell, 1991; Thompson & Heinberg, 1999). Yet, this current idealized body shape depicted in the media is beyond reach for most women (Cusumano & Thompson, 1997). Given the unattainable nature of these idealized images presented, women will constantly find themselves, and specifically their bodies, unable to compare (for a comprehensive review, see Wolf, 1991). This creates a consistent cycle of shaming events (i.e., exposure to the unattainable ideal, self-evaluation and “failure” to live up to the ideal). Fredrickson and Roberts (1997) call this a “recipe for shame” (p. 181).

Body shame, a hypothesized by-product of self-objectification, has been found to be a precursor to depression in adolescent girls (Grabe, Hyde & Lindberg, 2007). Shame is a strong and culturally-driven emotional state that could lead to a negative attributional style and thus may predict the onset of hopelessness depression, a sub-type of depression. The theory of hopelessness depression suggests that attributing negative events to stable (enduring) and global (likely to affect many outcomes) causes and assigning a high degree of importance to these events will lead to hopelessness which, in turn, will lead to hopelessness depression. Hopelessness depression is conceived to be a sub-type of depression with a unique symptom profile. Hopelessness, theorized to be a proximal sufficient cause of hopelessness depression, is defined as negative expectations about the occurrence of events that are highly valued as well as the expectation of being helpless to alter the outcome of these occurrences. A young girl who is taught that her life will be improved if she attains the elusive beauty ideal (highly valued outcome), but when she has tried repeatedly to attain it and has failed (negative expectations and inability to alter

the outcome), is constantly living out the formula for hopelessness, which leads to hopelessness depression.

To date, very few researchers have examined the mediational model proposed by Objectification Theory as it relates to body shame and depression, and to this writer's knowledge, none have examined the specific explanatory power of hopelessness depression. A study from Australia found support for the role of appearance anxiety and body shame mediating the relationship between self-objectification and depression in college-aged women (Tiggemann & Kuring, 2004). In another study, published in 2007, a path analysis revealed a similar relationship between self-objectification and depression with appearance anxiety and body shame playing a mediational role (Szymanski & Henning, 2007). However, each of these studies used a general measure of depression: the Beck Depression Inventory (Beck, Ward, Mendelson, Mock & Erbaugh, 1961) and the Self-rating Depression Scale (Zung & Zung, 1986), respectively. A more recent study, also using a general measure of depression, found further evidence of the link between self-objectification and depressive symptoms (Grabe & Hyde, 2009). In this study, self-objectification mediates the relationship between music television viewing and a number of body-related consequences, including increased depressive symptoms.

While the connection between self-objectification and depression is becoming clearer in the literature, the potential for hopelessness depression, a sub-type of depression, to strengthen the relationship between these variables seems apparent given the close theoretical link between body shame and hopelessness. To extend previous research and further the current literature on Objectification Theory, this study will examine the relationships between self-objectification, body shame, appearance anxiety,

internalization of media ideals, hopelessness and hopelessness depression. The contributions of these primary dimensions will be evaluated using structural equation modeling. I propose that the relationship of self-objectification to depression will be mediated through body shame and a feeling of hopelessness. Women who report higher levels of self-objectification will report increased body shame and hopelessness which will, in turn, result in higher levels of hopelessness depression. Internalization of appearance ideals was also included in the model because it is hypothesized that when these external images have an impact on conceptions of self through the internalization of cultural appearance standards, the likelihood for self-objectification increases. And finally, appearance anxiety, another consequence of self-objectification theorized by Fredrickson and Roberts (1997), is also predicted to play a role in the translation of self-objectification into depression.

CHAPTER 2

BACKGROUND AND SIGNIFICANCE

Depression

As outlined above, depression disproportionately affects women, and thus far no comprehensive explanation has been able to explain why. One prospective study found that depressive symptoms increased in girls around the age of 13, whereas similar symptoms remained constant in boys (Ge, Lorenz, Conger, Elder & Simons, 1994). A comparable result was found in a large Norwegian, nation-wide, cross-sectional sample of approximately 12,000 adolescents aged 12 to 20. In this study, no difference was found in depression rates between boys and girls at the age of 12; however, 14-year old girls scored half a standard deviation above the boys in a measure of depressed mood and that difference remained stable throughout the adolescent period studied. This report concluded that the gender difference in depression emerged between 13 and 14 years of age and remained constant during adolescence (Wichstrom, 1999). (See Figure 2). Many other studies have replicated this finding such that the female preponderance in unipolar depression and the emergence of this discrepancy in adolescence is one of the most robust findings in epidemiological research (Kuehner; 2003; Nolen-Hoeksema, 1994; Sprock & Yoder, 1997).

Genetic research studies have found that affective disorders tend to run in families; however, the ability for genetics to explain the gender differences in depression

remains less clear. Some twin studies have confirmed a heavier role of genetics in women's versus men's vulnerability to depression (Jacobson & Rowe, 1999), while others found no difference in the heritability of depression by gender (Kendler & Prescott, 1999).

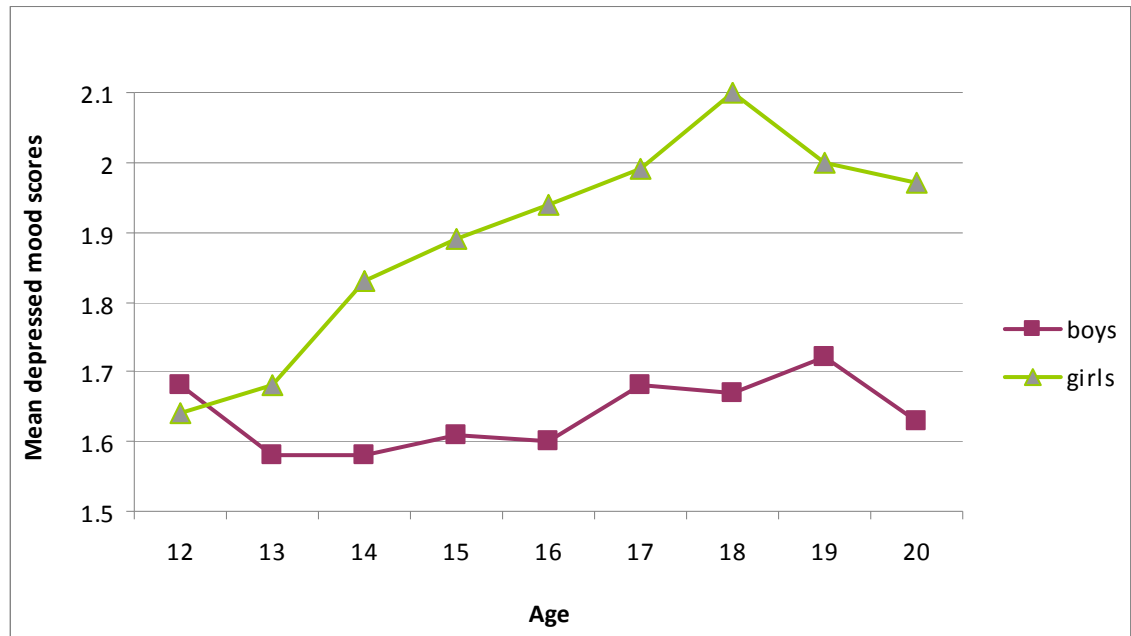


Figure 2: Gender differences in depression from Wichstrom, 1999.

In a systematic review of the epidemiological literature on the prevalence of unipolar depression in women, Kuehner (2003) concluded that the existing genetic research suggests that the relative importance of genetic effects are the same for women and men and thus does not provide explanatory power for the gender discrepancy. In this same review, however, Kuehner states that the empirical data on the role of sex hormones is mixed. Numerous researchers have attempted to explain the emergence of gender differences in depression through the biological (hormonal) changes involved in puberty.

In a study of approximately 100 girls aged 10 to 14, Brooks-Gunn and Warren (1989) were unable to find a relationship between depressive symptoms and any of five different hormones. However, in a recent review of the literature on gender, depression and puberty, Angold and Costello (2006) concluded that while it appears “certain that some relationship exists between maturation of the hypothalamo-pituitary-gonadal axis and increased rates of depression in adolescent girls as compared to their prepubertal counterparts and that timing and status effects are implicated” (p. 931), the mechanisms through which these effects function is not clear.

When evaluating the potential biological underpinnings of the gender difference in depression, it is important to consider studies conducted with a racially diverse sample. Hayward, Gotlib, Schraedley and Litt (1999) examined the importance of chronological age versus pubertal status in the prediction of depressive symptoms in a national, representative cohort of 3,216 adolescents. In this study, depression was measured by a 14-item modified version of the Children’s Depression Inventory (Kovacs, 1985). They found pubertal status to be a better predictor of internalizing symptomology for the White girls in their sample and the hypothesized puberty-depression link was not supported in the Black or Latino groups. This finding provides evidence that the relation between pubertal development and affective disturbance may be qualified by ethnicity (Stice, 2003). Hayward *et al.* (1999) have asserted that the absence of a relationship between puberty and depression in the non-White groups suggests that the relationship may therefore be “context-dependent” (p. 148). Consequently, a theory postulating a causal hormonal link in the emergence of depression during puberty would need to explain why the theory does not apply to girls of color.

