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**Objectification theory: Of relevance for eating disorder researchers
and clinicians?**

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Running Head: OBJECTIFICATION THEORY

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Abstract

Background: There is a large and expanding body of research on Objectification Theory. Central to the theory is the proposition that self-objectification results in shame and anxiety surrounding the body, and as a consequence, the development of eating disorders. However, the theory and research have been developed and reported in the gender and social psychological literatures rather than the clinical literature. Accordingly, the goal of this paper is to present an account of Objectification Theory to a clinical audience. **Methods:** The paper presents a brief overview of Objectification theory, followed by a narrative review of the related research. It then identifies clinical implications for research and practice in the area of eating disorders. **Results:** There is substantial research evidence, both correlational and experimental, supporting the predictions of Objectification Theory as they pertain to disordered eating. In particular, self-objectification is linked to disordered eating through the mechanisms of body shame and appearance anxiety. **Conclusions:** Although Objectification Theory does not attempt to encompass all major factors contributing to the development of eating disorders (e.g., genetics, temperament), its explicit account of social forces offers some useful clinical insights toward the conceptualization, treatment and prevention of eating disorders. These, in turn, offer a number of potentially fruitful avenues for future research.

Keywords: objectification theory; self-objectification; eating disorders; disordered eating; body shame; appearance anxiety

Objectification theory: Of relevance to eating disorder researchers and clinicians?

Overview

The first purpose of this paper is to provide a narrative review of Objectification Theory and its related research. This has become a contemporary theory of some significance within gender studies and the social psychological literature, offering an interesting perspective for considering body image and eating disorders.

The second part of the paper considers the clinical implications of the theory. In particular, it attempts to demonstrate the potential relevance of Objectification Theory to the conceptualization, treatment and prevention of eating disorders. While Objectification Theory is clearly restricted in the range of factors it encompasses, it is nevertheless possible to articulate a number of specific points of contact, which might usefully be addressed in future research. It remains for eating disorder theorists, researchers and clinicians to decide whether the theory holds any real utility for them.

History of Objectification Theory

Feminist analyses have long adopted a social constructionist account of the female body (e.g., Bordo, 1993). This account holds 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 part of women's daily experience.

But it was not until relatively recently that the *psychological* consequences of such objectification were specifically investigated, with the publication of two seminal papers, both in *Psychology of Women Quarterly*. First, McKinley and Hyde (1996) published 'The Objectified Body Consciousness Scale', in which they

described a particular form of consciousness of the body that involves thinking about it in terms of how it looks rather than how it feels, and with continual self-surveillance. Second, a year later, Fredrickson and Roberts (1997) published 'Objectification Theory', with the subtitle "Toward understanding women's lived experiences and mental health risks". They offered Objectification Theory as a formal and detailed sociocultural analysis of the consequences of being a woman in a culture that sexually objectifies the female body. In so doing, they converted a general framework into a set of specific proposals, and it is most likely this aspect which has captured the collective research imagination. Thus references to Objectification Theory almost invariably pertain to the theoretical conceptualization of Fredrickson and Roberts.

In the decade-and-a-half since the formulation of Objectification Theory, it has generated an increasing amount of conceptual and research interest. In fact, it represents a burgeoning research area, with an exponentially growing number of published studies (see Figure 1). Arguably, it can now be considered mainstream in social psychology and gender studies (Fredrickson, Hender, Nilsen, O'Barr & Roberts, 2011).

Objectification Theory (in a nutshell)

The theory takes as its starting point the given that women and girls in Western societies exist in a culture that both implicitly and explicitly sexually objectifies the female body. That is, the female body is socially constructed as an object to be looked at and evaluated, primarily on the basis of appearance. This is illustrated interpersonally in the notions of male gaze ("checking out", ogling, leering or whistling) and socioculturally in representations of women in the visual media. While pornography perhaps epitomizes the sexual objectification of the female body, the concept extends to mainstream visual media (fashion magazines, television,

advertising). For example, content analyses of music videos have shown that the physical appearance of women is strongly emphasized, and they are commonly depicted as thin, attractive and 'hot', usually provocatively or scantily clad, and often involved in implicitly sexual or subservient behaviours. In short, women are portrayed as "adornments, decorations and sexual playthings" (Reist, 2009).

