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RESEARCH

Object Lessons: A Theoretical and Empirical Study of Objectified Body Consciousness in Women

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Theorists have increasingly emphasized the importance of the sociocultural context in the development of women's body experience. As a result, mental health professionals working with individuals suffering from negative body experiences should be apprised of culturally relevant theories. One such theory, objectified body consciousness theory, proposes that cultural constructions of the female body as an object and expectations of physical and sexual appeal lead to a myriad of negative mental health outcomes for women. This study investigated the relationship among objectification experiences, sociocultural attitudes toward appearance, and objectified body consciousness. Findings provide strong support for a feminist and sociocultural understanding of the development of objectified body consciousness. Implications for mental health counselors and for research are presented.

Part of the experience of being a woman, particularly in Western cultures, is being looked at and evaluated by others. Research findings indicate that women are gazed at more than men and that women are more likely to feel "looked at" in interpersonal gatherings (McKinley & Hyde, 1996; Nigro, Hill, Gelbein, & Clark, 1988). In addition, men direct more nonreciprocated gaze toward women than vice versa (Bente, Donaghy, & Suwelack, 1998; Mulac, Studley, Wiemann, & Bradac, 1987), and men's gazing is frequently accompanied by sexually evaluative remarks (Fromme & Beam, 1974; Gardner, 1980; Henley, 1977). Increasingly, women's experiences of such scrutiny and sexualized appraisal are being explored as an important area of study. In particular, scholars from various disciplines have begun to examine Western culture's widespread practice of sexually objectifying women's bodies and have begun to explore the physical and psychological consequences associated with such

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objectification (Bordo, 1993; Calogero, 2004; Fredrickson & Roberts, 1997; Kaschak, 1992; McKinley & Hyde; Roberts & Gettman, 2004). What has emerged is a critique of U.S. culture's fixation on the female body and a recognition that women's bodies are inscribed with complex social, economic, and political meanings. Specifically, researchers and mental health professionals have located the female body as the site wherein judgment regarding body weight, shape, and attractiveness is waged (Fredrickson & Roberts; McKinley & Hyde).

There is abundant research examining the experiences of women and their physical bodies, particularly in the areas of dieting, eating disorders, body image, body satisfaction, and body esteem (e.g., Cook-Cottone & Phelps, 2003; Palladino-Green, & Pritchard, 2003; Stice & Whitenton, 2002). Findings indicate that a large proportion of women feel dissatisfied with their bodies, constantly monitor their weight and diet, and most perceive themselves as overweight, regardless of the accuracy of this assessment (e.g., Allaz, Bernstein, Rouget, Archinard, & Morabia, 1998; Emslie, Hunt, & Mcintyre, 2001; Rodin, Silberstein, & Striegel-Moore, 1985). A recent meta-analysis of 222 body image studies from the past 50 years revealed continual increases in women's body dissatisfaction (Feingold & Mazzella, 1998). Furthermore, women are becoming more concerned about their weight at younger ages (Cavanaugh & Lemberg, 1999) with girls as young as five expressing anxiety about weight and body shape (Davison, Markey, & Birch, 2000). Finally, researchers have suggested that females constitute 90% of the eating-disordered population (Murnen & Smolak, 1997).

Body related disturbances remain a major health concern for women. Dissatisfaction with shape and size is so common among women that labels such as "normative discontent" (Rodin et al., 1985, p. 267), "obsession," "tyranny of slenderness" (Chernin, 1981, p. 3), and "cult of thinness" (Hesse-Biber, 1996, p. 5) have been used widely. In fact, "there is considerable overlap between clinical populations of women with eating disorders and 'normal' women in terms of eating behaviors and attitudes toward body and weight" (Rodin et al., p. 267). Given this normative discontent, a great deal of literature has been focused on the etiology of women's negative body experiences. Researchers have focused primarily on the family dynamics, psychological variables, perceptual or cognitive distortions, and biological factors thought to be associated with body disturbances and disorders (Abbott, 2001; Freedman, 1990; Hsu, 1990). Another body of literature has attributed the phenomenon of women's profound body dissatisfaction to the influence of the mass media (Groesz, Levine, & Murnen, 2002; Jung & Lennon, 2003; Tiggemann & McGill, 2004). Although studies on the psychological, biological, or cognitive

aspects of women's body experience offer a certain level of understanding, they do little to explain the prevalence of these experiences among women (Heinberg, 1996).

In a similar vein, explanations of women's normative discontent vis-à-vis the family or mass media are important and the influence of these factors should not be underestimated; yet these explanations have not informed researchers how these factors are translated into experiences such as anorexia or objectified body consciousness (Bordo, 1993; McKinley, 1995). In addition, although the family and the media fan the flames and aggravate cultural pressures, they, nonetheless, remain reflections of cultural practices, not their root cause (McKinley, 2000).