Hopelessness Depression

Depression has long been viewed as a heterogeneous disorder with respect to symptoms, cause, course, treatment and prevention (Abramson, Metalsky & Alloy, 1989). Hopelessness depression has been theorized to be one specific sub-type of depression with a unique symptomology. Hypothesized primary symptoms of this type of depression overlap with the criteria of the Diagnostic and Statistical Manual of Mental Disorders for Major Depressive Disorder (2000); however, some are unique to hopelessness depression. Symptoms include motivational deficits, sad affect, sleep disturbance, suicidal ideation, psychomotor retardation and difficulty in concentration. However, Abramson, Metalsky and Alloy (1989) take a theory-based approach to the classification of depression in that they define it by its cause rather than its symptom profile and therefore the best way to describe hopelessness depression is “the manifestation of depression in individuals whose symptomatology is triggered by hopelessness” (Abela, Sakellaropoulou & Taxel, 2007, p. 367). Therefore, a depressive episode that begins with a feeling of hopelessness is likely to manifest in the above-described symptom constellation.

The hopelessness theory of depression focuses on the etiology of this sub-type of depression and hypothesizes that hopelessness is a proximal sufficient cause of the symptoms of this type of depression. Specifically, hopelessness depression is caused by the expectation that a highly desired outcome will not occur or that a highly aversive outcome will occur coupled with the inability to change the likelihood of this outcome. Therefore, the two key components involve 1) a belief that a highly valued outcome will

not occur and 2) an expectation of helplessness to change these outcomes. The researchers also posit three “proximal contributory causes” of hopelessness. The first involves the attribution of stable and global causes to negative life events that hold a high degree of importance for an individual. For example, failing an important math exam would be attributed to stable and enduring (e.g., feeling not smart enough) and global (e.g., belief that one will probably fail other exams as well) causes. A second proximal contributory cause includes inferring negative consequences for negative life events. An example of this type of thinking could be found in a scenario where a woman fails to lose weight when on a diet. She may be able to recognize that the diet itself was flawed (unstable and specific attribution) but infers that the consequences of her dieting failure will be to not ever have an intimate partner. Finally, the third theorized proximal contributory cause is inferring negative characteristics about the self given the negative life event. This type of attribution might involve the belief that one is “worthless” and “unlovable” due to the dissolution of a relationship and closely resembles the expression of shame.

Many studies have confirmed that a “depressogenic attributional style” (or hopeless predisposition) is correlated with depression in both adults and children. A recent meta-analysis of studies completed with adults found a moderate effect size for the relationship between depressive symptoms and this negative attributional style ($ES = .38$, Sweeney, Anderson & Bailey, 1986; see Gladstone & Kaslow, 1995 for a similar meta-analysis with children). A longitudinal study conducted over a 5-year period with children followed from third to eighth grade found that after sixth grade, a combination of

a negative attributional style and negative life events predicted depressive symptoms (Nolen-Hoeksema, Girgus & Seligman, 1992).

Body dissatisfaction

One of the most robust findings in the literature on the preponderance of female depression is the link between body dissatisfaction and depression. Numerous studies have found body dissatisfaction to be a consistent predictor of depression, specifically in adolescent girls (Rierdan, Koff & Stubbs, 1989; Stice, Hayward, Cameron, Killen & Taylor, 2000). Furthermore, studies have found that the sex differences in depression substantially decrease when effects of body dissatisfaction are controlled for (Rierdan, Koff & Stubbs, 1989; Wichstrom, 1999). For example, in a large study of the effects of various psychosocial factors as possible antecedents or correlates for depression in adolescents, the researchers found that no significant amount of variance in depression could be accounted for by sex once body image and self-esteem were controlled for (Allgood-Merten, *et al.*, 1990).

Body image can be defined as the cognitive and emotional perceptions of one's body, and body dissatisfaction consists of dysfunctional, negative beliefs and feelings about one's weight and shape (Myers & Crowther, 2007). Feingold and Mazella (1998) conducted a meta-analysis of literature examining body dissatisfaction over a period of four decades and found that the gap between men and women's dissatisfaction has substantially increased over time. Furthermore, the prevalence of body dissatisfaction among women in the U.S. is alarmingly high, with almost half of all women reporting negative evaluations of their bodies (Cash & Henry, 1995). Dieting and weight concerns

are so commonplace in Western cultures that it has been termed “normative discontent” (Rodin, Silberstein & Streigel-Moore, 1984).

In a study of adolescent girls, Rierdan and Koff (1997) found that the weight-related dimensions of body image dissatisfaction were associated with an increase in depressive symptoms, independent of objective weight status. Stice *et al.* (2000) found further evidence that body dissatisfaction predicts the onset of major depression. This study helped to determine whether body dissatisfaction was a cause or consequence of depression by employing a longitudinal analysis. The researchers were able to control for initial depressive symptoms and therefore make a strong inference about the direction of events such that body dissatisfaction precedes and thus predicts the onset of depression.

Due to the ever-growing and expansive body of literature on the relationship between ethnicity and body image, an understanding of how this concept fits specifically for women of color can best be reviewed in brief through meta-analyses. Wildes and Emery (2001) examined 35 studies involving eating disturbance and body dissatisfaction in diverse samples as well as the potential role of acculturation. On the whole, they found that White women living in Western countries reported greater body dissatisfaction than non-White women. The effect sizes were largest when comparing White and Black samples with the White samples reporting more body dissatisfaction. Comparisons between Asian and White samples on body dissatisfaction produced a small and non-significant effect with Asian women endorsing slightly more body dissatisfaction than White women. They did not find a relationship between eating pathology and acculturation and did not have enough evidence to report on the potential impact of acculturation on body dissatisfaction.

A second and more recent meta-analysis comparing Asian, Black, Latina and White American women challenges the longstanding belief that White women report more body dissatisfaction than women of color. Grabe and Hyde (2007) found that the differences between groups were much smaller than other researchers have hypothesized. Specifically, they found a small difference between Black and White women (average $d=0.29$), with Black women reporting less dissatisfaction; however, all other comparisons were smaller and some were close to zero. The authors note that while Black women appear to have a more flexible standard of beauty, they are not immune from body dissatisfaction. Moreover, despite the fact that much research has found Latina and Asian women to have similar levels of body dissatisfaction as White women, does not necessarily mean that this will lead to the same mental health consequences. Body image dissatisfaction has long been portrayed in American popular culture as a White woman's problem, which may prove costly for ethnic-minority women. For example, this pervasive belief may have inadvertently deterred women of color from seeking appropriate services for eating disorders (Mastria, 2002). More research is greatly needed in this area, specifically with Asian and Latina women who continue to be marginalized in this research which often focuses on Black-White comparisons. Furthermore, while meta-analyses are helpful in obtaining a brief overview of the literature, they focus on mean-level differences and are unable to help to differentiate the potential sources of the dissatisfaction.

One of the most intense periods in the lifespan for changes in body image and satisfaction can be puberty. That this change results in an increased satisfaction for girls and decreased satisfaction for boys, may be rooted in the fact that puberty moves girls

further away from the thin ideal but moves boys closer to the culturally prescribed muscular male ideal (Stice, 2003). For example, normal female pubertal development involves the addition of 24 pounds of body fat, whereas boys' weight gain is in lean body mass and skeletal mass (Warren, 1983). In a review of the existing literature, Stice (2003) concludes that, overall, research supports a connection between puberty and body image with boys experiencing an increase and girls a decrease in their level of body satisfaction. He also emphasizes that the relationship between pubertal development and body dissatisfaction is greatest for adolescents who have most strongly internalized the culturally promoted beauty ideals.

While body dissatisfaction has been proven to be an important predictor of depression in many studies, it may actually be that the vulnerability to depression is created *through* the process of attempting to "correct" the problematic aspects of the body rather than *because of* a girl's body dissatisfaction. The unattainable, prepubescent, beauty ideal perpetuated by the media may set girls up for consistent and unavoidable failure, creating an environment ripe for the attributional style described by the theory of hopelessness depression. In a longitudinal study of the predictive value of body image for depression in adolescence, Paxton, Neumark-Sztainer, Hannan and Eisenberg (2006) found that after controlling for a number of relevant dependent variables, Time 1 body dissatisfaction was a unique predictor of Time 2 depressed mood. In an attempt to interpret their findings they hypothesized that an adolescent girl dissatisfied with her body might perceive this to be a result of personal inadequacy. They went on to suggest that the relationship between body dissatisfaction and body mass index with depressed

mood and low self-esteem was likely, “mediated by the negative consequences of failed dieting experiences” (p.547).

If an adolescent girl continues to “fail” in attaining the ideal body and attributes this failure to stable and global causes (i.e. personal inadequacy), this could lead to hopelessness and in turn, to hopelessness depression. This cognitive vulnerability may preexist in females (as suggested by a diathesis-stress model); however, it is also possible that living in a society in which unattainable beauty ideals are marketed as within reach to young women creates a context in which adolescent girls are constantly failing and left to self-blame.