Objectification Theory details the experiential consequences that such sexual objectification has in women's lives. The central tenet is that, through the pervasiveness of and repeated experience of objectification, woman and girls are gradually socialized to internalize an observer's perspective of their own bodies. That is, sadly, they come to view *themselves* as an object to be looked at and evaluated on the basis of appearance. This process, termed 'self-objectification' (Fredrickson & Roberts, 1997), describes a particular perspective on the self - a form of self-consciousness characterised by habitual and constant monitoring of the body's outward external appearance. *Self*-objectification is the very crux of Objectification Theory. It is what distinguishes the theory from previous more general feminist accounts and what enables the formulation of specific hypotheses.

Fredrickson and Roberts (1997) argued that *self*-objectification leads logically to a number of negative behavioural and experiential consequences for women. In particular, the internalization of an observer's perspective leads to an increase in both shame and anxiety about the body and appearance, as few women can match current societal body ideals. The constant self-consciousness and monitoring also make it difficult to experience flow or peak motivational states, and to be sensitive to internal states. In addition, the habitual and vigilant self-monitoring of outward appearance is argued to consume mental resources and therefore limit resources available for other activities. Thus Objectification Theory posits that self-objectification diminishes

cognitive performance on high level or challenging tasks (Fredrickson, Roberts, Noll, Quinn & Twenge, 1998).

Finally, Objectification Theory (Fredrickson & Roberts, 1997) pulls these threads together by arguing that the accumulation of these negative emotional and experiential consequences of self-objectification compound to contribute to three particular mental health disorders experienced disproportionately by women: namely, eating disorders, depression, and sexual dysfunction. These are serious conditions, but it should be noted that many other women also suffer milder forms of these in negative body image, disordered eating, depressed mood and low sexual satisfaction on a daily basis.

Research

Despite the fact that eating disorders is one of the specified outcomes, it seems that Objectification Theory has had little impact on research, theorizing or clinical practice within the eating disorders field. As an illustration, an ISI Web of Knowledge search showed only one paper (Monro & Huon, 2005) with self-objectification used as a keyword has been published in either *European Eating Disorders Review* or *International Journal of Eating Disorders*, and that was primarily a test of media exposure. This situation perhaps provides a telling example of what has been identified as the contemporary tendency for the construction of “isolated silos of knowledge that reflect specialization” (Okhuysen & Bonardi, 2011).

The considerable body of research in other publication outlets generally adopts the position that, although all western women exist in a culture that sexually objectifies the female body, there will exist individual differences in the extent to which women internalise an observer’s perspective on their bodies. Hence self-objectification is conceptualised as an individual difference or trait that is relatively

stable over time, a conceptualization supported by reasonable correlations over at least one year (Slater & Tiggemann, 2012). It has always been measured by one of two measures: either the Self-Objectification Questionnaire of Noll and Fredrickson (1998), or the Self-Surveillance Subscale of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996). Although both these measures warrant closer scrutiny (Calogero, 2012), they have largely been treated as interchangeable in the literature.

Correlational tests of the model

There is now a good deal of correlational support for certain aspects of the theory as it relates to disordered eating. In particular, links have been demonstrated between self-objectification and body shame (McKinley, 1998; McKinley & Hyde, 1996; Moradi, Dirks & Matteson, 2005; Muehlenkamp & Saris-Baglana, 2002; Muehlenkamp, Swanson & Brausch, 2005; Noll & Fredrickson, 1998; Steer & Tiggemann, 2008; Tiggemann & Kuring, 2004; Tiggemann & Slater, 2001; Tylka & Hill, 2004), between self-objectification and body dissatisfaction (Daubenmier, 2005; Fitzsimmons-Craft & Bardone-Cone, 2012; Frederick, Forbes, Grigorian & Jarcho, 2007; McKinley, 1998; McKinley & Hyde, 1996; Mercurio & Rima, 2011; Strelan & Hargreaves, 2005), and between self-objectification and measures of disordered eating (Daubenmier, 2005; Moradi et al., 2005; Muehlenkamp & Saris-Baglana, 2002; Myers & Crowther, 2008; Noll & Fredrickson, 1998; Peat & Muehlenkamp, 2011; Tiggemann & Slater, 2001; Tylka & Hill, 2004). Other studies have formally tested the specific mediational pathways proposed by Objectification Theory and have demonstrated that body shame and/or appearance anxiety actually mediate the link between self-objectification and disordered eating (Calogero, 2009; Calogero & Thompson, 2009; Hurt et al., 2007; Lindner, Tantleff-Dunn & Jentsch, 2012; Mitchell

& Mazzeo, 2009; Moradi et al., 2005; Noll & Fredrickson, 1998; Tiggemann & Lynch, 2001; Tiggemann & Slater, 2001; Tiggemann & Williams, 2012; Tylka & Sabik, 2010). On balance, there is sufficient evidence to conclude that the relationship between self-objectification and disordered eating is at least partially mediated by body shame and appearance anxiety, as proposed in the theory. The other proposed mediators (flow and awareness of internal states) are yet to receive such confirmation.

