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Getting Back to One's Roots: A Study of the Self-Discrepancies Prevalent in the Propensity to View the Self as an Object in the Eyes of Others

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A Thesis Presented To

The Faculty of the Department of Psychology

The College of William and Mary

In Partial Fulfillment

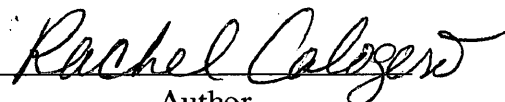Of the Requirements for the Degree of

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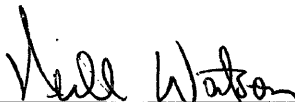―――――――――

By

Rachel Marie Calogero

2000

APPROVAL SHEET

This thesis is submitted in partial fulfillment of
the requirements for the degree of

Master of Arts

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Approved, April 2000

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Greg Feist

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ABSTRACT

The purpose of this study was to demonstrate an association between the propensity to see the view the self as an object in the eyes of others (ProSOE), specific self-discrepancies, and negative affect. The primary goal was to discover which self-discrepancy was most strongly related to ProSOE. In addition, how negative affect related to ProSOE was examined. One hundred and eight undergraduates completed a computer-based self-discrepancy measure in which three different sets of self characteristics were elicited and rated (i.e. real self, ideal self, ought self). Following this were measures of ProSOE, neuroticism, and impression management. Separate analyses were done for men and women. The real-ought and the ideal-ought discrepancy in women explained a significant amount of variance in ProSOE. Neuroticism was also a significant predictor of ProSOE. When entered into a full model after neuroticism, the real-ought discrepancy remained an independent predictor of ProSOE. Implications for viewing the self as an object in the eyes of others, how it impacts individuals' quality of life, and the real-ought discrepancy as a core component are discussed.

Getting Back To One's Roots:

A Study of the Self-Discrepancies Prevalent in the

Propensity to View the Self as an Object in the Eyes of Others

Introduction

Once we remove the masks that have closed us off from reality and self-expression,

we see for the first time. We see clearly. We can stand up for ourselves, explore new

avenues, and say what we feel and think. We can learn to defend ourselves against

boundary invasions and any violation of the self (Wallace, 1997, p.3).

An individual's understanding of how the self is different from others is assumed to be

essential to the individual's healthy functioning (Markus & Oyserman, 1989). However, this

distinction is absent in individuals who view themselves primarily through the eyes of others,

a form of self-objectification, and may produce maladaptive and debilitating implications

(Calogero, 1999; Fenigstein, Scheier, & Buss, 1975; Fredrickson & Roberts, 1997;

Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; McKinley & Hyde, 1996; Miller,

Murphy, & Buss, 1981; Noll & Fredrickson, 1998). According to self-discrepancy theory,

people are motivated to match their real self with evaluative self-guides (e.g. ideal self, ought

self) in order to reduce the negative affect produced by not meeting personally relevant wishes

and obligations for the self (Higgins, 1987). The quality of the discrepancy (e.g. real:ideal,

real:ought) has been related to specific emotional vulnerabilities such as real:ideal to dejection-

related emotions and real:ought to agitation related emotions (Higgins, 1987; Higgins, Bond,

Klein, & Strauman, 1986; Higgins, Klein, & Strauman, 1985; Strauman, Higgins, Vookles,

Berenstein, & Chaiken, 1991). The problematic nature of both self-objectification and self-

discrepancy share similar psychological consequences, but their relationship has yet to be

explored.

Consideration of the self-discrepancies prominent in self-objectification may provide a useful model for understanding how this frame of mind develops. Both the self-domain (i.e. real, ideal, ought) and the standpoint (i.e. own, other) are inherent in the construction of how individuals view themselves. This suggests it may be possible to discern varying degrees of self-objectification based on whose standards have been chosen to direct behavior. Further, by broadening the conceptualization of self-objectification, it may be possible to identify individual differences in the propensity to view the self as an object in the eyes of others (ProSOE). First, it is necessary to review what it means to self-objectify as has been expressed in both the theoretical and empirical literature. This is where the broadening of self-objectification and the development of this study begins.

<u>Self-Objectification</u>

An object, as opposed to a subject, has no desires, goals, or thoughts and therefore can be fully known from the outside by an observer. By definition, to objectify the body is to treat it as an object. This, in turn, places the moral standing of an object, something that can be manipulated and known, onto a human being. "The self begins with body...understanding of selfhood begins with awareness of one's body" (Baumeister, 1997, p. 192). Physical qualities are connected to a person's tastes, personality, values, stage in life, social history, and status (Andre, 1994). This implies that perceptions of the body are inseparable from perceptions of the self. Internalizing this objectified perspective of the self includes internalizing its moral standing, which ultimately shapes the structure of the self-concept. Instead of holding one's own beliefs and standards as salient, attention and energy is directed toward attaining and

monitoring an external others perspective of the self, which devalues and ignores an individual's own wants, needs, beliefs, and feelings. By self-objectifying, individuals are now always in a situation of objectification even in isolation from social situations; both in private and in public they are scrutinized. Consequently, to self-objectify is to become alienated from the self and one's subjective experience.

Danziger (1997) cites the early work of Adam Smith who recognized that people adopt an observational, self-monitoring stance in an attempt to view themselves through the eyes of others, or as others are likely to view them :

> When I endeavor to examine my own conduct, when I endeavor to pass sentence upon it, and either to approve or condemn it, it is evident that, in all such cases, I divide myself, as it were into two persons; and that I, the examiner and judge, represent a different character from that other I, the person whose conduct is examined into and judged of   (p.140).

In any behavioral context there are cues suggesting whether the situation is such that one's public image is likely to be open to scrutiny, or whether one's private feelings and motives are more likely to be relevant. Whether by disposition or situation, when an aspect of the self has been rendered salient, it presumably will be that aspect of self that is accessed when attention is self-directed, and it is that aspect that will subsequently influence behavior. This is evident with self-objectification and the vigilant self-monitoring that underscores it. The chronic focus on one's public appearance and behavior makes a large demand on the mind's limited attentional capacity. Attention is like energy in that no work can be done without it. "We

create ourselves by how we invest energy...attention is our most important tool in the task of improving the quality of experience" (Csikszentmihalyi, 1990, p. 33). In order to give full consideration to the consequences for attentional focus, it is necessary to further explore what it means to self-objectify, who it effects, and why.

Self-Objectification and Social Identity

Beginning with John Locke's description of personal identity as deriving from a consciousness of self, a distinction between internal experiences and external acts emerged (Danziger, 1997). The conceptualization of the self as an object that can be observed, evaluated, and known prescribed new meaning to the self as it related to the human experience. The idea established from this reformulation, and one that has been transmitted through the centuries into twentieth-century social science, includes the recognition that it is important to gain approval from others to achieve personal and social success. A fundamental axiom to emerge from this development is that people adopt standards for self-evaluation from others with whom they interact whether it be at the interpersonal, social, or cultural level.

William James (1892/1963) declared that "a man has as many social selves as there are distinct groups of persons about whose opinion he cares" (p.169). His conception of the self included the pure ego and the empirical self, the latter comprising a material, social, and spiritual self. The pure ego is the "I," or the self-as-knower. This aspect of the self describes the subjective experience of acting in the world with no evaluations made on that experience. The empirical self is the "Me," or the self-as-known, through which personal awareness and evaluation of experiences occur. Although he eloquently acknowledged the existence of

multiple selves, potential rivalry and conflict between them and how they should be managed provided a more complex issue.

Baldwin (1897) defined two aspects of the self, the ego and alter, as socially and culturally produced. The ego refers to an individual's thoughts of the self and the alter refers to an individual's thoughts of others in the social environment. The main thrust of his theory proposed that both the ego and alter shape, and are shaped by, each other. This "dialectic of personal growth" suggests that what a person thinks of as the self is identical to what a person thinks of as others. In reference to the development of the ideal self, Baldwin describes a "general alter" through which the social group becomes a "criticizing agent."

So the thought of himself stands also for the thought of the general 'other' of society; and he must share the field with him, etc., whenever he thinks. This shadowy being, the general self, is his other in the realest possible way. We call the evidence which we have of its presence 'public opinion,' *Zeitgeist*, etc., and we find ourselves actually responding to its existence by having a great and powerful set of emotions directed toward it (Baldwin, 1897, p. 293).

In recent empirical research, Rosenberg (1997) used a sophisticated methodology to analyze Baldwin's (1897) socius, or ego and alter elements. The HIerarchical CLASses (HICLAS) model allows for an analysis in degree of similarity and contrast among the ego (personal accounts of self) and alter (personal accounts of significant others) elements. Differences between abusive and nonabusive mothers, clinically depressed individuals and controls, and maintained or relinquished commitments in relationships were demonstrated with

this method. The main idea here is that considering a person's view of others provides a comprehensive understanding of that person's own self, which reflects differing degrees of internalization.

Cooley (1902/1964) established the concept of the "looking glass" self, which maintained that the individual's self-concept is largely a reflection of the views others share toward the individual. Individuals are motivated to modify their thoughts, feelings, and behaviors in anticipation of others' evaluations to insure positive regard. Further, any choice that an individual makes is derived from a synthesis of suggestions from the "general other." Mead (1934) described a "conversation of gestures" and an "interactionist self" in which people anticipate the reaction of others to their behavior, then respond to those reactions, and so forth. Thoits and Virshup (1997) view social identities as socially-constructed and socially meaningful categories that are variable, and assign meaning based on the differences society communicates. For example, classifications can occur between blue-eyed and brown-eyed people, heterosexuals and homosexuals, or obese and thin individuals. These approaches to viewing the self represent the basis for symbolic interactionism. This theory asserts that the self and society are created, sustained, and changed reciprocally through the process of symbolic communication or shared meaningful symbols. Two theories underlying this mutual interdependence include role identity theory established by McCall & Simmons (1966/1978) and Stryker's (1980) identity theory.

Role identity refers to the role an individual devises for the self based on a particular social position. Multiple role identities become organized into a hierarchy where the

prominence of any one role depends on several factors regarding reward value: the degree to

which others positively support the identity, the degree to which one is personally committed to

the identity, and the intrinsic and extrinsic gratifications gained through successful maintenance

of the identity (McCall & Simmons, 1978). Based on the premise that human beings are not

socially equal, it is suggested that broader social structural forces influence the content and

range of people's ideal and situational selves.

Stryker (1980) claims that selves reflect society. The term social "position" refers to

the type of person it is possible to be in society based on both social roles and

sociodemographic characteristics. Identity commitment is defined in terms of the number of

social ties or the affective importance of the social ties upon which each identity is predicated.

The greater the commitment, the more stable the identity. For example, what is invested socially

in terms of being thin for women includes greater flexibility and power within their social

position as well as more positive interpersonal relations. Thus, there are strong social ties, both

affective and functional, which engender greater commitment to that identity structure.

Thoits and Virshup (1997) claim that social roles and sociodemographic characteristics

can be the basis for individual or collective identities. They argue that one type of identity does

not preclude the other, but rather both significantly contribute to the central psychological

difference between the self as me and the self as we. An interesting proposition by these

theorists suggests that multiple identities or selves may merge or fuse into one entity. To use

their example, the role of breadwinner may also include the view of oneself as an adult, parent,

gainfully employed, etc. The meaning and behavioral consequences embodying this one identity

(e.g. breadwinner) may reflect, and be a result of, the integration of these identities and not a single self construct.

It is clear role identities are embedded in social networks of relationships, which motivate people to carry out the behavioral expectations associated with those roles. Meeting other people's expectations simultaneously maintains interpersonal relationships, engenders positive regard, and fulfills behavioral norms (i.e. what you should be doing to be good), which reinforces the social order from which the identities were originally derived. These public displays may not reflect private attributes or concerns, but over time come to be viewed by the owner of these actions as definitive of the self. Leary (1995) claims that people want others to see them as they truly are. However, if aspects of the self have been internalized from the culture, and significance is placed on attaining social approval, it may be more accurate to suggest people want others to see them as they truly want to be seen. The attention necessary to procure these ends becomes the central issue in determining the overall satisfaction and well-being experienced by individuals. In sum, the focus on social roles, the reflected appraisals from others, the prediction of role identities based on rewarding social interaction, and the recognition that roles are the basic building blocks of all social institutions provide a foundation for an understanding of why individuals may self-objectify.

Objectification, Self-Objectification, and Women

Johnston (1997) acknowledged that for women looking has taken the place of "being" time and again in this culture. She claims that appearance obsession is often mislabeled as vanity, although it is actually rooted in fear and insecurity in response to an objectified status.

Several characteristics of appearance obsession were outlined: (a) a tremendous need for social approval sought through self-improvement of physical appearance, (b) a distant and adversarial relationship with one's body, (c) a fragile appearance esteem, (d) a translation of feelings into body thoughts, and (e) an image of empowerment where the prioritization of external appearance occurs at the expense of comfort, self-acceptance, and intimacy. Clinically, clients have reported a sense of having to be a certain way, of consistently acting differently from how they are really feeling, and from feeling stuck in a role. Their relationships are often characterized by superficiality, a desperate desire for acceptance, and a lack of basic trust in others. Clearly, the objectification, and subsequent self-objectification, of women can severely impact their quality of life.

The value placed on thinness in this culture has created an unrealistic ideal to be thin. It has been suggested that the "normative discontent" experienced by women in this culture may stem from the implicit association this pervasive ideal conveys between body shape, weight, and moral character (Rodin, Silberstein, and Striegel-Moore, 1984). It could be argued that the emphasis on thinness conveys more than just knowledge of physical appearance, but actually has become a measure of goodness. Thus, the thin ideal has become a standard of beauty toward which women strive in their effort to be perceived as "good".

Through the investigation of a sociocultural framework, it has been demonstrated that the messengers of the thin ideal, and thus the objectifying gaze, include the family, peers, and media (Stice, 1994; McCarthy, 1990; Delaney, O'Keefe, & Skene, 1997; Irving, 1990; Pike & Rodin, 1991; Mitchell, Hatsukami, Pyle, & Echert, 1986; Garner, Garfinkel, Schwartz, &

Thompson, 1980). The average TV viewer can attest to the barrage of beauty and weight loss

advertisements and promotions seen today. Fredrickson and Roberts (1997) identified three

ways in which objectification of women occurs: (a) within interpersonal and social encounters,

(b) within visual media that depict interpersonal and social encounters, and (c) within visual

media that focus on bodies and body parts. They reported evidence that women are not only

gazed at more than men, but men direct more nonreciprocated gazes, particularly in public

places. Through the use of visual media women are portrayed repeatedly as if their bodies

were entirely capable of representing them.