Objectification Theory

Fredrickson & Roberts (1997) offer a theory to explain how Western culture may contribute to women and girls having a troublesome relationship with their body, thus leading to mental health problems. They posit that in Western societies, women are subject to cultural and interpersonal experiences in which the female body is construed primarily as an object that exists for the pleasure and use of others, to be inspected and evaluated. As such, sexual objectification forms a part of women’s daily experience. In such a culture, where women are diminished as whole human beings and viewed primarily as objects of sexual desire, women’s bodies are constantly looked at, evaluated and always potentially objectified. Many women eventually see themselves as “little more than the sum total of their body parts” (Downs, James & Cowan, 2006, p. 745). Due to its pervasiveness in Western culture, “evaluating women’s bodies appears normative to men and women; thus it is often underestimated or overlooked in its contribution to

women's psychological distress" (Kozee, Tylka, Augustus-Horvath & Denchik, 2007, p. 176). At a psychological level, this pervasive external evaluation may lead women to adopt a view of themselves as objects that are valued for use by others. This adoption of an observer's view of their physical self then inevitably leads to preoccupation with appearance. Fredrickson and Roberts (1997) emphasize that this results in having plenty to worry about but little to control.

Within certain cultural contexts, worry about appearance can be an important element of personal self-care and success. In American culture, physical beauty can translate to power for women. Appearance is a key evaluative component for women and attractiveness is prime currency for women's economic and social success. The importance of appearance is emphasized for women far more than for men and is directly linked to gaining and maintaining a higher position in society (Dion, Dion & Keelan, 1990). For example, overweight women are marginalized in dating and marital relationships, with friends and in social networks as well as in interactions and encounters with strangers (Sobal, 2005). The loss of male attention can be an undesirable prospect for many women given that women are socialized to highly value their romantic relationships and single women face stigmatization (DePaulo & Morris, 2006). In a culture of institutionalized heterosexuality women often find that they must model themselves in the likeness of the ideal woman as defined by men (Bartky, 2003), and the mass media play an important role in reinforcing the idea that only the beautiful deserve and receive romantic love (Galacian, 2004). While the wafer-thin body is central to the beauty ideal promulgated by the media, there are also many other ways to fall short of the culturally prescribed ideal as well. The effects predicted by Objectification Theory have

repeatedly been shown to be independent of actual body mass and would therefore affect “normal” weight women as well (Bearman, Presnell, Martinez & Stice, 2006; Mercurio & Landry, 2008; Rierdan & Koff, 1997; Wichstrom, 1999). Therefore, adopting an observer’s view of oneself might be seen as an adaptive strategy for women given the evidence that outward appearance may determine how other people will treat them. (Fredrickson & Roberts, 1997).

Self-objectification is also thought to be associated with increased anxiety particularly with regard to appearance, because of the vigilance required by habitual body monitoring (Gapinski, Brownell & LaFrance, 2003). Anxiety includes the anticipation of threats and fear about when and how one’s body will be evaluated (Moradi & Huang, 2008). In one experimental study, women performed worse when they thought their projected body image might be negatively evaluated by their male group members (Kiefer, Sekaquaptewa & Barczyk, 2005). The authors manipulated the photos of the participants to appear 20% wider and the anxiety produced by this potentially stigmatized appearance significantly impaired their performance on a multiple-choice test. In another study, the anticipation of a male gaze negatively affected women. Gaze anticipation was manipulated by having the participants believe they would be interacting with either a male or female subject in a study regarding interactions amongst strangers. The women who believed they would be interacting with a male demonstrated significantly greater body shame and social physique anxiety than those anticipating a female gaze (Calogero, 2004).

While anxiety results from the anticipation of danger or threats to one’s safety and fear about when and how one’s body will be looked at and evaluated, body shame is the

emotion that results from measuring oneself against such a standard and coming up short (Moradi, Dirks, & Matteson, 2005). Shame is recognized as a key emotional consequence within Objectification Theory. The habitual body monitoring that is encouraged by a culture that sexually objectifies the female body can lead to the experience of shame that is recurrent, tenacious and shrouded in morality judgments (Fredrickson & Roberts, 1997). The media, in combination with the food, diet and fitness industries, espouse the message that a woman's independence is cultivated through self-control and a responsibility to achieve the ultra-slender body ideal; while the converse of this "connotes laziness, self-indulgence, indignity, lack of control and moral failure" (Hess-Biber, Leavy, Quinn & Zoino, 2006, p. 212).

Body Shame

Shame is an emotion that occurs when individuals evaluate themselves relative to some internalized or cultural ideal but do not measure up (Lewis, 1992). Individuals who experience shame tend to attribute their shortcomings to global aspects of the self (Tagney, Miller, Flicker & Barlow, 1996). Shame is also laced with moral and social judgments that both the self and others make. Those who do not conform to conventional beauty and weight ideals are seen as violating a social standard and are perceived as lacking in self-control and moral discipline (Crandall, 1994).

Shame driven by one's feelings toward their body is a similar yet distinct construct from body dissatisfaction. While both body shame and body dissatisfaction encompass an individual's negative thoughts and emotions toward their body, shame has a wider meaning. Shame is not simply negative feelings about the body, but about the self

in general (McKinley & Hyde, 1996). Body dissatisfaction tends to focus on body size, weight and shape whereas body shame pertains to these and to other aspects of women's embodied selves (Schooler, Ward, Merriweather & Caruthers, 2005).

Bartky (1990) argues that the amount of body shame that a woman experiences corresponds with the extent to which she has internalized cultural standards. It is the internalization of these standards and failure to live up to them that produce a more profoundly negative relationship with one's body and in turn, oneself. Due to the expansive literature on body dissatisfaction and the relatively nascent nature of the research on Objectification Theory (and thus body shame), body dissatisfaction may be used as a proxy for body shame to aid in merging these two bodies of literature; however, it is important to note the differences in these constructs.

Body shame was experimentally induced by Fredrickson, Roberts, Noll, Quinn and Twenge (1998) by inviting participants to engage in an "emotions and consumer behavior" study and then manipulating a situational self-objectification variable. In this experiment, they had each participant evaluate unisex cologne (as part of the cover story) and then try on and evaluate either a one-piece swimsuit or a crew neck sweater (in a dressing room with a full-length mirror) prior to answering a survey regarding self-objectification and body shame. The survey questions were hidden amid filler items used to bolster the cover story and were completed while the participant was still wearing the particular clothing item. The subjects were randomly assigned to each condition, a wide variety of sizes were made available and instructions were given via headphones to keep the experimenter blind to the condition. They found that self-objectification did, in fact, produce body shame, with the highest amount reported by women in the swimsuit

condition who also endorsed chronic self-objectification. This seminal approach to empirically testing the consequences of self-objectification has since been replicated a number of times (e.g., Hebl, King, & Lin, 2004; Gapinski, Brownell, & LaFrance, 2003).

One such study by Quinn, Kallen and Cathey (2006) extended this line of research by having participants complete the final questionnaires after having changed out of the sweater or bathing suit. They found that for the female participants in the study, this self-objectifying experience continued to produce increased body-related thoughts even after the participants redressed into their street clothes. They also found that this increased body-focus was mediated by body shame. This not only further confirms the link between self-objectification and body shame but also demonstrates that the impact of heightened self-objectification lingers beyond the objectifying experience. This essential link between self-objectification and body shame has been established in multiple additional studies (e.g., Greenleaf, 2005; McKinley, 1999; Mercurio & Landry, 2008; Miner-Rubino, Twenge & Fredrickson, 2002; Moradi, Dirks & Matteson, 2005; Noll & Fredrickson, 1998; Sinclair & Meyers, 2004; Slater & Tiggemann, 2002; Tiggemann & Boundy, 2008; Tiggemann & Kuring, 2004; Tiggemann & Slater, 2001; Tylka & Hill, 2004).

Slater and Tiggemann (2002) studied the application of Objectification Theory with adolescent girls and found support for a direct link between self-objectification and body shame, which in turn, led to other mental health problems. Grabe, Hyde and Lindberg (2007) also investigated body shame in adolescent girls and boys at ages 11 and 13 and found body shame to mediate a direct link between self-objectification and depression among the girls only. In this self-report study, the researchers found that 13-

year-old girls reported higher levels of self-surveillance, body shame, rumination and depressive symptoms than their male counterparts. They also found that body monitoring predicted depression among girls, but not boys. In discussing their conclusions, the researchers hypothesized that the girls' failed attempt to live up to the culturally determined beauty ideal led to a feeling of being out of control and resulted in impaired cognitive functioning. Specifically, they proposed that, "the intense process of self-objectification learned during adolescence may contribute directly to the development of a disruptive cognitive state that puts girls at risk to experience depression" (p. 171). This hypothesized "impaired cognitive functioning" due to failed attempts to live up to a socially-prescribed ideal and feeling out of control may be analogous to the above-described cognitive vulnerability, and a result of a negative attributional style that ascribes failure to stable and global causes.

The link between depression and objectification has been established with adult populations in a number of studies (e.g., Choma, Shove, Busseri, Sadava & Hosker, 2009; Grabe & Hyde, 2009). For example, Syzmanski and Henning (2007) found that self-objectification led to habitual body monitoring, which in turn, led to a reduced sense of flow, greater body shame and greater appearance anxiety. All three of these variables led to depression. A cross-sectional study of college-aged men and women in Australia also found that self-objectification led to increased body monitoring and resulted in a higher level of depressed mood (Tiggemann & Kuring, 2004). In particular, body shame and appearance anxiety mediated the relationship between self-objectification and depressed mood with no significant direct pathways. Further, the lack of a direct path from self-objectification to depression was also found by Muehlenkamp, Swanson and

Brausch (2005) who found instead that the relationship was fully mediated by negative body regard, thus reinforcing the powerful effect that a woman's body image can have on her mental health.

