

SHINING A RESILIENT LIGHT ON OBJECTIFICATION THEORY:  
A FEMINIST INTERVENTION FOR EMANCIPATION

by

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## ABSTRACT

In light of epidemic levels of self-objectification leading to a host of negative consequences for girls and women, intervention is crucial. This study in Self-Objectification Resilience (SOR) implemented a necessary next step in critical feminist scholarship by identifying emancipatory alternatives to the chronic experiences of female objectification and self-objectification. To investigate the successful promotion and cultivation of Self-Objectification Resilience through a model and intervention designed for this study, 50 women ages 18 to 35 completed a confidential, 4-week, online study. Based on a broad meta-analysis of research in self-objectification and resilience, as well as the analysis of the present study's intervention feedback, four important resilient traits most directly combat the negative consequences of self-objectification: self-actualization, self-compassion, embodied empowerment, and feminist beliefs. The feedback gleaned from study participants proved invaluable to the SOR research agenda; it contributed to research on the dismal state of female body image, with robust, qualitative data revealing 50% of study participants "hated" or were "severely dissatisfied" with their bodies and another 34% reported to be "generally dissatisfied." Results contributed important information on the epidemic of self-objectification, with 70% of participants reporting detailed experiences of currently isolating themselves from everyday life, including school, sexual intimacy, and physical activity, due to body shame. The 9 participants out of 50 who reported positive body satisfaction reflected and reinforced vital themes of the

SOR model; they had experienced extremely painful “disruptions” that worked as a catalyst to greater self-objectification resilience. More than half had overcome an eating disorder or had loved ones who were presently battling one. In all, the present study on Self-Objectification Resilience contributes important research toward understanding how positive adaptation can be possible to provide emancipation for girls and women from the bodily prison of self-objectification.

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## CHAPTER 1

### AN INTRODUCTION TO SELF-OBJECTIFICATION RESILIENCE

“When a girl becomes a woman she is doubled; instead of coinciding exactly with herself, she also exists outside” (de Beauvoir, 1972, p. 316).

For girls and women growing up in the 21<sup>st</sup> century, the structures within which they are situated are immensely powerful in providing what it means and looks like to be a woman. “It is the cultural imperative for women to be without experience, without history, without a formed self, pliant and blank. The woman, in and as her body, is thus a site of forces and discourses in which she lives, which found her identity, her very desire” (Wolosky, 2004, p. 496). In the last 20 years, total cosmetic surgery procedures performed in the US increased by nearly 900%, with 92% of those performed on women (American Society for Aesthetic Plastic Surgery [ASAPS], 2009). Rates of eating disorders have skyrocketed in recent years—tripling for college-age women from the late ‘80s to 1993 and rising since then to 4% of U.S. women suffering with bulimia. Approximately 10 million women are diagnosable as anorexic or bulimic, with at least 25 million more struggling with a binge eating disorder (NEDA, 2010). Further, investment in appearance management—from makeup and hair care to weight loss and fashion—competes for “finite psychological and physical resources required for academic and professional achievement and healthy social interaction” as well as

considerable financial investments that drain economic resources for females (Calogero & Jost, 2011, p. 224). As the cultural ideal for women continues to narrow for profit, the coercion of women into these ideals is framed as voluntary choice—even self-realization and self-fulfillment—but this notion of empowerment and selfhood is deeply complicitous in aggressive industries that profit from female loss.

Indeed, popular feminism, or postfeminism, is invoked by contemporary culture as an effective way of “undoing feminism” while appearing to be engaged in a well-intended response to it (McRobbie, 2004). Postfeminism, then, includes a double entanglement of both feminist and antifeminist themes. Feminist ideas are articulated and thrown by the wayside, expressed and disavowed. “On the one hand, young women are hailed through a discourse of 'can-do' girl power, yet on the other their bodies are powerfully re-inscribed as sexual objects; on one hand women are presented as active, desiring social subjects, yet on the other they are subject to a level of scrutiny and hostile surveillance that has no historical precedent,” McRobbie's contemporary, Gill stated (2006, p. 25). This type of “popular feminism” represents a dangerous shift in the way power operates: it articulates a move from the near-constant, external male gaze to a self-policing, internalized discipline (Foucault, 1977; Gill, 2008). Today, women are not only objectified, but through normalized postfeminist messages where the body is central to femininity and faux feminism, women must now understand their objectification as pleasurable, normal, and self-chosen. Agency and empowerment become the very vehicles that regulate women—that get “inside”—and reconstruct feminine notions of what it is to be a woman. Rose's (1990) invocation of Foucault's “governmentality” and the “government of the soul” is especially relevant here:

The government of the soul depends upon our recognition of ourselves as ideally and potentially certain sorts of person, the unease generated by normative judgment of what we are and what we could become, and the incitement offered to overcome this discrepancy by following the advice of experts in the management of the self. The irony is that we believe, in making our subjectivity the principle of our personal lives,... that we are, freely, choosing our freedom. (p. 10–11)

Psychological theorists Fredrickson and Roberts (1997) posit in a media-inundated culture that so often objectifies the female body, the potential always exists for females' thoughts and actions to be interrupted by images of how their bodies appear. While scholars across the disciplines draw from several frameworks to describe and understand the process by which females learn to internalize the objectifying messages inescapable in popular culture, including Social Learning Theory (Bandura, 1977), Cultivation Theory (Gerbner, 1998), Objectified Self-Awareness Theory (Duval & Wicklund, 1972), and the "Looking Glass Self" (Cooley, 1902/1990), viewing this phenomenon through the lens of objectification theory (Fredrickson & Roberts, 1997) lends a pivotal framework to understanding the lived experience of growing up female and the ways female progress and happiness are halted by objectifying culture.

Emerging from a mirage of interrelated and interdisciplinary concepts, this theory of the psychological and physical impact of the objectification of female bodies within the postfeminist cultural milieu in which girls develop posits that girls internalize and reproduce this objectified perspective. The process, described as self-objectification, involves adopting a third-person perspective on the physical self and constantly assessing one's own body in an effort to conform to the culture's standards of attractiveness and "normalcy." Health, personal desires, wellness, achievements, and competence are left by the wayside when an outsider's gaze takes precedent over internal health. This

habitual monitoring can create a predictable set of experiences essential to understanding the psychology and life experiences of women, where body shame consistently mediates the effects of self-objectification on health and subjective well-being (Noll & Fredrickson, 1998; Quinn, Kallen, Twenge, & Fredrickson, 2006; Tiggemann & Slater, 2001).

Viewing experiences of objectification and its consequences from this perspective and the inarguable media culture of idealized bodies—both digitally and surgically enhanced—girls' and women's plummeting self-esteem and ongoing efforts to monitor and change their bodies can be considered an *adaptive* (but physically, mentally, socially, and politically taxing) process of coping with shame.

#### Genesis and Justification

Scholars in the fields of psychology, health, and physical development assert that beginning with puberty and continuing across the life course, girls and women are twice as likely to experience depression as boys and men (Nolen-Hoeksema, 1990; Steingraber, 2007). For females but not males, self-esteem plummets at puberty and is directly associated with self-objectification (Fredrickson & Roberts, 1997), which leads girls to evaluate and control their bodies more in terms of their sexual desirability to others than in terms of their own desires, health, achievements, or competence. Self-objectification, in epidemic proportions among females today, has been linked to disordered eating, unhealthy sexual practices, plans for cosmetic surgery, diminished mental performance, diminished athletic performance, anxiety, and depression, and these impairments occur among white, African American, Latina, and Asian American young women (Calogero et al., 2011; Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; Gapinski, Brownell, &

LaFrance, 2003; Hebl, King, & Lin, 2004; Impett, Schooler, & Tolman, 2006; Tiggemann & Lynch, 2001; Quinn et al., 2006). Fredrickson and Roberts (1997) aptly stated “the habitual body monitoring encouraged by a sexually objectifying culture may reduce women’s quality of life” (p. 184).

While Fredrickson and Roberts (1997) moderate their theory of objectification with the claim that the consequences of self-objectification need *not* be considered inevitable and chronic aspects of women's experience, the place of females in a world that teaches them to be looked at appears inescapably disempowered. In a postfeminist media world pedaling a constant pedagogy of “to-be-looked-at-ness” and in light of epidemic levels of self-objectification leading to a host of negative consequences from body shame to disordered eating and cosmetic surgery, intervention is crucial. Scholarship—if it claims to be feminist in nature—must illuminate a pathway to agency and resistance. The goal of emancipation is critical to the production of feminist knowledge, and emancipation cannot be found in a postfeminist cultural landscape. “A feminist transformative politics needs to see what is at stake in this resurgence of antirationalism that...functions hand in hand with the dominant power structures of postmodern patriarchal capitalism” (Ebert, 1992, p. 34–35). Feminist researchers invested in ameliorating the effects of self-objectification primarily only go so far as to offer “calls to action” to produce and implement media literacy interventions or self-esteem workshops for young women, but have never extended the groundbreaking model of Fredrickson and Roberts' (1997) objectification theory to include emancipatory alternatives.

At the conclusion of their foundational piece introducing objectification theory,

Fredrickson and Roberts (1997) assert the most important contribution of their theory may be to prompt individual and collective action to change the meanings our culture assigns to the female body. They claim transforming educational efforts—within schools, at home and in communities—is pivotal. “A first step would be to make girls and women more fully aware of the range of adverse psychological effects that objectifying images and treatment can have on them,” they stated. “Such awareness, in turn, could fortify girls and women to resist these negative effects, and create space for them to experience their bodies in more direct and positive ways” (p. 198). Other important researchers who utilize objectification theory stated that studies are necessary and warranted to investigate potential moderators, such as resilience interventions, which might buffer the link between external and internalized self-objectification and psychosocial health among diverse groups of women (Szymanski, Moffitt, & Carr, 2011).

Thus, a necessary next step in critical feminist scholarship must be identifying and building curricula to implement emancipatory alternatives to the otherwise inevitable, chronic experiences of self-objectification. The field of health promotion and health education offers a pivotal extension of the revelatory and demystifying work feminists have done in identifying the dangerous messages available in media and their physical and mental consequences for females. And for critical researchers committed to interdisciplinary collaboration, the health of females in a mediated world is fruitful terrain for emancipatory research possibilities. Health promotion and education provide grounded, practical research able to be implemented for the benefit of “at-risk” or disempowered populations to which feminist research speaks.

With unique focus on accessing and cultivating qualities necessary to grow through adversity, the resiliency movement provides particularly valuable insight into the negativism of some work on objectification theory. Resilience theory and the resiliency model (Richardson, 2002; Richardson, Neiger, Jensen, & Kumpfer, 1990) offer a complementary perspective to critical feminist research on objectification because it focuses not only on the accumulation of risks as the key to understanding women's lived experience, but on the inherent and learned strengths necessary to cope with life disruptions (in this case, female health and well-being in the midst of an objectifying cultural milieu). Resilience-informed practice recognizes that there is more to helping individuals than treating problems. As Seligman and Csikszentmihalyi (2000) have argued: "It is about identifying and nurturing their strongest qualities, what they own and are best at, and helping them find niches in which they can best live out these strengths" (p. 6).

Situating this study within the intersections of objectification theory and resilience offers new angles and implications into the Foucauldian "question of the self: its dependence and independence" (Foucault, 1979, p. 238), and it speaks to the self-actualization sought after by way of resilient reintegration. Resonating throughout Foucault's work, which has been much appropriated by feminist scholars, is the notion that "freedom of the self" occurs through intersections, interconnectivity, and the very multiplicity of social participations in which each "self" is involved. The self is an agent, but also situated within concrete historical and social structures. For girls and women growing up in the 21<sup>st</sup> century, the structures within which they are situated are immensely powerful in providing what it means and looks like to be a woman. "It is the

cultural imperative for women to be without experience, without history, without a formed self, pliant and blank. The woman, in and as her body, is thus a register or site of forces and discourses in which she lives, which found her identity, her very desire” (Wolosky, 2004, p. 496). The goal of this research is to open space for the self against the unbearable weight of institutional norms that form and define women—to create an “empty space for ever new relational possibilities” and the “mobility of the self” through learning and accessing resilient traits in the midst of objectifying disruptions (Rabinow, 1997).

#### Statement of the Problem

Viewed through the lens of critical feminism, where research meets praxis, it is essential that theories and models of objectification include possibilities of other response outcomes and opportunities for resistance from the normative, limiting life experiences of self-objectification. At present, no such theory or model exists. Thus, an interdisciplinary model and proposed intervention employing objectification theory’s explanatory power fused with emancipatory alternatives for growth offered by the resiliency movement is a warranted, unprecedented undertaking for critical feminism. This research takes up this call to action. The purpose of this study is two-fold: First, to contribute interdisciplinary, praxis-oriented feminist research in the form of a Self-Objectification Resilience (SOR) model and intervention to assist scholars, health educators, activists, and individuals in accessing and cultivating resilient qualities to emancipate females from the halting consequences of self-objectification, and second, to identify the resilient traits most beneficial to combatting self-objectification and the



mechanisms by which an SOR model and intervention can best teach SOR to young women. In order to meet these aims, the research questions to be answered are as follows:

- 1) What is Self-Objectification Resilience (SOR)?
- 2) What are the resilient qualities that can best support SOR in young women ages 18 to 35?
- 3) What mechanisms can best teach SOR to young women ages 18 to 35?
- 4) To what extent does the feedback gleaned from participants reinforce the current SOR model or permit refinement of the SOR model and intervention?

#### Design of the Study

To investigate the successful promotion and cultivation of resilient qualities using the proposed SOR model and intervention designed for this study, 55 female participants ages 18–35 were recruited via flyers on the University of Utah’s campus, local coffee shops, libraries, etc., (to avoid homogeneity in the research sample) asking for confidential participation in an online body image research study (Appendix A). In total, 50 study participants completed the entire intervention, from submitting a consent form (Appendix B) and baseline questionnaire (Appendix C) to the final assignment. During the 3 weeks of participation once baseline questionnaires were submitted, the participants were asked to submit answers to open-ended surveys and journal entries through submission forms accessible via a private Wordpress-hosted website designed solely for this study (see Appendix D, E, F for the full units of intervention).

The comprehensive, three-part, online intervention, detailed in Chapter 5, utilized researcher suggestions from self-objectification and resilience research outlined in the meta-analysis of this research in Chapter 2. The intervention followed the phases of the SOR model explained in Chapter 4 and included a mixed-media approach to learning with open-ended questionnaires on body image and self-objectification; a media use survey; required readings on objectification, self-objectification, and resilience; videos explaining self-objectification as an epidemic among females today; journal entries at the end of each unit; and activities in which participants are asked to take part during each unit. This allowed for Freire's (1970) "praxis" to unfold, engaging in a cycle of theory, application, evaluation, reflection, and then back to theory. To challenge the ways knowledge is currently used to justify domination and oppression, oppressed people need to develop their own processes of knowledge generation and acquire the means to assert this knowledge vis-à-vis the dominant class (Collins, 2000). The SOR model and intervention challenges norms and values accepted as "given" and breaks way for new knowledge, resistance from the oppression of self-objectification, and more fulfilling, purposeful living through resilient reintegration.

#### Methodological Approach

I constructed the SOR model and intervention using a multimethod design, borrowing from elements of critical media pedagogy, critical feminism, Kieffer's (1984) participatory action model of organization, and resilience research's focus on competence-promoting interventions (see Yates & Masten, 2004). In Chapter 3, I will further discuss each of these methodological commitments and how they were

incorporated into model and intervention design, implementation, and analysis of the study results.

In the development of the SOR model and intervention, I closely adhered to critical media pedagogy's self-actualizing aims. Freire's (1970) idea of "conscientization," or the self-actualizing process of realizing one's consciousness, is the first step of critical pedagogy's basic tenet of praxis. Self-Objectification Resilience is developed based on the notion that dominant social relations and institutions create a culture of silence that instills a negative, suppressed self-image on the oppressed and eliminates "the paths of thought that lead to a language of critique" (Giroux, 2001, p. 80). In line with Freire's research, the SOR model and intervention have been built to inspire social transformation and freedom from oppression as the product of praxis: "Functionally, oppression is domesticating. To no longer be prey to its force, one must emerge from it and turn upon it. This can be done only by means of the praxis: reflection and action upon the world in order to transform it" (Freire, 1970, p. 51).

The methodologies adhered to throughout SOR model and intervention development were feminist in nature and practice. This study attests to the notion that "body image may be the pivotal third wave issue—the common struggle that mobilizes the current feminist generation" (Richards, 1998, p. 196). Critical feminism invokes a methodology that is pluralistic, emancipatory, and closely tied to theory as a critical practice. A strain of critical theory, feminist theory and accompanying methods place gender, sex, race, ethnicity, and class at the heart of interrogations of power in society, and so it finds special placement in my work. Feminism works within a critical framework to validate "new" forms of knowledge left out of the positivist field of inquiry

and further interrogate norms and hegemonic power at play. This aim allowed for individual transformation that began with the movement from silence to language to action, for which the feminist poet and political activist Audre Lourde (1984) is well known. She contended that through poetry and narratives, many disenfranchised women could begin to “speak” and find freedom and healing through the written word. Therefore, the study utilized open-ended questionnaires and journaling assignments in each unit to give participants the opportunity to use their voice, reflect on their experiences, and tell their stories. It allowed the participants to experience vulnerability and name their pain, which is central to the commitments of feminist scholarship.

Resilience scholarship’s emphasis on competence-promoting interventions (see Yates & Masten, 2004) was prominent in the construction of the SOR model and intervention because of its emphasis on helping participants prevent deviations from healthy developmental pathways. This emphasis called for providing opportunities to resist self-objectification and for redirecting maladaptive developmental courses of self-objectification toward more positive outcomes of resilient reintegration. A competence focus shifts emphasis in intervention toward the promotion and protection of basic adaptational systems that provide the individual with resources to meet the developmental expectations of a given society (Masterpasqua, 1989). Although competence-based interventions continue to address specific threats and vulnerabilities that confer risk for particular problems, they also target desired developmental outcomes and the processes likely to produce them. Cumulative models of risk and protection support interventions that ameliorate multiple risks and promote successful adaptation in several settings (Masten & Wright, 1998; Wyman et al., 2000; Yoshikawa, 1994). A

resilience-based approach to intervention such as the SOR model and intervention emphasizes multiple goals, including the amelioration of extant problems like rampant objectification and self-objectification, the prevention of new problem development, the prevention of a decline in existing skills, resources, and accompanying feelings of self-efficacy, and the promotion of new competencies like Self-Objectification Resilience.

In all, the multiple methods employed in the design and implementation of this study and the data gathered set it apart from other studies in self-objectification that generally test body image variables using quantitative measures. The SOR research agenda pushes past the negativism of simply testing objectification's negative consequences and instead allows individuals to name their pain and use resilient traits to become more powerful, healthy, and happy.

#### Outline of the Study

In the chapters to follow, Self-Objectification Resilience is manifested in six parts: Chapter 2 presents a review of the comprehensive meta-analysis of research in self-objectification and resilience used to inform the development of the SOR model and intervention; Chapter 3 offers an explanation of the multiple, critical methodologies employed in model and intervention development, as well as the methodology of participant feedback analysis; Chapter 4 introduces and details the completed SOR model; Chapter 5 reviews the SOR intervention implemented for purposes of this study; Chapter 6 analyzes intervention feedback from participants to determine the efficacy of SOR as implemented; and Chapter 7 offers a summary of the study and the

aforementioned research questions, conclusions, and recommendations for future SOR research.

## CHAPTER 2

### SELF-OBJECTIFICATION RESILIENCE META-ANALYSES

To gather the data necessary to construct and implement an SOR model and intervention, the study's research questions first required a meta-analysis of published research in the interdisciplinary areas of self-objectification and resilience. A major analysis of this scope finally answers feminist scholars' call to arms to produce a theoretical model and intervention aimed at resilient emancipation from self-objectification. This broad analysis also speaks to health researchers' calls for feminist theory, standpoint analyses, participatory action research, and other feminist methods to be more heavily utilized in health scholarship (Ellingson, 2010, p. 96). The SOR research agenda responds to the calls of feminist psychologists who have often noted the importance of "attending to women's strengths and capabilities as well as their problems; researching variables related to women's competency and resilience" and "exploring dimensions of power as influences on the quality of women's lives" (Worell & Etaugh, 1994, p. 447).