In response to these limitations, theorists have increasingly emphasized the importance of the sociocultural context in the development of women's negative experiences with their bodies, arguing that a more comprehensive and precise explanation emerges when researchers stand back and examine the broader lens through which women's body experience is understood (Bordo, 1993; Fredrickson & Roberts, 1997; McKinley & Hyde, 1996; Polivy & Herman, 2002; Stice, 2001). In particular, special attention has begun to be paid to the underlying cultural beliefs and pressures that influence women's body experience. Along these lines, this study was designed to explore, both theoretically and empirically, the relationship between certain sociocultural variables and women's body experience. The primary purpose of this study was to explain the variance in objectified body consciousness (OBC) by reference to two antecedent constructs: objectification experiences and sociocultural attitudes toward appearance. A brief summary of literature on OBC is presented as a foundation for better understanding the variables used in this study.

OBJECTIFIED BODY CONSCIOUSNESS THEORY

McKinley (2000) conceptualized OBC theory as a unified theoretical framework for understanding women's body experience in U.S. culture and proposed that this theory provides more explanatory power than traditional theories of women's obsession. Largely based on feminist and social constructionist theories, OBC theory proposes that cultural constructions of the female body, and expectations of physical and sexual appeal, lead to a myriad of negative experiences for women, including constant monitoring of one's appearance, body shame, negative body esteem, and restricted eating and eating problems (McKinley, 1998, 1999; McKinley & Hyde, 1996).

The central tenet of OBC theory is that the feminine body is socially constructed as an object, to be looked at (McKinley, 2000). To substantiate this premise, researchers point out that early on, girls are evaluated

for how they look whereas boys are evaluated on other dimensions, such as strength, coordination, and alertness (McKinley, 1995; Spitzack, 1990; Stern & Karraker, 1989). Objectification is defined as "separating out a person's body parts or sexual functions from the rest of her identity and reducing them to the status of mere instruments or regarding them as if they were capable of representing her" (Bartky, 1990, p. 26). Examples of objectification include catcalls and stares, workplace sexual harassment, and sexualized media images of women, including pornography, beauty pageants, television commercials, and magazine advertisements (Kilbourne, 1994; Noll, 1997). Objectification experiences range along a continuum, from sexualized gazing or visual inspection of women's bodies (arguably the most subtle and pervasive form) to the extreme of sexual violence.

Perhaps the most profound effect of objectifying treatment is that it coaxes many women to view and treat themselves as objects (McKinley, 2000; Spitzack, 1990). That is, a crucial repercussion of being viewed by others in objectifying ways is that it places women in the position to perceive their own bodies as objects. Over time, women internalize and adopt an observer's perspective on their body. This unusual sense of self, where a woman's attention is regularly disrupted by images of how she appears, can lead to a form of self-consciousness characterized by habitual monitoring of the body's outward appearance. A consequence of this habitual body monitoring, or self-objectification, is that many women develop identities or self-worth that are strongly rooted in and defined by their physical appearance (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996).

Thus, the experience of the body as an object, and the beliefs that support this experience, is called OBC. This construct is comprised of three dimensions: (a) constant monitoring of how one's body looks (i.e., body surveillance), (b) internalization of cultural body standards (i.e., body shame), and (c) the belief that one's appearance can be controlled (i.e., appearance control beliefs). OBC has important implications for women's body esteem, psychological well-being, and behaviors and practices such as restricted eating (McKinley, 1995). The accumulated research on OBC, which has been conducted primarily on European-American college students in the United States, provides evidence that having an objectified body perspective results in negative body experiences for women. For instance, McKinley and Hyde (1996) found evidence that body surveillance is related to lower body esteem and increased restricted eating and disordered eating among young women. Furthermore, they found body shame to be related to lower body esteem, higher levels of surveillance, and restricted eating and disordered eating in young women. Lastly, they demonstrated that control beliefs encour-

aged negative behaviors, including increased frequency of restricted eating and eating problems in young women.

Further research on OBC has revealed that its consequences extend far beyond negative body experiences. For example, McKinley (1999) found that body shame had significant negative correlations with multiple dimensions of psychological well-being, including autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance, whereas body surveillance had significant negative relationships with most dimensions, such as autonomy, environmental mastery, personal growth, purpose in life, and self-acceptance. Relatedly, researchers found a significant relationship between self-esteem and OBC, namely body surveillance and body shame (Befort, Robinson-Kurpius, Hull-Blanks, Nicpon, Huser, & Sollenberger, 2001). Given the primacy of body appearance in women's identity, it is not surprising that how women feel about their bodies affects their psychological well-being and that preoccupation with appearance can contain women's ambitions (Wolf, 1991). As Zones (1997) wrote, "To the degree that women feel they must dedicate time, attention, and resources to maintaining and improving their looks, they neglect activities to improve social conditions for themselves and for others" (p. 252).