The self-perception formulated through these interactions and experiences emphasizes

the extent to which an external other's perception of the self may become more salient than

one's own perspective. Constanzo (1992) argued that effective socialization begins with

compliance to minimally sufficient external pressures, proceeds through interpersonal

identification, and ends with individuals claiming ownership of socialized values and attitudes,

often by incorporating them into their sense of self. Cairns (1990) stated that "women's

greatest psychological and sexual barrier to intimacy...is an impaired sense of self" (p.2).

Ironically, for many women this impaired sense of self developed as a result of their efforts to

attain psychological and sexual intimacy.

McKinley and Hyde (1996) defined objectified body consciousness (OBC) as the

experience of the body as an object. They identified three components of OBC: (a) body

surveillance, (b) internalization of cultural body standards, and (c) beliefs about appearance

control. They demonstrated that the degree of body surveillance and internalization of cultural

standards were associated with negative body esteem and a controversial relationship with the body for women. Further, they demonstrated that control beliefs were significantly related to appearance control behaviors such as dieting, exercising to control weight, wearing make-up, and wearing clothes that enhance thinness.

McKinley and Hyde (1996) suggest two ways of perceiving the impact of these three factors on women. A positive perspective would suggest that loving the self through surveillance, making cultural body standards one's own, and engaging in appearance controlling or monitoring behaviors may help reduce discrepancies for women between their real self and the ideal standard. A negative perspective would suggest that each of these factors alienate a woman from her self, encourage unhealthy psychological and physical behaviors, and reduce the quality of her life by consuming all her energy. These researchers claim that looking at these factors may provide a better understanding of why women are more dissatisfied with themselves beyond the documentation of gender difference.

Objectification, Self-Objectification, and Men

Subtle differences may exist between men and women in how the self is perceived. This may be due to the relatively greater tendency for women to automatically focus on, and incorporate others into, their self-structure (Markus & Oyserman, 1989). However, the broader conceptualization of self-objectification to be presented here is an attempt to understand the experience of men as well. Gilmore (1994) claims men fear ostracism and sexual rejection if not meeting the physiological male traits of robustness, height, body mass, and powerful musculature. These traits constitute the beauty ideal for men in this society, and

they can evoke psychic trauma related to a failure to embody these social and national qualities defining their masculinity. Men are involved with their bodies as much as women with their anxieties, but their fears relate to appearing effeminate and not attaining the ideal of tall, dark, and handsome.

Johnston (1994) reported staggering statistics for men and their concerns with the male beauty ideal. Between 70 and 80 percent of college men reported a discrepancy between their current body shape and their ideal, typically the extreme muscular build. Steroid abuse approximates 300 to 400 million dollars a year and hair-replacement formulas and products approximate 2 million dollars a year. In addition, 25 percent of all American men went on a diet in 1992. She claims that increasingly, men are learning that the "mirror, mirror on the wall" telling them "who's the fairest of them all" is someone else's voice.

As has been discussed with women, there is a moral investment in male beauty that tends to be ignored due to the same cultural biases attributed to the female obsession with appearance and the suppression of female sexual desires. Women are culturally inhibited from openly expressing sexual desires which overtly promotes less sexual objectification of men. Men are culturally inhibited from openly expressing concerns with vanity, which is culturally equated with femininity. It is less socially acceptable for men to be concerned about their physical appearance. However, an increase in concerns by men over disordered eating and achieving the muscular mesomorph ideal has been noted in the 1990's (Hesse-Biber, 1996). The notion that men experience a vigilant self-monitoring of their physical appearance suggests that the nature of their self-objectification may be qualitatively different from that of women, but

the negative consequences similar and equally destructive.

Self- Objectification, Neuroticism, and a False Sense of Self

In tracing theoretical accounts of cultural objectification, Karen Horney (1939) postulated four axioms to understand how environmental factors create neurotic conflicts and disturbances in human relations. The first axiom claims that cultures vary as to what they consider healthy or ill, and therefore it is important to understand the culture if the individual is to be understood. The second claim is that this society emphasizes competitiveness, destructive rivalry, suspiciousness, and envy in economic and social areas, which engenders a feeling of helplessness, hostility, and insecurity within individuals. The third claim is that this culture is a composite of inherent inconsistencies which set the stage for inner psychological conflicts. The fourth axiom claims that cultural ideals often become the ideals of the neurotic person. Horney elucidates the core issue in matters of the self in stating, "...there looms an entirely new therapeutic goal, which is to restore the individual to himself, to help him regain his spontaneity, and find his center of gravity in himself" (p.11).

The objectionable quality of the ideals produced by a culture adhering to the first three axioms outlined above renders the fourth axiom most significant to understanding the negative impact of cultural influences on the self. Horney (1946) described the idealized image toward which neurotic individuals strive as a substitute for genuine ideals, thus the person is being driven instead of being the driver. "The person becomes oblivious to what he really feels, likes, rejects, believes - in short, to what he really is...The person loses interest in life because it is not he who lives it; he cannot make decisions because he does not know what he really wants"

(p.111). She claimed that this idealized image leads to demands or "shoulds" placed on oneself by which individuals attempt to mold themselves. Her theory of self defined the real self as a central inner force common to all human beings while at the same time unique in its capacity to fulfill one's innate potential (1950). By shifting energies away from the real self toward actualization of an idealized image, an alienation from the real self occurs which produces neurotic tendencies and disturbances.

Validation of the self is a central issue for identity development and the internalization of values and beliefs. Harter (1993) contends that if significant others ignore, reject, devalue, or actively denigrate one's real, or authentic self, individuals will be driven to suppress the real self and display manifestations of a more socially acceptable self. According to Kohut (1974), if a child's environment does not provide affirmation for identity and self-esteem, it may become necessary to compensate by trying to attain some ideal image of the self to receive affirmation from others. These behaviors are motivated by attempts to gain approval, to avoid rejection, and to maintain some form of connectedness with others.

Harter (1993) has provided valuable information regarding how a "false" or inauthentic sense of self may develop. In middle childhood, she claims girls and boys feel equally good about their appearance. It is after high school a dramatic shift is observed in females regarding their negative evaluations of both their inner and outer selves. Research has demonstrated that other-focused women in relationships with self-focused men felt least validated, and reported lower levels of authenticity (Harter, 1997). It is assumed that the transforming of one's needs to meet the needs of a partner may involve suppressing the real self within the relationship. This

may, in turn, reinforce strategic behavior to continue pleasing one's partner and maintaining their

needs. A general process model revealed that not only does the level of validation by a partner

predict one's ability to be authentic, but it appears to mediate self-esteem and affect.

Internalizing the External Perspective

This need to internalize external ideals, beliefs, or standards as one's own can be

understood in terms of needing to own one's own experience. Lecky (1945) theorized that the

need to maintain internal self-consistency stemmed from a need to preserve the self-concept,

which is the only true security a person retains. Rogers (1959) described a state of

incongruence between the self and experience as a necessary condition for individuals to

engage in the therapeutic process. Here, it is a fundamental goal of therapy to reorganize the

self-structure to increase congruence between the self and experience, and decrease distorted,

defensive perceptions. Epstein (1973) defined the self-concept as a cohesive self-theory with

its purpose to optimize the degree of pleasure and/or pain experienced by an individual,

facilitate maintenance of self -esteem, and organize experiences to cope with them effectively.

McAdams (1997) maintains that if you don't come to own your own experience the

world will flow right through. He argues that individuals attain unity within the self through the

phenomenological experience of selfing. Selfing refers to the process of being a self, grasping

experience as one's own, having a position of "I" in the world, and includes the sense that one

is a casual agent in the world. From this perspective, the notion that experiences are "mine"

engenders a sense of unity to selfhood "without which human life in society as we know it would

simply not exist" (p. 57). His methodological focus includes analyzing personal narratives to

identify "imagoes", or internalized perspectives of the self, and extract a consistent, unified

story. Creating an identity through narrative involves establishing a moral stance on what is

good in order to judge one's quality of life, and the lives of others.

Aversive Nature of Self-Objectification

Self-focus has not been shown to be phenomenologically aversive in and of itself

(Carver & Scheier, 1978). However, when there is a discrepancy between the present state

and a standard, and that discrepancy cannot be reduced, self-focus can be aversive (Gibbons

& Wicklund, 1976; Ickes, Wicklund, & Ferris, 1973; Steenbarger & Aderman, 1979). Based

on their theory of objective self-awareness, Duval and Wicklund (1972) hypothesized that

people would evaluate themselves based on their standards of correctness, or mental

representations of ideal behavior, attitudes, and traits as soon as an objectified state occurred

(e.g. presence of another person). Provided individuals were focused on a discrepancy, they

demonstrated that this self-evaluation produced negative or positive affect depending upon how

discrepant individuals were from their standards of correctness. Attending to the negative

discrepancy between two value states motivated people to conform behaviorally in an attempt

to reduce this aversive drive state.

If an individual's degree of discrepancy is based on a comparison with particular

standards of correctness, it is essential to understand from where these standards originate.

If they reflect internalized standards of external others, then a significant discrepancy and its

consequent negative affect may be more likely to occur. The behaviors adopted subsequently

to reduce the negative affect and the discrepancy may be detrimental to the mental and physical

health of an individual. For example, the presence of Bill produces an objectified state for

Monica. In this objectified state, Monica will evaluate herself based on her standards for

correctness. These standards reflect internalized cultural ideals for the way she should think,

look, and act. She may detect a discrepancy in one or more of these areas and this produces

negative affect.

In an attempt to reduce the aversiveness of this situation, Monica will modify her

behavior. This could result in any number of changes of which some may be extremely

unhealthy, dangerous, and ultimately unsatisfying (e.g. disordered eating to change the body or

chronic monitoring of how the self appears to others). One suggestion could be for Monica to

avoid being in the presence of Bill. But it is quite obvious the problem does not lie in Bill. The

problem involves the standards by which she defines herself and how they shape her self-

perception. These lie within Monica, and will continue to produce negative affect and

maladaptive behavior regardless of who is present.

Self-Objectification As Strategy

Goffman's theory (1959) emphasizes the need to be socially strategic, which is central

to behavioral changes associated with an awareness of self-discrepancies and the experience of

negative affect. To do so, it is necessary for a person to assume prescribed definitions of the

self as a consequence of ascription, or to display a self that shares in the rules of a particular

subculture. The central theme to Goffman's work involved recognizing the dramaturgical

approach through which social interactions occur. By controlling the impression that is

portrayed, or "impression management," other's actions and responses can be controlled,

which can affect a person's own outcome. Criticism, ostracization, or feelings of worthlessness

may result from violating the social framework in which one lives. In order to avoid these

negative consequences, and to insure there is not a significant discrepancy between the reality

of the self and the reality of society, the self becomes defined in accordance with the cultural

beliefs (Gergen,1971).

Schlenker (1980) recognized the importance of other's perceptions in his work .

involving social identity. He makes a distinction between impression management and self

presentation. The former is an attempt at a conscious or unconscious level to control the

impression one gives in some type of social situation. The latter refers specifically to situations

where the impression being displayed is self-relevant. Impression management is integral to the

development of identity, and identity is what ultimately defines a person. In related work, Leary

(1995) claimed that desired and undesired selves reflect a person's values. By managing the

impression made on others it is possible for people to convey an image of possessing a

particular value; a desired self. The successful presentation of a particular image (i.e. approval

from others) may encourage the image to be internalized, thereby moving people closer to their

desired selves and becoming a self-fulfilling prophecy.

Support for a Propensity to View the Self Through Others Eyes (ProSOE)

Based on this review of the literature, the relevance of others perceptions, beliefs, and

standards to an individual's self-perception is evident. It is not as clear, however, how others

perceptions influence individuals' self-perceptions. If an external other's perspective of the self

has become the primary perspective of the self, how does this impact the experience of an

individual? Attempts have been made to measure both objectified experiences of the self and

the monitoring of public self attributes. However, these attempts isolate particular attributes or

styles of managing the self in relation to others, which may mask a broader conceptualization of

attending to others' perspectives. A review of empirical work examining four of these

measures suggests combining them may capture a more comprehensive depiction of what it

means to see oneself primarily through the eyes of others.

Constructs measuring self-consciousness, body consciousness, and objectified body

consciousness assess the nature of viewing oneself through the eyes of others. McKinley and

Hyde (1996) measured the correlations among three factors from the Self-Consciousness Scale

(Fenigstein, Scheier, & Buss, 1975), two factors from the Public Body Consciousness Scale

(Miller, Murphy, & Buss, 1981) and three factors from their Objectified Body Consciousness

Scale. Each of these scales will be discussed in turn, and then the relations found between

them.

The three factors comprising Fenigstein et al.'s (1975) Self-Consciousness Scale

include public self-consciousness (PSC), private self-consciousness (PRSC), and social anxiety

(SA). PSC is defined as focused attention on the self as a social object that, in turn, has an

effect on others. This factor has been related to Mead's (1934) conception that consciousness

of self is the result of a person becoming aware of another's perspective. Fenigstein (1979)

suggests a consequence of PSC is an increased concern for presentation of the self and the

reactions of others to that presentation. He claims that high PBC individuals are more likely to

perceive a causal relationship between the self and the behavior of others. PRSC is defined as

a concern with attending to one's inner thoughts and feelings. This factor has been related to

Jung's (1933) concept of introversion, which describes an orientation toward the internal world

including thoughts and reflections of the self. SA is defined as experiencing discomfort in the

presence of others. It is suggested that when attention is directed toward the self, a person may

find something to be anxious about, and thus experience distress. Gender differences were not

found on any of these factors.

Two factors comprising Miller et al.'s Body Consciousness Scale include public body

consciousness (PBC) and private body consciousness (PRBC). PBC is defined as a chronic

tendency to focus on and be concerned with the external appearance of the body. PRBC is

defined as a concern with attending to one's thoughts and feelings. These researchers

developed this measure to assess private and public aspects of the body in neutral states. They

demonstrated high PRBC individuals were more aware of the stimulating effect of caffeine than

low PRBC, and high PBC were unaware of bodily changes after ingestion of caffeine. This

demonstrates a distinction between the two factors in regard to internal bodily awareness.

Women reported significantly higher PBC than men.

The three factors comprising McKinley & Hyde's (1996) Objectified Body Conscious

scale include body surveillance (BS), body shame (SH), and appearance control beliefs (AC).