The data gleaned from these meta-analyses were central to the construction of the SOR model (see Chapter 4) and the study intervention's three units (see Chapter 5). As will be made clear, self-objectification research's focus on four negative traits (shame, anxiety, disruption of peak motivational states, and lack of awareness of internal bodily

traits) and resilience research's identification of four positive traits (self-actualization, self-compassion, embodied empowerment, and feminist beliefs) are central to the study at hand. Overall, the broad analysis of self-objectification and resilience research outlined in this chapter informed the warranted undertaking of developing an SOR model and intervention that frees objectification theory from its inherent negativism by fusing it with the resiliency movement's positive psychology commitments. The SOR research agenda is greatly fortified by building upon these solid scholarly foundations. I will first review the meta-analysis of research in self-objectification, followed by the meta-analysis of research in resilience.

### Meta-Analysis of Research in Self-Objectification

#### From Objectification to Self-Objectification

Dating back from the time of classical European art, the first entrepreneurs to mass-produce sexual representations of women not only defined and redefined what was attractive and arousing, but distinguished between appropriate sexual spectacle and the taboo (Berger, 1977; Meyerowitz, 1996). According to Berger's (1977) reflections on classical European nude art, the painters were usually men and those treated as objects were women. This unequal relationship is deeply embedded in our culture, he said, so as to be constantly reflected in popular media as female sexual objectification. Within this classic art, many painters of the time believed the ideal nude ought to be constructed by taking the face of one body, the breasts of another, the legs of a third, the shoulders of a fourth, the hands of a fifth—and so on. "The result would glorify Man. But the exercise presumed a remarkable indifference to what any one person really was" (Berger, 1977, p.



31). Fragmenting the model into parts of a whole transforms the model—a living, breathing person—into something less than human, even a commodity, meant to gratify the objects' owner.

By the 1970s, as sexually objectifying media messages had become normalized and acceptable for men as consumers of women, the women's movement brought female equality into the spotlight (Bordo, 1993; Dow, 2003; McRobbie, 2008). As quickly as the movement began, media producers and advertisers with profit to gain began to repackage feminism and femininity into something to be bought and sold. Many academicians have documented that media representations recontextualize feminist advances in ways that make them ultimately function to reify dominant patriarchal codes and discourses (e.g., Gill, 2006, 2008; McRobbie, 2008). Specifically, media critics have identified postfeminism as a popular feature of contemporary representations of women. Postfeminist discourse proceeds from an assumption that society has adequately transformed to provide equal opportunities for women, and builds on the presumption that the legitimate goals of feminists have been achieved, and the equality of women is taken for granted in contemporary society. Based on such assumptions, continuing problems faced by women are attributed to poor choices or a lack of self-discipline on the part of individual women. Such problems are thus capable of being remedied through a number of individualist and consumer behaviors, packaged as empowering feminist ideals rendered safe and unthreatening. A number of scholars have discussed this (Douglas, 1994; Dow, 2003; Gill, 2008; Lazar, 2006; McRobbie, 2004, 2008).

Critics charged that postfeminism “describes the simultaneous incorporation, revision, and depoliticization of many of the central goals of second-wave feminism”

(Stacey, 1987, p. 8). Feminism, then, is cast aside, where at best it can expect to have some afterlife, “where it might be regarded ambivalently by those young women who must in more public venues stake a distance from it, for the sake of social and sexual recognition” (McRobbie, 2004, p. 255). This aligns particularly well with Hall’s (1996) notion of hegemony, referring to a situation in which certain social groups can exert total social authority over other subordinate by shaping consent so that the power of the dominant class appears natural and goes unquestioned. Then, popular aspirations and values like “feminism” tend to be taken into account by dominant groups and assimilated in terms compatible with the hegemonic ideology: postfeminism. Essentially, popular postfeminism is a hybrid media discourse that blends “feminist” and postfeminist elements with consumerism to produce a depoliticized “power femininity,” suggesting women today can have it all as consumers *and* the consumed (Lazar, 2006, p. 505).

Grounded in envy, power, and desire, much of the advertising and entertainment media of the early 1980s that came out on the heels of the women’s movement validated an image of a “new,” independent and equal woman by subtly reframing the “male gaze” from the surveyor to the surveyed (Berger, 1977; Gill, 2008; Goldman, 1992; Mulvey, 1975). At this turning point in media, advertisers and media makers began “reclaiming” the female body as a site of women’s own pleasure and as a wellspring for her power in a broader marketplace of desire by selling *to* women *for* women (Juffer, 1996). Williamson (1978) claimed consuming advertisements result in appellation, meaning the ads hail the viewer, inviting her to enter the space of the advertisement. Media, in effect, names the viewer through modes of address, asking her to insert herself where the model fits. Then, seeing a potential self in the mirror of the ad, she is invited to perform a critical

interchange of meanings—“exchanging self for the self-made-better-by-the-commodity in the photograph” (Goldman, Heath, & Smith, 1991, p. 342). Self-objectification, in this way, is normalized through incessant ads for women to essentially *be* the commodity (Gill, 2008).

Goldman et al. (1991) coined the term “commodity feminism” because it reflects directly on commodity relations, which articulates turning the relations of acting subjects into relations between objects (p. 336). When appropriated by advertisers and commercial interests, Goldman described feminism as having been cooked to distill out a residue—an object. Feminism itself is thus objectified. Such objects are made to stand for feminist goals of agency, independence, and professional success. Moreover, within a framework of commodity feminism, body and sexuality emerge as signs: the body is something you shape, control and dress to validate yourself as an autonomous being capable of will power and discipline; and sexuality appears as something women exercise by choice. The means of achieving confidence, liberation, and strength, then, is to be found in commodified, objectified body images (Goldman et al., 1991).

Further, Goldman et al. (1991) illustrated how media frames not only feminism as a commodity, but women consumers as commodities to potential advertisers. Ads for women’s magazines, for example, regularly market women readers as the “product.” “The key commodity sold is an audience of women,” Smythe (1977) so concisely put it. According to Winship (1980), femininity is recuperated by the capitalist form: the exchange between the commodity and “women” in the ad establishes her as a commodity too...it is the modes of femininity themselves which are achieved through commodities and are replaced by commodities. This type of advertising, referred to as “midriff”

advertising by Gill (2008), “represents a dangerous shift in the way power operates: it articulates a move from the near-constant, external male gaze to a self-policing, internalized discipline” (p. 45). Berger further articulated his insight into the gazes inherent in art and media:

Men act and women appear. Men look at women. Women watch themselves being looked at. This determines not only most relations between men and women but also the relation of women to themselves. The surveyor of woman in herself is male: the surveyed female. Thus she turns herself into an object. (Berger, 1977, p. 47)

### Objectification Theory

Fredrickson and Roberts (1997) believed sexual objectification was accomplished in media by the visual presentation of bodies and thematic content that emphasizes the importance of appearance in sexuality above all else. Scholars across the disciplines are adamant that today, women are not only regularly and inescapably objectified throughout media, but they must now understand their objectification as pleasurable, normal, and self-chosen (Bordo, 1993; Gill, 2008; McRobbie, 2008). Agency and “empowerment” become the very vehicles that regulate women—that get “inside” and reconstruct feminine notions of what it is to be a sexual object (Gill, 2008, p. 45). This anonymity of power, imposed on the self by the self while appearing to be freely chosen, represents a dangerous shift in the way power operates: it articulates a move from the near-constant, external “male” gaze to a “self-policing, internalized discipline” (p. 45). Agency and empowerment have been reconstructed as something gained through bodily commodification, cosmetic surgery, and immeasurable amounts of beauty work and body surveillance. Instead of women as passive objects for men’s sexual pleasure, this cultural

shift is toward women as sexually “autonomous, active and desiring subjects” so that their most urgent desire and power comes from being consumed. In this regard, patriarchy reigns supreme and female bodies, as Foucault (1977) has argued, become a direct locus of social control.

As media become simultaneously more objectifying and more “empowering,” researchers continue to reinforce the need to study and utilize objectification theory’s explanatory power. This emphasis on how others perceive women’s bodies is extremely prevalent throughout media, which contributes to what McKinley and Hyde (1996) termed “body surveillance,” or the propensity to monitor one’s appearance. Fredrickson & Roberts (1997) described body-monitoring as “self-objectification,” manifested as “the tendency to perceive one’s body according to externally perceivable traits (i.e., how it appears) instead of internal traits (i.e., what it can do)” (p. 218). Their foundational research claimed objectified media portrayals play an important role in socializing girls and women to perceive their own bodies from the perspective of another’s gaze (Fredrickson & Roberts, 1997, p. 219).

Built upon many interrelated and interdisciplinary concepts, Fredrickson and Roberts’ (1997) objectification theory of the psychological and physical impact of female objectification within this postfeminist cultural milieu posited that girls internalize and reproduce this objectified perspective. Numerous studies demonstrate repeated exposure to sexually objectifying media encourages women to self-objectify (Fredrickson et al., 1998; McKinley & Hyde, 1996; Strelan & Hargreaves, 2005), positively endorse sexually objectifying images (Zurbriggen & Morgan, 2006), and experience body hatred (for recent reviews, see Groesz, Levine, & Murnen, 2002; Holmstrom, 2004). Objectification

theory provides an important framework for understanding, researching, and intervening to improve women's lives in a sociocultural context that sexually objectifies the female body and equates a woman's worth with her body's appearance and sexual functions.

This theory predicted that the objectification of women in media encourages self-objectification, which can lead females to experience recurrent shame, "characterized by an intense desire to hide, to escape the painful gaze of others, and focus completely on the self, resulting in inability to think clearly, talk, and act" (Lewis, 1992).

Objectification theory provides a simple but profound explanation for the ways girls, beginning at puberty and earlier, adapt to objectifying culture by habitual body monitoring so that instead of resiliently reintegrating through objectifying circumstances, females use shame as an adaptive measure of staying in a normative state of discomfort. Within this theory, self-objectification is defined as adopting a third-person perspective on the physical self and constantly assessing one's own body in an effort to conform to the culture's standards of attractiveness. In all, the theory is built on the notion that habitual monitoring can create a predictable set of experiences essential to understanding the psychology and life experiences of women: shame, anxiety, disruption of peak motivational states, and lack of awareness of internal bodily states.

The framework of objectification theory acknowledges both relatively stable individual differences among females regarding their own degree of trait self-objectification, as well as powerful situation-specific effects in the experiences of state objectification, when self-objectification is triggered. Thus, studies in the last two decades since the theory's founding have treated self-objectification as an independent variable used to describe and predict self-objectifying experiences and others as a

dependent variable illustrating effects of living in an objectifying culture. The four possible effects proposed by Fredrickson and Roberts (1997) most often used as constructs to operationalize self-objectification, are shame, anxiety, disruption of peak motivational states, and lack of awareness of internal bodily states.

In Fredrickson and Roberts' (1997) groundbreaking introduction to objectification theory, they suggested that future studies test the relationships between and among self-objectification and its other experiential consequences (anxiety, shame, interruption of peak motivational states, diminished awareness of internal states) and mental health risks like depression and sexual dissatisfaction. Objectification theory posited that women vary in the degree to which they self-objectify, and that can be quantified by having individuals rank the importance they give to a set of body attributes that include appearance-based qualities and competence-based qualities (Fredrickson et al., 1998). One of those quantifiable tests is The Self-Objectification Questionnaire (Noll & Fredrickson, 1998). It asked respondents to rank a list of body attributes in ascending order of how important each is to their physical self-concept, from 1 (most impact) to 12 (least impact). Of the 12 attributes listed, six are appearance based (physical attractiveness, coloring, weight, sex appeal, measurements, and muscle tone) and six are competence-based (muscular strength, physical coordination, stamina, health, physical fitness, and physical energy level). Scores are computed by summing the ranks for appearance and competence attributes separately, then computing a difference score, ranging from -36 to 36, with higher scores reflecting greater emphasis on appearance or greater self-objectification (Noll & Fredrickson, 1998). To that end, studies since objectification theory was set forward have worked to operationalize self-objectification

and break it down into measurable constructs that both predict and explain phenomena. The review to follow will attempt to account for the most reputable and oft-cited studies regarding self-objectification and its experiential consequences. Though these studies are categorized by the constructs most prevalent in their research regarding self-objectification, it should be noted that all four constructs and other health-related outcomes (i.e., depression, sexual dysfunction, etc.) are often present in each study.

### Shame

The negative emotion of shame occurs when people evaluate themselves relative to an internalized ideal and come up short (Darwin, 1872/1965). “It is not the simple act of reflecting on our own appearance, but the thinking what others think of us, which excites a blush,” Darwin explained (1872/1965, p. 325). Within objectification theory’s framework, the habitual body monitoring encouraged by a sexually objectifying culture can lead females to experience recurrent shame, characterized by an intense desire to hide, to escape the painful gaze of others, and focus completely on the self, resulting in inability to think clearly, talk, and act (Darwin, 1872/1965; Lewis, 1992). Prevailing forms of selfhood and subjectivity are maintained, not chiefly through physical restraint and coercion, but through individual self-surveillance and self-objectification.

Building on the meditational model of shame as a causal link between self-objectification (SO) and disordered eating, Fredrickson et al. (1998) hypothesized that SO leads to shame, which leads to restrained eating *and* diminished mental performance. While alone in a dressing room, college students were asked to try on and evaluate either a swimsuit or a sweater and complete a math test. The results revealed that young



women in swimsuits performed significantly worse on the math problems than did those wearing sweaters, most likely because time spent experiencing anxiety and shame took up cognitive resources needed to perform on the test. No differences were found for young men. Recent research has shown that this impairment occurs among African American, Latina, and Asian American young women (Hebl et al., 2004) and extends beyond mathematics to other cognitive domains including logical reasoning, color-naming (Quinn et al., 2006) and spatial skills (Gapinski et al., 2003). In these instances, SO causes women—but not men—to experience body shame, which predicts restricted eating and poor performance in testing situations.

In a popular and groundbreaking study, Noll and Fredrickson (1998) tested a mediational model of disordered eating derived from objectification theory, proposing that body shame mediates the relationship between self-objectification and disordered eating. The researchers used two samples of undergraduate women to complete self-report questionnaires assessing SO, body shame, anorexic and bulimic symptoms, and dietary restraint. The study worked to extend previous research by McKinley and Hyde (1996), who found that body surveillance (their term for self-objectification) was positively correlated with body shame and that those two constructs were positively correlated with disordered eating. Because that test did not provide a justification for a causal relationship or a mediating one, Noll and Fredrickson attempted to prove a causal relationship between “shame” and self-objectification and disordered eating to support objectification theory’s causal order of self-objectification leading to shame, which predicts disordered eating. The researchers used two of their own tests, The Self-Objectification Questionnaire (Noll & Fredrickson, 1998) and the Body Shame

Questionnaire (Noll & Fredrickson, 1998), which lists 28 different body parts and physical attributes and asks participants about their desire to change those parts and the intensity of their desires using a 1–9 Likert scale, and 3 questionnaires regarding disordered and restricted eating. Their results showed body shame does, in fact, mediate the relationship between self-objectification and disordered eating, and that self-objectification contributed to disordered eating directly.

Notably, the 2002 National Physical Activity and Weight Loss Survey found that body size satisfaction had a significant effect on whether a person performed regular physical activity, regardless of the individual's actual weight (Kruger, Lee, Ainsworth, & Macera, 2008). Those who were satisfied with the way their body looked—regardless of the ideals they did or did not meet—were more likely to engage in physical activity than those less satisfied. Moreover, researchers have found that overweight girls who were more comfortable with their bodies were more likely to make healthy choices as they entered young adulthood (van den Berg, Paxton, Keery, Wall, Guo, & Neumark-Sztainer, 2007). The girls who felt good about themselves were more likely to be physically active and pay more attention to what they ate, while the girls who were the most dissatisfied with their size tended to become more sedentary over time and paid less attention to maintaining a healthy diet (van den Berg et al., 2007). This shows that encouraging women to love and care for their bodies—whether or not they match media beauty ideals—may be one way to reverse or at least slow the progression of the health crises on both ends of the spectrum, from eating disorders to sedentary lifestyles and bingeing leading to obesity. Shame is a cruel and powerful demotivator, especially with regard to health and happiness. It fuels overeating, poor nutrition choices, sedentary lifestyles (van

den Berg et al., 2007), cosmetic surgery (Calogero et al., 2011), isolation, and pain. Shame is also a cruel and powerful motivator with regard to self-harm. It fuels disordered eating like bingeing, purging, and starvation, as well as exercise bulimia (Fredrickson & Noll, 1998; McKinley & Hyde, 1996; van den Berg et al., 2007).

Further, shame, as the act of wanting to inhibit or change that which fails to meet up to an external or internal standard (Lewis, 1992), overlaps with every other possible negative consequence (peak motivational states, anxiety, and lack of awareness of internal bodily states) on an intuitive level and in cited research. Shame generally mediates the relationship between self-objectification and the other possible negative outcomes because it appears to be the spark that ignites the flame of the disruption of “flow” states, anxiety, and keeping women from experiencing awareness of their bodies’ internal states. This important variable appears to be the evident coping mechanism or adaptive emotion girls and women feel in the 21<sup>st</sup> century, as evidenced by the “disgust” reported by the majority of females today, the steep rise in female cosmetic surgery, the disruption of peak motivational states and empowered embodiment evident in girls and women dropping out of traditionally male-dominated subjects and careers, “feeling too fat to exercise,” etc. This notion of shame being the dominant construct at play in the vast majority of self-objectification research is a major finding in this meta-analysis, and guided the development of the SOR model and intervention to a great degree.

#### Disruption of Peak Motivational States

Perhaps the most insidious consequence of self-objectification is that it fragments consciousness. Disruption or prevention of peak motivational states is manifest in the

“doubling” to which de Beauvoir (1972) referred to illustrate a woman’s dual identities as subject and object of her own gaze. Being fully absorbed in a challenging mental or physical activity, called a state of “flow” by Csikszentmihalyi (1990), can be immensely rewarding and enjoyable. In addition, he argued a person must lose self-consciousness in order to achieve this “flow” state, and as early as grade school, research points to the fact that girls’ activities and thoughts are more frequently disrupted by self-awareness and self-consciousness than vice versa (Thorne, 1993). Over time, these interruptions move from discussions about boys and “cooties” to attention to appearance, weight, or development of curves (Thorne, 1993). In sum, Fredrickson and Roberts (1997) aptly stated that “by limiting women’s chances to initiate and maintain peak motivation states, the habitual body monitoring encouraged by a sexually objectifying culture may reduce women’s quality of life” (p. 184). Shame, at the heart of the disruption of peak motivational states, stands as a key component of self-objectification.

Moreover, chronic attention to physical appearance leaves fewer cognitive resources available for other mental and physical activities, where disruption of the “flow” state is inevitable. The aforementioned study by Fredrickson et al. (1998) revealed that SO triggered by wearing a swimsuit leads to shame for women but not for men, which leads to restrained eating *and* diminished mental performance. Recent research has shown that this impairment occurs among African American, Latina, and Asian American young women (Hebl et al., 2004) and extends beyond mathematics to other cognitive domains including logical reasoning and spatial skills (Gapinski et al., 2003). In these instances, experimentally induced SO causes women to experience body shame,

which predicts restricted eating and performing more poorly in testing situations, regardless of their state levels of SO.

In 2006, Quinn et al. attempted to replicate this study on intellect using a Stroop color-naming task as opposed to a math test, which has been gendered to be a male-centered field and could have thus skewed the aforementioned study's results. By again pretesting for trait SO and then priming trait SO by asking the individuals in the experiment to don either a sweater or a swimsuit in a completely private dressing room, the researchers were manipulating SO. Study participants were asked to complete a body image questionnaire and three measures of self-objectification. Results indicated that a manipulation of state SO was successful in that women in swimsuits reported they felt more defined by their bodies and increased body shame. Results from the Stroop task showed that SO interfered with performance of color naming because women in the SO condition took longer to respond to all types of Stroop questions, regardless of ethnic background (Quinn et al., 2006, p. 62). Thus, fewer attentional resources are available when women self-objectify.