Concepts associated with OBC, such as surveillance, have been implicated in additional negative experiences for women. For example, Fredrickson, Roberts, Noll, Quinn, and Twenge (1998) demonstrated that self-objectification predicted decreased math performance in women. Specifically, they manipulated self-objectification by having male and female undergraduates try on a swimsuit or a sweater and found that self-objectification, prompted by the experience of trying on a swimsuit, diminished math performance for women only. In another study, male and female participants were exposed to either objectifying words or body competence words and results revealed that women's ratings of negative emotions were higher and their ratings of the appeal of physical sex was lower when primed with self-objectification than when primed with body competence. Men's ratings, however, were unaffected by the primes (Roberts & Gettman, 2004). Finally, research has demonstrated that self-objectification, primed via the anticipation of a male gaze, produces shame and social anxiety among women (Calogero, 2004). Collectively, these data suggest that OBC has important implications for women's physical and emotional health, and for women's cognitive performance, relationships, and social status.

Although existing research on OBC illuminates an array of physical and psychological consequences that appear to be uniquely female, our understanding of women's complex and often contradictory relationship

with their bodies remains incomplete. First, although researchers have supported the existence and consequences of OBC, they have not adequately addressed its origins. To be exact, OBC theory acknowledges the influence of sociocultural factors in the development of women's negative body experiences; however, very little research has been conducted to directly test for the presence or influence of such factors. Secondly, OBC theory takes for granted that a woman's body exists to receive the gaze of others as an object and presumes that this arrangement places women in the position to treat themselves as objects to be evaluated on the basis of appearance. Although this assumption makes intuitive sense, to date, no studies have directly tested the theoretical and empirical relationship between objectification experiences and OBC in women. Based on the literature, it was hypothesized that a significant proportion of the variance in OBC would be explained by sociocultural variables, namely objectification experiences and sociocultural attitudes toward appearance. The relationship between selected demographic variables (i.e., race/ethnicity, sexual orientation, SES, body mass index, and age) and the components of OBC was explored as well. Although demographic variables were not specifically addressed in a research question, they were included in ancillary analyses in the spirit of exploration and further hypothesis generation.

METHODOLOGY

The population of interest in this study included traditional-aged female undergraduate students. Participants were recruited from a mid-sized university in the Southeast. All were volunteers who completed questionnaires during classes in counseling, human development and family studies, communications, and humanities. Only those female students who identified themselves as European American and exclusively or primarily heterosexual were included in primary data analyses to control for potential confounds associated with race/ethnicity (Cash & Henry, 1995; Hsu, 1987; Root, 1990; Rucker & Cash, 1992; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999) and sexual orientation variables (Brown, 1987; Gettelman & Thompson, 1993; Heffernan, 1996; Herzog, Newman, Yeh, & Warshaw, 1992). That is, given that particular subgroups of women (i.e., African American vs. European American and heterosexual vs. gay, lesbian, bisexual, or transgendered) report substantially different levels of negative body experience (Strong, Williamson, Netemeyer, & Geer, 2000), the current sample was deliberately restricted to heterosexual European American women to obviate the confounding effects of these differences.

Participants

A total of 272 female undergraduate students completed questionnaires for this study. Data from 82 participants were excluded from the primary analyses: four participants' questionnaires were incomplete, 68 participants were not European American, 6 women identified themselves as bisexual, and 4 women identified themselves as "exclusively or primarily homosexual." Thus, the final sample size of 190 (70% of the total) was used to conduct statistical analyses for the primary research question. The majority of these participants (67. 4%) were between the ages of 19 and 21. Overall, 29.5% were seniors, 27.4% were sophomores, 23.7% were juniors, and 19.5% were first year college students. Approximately 96% were single, and the remaining 4% were married. For the purpose of further hypothesis generation, all female participants, regardless of race and sexual orientation, were included in ancillary, exploratory data analyses.

Instrumentation

The instrumentation for this study consisted of four measures: (a) the Objectification Experiences Questionnaire (OEQ; Burnett, 1995), (b) the Sociocultural Attitudes Toward Appearance Questionnaire (SATAQ; Heinberg, Thompson, & Stormer, 1995), (c) the Objectified Body Consciousness Scale (OBC; McKinley, 1995; McKinley & Hyde, 1996), and (d) a demographic data form which assessed race/ethnicity, sexual orientation, age, year in school, SES, and body mass index.