Self-objectification has been linked to numerous other mental health and interpersonal costs including lower self-esteem (e.g. Mercurio & Landry, 2008), disordered eating (e.g., Greenleaf & McGreer, 2006), sexual problems and dysfunction (e.g. Sanchez & Kiefer, 2007), lower subjective well-being (e.g. Choma, Shove, Busseri, Sadava & Hosker, 2009) and anxiety (e.g., Grabe & Hyde, 2009). A decline in cognitive and motor functioning has also been found to be associated with increased self-objectification. For example, in a study by Fredrickson and Harrison (2005), increased self-objectification predicted poor motor performance on a softball-throwing task even after age and prior sport experience were controlled for. Further, decreased cognitive functioning in response to elevated levels of self-objectification has been revealed in numerous studies. These experiments have been replicated but have primarily examined performance on a math-related task (e.g. Fredrickson *et al.*, 1999; Hebl *et al.*, 2004; Quinn, Kallen & Cathey, 2006). An interesting addition to these studies involves a cognitive task that is not typically associated with gender and therefore would not evoke potential stereotype threat (see Steele & Aronson, 1995, for a discussion of stereotype threat). In a study by Quinn, Kallen, Twenge and Fredrickson (2006) it was found that regardless of word type (color, body-based or neutral) participants in an experimentally increased self-objectified state exhibited decreased performance on the stroop color-naming task suggesting that self-objectification leaves fewer attentional resources left for performing other tasks.

Media

Objectification Theory proposes a direct connection between the mass media's proliferation of sexualized images of a woman's body and self-objectification. Women and girls are routinely sexualized in the media and this has been documented in almost every form of media including television, music videos, music lyrics, movies, magazines, sports media, video games, internet and advertising (American Psychological Association [APA], 2007). The report from the APA task force on the sexualization of girls found in study after study that "women more often than men are portrayed in a sexual manner (e.g., dressed in revealing clothing, with bodily postures or facial expressions that imply sexual readiness) and are objectified (e.g., used as a decorative object, or as body parts rather than a whole person)" (p. 2).

Media images are central elements of the appearance culture and have been identified as powerful forces shaping and reinforcing beauty standards. Fredrickson & Roberts (1997) posit that sexual objectification of the female body has permeated the cultural milieu and thus has an effect on most all girls and women to some degree. Every day, most of us are exposed to hundreds of images from the mass media. For example, by age 21, the typical American child will have watched over one million commercials; on average, children watch three to four hours of programming a day or 28 hours per week; and students spend about 900 hours in the classroom compared to approximately 1500 hours in front of the television each year (Center for Media Education, 2003). The average American may also be exposed to advertisements every time they open a magazine, newspaper, or drive down a highway where billboards are present

(Stankiewicz & Rosselli, 2008). These media images play to our deepest needs while creating a distorted reality (Crawford, 2006). As one advertising executive put it, “Advertising doesn’t always mirror how people are acting, but how they are dreaming...In a sense, what we are doing is wrapping up your emotions and selling them back to you” (Jhally, *et al.*, 1995).

Female sexual objectification is ubiquitous in Western societies, and multiple sources have documented the negative result of direct exposure to the thin-ideal images in the media (e.g., Grogan, Williams & Connor, 1996; Hargreaves & Tiggemann, 2003; Morry & Staska, 2001). A meta-analysis found small to moderate mean effect sizes for body satisfaction and internalization of the thin-ideal when examining experimental and correlational studies on the effects of media exposure ($d_s = -.28$ and $-.39$ respectively) (Grabe, Ward & Hyde, 2008). Another meta-analysis of experimental research on the effect of the thin-ideal on body image found that women who viewed images of thin models consistently reported poorer body image outcomes than participants who viewed average weight models, plus-sized models or neutral objects (Groesz, *et al.*, 2002). In one example, subjects were exposed to an array of images from magazines (Stice & Shaw, 1994). They were divided into three groups and were either exposed to ultra-thin models, average-weight models or no models. The study revealed that exposure to the thin-ideal heightened feelings of depression, unhappiness, shame, guilt and stress and led to decreased levels of confidence. They found that mere one-time exposure to this ideal produced a negative mood state and increased body dissatisfaction (Stice & Shaw, 1994). A longitudinal study found initial levels of exposure to sexually objectifying television in the first wave predicted increased level of self-objectification one year later. This

suggests that exposure to media can increase an individual's self-objectification rather than counterargument that women with low body esteem self-select body-focused media (Aubrey, 2006).

Internalization of the sociocultural beauty ideal may be an important antecedent to the emotional consequences resulting from unrealistic cultural norms (Bessenoff & Snow, 2006). Thin-ideal internalization refers to the extent to which an individual cognitively "buys into" socially defined ideals of attractiveness and engages in behaviors designed to produce an approximation of these ideals (Thompson, *et al.* 1999). In a culture obsessed with attaining the perfect physique it is not surprising that American women often internalize ideal cultural representations of the female body and report feeling dissatisfied with their own bodies (Striegel-Moore & Franko, 2002). Dohnt and Tiggemann (2006) found that girls begin to internalize the messages they receive from the media as young the age of 7. This internalized ideal comes to "represent personal goals and standards, against which to judge self and others" (Jones, Vigfusdottir & Lee, 2004, p. 333). This cycle has been termed the "think ideal, feel bad" sequence (Dittmar, 2008). Sinclair (2006) found that internalization of the media body ideal explained a significant proportion of the variance in self-objectification and body shame in a sample of undergraduate women.

One might then infer that active avoidance of such media could prevent these deleterious effects; however, more subtle reminders have also been shown to lead to similar outcomes of self-objectification. In a study by Roberts and Gettman (2004) a state of bodily empowerment or self-objectification was primed through the use of a simple scrambled sentence task. Undergraduate students were randomly assigned to one of three

groups: self-objectification primed, body-competence primed or the control group. The task was presented as a test of language ability, and students were instructed to construct a four-word sentence from a scrambled list of five words. In the priming conditions, 15 of the 25 words were related to self-objectification or body competence. For example, *posing, sexiness, slender, thinness* and *glamour* for the former and *fitness, wellness, health, vitality* and *energetic* for the latter. The female participants in the self-objectification group reported higher levels of appearance anxiety and a decrease in the appeal of the physical aspects of sex (which was negatively correlated with shame and disgust), compared to the body-competence group and the control group. Male participants were unaffected by the primes.

These results beg the question: what then are the consequences when these same words are found dispersed in newspapers and magazines everyday? The cover of a magazine alone could contain enough words to induce a state of self-objectification, which means that even standing in line at a check-out counter could put a woman at risk. It is important to note, however, that the schema of self-objectification of the female body must be well-developed in order for words alone to generate self-objectification (Roberts & Gettman, 2004). Therefore, someone who has avoided media entirely would not be affected in the same way; but given the pervasive nature of the media, this likely negates only a small few. Girls as young as seven are exposed to clothing, toys, music, youth magazines and television programs laden with suggestive sexual imagery and slogans (Heldman & Holmes, 2005) and have begun to internalize the messages about their bodies (Dohnt & Tiggemann, 2006). As a result, by the time they reach puberty, their self-objectification schemas are likely well-developed.

While there has not yet been a study examining the potential relationship between self-objectification and hopelessness depression, the theoretical links seem clear. Self-objectification leads to body shame, which in turn, leads to hopelessness, a proximal sufficient cause for hopelessness depression (see figure 3). The link between the two former and two latter parts of the model has been established by the literature; therefore, it is instructive to elucidate the connection between body shame and hopelessness.

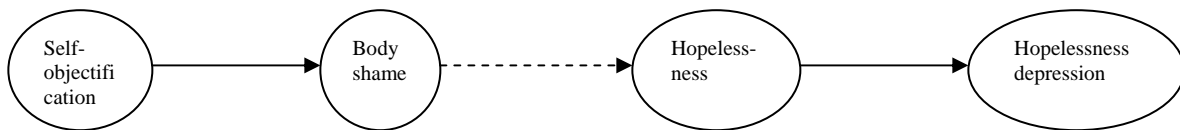


Figure 3. Proposed connection between empirically supported concepts in the literature. The solid lines indicate empirically supported connections and the dashed line represents the proposed connection

The Connection between Body Shame and Hopelessness Depression

Shame has been described above as an emotion that occurs when individuals compare themselves to a societal ideal and do not measure up. Objectification Theory posits that body shame is a by-product of continually attempting to live up to the unattainable ideal and, of course, failing repeatedly. Tangney, Miller, Flicker and Barlow (1996) differentiate between shame and embarrassment by describing shame as tied to a perceived deficiency in one's core self and is therefore associated with more global and enduring negative aspects of oneself, whereas embarrassment is more transient and situation-specific. This description of shame mirrors the attributional style hypothesized to lead to hopelessness depression. Therefore, this "recipe for shame" then may also be a recipe for hopelessness.