Self-objectification appears to disrupt physical performance as well. Harrison and Fredrickson (2003) had 200 White and African American girls, 10–17 years of age, throw a softball as hard as they could against a distant gymnasium wall after having pretested their levels of trait SO. They found that the extent to which girls viewed their bodies as objects and were concerned about their bodies' appearance predicted poorer motor performance on the softball throw. Moreover, in research on moderately active men and women (Katula, McAuley, Mihalko, & Bane, 1998), researchers found a significant interaction effect between gender and exercise settings: Women had significantly lower

exercise self-efficacy than did men in the mirrored condition. Even research on "exergames," active video games to promote physical activities, suggested that projecting the user's images and motions to interact in the game onto a visible screen actually had detrimental effects, including self-objectification, for people with high body image dissatisfaction, which for females is the norm (Song, Peng, & Min Lee, 2011). Self-objectification, it appears, limits the form and effectiveness of girls' physical movements. In all, the incitement of shame, so prevalent in the lives of young girls and aging women, impedes their success in mental and physical performances of many kinds.

### Anxiety

Fredrickson and Roberts (1997) characterized anxiety in terms of appearance anxiety and safety anxiety. Anxiety regarding appearance involves checking and adjusting one's appearance regularly and is manifested by motor tension, vigilance, and scanning (American Psychiatric Association [APA], 1994), but can also be fused with safety concerns for females in a society that objectifies them and leaves them open to possible sexual victimization. Empirical research has shown that attentiveness to personal safety is a chronic source of anxiety for women, affecting both their professional and personal lives (Pollitt, 1985). Indeed, Rubin, Nemeroff, and Russo (2004) argued that self-objectifying body consciousness is one of the strategies women use to cope with others' reactions to their body and deal with their anxiety. Participants in Rubin et al.'s (2004) qualitative study described how experiences of objectification during adolescence had produced long-standing anxiety and formed their conceptions of what it means to be a woman. This finding is consistent with previous research, particularly Daniluk's (1993)

phenomenological analysis of sexuality among adult women wherein she found that puberty altered the way men interacted with them, promoting a heightened awareness of their vulnerability to objectification and even sexual violence. Marion Young (1990) argued that objectification could be considered a defining aspect of womanhood in contemporary Western society:

An essential part of the situation of being a woman is that of living the ever-present possibility that one will be gazed upon as a mere body, as a shape and flesh that presents itself as the potential object of another subject's intentions and manipulations, rather than as a living manifestation of action and intention. (p. 155)

Sexualization and objectification undermine confidence in and comfort with one's own body, leading to a host of negative emotional consequences, including but not limited to anxiety and even self-disgust. The evidence to support this claim comes from studies of self-objectification and from experimental and correlational studies of exposure to media emphasizing a narrow ideal of women's sexual attractiveness. Numerous studies have shown stronger appearance anxiety in those young women who internalize a sexualizing gaze as their primary view of self (Tiggemann & Lynch, 2001); other studies have shown that young women, in general, will have stronger appearance anxiety after viewing media portrayals of idealized women's bodies (Monro & Huon, 2005) or after being exposed to sexualizing words that commonly appear on magazine covers, such as *sexy* or *shapely* (Roberts & Gettman, 2004). Exposure to such messages, including Victoria's Secret advertisements in particular and inescapable media images in general (Strahan, Lafrance, Wilson, & Ethier, 2008), has been proven to encourage female self-objectification (American Psychological Association [APA], 2010), endorsement of objectifying images (Zurbriggen & Morgan, 2006), and body hatred and anxiety (Holmstrom, 2004). All of these studies emphasize that triggering trait SO can have

harmful anxiety-related consequences, as well as shame, disruption of peak states, and lack of awareness of internal states, which can lead to disordered eating, depression, sexual dysfunction, etc.

In one study of adolescent girls, which is rarely done because college-aged samples are so readily available and convenient, Slater and Tiggemann (2002) found SO correlated with both body shame and appearance anxiety. For girls as young as 12 and 13 years of age, viewing oneself primarily from the perspective of an observer and emphasizing features like “attractiveness” and “sex appeal” related to higher levels of anxiety about appearance and feelings of shame. Again in 2008, Harper and Tiggemann filled an additional hole in SO research by illustrating how not calling attention to women’s looks can still trigger SO. In this experimental design, undergraduate women were assigned to view magazine advertisements featuring a thin woman, a thin woman with at least one attractive man, and those with no people in the advertisements. The researchers used an initial exploration of the practice of SO as a potential mechanism to identify the psychology at play in determining how and why objectifying media images affect appearance-related anxiety. Because SO appears to occur in situations when women are not explicitly directed to focus on their own appearance, Harper and Tiggemann hypothesized that, controlling for trait SO, the experiment participants would be primed to self-objectify more by viewing advertisements featuring a thin woman being looked at by an attractive man than by the woman alone or the control condition. Measures of physical appearance state and trait anxiety state were used to measure weight-related anxiety in participants; the Twenty Statements Test (Fredrickson et al. 1998) was used to measure state SO, and trait SO was measured by the Self-



Objectification Questionnaire (Noll & Fredrickson, 1998). Thus, using an independent variable of advertisements and dependent variables consisting of state SO, anxiety, mood, and body dissatisfaction, findings indicate that women who viewed thin-idealized images demonstrated higher levels of state SO, weight-related anxiety, negative mood, and body dissatisfaction than those in the control condition. Surprisingly, this study is the first to demonstrate that magazine advertisements featuring thin, attractive females produce greater state SO than control advertisements (Harper & Tiggemann, 1998). Further, this study indicates that relatively subtle cues trigger state SO in college-aged women, such as findings regarding simple text cues by Roberts and Gettman (2004), among others, indicate. “Our results show women do not need to be asked to appraise their looks in order to think about their physical appearance as if looking on as a critical observer,” the researchers stated (Harper & Tiggemann, 1998, p. 655). This is an important—one that speaks to media effects and objectification theory simultaneously.

Another experimental study focusing on the effects of visual objectification on state SO was done by Aubrey, Henson, Hopper, and Smith in 2009 on the effects of visually objectifying “health”-focused media (women’s health and fitness magazines) on state SO. Their work built off of Harrison and Fredrickson’s (2003) examination of the difference between exposure to sports media reflecting the body as an instrument versus the body as an object to be looked at. Again, using adolescent girls as a group highly warranted and underused for this type of research, the researchers exposed one group of girls to “power” sports (i.e., softball, basketball) where women athletes were judged on their performance and skill and exposed the other group to “lean” sports where athletes were judged at least in part on appearance (i.e., figure skating, gymnastics). Interestingly,

results indicated exposure to clips of “lean” sports activated state SO for Caucasian girls and “power” sports activated state SO, at least temporarily, for girls of color (Aubrey et al., 2009).

The work of Aubrey et al. (2009) testing the priming influence of visual sexual objectification on women’s state SO fills yet another void in self-objectification scholarship. These scholars took the opportunity to operationalize sexual objectification, drawn directly from Fredrickson and Roberts’ (1997) objectification theory, in two profound ways. While many other studies focus on the consequences of SO, these scholars theoretically derive an operationalization of state SO by defining it in two ways: 1) Women who are not wearing much clothing (body exposure); and 2) Collection of body parts (body objectification). In the Aubrey et al. (2009) study, women were assigned to view images of women with a high degree of body display, images of women segmented into parts, or neutral images of places. Assignment to the body display condition caused women to write more appearance-related words to describe themselves, thus activating a trigger for state SO. Most surprisingly, the most robust difference between conditions was in regard to the showing of barely clothed women versus parts of women. Results indicated that exposure to barely clothed women activated state SO and led to few positive statements about the self more so than the body parts images, perhaps because the body parts were placed so out of context that they are “essentially not relevant to women’s body images” (p. 281). One limitation of this study was that state SO was not determined before exposure to the images—only after. In the future, researchers could benefit from mapping the differences pre- and postexposure for a more robust analysis. All in all, results demonstrate more appearance-related anxiety for those

women exposed to images of barely clothed women, which replicates dozens of studies showing that sexually objectifying images can prime women to self-objectify.

Aubrey's (2010) study focusing on visually objectifying health-related magazines began with a content analysis of objectifying frames within the three most popular health and fitness magazines. Her research question, "To what extent do women's health magazine use health, body competence, and appearance frames in their cover headlines?" illustrated her quest to discover appearance frames that can trigger SO. Therefore, she used the three magazines at play in her analysis to be the independent variables and the varying levels of objectification act as the outcome, or dependent variables. Results of the content analysis illustrated that health magazines do, in fact, frame "health" in self-objectifying, appearance-focused ways. Then, using the Body Shame Questionnaire (Noll & Fredrickson, 1998) and the Reasons for Exercise Inventory (Silberstein, Striegel-Moore, Timko, & Rodin, 1988), she exposed two groups of college-aged women to either appearance-related frames or health-related frames in magazine articles. Results indicated participants in the appearance-related frames group reported higher body shame and appearance-related anxiety and motivation to exercise than participants who read the health-related articles (Aubrey, 2010). Utilizing framing theory, Aubrey's study provided a useful groundwork for understanding how media can provoke body-related outcomes. While many studies examine the influence of sexually objectifying media exposure on state SO, they are not able to delineate what it is about the media that makes women self-objectify. This is a critical step in that direction.

### Lack of Awareness of Internal Bodily Traits

Females' awareness (or lack of awareness) of internal bodily states has been emphasized in studies that women are less accurate than men at detecting internal physiological sensations like heartbeats, stomach contractions, and blood-glucose levels (e.g., Katkin, 1985). One particularly telling group of studies suggests women's relative inattention to physiological cues is due in part to dieting and restrained eating being a normal part of culture and the need to achieve the thin ideal (Silberstein, Striegel-Moore, & Rodin, 1987; Thornberry, Wilson, & Golden, 1986).

This effect of SO is easily the most ignored in research testing and extending objectification theory, media effects, and self-surveillance more broadly. If taken beyond its definition of women being largely out of touch with their bodies and bodily processes, and even suppressing those feelings due to lives of resisting food intake and excessive exercising, many other studies in this review fall under this category. Particularly, Smolak and Murnen's (2011) work on gender, SO, and pubic hair removal, Steer and Tiggemann's (2008) work on SO and sexual functioning and the work of Calogero et al. (2010) on SO and cosmetic surgery attitudes are worthy contributions to this category of SO effects.

Smolak and Murnen's (2011) research asked if objectification is related to pubic hair removal and whether this differs by gender. Since women's body hair and its removal appear to be part of a societal norm, the researchers hypothesized that women who engage in SO as the independent variable in this experiment would be more likely to remove their pubic hair, despite the fact that pubic hair is a way to ward off internal and external infections and decrease the risk of skin irritation. Their research question was:

“Is pubic hair removal related to SO and its negative concomitants of body shame, body image disturbance, and self-consciousness during sexual situations” (p. 507). Results indicated that although women demonstrated higher levels of self-surveillance, body shame, and self-consciousness during sexual experiences than men did according to the self-report questionnaires, there was not an interaction between gender and pubic hair removal for any of those variables. However, there were gender differences regarding reasons for removing pubic hair. Women were more likely to say they removed it to be “normal” and “sexy,” and those same women scored higher on both self-surveillance (SO) and body shame measures (Smolak & Murnen, 2011). These results showed that while gender differences do not appear on the surface, using statistical measures to tease out more complex motivations for pubic hair removal reveal the ways SO speaks to female lived experience in tangible ways.

Steer and Tiggemann’s (2008) research regarding the role of SO in women’s sexual functioning filled yet another gap in the research because no one had studied Fredrickson and Robert’s (1997) prediction of sexual dysfunction as an effect of SO. This study involved college-aged women completing questionnaires of SO, relationship satisfaction, and sexual functioning. It extended the predictions of objectification theory to claim SO leads to self-surveillance (the physical and psychological manifestation of SO), which leads to body shame and appearance anxiety, which in turn predicts sexual dysfunction. Using the independent variables of SO, self-surveillance, shame, anxiety, and self-consciousness during sex, the researchers found SO was significantly positively correlated with body shame and appearance anxiety, which were significantly correlated with self-consciousness during sexual activity. The results of this analysis provided

stronger support for the causal relationships proposed by objectification theory, from SO to poorer sexual functioning and inability to find satisfaction and pleasure in sexual experiences (Steer & Tiggemann, 2008, p. 221).

Finally, the research of Calogero et al. (2010) on objectification theory's use as a predictor of women's attitudes toward cosmetic surgery took into account each of the objectification theory variables (particularly, sexual objectification, self surveillance, body shame) proposed by Fredrickson and Roberts (1997) and used this systematic theoretical framework to explain why women undergo cosmetic surgery at a significantly higher rate than men. A total of 100 college-aged women completed self-report measures on self-esteem, sexual objectification, self-surveillance, body shame, and attitudes toward cosmetic procedures (The Acceptance of Cosmetic Surgery Scale, Henderson-King & Henderson-King, 2005). They investigated the possibility that women's experiences of sexual objectification, self-surveillance, and body shame would predict more positive attitudes toward cosmetic surgery. Results provided evidence that this set of objectification theory variables predicts the degree to which women positively accept this as a means of body modification and appearance control. Those who scored highly on levels of self-surveillance and body shame reported more positive feelings toward cosmetic surgery and likelihood of participating in body modification in the future. This is a significant finding, due to the latest reports stating women and girls add up to more than 92% of all cosmetic surgery clientele (ASAPS, 2009).

In sum, many of these studies, including others that show how adolescent girls with a more objectified view of their bodies had diminished sexual health, measured by decreased condom use and diminished sexual assertiveness (Impett et al., 2006), uncover

how “constraining, enslaving, and even murderous” conditions come to be experienced as “liberating, transforming, and life-giving” (Bordo, 1997, p. 2376). Girls and women today grow up in a culture that asks them to view themselves primarily from an outsider’s perspective as self-chosen and empowering. The aforementioned studies, utilizing many potential variables at play in objectification theory, provide warranted research to a world desperately in need of awareness and alternatives to a normalized objectifying landscape.

According to this far-reaching review of self-objectification studies over the last two decades since objectification theory was mapped out, much more work is necessary and needed. Specifically, critical qualitative studies like interventions (as this study demonstrates), focus groups, interviews, ethnographic approaches, and observations are highly warranted to further unpack the ways SO plays out as a normal part of female life and how to best combat it. While Fredrickson and Roberts (1997) moderate their theory of objectification with their claim that the consequences of self-objectification need *not* be considered inevitable and chronic aspects of women's experience, the place of females in a world that teaches them to be looked at appears to be dauntingly disempowering.

Fredrickson and Roberts (1997) concluded their groundbreaking article on objectification theory by asserting “the most important contribution of their theory may be to prompt individual and collective action to change the meanings our culture assigns to the female body” (p. 198). They claimed transforming educational efforts—within schools, at home and in communities—is pivotal. “A first step would be to make girls and women more fully aware of the range of adverse psychological effects that objectifying images and treatment can have on them,” they stated. “Such awareness, in

turn, could fortify girls and women to resist these negative effects, and create space for them to experience their bodies in more direct and positive ways” (p. 198).

As this analysis demonstrates, researchers invested in moderating the effects of self-objectification offer “calls to action” to produce and implement media literacy interventions or self-esteem workshops for young women, but have never extended objectification theory beyond its negativism to include emancipatory alternatives for growth. Indeed, their studies contribute to a body of research that reveal deep and significant relationships between self-objectification, shame, and their impediment to female progress and happiness in tangible ways. Now, as the lens of critical feminist scholarship reveals power bearing down on oppressed subjectivities, emancipatory alternatives for resistance can be realized through the SOR model and intervention.

#### Meta-Analysis of Research in Resilience

For critical researchers committed to interdisciplinary collaboration, the health of females in a mediated world is fruitful terrain for emancipatory research possibilities. A fast-growing area of health studies—psychospiritual health—provides particularly valuable insight into the negativism of some work in objectification theory. Inside this discipline, resilience theory and the resiliency model (Richardson, 2002; Richardson et al., 1990) offer a complementary perspective to critical feminist research in objectification because it focuses not only on the accumulation of risks as the key to understanding women's lived experience, but on the inherent and learned strengths necessary to cope with life disruptions (in this case, female health and well-being in the midst of an objectifying cultural milieu). The resiliency model rounds out the framework of



objectification theory to provide a map for positive reintegration after life disruptions—whether that disruption is coming to terms with one's own relationship with media and distorted perceptions of self or attempting to reintegrate after life disruptions that may trigger self-objectification such as bodily changes (puberty, pregnancy, aging, etc.) or stressful events such as weddings or body policing by outsiders. The resilience movement does a great service by providing a comprehensive model for understanding how to resiliently reintegrate in the face of life disruptions. This echoes Foucault's (1977) notions of power and resistance as necessarily existing together; without an understanding of power and its effect on female identity, health, and well-being, resistance is not possible—in fact, it is rendered unthinkable. In this section, I will provide a brief overview of the history of resilience scholarship in three waves, and then I will review scholarship surrounding resilience theory and the resiliency model as it can relate to self-objectification resilience, necessarily highlighting how this field of study can and must contribute to objectification theory and its linear model in profound and necessary ways.

### Resilience Research in Three Waves

The “first wave” of inquiry into resilience emerged through the phenomenological identification of characteristics of “survivors” living in high-risk situations. The foundational study cited across the board in resiliency literature is that of Werner and Smith (1982), who reported the longitudinal findings of a community after studying their children from 1955 to 1985. Studying a multiracial population of 200 children designated as “high risk” due to poverty, perinatal stress, daily instability, and serious

parental mental health problems, Werner and Smith found 72 of the children thrived in spite of the risk factors that beset them over the 30-year period of the study. They categorized the resilient qualities displayed by the study's participants, which ranged from having a caregiving environment to being tolerant, achievement-oriented, and having "good self esteem." Resiliency has since been defined as the process of coping with adversity, change, or opportunity in a manner that results in the identification, fortification, and enrichment of resilient qualities or protective factors. In various health fields, scholars have identified resilient qualities that are both learned and innate. These include, but are not limited to: happiness (Buss, 2000), subjective well-being (Diener, 2000), optimism (Peterson, 2000), faith (Myers, 2000), empowerment (Richardson et al., 1990), being achievement-oriented (Werner & Smith, 1982), independence (Werner & Smith, 1982), determination (Ryan & Deci, 2000), self-confidence (APA, 2010), self-compassion (Neff, 2003), wisdom (Baltes & Staudinger, 2000), creativity (Simonton, 2000), and hope (Snyder, 2000).

Prevention scientists and advocates of a positive approach to psychology have touted the resilience framework for its potential to inform efforts to foster positive developmental outcomes among disadvantaged individuals, families, and communities (see Yates & Masten, 2004). The study of positive psychology encourages a shift in emphasis from a preoccupation with fixing defective behaviors to the building of defense, from a focus on disease and deficit to the strength and virtue in human development (Seligman, 2002; Seligman & Csikszentmihalyi, 2000). Indeed, the promise of valuable implications for prevention, intervention, and social policy motivates much resilience research, including the study at hand. The resilience perspective stresses the importance

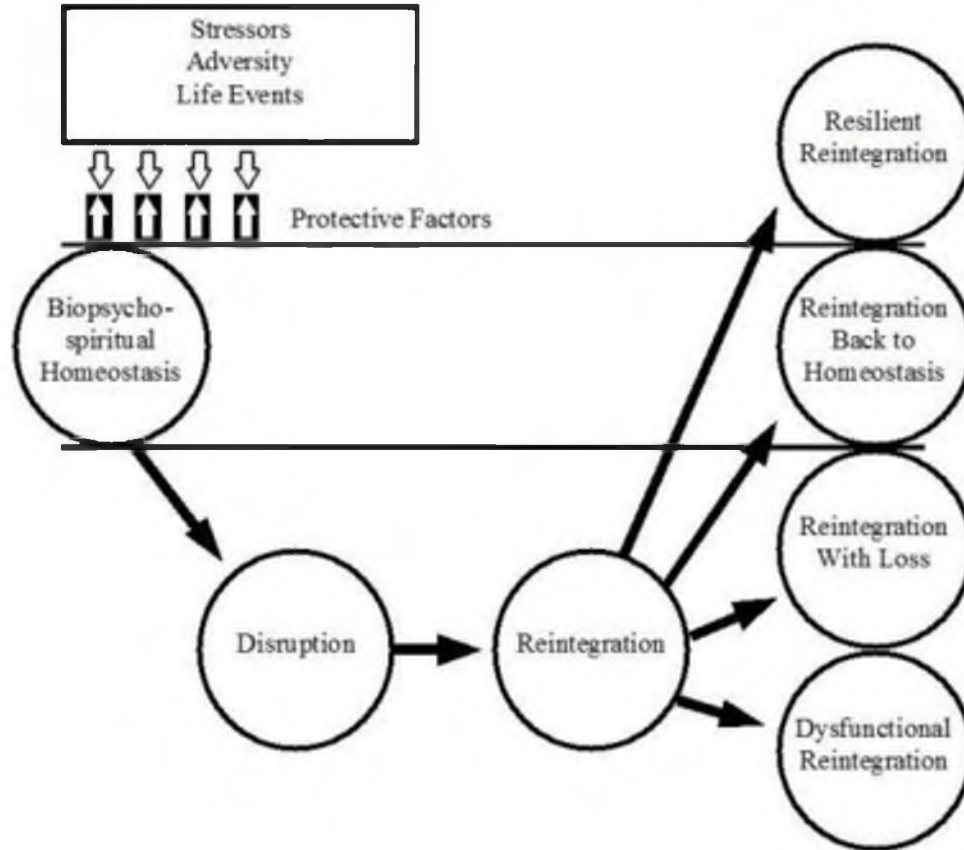
of promoting competence through positive models of intervention and change, in addition to ameliorating the effects of adversity on individuals. Thus, these early pioneers encouraged greater attention among researchers and practitioners to positive models and processes, and to the strength of individuals, families, communities, and societies.