This scale was created specifically to measure the objectified experience of women. BS is

defined as the amount of time a woman spends watching her body as an outside observer,

rather than the importance of appearance. SH is defined as feeling negatively about the body

when cultural standards are not achieved. AC is defined as the extent to which women believe

they can control their appearance.

McKinley and Hyde (1996) demonstrated moderate to high zero-order correlations between BS and PSC (r (112) = .73, p < .001) and BS and PBC (r (79) = .46, p < .05). BS was not significantly related to either PRSC or PRBC. Miller et al. (1981) demonstrated a high zero-order correlation between PBC and PSC for both males and females (r (275, 353) = .71, .66, p < .01, respectively). In addition to the strong relations among these factors, they appear to correlate similarly to measures of negative affect. McKinley and Hyde demonstrated that BS was significantly related to body shame (r (108) = .66, p <.001) and negatively related to body esteem (r (108) = -.39, p < .001). Fenigstein et al. (1975) demonstrated PSC was related to social anxiety (r (452) = .21, p < .01). Miller et al. (1981) demonstrated that PBC in women was related to negative emotionality such as fear, distress, and anger (r (353) = .30, p < .01). These similar relations to negative affect suggest further exploring their strength as a unified construct.

A recently introduced construct into the literature was expected to be strongly related to the measures described above. As described earlier, Fredrickson and Roberts (1997) developed a measure of self-objectification (SO) based on their theory of objectification. Their construct of SO was defined as the psychological consequence of sexual objectification. This is a form of self-consciousness characterized by a vigilant self-monitoring of the body's outward appearance. Specifically, this term refers to individuals thinking about and evaluating their body more from a third-person perspective than from a first-person perspective. These researchers claim this self-conscious appearance monitoring can disrupt an individual's stream of

consciousness, and thereby limit the mental resources available for other activities. They

identify specific psychological consequences that may affect the productivity of women's lives,

which include increased opportunities for experiencing shame and/or anxiety, decreased

opportunities for experiencing peak motivational states (i.e. flow experiences), diminished

awareness of internal bodily states, and deficiencies in cognitive performance. Clinical

implications include unipolar depression, sexual dysfunction, and eating disorders.

Noll and Fredrickson (1998) provided initial empirical evidence for the relationship

between SO, shame, and disordered eating. In two studies comprised of 93 and 111 females

respectively, results based on completed self-report questionnaires demonstrated that body

shame mediates the relationship between SO and disordered eating. Additionally, a direct

relationship between SO and disordered eating was shown.

Fredrickson, Roberts, Noll, Quinn, and Twenge (1998) conducted a second study of

SO to further test objectification theory and replicate these initial results. After measuring trait

self-objectification, the manipulation of a self-objectified state was induced by having male and

female participants try on a swimsuit or a sweater in a dressing room environment. While in this

state, the participants responded to questionnaires measuring body shame, emotional state, and

math performance. After this manipulation participants were provided a Twix bar or a cookie

to eat while responding to a last bogus questionnaire.

Overall, greater shame was reported by women in the swimsuit condition compared to

women in the sweater condition, and men did not report feeling shame at all. An interaction

was found between trait SO, state SO, and body shame. Women low in trait self-

objectification did not significantly differ in body shame in either the swimsuit condition or the

sweater condition. However, a significantly greater degree of body shame was experienced by

women high in trait SO when in the swimsuit condition relative to women in the sweater

condition. The self-conscious emotions reported by women included feelings of disgust,

distaste, and revulsion whereas men reported feeling sheepish, foolish, and silly more often.

Restrained eating was predicted by body shame as well as by a combination of body shame,

trait SO, and participant sex. Specifically, results revealed that if a participant was female, high

in body shame, or high in SO, then less of the Twix bar was eaten.

To measure availability of attentional resources, performance on a math test was

measured. After controlling for math ability, the results showed that men scored significantly

higher than women regardless of experimental condition. Further, their math performance was

unaffected by the experimental condition with their performance actually increasing when

wearing a swimsuit. Women in the swimsuit condition performed significantly worse than

women in the sweater condition. It was suggested that the chronic preoccupation with

appearance may monopolize limited attentional resources, thereby diminishing her performance

on other cognitive tasks (i.e. math test). The focus on appearance in the swimsuit condition

appeared to enhance this effect.

Calogero (1999) extended the model of SO previously shown as well as examined the

correlations among PSC, PBC, BS, and SO. In this study, 104 females previously assessed on

SO were randomly placed into one of three experimental groups and filled out two packets of

questionnaires. In the first packet, the measures included items assessing self-consciousness,

body dissatisfaction, and sexual attitudes. After the first packet was completed, participants read brief instructions stating that after completion of the second packet of questionnaires they would be interacting with either a male person, a female person, or just complete the packet. The second packet included a measure of body shame, social physique anxiety, dietary restraint, and sexual self-esteem.

It was expected that cognitively priming the anticipation of being in line with the male gaze, as opposed to having participants actually try on a swimsuit or have an actual interaction, would also influence a women's experience of shame, anxiety, restraint, and sexual self-esteem. Significant differences were demonstrated between the three groups. Anticipating a male gaze significantly increased women's body shame and social physique anxiety, but did not alter their restraint or their sexual self-esteem. Women anticipating an interaction with a female showed significantly lower shame and anxiety, which was an interesting finding. In testing the mediational relationship, when anxiety was entered into a regression model after body shame to predict dietary restraint, it rendered body shame nonsignificant. When body dissatisfaction was added after anxiety it rendered anxiety nonsignificant. Finally, when self-objectification was entered after body dissatisfaction it remained an independent predictor of dietary restraint.

In addition, Calogero (1999) found support for the hypothesized relationships between the four variables of interest. SO was significantly correlated with PSC, PBC, and BS (r (104) = .51, .45, and .63, p < .01, respectively). SO was not significantly correlated with PRSC or PRBC. Further, PSC was significantly related to PBC and BS (r (104) = .53, .71, p < .01, respectively) and PBC was significantly related to BS (r (104) = .56, p < .01). In addition to

having strong correlations with each other, each of these variables demonstrated a range of

significant correlations with body shame, social physique anxiety, body dissatisfaction, the

internalization of the thin ideal, drive for thinness, and restrained eating ($\underline{r}$ (104) = .26 to .78,

$\underline{p}$ <.01).

In examining these measures more closely, it appears that the first three provide a

direct measure of attentional focus toward external perspectives of the self. Fenigstein (1979)

suggests that when we attend to ourselves in social situations we become more aware of

ourselves as objects of attention to others. For SO, the measure is different. One of the

theoretical postulates of SO is that valuable mental resources are consumed as a result of the

chronic monitoring of appearance. However, a direct assessment of this chronic monitoring

does not appear in the measure of SO. Instead, it is the significance of appearance over

competency to one's self-definition that is measured. It could be argued that before attention is

usurped by chronic awareness of other's perceptions of them, it is necessary that external

others perspectives are important to and actually comprise an individual's sense of self.

Therefore, this assessment of the importance of physical appearance is considered a related

aspect to the propensity to view the self as an object in the eyes of others.

Together, these factors may capture the broader experience of viewing the self through

the eyes of others. This construct assesses the belief that others are preoccupied with one's

appearance and behavior, make judgements regarding how others are perceiving them, are

highly sensitive to the reactions of others, and monitor one's behavior to keep it in line with

others expectations. The correlations between these measures were analyzed again in this

study, and the variables demonstrating moderate to high correlations were combined to

produce a measure of the propensity to view the self through others eyes (ProSOE).

Self-Discrepancy Theory

Higgins' (1987) self-discrepancy theory provides a systematic framework through

which domains and standpoints of the self-concept may be assessed. The three basic domains

include the actual (denoted as real here) self (i.e. representation of attributes you or another

believe you possess), the ideal self (i.e. representation of attributes that you or another wish you

possessed), and the ought self (i.e. representation of attributes you or another believe you

should possess). The ideal and ought self are referred to as evaluative self-guides. The

standpoints of the self include one's own personal standpoint and the standpoint of a significant

other (e.g. mother, father, spouse). When the domains and standpoints are combined six types

of self-state representations are possible: actual/own, actual/other, ideal/own, ideal/other,

ought/own, and ought/other.

The first aim of self-discrepancy theory is to distinguish between different kinds of

discomfort experienced by individuals holding incompatible beliefs. The second aim is to relate

specific emotional vulnerabilities to specific incompatible self-beliefs. Higgins, Klein, and

Strauman (1985) have related discrepancies between the actual/own and the ideal self domain

to dejection-related emotions and discrepancies between actual/own and the ought self domain

to agitation-related emotions. More specifically, people experiencing a real/own:ideal/own

discrepancy were more likely to experience dissatisfaction, disappointment, or frustration.

When the discrepancy involved the ideal/other, the type of dejection was more closely related

to shame, embarrassment, or feeling downcast. People experiencing a real/own:ought/own discrepancy were more likely to experience guilt, self-contempt, and uneasiness. When the discrepancy involved the ought/other the agitation was more closely related to fear, threat, and resentment. It is clear from these results that it is both the quality of the attribute and the source of the attribute that produce emotional consequences.

Higgins, Bond, Klein, and Strauman (1986) examined the magnitude and accessibility of different self-discrepancies, and their relationship to increased negative affect. They supported their predictions that an increased discrepancy between the actual self and self-guides produced an increase in the emotional discomfort experienced. Also, the more accessible a particular self-discrepancy, induced through priming techniques, the more likely the associated discomfort would be reported.

Self-Discrepancy and Disordered Eating

In an attempt to extend these findings to populations with known affective vulnerabilities, self-discrepancy theory was applied to body dissatisfaction and disordered eating. Strauman, Higgins, Vookles, Berenstein, and Chaiken (1991) theorized that weak self-guides were related to disobedience, aggressiveness, lack of responsibility, and antisocial behavior. Strong self-guides were related to increased emotional intensity of self-evaluation, and an increased motivation to decrease self-discrepancies. These researchers claimed that girls acquire stronger self-guides than boys. This assumption underlies their prediction that girls would have stronger self-regulatory processes, thus showing more behavioral control than boys. In turn, this was related to the idea that body dissatisfaction and maladaptive eating

involve overcontrol, which is definitive of women struggling to regulate their appearance.

Strauman, et al. (1991) demonstrated that the actual:ideal/own discrepancy was discriminantly related to body dissatisfaction as measured by the Body Shape Questionnaire and the actual:ought/other was discriminantly related to anorexic-related eating problems as measured by the Eating Attitudes Test. A follow-up study conducted by these researchers demonstrated the actual:ought/other discrepancy was discriminantly related to anorexic-like behaviors and a variant of the actual:ideal self, denoted UFPP (unfulfilled positive potential), was discriminantly related to bulimic type behaviors as measured by the BINGE scale. They concluded that the psychological roots of dissatisfaction with one's appearance and maladaptive eating behavior include both specific standards for appearance and more general structural inconsistencies.

Forston and Stanton (1992) demonstrated that actual:ideal discrepancies for physical attributes predicted BULIT scores (i.e. bulimia test). However, neither actual:ideal nor actual:ought discrepancies from the participant's own standpoint were related to BULIT scores. This suggests the discrepant attributes remained at the ought level, and were not internalized as one's own. This latter result contrasts with Strauman, et al. (1991) described above, but overall support was found for Higgins' theory in accordance with the prediction of specific emotional vulnerabilities. Actual:ideal discrepancies from the self and mother standpoint significantly predicted depression, whereas actual:ought discrepancies from the self and father standpoint significantly predicted anxiety.

<u>Inconsistent Support</u>

Although Higgins and colleagues have found strong, consistent support for self-discrepancy theory, not all studies have produced similar results. Tangney, Niedenthal, Covert, and Barlow (1998) found no support for the central hypotheses of self-discrepancy theory. Using Higgins's Selves Questionnaire, these researchers found high intercorrelations between the four types of self-discrepancies, which they suggest reveals a <u>general</u> self-discrepancy between the actual self and some optimal standard. Further, little support was found linking specific emotional vulnerabilities to specific self-discrepancies. In fact, self-discrepancies of all types were related to shame proneness. Overall, the distinction between selves and related affect that is fundamental to self-discrepancy theory was not replicated.

Higgins (1999) responded to this finding by Tangney, et al. (1998) by identifying general moderators that may determine "when" an effect between specific self-discrepancies and types of emotions will occur. These moderators include: (a) the magnitude of a self-discrepancy, (b) the accessibility of a self-discrepancy, (c) the applicability and relevance of a self-discrepancy in a current context, and (d) the importance of a self-discrepancy to the person possessing it. The populations assessed by Higgins were specific in regard to the dispositional traits previously assessed (e.g. high depression scores) or were primed to activate a certain type of self-discrepancy. This is compared to the general population measured by Tangney, et al., and it is suggested that not taking into account any or all of the moderating variables may fail to reject the null hypothesis, but not the theory.

Self-Discrepancy and the Propensity to View the Self as an Object in the Eyes of Others

In addition to identifying what it means to self-objectify and how it affects individuals'

experiences, this study attempts to determine why individuals engage in ProSOE. Utilizing the

framework of self-discrepancy theory may produce a picture of the primary components

comprising an individual's self-structure that regulates and directs attentional focus.

Specifically, particular self-discrepancies may be related to ProSOE in a way that advances our

understanding of this experience.

The real-ideal discrepancy indicates that an individual is aware of a discrepancy

between the real self and how they wish they were. This, in turn, produces dejection-related

emotions (Higgins, 1987; Higgins, Bond, Klein, & Strauman, 1986; Strauman & Higgins,

1988). The measures comprising the ProSOE construct have also been related to dejection

type emotions including shame and dissatisfaction (Calogero, 1999; Delaney, O'Keefe, &

Skene, 1997; Heatherton, 1993; McKinley & Hyde, 1996). The real-ideal discrepancy and

ProSOE may be related through their shared emotional experiences.

Although the direction of the ProSOE - negative affect relationship has yet to be

determined, based on the way ProSOE is conceptualized here it is suggested that individuals

engage in ProSOE as a result of experiencing negative affect. Attention may be directed

toward external others to monitor one's self and appearance in an attempt to relieve the

negative affect. If an individual is discrepant with their ideals they may become more aware of

others perceptions, perhaps as a result of feeling like a failure, ashamed, and dissatisfied with

oneself. A pattern may exist in which the real-ideal produces negative affect, which in turn

induces ProSOE. In regard to the chronic nature of ProSOE, the real-ideal discrepancy may

bypass negative affect and predict ProSOE directly, which may ultimately reduce or at least

maintain the self-discrepancy. Individual differences in the strength of the relationship between

the real-ideal discrepancy and ProSOE will depend on how important others evaluations are to

individuals' ideal attributes.