Objectification Experiences Questionnaire. The Objectification Experiences Questionnaire (OEQ; Burnett, 1995) is a self-report instrument designed to measure objectification experiences, such as sexualized inspection and verbal harassment, which are conceptualized as gendered daily hassles that contribute to negative psychological outcomes among women, including dysphoria and depression. The OEQ asks respondents to indicate on a Likert-type scale ranging from 1, zero occurrences, to 7, more than 25 occurrences, whether or not they have had certain objectifying experiences, and if so, how frequently these experiences occur in an average month. Because the frequency items were stronger predictors of psychological outcomes in early studies during the development of the OEQ than were the occurrence items, and also because occurrence is essentially subsumed by frequency, Burnett recommended analyzing frequency items. Accordingly, only the frequency scale was used in the present study.

The OEQ consists of 18 items. Ten objectifying experience items are embedded among eight other filler questionnaire items that refer to non-objectifying positive, negative, or neutral experiences. Burnett (1995) reported test-retest reliability between .69 and .88, and the alpha coeffi-

cient ranged from .69 to .91 for samples of college women. In the current study, the alpha coefficient was .74. Burnett provided evidence of discriminant validity in a study which revealed that objectifying experiences are distinct from gender harassment and from sexual abuse/coercion. The OEQ correlated more highly with gender harassment than with more severe forms of sexual harassment, thus providing evidence of convergent validity. Predictive validity was established through moderate to strong correlations between objectification and depression (Burnett) and between the frequency of objectifying experiences and body image disturbances, disordered eating, and self-objectification (Brownlow, 1997).

Sociocultural Attitudes Toward Appearance Questionnaire. The Sociocultural Attitudes Toward Appearance Questionnaire (SATAQ; Heinberg et al., 1995) was developed to assess a woman's recognition and acceptance of culturally sanctioned standards of thinness and attractiveness. It contains two subscales: 6 items assess "awareness/acknowledgement of a societal emphasis on appearance" and 8 assess "internalization/acceptance of these standards" (p. 81). Respondents are asked to rate their agreement/disagreement using a 5-point Likert scale, ranging from completely disagree to completely agree. A higher score on the Awareness subscale reflects greater awareness of the societal emphasis on appearance. A higher score on the Internalization subscale reflects greater personal endorsement or acceptance of societal standards of appearance. A total score is not computed for the SATAQ; rather a score for Awareness is computed, and a score for Internalization is computed.

Based on a study of 150 female undergraduates, reliability coefficients were .71 for the Awareness scale and .88 for the Internalization scale. Other studies examining the SATAQ with college women have recorded alphas of .57 and .92 (Forbes, Doroszewicz, Card, & Curtis, 2004) and .68 and .87 (Cashel, Cunningham, Landeros, Cokley, & Muhammad, 2003). In the current study, the alpha coefficients for Awareness and Internalization were .65 and .86, respectively. The correlation between the two subscales of the SATAQ has been reported as .34 (Heinberg et al., 1995). Convergent validity was established by comparing the SATAQ with multiple indices of body image and correlations reflected good convergence. Regression analyses were conducted to determine the unique predictive abilities of the subscales in accounting for the variance associated with measures of body image and eating disturbance. Results indicated that both factors accounted for unique variance, however, the Internalization subscale was a stronger predictor of disturbance.

The Objectified Body Consciousness Scale. The Objectified Body Consciousness Scale (OBC; McKinley, 1995; McKinley & Hyde, 1996) is a 24-item, self-report measure that asks participants to respond to statements using a 6-point Likert-type scale ranging from strongly agree to

strongly disagree. The OBC scale is composed of three separate but related 8-item subscales: (a) surveillance (i.e., viewing the body as an outside observer) (b) shame (i.e., feeling shame when the body does not conform to accepted societal standards) and (c) appearance control beliefs (i.e., the amount of perceived control a woman believes she has over her appearance). High scores on Surveillance indicate frequent surveillance of appearance and thoughts of the body in terms of how it looks; whereas a low score indicates rare surveillance and thoughts of the body in terms of how it feels (McKinley). High scores on Body Shame reflect feelings about the body that are consistent with cultural norms (e.g., feeling unsexy if overweight) and increased shame. High scores on Appearance Control Beliefs indicate the belief that weight and appearance can be controlled if one tries hard enough.