While much of the above work has been conducted in samples of female undergraduate students, there is also increasing support from more varied samples of women. In particular, the relationships predicted by Objectification Theory have been confirmed in samples of adult or older women (Augustus-Horvath & Tylka, 2009; Greenleaf, 2005; McKinley, 1999; 2006; Roberts, 2004; Tiggemann & Lynch, 2001), in physically active women (Greenleaf, 2005; Greenleaf & McGreer, 2006; Strelan, Mehaffey & Tiggemann, 2003; Prichard & Tiggemann, 2005), and in samples of adolescent girls (Harrison & Fredrickson, 2003; Slater & Tiggemann, 2002, 2010, 2012). In general, the relationship between self-objectification and disordered eating appears to be of moderate effect size. Interestingly, the predictions of the theory have also been supported in samples of gay men (Engeln-Maddox, Miller & Doyle, 2011; Martins, Tiggemann & Kirkbride, 2007; Wiseman & Moradi, 2010).

One limitation of the above research is that the outcome investigated has always been disordered eating in normal samples. To my knowledge, there are just two studies that have examined the predictions of Objectification Theory in clinical samples. In the first, Calogero, Davis and Thompson (2005) examined relationships in a clinical sample of young women diagnosed with eating disorders who were receiving residential treatment at an eating disorders facility. They found that self-objectification predicted disordered eating directly, as well as indirectly through the

effect of body shame, thereby replicating results shown in non-clinical samples. In the second, Fitzsimmons-Craft, Bardone-Cone and Kelly (2011) recruited women who had been eating disorder patients at a particular clinic up to 12 years previously. On the basis of a current diagnostic interview, they were categorized as having a current eating disorder diagnosis, or as being fully or partially recovered. It was found that fully recovered individuals had similar levels of self-objectification to non-eating disordered controls - levels which were significantly lower than those of partially recovered individuals and those with an active eating disorder (who did not differ from each other). The authors suggested that perhaps full recovery is characterized by a reconnection with the self and the body and a rejection of self-objectification, and further, that changes in self-objectification likely precede and influence recovery from an eating disorder.

Correlational studies of predictors of self-objectification

Given that different environments and early experiences are likely to decrease or increase opportunities for self-objectification, a smaller body of correlational research has begun to address potential factors in the development of trait self-objectification (as opposed to consequences). In particular, trait self-objectification has now been associated with the reading of beauty magazines (Morry & Staska, 2001), watching music or other sexually objectifying television (Aubrey, 2006; Grabe & Hyde, 2009), unwanted sexual advances and peer sexual harassment (Hill & Fischer, 2008; Kozee et al., 2007; Lindberg et al., 2007), appearance-related teasing (Lindberg et al., 2007), participation in 'lean' sports, e.g., gymnastics, cheerleading (Harrison & Fredrickson, 2003; Parson & Betz, 2001), exercising at a gym or fitness centre (Slater & Tiggemann, 2006; Prichard & Tiggemann, 2005), and being a member of a sorority or sorority rush (Basow, Cahill, Phelan, Longshore &

McGillicuddy-DeLisi, 2007; Rolnik, Engeln-Maddox & Miller, 2010). Protective factors that have been identified include participation in non-lean sports (Harrison & Fredrickson, 2003; Slater & Tiggemann, 2012) and yoga (Daubenmeir, 2005).