When a girl perpetually tries and fails to attain a look that exists in approximately 5% of the population (Kilbourne, 2000), she often feels shame about her body and attributes it to stable and global attributes, leading into hopelessness. The media repeatedly tells girls that they can and should attain these ideals. In fact, that is the principle behind a multi-billion dollar beauty industry. The key marketing strategy in an advertising campaign is to create an awareness of a gap between the consumer and the ideal and then promise (and sell) the solution in a product (Becker, 2004). In other words, industry at once sells the “problem” as well as the “solution.” Women are increasingly being told that they can have the “right body” if only they consume more and more products (Hesse-Biber, *et al.*, 2006). Americans spent an astounding 50 billion dollars annually in the 1990s on dieting products alone (Maine, 2000). Thus, when women feel that their bodies fail the “beauty test,” the beauty industry benefits enormously, “continually nurturing feminine insecurities” promising aesthetic perfection by purchasing products that rarely deliver but instead foster a commitment to “try buy and comply” (Hesse-Biber, 1996, p.32). As Naomi Wolf (1991) argues, “ideal beauty is ideal because it does not exist” (p.176). Therefore, when a girl’s attempts do not result in this mythical perfection she believes it to be her own fault, and shame soon follows. This pattern can then lead to the negative attributional style that fosters hopelessness and thus hopelessness depression. The girl blames herself (stable) and feels she will never be good enough (global) and hopelessness almost inevitably ensues.

New Directions

Despite the hypothesis by Fredrickson and Roberts (1997) that objectifying oneself might be the root cause of female preponderance of depressive symptoms, there has been “little focus on the association between self-objectification and depressive symptomology” (Grabe & Jackson, 2009, p. 141). In a study by Syzmanski and Henning (2007), they found that self-objectification led to habitual body monitoring, which in turn led to a reduced sense of flow (or opportunities for peak motivational states), greater body shame and greater appearance anxiety. All three of these variables led to depression. A more recent study by Choma et al. (2009) further established the link between self-objectification, body shame and depression. In their study, they examined the mediating impact of body image coping strategies. Despite evidence of a strong mediating role for coping, body shame remained a significant, direct predictor of depression thus emphasizing the essential role of body shame in depressive symptomology. Grabe and Jackson (2009) confirmed the association between self-objectification and depression in a sample of White college women but revealed that this significant association did not exist for their sample of Asian women. This suggests that the constructs of Objectification Theory in association with predicting depression may differ for women of color. Finally, Grabe and Hyde (2009) found that self-objectification mediates a direct relationship between music television viewing and depression. While research continues to verify the predictive value of self-objectification for depression in women, to this writer’s knowledge, no study has attempted to use the construct of hopelessness to gain a better understanding of the processes and consequences of self-objectification.

The following are a summary of the plans and predictions I am making for the current study.

1. Test a model of the relationships among the following variable: self-objectification (measured through the behavioral manifestation of body surveillance), appearance anxiety, internalization of cultural ideals, body shame, hopelessness and hopelessness depression. Specifically we predict the following significant paths:
 - a. Higher levels of self-objectification will be associated with higher levels of body shame, appearance anxiety and hopelessness depression
 - b. Internalization will lead to higher levels of self-objectification, appearance anxiety and body shame
 - c. Increased levels of appearance anxiety will lead to increased levels of body shame
 - d. Hopelessness will directly predict hopelessness depression
 - e. Through mediating variables, self-objectification will predict hopelessness depression
 - f. Body shame will directly predict hopelessness
2. Examine the meditational roles of body shame and hopelessness. Specifically I predict the following:

- a. Body shame will mediate the relationship between self-objectification and depression
- b. Hopelessness will mediate the role between body shame and hopelessness depression

CHAPTER 3

METHODS

Sample

The sample consists of 269 female undergraduate students from an urban northeastern public university. College age women were considered to be an appropriate population for this study because self-objectification is more salient among younger women (Fredrickson & Roberts, 1997; Harrell, Fredrickson, Pomerleau, Nolen-Hoeksema, 2006; Harrison & Roberts, 2003; Noll & Fredrickson, 1998). The participants self-identified as follows: 54% Caucasian/white, 17% African-American/Black, 10% Latina/Hispanic, 13% Asian American, and 6% selected “other.” The average age of the participants was 22, ranging from 18 to 48, with 85% of the sample under the age of 25. Participants for this study were recruited primarily through the psychology department from both the introductory psychology classes and upper-level courses, including Psychology of Women, Abnormal Psychology, and Social Psychology. Subjects were also recruited from the Women’s Studies department. Subjects not from introductory psychology classes were given extra credit for participating in the study.

Measures

Hopelessness Depression Symptoms Questionnaire (HDSQ) (Metalsky & Joiner, 1991).

The HDSQ is a scale measuring the specific symptom constellation of hopelessness depression. The measure was created out of the authors’ belief that using extant measures

of depression did not provide a precise enough picture of the symptoms associated with hopelessness depression. For example, on the Beck Depression Inventory (BDI) only nine of the 21 items capture the symptoms of hopelessness depression. Therefore, they created a 32-item measure that would allow researchers to examine individual and combined hopelessness depression symptoms. A study evaluating the measure used a factor analysis of responses from 435 participants and found that each of eight symptoms of hopelessness depression hypothesized by Abramson, Metalsky and Alloy (1989) resulted in distinct symptom composites. Further, the eight symptom-subcales combined reflected a higher-order construct of hopelessness depression (Metalsky & Joiner, 1997). The eight symptom subscales are as follows: Anergia, psychomotor retardation, suicidality, insomnia, dependency, apathy/anhedonia, concentration difficulty and motivational deficit. The alpha coefficients for the subscales in the Metalsky and Joiner study ranged from .70 to .86, and the overall internal consistency for the entire measure was .93.

The full scale consists of 32 questions, each with four possible answers that reflect a varying severity of the construct being measured. For example, a question measuring the participants' level of concentration allows for the following four responses: 1) I can concentrate as well as usual, 2) In some situations, I can not concentrate as well as usual, 3) In most situations, I can not concentrate as well as usual, 4) In all situations, I can not concentrate as well as usual. Participants are asked to best describe their experience in the past two weeks by choosing one of four statements for each question. The internal consistency for the full measure in the current sample was .927.

The Objectified Body Consciousness Scale (OBCS) McKinley & Hyde (1996)

This scale was developed to “measure the behaviors and attitudes proposed by feminist theorists to contribute to a woman’s negative body experience” (McKinley & Hyde, 1996, p. 182). According to this theory, women’s bodies are socially constructed as objects to be looked at and evaluated and therefore women are socialized to view their bodies through an outside observer’s lens. The experience of the body as an object and the beliefs that support this experience has been termed “objectified body consciousness” (OBC) by the authors, and the OBCS was created to measure this concept. This 24-item scale consists of three subscales: body surveillance, body shame and appearance control beliefs. The body surveillance subscale addresses appearance monitoring, the body shame subscale incorporates feelings of shame and inadequacy regarding one’s body and control beliefs subscale measures one’s perceived control over their physical appearance. Responses are given on a 7-point Likert scale, ranging from “strongly disagree” to “strongly agree.” Two studies using undergraduate women yielded the following alpha coefficients for each of the subscales: Surveillance .89 and .79, Body Shame .75 and .84 and Control Beliefs .72 and .68 (McKinley & Hyde, 1996; McKinley, 1999). The reliability coefficient for the full-scale in the present sample was .71. The body surveillance and body shame subscales were utilized in this study

In the current study, the body surveillance subscale was used to measure participants’ level of self-objectification. In most studies of self-objectification, the concept has been operationalized using either this subscale or the Self-Objectification

Questionnaire (SOQ; Noll & Fredrickson, 1998). The SOQ measures the difference between participants' perceived value of appearance versus competence-based body attributes whereas body surveillance is theorized to be the behavioral manifestation of self-objectification. Both the SOQ and the body surveillance subscale of the OBCS have demonstrated acceptable validity and reliability; however, when considered together, "body surveillance typically emerges as uniquely related to criterion variables" and the SOQ does not (Moradi & Huang, 2008, p. 378). This suggests that the body surveillance construct subsumes the relations of the SOQ with other variables (Moradi & Huang, 2008). In this study, both body surveillance and the SOQ were used to measure self-objectification and, as suggested in previous research, the body surveillance construct was a better fit in the model generated. The body surveillance subscale consists of items that measure the participants' constant self-surveillance (e.g., "I think more about how my body feels than how my body looks" (reverse scored), "I often worry about whether the clothes I am wearing make me look good" and "During the day, I think about how I look many times"). A high score on this subscale suggests that the respondent frequently watches her appearance and thinks of her body in terms of how it looks. Cronbach's alpha for the body surveillance scale in this study was .77.

The body shame subscale measures the negative affect that results from internalizing the cultural standards of beauty, connecting achievement of those standards with identity and not measuring up (McKinley & Hyde, 1996). A high score on this subscale suggests that the respondent feels like she is a bad person if she does not fulfill cultural expectations for her body. Items that measure this concept include "When I can't control my weight, I feel like something is wrong with me," "I would be ashamed

for people to know what I really weigh,” and “When I am not exercising enough, I question whether I am a good enough person.” Cronbach’s alpha for this subscale in the current sample was .81.

Hopelessness Scale (Beck, Weissman, Lester & Trexler, 1974). This scale is a 20-item self-report measure that assesses the manifestations of negative expectancies for the future in a true-false format. Internal consistency reported by the authors yielded a reliability coefficient of .93. Items include questions about the respondents’ hope for the future such as “I look forward to the future with hope and enthusiasm,” and “I look forward to more good times than bad times” and items measuring their level of pessimism about the future such as “I might as well give up because I can’t make things better for myself” and “The future seems vague and uncertain to me.” The internal consistency for this measure on the current sample was .87.