The OBC scale was developed and validated using samples of primarily heterosexual European American women. Internal consistencies for the surveillance, body shame, and appearance control belief scales have been reported as .89, 75; and .72 (McKinley & Hyde, 1996), .76, .70, and .68 (McKinley, 1998) and .79, .84, and .76 (McKinley, 1999) respectively. In a recent study of first year college women, reliability was reported as .81 for body surveillance, .67 for body control, and .83 for body shame (Befort et al., 2001). In the current study, the alpha coefficients were .79, .85, and .70. Test-retest reliabilities over a two-week interval were .79, .79; and .73 (McKinley & Hyde). McKinley and Hyde reported strong correlations between the surveillance scale and the body shame scale (r = .66), moderate correlations between surveillance and appearance control beliefs (r = .30) and moderate correlations between body shame and appearance control beliefs (r = .23). Convergent and discriminant validity for the surveillance scale were examined by performing correlations with the Self-Consciousness Scale (Fenigstein, Scheier, & Buss, 1975), which differentiates between public self-consciousness, private self-consciousness, and social anxiety. Support for convergent and discriminant validity of the surveillance scale is evidenced in the strong correlation with the public self-consciousness scale (r = .73) and no significant relationship with either social anxiety or private self-consciousness (McKinley & Hyde). Construct validity for the appearance control beliefs scale was examined in a study in which restricting eaters scored higher on the appearance control beliefs scale compared to nonrestrictors, suggesting that women who restrict their food intake believe they have more control over their appearance.

RESULTS

Table 1 includes the results of Pearson Product Moment Correlations and reports effect sizes that were computed to test zero-order correla-

tions between the predictor variables and the components of OBC. There were statistically significant positive relationships between objectification experiences and two of the components of OBC, body surveillance and body shame. There was no statistically significant relationship between objectification experiences and appearance control beliefs. In addition, results indicated that there were statistically significant positive relationships between sociocultural attitudes toward appearance and two of the components of OBC, body surveillance and body shame. There was a statistically significant negative relationship between sociocultural attitudes toward appearance and appearance control beliefs. Using Cohen's (1988) guidelines for evaluating the magnitude of the observed relationship via effect sizes, results indicated several large effects, or relationships between the variables.

For the primary research question (i.e., what extent can the variance in the components of OBC be accounted for by objectification experiences and sociocultural attitudes toward appearance?), three separate multiple regression analyses were performed to determine the respective proportion of variance in the components of the dependent variable, OBC (i.e., body surveillance, body shame, appearance control beliefs) accounted for by the independent variables, objectification experiences and sociocultural attitudes toward appearance. The results of the regression analyses indicated that objectification experiences and sociocultural attitudes toward appearance did predict a significant proportion of the variance in all the components of OBC. Specifically, the first regression analysis revealed that objectification experiences and sociocultural attitudes toward appearance explained 36% of the variance in body surveillance ($R^2 = .36$, $F(3, 189) = 34.83$, $p = .0001$). The second regression analysis revealed that objectification experiences and sociocultural attitudes toward appearance explained almost 30% of the variance in body shame ($R^2 = .29$, $F(3, 189) = 25.38$, $p = .0001$). Finally, the third regression analysis indicated that 7% of the variance in appearance control beliefs was explained by objectification experiences and sociocultural attitudes toward appearance ($R^2 = .07$, $F(3, 189) = 4.71$, $p = .003$). By Cohen's (1988)

Table 1

Pearson Product Moment Correlations (r) and Effect Sizes (d)

	Body Surveillance		Body Shame		Appearance Control Beliefs	
	r	*d*	*r*	*d*	*r*	*d*
OEQ	.35*	.74	.34*	.72	-.09	.18
SATAQ						
Awareness	.20*	.40	.35*	.74	-.25*	.51
Internalization	.59*	1.45	.50*	1.16	-.20*	.40

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

standards, the effect sizes of the first two regressions, as indicated by R^2, are large, while the third is moderate.

To determine which variables in the regressions significantly contributed to the prediction of the components of OBC, the standardized regression coefficients, or beta weights, were examined. An analysis of the beta weights for the first regression analysis on body surveillance are presented in Table 2 and revealed that only the internalization subscale of the SATAQ was found to explain a significant proportion of the variance in body surveillance ($\beta = .57$ $t(3, 189) = 8.01$, $p = .00$). For the second regression analysis on body shame, objectification experiences explained a significant proportion of the variance in body shame ($\beta = .15$ $t(3, 189) = 2.14$, $p = .03$), as did awareness of SATAQ ($\beta = .16$ $t(3, 189) = 2.28$, $p = .02$) and internalization of SATAQ ($\beta = .37$ $t(3, 189) = 4.93$, $p = .00$). An examination of the beta weights for the third regression equation on appearance control beliefs revealed that only the awareness subscale of the SATAQ was a statistically significant predictor of appearance control beliefs ($\beta = -.19$ $t(3, 189) = -2.44$, $p = .02$).

The relationship between selected demographic variables (i.e., race/ethnicity, sexual orientation, SES, body mass index, and age) and the components of OBC were explored in ancillary analyses. These variables were chosen based upon evidence from research indicating their significance in understanding women's body experience. All female participants ($N = 268$), regardless of race and sexual orientation, were included in ancillary, exploratory data analyses. To determine the relationship between race/ethnicity and the components of OBC, independent samples *t*-tests were conducted. Only a comparison between African American ($n = 54$) and European American women ($n = 200$) was computed because the sample sizes of the other race/ethnicity categories (i.e., American Indian/Native American, Asian/Pacific Islander, Hispanic) were too small to include in analyses. For this sample ($n = 254$), results indicated no statistically significant differences between African American and European American women on any of the components of OBC.