The real-ought discrepancy indicates that an individual is aware of a discrepancy

between the real self and how others believe he or she should be. This, in turn, produces

agitation-related emotions (Higgins, 1987; Higgins, Bond, Klein, & Strauman, 1986; Strauman

& Higgins, 1988). The measures comprising the ProSOE construct have also been related to

agitation type emotions such as anxiety, fear, and anger (Calogero, 1999; Fenigstein, et al.,

1975; Miller et al., 1981). The real-ought discrepancy and ProSOE may be related through

their shared emotional experiences. Again, although the direction of the ProSOE - negative

affect relationship has yet to be determined, it is suggested that individuals engage in ProSOE as

a result of experiencing negative affect. Attention may be directed toward the external other in

monitoring one's self and appearance in an attempt to relieve the negative affect. A pattern

may exist in which the real-ought produces negative affect, which in turn induces ProSOE. In

regard to the chronic nature of ProSOE, the real-ought discrepancy may predict ProSOE

directly, which may ultimately reduce or at least maintain the self-discrepancy. Individual

differences in the strength of the relationship between the real-ought discrepancy and ProSOE

will depend on how important others evaluations are to individuals' ought attributes.

Based on the emphasis of the external other in ProSOE, the real-ought discrepancy is

expected to be more strongly related to ProSOE than the real-ideal discrepancy. According to

Shah and Higgins (1997) "...once an ought reaches a certain level of value or importance it is

experienced as something one must do even for less applicable or relevant situations" (p.1316).

This suggests the real-ought discrepancy may have a more powerful influence on behavior and

pervade more areas of life. Consequently, more energy or attention will be required to manage

the self in relation to the external other. By definition, the standards of others are most

important in ProSOE, which suggests being discrepant with them would produce important

consequences.

Further, the measure of negative affect through the use of the Neuroticism (N) subscale

of the NEO-PI-R allows for assessment of the total personality trait. In general, N indicates a

tendency toward psychological distress, moodiness, hypersensitivity, dissatisfaction with many

aspects of life, insecurity, nervousness, self-consciousness, and low self-esteem. As a

component of the Five-Factor Theory of personality, N has been argued to be a trait that

characterizes people according to relatively enduring patterns of thoughts, feelings, and actions

that differentiate them from others (McCrae & Costa, 1999). The pattern described earlier, in

which N predicts ProSOE, suggests that it is this fundamental emotional instability driving the

individual. It is expected this trait will be associated with individuals' preoccupation and focus

on the external other. However, it is also expected that the strength of the real-ought

discrepancy as a self-regulating mechanism will demonstrate a unique association with ProSOE

when examined with N.

Although the comparison between the real self and the self-guides has been extensive,

the comparison of self-guides to each other has not received the same attention. For example,

comparing the discrepancy between selves within the same domain (e.g. ideal/own to

ideal/other) or comparing different self-guide domains (e.g. ideal/own to ought/other) may

reveal intriguing results in groups that are vulnerable to particular types of emotional discomfort.

These comparisons may address the impact of introjected standards on the self. It is suggested

here that emotional vulnerability may be related to a non-differentiation between own and other

self-guide beliefs. If the attributes and standards of others become an individual's own

attributes and standards (i.e. the ought/other becomes the ideal/own), there may be greater

dejection or agitation experienced. In addition to predicting negative affect, this lack of a

discrepancy between one's own ideals and others oughts may predict ProSOE. It was

proposed here that the ideal-ought discrepancy would predict negative affect (i.e. anxiety and

depression) and ProSOE.

Hypotheses

Hypothesis 1: The real/ideal discrepancy (RI) will predict ProSOE.

Hypothesis 2: The real/ought discrepancy (RO) will predict ProSOE, and it will be a stronger

predictor than RI.

Hypothesis 3: The ideal/ought discrepancy (IO) will predict ProSOE. Specifically, low IO will

be associated with high ProSOE.

Hypothesis 4: Neuroticism (N) will predict ProSOE.

Hypothesis 5: RO will remain a significant predictor when entered with neuroticism.

Hypothesis 6: RI, RO, and IO will be related to anxiety and depression. Specifically, RI and

RO will be positively associated and IO will be negatively associated.

Overall Empirical Strategy

In the study to be reported here, participants were asked to complete a computer-based measure, which was created to elicit attributes for three different aspects of the self (i.e. real, ideal, and ought self) operationally defined according to domain and standpoint. Self-report questionnaires measured ProSOE, neuroticism, and impression management. The relation between specific self-discrepancies and ProSOE was analyzed through the use of simultaneous multiple regression analyses. Neuroticism and impression management were entered into the final model tested.

Method

Participants

One hundred and eight students (54 women and 54 men) enrolled in an introductory psychology course at the College of William and Mary participated in this study to fulfill a research participation requirement. Participants ranged in age from 18 to 22 years (M = 18.89, SD = 1.10), in height from 60 to 81 inches (M = 68.08, SD = 3.84), in weight from 110 to 250 lbs.   (M = 154.04, SD = 28.32), and body mass index (BMI) from 17.72 to 43 kg/m^2 (M = 23.79, SD = 4.42). The ethnic composition of the sample was as follows: 88% Caucasian, 3.7% Asian, 2.8% African American, 2.8% Hispanic, 1.9% Indian, and .9% of other unspecified ethnicity.

Materials

Propensity to View the Self Through Others Eyes (ProSOE; See Appendix A)

Initially, SO, PSC, PBC, and BS were to be combined to produce ProSOE. These

measures are described below. However, the pattern of correlations between SO, PSC, PBC,

and BS was not as strong as previously demonstrated (r (108) = .29, .38, .45, respectively).

Therefore, SO was not included in the final calculation of the ProSOE score. Only PSC, PBC,

and BS were transformed into z scores and summed to produce ProSOE.

Self-Objectification (SO) The Self-Objectification Questionnaire (Fredrickson, et al.,

1998; SOQ; See Appendix B) is comprised of five physical appearance attributes (e.g. weight)

and five physical competence attributes (e.g. physical coordination) for a total of 10 attributes

relating to the physical body. Individuals were required to rank order the 10 attributes by how

important each is to their physical self-concept. This provided a measure of concern with

physical appearance relative to concern for feeling satisfied with one's body. This measure has

been administered to more than 1200 college students consistently demonstrating a higher score

for women, on average, compared to men. Noll and Fredrickson (1998) reported satisfactory

construct validity through moderate correlations with the Appearance Anxiety Questionnaire

(Dion, Dion, & Keelan, 1990) and the Body-Image Assessment (Williamson, Davis, Bennett,

Goreczny, & Gleaves, 1985), which suggested a related, but not equivalent construct (r = .52,

.46, p < .01, respectively).

Public Self-Consciousness (PSC) Seven items comprising the PSC subscale of the

Self-Consciousness Scale were included to measure the tendency to think of oneself as a social

object (Fenigstein, Scheier, & Buss, 1975). Good test-retest reliability was reported for this

factor (r = .84).

Public Body Consciousness (PBC) Six items comprising the PBC subscale of the

Body Consciousness Scale were included to measure awareness of the physical body in

presentation to others (Miller, Murphy, & Buss, 1985). Good test-retest reliability was

(r =.73). McKinley and Hyde (1996) demonstrated moderate internal consistency with their

data (α = .69).

Body Surveillance (BS) Eight items comprising the BS subscale of the Objectified

Body Consciousness Scale were included to measure a person's focus on how the body looks

(McKinley & Hyde, 1996). High internal consistency was reported (α = .89) and good test-

retest reliability (r = .73, p < .001).

Self-Discrepancy Measure (See Appendix C)

Elicitation of three different sets of self-beliefs was completed with a computer

program. In the beginning of the program, each domain of the self (i.e. real, ideal, and ought)

was defined. For the purposes of this study, the real and ideal self were operationally defined

from one's own standpoint, and the ought self was operationally defined from the external

others standpoint. This distinction lies at the heart of self-regulation theory and has been

conceptualized as identification versus introjection, respectively (Moretti & Higgins, 1999).

Identification involves a restructuring of the self-concept to incorporate external standpoints into

the self and make them one's own. Introjection, in contrast, involves regulating oneself in

accordance to external standards, but these functions continue to feel like the standards and

beliefs of others and are not accepted as one's own.

Participants were asked to list six characteristics for each type of self-belief. For

example, "List six characteristics that describe your REAL self - yourself as YOU see yourself

in your own eyes." The real and ideal self were defined as representing characteristics from one's <u>own</u> standpoint whereas the ought self was defined as representing characteristics from an external <u>others</u> standpoint. The replacement of a significant other's standpoint (e.g. mother, best friend) with a generalized other's standpoint (no specific other) speaks more directly to the inquiry at hand. Recent research implementing a societal other standpoint has shown to be useful in illustrating the impact of sociocultural influences on ideals (Snyder, 1997). The order of elicitation for each of the self domains was counterbalanced.

After listing six characteristics for each domain, participants were presented all 18 characteristics in random order to rate on a 7-point scale according to three different sets of instructions (e.g. "Rate all the characteristics listed as they describe your REAL self"). This provided a value indicating how important each characteristic was to each domain of the self as designated by the participant. The last section of the program presented all 108 possible pairs of real/ideal, real/ought, and ideal/ought characteristics for the participant to rate on a 5-point scale (i.e. "Rate the degree to which the two characteristics mean the same thing to you.")

<u>Calculation of Self-Discrepancy Score</u>

The method employed in the present study asked for six characteristics in each of three domains. This was done in an effort to obtain meaningful characteristics, and the consistent mean reported for the number of attributes listed by participants has been approximately six (Higgins, 1987). Next, the participants were presented all the characteristics to rate on a 7-point scale within each domain. This provided a value reflecting how significant each characteristic was to each domain of the self. To calculate the real-ideal discrepancy for each

characteristic, the value given the ideal self was subtracted from the value given the real self. This provided a real-ideal difference score. The absolute values of these difference scores were summed, and a mean real-ideal discrepancy score was calculated. This procedure was identical for determining both the real-ought discrepancy and the ideal-ought discrepancy. No weighting system was required, but rather the values selected by the participants themselves provided the degree of discrepancy between the characteristics. This methodological qualification maintains a conceptual framework that appears to us more lucid than Higgins's procedure in its elicitation, calculation, and scoring.

Comparison to Higgins's Selves Questionnaire

The Selves Questionnaire asks the participant to list up to 10 attributes from the own and other standpoint for each of the self domains. After each attribute the participant is asked to "rate the extent to which YOU (or the significant other) believe you actually (or ideally, ought to) possess the attribute" on a 4-point scale. Next, Higgins designates attributes across the domains as matches, mismatches of extent, mismatches, and non-matches according to a weighting system he developed to determine self-discrepancies. Attributes are labeled a match if (a) the actual/own attribute and a self-guide attribute (e.g. ideal/own) differ by less than one on the rating scale, and (b) they are synonymous according to Roget's thesaurus. A mismatch of extent is determined if (a) the actual/own attribute and the self-guide attribute (e.g. ideal/own) differ by more than one on the rating scale, and (b) the attributes are synonymous according to Roget's thesaurus. A mismatch is determined if the actual/own attributes and the self-guide attributes are antonyms according to Roget's thesaurus. Finally, attributes are considered

nonmatches if they are neither synonymous nor antonymous according to Roget's thesaurus.

Matches are assigned a weight of -1, mismatches of extent are assigned a 1,

mismatches are assigned a 2, and nonmatches are ignored. The discrepancy score is

determined by summing the weights of all the matches and mismatches within the pair of self-

states being compared. It is apparent from this system that the negatively scored matches will

reduce the discrepancy score, which supports the theory that the closer one's actual self is to

their self-guides (e.g. ideal, ought) the happier and healthier the person. Fundamentally,

defining a discrepancy as the extent to which attributes are determined to be opposites by a

thesaurus and a stranger (i.e. the researcher), and not determined to be the same or different by

the participants themselves, does not divulge anything about the meaning, value, or tension

associated with those self-beliefs.

NEO-Personality Inventory Revised (NEO-PI-R; See Appendix D)

This measure included 240 items comprising the big five personality domain scales and

30 facet scales assessing adult personality (Costa & McCrae, 1992). Specific to the

hypotheses of this study, the 48 items comprising the Neuroticism scale and the two facet

scales, anxiety and depression, comprised of eight items each were examined. The six facets

scales comprising the total N score included anxiety, angry hostility, depression, self-

consciousness, impulsiveness, and vulnerability. To fully conceptualize what this N score

comprises a description of the facet scales is necessary.

The anxiety scale measures apprehensiveness, fearfulness, proneness to worry,

nervousness, and tension. The angry hostility scale measures a tendency and readiness to

experience anger, frustration, and bitterness. The depression scale measures degree of guilt

feelings, sadness, hopelessness, loneliness, discouragement, and dejection. The self-

consciousness scale measures shame, embarrassment, discomfort around others, sensitivity to

ridicule, and feelings of inferiority. The impulsiveness scale measures the inability to control

cravings, urges, or resist temptation. The vulnerability scale measures degree of feeling unable

to cope with stress and becoming dependent, hopeless, or panicked in emergency situations.

<u>Impression Management Scale (See Appendix E).</u>

Twenty items measuring impression management were included to assess socially

desirable responding (Paulus, 1991). These were embedded among 20 items measuring self-

deceptive enhancement.

<u>Procedure</u>

After signing the required consent form, participants were instructed on how to

complete the computer-based self-discrepancy measure. Elicitation of the self characteristics

was counterbalanced across participants. When the self-discrepancy measure was completed,

participants alerted the researcher and were administered the final battery including the ProSOE

measures, impression management, and neuroticism in counterbalanced order. Upon

completion of both sections of the study, participants were debriefed and any questions were

answered to the best of the researcher's ability.

Results

Preliminary Analyses

Three simultaneous regression analyses were performed to test the interactions of each

of the three self-discrepancies with gender in predicting ProSOE. In each regression model,

gender, the self-discrepancy of interest (i.e. real-ideal, real-ought, and ideal-ought), and their

interaction were entered simultaneously. As shown in Table 1, gender was a significant

predictor of ProSOE within each of the regression models. The gender by real-ought

interaction variable was also a significant predictor. Based on these findings that gender

significantly moderates the relationship between the real-ought discrepancy and ProSOE, all

analyses were performed separately on males and females for comparability purposes.