Appearance Anxiety Scale (Dion, Dion & Kellan, 1990). This measure evaluates appearance apprehension regarding one’s physical attributes and how others evaluate them. The scale consists of 30 self-statements (e.g., “I worry about how others are evaluating how I look,” and “I wish that I was better looking.”) on which participants rate their level of agreement with on a 5-point Likert scale ranging from “never” to “almost always.” The scale has shown internal consistency as well as test-retest reliability of .89. In the current study, the Cronbach alpha was .93.

Sociocultural Attitudes Toward Appearance Questionnaire (SATAQ; Heinberg, Thompson & Stormer, 1995). This scale measures awareness and endorsement of societal appearance standards. It is reported in two subscales, awareness and internalization. The internalization subscale was utilized in this study to measure the degree to which the participants have internalized the societal pressures to conform to the beauty ideals propagated by the media. It is a 14-item scale using a Likert-type measure (from 1 = completely disagree to 5 = completely agree). Items measuring this concept include “Photographs of thin women make me wish I was thin,” “I tend to compare myself to people on tv and in magazines” and “I believe that clothes look better on thin models.” In the development of the scale, Heinberg, Thompson and Stormer (1995) reported an alpha of .88 with college women. Alpha internal consistency reliability estimate for the full-scale measure with the present sample was .78 and for the internalization subscale it was .94.

Statistical Procedures

SPSS 18.0 was used for data entry, descriptive analyses and regression and meditational analyses, and AMOS 18.0 (Arbuckle, 1999) was used to evaluate the model. Structural equation modeling (SEM) is a methodological approach that facilitates examinations of the interrelationships among multiple variables and has been used in a number of recent articles on self-objectification (e.g., Augustus-Horvath & Tylka, 2009; Buchanan, Fischer, Tokar & Yodar, 2008; Grabe & Hyde, 2009; Jones, Vigfusdottir & Lee, 2004; Kozee & Tylka, 2006; Mitchell & Mazzeo, 2009; Moradi, Dirks & Matteson, 2005; Phan, 2006; Syzmanski & Henning, 2007; Tylka & Subich, 2004).

The scale/subscale scores were used as indicators for the respective observed variables in the SEM specified. Several steps were involved in estimating the model. First, we used the above-described, theoretically-informed hypothesis to create a causal ordering of the variables. Then, we began with a fully saturated model with all possible direct and indirect estimated pathways. Next, we trimmed the model to eliminate the nonsignificant pathways and then reanalyzed the model (Kelloway, 1998). This process was repeated until the result was the most parsimonious model possible.

To evaluate the model, I focused on the comparative fit index (CFI) and the root mean square error of approximation (RMSEA). The CFI is calculated using the chi-square and degrees of freedom from the model being tested as well as the null model. The RMSEA is calculated based on the target model chi-square and degrees of freedom and takes into account sample size. In a meta-analytic research study, it was found that these two indices were negatively correlated with one another, suggesting that reporting both would be preferred (Bludau, Herman & Cortina, (2009) as reported in Mitchell & Mazzeo, 2009). A RMSEA value at or above .10 indicates a poor model fit, a value between .05 and .09 indicates a fair model and a value below .05 indicates a close model fit. All other indices should be above .90 for an acceptable fit, but preferably above .95. (Hu & Bentler, 1999).

CHAPTER 4

RESULTS

Descriptive Results

Means, standard deviations and correlations for all observed variables are presented in Table 1. All zero-order correlations were in the theoretically expected direction. No variables resulted in an absolute value of skewness >3 or kurtosis >10.

Table 1: Means, standard deviations and correlations for all observed variables

	Variable	X	SD	1	2	3	4	5	6
1	Internalization	2.85	1.23	-					
2	Appearance Anxiety	83.21	20.36	.579**	-				
3	Hopelessness	3.75	3.98	.224**	.426**	-			
4	Hopelessness Depression	50.54	12.76	.345**	.472**	.521**	-		
5	Body Shame	3.29	1.34	.498**	.733**	.379**	.400**	-	
6	Self-objectification	4.38	1.13	.460**	.569**	.188**	.226**	.476**	-

** correlation is significant at the 0.01 level (2-tailed)

As shown in the above table (Table 1), all variables were significantly and positively correlated. Internalization of cultural ideals is correlated with increased appearance anxiety, increased feelings of hopelessness, higher levels of self-objectification and body shame and more reported symptoms of hopelessness depression.

Similarly, increased feelings of hopelessness are correlated with increased levels of appearance anxiety, depression, body shame and self-objectification. Increased symptoms of hopelessness depression are significantly correlated with higher levels of appearance anxiety, self-objectification and body shame. High levels of self-objectification are positively and significantly correlated with body shame and appearance anxiety. And finally, body shame has a significant, positive relationship with appearance anxiety.

Through the process described above in the statistical procedures section, the following model was produced once all non-significant pathways were removed from the initial, fully saturated model (see figure 4).

Figure 4: Results of the Structural Equation modeling

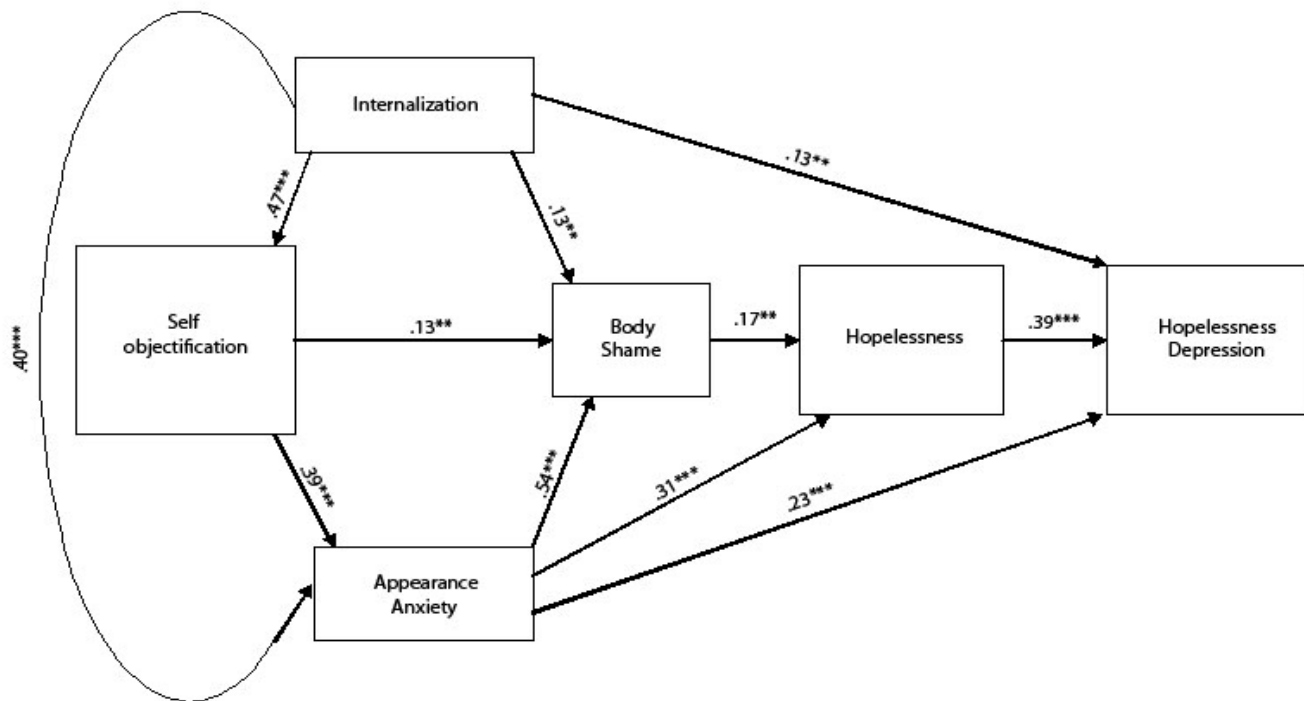


Figure 4: The numbers noted represent the standardized regression weights

*** $p < 0.001$

** $p < 0.05$

The above model fit the data well. The goodness of fit indices were $\chi^2 = 2.14$ ($p = .710$, $N = 269$), $RMSEA = .00$, $NFI = .996$ and $CFI = 1.00$), also shown in Table 2. Table 3 presents the standardized regression weights of all of significant pathways in the above model. This model explains 36% of the variance in hopelessness depression, 50% of the variance in body shame and 46% of the variance in appearance anxiety (see Table 4). All paths in the model are significant ($p < 0.05$).

Table 2: Goodness-of-fit statistics for the model

χ^2	<i>df</i>	NFI	CFI	RMSEA
2.141	4	.996	1.00	.000

Table 3: Standardized regression weights

Pathways	β	P value
Internalization \Rightarrow objectification	.47	$p < 0.001$
Objectification \Rightarrow Appearance Anxiety	.39	$p < 0.001$
Internalization \Rightarrow Appearance Anxiety	.40	$p < 0.001$
Appearance Anxiety \Rightarrow Body Shame	.54	$p < 0.001$
Objectification \Rightarrow Body Shame	.13	$p < 0.05$
Internalization \Rightarrow Body Shame	.13	$p < 0.05$
Appearance Anxiety \Rightarrow Hopelessness	.31	$p < 0.001$
Body Shame \Rightarrow Hopelessness	.17	$p < 0.05$
Appearance Anxiety \Rightarrow Hopelessness Depression	.23	$p < 0.001$
Internalization \Rightarrow Hopelessness Depression	.13	$p < 0.05$
Hopelessness \Rightarrow Hopelessness Depression	.39	$p < 0.001$

Table 4: Variance accounted for in each exogenous variable in the model

Variables	Variance accounted for in the model
Objectification	22%
Appearance Anxiety	46%
Body Shame	50%
Hopelessness	20%
Hopelessness Depression	36%

Linear regression analyses were used to test and confirm the mediating relationship of body shame between self-objectification and hopelessness depression. A variable functions as a mediator to the extent that it accounts for the relation between the predictor and criterion. For a variable to be tested as a mediator there must be a significant relationship between the predictor and mediator and between the mediator and the criterion variable. When these conditions are satisfied, a variable is a mediator to the extent that it accounts for the relationship between the predictor and the criterion (Baron & Kenny, 1986).