Table 2
Multiple Regression Analyses for OEQ, SATAQ, and OBC

	Body Surveillance			Body Shame			Appearance Control Beliefs		
	β	*t*	*p*	β	*t*	*p*	β	*t*	*p*
OEQ	.12	1.80	.07	.15	2.14	.03	-.01	-.09	.93
SATAQ Awareness	-.08	-1.20	.23	.16	2.28	.02	-.19	-2.44	.02
Internalization	.57	8.01	.00	.37	4.93	.00	-.11	-1.31	.19

To determine the relationship between body mass index (BMI) and the components of OBC, three one-way Analysis of Variances (ANOVAs) were computed. Body mass index, weight divided by the square of height, is the most common measure used for evaluation of weight status and consistent with previous research, five weight categories of BMI were created: underweight (BMI < 20), normal (20 < BMI < 25), borderline (25 < BMI < 27), overweight (27 < BMI < 30), and obese (BMI > 30) (Caldwell, Brownell, & Wilfley, 1997). However, it was necessary to collapse the five into three groups because of insufficient sample sizes within the latter three categories (i.e., borderline, overweight, and obese). The three groups used to test the relationships were labeled underweight, normal, and overweight. There was a statistically significant overall main effect of BMI for body shame ($F(2, 267) = 10.02, p = .0001$). Tukey's HSD post hoc test was used and revealed that statistically significant mean differences on body shame occurred between the underweight group and the normal weight group, and between the underweight group and the overweight group. Examination of the mean scores reveals that underweight participants ($M = 2.42$, $SD = .87$) scored lower on body shame than did normal weight ($M = 2.96$, $SD = .93$) and overweight ($M = 3.06$, $SD = .92$) participants.

Three separate multiple regressions were conducted to investigate the proportion of variance in the components of OBC accounted for by SES, as indicated by father's education, mother's education, father's income, and mother's income. Results of the multiple regressions revealed no significant findings. The relationship between age and the components of OBC could not be examined due to insufficient variability, and the sample sizes of participants who reported being bisexual or exclusively or primarily homosexual were too small to analyze.

DISCUSSION

This study examined the relationships among objectification experiences, sociocultural attitudes toward appearance, and OBC. The results of the regression analyses revealed that body surveillance increases every time there is an increase in the internalization, or personal endorsement, of sociocultural attitudes toward appearance. In other words, a woman's personal acceptance of cultural pressures regarding appearance generally, and thinness specifically, is a powerful predictor of the degree to which she observes and monitors her body. This finding supports and adds to the existing research regarding the detrimental effects of current societal standards of beauty on women's body experience (Cusumano & Thompson, 1997; Heinberg et al., 1995; Thompson & Stice, 2000), including body dissatisfaction and eating disturbance (Stice, 2001). Moreover,

this result fits OBC theory about how dominant cultural standards of female beauty encourage women to watch their own bodies as objects. Consistent with the theory's predictions, body surveillance in heterosexual European American female college students is in fact explained in large part by a woman's acceptance and internalization of sociocultural expectations for attractiveness and thinness.

The contribution of awareness, or recognition, of sociocultural attitudes toward appearance was not statistically significant. This result is consistent with previous research indicating that the internalization of sociocultural attitudes toward appearance has greater predictive ability than the awareness factor (Heinberg et al., 1995). It is likely that awareness alone is not a strong enough feature in influencing women's body experiences. Rather, for adult college students, it is conceivable that awareness, at some point in their development, began the perpetuation of a process that culminated in the internalization of societal values.

Finally, the finding that frequency of objectification experiences was not a predictor of body surveillance was contrary to expectations. One reason for this finding may be the way in which the construct of objectification experiences was measured. Only 10 objectification experience items were included in the Objectification Experiences measure (OEQ), and it is possible that adding more items might capture women's experiences of objectification more thoroughly as well as help refine the assessment of such a construct. In addition, the OEQ did not allow for, or assess, the interpretation of the objectification experiences. For example, the level of perceived responsibility for certain objectification experiences, and the interpretation of objectification as demeaning instead of flattering, may influence OBC outcomes, including body surveillance. It would be useful to understand which experiences women view as objectifying and to understand the large variance in objectification experience scores. Finally, it may be that objectification experiences are of more importance at early ages. For instance, researchers have identified that a history of teasing about appearance from family and peers is related to body image disturbance in adolescent girls (Levin, Smolak, & Hayden, 1994).