As Yates and Masten (2004) articulately argued, traditional disease models do little to advance this agenda because they emphasize abnormality over normality, maladjustment over adjustment, and sickness over health. These “disease models” still locate disorder within the individual, rather than within the transactional exchanges between the individual and many other systems at multiple levels (e.g., media, peers, family) that could play a role in adaptive and maladaptive developmental pathways (Yates & Masten, 2004). With a growing body of research specifying the processes by which children negotiate salient developmental challenges despite adversity, the resilience framework is ripe for an active role in the applied practice of self-objectification resilience. In turn, the most powerful tests of protective processes and resilient pathways will derive from studies of intervention efforts that aim to alter the course of development. The SOR model embodies the vital concepts of the resilience perspective as it melds the amelioration of negative effects with the promotion of positive competencies.

The “second wave” of resiliency inquiry, in attempting to understand and explain how resilient qualities are attained, was grounded in Flach's (1988) “law of disruption and reintegration,” which forms the foundation of the Richardson et al. (1990) resiliency model. The importance of this law resides in its emphasis on strengths—not deficits—for within a resilience framework, successful prevention and intervention programs direct

attention beyond deficits in need of restorative attention to the strengths and potential assets in the individual, family, and community (Luthar & Cicchetti, 2000). For educational purposes and in therapeutic work, which is of critical importance to scholarship that is oriented in praxis, resiliency is presented as a simple linear model that depicts a person (or group) passing through the stages of homeostasis, interactions with life prompts, disruption, readiness for reintegration and the choice to reintegrate resiliently, back to homeostasis, or with loss. A further virtue of the framework is its alignment with critical methodologies and pedagogy that encourage researchers and practitioners not to speak on behalf of the disadvantaged, but to facilitate the power of these groups and communities to speak for themselves.

In essence, Richardson et al. (1990) explained “biopsychospiritual homeostasis” as an individual's “comfort zone,” which is routinely bombarded with internal and external life prompts, stressors, adversity, opportunities, and other forms of change (Figure 1). The sources may originate externally or internally from thoughts and feelings. To cope with life prompts, humans cultivate, through previous disruptions, resilient qualities so that most events are not disruptive, but routine. The interaction between life prompts and protective factors individuals cultivate over time determine whether disruptions will occur. Resilient qualities, like those listed earlier, are shown on the model as up arrows that symbolize effectively dealing with the life prompt and maintaining a comfortable homeostasis. Disruptions, then, are the catalyst to change in either positive or negative ways. A disruption occurs when an individual's intact world paradigm is changed, which result in primary emotions like hurt, loss, fear, confusion, and self-doubt.



*Figure 1: The resiliency model (adapted from Richardson et al., 1990)*

These emotions generally lead to introspection and opportunities to consciously or subconsciously begin the process of reintegration to one of four options. The first, resilient reintegration, is to experience some insight or growth through disruptions. The process is an introspective experience in identifying, accessing, and nurturing resilient qualities. The second, a return to biopsychospiritual homeostasis, occurs when an individual returns to their “comfort zone” to heal or simply get past a disruption. Some disruptions do not allow for a quiet return back to homeostasis, such as death of a loved one, moving, or permanent physical change of loss. The third, reintegration with loss,

entails that the individual gives up some motivation, hope, or drive because of the painful demands of the disruption. Finally, dysfunctional reintegration occurs when people resort to substances, destructive behaviors, or other means to deal with the life prompts (Richardson, 2002).

Finally, the “third wave” of resiliency inquiry brought about a definition of resiliency theory, which springs from the aforementioned model. Essentially, resilience theory claims there is a force within everyone that drives them to seek self-actualization, altruism, wisdom, and harmony with a spiritual source of strength. The foundational researchers in this field, Werner and Smith (1992) explained resilience as an innate “self-righting mechanism” (p. 202), and Lifton (1994) identified it as the human capacity of all individuals to transform and change—no matter their risks. One postulate of resiliency theory is that individuals are genetically predisposed with greater potentials to resilience than are generally manifest through the conscious mind. The means to access those potentials is through the disruptive resiliency process, which entails a “progress is painful” understanding of life's changes and stressors. Further, this theory asserts that all individuals have an innate blend of physical, mental, and spiritual characteristics that afford a unique opportunity to contribute to the world (Richardson, 2002). When life progress takes place through resilient reintegration in the wake of disruptions, trusting in the resiliency process as an avenue for growth can empower individuals to call upon their unique characteristics for support and to support others in need. Finding meaning and purpose in disruptions help individuals value their experiences and understand their place in the world.

Viewed through the lens of the resiliency model, objectification theory is wrought with the negativism of providing problems without resolutions. Fredrickson and Roberts' (1997) theory and accompanying linear model illustrated the way objectifying cultural messages become a biopsychospiritual homeostasis of intense body shame, during specific life disruptions or as a lifelong trait of adaptation, while then predicting that the learned process of self-objectification as a form of self-discipline leads to physical and psychological consequences faced by females the world over. Objectification theory simply provides an explanation for the ways girls, beginning at puberty and earlier, adapt to objectifying culture by habitual body monitoring so that instead of resiliently reintegrating through life's disruptions, females use shame as an adaptive measure of staying in biopsychospiritual homeostasis. Thus, for females today, their “comfort zone” in biopsychospiritual homeostasis involves constant, “normal” feelings of shame that function to inhibit or change her for failing to meet cultural standards of beauty and womanhood.

Extending the linear model of objectification theory to move self-objectification from its place in homeostasis to named disruptions reveals the power of objectifying culture in female lives. It exposes the counterfeit notions of “power” and “agency” sold by postfeminist culture. It makes clear the ways women, through incessant objectification, are silenced into submission in their bodily prisons. Indeed, it is only through the process of subjectification—realizing one's subjectivity—that any individual can become a subject “capable of resisting the institutions, discourses, and practices that constitute her as a subject” (McLaren, 1997). Pushed further, the resiliency model not only names and denormalizes the biopsychospiritual homeostasis of SO that appears so

innate to female existence, its modes of reintegration provide opportunities for agency and resistance in the midst of postfeminist culture that provides counterfeit “power” and selfhood.

### Resilience Research’s Contribution to Self-Objectification Resilience

A core tenet of this dissertation is that investigations of positive and negative adaptation are mutually informative. Objectification theory and the scholarship surrounding it provide a thorough understanding of the negative adaptation girls and women are experiencing in objectifying culture. Now united for purposes of this research, the resilience framework can contribute groundbreaking scholarship to understanding how positive adaptation can be possible to provide emancipation for these girls and women. Pioneers in the systematic study of resilience recognized the potential importance of this work for practice, which directly informs the SOR model and intervention. These scholars believed that understanding naturally occurring resilience would inform interventions and policies aimed at fostering successful development among those growing up and growing older with heavy burdens of risk or adversity. Yates and Masten’s (2004) analysis of resilience research found the most powerful and prevalent resilient traits of children in adverse circumstances are: positive view of self (self-esteem, self-worth, self-confidence), good intellectual and problem-solving skills, connections to prosocial organizations like nonprofits, and faith and religious affiliation, among others.

In this broad meta-analysis to provide a foundation for the Self-Objectification Resilience model and intervention, I identify four important psychological health



concepts that most directly combat the negative consequences of self-objectification: self-actualization, self-compassion, embodied empowerment, and feminist beliefs.

### Self-Actualization

Resilience theory claims there is a force within everyone that drives them to seek self-actualization, altruism, wisdom, and harmony with a spiritual source of strength. Further, this theory asserts that all individuals have an innate blend of physical, mental, and spiritual characteristics that afford a unique opportunity to contribute to the world (Richardson, 2002). Not unique to psychospiritual health, philosophers from Aristotle on have theorized about the process of self-actualization, or realization of one's true potential. Aristotle first wrote about "eudaimonia" as the realization of one's true potential, wherein each individual comes into life with unique capacities. He believed the central task of life is to recognize and realize these talents (Ryff & Singer, 1989). Similar to "self-actualization," the concept of "meaning in life" has had central importance in health and the humanities, defined as "the cognizance of order, coherence, and purpose in one's existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment" (Recker & Wong, 1988, p. 221).

Feminist scholarship has provided particularly valuable insight into the ways women are held back from experiencing self-actualization within a limiting and objectifying society. Bordo (1993) discussed the idea that the constant element in historical conceptions of the female body is the construction of the body as something apart from the true self (soul, mind, spirit, free will, etc.) and as undermining the best efforts of that self. That which is not-body is the highest, the best, the noblest, the closest

to God; “That which is the body is the albatross; the heavy drag on self-realization.” (p. 5). Thus, women carry “unbearable weight,” as her 1993 book title suggested. In her analyses, the female body bears the unbearable weight of reflecting the truth of the soul—who the “authentic self” is—in a way that popular culture never asks men to do. The goal is the externalization of a supposedly more “authentic” inner self, but Bordo tackled the mind/body dualism from the beginning of her book as she spoke of women as the “form” and men as the “matter.” In this limiting, binary form, women form the “outside,” which is so often interpreted to be that which keeps the soul, the spirit, the “true self” from becoming all it was meant to be. The “unbearable weight” of feminine failure, echoed in Bordo's writing through dozens of particular accounts of the “too fat,” “too flat,” “too short,” “too dark,” media messages, is as heavy as ever.

Banet-Weiser (2007) used a lens of commodity feminism (Goldman, 1992) to do a fascinating work of interrogating the ways postfeminist cultural messages commodify femininity. One of the disturbing consequences of second-wave feminism's battle for equal representation in media and cultural products is that groups like “girls” and “feminists” have become the target for corporate America (Banet-Weiser, 2007). By turning their desire for self-actualization against them, cultural producers commodify gender and self-realization into something to be bought and sold. Part of the “genius of postfeminism,” according to Kinser (2004), is to co-opt the language of feminism and “then attach it to some kind of consumer behavior that feeds people's hunger for uniqueness” (Kinser, 2004, p. 144). In this light, feminist critique of limiting and objectifying cultural messages is key to true self-actualization, or the realization of one's true potential.

Bandura (2003) more clearly articulated the power of cultural messages in shaping priorities and life meaning when he explained the relatively small sector of the physical and social environment humans have direct contact with each day. Consequently, concepts of reality are greatly influenced by the vicarious experience of mediated images and messages. And in today's world of near-constant media bombardment, his statement is particularly relevant: "The more people's conceptions of reality depend upon the symbolic environment, the greater its social impact" (Bandura, 2003, p. 168). For females growing up in a world where they will see many more images of women in media than they will ever see face to face, and those images are so often objectified, Photoshopped, surgically augmented, and not reflective of female potential, the process of self-actualization is vital to a more agentive sense of self. Female progress is limited when the only mediated options available to them involve women as bodies. Self-actualization can be a deep and moving experience for females immersed in objectifying culture. Borrowing from resiliency theory's assertion that all individuals have a unique opportunity to contribute to the world (Richardson, 2002) and other theorists notions of self-actualization as the process of realizing one's true potential, the SOR model's most striking contribution may be its ability to guide females through a process of denormalizing and naming their disruptions via objectification and self-objectification to an understanding of their immense value and potential in a world desperately in need of them—not just a vision of them, but all of them.

### Self-Compassion

Self-esteem, an indicator of self-worth, has long been defined as a critical index of mental health (Jahoda, 1958) and is an important construct often integrated in resiliency theories, where it has been conceptualized as a protective or buffering factor (Zimmerman, Copeland, Shope, & Dielman, 1997). Resilience theories posit that females can be protected from adopting health-compromising behaviors because of their high self-esteem, which is reflected in their desire and commitment to overcome negative circumstances (Garmezy, 1991).

And while self-esteem has had major attention in resilience studies for several decades, research reveals that encouraging the development of the psychological concept of self-compassion can benefit girls and women by helping them to counter destructive self-critical tendencies, acknowledge their interconnection with others, and deal with their emotions with greater clarity (Neff, 2003). It appears that an emphasis on self-compassion may entail many of the psychological benefits that have been associated with self-esteem, but with fewer of its pitfalls, because it is not based on the ideals and evaluations of self and others. It essentially takes self-evaluation out of the picture, instead focusing on feelings of compassion toward oneself and the recognition of one's common humanity. Teaching and accessing self-compassion is vital due to the lifetime of objectification and self-objectification experienced by girls and women, which often leads them down roads of unhealthy choices and extremes before they can critically examine their choices.

Self-compassion entails seeing one's own experience in light of the common human experience, acknowledging that suffering, failure, and inadequacies are part of the

human condition, and that all people—oneself included—are worthy of compassion (Neff, 2003). This blends perfectly with Richards' (1998) notion that “body image may be the pivotal third wave issue—the common struggle that mobilizes the current feminist generation” (p. 196). Feminism and feminist scholarship attests to the idea that when women unite instead of compete, room for love, compassion, and unity presents itself openly.

Further, less judgment of oneself also allows for less judgment of others, as comparisons between oneself and others are not needed to enhance or defend self-esteem. Studies show that when the self is harshly judged, self-consciousness is strengthened and hence, this heightened sense of self serves to increase feelings of isolation (Brown, 1999). Body image researchers have also found that comparing one's body with other women is related to body dissatisfaction (Heinberg & Thompson, 1992; Striegel-Moore, McAvay, Rodin, 1986). Notably, Heinberg and Thompson (1992) found that individuals who compare themselves with similar others have greater body image anxiety and subjective body dissatisfaction, regardless of whether their comparisons were with more attractive individuals or those considered less attractive. This seems to indicate that when self-compassion is not present, comparison is heightened, and “the comparison process is in itself a threatening phenomenon” (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999, p. 131).

Consistent with previous research on social comparison and body image, participants in the Rubin et al. (2004) study indicated that they usually felt worse about their bodies after comparing themselves with others and felt less connection and unity toward those of other women with which they were comparing themselves. However,

kindness toward oneself softens this self-consciousness, allowing for more feelings of interconnection (Fromm, 1963). In line with feminism's central goals of unifying women in the midst of a postfeminist culture that pits women against each other in individual battles for “power,” implementing the concept of self-compassion can decrease feelings of isolation women feel when they are ashamed of their bodies and encourage unity when they understand they are not alone in their pain and must not judge others for the “beauty work” they choose to undergo.

### Embodied Empowerment

In a postfeminist culture that teaches women they *are* their bodies, their bodies are their power, and “girl power!” comes in the wearing of a push-up bra, the psychological concept of “empowerment” must be redefined as something more agent-centered and all-encompassing than bodily commodification. Postfeminist culture, which is inescapable today, includes a double entanglement of both feminist and antifeminist themes. Feminist ideas are articulated and thrown by the wayside, expressed, and disavowed. “On the one hand, young women are hailed through a discourse of 'can-do' girl power, yet on the other their bodies are powerfully re-inscribed as sexual objects; on one hand women are presented as active, desiring social subjects, yet on the other they are subject to a level of scrutiny and hostile surveillance that has no historical precedent,” stated McRobbie's contemporary, Gill (2006, p. 25).

As a necessary combatant to this faux power pedaled at girls and women through cosmetic surgery, fashion, and beauty work, embodied empowerment can be a learned and accessed resilient trait to combat self-objectification and regain a sense of

empowerment and control. Embodied empowerment, then, can be defined as an individual's ability to experience their bodies with a sense of efficacy and empowered subjectivity outside the confines of being looked at. Objectification theory predicts that females who self-objectify experience disruption or prevention of peak motivational states. As early as grade school, research points to the fact that girls' activities and thoughts are more frequently disrupted by self-awareness and self-consciousness than vice versa, as well as thought interruptions related to weight and appearance (Thorne, 1993). It is then necessary to invoke Foucault's (1979) analysis of the diffusion of power in order to understand forms of power that are potentially more personally invasive than publicly identifiable. He argued the outcomes of objectifying, disciplinary power is the docile body, "that may be subjected, used, transformed, and improved" (Foucault, 1979, p. 136). He discussed this model of power in relation to prisons and armies, but we can adapt the central insights of this notion to see how women's bodies and "beauty" have entered "a machinery of power that explores it, breaks it down, and rearranges it" through a recognizably political metamorphosis of embodiment (p. 138).

According to Fredrickson (1998), if scholars could change, or at least diversify, the meanings our culture assigns to women's bodies, then perhaps more girls and women could experience their bodies not as objects to be appreciated by others, but rather more directly, with a sense of efficacy and empowered subjectivity (Fredrickson, Roberts, Noll, Quinn & Twenge, 1998). Research suggests a core distinction between those who self-objectify and those who do not is that self-descriptions given by self-objectifiers focus on the appearance of their bodies, whereas those who do not engage in self-objectification highlight their physical competencies—even their self efficacy—in describing their

bodies (Noll & Fredrickson, 1998). It appears that girls and women who are less prone to self-objectify learn and access embodied empowerment as a way to experience power and a more instrumental sense of self.

In an important study interrogating self-objectification and the viewing of sexualized female bodies ever-present in coverage of women in sports, Daniels (2009) sought to find out how these objectifying images affected female viewers. Since popular media in the 21<sup>st</sup> Century pedals the message that women can have it all and do it all while simultaneously objectifying them the majority of the time, this study contributed greatly to the body of research on embodied empowerment. In the Daniels (2009) study, she selected images of women portraying sexualized athletes, performance athletes, sexualized models, or nonsexualized models. Nearly 600 participants ages 13 to 22 completed worksheets to measure self-objectification after being selected to view certain images from one of the four categories. Results revealed that those who had looked at images of athletes doing athletic things (action shots, active poses) self-objectified much less than those who saw the sexualized images. The reverse was also true: the participants who had viewed sexualized images reported more sexualizing and objectifying statements about themselves than those who had seen the performance-based images. They were more likely to describe themselves in terms of beauty or appearance on their worksheets, and used more negative descriptors about their looks and feelings toward themselves.

Of vast importance, the girls and women who saw the performance-based images wrote more physicality statements that expressed they felt embodied empowerment and those statements were mostly positive in tone. This research supports a vast amount of



past studies that claim viewing sexually objectifying media causes self-objectifying thoughts in girls and women, but it also brings to light the importance of embodied empowerment and how it can be inspired. The participants who viewed images of women playing sports in active poses, rather than the usual sexually objectifying, passive positions, made participants of all ages more aware of what their own bodies were capable of. Simultaneously, viewing those images of embodied empowerment did not trigger self-objectification, and may have caused it to subside for some study participants. This is of particular importance to a more thorough understanding of how embodied empowerment contributes to self-objectification resilience.

McKinley and Hyde (1996) contended that “working to increase women's opportunities for achievement and instrumentality in domains other than appearance to broaden their access to personal control” is necessary (p. 210). Fredrickson and Roberts (1997) asserted the most important contribution of their theory may be to prompt individual and collective action to change the meanings our culture assigns to the female body: “A first step would be to make girls and women more fully aware of the range of adverse psychological effects that objectifying images and treatment can have on them,” they stated (p. 198). In addition, they claimed that this awareness, in turn, “could fortify girls and women to resist these negative effects, and create space for them to experience their bodies in more direct and positive ways” (p. 198). In this regard, the theoretically-driven SOR model aiding females in believing they are capable of more than being looked at is a pivotal step in moving from the adaptive place of body shame and self-objectification to a place of resilient reintegration when disruptions can help them learn

and experience embodied empowerment to become agents capable of living outside the prison of being looked at.