Some studies suggest that, if anything, earlier experiences may be the most critical in the development of later self-objectification and body image. For example, Tiggemann and Slater (2001) found that doing ballet at a young age was related to adult self-objectification. In another study (Slater and Tiggemann, 2006), female undergraduate students reported retrospectively on how often they had read teen or fashion magazines, how often they had watched music video programs, and how much television they had watched, separately for while they were in primary school (approximate ages 7-12) and in high school (approximate ages 13-17). It was found that childhood (primary school) experiences of media use predicted current (adult) levels of self-objectification, as well as body shame, appearance anxiety, and disordered eating, more strongly than did adolescent (high school) or current media use. Thus, in contrast to popular belief, childhood may be the most important stage where particular experiences lead to enduring beliefs around body image and the self, such as self-objectification.

Experimental studies of predictors of self-objectification

Another way to investigate the proposed antecedents of self-objectification is via experimental research designs. In contrast to correlational studies, here the causal chain is very clear. In addition to being a relatively stable individual difference or trait variable, Objectification Theory (Fredrickson & Roberts, 1997) proposes that self-objectification can also be context dependent and triggered or magnified by certain situations, in particular those that accentuate an awareness of an observer's perspective of the body. Thus self-objectification is conceptualized as both a property

of the individual (trait self-objectification), and as a potential response to environmental contingencies that will fluctuate over time (state self-objectification).

A number of studies have now used experimental designs to investigate (causal) effects of *state* self-objectification. In their seminal study, Fredrickson et al. (1998) manipulated state self-objectification by having participants try on and evaluate either a swimsuit or a sweater alone in a dressing room in front of a full length mirror. For women, the swimsuit condition resulted in increased state self-objectification, body shame, and negative emotions (especially for women high on trait self-objectification), which in turn predicted the restrained eating of chocolate bars. In addition, women in the swimsuit condition performed significantly worse on a mathematics test than those in the sweater condition, supporting Objectification Theory's assertion that self-objectification consumes cognitive resources.

Since then, various predictions of Objectification Theory have been replicated by other researchers using the swimsuit methodology (Gapinski, Brownell & LaFrance, 2003; Hebl, King & Lin, 2004; Quinn, Kallen & Cathey, 2006; Quinn, Kallen, Twenge & Fredrickson, 2006). Inducing state self-objectification in this way by trying on a swimsuit in front of a mirror is clearly a reasonably intrusive method that forces attention quite directly on one's physical appearance. However, other studies have demonstrated negative affective consequences for women by more subtle manipulations. For example, Calogero (2004) demonstrated that the mere anticipation of male gaze increased state self-objectification and led to greater body shame and social physique anxiety. Relatedly, poorer maths and/or cognitive performance has been found when women are subject to objectifying male gaze (Gervais, Vescio & Allen, 2011) or a male experimenter (Gay & Castano, 2010), as opposed to their female counterparts. Similarly, Roberts and Gettman (2004) demonstrated that state

self-objectification could be elicited by subtle exposure to sexually objectifying words in a scrambled sentences task, leading to higher levels of shame, disgust and appearance anxiety, and lowering the appeal of physical sex for women. More recently, Harper and Tiggemann (2008) showed that the viewing of thin idealized female magazine images in advertisements from women's magazines produced state self-objectification, weight-related appearance anxiety, body dissatisfaction and negative mood. Similarly, Aubrey (2009) found that exposure to images of barely-dressed women produced state self-objectification and negative attitudes to one's own appearance. Finally, Tiggemann and Boundy (2008) showed that incidental manipulation of the physical environment (via the presence of mirrors, scales and magazine covers) also elicited state self-objectification, particularly in women high on trait self-objectification. Interestingly, this study also showed that an incidental positive appearance comment resulted in increased body shame among these women. This somewhat counter-intuitive finding supports Objectification Theory's contention that anything which focuses on external appearance (even a compliment, as in the present case) can produce negative consequences, akin to what Calogero, Herbozo and Thompson (2009) have subsequently called "complimentary weightism".

Conclusions from research

There is now considerable evidence that self-objectification and self-surveillance are related to disordered eating and other associated phenomena such as body shame and body dissatisfaction. Most of this evidence is correlational, but there is also a smaller body of experimental research which demonstrates that a range of situations can trigger state self-objectification and actually (causally) lead to negative consequences such as body shame, negative affect, and restricted eating. If women high on trait self-objectification respond to these situations with greater state self-

objectification and body shame, then over time they may also be at greater risk for developing eating disorders. Most of the evidence comes from samples of undergraduate women, but there is an increasing amount with more diverse samples. Two conspicuous lacks are research with racially and ethnically more diverse samples, and longitudinal research examining temporal sequencing. Nevertheless, although the results are patchy in some areas, the total body of evidence converges to provide strong support for Objectification Theory.