The results of the second analysis may indicate that women who report greater personal endorsement or acceptance of societal standards of appearance will experience increases in body shame. This finding provides support for the intimate connection between cultural body standards and body shame. In particular, OBC theory hypothesized that, because many sociocultural appearance standards for the female body are virtually impossible to attain, when women internalize these standards, they feel shame about their bodies. The results of this analysis speak powerfully to the enormous pressure society places on heterosexual European American college women to be thin and, perhaps more

importantly, to the negative psychological repercussions engendered by dominant sociocultural attitudes toward appearance.

The finding that awareness of sociocultural attitudes toward appearance contributes to variability in the belief that weight and appearance can be controlled if one tries hard enough validates McKinley's (1995) statement that "convincing women that they are responsible for how they look is necessary to get them to accept attractiveness as a reasonable stand on which to judge themselves" (p. 13). Furthermore, the significant positive relationships between frequency of objectification experiences and both body surveillance and body shame suggest further support for the theory and point to the distinct relationship between sexual objectification and a woman's relationship to her body. Apparently, the more objectification experiences a woman reports, the more she scrutinizes her appearance and thinks of her body in terms of how it looks, rather than how it feels. Finally, the positive relationships found between sociocultural attitudes toward appearance and both body surveillance and body shame provide unique empirical support for a feminist and social constructionist understanding of negative body experience which implicates the sociocultural context, rather than the individual, in creating women's normative body discontent.

The current results highlight that the presence of exacting cultural standards for women's appearance shapes young women's body consciousness, perpetuating constant self-monitoring as well as stigmatization via body shame. It appears that sociocultural factors, namely the awareness and internalization of societally sanctioned standards of appearance, perform a primary function in the etiology of women's negative body experience. The sample of women in this study are indeed both subject and object to the cult of thinness constructed, endorsed, and perpetuated by dominant U.S. culture, and these pressures influence the degree to which they monitor and feel ashamed about their bodies.

Contrary to expectations, there were significant negative relationships between sociocultural attitudes toward appearance and appearance control beliefs. Thus, the more a woman recognizes or endorses the importance of attractiveness and thinness in U.S. society, the less she believes she can control her weight and appearance. These unexpected results reflect the complex and often contradictory relationships women may have with their bodies. For example, although women are bombarded with societal messages and expectations that emphasize the ultra-thin body, they are also simultaneously faced with the near impossibility of successfully attaining this thin body ideal. So, despite the societal pressure to be thin and attractive, women appear to be acknowledging difficulty in complying with cultural body standards.

The focus of the ancillary analyses was an exploration of the relationship between numerous demographic variables considered salient in women's body experience and OBC. Ancillary data analyses on the entire sample revealed that body mass index was the only demographic variable that was related at a statistically significant level to OBC. The analyses revealed a main effect of BMI for body shame. Significant differences occurred between two of the BMI groups. Participants in the normal and overweight categories felt greater shame about their bodies than did participants in the underweight category. It appears as though only underweight women are protected from experiencing body shame. This finding supports and adds to previous research finding that BMI is positively related to increased body dissatisfaction, body image disturbance, and disordered eating (Monteath & McCabe, 1997; Vervaet & Van Heeringen, 2000).

That there were no statistically significant differences between African American and European American women on any of the components of OBC is of particular interest. These results suggest that, contrary to expectations, African American and European American women do not differ in their experiences of OBC in the present study. These findings contradict results from existing research that has found differences in negative body outcomes among White and Black women (Akan & Grilo, 1995; Cash & Henry, 1995; Dolan, 1991; Hsu, 1987; Rucker & Cash, 1992). One possible reason for the results is that the sample may have been uncharacteristic or unusual, and therefore, it is possible that another university sample would produce different results. Another reason for the statistical similarity between the two groups could be that, although the ideal body type may differ for African American women, the expectation that women should conform to that ideal may be no less prevalent in the African American community. It could be that dominant, mainstream ideals for appearance are crossing over to non-dominant, or minority, cultures. Ultimately, the results of this analysis suggest that OBC may be a meaningful concept for African American women.

The results of this study should be considered in the context of possible limitations that could affect the internal and external validity of the results. For instance, testing, instrumentation error, and selection bias represent potential limitations to the study. The self-report nature of the data is subject to the limitations inherent in self-report testing, such as social desirability, response biases, recall error, and lack of collaboration by other sources. The sample was relatively small and was not randomly selected. There may have been pre-existing differences between participants that could bias the results in unknown ways. Moreover, the data used in hypothesis testing represent the experiences of only certain groups of women, namely heterosexual, European American middle-class

college students, which limits the generalizability of the results to populations of women with similar demographic features.