The Rubin et al. (2004) study on feminists and body image found new ways of *inhabiting* their bodies was a highly liberating approach for feminists working to resist self-objectification. These ideas of “feminist embodiment”—also known as “embodied empowerment”—included women using their bodies to dance, play, move, and be outside the confines of being looked at (p. 34). While focusing on resisting binaries of mind/body because females constitute both—not just the “unbearable weight” of the body itself—D’Enbeau and Buzzanell’s (2010) research on the body as a site of resistance is also a comprehensive interrogation of female embodiment in the 21<sup>st</sup> Century. The female body can be a resistive site, they stated, by reclaiming it as a site of women’s own life, pain, and pleasure. The body, then, is a communicative tool that can “transform social structures and processes and offer individuals a means of resistance” (p. 32). This echoed researchers suggestions for interventions and theoretical models that promote media literacy, empowerment, and self-actualization as well as those that encourage females to experience body competence and joy to combat the detached posture of self-objectification (e.g., Bissell, 2006; Fredrickson & Roberts, 1997; Kellner & Share, 2007; Masterman, 1994; McKinley & Hyde, 1996).

### Feminist Beliefs

As Amelia Richards (1998) has observed, “body image may be the pivotal third wave issue—the common struggle that mobilizes the current feminist generation” (p. 196). According to qualitative researchers Rubin, Nemeroff, and Russo (2004),

“feminism appears to be a life raft in the sea of media imagery” for women (p. 32). Specifically, feminist perspectives celebrate diversity among women, provide ways to interpret the limiting objectification of the female body, unite instead of divide women, and give them strategies for resistance from oppressive ideals. Promising research has emerged in the last two decades that examines the relationship between feminist beliefs and body dissatisfaction. In these studies, feminist beliefs are generally defined as those that reject ideologies of women’s bodies that support women’s subordination as objects or bodies constantly in need of fixing. Notably, Garner’s (1997) survey of *Psychology Today* readers found that 49% of “traditional women” as compared with 32% of self-proclaimed feminists endorsed overall appearance discontent. In the Cash, Ancis, & Strachin (1997) study of ethnically diverse women, the researchers found conventional expectations and preferences regarding male–female social relations correlated with internalization of the societal standards of physical appearance and negative body image. In their study of students, staff, and faculty at a major university, Dionne, Davis, Fox, and Gurevich (1995) found that endorsing specific feminist beliefs about physical attractiveness on a feminist ideology scale predicted lower levels of body dissatisfaction. In a sample of undergraduate women, Snyder and Hasbrouck (1996) found that endorsing traditional gender-role ideals—a rating considered “low” on the feminist identity development scale (FIDS)—was related to body dissatisfaction, but identification with nontraditional gender-role ideals had no relationship to body dissatisfaction.

The Rubin et al. (2004) study on feminists’ body image became a major contributor to critical, qualitative research on self-objectification. Within focus groups, feminist women examined the ways they experienced objectification and its impact on

their body image, sense of self, and relationships with other women. The researchers examined the strategies feminists use to resist objectifying ideologies and found specific feminist beliefs can buffer the negative effects of objectification on women. Focus group discussions suggested that objectifying experiences played a crucial role in the formation and maintenance of participants' body image and identity, while feminism provided participants with an alternative way to interpret objectifying and limiting ideologies of women's bodies, and offered specific strategies to resist these ideologies on a personal and societal level. Specifically, maintaining a critical awareness using media literacy was one of the most commonly used strategies for resisting cultural messages about women's bodies. This echoes the work of scholars across many fields of research who posit that media literacy interventions must be used to teach girls and women to become more critical consumers of sexually objectifying media images to prevent the development of self-objectification and increase body satisfaction and self esteem (Bissel, 2006; Grabe, Ward, & Hyde, 2008; Irving & Berel, 2001; Krcmar, Giles, & Helm, 2008; Posavac, Posavac, & Posavac, 1998; Ridolfi & Vander Wal, 2008; Strahan et al, 2008).

Cash and Szymanski's (1995) recommendation that girls and women learn to use coping strategies such as decreasing self-evaluative statements, substituting self-affirming statements, and cognitive reframing of objectifying experiences spoke to how feminist beliefs can act as a buffer against self-objectification. Further, Gay and Castano (2010) asserted that education on negative consequences of self-objectification will help women employ conscious strategies "in an effort to subvert its negative consequences and thus offer a means by which they may gain control over, or at least buffer themselves against, the influences of objectification" (p. 702). The value of this research on feminist

ideals as resilient strategies lies in its ability to move feminist discourse beyond the dichotomy of women as *either* passive victims of social conditioning *or* radical resisters of cultural norms. There is middle ground, and subscribing to feminist notions of resistance, knowledge via media literacy, and feminist embodiment can be that “life raft” in a sea of media images and messages attempting to drown women into passivity.

## CHAPTER 3

### MULTIPLE METHODOLOGIES

#### Methodologies of Model and Intervention Development

Following a meta-analysis of published research in self-objectification and resilience to answer my research questions, I constructed the SOR model and intervention using a multimethod design, borrowing from elements of critical media pedagogy, critical feminism, Kieffer's (1984) participatory action model of organization, and resilience research's focus on competence-promoting interventions (see Yates & Masten, 2004). In this chapter, I will discuss each of these methodological commitments and how they were incorporated into model and intervention design, implementation, and analysis of the study results.

#### Critical Media Pedagogy

Adhering to my commitment to critical media pedagogy, I assert that this intervention will be available to all females interested in shining a resilient light on self-objectification. Pedagogical practices take place in a diversity of spaces outside the classroom. Drawing from a vast and diverse field of influence, 21<sup>st</sup> century critical media pedagogy owes its roots to critical and cultural studies discourses and their many strains of scholarship ranging from Dewey (1897) and Freire's (1970) critical pedagogy,

Foucault (1977, 1979), feminism in its many forms, critical race theory, and others. With a firm commitment to the “potentiality of the people,” critical media pedagogy, as a process of self-actualization, endows its students with the opportunity to expose, develop, and realize their human capacities through “participating in the pursuit of liberation” of themselves and society (Freire, 1970, p. 169). Therefore, the pilot intervention was built as an online, anonymous forum where females could engage with the units on their own time, free of charge. The comprehensive, three-part, online intervention utilized data and research suggestions gathered from the meta-analysis detailed in Chapter 2.

In the development of the SOR model and intervention, I adhered to critical media pedagogy’s self-actualizing aims. Freire’s (1970) idea of “conscientization,” or the self-actualizing process of realizing one's consciousness, is the first step of critical pedagogy's basic tenet of praxis. In line with the broad and shifting terrain of critical theory and methodologies, critical media pedagogy is a value-driven effort, without formal boundaries and concise definitions. Perhaps its power lies in its fluid nature, reflecting the ever changing and growing media culture producing “the fabric of everyday life” (Kellner & Share, 2005, p. 1). Moreover, the sheer ubiquity of the “dominant class” through media culture in the US provides a powerful lifetime of learning fueled by the often hidden messages of dominant economic institutions. In an age where media can liberate or dominate, manipulate or enlighten, critical media literacy is a necessary pedagogical opportunity to equip individuals with the power to uncover “the mechanics of domination or the dynamic of emancipation” (Giroux, 1992, p. 51).

Arguably the most celebrated critical educator, Freire (1970) endorsed students' ability to critically examine their education in an effort to recognize the connections

between their problems, experiences, and the social contexts in which they are embedded. His work is central to the progressive approach of Self-Objectification Resilience, with aims of helping participants develop a “critical consciousness” or “conscientization” that breaks through the silence of uncritical thought to bridge the gap between theory and practice.

This research methodology further aligns with hooks (1994), who claimed a devotion to learning and the critical pedagogy of interrogative teaching as “counter-hegemonic acts,” central to political activism and cultural resistance (p. 2). The SOR model and intervention are built upon the belief that emancipation and true freedom to live authentically chosen lives is possible when individuals critically reflect on the ideology of major institutions in shaping their understandings of “what exists, what is good, and what is possible” (Therborn, 1980, p. 18). This, in effect, is the melding of theory and practice—a central tenet of critical pedagogy.

### Critical Feminism

Generations of feminist scholars and activists have raised public awareness of the objectification of women in all media sources, deconstructed messages conveyed to girls and women by the media, and identified links between these images and messages and body dissatisfaction. Feminist scholarship and activism have clearly informed my desire to research, my research methodology, and the methodology of the SOR model and intervention development.

Critical feminism invokes a methodology that is pluralistic, emancipatory, and closely tied to theory as a critical practice. A strain of critical theory, feminist theory and



accompanying methods place gender, sex, race, ethnicity, and class at the heart of interrogations of power in society, and so it finds special placement in my work. Feminism works within a critical framework to validate “new” forms of knowledge left out of the positivist field of inquiry and further interrogate norms and hegemonic power at play. This research draws from critical feminist scholars such as Benhabib (1995), McRobbie (2004), and Gill (2006, 2008), who selectively appropriated elements of modernism (universal ideals and normative judgments) with postmodernism's contextualism, particularity, and skepticism. These scholars reveal oppressive power in culture and commit to praxis-oriented scholarship with aims of freedom and emancipation, and Self-Objectification Resilience takes up their calls to arms with an emancipatory model and intervention.

According to qualitative researchers Rubin, Nemeroff, & Russo (2004), “feminism appears to be a life raft in the sea of media imagery” for women (p. 32). Specifically, feminist perspectives celebrate diversity among women, and its methodologies provide ways to interpret the limiting objectification of the female body, unite instead of divide women, and give them strategies for resistance from oppressive ideals. Moreover, as previously stated, critical feminism calls for possibilities of other response outcomes and opportunities for resistance from the normative, limiting life experiences of self-objectification. Therefore, an interdisciplinary model and intervention combining objectification theory’s explanatory power and the emancipatory alternatives for growth offered by the resiliency movement is a necessary development for critical feminism.

Further, within the chosen methodologies, obtaining qualitative data provided a

complementary approach to the largely quantitative, experiment-based approaches to objectification research for generating the knowledge needed to develop a portrait of how women develop their body consciousness, develop self-objectifying thoughts and actions, and negotiate cultural messages about their appearances. To that end, this scholarship adheres to critical feminist methodologies based on a firm belief in the power of academia to bring about positive, practical change in the lives of individuals, institutions, and societies. This study relies on value-driven research that is always self-reflexive of the questions being asked, the identities at stake in those questions, and the power at play in the asking. The interrogation of norms and the evaluation of identities and subject positions within a world wrought with competing forces of power is central to this research. The critical methodologies subscribed to in this study affirm a commitment to liberating individuals from enslaving circumstances, one of critical theory's central aims.

While questionnaires can be more time consuming to analyze, this study intervention sought qualitative data on what self-objectification looked and felt like in the lives of the participants. The study utilized a baseline, open-ended questionnaire and journaling assignments in each unit to give participants the opportunity to use their voice, reflect on their experiences, and articulate their answers in whatever form they saw fit. It allowed the participants to experience vulnerability as they shared their personal experiences and feelings, and worked as a strategy to determine whether or not the participants trusted the researcher with their sensitive, personal information. The data gleaned sets this study apart from other studies in self-objectification that generally test body image variables using quantitative measures like the Fredrickson and Noll (1998) "The Self-Objectification Questionnaire" and the "Body Shame Questionnaire" which

lists 28 different body parts and physical attributes and asks participants about their desire to change those parts and the intensity of their desires using a 1–9 Likert scale.

hooks (1994), whose feminist scholarship is foundational to Self-Objectification Resilience, devotes her personal and political life to education because she claimed the process of becoming educated frees souls from subjection to which powerful institutions would bind them. She urged students and teachers to “open their minds and hearts so that they can know beyond the boundaries of what is acceptable, so that they can think and rethink.” (p. 12). Reflection and action; thinking and rethinking, her words share a devotion to self-reflexivity characteristic of critical feminist scholarship. hooks (1994) believed education, as the process of learning to develop the tools to interrogate all forms of domination and colonization, frees the individual from the systems of thought which have taught the pupil to obey and be passive. In a media world that inundates consumers with a re-presented version of reality and where self-objectifying culture has become the norm, this SOR model offers the emancipatory aims of agent-centered, praxis-oriented scholarship toward the realizing of the “self.”

Moreover, SOR model and development drew upon the work of scholars who claimed the resilient trait of self-actualization can be taught through critical self-reflection, which can take place through sharing personal experiences, journal writing, “testimonios” common to Chicana feminism, and so on. Bandura (2003) theorized about the uniquely human experience of reflection and its relationship to the process of self-actualization: “Through reflective self-consciousness, people evaluate their motivations, value commitments, and the meaning of their life pursuits. It is at this higher level of self-reflectiveness that individuals resolve conflicts in motivation, examine the meaning

of their activities, and order their priorities” (p. 168). Therefore, the intervention involved the submission of online journal entries after each unit. As a process of social enlightenment through writing and sharing personal truths, humanizing potentials emerge. According to Giroux (2001), dominant social relations and institutions create a culture of silence that instills a negative, suppressed self-image on the oppressed and eliminates “the paths of thought that lead to a language of critique” (p. 80). Through the standpoint of young women, the personal narratives they were asked to write each week were designed to inspire transformation in the world, beginning with their own worlds.

As Chicana feminist scholar Gloria Anzaldúa (1999) described the “border crossing” of gaining new knowledge, she articulated the self-actualizing process of “coming to voice” and critically analyzing pain in an eloquent way:

Every increment of consciousness, every step forward is a travesia, a crossing. I am again an alien in new territory. And again, and again. But if I escape conscious awareness, escape “knowing,” I won’t be moving. Knowledge makes me more aware, it makes me more conscious. “Knowing” is painful because after it happens I can’t stay in the same place and be comfortable. I am no longer the same person I was before. (p. 70)

Pain, then, is actually *required* to access the components of resilience because biopsychospiritual homeostasis (a person’s comfort zone) makes no demands for improvement and growth. Revealing the normalizing power of objectifying messages that serve to discipline females under their gaze is emancipatory on its own; it reveals power structures to provide alternatives for resistance. It is an act of self-actualization. Only through the experience of subjectification can any girl or woman “become a subject capable of resisting the institutions, discourses, and practices that constitute her as a subject” (McLaren, 1997). Again the moving words of Freire (1970): “Human existence

cannot be silent, nor can it be nourished by false words, but only by true words, with which men transform the world. To exist, humanly, is to name the world, to change it...men are not built in silence, but in word, in work, in action-reflection” (p. 76). While naming their pain, joy, lived experiences, and understanding their roots, this critical pedagogical act of journaling worked to interrogate the participants’ visions of the norms, knowledge, and feelings toward themselves they accept as the “given.” Moreover, this act of counter-story telling provided messages that broke free of the norms so incessant in a popular culture that keeps female subjectivity and objectivity in a constant dialectical relationship (Freire, 1970).

#### Kieffer’s Model of Participatory Action Research

Kieffer’s (1984) devotion to Participatory Action Research and her developmental model of grassroots organizing was pertinent to SOR model and intervention development, as well. This useful model involves three tenets that powerfully speak to Self-Objectification Resilience: 1) Development of a more positive self concept or sense of self competence; 2) Development of a critical or analytical understanding of the surrounding social and political environment; 3) Cultivation or enhancement of individual and collective resources for social and political action (p. 98). These intersecting dimensions form the foundation of the SOR model and the intervention’s basic units, and each tenet flows in and through the others in a nonlinear way. The SOR model allows individuals to emancipate themselves from the prison of self-objectification by guiding participants through Kieffer’s developmental model to critically interrogate what their “comfort zone” looks and feels like, what role media and other cultural

messages have had on shaping their comfort zones and their feelings about their bodies and self worth, and aiding development of a more positive self concept by accessing and utilizing resilient traits. Further, these three basic tenets answer Fredrickson and Roberts' (1997) call to arms to allow their theory to prompt individual and collective action to fight against objectifying culture and self-objectification.

According to hooks (1994), more and more women are participating in the politics of domination, not only as victims but also as perpetrators. As the participants cultivated and enhanced their resources for social and political action within Kieffer's (1984) model of organization, it was suggested they resiliently reintegrate from objectifying disruptions into the politics of liberation by implementing the SOR model into their lives and the lives of those they love to help others develop more positive self concepts and senses of self competence, as well as a critical understanding of the cultural environment. In this regard, the intervention allowed participants to refute the politics of domination by empowering themselves past the point of victim and past the point of perpetrator. This move can be empowering, self-actualizing, and a true act of self-compassion, because they can take control of their lives as they realize their fullest potential and save the lives of others in their circle of influence growing up in a profit-driven world that provides for them a hidden curriculum of faux empowerment, self-esteem, and self-worth.

#### Resilience and Competence-Promoting Interventions

Resilience research makes a particularly positive contribution to body image interventions because its framework works across multiple levels by clarifying program

goals, identifying theoretical concepts expected to bring about positive change, and providing a conceptual framework in which findings may be interpreted. Thus, a resilience framework can inform the development, implementation, and evaluation of intervention programs to promote positive adaptation among at-risk populations in important ways (Cicchetti & Garmezy, 1993; Cicchetti, Rappaport, Sandler, & Weissberg, 2000; Luthar & Cicchetti, 2000).

The SOR model and intervention were designed to act as a turning point to greater resilience against objectifying culture and self-objectifying actions. The emergent resilience scholarship on “turning points” as conduits of resilient adaptation speaks to the enduring capacity for change throughout development—not just that of children (Rutter, 1996; Wheaton & Gotlib, 1997). Indeed, turning point experiences induce lasting alterations (either positive or negative) in a developmental pathway for people of all ages. Interventions, particularly those that target periods of developmental reorganization, can provide powerful inducements to change, creating turning point experiences (Yates & Masten, 2004). As suggested by resilience research, individuals may be particularly sensitive to outside influence during major developmental transitions (Lerner, 1998), which may include transitions in context (e.g., school entry), in the self (e.g., puberty, appearance changes), or in social expectations (e.g., “ideal beauty”). During developmental transitions, the individual undergoes a major reorganization and integration of adaptive capacities, such that new skills are more likely to be incorporated into (or separated out from) the individual's adaptive or coping mechanisms (Luthar & Cicchetti, 2000).

Therefore, efforts to induce positive developmental change may be most potent when implemented during periods of developmental reorganization and integration, which can be prompted by the SOR model acting as a disruption. In line with these methodological commitments, the SOR model and intervention sought to induce “turning point” moments of disruption to move each woman out of her often uncomfortable “comfort zone” in biopsychospiritual homeostasis to resilient reintegration outside of self-objectification.

I must now turn to a first-person narrative to assert my belief in the power of these multiple, critical methodologies to liberate people from the circumstances that enslave them. As a 27-year-old female living in the midst of postfeminist culture's powerful reappropriation of the feminism I claim, I do so in an ever self-reflexive way. Far from cultural dupes, I believe cultural members are growing up and older in a system of political-economic domination that has billions of dollars to gain by teaching women their power lies in beauty alone, to meld their minds to their bodies, and ever seek to adorn their prisons. In the US, the number one exporter of popular culture and the only industrialized country without media literacy in public school curricula, I begin this fight. I build upon the work of critical scholars to further the emancipatory aims to which critical work is devoted and build upon Marx's (1967) desire to help cultural members understand their abilities and possibilities to “realize their fullest potential” outside of a system of domination and oppression they are asked to accept as normal and natural.



### Methodology of Participant Feedback Analysis

Critical textual analysis (Bordo, 1993; Gill, 2008; McRobbie, 2008) is a powerful methodological tool for feminists interested in identifying prominent themes and trends that emerge in participant feedback. Allowing a critical feminist perspective to guide the analysis, feedback submitted through questionnaires and journal submissions was retrieved and categorized with codes to represent themes and trends in the data. Each participant's feedback was first organized to glean and review data on her baseline comfort zone through her understanding of objectification, beauty work, and her media use. Next, data were gathered and analyzed from the "disruption" phase of the model through her media fast feedback and self-objectification feedback. Then, her learned and accessed resilience was analyzed via her resilience response, final coding assignment, and study feedback sent to the principal investigator. Once organized to piece together an analysis of each participant's progress through the study, all responses were coded to categorize themes of self-objectification and emergent resilient traits that appear as forms of resistance to SO through the women's words. Critical textual analysis (Bordo, 1993; Gill, 2008; McRobbie, 2008) as a chosen methodology allowed participant feedback to be analyzed in a way that was then used to tailor the units of the intervention to the participants and to address areas of future research and encourage the most productive ways to engage with the SOR model and intervention.