Descriptive Statistics

Means, standard deviations, ranges, and variance for SO, PSC, PBC, BS, ProSOE,

self-discrepancies, neuroticism, anxiety, depression, and impression management are presented

in Table 2 by gender. Levene's tests for equality of variance and independent means were

performed to compare males and females on SO, PSC, PBC, BS, ProSOE, RI, RO, IO, N,

anxiety, and depression to examine potentially significant differences in variances and means. A

marginally significant difference between variances on SO was found (F (1,107) = 3.44, p =

.06), but the remainder of the variables showed no gender differences in their variances.

Significant mean differences between men and women were found for PSC (t = 2.79, p = .01),

PBC (t = 3.72, p =.001), BS (t = 3.43, p = .001), SO (t = 2.32, p = .02), ProSOE (t =

3.72, p = .001), N (t = 2.74, p = .01), and anxiety (t = 3.95, p = .001). Significant means

differences were not found for RI (t = .01, p = .99), RO (t = .70, p = .49), IO (t = .96, p = .36), and depression (t = 1.10, p = .27).

Zero-Order Correlations

Intercorrelations among SO, PSC, PBC, BS, ProSOE, IM, N, anxiety, depression, RI, RO, and IO for women and men are presented in Tables 3 and 4, respectively. For women, only the real-ought discrepancy was correlated with ProSOE, but for men the self-discrepancies were unrelated to ProSOE. Although zero-order correlations are necessary, they are not sufficient criteria to establish a relation.

For women, the marginally significant correlation between IM and RI, and the significant correlation between IM and ProSOE, suggests IM may be a potentially confounding variable. Alternatively, the significant correlation between IM and ProSOE suggests IM may be a potential suppressor variable in the relation between all three self-discrepancies and ProSOE. For men, the marginally significant correlation between IM and RO, and IM and ProSOE, suggests IM may be a confounding variable. Alternatively, the marginally significant correlation between IM and ProSOE suggests IM is a potential suppressor variable in the relation between all three self-discrepancies and ProSOE. Multiple regression analyses were performed for both men and women on all three self-discrepancies controlling for IM in order to detect confounding or suppressor effects.

Tests of Hypotheses

To allow for more interpretable results, the raw scores for all the independent variables were transformed into z scores before they were entered into the regression models. To test

Table 1

Summary of Simultaneous Multiple Regression Analyses for Gender and Interactions
with Self-Discrepancy Predicting ProSOE

Predictor	B	SE B	β
Real-Ideal			
Gender	.94	.25	.34***
RI	.11	.25	.04
Gender X RI	.27	.25	.10
Real-Ought			
Gender	.91	.24	.33***
RO	.33	.25	.12
Gender X RO	.73	.25	.26*
Ideal-Ought			
Gender	.91	.25	.33***
IO	.31	.25	.11
Gender X IO	.22	.25	.08

Note. N = 108; RI = real-ideal; RO = real-ought; IO = ideal-ought.

*p < .05 *** p < .001.

Table 2

Descriptive Statistics of Raw Scores for ProSOE Measures, Impression Management, Neuroticism, Anxiety, Depression, and Self-Discrepancies by Gender

Var	Mean		SD		Minimum		Maximum	
	M	F	M	F	M	F	M	F
SO	-2.17	3.96	14.98	12.42	-25	-25	25	25
PSC	32.37	35.74	5.97	6.59	16	21	49	49
PBC	23.96	27.72	5.33	5.18	12	14	37	39
BS	32.69	38.02	8.92	7.14	14	17	52	52
ProSOE	89.02	101.48	17.93	15.92	47	60	136	135
IM	83.11	81.11	11.45	11.24	62	57	119	103
N	140.11	150.24	19.02	19.47	101	97	178	189
A	23.85	27.67	4.89	5.14	14	13	38	39
D	23.80	25.09	5.74	6.45	10	3	37	39
RI	1.18	1.18	.72	.75	0	0	3.06	3.72
RO	1.19	1.30	.84	.76	0	0	3.44	3.56
IO	1.02	1.14	.72	.67	0	0	3.44	2.94

Note. Var = variable; M = males (n = 54); F = females (n = 54); SO = self-objectification; PSC = public self-consciousness; PBC = public body consciousness; BS = body surveillance; ProSOE = propensity to view the self through others eyes; IM = impression management; N = neuroticism; A = anxiety; D = depression; RI = real-ideal; RO = real-ought; IO = ideal-ought.

each of the three self-discrepancy hypotheses, each self-discrepancy score was entered

separately into a multiple regression model with IM. Significant results were found for women

only.

IM was a significant predictor in each of the three models. The real-ought and the ideal-ought

discrepancy were also significant predictors when entered with IM, although the IO was not in

the expected direction. These results are presented in Table 5.

Table 3

Intercorrelations Among ProSOE Measures, Impression Management, Affect, and Self-Discrepancies for Females

	SO	PSC	PBC	BS	IM	N	A	D	RI	RO	IO
ProSOE	.33*	.87**	.79**	.86**	-.30*	.53**	.40**	.40**	.24	.43**	.25
SO	–	.20	.30*	.34*	-.16	.30*	.18	.25	-.04	.15	.12
PSC		–	.58**	.60**	-.24	.56**	.47**	.45**	.15	.43**	.30*
PBC			–	.49**	-.17	.34**	.31**	.27*	.13	.30*	.11
BS				–	-.32*	.41**	.24	.29*	.31*	.33*	.20
IM					–	-.50**	-.31*	.37**	-.19	-.03	.01
N						–	.81**	.82**	.39**	.25	.17
A							–	.65**	.26	.21	.25
D								–	.36**	.27	.15
RI									–	.47**	.15
RO										–	.40**
IO	–	–	–	–	–	–	–	–	–	–	–

Note. n = 54; SO = self-objectification; PSC = public self-consciousness; PBC = public body consciousness; BS = body surveillance; IM = impression management; N = neuroticism; A = anxiety; D = depression; RI = real-ideal; RO = real-ought; IO = ideal-ought.
*$p < .05$ **$p < .01$.

Table 4

Intercorrelations Among ProSOE Measures, Impression Management, Affect,

and Self-Discrepancies for Males

	SO	PSC	PBC	BS	IM	N	A	D	RI	RO	IO
ProSOE	.44**	.90**	.82**	.91**	-.20	.38**	.36**	.26	.04	-.12	.06
SO	–	.29*	.36**	.47**	-.08	-.02	.02	.04	-.12	.04	.04
PSC		–	.67**	.74**	-.13	.32*	.31*	.28*	-.04	.09	.00
PBC			–	.59**	-.05	.20	.18	.05	-.07	-.18	.05
BS				–	-.28*	.43**	.41**	.30*	-.01	-.08	-.10
IM					–	-.68**	-.49**	.54**	-.07	-.20	-.07
N						–	.79**	.78**	.22	.28**	.27*
A							–	.45**	.22	.20	.25
D								–	.06	.22	.18
RI									–	.68**	.44**
RO		–	–	–		–	–			–	.56**
IO	–	–	–	–	–	–	–	–	–	–	–

Note. n = 54; SO = self-objectification; PSC = public self-consciousness; PBC = public body

consciousness; BS = body surveillance; IM = impression management; N = neuroticism; A =

anxiety; D = depression; RI = real-ideal; RO = real-ought; IO = ideal-ought.

*p < .05 ** p < .01.

Table 5

Summary of Multiple Regression Analyses Predicting ProSOE when Each Self-Discrepancy was Entered with IM Separately by Gender

Predictor	B	SE B	β	sr^2	R^2	F
Females						
IM	-.26	.13	-.26*	.07		
RI	.19	.13	.19	.03	.13	3.65*
IM	-.29	.12	-.29*	.08		
RO	.42	.12	.42***	.17	.27	9.18***
IM	-.30	.13	-.30*	.09		
IO	.25	.13	.25*	.06	.15	4.60**
Males						
IM	-.20	.14	-.20	.04		
RI	-.00	.14	-.05	.00	.04	1.12
IM	-.23	.14	-.23	.05		
RO	-.17	.14	-.17	.03	.07	1.18
IM	-.20	.14	-.20	.04		
IO	-.00	.14	-.05	.00	.04	1.11

Note. n = 54; IM = impression management; RI = real-ideal; RO = real-ought;

IO = ideal=ought.

* $p < .05$ ** $p < .01$ *** $p < .001$.

The remaining analyses were performed on women only. To determine whether the real-ought discrepancy could account for unique variance when entered with a potentially confounding variable, IM was entered into a multiple regression model with RI, RO, and IO. Both IM and RO were significant predictors (B = -.29, p < .05; B = .43, p < .01, respectively). Semi-partial correlations revealed that RO explained 17% of the variance in ProSOE uniquely when partialling out the variance it shared with the other predictors.

To test the hypothesis that neuroticism predicts ProSOE, it was entered into a multiple regression model with IM. These results demonstrated N was a significant predictor (B = .50, p < .001) while IM was not. To test the hypothesis that RO would remain significant when entered with N, it was entered into a multiple regression model with N, RI, and IO. The results demonstrated both N and RO were significant predictors of ProSOE. Semi-partial correlations revealed that in addition to the 12% accounted for uniquely by N, RO accounted for an additional 8% in ProSOE. These results are presented in Table 6.

Anxiety and Depression

For anxiety in women, the marginally significant zero-order correlations among RI, RO, and IO indicated a relation among the variables (See Table 3). Simultaneous multiple regression analyses were performed on anxiety separately for each self-discrepancy, controlling for IM. IM predicted significant variance in each model. IO was the only significant predictor of anxiety when entered with IM, but not in the predicted direction (B = .25, p <.05). For depression in women, the significant zero-order correlation with RI and the marginally significant correlations with RO, IO indicated a relation among the variables (See Table 3).

Simultaneous multiple regression analyses were performed on depression separately for each

self-discrepancy controlling for IM.   IM predicted significant variance in each model. RI and

RO were significant predictors of depression when entered with IM (B = .30, .26, p < .05,

respectively).

For anxiety in men, the marginally significant zero-order correlations with RI, RO, and

IO indicated a relation among the variables. Simultaneous multiple regression analyses were

performed on depression separately for each self-discrepancy controlling for IM. IM predicted

significant variance in each model. None of the self-discrepancies significantly predicted

variance in anxiety beyond IM. However, IO was marginally significant (B = .22, p < .06).

For depression, the lack of a correlation with RI suggested a relation does not exist between

these variables. The marginally significant zero-order correlations among RO, IO, and

depression indicated a relation among these variables. Simultaneous multiple regression

analyses were performed on depression separately for each self-discrepancy. IM predicted

significant variance in each model, but the self-discrepancies were not significant.

Table 6

Summary of Simultaneous Multiple Regression Analyses for IM, Neuroticism, RI, RO , and IO
Predicting ProSOE

Predictor	B	SE B	β	sr^2	R^2	F
IM	-.10	.13	-.10	.01		
N	.43	.12	.43**	.12		
RI	-.12	.14	-.12	.01		
RO	.35	.14	.35*	.08		
IO	.06	.12	.06	.00	.39	6.12**

Note. N = 54; N = neuroticism; RI = real-ideal; RO = real-ought; IO = ideal-ought.
**p <.01 ***p <.001.

Discussion

This study provided an opportunity to identify what it means to self-objectify, how it impacts an individuals' experience, and why it occurs at all. First, an attempt to reconceptualize what it means to self-objectify was made. Traditional and recent measures of self-consciousness and objectification of the self were shown to be theoretically and empirically related. Based on these findings, a new construct was created in an attempt to measure an individual's propensity to view the self as an object in the eyes of others (ProSOE). This encompasses directing attentional focus or energy toward the monitoring of behavior and appearance in an attempt to maintain and enhance how one appears to others.

Based on the interaction between gender and the real-ought discrepancy, separate analyses for each gender were performed. For women, the real-ought and the ideal-ought predicted significant variance in ProSOE when controlling for IM. For men, the self-discrepancies did not predict any variance in ProSOE. These findings indicate that the real-ought and ideal-ought discrepancy are influential factors in whether or not women engage in ProSOE. The hypothesis that N would predict ProSOE was supported. This finding suggests that the experience of negative affect influences the degree to which women engage in ProSOE. Further, the real-ought discrepancy was a unique predictor of ProSOE when entered with N. This supports the pattern suggested earlier, in which the real-ought discrepancy directly influences ProSOE as well as indirectly through negative affect.

The hypothesis that each of the self-discrepancies would be related to both anxiety and depression was not completely supported. Differences in the pattern of zero-order correlations

lead to separate analyses for men and women. In women, only the ideal-ought discrepancy

predicted anxiety when entered with IM, and the real-ideal and real-ought predicted depression.

In men, the ideal-ought discrepancy marginally predicted anxiety and none of the self-

discrepancies predicted depression.

ProSOE

Development of the ProSOE score was modified from its originally anticipated form.

SO was not as highly correlated with the other three measures as was shown recently

(Calogero, 1999). Refer to Table 3 for these intercorrelations. Both methodological and

conceptual concerns are considered here as possible explanations. In regard to methodology,

the administration of the measures in this study did not follow the same procedure as Calogero

(1999). In the latter study, SO was measured through mass testing in order to preselect a range

on this measure. The selected participants completed a battery of counterbalanced

questionnaires including the Self-Consciousness Scale (including the PSC subscale), the Body

Consciousness Scale (including the PBC subscale), and the Objectified Body Consciousness

Scale (including BS subscale).

In the present study, SO was assessed separately from the other three scales, but only in

regard to the order of presentation. The measures were not administered differently in time as

was done in Calogero's (1999) study. Further, only the items specific to the subscales of

interest were assessed, and not the whole questionnaire. These ProSOE items were

counterbalanced with the NEO and the IM scale. It should be noted that the SO measure in the

first study was administered within a battery of questionnaires as is done in mass testing.

Therefore, in neither study was SO assessed in the absence of other measures. It is possible that the presentation of the measures together provoked different responses from the participants.

The results of the intercorrelations suggest a conceptual issue may exist distinguishing SO from the other three subscales. As described earlier, SO assesses how important physical appearance is to one's self-concept relative to physical competence. The other three measures more directly relate to the focus of self-attention. An important element of the SO construct has been identified in an attempt to discriminate it from the measure of ProSOE used here: the importance of physical appearance to one's own self-concept.