Implications of Objectification Theory for Eating Disorders

The one thing that can be said with the greatest certainty about eating disorders is that they are complex, multiply-determined, and that variables interact in their determination. Accordingly, this section by no means denies the importance of genetic (or epigenetic) or psychological influences in the development of eating disorders, but rather seeks to find points of contact between the social and cultural influences prioritized by Objectification Theory and existing knowledge about eating disorders. That is, does Objectification Theory provide any useful insights into the conceptualization, treatment or prevention of eating disorders?

Conceptualization

Objectification Theory provides a novel perspective for interpreting existing findings in a different way. For example, age differences in body image and disordered eating are easily accommodated within the theory. Adolescence is a time of great physical maturation, as well as of increased self-awareness, self-consciousness, preoccupation with image and concern with social acceptance (Harter, 1999), which can be interpreted as manifestations of self-objectification. This is consistent with the fact that the eating disorders of anorexia nervosa and bulimia nervosa typically have their onset during late adolescence (Beumont & Touyz, 1985).

The documented increasing sexualization of childhood (e.g., APA Task Force Report, 2007; Zurbriggen & Roberts, 2013) is also consistent with an increasing number of younger children suffering from eating disorders (Madden, Morris, Zurynski, Kohn & Elliot, 2009). At the other end of the age spectrum, Fredrickson and Roberts (1997) postulated that women will be most targeted for sexual objectification during their years of reproductive potential. Thus older women might be able to gradually relinquish the observer's perspective on themselves, and in that way, experience improved well-being. In support, increasing age is associated with lower self-objectification among women, as well as lower rates of body shame, appearance anxiety, and disordered eating (Tiggemann & Lynch, 2001; Roberts, 2004; Greenleaf, 2005). In addition, self-objectification and eating disorders share many of the same predictors, e.g., participation in aesthetic activities (Smolak, Murnen & Ruble, 2000), or weight-based teasing (Menzel, Schaefer, Burke, Mayhew, Brannick & Thompson, 2010).

In many ways, the habitual and constant surveillance of outward appearance inherent in self-objectification is very similar to the concept of body checking, emerging as an important component of eating disorders. Repeated and ritualistic monitoring of aspects of the body has been identified as a characteristic feature of patients suffering from eating disorders, with frequency of body checking related to severity of the disorder (Reas, Whisenhunt, Netemeyer & Williamson, 2002; Shafran, Fairburn, Robinson & Lask, 2004). Such body checking is viewed as a behavioral expression of the core psychopathology (over-evaluation of shape and weight) in cognitive-behavioral accounts of eating disorders and itself serves to intensify weight concern and thereby contribute to the maintenance of eating disorders (Fairburn, Shafran & Cooper, 1998; Shafran, Lee, Payne & Fairburn, 2007).

One major advantage of the broader framework provided by Objectification Theory is that it attempts to explain more than disordered eating. While Objectification Theory clearly makes no claim to explain all of eating disorders (or depression or sexual dysfunction), it does offer a set of contributing factors to each. Eating disorders, depression and sexual dysfunction are conceptualised as different potential outcomes of the same underlying states arising from the experience of self-objectification, and thus the theory would predict considerable overlap. In fact, DSM-IV (American Psychiatric Association, 1994) explicitly states that eating disorders are often co-morbid with depression. Likewise, sexual dysfunction is a typical characteristic of both eating disorders (Pinheiro et al., 2009) and depression (Angst, 1998; Frohlich & Meston, 2002). Thus Objectification Theory offers an explanation of the co-variation among these disorders via the common process of self-objectification. Relatedly, it also offers a parsimonious integration of a number of more normative sub-clinical phenomena, such as body shame, negative affect, and lack of flow (the postulated consequences of self-objectification). The theory suggests that it is because of the ubiquity of sexual objectification, that such negative emotions are common and form part of the everyday experience for very many women in our society.