A regression analysis with self-objectification predicting hopelessness depression was significant and accounted for 5% of the variance $F_{(1, 268)} = 13.92, p < 0.001$. A second regression analysis with body shame predicting hopelessness depression was also significant and accounted for 23% of the variance $F_{(1, 268)} = 76.68, p < 0.001$. Finally, a third regression analysis with both self-objectification and body shame predicting hopelessness depression was tested. In this analysis, only body shame significantly predicted hopelessness depression while self-objectification became non-significant. This

indicates that body shame fully mediates the relationship between self-objectification and depression.

Regression analyses were also run to test the mediating effect of body shame in the connection between internalization and hopelessness. Internalization significantly predicted hopelessness $F_{(x, 269)} = 13.8, p < 0.001$ and body shame $F_{(x, 269)} = 84.8, p < 0.001$. However, when both internalization and body shame were entered into the equation to predict hopelessness, body shame remained significant ($p < 0.001$) but internalization was no longer significant indicating that body shame fully mediates the relationship between internalization and hopelessness.

CHAPTER 5

DISCUSSION

Building on previous research that connects the theory of self-objectification to body shame and depression (Grabe, Hyde & Lindberg, 2007; Muehlencamp, Swanson & Brausch, 2005; Syzmanski & Hennig, 2007), this study has highlighted the potential explanatory power of hopelessness and hopelessness depression to refine these conceptual links. A substantial body of research has established the predictive power of body dissatisfaction on depressive symptomology; however, body shame (the construct employed in this study) is a conceptually distinct construct that corresponds more closely with the theory of hopelessness depression. The theory of body dissatisfaction usually involves an individual's feeling about their body's size, weight and shape (Mitchell & Mazzeo, 2009) whereas body shame encompasses more global attributions. Body shame results when an individual begins to feel bad about him- or herself as a person because of an inability to replicate the media-imposed attractiveness ideal. While body dissatisfaction is certainly one aspect of body shame, it does not capture the moral and social judgments that lie at the heart of a shame reaction. With these distinctions, it is apparent that the concept of body shame can be linked more clearly to a trajectory toward depression that involves a feeling of hopelessness.

Individuals experience the key components identified by the theory of hopelessness depression through a constant cycle of trying (and failing) to look like the

thin-ideal. First, they learn that they are unable to replicate the ideals that are ubiquitous, synonymous with success and made to appear attainable (i.e., highly desired outcome does not occur), and then when they repeat the process and inevitably fail (at least for any sustainable period of time), the ideal remains elusive (i.e., expectation of helplessness to change the outcome). This link between body shame and the tenets of hopelessness depression theory was empirically supported in the present study. Body shame significantly predicted hopelessness, which in turn, predicted hopelessness depression. There was no direct link between body shame and depression in the structural equation model. The connection between body shame and depression resulted from an association through hopelessness. Hopelessness partially mediated the relationship between body shame and depression. Therefore the distinction between body shame and body dissatisfaction may be an important element in any future research on body concept. The consequences of repeated “failures” in attempts to replicate the media-propagated ideal may be far-reaching.

Similar to previous research, the data from this study support the hypothesis that self-objectification predicts depression in women. In a regression analysis, we found that self-objectification alone significantly predicted hopelessness depression. We also found that self-objectification significantly predicted body shame. When looking at the impact of self-objectification and body shame together on hopelessness depression, we found that body shame continues to be significant while self-objectification no longer predicts depression. This indicates that body shame fully mediates the relationship between self-objectification and depression.

This full mediation means that, with this sample, body shame (a result of constant self-surveillance) is an essential component in the prediction of depression within the theory of self-objectification. Syzmanski and Hennig (2007) found similar relationships amongst the variables in their study including the same full mediation of body shame on the relationship between body surveillance and depression. Moradi and Huang (2008) concluded, after their review of the past decade of literature on Objectification Theory, that the majority of studies have focused on body image and disordered eating while not enough focus has been centered on the other potential mental health consequences of self-objectification. The current study contributes to the needed and ever-growing literature on self-objectification and depression and reinforces the need for further examination of this predicted outcome. This line of research contributes to our understanding of the discrepancy of lifetime prevalence for depression by gender, a serious public health concern for women.

The roles of appearance anxiety and thin-ideal internalization in theories of self-objectification have also been a source of ongoing inquiry. Appearance anxiety involves the fear of being judged and evaluated by appearance alone and the potential consequences of that evaluation. Several studies have established a link between appearance anxiety and various negative consequences such as depression (e.g., Syzmanski & Hennig, 2007), internalization of idealized images (e.g., Monro & Huon, 2005) and self-objectification (e.g., Harper & Tiggemann, 2008). In this study, self-objectification and thin-ideal internalization significantly predicted appearance anxiety. In other words, constant self-surveillance and the belief that the thin-ideal is attainable led to increased levels of anxiety about one's appearance. Further, appearance anxiety

significantly predicted body shame, hopelessness and depression. This increased apprehension about one's physical appearance and how others will evaluate them led to increased feelings of shame, hopelessness and depression in the current sample.

The "extent to which an individual cognitively buys into" the sociocultural dictates of attractiveness and thus desires to approximate those standards is often referred to as "internalization" (Thompson & Stice, 2001, p. 181). Fredrickson and Roberts (1997) posit that it is our sexually objectifying culture that leads to the experience of self-objectification. Without sampling the parts of this culture that an individual might consume or be exposed to, a prudent method to measure their vulnerability to these images would be to measure the extent to which they have internalized these norms. Moradi, Dirks and Mattheson (2005) found that internalization mediated the link between sexually objectifying experiences and self-objectification and body shame. In the present study, internalization of sociocultural norms of beauty was directly related to increased self-objectification, body shame, appearance anxiety and depression. We did not find a direct link between internalization and hopelessness. This connection was mediated through body shame. This supports the key hypothesis of this study. It is not just the exposure to cultural standards of beauty that produces depression but rather the ongoing cycle of attempting and failing to approximate the unattainable beauty ideal (described above) that results in body shame and eventually a feeling of hopelessness. It is through this fully mediated path that the connection between internalization and depression is strengthened.

The structural equation model tested in this study accounted for 36% of the variance in hopelessness depression. An even more robust finding was that 50% of the

variance in body image and 46% of the variance in appearance anxiety were also explained by the model. This indicates that the predictors in the model are explaining a large proportion of the variation in these constructs and should therefore be examined closely in future research.

In their review of the research on Objectification Theory, Moradi and Huang (2008) emphasize that the accumulation of empirical studies that corroborate the basic tenets of the theory have been conducted on predominately White college women. It is common for samples to consist of upwards of 80% of participants reporting a racial identity of White or European-American. Therefore, it is imperative to explore the generalizability of the theory to more diverse samples. Fredrickson and Roberts (1997) encouraged future examinations of the objectification experiences of diverse groups of women in order to explore how objectification might intertwine with other forms of oppression. The authors noted that although being female will result in some degree of shared social experience, ethnicity, class, and other diverse attributes contribute to a unique set of experiences.

In the current study, 46% of the sample identified as women of color. This sample is substantially more diverse than the majority of studies of Objectification Theory making the results more generalizable to the population at large. However, despite the sizeable number of women of color in the subject pool, it remains difficult to analyze the findings by racial group due to sample size and power. Moreover, it is inadvisable to lump all women of color into one group for the purposes of analysis as the heterogeneity of the groups would make the findings misleading. In some preliminary analyses of the current sample, differences were found between racial groups; however, interpretations

from this data must be made with caution due to the aforementioned sample size and thus diminished power to detect true differences. One example of these preliminary analyses involves a regression of the direct connection between self-objectification and hopelessness depression. In this analysis, the relationship was found only to be significant for White women and not for the sample of African American, Asian American or Latina American women. Moreover, self-objectification predicted body shame in all racial groups except for Latina Americans, although it should be noted that the sample size was smallest for Latina Americans (N=26). Correlational analyses revealed that the internalization of cultural ideals was positively correlated with self-objectification with White and Asian American women but not with Latina or African American women. Similarly split by racial group, body shame and hopelessness were significantly, positively correlated for all women except for Asian Americans. It is apparent from the preliminary analyses within this sample of women of color that there are unique processes creating diverse outcomes among women of different racial backgrounds. It is therefore imperative that these processes become more clearly explicated in future research.

Limitations

A number of limitations of this study need to be considered. Due to the cross-sectional design used, it is not possible to confirm causal pathways even though the model suggests possible directional relationships among the variables. However, one notable longitudinal investigation indicated that prior levels of self-objectification predict subsequent depressive symptoms among White American adolescent females (Grabe,

Hyde & Lindberg, 2007). Nevertheless, additional longitudinal studies are warranted to better understand how self-objectification may put women at risk for depressive symptoms.