Central to the methodological commitments to which this model and intervention adhere is the reflexivity of Freire (1970), the "paths of thought that lead to the language of critique" of Giroux (2001), the "thinking and rethinking" of hooks' (1994) notions of "coming to voice." Therefore, a critical learning space opened up at the end of the final

unit of the intervention when the participants were asked to reflect on the previous week's journal entry and "code" it according to their new knowledge of resilience and the full Self-Objectification Resilience model. In the final assignment, participants were asked to reflect on the previous week's journal entry about overcoming a self-objectifying experience and "code" it according to their new knowledge of the SOR model to identify their own 1) Moment of disruption out of comfort zone; 2) Objectifying messages consumed; 3) Self-objectifying feelings and actions; and 4) Resilient traits that emerged. Participants were told the final assignment was an important step in the model because it gave them the opportunity to identify a self-objectifying instance and the ways they may have used their innate and learned resilience to overcome that difficult moment.

Once they submitted their coded responses, I, as the study administrator, sent them my coded response to their journal entry, as well. These codes reflect objectifying messages encountered, notions of self-objectification (body shame, anxiety, disruption of peak states, etc.), disruptions from biopsychospiritual homeostasis (moments of objectification, anger at dangerous media messages, recognition of moments of body shame, "AHA!" moments, etc.), and resilient traits that emerge as learned and/or innate characteristics (self-compassion, empowerment, self-efficacy, hope). I offered this to each participant as an opportunity to see a second view of her resilience she may not have been able to see. In terms of "thinking and rethinking," this opportunity gave each participant the experience of moving "from silence to language to action," in Lourde's (1984) words, as well as seeing another outsider's perspective on her resilience. As administrator of this study in a position of power, I used this as a space in the intervention that acted as a negotiation between authority figure and participant by first having them

reflect on their experience and then giving them my perspective as another view once they were finished. This allowed the participant's words to be heard because they were not corrected or encouraged to edit their words or their thinking, they were able to tell their own story and identify SOR codes throughout, and personally got to experience the identification of the basic tenets of the SOR model in its entirety in their lives. The coding mechanism employed and assigned to participants was a vital part of the SOR intervention for each participant because critical pedagogy is central to the methodological commitments for intervention development.

This type of education, free from the constraints of the banking approach to pedagogy to which critical pedagogues are starkly opposed, can work as a practice of freedom by which intervention participants deal critically and creatively with reality and discover how to participate in the transformation of their world. As they develop, access, and identify their own resilient traits through media literacy, they will begin a lifetime of grappling with critical questions and "coming to voice." The SOR model and intervention is explicitly designed to prompt a lifelong process of critical thinking and feminist thought at the site of unplanned disruptions and to work as a planned disruption to identify and access Self-Objectification Resilience.

## CHAPTER 4

### THE SELF-OBJECTIFICATION RESILIENCE MODEL

A core tenet of this dissertation and the development of the SOR model is that investigations of positive and negative adaptation are mutually informative (Sroufe & Rutter, 1990). Objectification theory and the scholarship surrounding it provide a thorough understanding of the negative adaptation girls and women experience in objectifying culture. The resilience framework contributes groundbreaking scholarship to understanding how positive adaptation can be possible to provide emancipation for girls and women. This chapter explains how the SOR model melds together these two models and it details the completed SOR model.

Scholarship—if it claims to be feminist in nature—must illuminate a pathway to agency and resistance. The goal of emancipation is critical to the production of feminist knowledge, and emancipation cannot be found in a postfeminist cultural landscape. Feminist researchers invested in ameliorating the effects of self-objectification primarily only go so far as to offer “calls to action” to produce and implement media literacy interventions or self-esteem workshops for young women, but have never extended the groundbreaking model of Fredrickson and Roberts' (1997) objectification theory to include emancipatory alternatives. Thus, a necessary next step in critical feminist scholarship must be identifying and building curricula to implement emancipatory

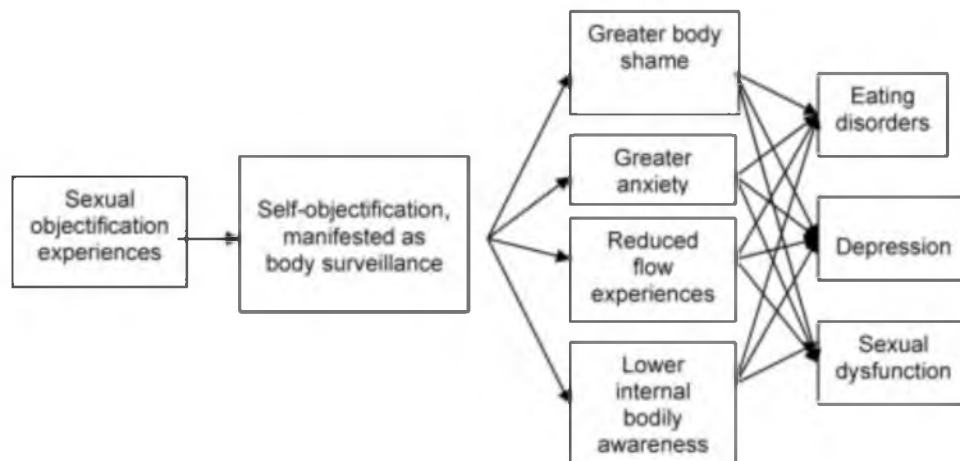
alternatives to the otherwise inevitable, chronic experiences of self-objectification. Critical feminism calls upon the meeting of research and praxis, and it is essential that theories and models of objectification include possibilities of other response outcomes and opportunities for resistance from the normative, limiting life experiences of self-objectification. Therefore, an interdisciplinary model and intervention that melds objectification theory's explanatory power with emancipatory alternatives offered by the resiliency movement is a necessary contributor to feminism and resilience scholarship.

Based on a comprehensive science of adaptation and development, a resilience framework transcends pathology-focused models to promote basic adaptational systems that enable people to achieve positive developmental outcomes—not just emphasize risks (Richardson, 2002). Traditional “disease models,” which aim to locate abnormal development or negative behavior at the individual level, do little to advance the resilience agenda because they emphasize abnormality over normality, maladjustment over adjustment, and sickness over health. These disease models still locate disorder within the individual, rather than within the transactional exchanges between the individual and many other systems at multiple levels (e.g., media, peers, family) that could play a role in adaptive and maladaptive developmental pathways (Yates & Masten, 2004). With a growing body of research specifying the processes by which children negotiate major developmental challenges despite adversity, the resilience framework is ripe for an active role in the applied practice of self-objectification resilience for girls and women. Helping females of all ages locate the “abnormality” and “disorder” they feel as a process of outside influences bearing down upon them instead of a negative trait innate to them is central to SOR model development.

In turn, many resilience and positive psychology scholars believe the most powerful tests of protective processes and resilient pathways will derive from studies of intervention efforts that aim to alter the course of development. Early scholars in the field encouraged greater attention among researchers and practitioners to positive models and processes and to the strength of individuals instead of their weaknesses or negative circumstances alone. This research answers that call.

### Objectification Theory's Contribution to Self-Objectification Resilience

Objectification theory stands as a largely linear model that illustrates how an inescapable objectifying culture leads to self-objectification, manifested in body shame, anxiety, reduced flow, and lower internal bodily awareness, which predicts a host of physical and mental health consequences. See Figure 2 for an illustration of objectification theory when it was first introduced by Fredrickson & Roberts in 1997.



*Figure 2: The objectification theory model (adapted from Fredrickson & Roberts, 1997)*

Based on a comprehensive analysis of self-objectification research since this theoretical model was introduced 16 years ago, a more streamlined and concise representation of the model is illustrated with the SOR model and intervention wherein shame takes precedent as the leading moderator that predicts all other negative consequences. Shame generally mediates the relationship between self-objectification and the other possible negative outcomes because it appears to be the spark that ignites the flame of the disruption of “flow” states, anxiety, and keeping women from experiencing awareness of their bodies’ internal states. This important variable appears to be the evident coping mechanism or adaptive emotion girls and women feel in the 21<sup>st</sup> century, which can be attributed to the predictive research guided by objectification theory. This notion of shame being the dominant construct at play in the vast majority of self-objectification research is a major finding in this meta-analysis, and guided the development of the SOR model and intervention to a great degree.

#### The Resiliency Model’s Contribution to Self-Objectification Resilience

While the predictive nature of objectification theory is a necessary contributor to research across diverse fields, its inherent negativism leaves a gaping hole that must be filled with emancipatory alternatives for growth. The resiliency model (Richardson et al., 1990) is complementary of and essential to a critical feminist framework for understanding objectification theory. The resiliency model rounds out the framework of objectification theory to provide a map for positive reintegration after life disruptions—whether that disruption is coming to terms with one's own relationship with media and distorted perceptions of self or attempting to reintegrate after life disruptions that may

trigger self-objectification such as bodily changes (puberty, pregnancy, aging, etc.) or stressful events such as weddings, swimsuit season, or body policing by outsiders. The resilience movement does a great service by providing a comprehensive model for understanding how to resiliently reintegrate in the face of life disruptions. For educational purposes and in therapeutic work, which is of critical importance to scholarship that is oriented in praxis, resiliency is presented as a simple linear model that depicts a person (or group) passing through the stages of homeostasis, interactions with life prompts, disruption, readiness for reintegration and the choice to reintegrate resiliently, back to homeostasis, with loss, or to reintegrate dysfunctionally.

Based on my comprehensive analysis of resilience scholarship in the last two decades, and for purposes of the SOR model, the Richardson et al. (1990) model has been adapted and streamlined to symbolize three modes of reintegration: reintegration with loss, back to comfort zone, and resilient reintegration. It is important to note this process can occur simultaneously with multiple disruptions, over years or within seconds, and with individuals or whole communities. The immense value in this model is that scholars and individuals can visually recognize that those coping with disruptions have choices to grow, recover, or lose qualities that could otherwise protect them in the future.

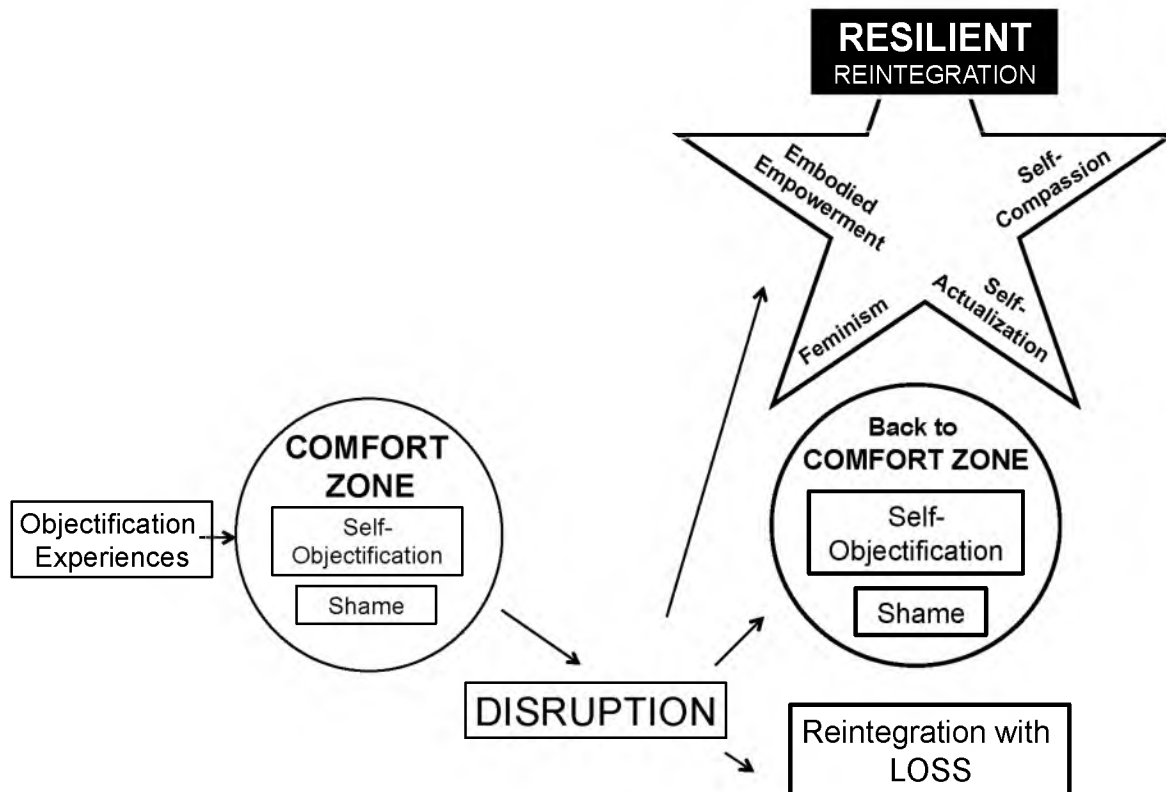
Extending the linear model of objectification theory to move shame and self-objectification from their place in homeostasis or the “comfort zone” to named disruptions reveals the power of objectifying culture in female lives. Revealing the normalizing power of objectifying messages that serve to discipline females under their gaze is emancipatory on its own; it reveals power structures to provide alternatives for resistance. Pushed further, the resiliency model not only names and denormalizes the



disruptions that come to appear so natural and innate to female existence, its modes of reintegration provide opportunities for agency and resistance in the midst of postfeminist culture that provides counterfeit “power” and selfhood.

### The Self-Objectification Resilience Model

The melding and streamlining of two theoretical models—objectification theory and resilience theory—forms a novel way of cognitively mapping and intervening upon self-objectifying thoughts and behaviors so common to female experience. The SOR model stands as a teachable illustration for the ways in which shame and SO can be recognized, minimized or done away with to find opportunities to resiliently reintegrate back to life more powerfully. This model can and should be used to inform further research and construct interventions tailored to specific populations in a diversity of settings. This model also answers the call for resilience-based approaches to intervention to emphasize multiple goals, including the removal of existing problems, the prevention of new problem development, and the promotion of new competencies and coping mechanisms (Coie et al., 1993). Further, adhering to critical pedagogy’s aims, the model will be readily available to all—therapists, researchers, scholars, teachers, interventionists, and individuals. In the section to follow, I will introduce the SOR model (Figure 3) and further detail how the SOR model contributes to and can be tailored to participants in four parts: identifying the comfort zone, disrupting the comfort zone, learning and accessing resilient traits, and modes of reintegration.



*Figure 3: The Self-Objectification Resilience Model*

### Identifying the Comfort Zone

Based on a thorough and comprehensive analysis of self-objectification and resilience scholarship, it appears the average woman's biopsychospiritual homeostasis, or "comfort zone," is routinely bombarded with objectifying messages and she adapts to this cultural climate by self-objectifying as a coping mechanism. Shame, which occurs when a woman feels as though she must inhibit or hide and fix "that which fails to meet her externally and internally derived standards," is the normative outcome (Lewis, 1992). Thus, the SOR model begins at the "comfort zone," which encompasses critically analyzing objectifying messages and images, self-objectifying thoughts and behaviors, and the accompanying shame. It is important to note that each individual's comfort zone in biopsychospiritual homeostasis will look and feel differently with varying amounts of objectifying messages entering in, as well as diverse levels of self-objectifying actions and shameful feelings as the outcome. It is up to the interventionist to determine what that comfort zone looks and feels like. To determine the "comfort zone," one-on-one conversations, focus groups, questionnaires, and surveys can all be very helpful. Media use surveys will help the interventionist determine what type of media each individual is consuming (Kellner & Share, 2007), while conversations and open-ended questionnaires will help each participant articulate her feelings about her body, her beauty routine each day, plans for beauty work in the future, etc. Further, within this first phase of the model lies an ideal opportunity to encourage individuals engaging with the model to go on a "media fast" to resensitize themselves to harmful media messages and encourage them to turn away from messages that harm them in the future (Cooper, 2011). It allows participants to grasp the power media have in their lives, from the way they spend their

time to the realities constructed in their minds, which are often shame and anxiety-inducing for girls and women.

### Disrupting the Comfort Zone

Borrowing from resiliency theory's assertion that all individuals have a unique opportunity to contribute to the world (Richardson, 2002) and other theorists' notions of self-actualization as the process of realizing one's true potential, the SOR model's most striking contribution may be its ability to guide females through a process of denormalizing and naming their "comfort zones" that so often involve self-objectification and shame. This act of "coming to voice" can bring them toward an understanding of their immense value and potential in a world desperately in need of them. This is done through a disruption, prompted by the new knowledge gained during the SOR intervention, which can then be used as a planned disruption any time a woman feels self-objectification taking its toll on her happiness, progress, and sense of self-worth. Media literacy relating to representations of women and the vast amount of objectification in modern culture can be a startling disruption for women who have never formally learned about it but live within the culture that so often limits them. They are entitled to and benefit greatly from knowing that in the last two decades, media have become more ever-present than any other time in history and have had staggering effects on the body dissatisfaction, depression, and self-objectification girls and women experience in the 21<sup>st</sup> century.

As Fredrickson and Roberts (1997) suggested: "A first step would be to make girls and women more fully aware of the range of adverse psychological effects that

objectifying images and treatment can have on them,” they stated, and “such awareness, in turn, could fortify girls and women to resist these negative effects, and create space for them to experience their bodies in more direct and positive ways” (p. 198). This first step in teaching media literacy speaks to vast amounts of objectification theory research that shows studies are necessary and warranted to investigate potential moderators, such as resilience interventions, which might buffer the link between external and internalized self-objectification and psychosocial health among diverse groups of women (Szymanski, Moffit, & Carr, 2011). This first step is necessary because across many fields, top scholars have posited that media literacy interventions can and must be used to teach girls and women to become more critical consumers of sexually objectifying media images to prevent the development of self-objectification and increase body satisfaction and self-esteem (Bissel, 2006; Grabe, Ward, & Hyde, 2008; Irving & Berel, 2001; Kremer, Giles, & Helm, 2008; Posavac et al., 1998; Ridolfi & Vander Wal, 2008; Strahan et al, 2008). As articulated by Stuart Hall (1996), media literacy is necessary to subvert, open, and expose media misrepresentations from the inside.

Using this proposed model as an intervention, or planned disruption, can be difficult as it denaturalizes and reveals the normative pain so many females live with each day, but such an enabling disruption is the first step to a progressive life of resilience. The immense value in this model is that those utilizing it can visually recognize that those coping with disruptions or facing a normative “comfort zone” of self-objectification and shame have choices to grow, recover, or lose qualities that could otherwise protect them in the future. Disruption, then, is required to access the components of resilience because remaining in biopsychospiritual homeostasis, or a person’s “comfort zone,”

makes no demands for improvement and growth (Richardson, 2002). Further, the implementation of this new model of self-objectification resilience can work not only at the site of prevention from SO, which may be a far-fetched goal for most females, but at the multiple and intersecting sites of disruption throughout female life, where “turning points” are most likely to have the largest impact (Yates & Master, 2004). The SOR model can be used to help participants understand objectifying culture using media literacy, recognize self-objectification at the source of their potential pain and shame, and use future painful or planned disruptions to guide them toward resilient reintegrations instead of coping through shame and self-objectification. Pain can be the new site of progress, as the model of resiliency illustrates.

#### Learning and Accessing Resilience

Calling upon the thorough analysis of resilience research completed for development of the SOR model and intervention, four specific resilient traits were vital to incorporate in model and intervention development: self-actualization, self-compassion, feminist beliefs, and embodied empowerment. Each of the four identified traits are incorporated in the model through the planned disruption (via intervention) of the participant’s comfort zone, followed by teaching and harnessing concepts of self-actualization, embodied empowerment, self-compassion, and feminist beliefs to repeatedly resiliently reintegrate back to a more progressive “comfort zone” than that of shame and constant self-objectification.

Teaching self-actualization as a resilient trait is vital to the SOR model because the process of realizing one’s true potential can directly combat the limiting situation of

self-objectification females experience daily. Resilience theory claims there is a force within everyone that drives them to seek self-actualization, altruism, wisdom, and harmony with a spiritual source of strength. Further, this theory asserts that all individuals have an innate blend of physical, mental, and spiritual characteristics that afford a unique opportunity to contribute to the world (Richardson, 2002). Philosophers from Aristotle on have theorized about the process of self-actualization, or realization of one's true potential. Naming and analyzing pain is complementary of, and essential to, a critical feminist framework for understanding women's lived experience and the shame associated with that day-to-day objectification and self-objectification that provides counterfeit "power" and selfhood. For this reason, self-actualization is a critical component of resilience in the SOR model.