In ranking the attributes according to importance the SO measure specifically asks the participants to think about their own physical self-concepts. It does not measure whether the attributes have actually been attained, whether attention is focused on attaining them, or whether external others believe these attributes are important. However, objectification theory (Fredrickson & Roberts, 1997) assumes the importance of the physical appearance attributes is a result of having an observer's perspective of the self. This suggests that at one point in time physical appearance was not a personal primary concern, but a concern of the external culture in which one lives. There are two ways through which this external concern with physical appearance may become important to an individual: internalization or introjection. The distinction being made here is a complicated one and each will be discussed here only in relation to SO.

In regard to their presence within the self-system, internalization refers to the process by which others standpoints come to be identified and accepted as one's own whereas introjection

refers to the process by which others standpoints are taken into the self, but continue to be experienced as the felt presence of others or introjects (Moretti & Higgins, 1999). According to Moretti and Higgins (1999), different psychological consequences occur depending on whether others standards or beliefs have been internalized or introjected. Theoretically, Fredrickson and Roberts's (1997) measure of SO assesses internalized standards for physical appearance. Moretti and Higgins claim that the internalization of other's standpoint represents a "shared reality" between the self and others. This suggests that if concern for physical appearance is internalized, it will have a powerful impact on which aspects of the physical self are considered important.

In contrast, the other three measures appear to be more closely related to introjected standards. Although PSC, PBC, and BS also appear to assume the importance of the external others' perspective, the self-focus inherent in these measures reflects introjected beliefs that require chronic monitoring and directed attention toward others standpoints. The introjected standards themselves (i.e. concern for one's physical appearance) are not accepted and identified as important to one's own self-concept. This suggests regulating oneself in accordance to them will occur in a different way. Perhaps, then, the relation observed in this study between SO and PSC, PBC, and BS reflects a difference between internalized and introjected concerns for physical appearance. Future research in the area of the self-concept and ProSOE should begin to focus on the individual developmental patterns producing internalized versus introjected belief systems.

Gender Differences

Gender moderated the effect self-discrepancies had on ProSOE scores. Although there were no gender differences in self-discrepancies, significant differences across SO and the three ProSOE measures were found with the higher scores provided by women. The absence of support for men cannot be attributed to a truncated measure when compared with women. Therefore the hypotheses were tested for both genders and they didn't apply to men. Traditionally gender differences have not been reported for PSC (Fenigstein, et al., 1975), but they have been for PBC (Miller et al., 1981). The measures constructed to assess SO and BS target the experience of women specifically. Together, this suggests that the measures included in this study to obtain a ProSOE score, PSC, PBC, BS, primarily tap into the concerns of women. Despite the fact that these measures assess more general issues with appearance that are not necessarily gender specific (e.g. I'm concerned about my style of doing things), the items still tend to focus more on femininity as opposed to masculinity.

In addition, it is more socially acceptable to be concerned about one's appearance if you are a women, which may have suppressed men's responses to these measures. However, physical appearance does convey feminine or masculine qualities, and concern for appearance may not only be an issue of femininity. It is necessary to determine what masculinity looks like and what men do to maintain or conform to that image. Tapping into masculine concerns over appearance, as opposed to assessing their relatedness to female-oriented concerns, may provide insight into their propensity to view the self as an object in the eyes of others.

Impression Management

Paulus (1984, 1991) has identified and examined response bias or socially desirable

responding on psychological measures. In reporting on their own traits, attitudes, and behaviors

socially desirable responding may confound or obscure measurement of the content under

investigation. To address and minimize this concern in the present study, impression

management was measured and then controlled in the regression models. Therefore, if self-

presentational factors were influencing participants responses, this effect was partialled out of the

variance accounted for by the subsequent predictor variables. In this study, impression

management was not highly correlated with the ProSOE measures, ProSOE score, or the self-

discrepancies, but was nevertheless included in the final model to ensure control over its

influence. This allowed for a clearer interpretation of the results.

Real-Ideal Discrepancy

The hypothesis that the real-ideal discrepancy would predict ProSOE was not

supported, and this relation was not moderated by gender. This finding suggests that a

discrepancy between one's real self and one's ideals is not significantly related to directing one's

attention toward the self in relation to external others' perspectives. In this study, the ideal self

was defined as yourself as YOU would like to be in your own eyes. This describes a specific

domain of the self (i.e. wishes, hopes, aspirations) and a specific standpoint (one's own).

Consideration of these two qualities of the operational definition for the ideal self may offer some

explanation for this finding.

According to Higgins (1997), strong ideal standards involve a focus on promotion in

regulating the self. A promotion focus is concerned with approach, advancement, growth, accomplishment, and involves a sensitivity to the presence or absence of positive outcomes. When a discrepancy with an ideal standard exists, there is an absence of positive outcomes. This instigates a desire to reduce the discrepancy by moving the real self toward a match with the ideal standard. Consequently, behavior is modified. Higgins suggests the strategy of approaching an ideal standard can involve behavioral inhibition just as often as.behavioral production. For example, if the ideal for a runner includes winning an important race, he or she may suppress turning his or her head to check whether runners are close behind and instead focus straight ahead. This example illustrates two points. One is that the strategy selected to move toward an ideal may be to continue focusing attention on the ideal itself as opposed to focusing on how close one is to attaining it. Second, the focus on the self is evident here. Attention is not directed toward others or their position in relation to the self. Instead of looking around, individuals continue to look straight ahead.

Based on this perspective, it is possible that the personal nature of own ideals do not instigate ProSOE. It may not matter what the perspective is of the external other and therefore monitoring or regulating oneself in accordance to others standards is not relevant. In this case, strategic responses to the focus of promotion can be conceptualized in terms of whether the responses are congruent or discrepant from the standard. This raises the question as to what types of ideals individuals actually have for themselves. In this sample, it is possible appearance and behavioral style type attributes were not reflected in their ideals. In this case, the real-ideal discrepancy would be unrelated to ProSOE as demonstrated in this study.

Real-Ought Discrepancy

The hypothesis that the real-ought discrepancy would predict ProSOE was supported in women. This finding suggests that a discrepancy between one's real self and how others believe one should be is significantly related to directing one's attention toward the self in relation to external others' perspectives. In this study, the ought self was defined as yourself as OTHERS think you ought or should be. This describes a specific domain of the self (i.e. responsibilities, obligations, duties) and a specific standpoint (external others). Consideration of these two qualities of the operational definition for the ought self may offer additional support for the present finding.

According to Higgins (1997), strong ought standards involve a focus on prevention in regulating the self. A prevention focus is concerned with avoidance, protection, safety, responsibility, and involves a sensitivity to the presence or absence of negative outcomes. When a discrepancy with an ought standard exists, there is a presence of negative outcomes. This instigates a desire to reduce the discrepancy by moving the real self away from the mismatch with the ought standard. Consequently, behavior is modified. Higgins suggests the strategy of avoiding a mismatch with an ought standard can involve behavioral production just as often as behavioral inhibition. For example, if the ought standard for the self is to be reliable, then to avoid being perceived as unreliable individuals may make considerable efforts to be available at all times for others. This example illustrates two points. One is that the strategy selected to move away from a mismatch with an ought standard may be to focus attention on preventing a mismatch from occurring at all. Second, the focus on others is evident here. Attention is not

directed toward the self, but rather toward others and their position in relation to the self

attaining the ought standard. Instead of striving toward reliability, the focus is on avoiding

unreliability, which may require more attention and energy to manage.

Based on this perspective, it is possible that the external nature of others' standards

instigates ProSOE. The perspective of the external other is most important and therefore

monitoring or regulating oneself in accordance to others standards is necessary. In this case,

strategic responses to a focus on prevention can be conceptualized in terms of whether

responses are congruent or discrepant from the standard. This raises the question as to what

types of ought standards individuals actually hold for themselves. In this sample, it seems that

appearance and behavioral style type attributes were reflected in the ought standards. In this

case, the real-ought discrepancy would be related to ProSOE as demonstrated in this study.

Overall, it was assumed more energy and attention would be directed toward

maintaining standards (physical or otherwise) that are not a reflection of one's true self, and

therefore not as natural to the individual. This suggests the real-ought discrepancy would explain

more variance in ProSOE than the real-ideal discrepancy. Trying to appear brilliant, charming,

successful, and thin often requires considerable and sustained exertion. This element of the real-

ought discrepancy was also supported.

Ideal-Ought Discrepancy

In women, the ideal-ought discrepancy significantly predicted ProSOE, but not in the

hypothesized direction. This finding suggests that a discrepancy between one's own ideals and

the ought standards of others is significantly related to directing one's attention toward the self in

relation to external others' perspectives. However, the direction of this relationship was the opposite of that expected. It was suggested that the absence of a discrepancy between the ideal self standards and the ought self standards would be strongly related to ProSOE. Instead, it was the discrepancy between the two that predicted ProSOE. A reconsideration of what it means for individuals to have distinct ideals and oughts is necessary to interpret this finding.

First, the assumption was that if one's own ideals were the same as others ought standards, when elicited in participants, then that may indicate a direct measure of introjection. This is the classic definition of self-objectification; the others perspective has been introjected and made one's own.

The objectified self that persons now harbor within them is above all an object of approval and disapproval, both by others and by the person herself. This self is always conceived as an object of variable worth, and therefore the desire to raise or maintain its worth comes to be regarded as an identifiable human motive (Danziger, 1997, p.145).

It was assumed that as the discrepancy between own ideals and others ought standards decreased, one "identifiable human motive" would be ProSOE As was suggested with the real-ought argument, if the external other's perspective is most important, then a monitoring of the self in relation to external others is necessary.

However, implicit in that original assumption was that individuals prefer to have distinct ideal and ought selves. This may not be the case for the majority. Over time, individuals learn how important the good opinion of others is to their welfare in a number of ways, and therefore seek to influence that opinion by engaging in appropriate behaviors or conduct. Regardless of

whether ought standards have been internalized or introjected, their importance to the individual may be the same. When individuals are striving toward and meeting others expectations, while at the same time meeting their own, this may be experienced as positive. Therefore, individuals may engage in ProSOE to maintain or strive toward this positive and congruent state of mind. It is suggested here that differences between self and other may be reflected in the congruity between type of standards held for the self. Exploring this distinction in future research may enhance self-discrepancy theory as well as knowledge of the self as a whole.

Neuroticism

The Neuroticism (N) scale contrasts emotional stability with emotional instability (i.e. neuroticism). At its core, this personality trait encompasses a tendency toward and susceptibility to negative affects such as fear, sadness, embarrassment, anger, guilt, or disgust. The association between negative affect and the ProSOE measures has been demonstrated in the literature (Calogero, 1999, Fenigstein, et al., 1975, McKinley & Hyde, 1996; Miller et al., 1981). However, it was necessary to test the relation between negative affect and this new construct in the present study. As discussed earlier, N did significantly predict ProSOE. This finding suggests that the presence of negative affect may lead to the engagement of ProSOE in an attempt to manage the emotional experience, and perhaps target the source of it. It is possible that emotional instability increases sensitivity to external others' expectations of and reactions to the self. These individuals may be more likely to adopt behaviors or strategies in which they are chronically aware of themselves in order to maintain the approval of others.

In addition to N predicting ProSOE, it was hypothesized that the real-ought discrepancy

would remain a unique predictor when entered into a model with N. This was also supported

and suggests that there exists a direct link between the real-ought discrepancy and ProSOE.

Overall, the findings demonstrated here indicate two patterns. First, negative affect leads to a

propensity to view the self as an object in the eyes of others. Second, a discrepancy between

the real self and the ought self leads to this propensity, which suggests negative affect may not be

a necessary factor for experiencing ProSOE.. The real-ought distinguished itself from N.

This finding taps into the chronic nature of ProSOE. Instead of waiting for negative

affect to trigger a discrepancy-reducing response, an awareness of the discrepancy itself leads to

direct engagement of ProSOE. Thus, ProSOE remains a chronic state to maintain the real-ought

discrepancy, which has been reported to be stable and consistent over time itself as well

(Strauman, 1996). Strauman claims that once self-guide domains are acquired, they persist even

though the attributes they contain vary. It is suggested then, that the real-ought discrepancy will

continue to be important and influential for individuals' experiences. ProSOE demonstrates one

way in which individuals may manage this discrepancy without experiencing negative affect.

Anxiety and Depression

Fairly consistent results reported in the literature specify a link between the real-ideal

and dejection-related emotions and the real-ought and agitation- related emotions (Higgins,

1987; Strauman & Higgins, 1988). In this study, simple regression analyses were performed on

anxiety and depression for each self-discrepancy separately by gender. The results did not

completely support the current hypotheses or the previous findings. For women only the ideal-

ought discrepancy predicted anxiety. Again, the direction of this relationship was not as

expected. Although not specified as such, it was expected that as the ideal-ought discrepancy decreased anxiety would increase. Instead, the opposite relationship was shown. It would seem that the same interpretation would prevail here as was made for the relationship between the ideal-ought discrepancy and ProSOE. It is easier to maintain the approval of others and monitor the self in relation their standards if one holds those standards for the self. Despite the directional issue, no other studies are known of to this date to have shown a relationship between the ideal-ought discrepancy and negative affect. For men, the self-discrepancies were unrelated to anxiety although the ideal-ought discrepancy was marginally significant. Research should continue to focus on this relationship and its effect on the real:self-guide discrepancies.

In women, the real-ideal and the real-ought predicted depression. For men, none of the self-discrepancies predicted depression. It is possible that the awareness of a discrepancy produces different types of negative affect that may differ relative to the quality or size of the discrepancy. However, when a particular discrepancy is emphasized, or primed, the specific affective vulnerability becomes apparent. Higgins (1999) suggests that if a discrepancy is not important to self-regulation, accessible, large, and readily available, it may not be influential in inducing negative affect or motivating behavior. It appears there is a general experience of negative affect, but the source of it is unclear with this results.

Two concerns may be pertinent here. First, the measures used to assess anxiety and depression in this study do not follow what has previously been used. Higgins and colleagues have used the Multiple Affect Adjective Checklist, the Hopkins Symptom List, Beck Depression Inventory, State-Trait Anxiety Inventory-Trait Form, and the Blatt Depressive Experiences

Questionnaire. The differences in the measures used to assess negative affect is an issue that

should be considered and examined in future research. Second, the elicitation method of the self

characteristics was different from the Selves Questionnaire utilized by Higgins and colleagues.

This comparison was made earlier. The method employed here did appear to elicit valid

attributes and produced a range of specific self-discrepancies. A comparison of these elicitation

methods should be examined in future research as well. Whether or not the selves elicitation

method affects report of negative affect would be an important question to answer.