This study used self-report measures, which may also limit the utility of the data. As is true with all self-report data, participants may not have responded honestly to survey items and instead responded in a socially desirable manner despite assurances that the data provided would remain confidential.

Although the current sample is more racially diverse than most studies in this field and therefore contributes to the knowledge base of how the tenets of Objectification Theory may or may not fit for women of color, the sample size prohibited an extensive understanding of the predictive value of the variables within each racial group. Moreover, the generalizability of the sample is also limited by other variables such as age and education that remain somewhat homogeneous when using a sample of convenience as was used in this study (i.e., college women). Further areas of investigation that involve a more representative sample may include individuals from different socioeconomic backgrounds, sexual orientation, nationality (beyond the United States) and religious and/or political affiliation.

Future Directions

As noted above, it is important that the tenets of Objectification Theory continue to be tested on diverse populations. While a major critique of the literature has been that the majority of studies on self-objectification have been on racially homogenous samples, there are a few notable exceptions that have raised important

questions regarding the applicability of the theory to women of color. In a study by Grabe and Jackson (2009), self-objectification and depressive symptoms were positively associated among White American women but not among the Asian American women in the sample. Additionally, the relationship between body surveillance (the behavioral manifestation of self-objectification) and body satisfaction was stronger for White women than for Hispanic and Asian women in a study of college students in California (Fredrick, Forbes, Grigorian & Jarcho, 2007). However, another group of researchers found that situationally-induced self-objectification led to body shame, lowered self-esteem and lowered cognitive performance among their entire sample, irrespective of race. Their sample included Asian American, African American, Hispanic American and White American women (Hebl, King & Lin, 2004). Despite the mixed results, these studies suggest that the parameters of Objectification Theory may be circumscribed by race and/or ethnicity and therefore further investigation is indicated (Grabe & Jackson, 2009).

It is also important to test Objectification Theory on a variety of other diverse populations to which it may be applicable. To this end, there have been some promising studies including one that found objectification to be a useful framework for viewing the experience of gay men (Matins, Tiggemann & Kirkbride, 2007) and another which concluded that the experience of lesbian women produced a more complex picture in association with Objectification Theory and was therefore a poor fit for the current constructs (Kozee & Tylka, 2006). Another notable study was conducted on women aged 25 and older as well as the typical college-aged sample (Augustus-Horvath & Tylka, 2009). In this study, they found that Objectification Theory could be extended to women

over 25 although some of the relationships between the primary variables may not be identical to those in the younger samples.

Some theorists have begun to explore the applicability of this theory to the experience of men. While most available data suggests that men and boys report lower levels of self-objectification and body shame than do women and girls (e.g., Grabe *et al.*, 2005; Hebl *et al.*, 2004; McKinley, 1998), there are some similarities in the relations of Objectification Theory constructs with some of the criterion variables (Moradi & Huang, 2008). For example, men's body shame is linked with greater appearance concern during sexual intimacy (Sanchez & Kiefer, 2007) and exposure to sexual objectification is linked with body surveillance and body shame (Lindberg *et al.* 2006). Experimental studies have produced mixed support regarding the impact of heightened self-objectification by gender. Some studies found that experimentally-induced self-objectification led to increased feelings of shame, appearance anxiety and body-related thoughts and decreased math performance in women and not men (Fredrickson *et al.*, 1998; Quinn, Kallen & Cathey, 2006). However, in a diverse sample of men and women, using the above-described sweater versus swimsuit experimental design, Hebl *et al.* (2004) found that regardless of race or gender, those in the swimsuit condition had greater body shame and self-objectification and poorer math performance than those in the sweater condition.

Oehlhof, Musher-Eizenman, Neufeld and Hauser (2009) posit that the relationship to Objectification Theory may be more complex for men because they feel the dual pressure to be both thin and muscular. In their study, men's likelihood to emphasize appearance over performance goals for their body was linked to their desire to be more muscular. Another study examining the utility of these constructs with men found that the

association between body mass and body satisfaction was different for men and women (Fredrick, Forbes, Grigorian & Jarcho, 2007). In women, the relationship was linear; however, with men, it was parabolic (or an inverted-U) meaning both underweight and overweight men reported more dissatisfaction with their bodies than men of average weight. The differences in the cultural ideal for women and men along with the mixed support in the literature suggest that the relationship may be different or more complex with men but most certainly warrants further investigation.

Exploring the consequences of living in a sexually objectifying culture is an important starting place; however, future research should also consider factors that protect individuals from these consequences. Limiting media exposure where possible and undergoing media literacy training (outlined below) are some behavioral interventions but what personality factors might play a role? Girls who play sports often report higher levels of self-esteem than girls who do not (e.g. Dishman *et al.*, 2006). It is therefore conceivable that a girl who is in touch with the instrumentality of her body through sport might then possess a buffer for the incessant media messages she is also receiving. Identifying as a feminist could also be a protective factor. One study did find that feeling empowered, an element of feminism, to be associated with body image and eating disturbance (Peterson, Grippo & Tantleff-Dunn, 2008). This is another area ripe for future research and exploration.

Treatment Implications

Increasing our understanding of the etiology of depression in women and girls can reveal potential areas for early intervention. One such area that has received attention is

the use of media literacy programs. If internalizing the images of an unrealistic standard of beauty fosters negative mental health consequences such as depression and disordered eating, then one way to address the problem would be to provide consumers with the internal resources needed to oppose those effects, namely through enhancing their critical viewing skills (Choma, Foster & Radford, 2007). Many researchers have proposed that empowering women to critique the media, especially media that promote thinness and objectification of women's bodies, will effectively reduce its harmful effects (e.g., Irving & Berel, 2001). Media literacy has proven effective in some areas such as with youth attitudes toward alcohol and tobacco (e.g., Austin & Johnson, 1997; Gonzales *et al.*, 2004); however, with respect to body image, the results have not been as well established. For example, Wade *et al.*, (2003) found their media literacy program was more successful than a self-esteem program at reducing risk for disordered eating but other programs have found there to be no effect on the internalization of media messages or well-being among young women (Irving & Berel, 2001). A study using the media literacy video "Slim Hopes" (Kilbourne, 1995) found both positive and negative effects in participants post-viewing. On the positive side, participants reported greater awareness, higher self-esteem and greater positive affect. The negative effects involved an increase in self-objectification. However, this is consistent with other research that has found that anything that puts a spotlight on your body can increase the negative affect associated with body surveillance. One such study found that even a positive compliment could paradoxically induce a sense of increased self-objectification and body shame by drawing the participant's awareness toward their body (Tiggemann & Boundy, 2008). Therefore,

it may be more instructive to measure the potential success of a media literacy program as one in which the positive effects outweigh the bad (Choma, Foster & Radford, 2007).

Research on Objectification Theory also suggests that assessing and attending to women's experience of sexual objectification in counseling may be critical given that such experiences can set the stage for a variety of negative mental health outcomes such as disordered eating, sexual dysfunction and depression (Moradi, Dirks & Mattheson, 2005). Sinclair and Meyers (2004) suggest that a feminist counseling orientation might be especially helpful in that it often involves a deliberate confrontation of cultural body standards and might therefore help women to gain some insight into the origins of the discontent with their bodies. This could be the first step in reframing their experience. One study found that when college women are able to resist societal pressures to conform to unrealistic ideals, they have a greater chance of achieving higher levels of self-esteem, self-efficacy and more satisfying interpersonal relationships (Nagel & Jones, 1992). A number of studies have linked a decreased sense of well-being with increased levels of self-objectification (e.g. Breines, Crocker & Garcia, 2008; Choma *et al.*, 2009; Sinclair & Meyers, 2004) suggesting that an intervention that targets the various constructs involved with self-objectification could serve to increase an individual's sense of wellness.

The theory tested (and supported) in this study suggests that our current culture of image obsession and thinness is creating ongoing cycles of shame in girls and women that ultimately leads them to feeling hopeless and depressed. With females devoting so much of their resources toward self-surveillance and thus not performing at an optimum level cognitively and enduring a higher lifetime prevalence of depressive symptomology and shame, the consequences of self-objectification are exponentially far-reaching for the

future of women. And, as noted above, men are now being targeted and negatively affected by these media campaigns as well. Therefore instilling a sense of confidence and well-being in children, male and female, will mean taking an active approach to dismantling this media juggernaut. This would allow for the development of dreams and life goals beyond beauty and glamour and would serve the interest of society as a whole. An anecdotal story shared in a book by Jessica Valenti (2007), described a young woman suffering from a life-threatening eating disorder who had no intention of stopping her harmful behaviors. Apparently she had decided that she “would rather live a shorter life as a skinny girl than a full life being fat” (p. 198). That is how powerful entrenched body shame can be. As Naomi Wolf states, “The contemporary ravages of the beauty backlash are destroying women physically and depleting us psychologically” (Wolf, 1991, p. 19). Understanding the mechanisms through which individuals are affected by objectification including the antecedents and consequences, is the first step in creating and implementing appropriate treatment strategies and preventive interventions. The results of the present study contribute to this understanding and underline the importance of this line of inquiry in promoting the well-being of young women and men. Rebecca Walker described this work as “the struggle to wrest for ourselves the self-esteem that is often denied but which is undeniably our birthright. It is an understatement to say that self-esteem, the elusive belief in our intrinsic worth and beauty, makes and saves lives” (Walker, 1998, p. xvi).

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