A second resilient trait necessary to the SOR model is self-compassion, which can be employed to help females in the midst of objectifying culture and self-objectifying tendencies to resist such limiting mindsets: First, self-kindness—extending kindness and understanding to oneself rather than harsh judgment and self-criticism; Second, common humanity—seeing one's experiences as part of the larger human experience rather than seeing them as separating and isolating; Third, mindfulness—holding one's painful thoughts and feelings in balanced awareness rather than overidentifying with them (Neff, 2003).

In terms of utilizing self-compassion to rebuff self-objectifying thoughts and actions, Bordo's (1993) scholarship is of particular interest. She asserted that subjects are capable of making normative judgments and offering emancipatory alternatives, even going so far as to say women who choose to undergo cosmetic surgery are not culturally

duped, but those who follow the cultural terms of feminine success to excess and whose bodies speak loudly our cultural pathologies in body matters. Her examples of bulimia, anorexia, and body sculpting through intense exercise spoke to the ways women's self-objectifying behaviors cannot only be understood as psychosis or even "natural," but as the ways women take cultural messages about female success and power to their excessive ends. Feminist scholarship takes "common humanity" to its logical place where women can avoid feelings of shame and isolation for the beauty work they elect to, as well as help them avoid judgment and competition that extends from criticizing the beauty work of others.

By using this new model melding objectification theory with the resiliency model as an interventional tool, women can cultivate self-compassion by understanding the unrealistic nature of media images in popular culture where Photoshop and surgical manipulation is an industry standard, they can experience common humanity as they learn of the sheer prevalence of self-objectification in the lives of females today, and they can mindfully understand their painful feelings in an effort to resiliently reintegrate into life stronger than before their disruptions. Notably, women can use self-compassion to overcome debilitating feelings of shame they may feel when learning that the choices they have made are counterproductive to their happiness and health (i.e., cosmetic surgery, disordered eating, diet pills, etc.).

The third vital resilient trait taught using the SOR model is embodied empowerment, or the ability to understand and use your body as something that can move, do, and be outside the confines of being looked at. It is essential to the SOR model to teach that the female body can be a resistive site by reclaiming it as a site of women's



own life, pain, and pleasure. Fredrickson and Roberts (1997) state that making females more fully aware of objectification and self-objectification can fortify them to resist these negative effects and “create space for them to experience their bodies in more direct and positive ways” (p. 198). The Rubin et al. (2004) study on feminists and body image found new ways of inhabiting their bodies was a highly liberating approach for feminists working to resist self-objectification. These ideas of “feminist embodiment” included women using their bodies to dance, play, and move. The body, then, is a communicative tool that can “transform social structures and processes and offer individuals a means of resistance” (p. 32). This echoes researchers suggestions for interventions and theoretical models that encourage females to experience body competence and joy to combat the detached posture of self-objectification (e.g., Bissell, 2006; Fredrickson & Roberts, 1997; Kellner & Share, 2007; Masterman, 1994; McKinley & Hyde, 1996). In this regard, teaching embodied empowerment is a pivotal step in moving from the adaptive place of body shame and self-objectification to a place of resilient reintegration when disruptions can help them learn and experience embodied empowerment to become agents capable of living outside the prison of being looked at.

Finally, in association with research on embodied empowerment, feminist beliefs stand as the fourth resilient trait essential to the SOR model. Indeed, “body image may be the pivotal third wave issue—the common struggle that mobilizes the current feminist generation” (Richards, 1998, p. 196). As previously stated, Rubin, Nemeroff, and Russo (2004) explained that “feminism appears to be a life raft in the sea of media imagery” for women (p. 32). Specifically, feminist perspectives celebrate diversity among women, provide ways to interpret the limiting objectification of the female body, unite instead of

divide women, and give them strategies for resistance from oppressive ideals. Promising research has emerged in the last two decades that examines the relationship between feminist beliefs and body dissatisfaction. In these studies, feminist beliefs are generally defined as those that reject ideologies of women's bodies that support women's subordination as objects or bodies constantly in need of fixing. Incorporating feminist beliefs in all aspects of the SOR model and implementation of the intervention is central to resilient reintegration.

For interventionists interested in tailoring the model to more specific demographics or clientele, resilience scholarship identifies dozens of unique resilient qualities that are both learned and innate. These include, but are not limited to: happiness (Buss, 2000), subjective well-being (Diener, 2000), optimism (Peterson, 2000), faith (Myers, 2000), empowerment (Richardson et al., 1990), being achievement-oriented (Werner & Smith, 1982), independence (Werner & Smith, 1982), determination (Ryan & Deci, 2000), self-confidence (APA, 2010), self-compassion (Neff, 2003), wisdom (Baltes & Staudinger, 2000), creativity (Simonton, 2000), and hope (Snyder, 2000).

### Modes of Reintegration

Within the SOR model, disruptions occur when an individual's world paradigm is changed and are the catalyst to change in either positive or negative ways. Disruptions cause emotions to arise—sometimes feelings of confusion, surprise, hurt, or loss can occur. These emotions generally lead to introspection and opportunities to consciously or subconsciously begin the process of reintegration (Richardson, 2002). In the resilience model, four modes of reintegration are possible. The first, resilient reintegration, is to

experience some insight or growth through disruptions. The process is an introspective experience in identifying, accessing, and nurturing resilient qualities. The second, a return to biopsychospiritual homeostasis, occurs when an individual returns to their “comfort zone” to heal or simply get past a disruption. Some disruptions do not allow for a quiet return back to homeostasis, such as death of a loved one, moving, or permanent physical change of loss. The third, reintegration with loss, entails that the individual gives up some motivation, hope, or drive because of the painful demands of the disruption. Finally, dysfunctional reintegration occurs when people resort to substances, destructive behaviors, or other means to deal with the life prompts (Richardson, 2002).

For purposes of the SOR model, the Richardson et al. (1990) resilience model has been adapted and streamlined to symbolize three modes of reintegration: reintegration with loss, back to comfort zone, and resilient reintegration. In terms of self-objectification resilience, these three levels of reintegration take individuals to vastly different places. The lowest level, reintegration with loss, will look and feel differently for each person depending on the “comfort zone” they live in each day, but can be characterized by experiencing self-objectification that leads to a host of negative feelings and actions more dramatic than what she has experienced before. Reintegration with loss may entail substance abuse like unsafe or unhealthy diet pills, substance abuse, disordered eating, electing to undergo cosmetic surgery, large amounts of money and time spent on “beauty work,” etc. This type of reintegration after a disruption will result in a new biopsychospiritual homeostasis or “comfort zone” that involves more shame, self-objectifying thoughts and actions, and pain than the previous comfort zone. Most often, resilient qualities and traits will remain untapped or buried in the process. When

utilizing the SOR model, if the participant falls into “reintegration with loss” after the SOR disruption and learning about resilient traits, the model will need to be revamped and better tailored to suit that individual’s needs. If a participant is using the SOR model on her own, falling into “reintegration with loss” can be an opportunity to employ more or different resilient traits to suit her specific needs. This will mean critically analyzing how and why she reintegrated back to life with loss and harnessing new resilient traits and strategies to resiliently reintegrate into life stronger and happier than before.

The middle mode, “back to comfort zone,” involves the individual returning to her previous biopsychospiritual homeostasis after a disruption in her life has occurred. When utilizing the SOR model, this means that the individual has faced a disruption as she learned about objectification, self-objectification, her “comfort zone” within that space, and resilient traits she can access and harness for her greater happiness and resistance against self-objectification. However, she has chosen to return to her original biopsychospiritual homeostasis in whatever form that may be. She will simply live with that level of self-objectification she is comfortable with and the “beauty work,” possible shame, and lost opportunities for progression that may accompany that comfort zone. This mode of reintegration does not allow for any new growth or strength, but a return to the norm that the individual is used to experiencing. It is important to note that this mode of reintegration is not always possible when the original comfort zone has been lost. This can happen when significant life experiences take place. While complete loss of the original comfort zone can happen in innumerable ways, a few examples may include: major bodily changes resulting from pregnancy, childbirth, or health complications; new intimate relationships; moving to a new area; etc.

The highest mode to attain, resilient reintegration, entails an individual facing a disruption as she learns about objectification, self-objectification, her “comfort zone” within that space, and resilient traits she can access and harness for her greater happiness and resistance against self-objectification. She then accesses and harnesses resilient traits that allow her to move from her original “comfort zone” to a resilient reintegration into a stronger, happier “comfort zone.” This mode of reintegration is the ideal, as it symbolizes added growth, knowledge, and resilience in the face of disruption. It can symbolize self-actualization, embodied empowerment, self-compassion, feminist beliefs, as well as a host of other resilient traits.

This model can and should be repeatedly utilized by interventionists and individuals to combat self-objectification using resilient pathways to growth and progress. A unique and positive attribute of the SOR model and intervention is the opportunity for participants to use the model as a way to cognitively rethink objectifying disruptions throughout their lives instead of as a one-shot opportunity. It also adheres to Yates and Masten’s (2004) assertion that resilience interventions must focus on the initiation of positive developmental pathways, as well as on their maintenance over time. The SOR model can stand as a tool that can be utilized throughout an individual’s lifetime, via planned disruptions or inevitable disruptions out of biopsychospiritual homeostasis that occur often throughout life.

## CHAPTER 5

### THE SELF-OBJECTIFICATION RESILIENCE INTERVENTION

The SOR model and intervention propose and identify emancipatory, resilient alternatives toward agentive selfhood than the normative state of self-objectification, which is the embodiment of feminism. The development of this intervention was based on the belief that girls and women of all ages, while beginning to understand the pain of objectifying culture, self-objectification and understanding its roots, can cultivate and access resilient traits to transform their worlds. This takes place through a critical pedagogy of media literacy and the opportunity of “coming to voice,” as hooks (1994) put it, that broadens participants’ vision of the norms, knowledge, and feelings toward themselves they accept as the “given.” Moreover, by studying pertinent resilient traits that directly combat self-objectification, the study participants were more equipped to be able to identify, access, and learn about their own resilience.

The SOR model was purposefully transparent throughout the intervention. The model was not hidden—it was both the “what” and “how” of the process of learning and accessing self-objectification resilience. As the SOR model was revealed during the three units of intervention, highlighting a different phase of the model per unit, the intervention objectives unfolded. SOR intervention objectives were as follows:

1. Participants will be able to identify and disrupt their “comfort zones” within the SOR theoretical model as they critically interrogate media, their media use, and how SO may manifest itself in their lives.
2. Participants will be equipped with the knowledge to identify and develop the innate and learned resilient traits most helpful to them in their lifelong pursuit of Self-Objectification Resilience to move from a homeostasis of SO as “normal” and natural.
3. Participants will be equipped to repeatedly utilize and share the SOR model and intervention to combat life disruptions that trigger SO and use innate and resilient traits to resiliently reintegrate.

#### Participant Recruitment

To investigate the successful promotion and cultivation of resilient qualities using the proposed SOR model and intervention, 55 female participants ages 18–35 were recruited via flyers on the University of Utah’s campus, local coffee shops, libraries, etc., (to avoid homogeneity in the research sample) asking for confidential participation in an online body image research study (Appendix A). In total, 50 study participants completed the entire intervention, from submitting a consent form and baseline questionnaire to the final assignment. Flyers were also sent to two large women’s groups representing women of color along the Wasatch Front to seek adequate representation of the demographics of northern Utah. The advertisement asked for participants who were interested in improving their body image and feelings of self worth. All interested participants were directed to email a specified email address for admittance into the study

group. During the three weeks of participation, the women were asked to submit answers to open-ended surveys and journal entries through submission forms accessible via a private Wordpress-hosted website designed solely for this study (see Appendix D, E, F for the full units of intervention). Surveys were kept confidential by using email addresses as aliases instead of participant names. As the Principal Investigator, I worked alone in the recruitment process and all participant information was kept on a password-protected computer only accessible to me.

### Baseline Data

Before participating in the study, all participants were emailed a consent form to sign and submit via email or at the front desk of the University of Utah's Department of Communication (Appendix B). The consent form outlined the details of the study, the time commitment involved, the information they would be asked to submit, and the potential risks and benefits inherent in their participation. Once their consent form was submitted to the Principal Investigator via email, they completed a baseline questionnaire to gather qualitative data on each participant's homeostasis or "comfort zone" within the SOR model, as well as other demographic information pertinent to the study (Appendix C). The open-ended questionnaire used for this study included the following questions:

1. What does the term "objectification" mean to you?
2. How do you feel about your physical appearance?
3. Have you ever stayed home or not gone to a social activity, sport, or event because of what you look like? If so, please explain.



4. What does your beauty routine look like? (i.e., what do you do to get ready in the morning? Do you participate in tanning, hair removal, salon hair care, cosmetic surgery or procedures, etc.?)
5. How old are you?
6. How would you describe your race or ethnicity?
7. Are you religious? If so, what religion do you belong to?

These questions were carefully worded and chosen to gather information to tailor the study to their knowledge level, demographic information, and personal experiences of body image, daily “beauty work,” and self-objectification. The second question on body image was carefully chosen to help determine each woman’s feelings toward her appearance outside of a simple Likert scale that did not let her use her own words. This vital question was used to prompt participants to critically consider their feelings toward their bodies and allow them to open up in a confidential but vulnerable way. The answers to this question were also valuable input to the larger conversation on the status of body image in the US, where studies by corporations and academia reveal the vast majority of women and girls strongly dislike their appearances. According to academic studies done in the last five years, 66% of adolescent girls wish they were thinner, though only 16% are actually overweight, and 35% of 6- to 12-year-old girls have been on at least one diet (Rosen, 2010). Further, corporations like Dove International claimed their research shows nearly 70% of women are “disgusted” by their bodies (Dove International, 2007).

The term “self-objectification” was not included in the questions because it is generally not common knowledge and would be taught and detailed throughout the study.

The third question on staying home from activities was designed to help participants reflect on conscious or unconscious feelings of shame, which is often how self-objectification manifests itself in daily life. The fourth question on beauty routines allowed for participants to record the time and effort they commit to beautification, which may have been the first time many of them had ever written down that effort. It also gave them the opportunity to discuss any major procedures or cosmetic work to which they had elected or planned.

The three final questions were also purposefully written to confirm the participants fell into the required age range of the study and determine the diversity of ethnic backgrounds and religious beliefs present. With a study location in a predominantly religious area (The Church of Jesus Christ of Latter-day Saints) and a reportedly high rate of cosmetic surgery and money spent on beauty work (Ruiz, 2007), these questions were vital to contribute needed knowledge on the relationship between Mormon participants versus non-Mormon participants, body image, and beauty practices in northern Utah.

After completing the baseline questionnaire, participants were asked to access the three-part intervention online, on their own time, through a private link to a website only open to those participating in the SOR intervention. They were assigned to complete three total units of self-objectification resilience (SOR) over a 3-week timespan, which consisted of one unit per week for three straight weeks. All three units of intervention are included in the appendices (see Appendix D, E, F).

### SOR Intervention Unit 1

In Unit 1, the women were asked to begin by filling out a media use survey to gauge what types of media they were consuming and what types of media were most popular, as suggested by top media literacy scholars Kellner and Share (2005, 2007). After filling out the survey, they were introduced to the basics of media literacy, beginning with the sheer amount of time the average individual spends with media each day and how inescapable media has become. They read about how media is constructed to drive profits through advertising, how women are a target demographic of most advertising because they spend the most money per household, and how advertising often preys on female insecurity to sell products. In an effort to tailor the information in a way the 18–35-year-old women would find most interesting, they learned about objectification presented in four popular outlets: *Sports Illustrated Swimsuit Issue*, which had hit newsstands only weeks prior to the study; Fitness Inspiration or “Fitspiration” images viral on social networks; women’s health and fitness magazines, which are the number one source of health information for women outside of the doctor’s office (Barnett, 2006); and television and movies including the popular “Gossip Girl” television show.

Next, participants were asked to read about the changing representation of women in media and how those ideals may lead to real-world consequences for the health and well being of females. In the last 20 years, images of women in media have become thinner and taller than ever before, with surgical enhancement and digital enhancement as an industry standard. In the last 20 years, total cosmetic surgery procedures performed in the US increased by nearly 900% and 92% of those procedures were performed on

women (ASAPS, 2009). At the same time, rates of eating disorders have tripled for college-age women from the late 1980s to 1993 and rising since then to 4% of U.S. women suffering with bulimia. Approximately 10 million women are diagnosable as anorexic or bulimic, with at least 25 million more struggling with a binge eating disorder (NEDA, 2010). Perhaps even more startling is the 119% increase in the number of children under age 12 hospitalized due to an eating disorder between 1999 and 2006—the vast majority of whom were girls (American Academy of Pediatrics [AAP], 2010).

Scholars in many fields have claimed that beginning with puberty and continuing across the life course, females are twice as likely to experience depression as males. For females but not males, self-esteem is directly associated with our objectifying culture, which leads girls to evaluate and control their bodies more in terms of their sexual desirability to others than in terms of their own desires, health, achievements, or competence (Fredrickson & Roberts, 1997). The prevalence of objectifying media, inescapable in today's world, has been linked to women's disordered eating, unhealthy sexual practices, sexual dysfunction, plans for cosmetic surgery, diminished mental performance, diminished athletic performance, removal of pubic hair, anxiety and depression, etc., and these impairments occur among white, African American, Latina, and Asian American young women (Calogero et. al, 2010; Fredrickson et al, 1998; Gapinski, Brownell, & LaFrance, 2003; Harrison & Fredrickson, 2003; Hebl, King, & Lin, 2004; Impett, Schooler, & Tolman, 2006; Quinn, Kallen, Twenge, & Fredrickson, 2006; Simmons, Rosenberg, & Rosenberg, 1973; Tiggemann & Lynch, 2001).

In an effort to more closely tailor the messages to women in northern Utah, further readings in the first unit explained the state of “beauty work” in Utah. Salt Lake

City has been ranked as the “Vainest City in the Nation” by *Forbes* magazine for a variety of reasons (Ruiz, 2007). The city has the most plastic surgeons per capita in the nation at six per 100,000 residents—topping even New York City and Los Angeles. But it is not just plastic surgery that places Salt Lake City at the height of vanity, where two-thirds of procedures are considered “cosmetic” according to the American Society of Plastic Surgeons. Salt Lake City’s “self-help” regimens lead the nation, as well, due to the record-breaking millions spent on cosmetics, skin care, and hair products each year—ten-fold the amount spent in cities of comparable size (Ruiz, 2007). Further, according to recent statistics produced, people in northern Utah search online for information on getting breast implants more often than any other city in the nation. In all, northern Utahns seek out information on getting breast implants 74% more often than the national average (RealSelf, 2011). This information was used to localize and personalize the study for participants in Salt Lake City.

From here, the unit’s reading centered upon an introduction to the SOR model, presented as a theoretical model built to help women live more happily and with less shame in a media world that profits from their self-objectification. Self-actualization was presented as a necessary construct for each woman to simultaneously combat self-objectification and understand her unique and powerful place in the world that needed her.

### Media Fast Activity

Following that introduction to the model and the journey ahead, each woman was asked to complete a “media fast” assignment, as suggested by Cooper (2011) and others, and report on it in a journal entry prior to beginning Unit 2 the following week. The

weekly journal entry was employed to encourage each woman to use her voice, tell her own story, and reflect upon her “comfort zone” at that place in time. The assignment read as follows:

After completing Unit 1, please choose at least one day to cut yourself off from all media. Do your best to not view any TV, movies, magazines, books, news sources, listen to music, or go online, including social networks like Facebook and Twitter. Once you have met your media fast goal (one day or more, whatever you choose), please fill out a journal entry with this prompt:

*Looking back on your media use over your lifetime, how do you believe the messages you have been exposed to have affected you? Have the media messages and images in your life had any positive or negative effects on your self-esteem or feelings of self worth? What did your media fast teach you about the role of media in your life? Will you make any changes regarding your media use in the future? If so, please explain.*

### SOR Intervention Unit 2

The second unit of the intervention began with an embedded video featuring a local news team’s in-depth report on the negative effects of self-objectification in northern Utah. This well-researched report further localized the problem for study participants and allowed them to visually and audibly learn about objectifying messages and self-objectifying thoughts and actions. The participants were then introduced to the term “self-objectification,” explained as something that “takes place in a world where so many messages teach us from a young age that we have a responsibility to ‘look good’ on top of being good at whatever we do. Self-objectification takes place when we scrutinize ourselves as parts of ourselves that need to be fixed because we feel *shame* about not meeting up to a standard we believe we should be able to meet” (Appendix E). Shame was defined as “a feeling that functions to inhibit or change that which fails to live up to a

person's internally or externally derived standards" (Lewis, 1992).