Implications and Future Directions for Understanding the Nature of Self-Objectification

The combination of previously independent variables to produce a broader construct

assessing a propensity to view the self as an object in the eyes of others has implications for

understanding what it means to self-objectify. The common underlying component of the

ProSOE measures is the direction of attention toward an external other's perspective and

monitoring the self accordingly. In essence, to self-objectify involves attending to or focusing on

an observer's perspective of the self. Human beings have limited attentional capacities and

limited energy stores. Investing attention in maintaining a certain image of the self for others as

opposed to optimizing and valuing the true attributes of the self would seem to be the ultimate

consequence of self-objectifying. This is, in part, due to the mental and physical health risks

involved. One example of this is the relationship between body surveillance and disordered

eating reported in the literature (McKinley & Hyde, 1996).

Csikszentmihalyi (1990) identifies "flow" experiences as a focused state of concentration

that stretches the mind to its limits, allows for total absorption in an activity, no control by others,

and is genuinely satisfying to an individual. "Everything we experience-joy or pain, interest or boredom-is represented in the mind as information. If we are able to control this information, we can decide what our lives will be like" (p. 6). Fredrickson and Roberts (1997) claim that the habitual body monitoring encouraged by a culture that objectifies the female body limits women's chances for having "flow" experiences, which in turn may reduce women's quality of life. Further, they claim that women may be left with fewer perceptual processes available to attend to inner body experience as a result of the vigilant awareness of their outer bodily appearance.

The findings in the present study suggest that attention is an important component of objectifying the self. Instead of focusing on the source of the objectification, whether it be the culture, the male gaze, or ultimately the individuals themselves, it may be more productive to target the effect it has on an individuals' experiences. In essence, it robs them of their attention and energy to do, to act on, to think about other things. Further, valuing the self as one would value an object can lead to maltreatment and disregard for the self. Again, engaging in disordered eating, whether it includes starving, binge-eating, purging, or all of these, wreaks physical havoc on the body. This behavior is extremely dangerous to one's health and can induce long-term damage. And the question is are these women, and to a lesser degree men, even paying attention? Experience is determined by how individuals choose to invest their energy. This, in turn, is related to goals and intentions (Csikszentmihalyi, 1990). What is the quality of life for an individual whose goals, intentions, and overall experience focus on maintaining external others perspectives of them? Empty, perhaps.

Implications and Future Directions for Self-Discrepancy Theory

The standpoints of the self were given heavy emphasis in this study, and recently have received more attention in the literature (Moretti & Higgins, 1999). Overall, this study demonstrated that the type of attribute (i.e. ideal, ought) and the standpoint for that attribute (i.e. own, other) have different predictive values for ProSOE. Interestingly, referring to Table 2, there were no significant differences in the report of self-discrepancies in this sample. Further, particular self-discrepancies were not reported differentially for men and women. The nature of the real-ought discrepancy does appear to be related to ProSOE.

It would be interesting to see if priming the real-ought discrepancy would enhance the relationship with ProSOE. Having induced that particular state, it may be possible to assess the degree to which ProSOE may actually maintain or minimize the discrepancy, how long it takes, and whether the ProSOE extends into domains that are unrelated to the specific discrepancy primed. Differences in effectiveness of ProSOE may be determined and subsequently more positive coping mechanisms may be introduced in specific contexts. Is it possible to redirect an individual high in ProSOE? Does one intervene at the level of the discrepancy or at the level of behavior? Future research may provide some answers.

The ideal-ought discrepancy demonstrated a significant relationship with ProSOE and negative affect. This suggests there may be a place for the comparison of self-guides to each other in self-discrepancy theory. Questions pertinent to the compatibility versus differentiation debate emerge here. The inclusion of the ideal-ought discrepancy may allow for a more fine-grained analysis of the who and why that engage in ProSOE.

An additional important point involved the operational definition of the <u>other</u> standpoint. In previous self-discrepancy research a specific target is identified as the other standpoint such as mother, father, peers, or society (Higgins, 1987; Strauman & Higgins, 1988; Snyder, 1997). The concern with designating a particular significant other standpoint is that there is always the possibility that the person or group will be insignificant to some individuals (e.g father, sister). That being plausible, the door was left open for the participants to envision whoever they considered as the "other". It was assumed that the people or groups that are significant to how individuals define themselves would influence their responses more genuinely than attempts by the researchers to designate who would be significant to them. Although this method for eliciting accessible ought other attributes appeared to be effective, the question of who the significant other actually is for self-objectifier's remains unanswered. Research focused on the other standpoint may be able to tap into who the ought other signifies for high ProSOE individuals. It may be possible to reassess the significance of this other standpoint for some individuals.

The results demonstrated in this study offer an opportunity to think about how the development of the self-concept affects the attentional focus of individuals. Whether or not attention and energy is invested in cultivating a genuine sense of self may depend on which self-discrepancies comprise one's definition of self and thereby regulate cognitions and behavior.

Regard for Quality of Life

Lifton (1993) describes the protean self as one who takes on whatever form and qualities that a particular situation demands as a way to live amid the relentless cultural and technological change and ideological ambiguity. He believes the protean self represents an

adaption by people in today's society to cultural trauma. In short, people are finding it impossible to make meaningful and long-term commitments to each other, to their institutions, and to their authentic selves. Introjecting ideals that reflect sociocultural expectations conveys a cohesive self-concept, meets with social approval, and provides a verifiable identity, but actually may be a detrimental dead-end. McAdams (1997) emphasizes the significance of identifying the real self by citing William James, "So the seeker of his truest, strongest, deepest self must review the list carefully, and pick out the one on which to stake his salvation. All other selves thereupon become unreal, but the fortunes of his self are real" (p.50).

Many of the implications for perceiving the world through a set of false self-beliefs have been discussed including multiple experiences of negative affect, neuroticism, impediment to fulfilling one's potential, and manifestations of clinical disorders. It is suggested the underlying price that is paid, perhaps from which all other consequences originate, is that more energy is invested on an external value than on an internal one. Danziger (1997) acknowledges the claim made by Bishop Butler in 1726 that the trouble with humanity was not that people had too much self-love, but too little. This reflects a disregard for truly owning one's experience and nurturing one's unique potential. The destructive behaviors that can emerge as a result of being alienated from the self reflect this lack of self-love. By questioning and raising awareness of the standards comprising one's sense of self, it may be possible to "get back to one's roots." Living in accordance with one's genuine self may disengage the rigorous monitoring and behavioral restraint that accompany the establishment of false beliefs. In reaching that level of acceptance, the self-love that inevitably emerges may be the only motivational source one will ever need.

References

Andre, J. (1994). Respect for bodies. In M. G. Winkler, and L. B. Cole (Eds.), The

good body: Asceticism in contemporary culture. (pp. 9 - 22). New Haven, CT: Yale University

Press.

Baldwin, J.M. (1897). Social and ethical interpretations in mental development. New

York: Macmillan.

Baumeister, R.F. (1997). The self and society: Changes, problems, and opportunities.

In R.D. Ashmore, and L. Jussim (Eds.), Self and identity: Fundamental issues. (pp. 191 - 217).

New York, NY: Oxford University Press.

Cairns, K. (1990). The greening of sexuality and intimacy. Sieccan Journal, 25, 1-10.

Calogero, R.M. (1999). Cognitive abstinence and self-objectification: Redefining the

notion, "It's all in your head". Unpublished manuscript.

Carver, C.S. & Scheier, M.F. (1978). Self-focusing effects of dispositional self-

consciousness, mirror presence, and audience presence. Journal of Personality and Social

Psychology, 36, 324 - 332.

Constanzo, P.R. (1992). External socialization and the development of adaptive

individuation and social connection. In D.N. Ruble, P.R. Constanzo, & M.E. Oliveri (Eds.), The

social psychology of mental health (pp.55-80). New York: Guilford.

Cooley, C.H. (1902/1964). Human nature and the social order. New York: Schoken

Books, Inc.

Costa, P.T. & McCrae, R.R. (1992). Revised NEO personality inventory (NEO-PI-R

and NEO five-factor inventory (NEO-FFI). Odessa, Florida: Psychological Assessment

Resources, Inc.

McCrae, R.R., & Costa, P.T. (1999). A five-factor theory of personality. In L.A.

Pervin & O.P. John (Eds.), Handbook of Personality: Theory and Research (pp.139-153).

New York: The Guilford Press.

Csikszentmihalyi, M. (1990). Flow: The psychology of optimal experience. New York:

Harper Collins Publishers.

Danziger, K. (1997). The historical formation of selves. In R. D. Ashmore, and L.

Jussim (Eds.), Self and identity: Fundamental issues (pp.137 - 150). New York, NY: Oxford

University Press.

Delaney, M.E., O'Keefe, L.D., & Skene, K.M.. (1997). Development of a

sociocultural measure of young women's experiences with body weight and shape. Journal of

Personality Assessment, 69, 63 - 80.

Dion, K.L., Dion, K.K., & Keelan, J.P. (1990). Appearance anxiety as a dimension of

social-evaluative anxiety: Exploring the ugly duckling syndrome. Contemporary Social

Psychology, 14, 220 - 224.

Duval, S., & Wicklund, R.A. (1972). A theory of objective self-awareness. New

York: Academic Press.

Epstein, S. (1973). The self-concept revisited: Or a theory of a theory. American

Psychologist, 28, 404 - 416.

Fenigstein, A. (1979). Self-consciousness, self-attention, and social interaction. Journal

of Personality and Social Psychology, 37, 75 - 86.

Fenigstein, A., Scheier, M.F., & Buss, A.H. (1975). Public and private self-

consciousness: assessment and theory. Journal of Consulting and Clinical Psychology, 43, 522 -

527.

Forston, M.T., & Stanton, A.L. (1992). Self-discrepancy theory as a framework for

understanding bulimic symptomatology and associated distress. Journal of Social and Clinical

Psychology, 11, 103 - 118.

Fredrickson, B.L., & Roberts, T. (1997). Objectification theory: Toward understanding

women's lived experiences and mental health risks. Psychology of Women Quarterly, 21, 173 -

206.

Fredrickson, B. L., Roberts, T., Noll, S., Quinn, D., & Twenge, J. (1998). That

swimsuit becomes you: Sex differences in self-objectification, restrained eating, and math

performance. Journal of Personality and Social Psychology, 75, 269 - 284.

Garner, D.M., Garfinkel, P.E., Schwartz, D., & Thompson, M. (1980). Cultural

expectations of thinness in women. Psychological Reports, 47, 483 - 491.

Gergen, K. (1971). The concept of self. New York: Holt, Rinehart, & Winston.

Gibbons, F.X., & Wicklund, R.A. (1976). Selective exposure to the self. Journal of

Research in Personality, 10, 98 - 106.

Gilmore, D. (1994). The beauty of the beast: Male body imagery in anthropological

perspective. In M. Winkler, and L. B. Cole (Eds.), The good body: Asceticism in

contemporary culture (pp. 191 - 214). New Haven, CT: Yale University Press.

Goffman, E. (1959). The presentation of self in everyday life. New York: Doubleday

Anchor.

Harter, S. (1993). Causes and consequences of low self-esteem in children and

adolescence. In R.F. Baumeister (Ed.), Self-esteem: The puzzle of low self-regard (pp.87 -

116). New York: Plenum.

Harter, S. (1997). The personal self in social context. In R. D. Ashmore, and L. Jussim

(Eds.), Self and identity: Fundamental issues (pp.81 - 105). New York, NY: Oxford University

Press.

Heatherton, T.F. (1993). Body dissatisfaction, self-focus, and dieting status among

women. Psychology of Addictive Behaviors, 7, 225 - 231.

Hesse-Biber, S. (1996). Am I thin enough yet? Oxford: Oxford University Press.

Higgins, E.T. (1987). Self-discrepancy: A theory relating self and affect. Psychological

Review, 94, 319 - 340.

Higgins, E.T. (1997). Beyond pleasure and pain. American Psychologist, 52, 1280 -

1300.

Higgins, E.T. (1999). When do self-discrepancies have specific relations to emotions?

The second-generation question of Tangney, Niedenthal, Covert, and Barlow (1998). Journal

of Personality and Social Psychology, 77, 1313 - 1317.

Higgins, E.T., Bond, R.N., Klein, R., & Strauman, T. (1986). Self-discrepancies and

emotional vulnerability: How magnitude, accessibility, and type of discrepancy influence affect.

Journal of Personality and Social Psychology, 51, 5 - 15.

Higgins, E.T., Klein, R., & Strauman, T. (1985). Self-concept discrepancy theory: A psychological model for distinguishing among different aspects of depression and anxiety. Social Cognition, 3, 51 - 76.

Horney, K. (1939). New ways in psychoanalysis. New York: Norton.

Horney, K. (1946). Our inner conflicts. New York: Norton.

Horney, K. (1950). Neurosis and human growth. New York: Norton.

Ickes, W.J., Wicklund, R.A., & Ferris, C.B. (1973). Objective self-awareness and self-esteem. Journal of Experimental Social Psychology, 9, 202 - 219.

Irving, L.M. (1990). Mirror images: Effects of the standard of beauty on the self and body esteem of women exhibiting varying levels of bulimic symptoms. Journal of Clinical and Social Psychology, 9, 230 - 242.

James, W. (1892/1963). Psychology. Greenwich, CT: Fawcett.

Johnston, J. (1994). Appearance obsession: Learning to love the way you look. Deerfield Beach, Florida: Health Communications, Inc.

Johnston, J. (1997). Appearance obsession: Women's reactions to men's objectification of their bodies. In R. Levant & G. Brooks (Eds.), Men and sex: New psychological perspectives (pp. 61 - 83). New York: John Wiley & Sons, Inc.

Jung, C.G. (1933). Psychological Types. New York: Harcourt Brace.

Kohut, H. (1974) How does analysis cure? Chicago: University of Chicago Press.

Leary, M. (1995). Self-presentation: Impression management and interpersonal behavior. Boulder, CO: Westview Press, Inc.

Lecky, P. (1945). Self-consistency: A theory of personality. New York: Island Press.

Lifton, R.J. (1993). The protean self. New York: Basic Books.

Markus, H., & Oyserman, D. (1989). Gender and thought: The role of the self-

concept. In M. Crawford & M. Gentry (Eds.), Gender and thought: Psychological perspectives

(pp.100 - 127). New York: Springer-Velag.

McAdams, D. (1997). The case for unity in the (post) modern self. In R. D. Ashmore,

and L. Jussim (Eds.), Self and identity: Fundamental issues (pp.46 - 78). New York, NY:

Oxford University Press.