Treatment

Objectification Theory offers a number of ‘new’ targets for the treatment of eating disorders, as well as a different rationale for existing ones. Specifically, the postulated negative consequences of self-objectification, including body shame, appearance anxiety, negative affect, lack of flow, and lack of awareness of internal states could be targeted. Indeed, mindfulness therapies which address the latter two of these have begun to show some success in the treatment of eating disorders (Kristelle,

Baer & Quillian-Wolever, 2006). More importantly, self-objectification itself could be targeted. That is, the emphasis put on appearance needs to be decreased and the observer's perspective relinquished. In many ways this represents only a slight re-framing of the cognitive behavioural treatments already in place to treat negative body image (Cash, 2008) and eating disorders (Fairburn, 2008). Nevertheless, Objectification Theory's conceptualization might provide a useful adjunct to the clinician's toolbox and aims, especially in the light of the earlier Fitzsimmons-Craft et al. (2011) suggestion that full recovery might require the rejection of self-objectification.

One large advantage of the perspective is that treatment formulated in this way should serve not only for eating disorders, but also serve to treat depression, sexual functioning, and milder aspects such as shame and negative affect which are part of very many clinical and sub-clinical disorders. Thus disordered eating and co-morbid conditions like depression can be treated at the same time by focusing on their theorized common precursors, such as self-objectification, shame or negative affect. This is consistent with the trend toward transdiagnostic treatments of both eating (e.g., Fairburn et al., 2009) and mood disorders (e.g., Brown & Barlow, 2009), which seem to show some promise. This perspective explicitly recognises that co-morbidity is the norm rather than the exception, and has demonstrated a number of non-specific treatment effects.

Prevention

As a theory focusing on social forces, Objectification Theory may be particularly useful in the domain of prevention. It offers a number of general implications, with two main targets. Because the theory sees the root cause of eating disorders (and other clinical phenomena) as situated in the culture's sexual practices,

it follows that the cultural practice of sexual objectification of women should be tackled. For example, the representation of women in the visual media can be changed, as many advocacy groups are currently demanding. In Australia, the National Advisory Group on Body Image (2009) proposed a Voluntary Industry Code of Conduct which recommends a number of strategies for reducing the impact of the thin ideal, including using a diverse range of models in terms of size and shape, and not using models who are underweight or under 16 years of age. Unfortunately, however, it is unlikely that such an entrenched practice as sexual objectification can be changed very quickly or easily.

Importantly, the second target offered by Objectification Theory is self-objectification. Self-objectification rests on an outsider's perspective of the self, with the focus always on one's external appearance. Thus it logically follows that exposure to events or environments which increase that focus should be minimized. So we can choose not to read or buy fashion magazines, and attempt to limit our own and our daughters' exposure to environments containing mirrors, ballet-dancing, appearance-obsessed peers and weight control programs. Here the available research on predictors provides potentially useful strategies for intervention. For example, parents might be advised to resist making appearance-related comments (even compliments) to their daughters, or children and adolescents (both male and female) might be educated as to the negative consequences of appearance-based teasing and harassment.

In addition, educational strategies could explicitly teach girls about the existence of sexual objectification and its consequences. The fact that contemporary Western society is constructed in such a way as to encourage girls to begin to look at and treat themselves as 'objects' (i.e., to self-objectify) is a powerful and subversive idea, but one that is not too difficult to explain or understand. Girls can be actively

taught to critique appearance ideals and not to engage in appearance-based judgements of others or themselves. Given the increasing sexualisation of younger and younger girls, such education should begin relatively early and also be provided to parents and other care-givers. The concepts of sexual objectification and self-objectification could also make useful additions to the critical analysis and deconstruction of media images in media literacy programs which have shown some success in combating negative body image and disordered eating (e.g., Levine & Murnen, 2009).

On the positive side, interventions which encourage girls and women to view their bodies in a more holistic way: “from the inside”, and in functional capacity terms (i.e., in terms of what they can do), might be implemented. In particular, participation in (non-lean) sports and related forms of physical activity and risk-taking, such as hiking or circus skills, might be encouraged in young girls and continued right through adolescence, when many girls currently drop out (Slater & Tiggemann, 2010). In addition, mindful activities such as meditation and yoga can be encouraged to increase feelings of connectedness to the body. These recommendations require explicit testing but are consistent with feminist models of prevention which focus on embodiment and positive body image (Levine & Piran, 2004; Piran, 2001).

According to Objectification Theory, in addition to aiding in the prevention of eating disorders, these sorts of interventions would potentially have far-reaching benefits. Theoretically, they would extend to the prevention of depressive disorders and sexual dysfunction, as well as to the prevention of negative affective consequences like shame that go across many disorders. Future research is needed to evaluate the efficacy of such a transdiagnostic and non-specific prevention approach,

as well as the other specific interventions suggested on the basis of Objectification Theory.