IMPLICATIONS FOR MENTAL HEALTH COUNSELORS

The findings of this study warrant further inquiry into the antecedents and consequences of OBC. The findings of the present study provide support for a feminist and sociocultural understanding of the development of OBC. Given the fact that objectification experiences and sociocultural attitudes toward appearance accounted for 30% or more of the variance in both body surveillance and body shame, researchers could consider incorporating into their studies a feminist and social constructionist understanding of the construction of women's negative body experience. Given the limited empirical research exploring the sociocultural origins of women's negative body experience, and OBC specifically, future research needs to replicate and extend this study with samples that include more diverse populations. This research could illuminate whether OBC functions similarly for lesbians, women of color, including traditionally understudied racial groups such as Asian American, American Indian, and Hispanic women; working-class women; and women in different age groups. One such group would be female adolescents entering puberty. Longitudinal and prospective studies started in pre-adolescence could help determine the etiological significance of various sociocultural factors such as objectification experiences to the development of OBC. In addition, qualitative research regarding the meaning and interpretation of objectification experiences and the dominant ultra-thin body ideal may help in informing resistance among women. In locating resistance, qualitative approaches may open up possibilities for change so that girls and women may successfully challenge and resist the cultural pressures associated with attractiveness and thinness.

The results of this study have many implications for mental health counseling and can be utilized to guide treatment for women. Chiefly, given that sociocultural factors explained, to a large degree, the variance in OBC, mental health counselors should emphasize the salient role dominant culture plays in women's lives. Given feminist therapy's sensitivity to sociocultural issues, the results of the study suggest that a feminist counseling orientation may be particularly fruitful in helping women who experience negative body outcomes such as OBC. For example, a feminist understanding of the body advocates that confrontation of cultural body standards must be undertaken consciously and with "an attitude of deliberateness" (Kearney-Cooke & Streigel-Moore, 1997, p. 296). Therefore, helping women gain insight into the origins of their body discontent from a contextual framework, which prevents blaming the victim, creates space

for women to feel less shame about not living up to unrealistic expectations about the body.

In a similar vein, narrative therapy, particularly the practices of externalizing and deconstruction, invites clients to reflect on the influence of culture and, thus, represents an important contribution for helping women with body related concerns (Epston, Morris, & Maisel, 1998; Madigan & Goldner, 1998). It is important to note that feminist and narrative practices are differentiated from other forms of therapy in that they appreciate fully the extent to which people are seduced by culture and its imperatives to behave in certain ways. Insight regarding the sociocultural influence can also be facilitated through psychoeducational interventions and programs. Deconstructing popular images of women and detailing the various methods used by the mass media to engender feelings of failure and shame in women regarding their bodies' shape and appearance would be helpful in contextualizing their experiences and reducing their vulnerability to OBC. Moreover, this type of exploration invites mental health counselors to alter the stringent and rigid ideals women internalize and strive to meet. As women gain more realistic expectations for their bodies, body surveillance and body shame should decline, as well as other negative body experiences, including restricted and disordered eating.

The current findings also highlight the need for body image therapy which includes techniques such as guided imagery, sensory awareness, and movement therapy to improve how women experience their bodies (Brownlow, 1997). Improving a woman's experience with the body may decrease the amount of time she spends monitoring her appearance and may lessen her desire to change the body through unhealthy weight regulation techniques, such as restricted eating, dieting, compulsive exercise, and cosmetic surgery. Along these lines, workshops and support groups could promote activities, such as yoga, pilates, martial arts, and Tai Chi, that emphasize and highlight the body's physical capabilities.

In addition, an important aspect of helping women develop better relationships to and with their bodies is sharing experiences with other women (Cash & Pruzinsky, 2002; Thompson et al., 1999). This sharing can be offered in a community self-help group, in group counseling, in a component of a wider counseling therapy program, or in individual counseling with a female mental health counselor. Educating mental health counselors about how they can make their clients more fully aware of the range of negative psychological consequences that objectifying treatment and expectations for thinness can have on them is another important priority in promoting client welfare, as well as in advancing second-order change. A mental health counselor's recognition of these types of concerns in session is validating and, thus, could strengthen girls' and

women's efforts to resist the adverse effects associated with dominant cultural pressures and could create ways for them to experience their bodies in more positive ways.

Finally, mental health counselors should consider the impact of various demographic variables on the phenomenon of OBC. The results of this study suggest that race, in particular, appears to be a factor that may affect OBC in surprising ways. That is, mental health counselors should not assume that non-European American clients are exempt from body concerns. Being sensitive to the individual's unique background and body experience is vital for mental health counselors in developing interventions and treatment to help their female clients. Ultimately, the results of the present study underscore the importance of encouraging girls and women to resist the invitation to evaluate themselves in terms of how they look and rather to support them to seize opportunities to achieve in areas other than appearance. Despite culture's invitation to scrutinize women's bodies, women need to resist the internalization of cultural appearance standards as their own and begin to challenge objectification in themselves and in others.

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