McCall, G.J., & Simmons, J.L. (1966/1978). Identities and interactions. New York :

Free Press.

McCarthy, M. (1990). The thin ideal, depression, and eating in disordered women.

Behavioral Research and Therapy, 28, 205 - 215.

McKinley, N., & Hyde, J. (1996). The objectified body consciousness scale:

Development and validation. Psychology of Women Quarterly, 41, 181 - 215.

Mead, G. H. (1934). Mind, self, and society from the standpoint of a social behaviorist.

Chicago: University of Chicago Press.

Miller, L.C., Murphy, R., & Buss, A.H. (1981). Consciousness of body: Private and

public. Journal of Personality and Social Psychology, 41, 397 - 406.

Mitchell, J.E., Hatsukami, D., Pyle, R.L., & Eckert, E.D. (1986). The bulimia

syndrome: Course of the illness and associated problems. Comprehensive Psychiatry, 27, 165 -

179.

Moretti, M.M., & Higgins, E.T. (1999). Own versus other standpoints in self-regulation: Developmental antecedents and functional consequences. Review of General Psychology, 3, 188 - 223.

Noll, S.M., & Fredrickson, B.L. (1998). A mediational model linking self-objectification, body shame, and disordered eating. Psychology of Women Quarterly, 22, 623 - 636.

Paulus, D.L. (1984). Two-component models of socially desirable responding. Journal of Personality and Social Psychology, 46, 598 - 609.

Paulus, D.L. (1991). Measurement and control of response bias. In J.P. Robinson, P.R. Shaver, & R.S. Wrightman (Eds.), Measures of Personality and Social Psychological Attitudes (pp.17-59). San Diego, CA: Academic Press.

Pike, K.M., & Rodin, J. (1991). Mothers, daughters, and disordered eating. Journal of Abnormal Psychology, 100, 198 - 204.

Rodin, J., Silberstein, L., & Striegel-Moore, R. (1984). Women and weight: A normative discontent. Nebraska Symposium on Motivation, 32, 267 - 307.

Rogers, C. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), Psychology: A study of science (pp. 184 - 256). New York: McGraw-Hill Book Company, Inc.

Rosenberg, S. (1997). Multiplicity of selves. In R. D. Ashmore, and L. Jussim (Eds.), Self and identity: Fundamental issues (pp.23 - 45). New York, NY: Oxford University Press.

Schlenker, B. (1980). Impression management: The self-concept, social identity, and

interpersonal relations. California: Brooks/Cole Publishing Company.

Shah, J. & Higgins, E.T. (1997). Expectancy x value effects: Regulatory focus as a

determinant of magnitude and direction. Journal of Personality and Social Psychology, 73, 447 -

458.

Snyder, R. (1997). Self-discrepancy theory, standards for body evaluation, and eating

disorder symptomatology among college women. Women & Health, 26, 69 - 84.

Steenbarger, B.N., & Aderman, D. (1979). Objective self-awareness as a nonaversive

state: Effect of anticipating discrepancy reduction. Journal of Personality, 47, 330 - 339.

Stice, E. (1994). Review of the evidence for a sociocultural model of bulimia nervosa

and an exploration of the mechanisms of action. Clinical Psychology Review, 14; 633 - 661.

Strauman, T.J. (1996). Stability within the self: A longitudinal study of the structural

implications of self-discrepancy theory. Journal of Personality and Social Psychology, 71, 1142

- 1153.

Strauman, T.J. & Higgins, E.T. (1988). Self-discrepancies as predictors of vulnerability

to distinct syndromes of chronic emotional distress. Journal of Personality, 56, 685-707.

Strauman, T.J., Higgins, E.T., Vookles, J., Berenstein, V., & Chaiken. S. (1991). Self-

discrepancies and vulnerability to body dissatisfaction and disordered eating. Journal of

Personality and Social Psychology, 61, 946 - 956.

Stryker, S. (1980). Symbolic interactionism: A social structural version. Menlo Park,

California: Benjamin/Cummings.

Tangney, J.P., Niedenthal, P.M., Covert, M.V., & Barlow, D.H. (1998). Are shame

and guilt related to distinct self-discrepancies? A test of Higgins's (1987) hypotheses. Journal of Personality and Social Psychology, 75, 256 - 268.

Thoits, P.A., & Virshup, L.K. (1997). Me's and we's: Forms and functions of social identities. In R. D. Ashmore, and L. Jussim (Eds.), Self and identity: Fundamental issues (pp.106 - 133). New York, NY: Oxford University Press.

Wallace, A.C. (1997). Setting psychological boundaries: A handbook for women. Westport, CT: Bergin & Garvey.

Williamson, D.A., Davis, C., J., Bennett, S.M., Goreczny, A.J., & Gleaves, D.H. (1985). Development of a simple procedure for assessing body image disturbance. Behavioral Assessment, 11, 433-446.

Appendix A

ProSOE Measure

Public Self-Consciousness Factor, Public Body Consciousness Factor, Body Surveillance Factor

/_____/_____/_____/_____/_____/_____/

1   2   3   4   5   6   7

Not true   Somewhat   Very true
of me   true of me   of me

SUR   1. I worry about whether the clothes I am wearing make me look good

PU   2. I'm concerned about my style of doing things   _____
PUB   3. I am very aware of my best and worst facial features   _____
PU   4. I care a lot about how I present myself to others   _____
SUR   5. I am more concerned with what my body can do than how it looks*   _____
PUB   6. I like to make sure that my hair looks right   _____
PU   7. I'm self-conscious about the way I look   _____
SUR   8. I rarely think about how my body looks.*   _____
PUB   9. When with others, I want my hands to be clean and look nice   _____
SUR   10. I rarely worry about how I look to other people*   _____
PU   11. I usually worry about making a good impression   _____
SUR   12. During the day, I think about how I look many times   _____
PU   13. Before I leave my house, I check how I look   _____
PUB   14. I'm concerned about my posture   _____
SUR   15. I think it is more important my clothes are comfortable than whether
           they look good on me*   _____
PUB   16. I think a lot about my body build   _____
PU   17. I'm concerned about what other people think of me   _____
SUR   18. I think more about how my body feels than how my body looks*   _____
PUB   19. It's important for me that my skin looks nice   _____
PU   20. I'm usually aware of my appearance   _____
SUR   21. I rarely compare how I look with how other people look*   _____

SUR = surveillance
PU = public self-consciousness   * = reverse scored
PUB = public body consciousness

Appendix B

Self-Objectification Questionnaire

Self-Objectification Questionnaire

We are interested in how people think about their bodies. The questions below identify 10 different body attributes. We would like you to rank order these body attributes from that which has the greatest impact on your physical self-concept (rank this a "9") to that which has the least impact on your physical self-concept (rank this a "0").

Note: It does not matter how you describe yourself in terms of each attribute. For example, fitness level can have a great impact on your physical self-concept regardless of whether you consider yourself to be physically fit, not physically fit, or any level in between.

Please first consider all attributes simultaneously, and record your rank orderings by writing the ranks in the rightmost column.

IMPORTANT: Do Not Assign The Same Rank To More Than One Attribute!

9 = greatest impact

8 = next greatest impact

1 = next to least greatest impact

0 = least impact

When considering your physical self-concept what rank do you assign to:

physical coordination	_____
health	_____
weight	_____
strength	_____
sex appeal	_____
physical attractiveness	_____
energy level (e.g. stamina)	_____
firm/sculptured muscles	_____
physical fitness level	_____
measurements (e.g. chest, waist)	_____

Appendix C

Self-Discrepancy Measure

I. One of six possible orders of a set of three instructions will be selected by the researcher. This introductory screen will read:

First you will be asked to list the characteristics or attributes that describe three different ways of viewing yourself:

Real self – Yourself as YOU see yourself in your own eyes.

Ideal self – Yourself as YOU would like to be in your own eyes.

Ought self – Yourself as OTHERS think you ought or should be.

For each characteristic, use one word or a very short phrase. Just type the characteristic; do not type a sentence like, "I am ...."

You are asked for your own view. There are no right or wrong answers.

II. The elicitation screens will appear as shown below.

List six characteristics that describe your
REAL SELF
Yourself as you see yourself in your own eyes

After each characteristic, please hit ENTER.
1.
2.
3.
4.
5.
6.

The elicitation screens for the ideal and ought self follow the exact same format with instructions appropriate for each.

III. All the characteristics will now be presented in a random order for rating on a 7-point scale in response to each of three instructions. Researcher will choose one of six possible orders.

The introductory screens for this portion will show section A and one of the three instructions shown below in counterbalanced order.

(A)Now you will be asked to rate all the characteristics you listed according to the following instructions.

To what extent does the attribute describe your REAL self – yourself as YOU see yourself in your own eyes.

To what extent does the attribute describe your IDEAL self – yourself as YOU see yourself in your own eyes.

To what extent does the attribute describe you OUGHT self – yourself as OTHERS think you ought or should be.

IV. Each characteristic will be paired with every other characteristic for similarity ratings in the following way:

a. each real self characteristic with each ideal self characteristic (36 ratings)
b. each real self characteristic with each ought self characteristic (36 ratings)
c. each ideal self characteristic with each ought self characteristic (36 ratings)

Pairs will be presented in random order and the introductory screen for this portion will read as shown below.

The characteristics you listed will now be presented in pairs. For each pair, please rate the degree to which the two characteristics mean the same thing to you.
You are asked for your own view. There are no right or wrong answers.

The rating screen will read as shown below.

For each pair of characteristics, please rate the degree to which the two characteristics mean the same thing to you according to the scale below.
1   5
Not at all   Exactly the
the same   same

Appendix D

NEO-PI-R

Neuroticism Scale of the NEO-PI-R

This questionnaire contains 240 statements. Please read each item carefully and fill in the one answer that best corresponds to your agreement or disagreement. There are no right or wrong answers, and you need not be an "expert" to complete this questionnaire. Describe yourself honestly and state your opinions as accurately as possible. (Only the neuroticism items are specific to this study and will be listed here according to appearance in the questionnaire. The letter(s) after each statement designate the facet scale to which it belongs: A = Anxiety, AH = Angry Hostility, D = Depression, SC = Self-Consciousness, I = Impulsiveness, V = Vulnerability)

Fill in "SD" if the statement is definitely false or if you **strongly disagree.**
Fill in "D" if the statement is mostly false or if you **disagree.**
Fill in "N" if the statement is about equally true or false, or if you feel **neutral.**
Fill in "A" if the statement is mostly true or if you **agree.**
Fill in "SA" if the statement is definitely true or if you **strongly agree.**

1. I am not a worrier.* (A)

6. I often get angry at the way people treat me. (AH)

11. I rarely feel lonely or blue.* (D)

16. In dealing with other people, I always dread making a social blunder. (SC)

21. I overindulge in anything.* (I)

26. I often feel helpless and want someone else to solve my problems. (V)

31. I am easily frightened. (A)

36. I'm an even-tempered person.* (AH)

41. Sometimes I feel completely worthless. (D)

46. I seldom feel self-conscious when I'm around people.* (SC)

51. I have trouble resisting my cravings.* (I)

56. I feel I am capable of coping with most of my problems.* (V)

61. I rarely feel fearful or anxious.* (A)

66. I am known as hot-blooded and quick-tempered. (AH)

71. I am seldom sad or depressed.* (D)

76. At times I have been so ashamed I just wanted to hide. (SC)

81. I have little difficulty resisting temptation.* (I)

86. When I'm under a great deal of stress, sometimes I feel like I'm going to pieces. (V)

91. I often feel tense and jittery. (A)

96. I am not considered a touchy or temperamental person.* (AH)

101. I have sometimes experienced a deep sense of guilt or sinfulness. (D)

106. It doesn't embarrass me too much if people ridicule and tease me.* (SC)

111. When I am having my favorite foods, I tend to eat too much. (I)

116. I keep a cool head in emergencies.* (V)

121. I'm seldom apprehensive about the future.* (A)

126. I often get disgusted with people I have to deal with. (AH)

131. I tend to blame myself when anything goes wrong. (D)

136. I often feel inferior to others. (SC)

141. I seldom give in to my impulses.* (I)

146. It's often hard for me to make up my mind. (V)

151. I often worry about things that might go wrong. (A)

156. It takes a lot to get me mad.* (AH)

161. I have a low opinion of myself. (D)

166. I feel comfortable in the presence of my bosses or other authorities.* (SC)

171. I sometimes eat myself sick. (I)

176. I can handle myself pretty well in a crisis.* (V)

181. I have fewer fears than most people.* (A)

186. At times I have felt bitter and resentful. (AH)

191. Sometimes things look pretty bleak and hopeless to me. (D)

196. If I have said or done the wrong thing to someone, I can hardly bear to face them again(SC)

201. Sometimes I do things on impulse that I later regret. (I)

206. When everything seems to be going wrong, I can still make good decisions.* (V)

211. Frightening thoughts sometimes come into my head. (A)

216. Even minor annoyances can be frustrating to me. (AH)

221. Too often, when things go wrong, I get discouraged and feel like giving up. (D)

226. When people I know do foolish things, I get embarrassed for them. (SC)

231. I am always able to keep my feelings under control.* (I)

236. I'm pretty stable emotionally.* (V)

* = reverse scored

Appendix E

Impression Management Scale

Impression Management Scale

Using the scale below as a guide, write a number beside each statement to describe you.

/	/	/	/	/	/	/
1	2	3	4	5	6	7

Not true   Somewhat true   Always true

_____1. I sometimes tell lies if I have to.

_____2. I never cover up my mistakes.

_____3. There have been occasions when I have taken advantage of someone.

_____4. I never swear.

_____5. I sometimes try to get even rather than forgive and forget.

_____6. I always obey laws, even if I'm unlikely to get caught.

_____7. I have said something bad about a friend behind his/her back.

_____8. When I hear people talking privately, I avoid listening.

_____9. I have received too much change from a salesperson without telling him or her.

_____10. I always declare everything at customs.

_____11. When I was young I sometimes stole things.

_____12. I have never dropped litter on the street.

_____13. I sometimes drive faster than the speed limit.

_____14. I never read sexy books or magazines.

_____15. I have done things that I don't tell other people about.

_____16. I never take things that don't belong to me.

_____17. I have taken sick-leave from work or school even though I wasn't really sick.

_____18. I have never damaged a library book / store merchandise without reporting it.

_____19. I have some pretty awful habits.

_____20. I don't gossip about other people's business.

VITA

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