Conclusion

Objectification Theory offers a conceptualization of eating disorders that is now a decade and a half old. It represents a growing research area, in which considerable support, both correlational and experimental, has been garnered for the theory with respect to disordered eating. In addition, a small number of predictors have been identified. Yet the theory has had little impact on researchers, clinicians or theorists in the field of eating disorders. On the one hand, it may be that the theory does not well suit clinical conditions. On the other hand, this paper argues that the theory may have at least some utility in the conceptualization, treatment and prevention of eating disorders, and accordingly, advances a number of avenues for future research. Minimally, existing “research silos” might be softened a little by increased debate and communication across fields about what has become a contemporary theory of considerable significance.

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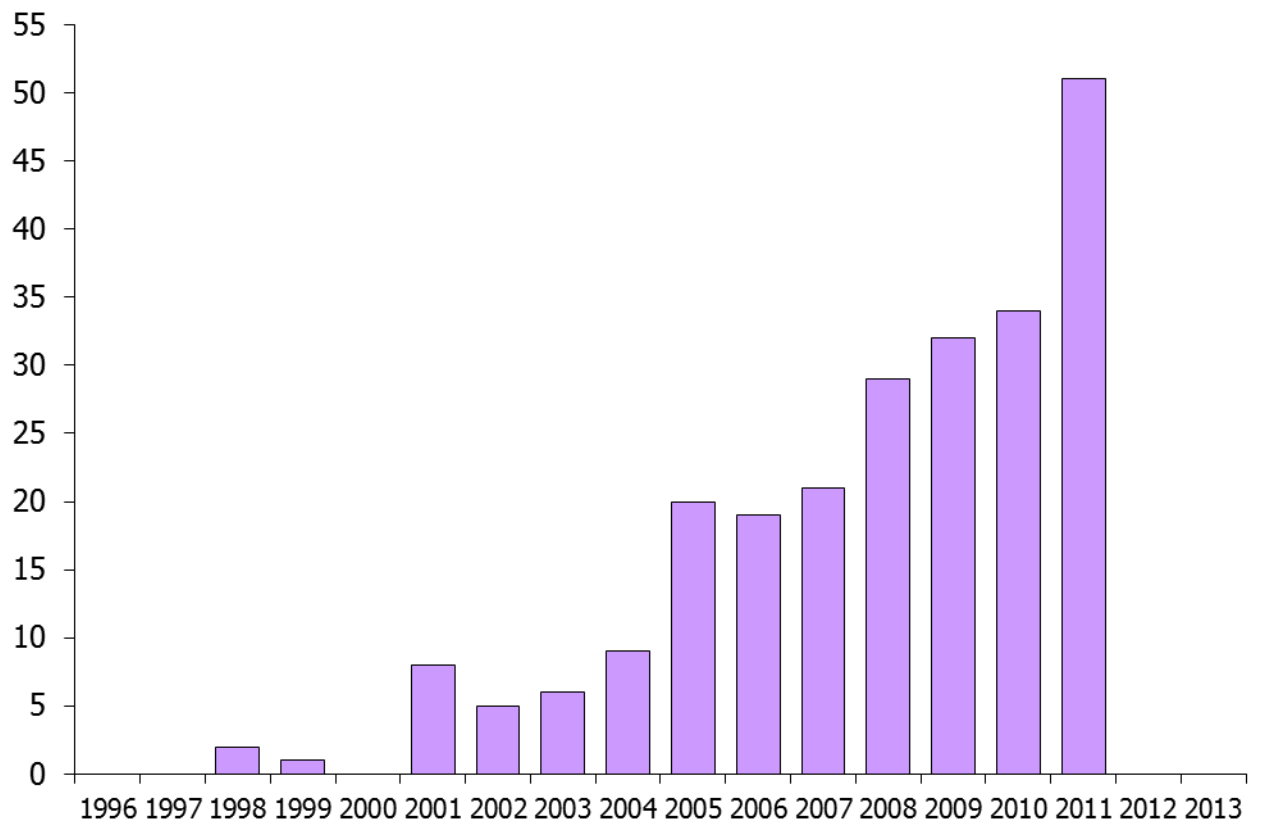


Figure 1. Number of papers published with self-objectification as key word by year.