As the reading reflected upon their anonymous answers to the baseline questionnaire about how they feel about their bodies, whether they have skipped out on activities because they were self-conscious of their looks, and what their "beauty work" each day entails, participants were given the opportunity to see they were not alone in their feelings of shame. They then read about research that details the negative consequences of self-objectification for girls and women. The 2010 National Youth Physical Activity and Nutrition Study was of particular interest here, due to its report that body size satisfaction had a *significant effect* on whether a person performed regular physical activity, regardless of the individual's actual weight (Centers for Disease Control and Prevention, 2010). Those who were satisfied with the way their body looked—regardless of the ideals they did or did not meet—were more likely to engage in physical activity than those less satisfied. Further, other important research was introduced to the participants, including the van den Berg et al. (2007) findings that overweight girls who were more comfortable with their bodies were more likely to make healthy choices as they entered young adulthood. The girls who felt good about themselves were more likely to be physically active and pay more attention to what they ate. Meanwhile, the girls who were the most dissatisfied with their size tended to become more sedentary over time and paid less attention to maintaining a healthy diet.

### Self-Objectification Journaling Activity

After doing further reading that asked the participants to reflect on how self-objectification might be detrimental to women around the world, participants were asked to complete a journal entry with the following prompt:

*In what ways do you believe self-objectification has taken its toll on your life? Do you believe you ever self-objectify by hiding or fixing parts of yourself? If so, how? If not, how have you avoided self-objectification?*

Following submission of their online journal entries about self-objectification, participants were introduced to the key to fighting back against the shameful feelings and actions associated with self-objectification: resilience. Participants read about how to recognize feelings of shame and critically examine the source of that shame as a first step to arm themselves with the tools they already have and can develop further to fight against self-objectification. Resiliency was introduced as “the process of coping with adversity, change, or opportunity in a way that results in the identification, fortification, and enrichment of resilient qualities that will protect you from pain like shame and the resulting self-objectifying things you do each day.”

Participants were told that the resilience they need to cope with an objectifying culture that asks them to feel shame and profits off of them believing they are subpar is *already within them*, which is key to resiliency theory’s basic notions. The women were told that self-objectification resilience is about identifying what resilient qualities they already had and then introducing them to a few more traits they can use to win this battle.



### Resilience Response Assignment

Prior to being assigned their second assignment, they read these words written to help them understand the disruption they were facing:

“Maybe your heart pounded a little faster when you read or watched any part of today’s Unit 2. Maybe you got emotional thinking about the ways self-objectification has affected you or someone you love. Maybe you got fired up thinking of the ways all these objectifying messages lead to shame and drive major profits for big companies. Maybe you felt excited thinking about fighting back against these self-objectification. I hope you felt truth in the words written and spoken in this unit. My research is founded on the truth that each of us has an important and specific role to play in this world with an “innate blend of physical, mental, and spiritual characteristics” that qualify you to contribute to the world in a way *no one* else can. And if you are spending your strength fixing yourself to meet ideals that are not attainable in the first place, you are missing out on a life that needs you and a life that you need. Today is the day to remember you are capable of much more than being looked at. And when you begin to realize that, you can start realizing the power of your abilities and the good you can do in a world so desperately in need of you. NOT a vision of you, but ALL of you. What will you find you are capable of?”

For their Unit 2 assignment due prior to beginning Unit 3, participants were given the following prompt:

*Reflect on a particularly difficult experience or period of time when you felt ashamed of your physical appearance in some way. This hard time may have happened because of someone saying something hurtful to you/about you, because you had feelings of inadequacy or self-consciousness, or for many other reasons. How did you work through that trying time? Explain how that experience changed you, for better or worse. How are you different today because of that hard time?*

### SOR Intervention Unit 3

In the third and final unit of intervention, participants began by reviewing what they had learned up to that point—objectification is rampant, self-objectification manifests itself in feeling of shame and wanting to hide/fix that which does not meet up

to ideals, and resilience is key to fighting back. They were introduced to a simplified, illustrated model of the Fredrickson and Roberts (1997) objectification theory, which explains the negativism of self-objectification but leaves researchers and individuals wanting. Participants were then told about the researcher's experience finding the missing link to objectification theory in resilience theory and the resiliency model. The unit described Werner & Smith's (1982) resilience study, the first of its kind, that followed children from "high risk" backgrounds of poverty and family instability over a 30-year period to see how they handled themselves despite being in such hard circumstances. Of the 200 children studied, 72 of them thrived over the 30-year period and overcame the incredibly difficult situations they grew up in. In this and various other studies, scholars have identified resilient traits that serve as "protective factors" for people going through pain. The traits listed in the reading included: happiness, optimism, faith, empowerment, embodied empowerment, an achievement-oriented attitude, determination, self-confidence, feminist beliefs, self-compassion, vulnerability, humility, drive to be an example, creativity, wisdom, self-actualization (understanding your purpose in life), independence, subjective well-being, hard work, and hope.

Next, participants were shown a simplified visual illustration of the resiliency model's modes of reintegration, followed by an official introduction to the full map of the SOR model as they read this explanation, tailored to their experiences as submitted via their journal entries:

Today, we so often use shame as a coping mechanism that becomes our "comfort zone." Our "comfort zones" ironically involve constant, "normal" feelings of shame that compel us to hide or change whatever we believe doesn't meet the world's standards of beauty or womanhood. This is the shame that manifests itself in the ways we get ready for the day that might be all about hiding parts of ourselves, the activities we don't participate in

because of how we look, the costly and harmful cosmetic procedures we elect to or want so badly, the relationships we do not keep or develop because of our self-consciousness, the pain that keeps us from really feeling happiness. The SOR model now allows us to move PAST the “host of negatives consequences” to a moment of disruption.

The second you feel shame – the specific shame YOU feel that compels you to hide a part of you or fix yourself to meet an ideal – the disruption has begun. This shame can no longer be a normal, everyday part of your life you cope with. You’ve named it. You can’t be comfortable (or living uncomfortably) with it any longer – it’s time to grow from it. It is painful to learn that you may have learned lies about who you are and what you should value, and those may have negatively affected your life. This SOR model is meant to change your thinking. This intervention is meant to teach you about what has surrounded you since birth, how it has affected your life, and how to de-normalize the pain you live with and progress past it. (Appendix F)

The dehumanizing experiences surrounding self-objectification—depression, body hatred, belonging for others—are best understood by those who live in a culture reflecting self-objectification as their biopsychospiritual homeostasis. A critical approach to pedagogy, then, involves understanding that individuals who have lived through the experiences about which they claim to be experts are more believable and credible than those who have not lived through the same experience (Collins, 2000). Feminist scholars suggest there is great power in the researcher/teacher/authority figure sharing personal stories as they ask their participants/students/clients to do so. I appreciate the suggestion of Rubin et al. (2004) that researchers can help by sharing their own strategies and struggles in resisting normalized beauty ideals, and by validating young womens’ struggles and celebrating their courage to name and challenge their oppression. Adhering to these feminist commitments, I invited study participants to read my personal narrative of moving from a self-conscious child who let her self-objectifying thoughts and actions hold her back from participating in life to a body image activist and doctoral student who

was on a journey of self-objectification resilience (SOR) right alongside the participants (Appendix G). Allowing participants to read and understand my pain bore witness to the participants that I understood their pain and I was not above it. It was my way of expressing vulnerability and appreciation for them so willfully expressing their vulnerability. This personal experience illustrated my progression through the SOR model, which I reviewed with the participants as I moved from objectifying culture to self-objectification and shame, a disruption, and resilient reintegration into a happier, stronger life. My personal experience also aided in introducing the four resilient traits vital to self-objectification resilience: self-actualization, self-compassion, embodied empowerment, and feminist beliefs.

The last reading section of the intervention before the concluding assignment was devoted to a thorough description of each of the four resilient traits necessary to the SOR model, along with strategies for how the participants could implement them into their lives. Based on personal information submitted over the course of the units, the reading included anonymous examples of participants exemplifying the resilient traits.

#### Resilience Response Coding Activity

Finally, a critical learning space opened up at the end of the final unit of the intervention when the participants were asked to reflect on the previous week's journal entry and "code" it according to their new knowledge of resilience and the full Self-Objectification Resilience model. In this assignment, the students were asked to reread their resilience response they submitted in Unit 2 and highlight the resilient traits they saw as they worked through the problem. They were told they could write comments or

notes throughout the document, and highlight the different categories with any colors they wished. The participants were given free reign to take notes as they felt comfortable.

The assignment was written as follows:

In your final assignment, you will be reflecting on your journal entry you submitted last week in Unit 2 where you were asked to write about a difficult experience in your life and how you overcame it. This final activity is a necessary step in the SOR model because it will allow you identify an instance of self-objectification in your life and how you may have used resilience to overcome that time. Using your new knowledge of the Self-Objectification Resilience model you have learned over the last three weeks, you are going to analyze your previous journal entry to look for four things:

1. Moment of disruption out of your comfort zone (What caused this difficult time in your life to take place?)
2. Objectifying Messages (Does your journal entry refer to any unrealistic appearance or beauty ideals you may have for yourself? Do you write about other peoples' unrealistic appearance or beauty ideals? Do you write about yourself as just parts of a body in need of perfecting or do you write about your body as something capable of more than being looked at?)
3. Self-Objectification (Do you see evidence of body shame in this experience? Anxiety? Depression? Your self-consciousness getting in the way of accomplishing things or participating in activities? An over-riding pre-occupation with your looks? Spending lots of time trying to improve your appearance?)
4. Resilient Traits (Do you see evidence of any resilient traits you have? Happiness? Hope? Empowerment? Feelings of self-worth? Wisdom? Hard work? Etc.?)

Once the participants submitted their coded responses, I, as the study administrator, sent them my coded response. I offered this to each participant as an opportunity to see a second view of her resilience. This allowed the participant's words to be heard in that they were not corrected. They were able to tell their own story and personally got to experience the identification of the basic tenets of the SOR model in its entirety in their lives. The coding mechanism employed was and is a vital part of the SOR intervention for both participant and principal investigator.

## CHAPTER 6

### ANALYSIS OF SOR INTERVENTION FEEDBACK

Of the 55 recruited participants for the Self-Objectification Resilience intervention, 50 women fully completed the intervention from the baseline questionnaire to final feedback submissions. The 5 remaining women were disrupted from completion of the study by other time commitments. All women met the basic guidelines of the study asking for female participants between the ages of 18 to 35, living in northern Utah at the time of the study. Interestingly, all ages from 18 to 35 were represented in the study and the 50 participants represented a balanced spread of the ages. Based on basic demographic information gathered prior to the first unit of the study, 43 participants considered themselves White/Caucasian, one was Chinese, 3 were Spanish, 1 was a Pacific Islander, and 1 was Filipino. Despite reaching out to two large organizations devoted to women of color in Utah, the vast majority of participants were white. In all, 17 participants were married and 33 were single. In terms of religious involvement, 37 participants considered themselves members of The Church of Jesus Christ of Latter-day Saints (LDS), 6 were not religious, 5 were nondenominational Christian, and 2 were agnostic. The large percentage of LDS members who participated in this study could be attributed to the efficient and vast networking system of members of the church passing along information about the study, who are generally in close contact weekly, including face-to-face at church meetings and online through various social networks.

After each participant submitted her signed consent form detailing what to expect in the study, she completed a baseline questionnaire to gather qualitative data on her homeostasis or “comfort zone” within the SOR model. The open-ended questionnaire included these four questions to help the researcher determine her “comfort zone.”

The first question was: “What does the term “objectification” mean to you?” All but four participants had a working knowledge of what objectification entails, responding with answers largely relating to “being treated and viewed as less than human—like an object.” Many related the word to the way women are represented in media, calling upon magazines and other objectifying messages that turn women into objects or parts to be looked at. Four women were totally unfamiliar with the word, having never heard it before or defining it in a way that did not reflect its definition.

### Determining the Comfort Zone

#### Body Image

The second question, “How do you feel about your physical appearance?” proved to be very telling to the study and reflective of a vast amount of body image research from corporations and scholars that claimed the majority of women in the US do not like their physical appearance (Dove International Survey, 2007; Rosen, 2010). Analysis of the answers to this question revealed that of the 50 participants, 24 women “strongly dislike” or “hate” their appearances, 17 were largely unhappy with their appearances but could find some redeeming traits they appreciated, and 9 felt generally positive about their physical appearances.

Of the 24 women who described their feelings as “strongly dislike” or “hate,” their answers told a very sordid tale of shame and body hatred. Examples are as follows:

I’m a mother of four young kids and I think I have a beautiful face and I love my skin tone, but I cannot stand that my body fat percentage is at 23% and that my belly is not tight and beautiful. There are parts that I love and there are parts I hate. The parts I hate consume my thoughts on a daily basis.

I’m really good at picking apart my body. It is very rare that you’ll hear me say I like certain parts of my body.

My entire life I have compared myself to others and always singled out my flaws. It’s hard for me to talk about my appearance only because I know I have very low self esteem and it only seems to be getting worse as time goes by. My appearance, particularly my body, is something I feel is constantly weighing on my mind and I hate to admit it but probably 95% of the time I feel fat and unattractive. I do have my moments where I feel at least “pretty” but for the most part I’m very hard on myself.

I feel very unattractive and fat. Every picture I see of myself I want to delete.

Sometimes I feel pretty but the majority of the time I’m honestly thinking I’m fat and ugly.

There’s not much about my appearance that I have positive feelings about. I’ve always been overweight, I’m too hairy, I don’t have good skin... I try to not think about it. I don’t like looking in mirrors and really don’t like looking at pictures of myself.

I’m displeased with my physical appearance, particularly with regard to my weight. I feel like I look disproportionate, flabby, chubby, and broad in comparison to most other women near my age. I still get embarrassed letting my husband see my body, and he is the most supportive, non-critical guy I know. I am also really fixated on my skin, which is a vicious-cycle issue because I pinch at it and make it worse.

It is striking to note that these women, while guaranteed confidentiality, were incredibly open and vulnerable about their bodily feelings. As the study went on, multiple participants noted the things they were writing to the researcher were things they had never said aloud, nor would they share those feelings with anyone they knew, including



their partners or parents. Further, many of the participants noted that their body hatred was severely amplified by “seeing themselves” in pictures or the mirror or “being looked at” by others. This act of seeing themselves or being seen induced feelings of shame, which occurs when people evaluate themselves relative to an internalized ideal and come up short (Darwin, 1872/1965). These examples so clearly illustrate the habitual body monitoring that leads to shame, characterized by an intense desire to hide, to escape the painful gaze of others, and focus completely on the self resulting in inability to think clearly, talk, and act (Darwin, 1872/1965; Lewis, 1992).

Of the 17 participants categorized as largely unhappy with their appearances but able to find some redeeming traits they liked, their answers to the body image question articulated deep feelings of objectification as they picked apart their bodies into parts in need of fixing to fit an ideal:

For the most part, I'm comfortable with the way I look. I do go through phases though where I realize how much I hate certain parts of my body (my stomach and my calves). On a day to day basis when I'm not focusing on those specific parts, I'm fine, but if I see a picture of myself or if I've been watching movies or reading magazines with too many airbrushed women, I start to get insecure.

There are parts of my body that I feel really comfortable with. I like my face, my butt, and my arms. But I am self-conscious about my knees (I've had knee surgery on both of them) my thighs, and my stomach. I sometimes feel uncomfortable when sitting with others, especially after a big meal, about my stomach and I sometimes find myself pulling at my shirt to try to fix how I look when sitting down.

I have to admit I am not very positive about my appearance in many circumstances, but I do have good days where I do like certain things about my appearance such as my hair or eyes. It's not that I think I am ugly, but I feel rather ordinary or even plain. I want to loose a little more weight.

I'm not beautiful in the traditional sense. I'm too tall (5' 11") and it's obvious I've had children when I get in a bathing suit. Though to be fair,

it wasn't much better before I had kids because I grew so fast I had stretch marks anyways. My face is pretty strong for a woman, with a bump in my nose. I also have a genetic abnormality where one breast is larger than the other, so along with my tummy, that limits the clothes I can wear, especially certain bathing suits. All in all, I'm not hideous, but I'm certainly no stunner, either.

Generally, all of the participant's answers reflected a fear of being looked at and not meeting an arbitrary ideal, which also made clear that "being looked at" and wanting to be a beautiful vision was something the women accepted as part of life. Comparisons to others or to an ideal dictated to them by popular media was a significant factor in the majority of the answers to this question, which clearly reflected a self-objectifying state of mind. This response was particularly illustrative of this point:

I often have fleeting thoughts about how I dislike certain parts of my body at times. That gets amped up when I am in a bikini in front of others though. When its just me, I am much more comfortable with my body.

Indeed, when self-objectification is not triggered by being looked at, or the fear of being looked at, body satisfaction and comfort become the norm.

The 9 participants who claimed to generally like their physical appearance exhibited an understanding of their bodies as something capable of more than being looked at, which is described in this study as the resilient trait of "embodied empowerment." This trait allows individuals to "experience their bodies not as objects to be appreciated by others, but rather more directly, with a sense of efficacy and empowered subjectivity" (Fredrickson et al., 1998, p. 281). Three of their answers reflect this embodied empowerment in telling ways:

I actually feel pretty good about my appearance. Primarily, I want my body to be healthy and capable of what I ask it to do, whether that be to run a half marathon or to help me meet physical aspects of my job. Yet, there are things I want to work on.

I feel good about it. I feel best about it when I feel “healthy.” I enjoy exercise and after I have a great heart-pumping workout I feel the most confident and strong inside and out.

I feel good about the way I look. I will admit that at times I feel as though I’m gaining too much weight with my pregnancy, but try to stay focused on the gift of life that I am able to be part of.

Of key importance to the feedback analysis of this study, all 9 participants in the category of general body satisfaction have gained that satisfaction by overcoming difficult circumstances or painful feelings toward their bodies. Many have overcome debilitating eating disorders, while others work in treatment facilities for girls and women with eating disorders. Others have lost large amounts of weight and learned to appreciate their bodies through physical activity and taking control of their health. This is a significant finding, as it is the very definition of Self-Objectification Resilience. The resilience each of these 9 participants has developed will be reviewed in detail in the “Learning and Accessing Resilience: Resilience Responses” portion of the study.

In all, results of the feedback analysis for Question 2 show 24 of 50 women “strongly dislike” or “hate” their appearances, which amounts to 48% of participants. When the 24 women who “strongly dislike” their appearances are added to the 17 who were largely unhappy but could find some redeeming traits, results reveal 41 of 50 or 82% of study participants are generally dissatisfied with their physical appearances. This falls in line with previously cited research that claimed the majority of women are dissatisfied with their bodies. Of the women participating in this study, only 18% claimed general satisfaction of and appreciation for their physical appearances. These results verify the necessity of the Self-Objectification Resilience model and intervention.

### Self-Objectification

For Question 3, participants were asked, “Have you ever stayed home or not gone to a social activity, sport, or event because of what you look like? If so, please explain.” The term “self-objectification” was not included in this question because it is generally not common knowledge and would be further detailed throughout the study. Moreover, this question was designed to help participants reflect on conscious or unconscious feelings of shame, which is often how self-objectification manifests itself in daily life. In total, 14 of 50 women, or 28%, had never isolated themselves from life because of their appearances. Thus, feedback analysis indicates 72% of study participants had engaged in the self-objectifying experience of removing oneself from “being looked at” by hiding inside their homes instead of participating in activities, events, or outings as simple as grocery shopping.

Results indicated that the number one activity women refuse to participate in because of shame and self-consciousness is swimming, or any activity involving a swimming suit. Other events women chose not to participate in included physical activities like rock climbing, going to the gym, and community fitness classes. These results are in line with research that claimed those who are dissatisfied with the appearance of their bodies—regardless of their actual weight—are much less likely to perform regular physical activity (Centers for Disease Control and Prevention, 2010; van den Berg et al., 2007). Thus, of the 9 women in the “generally satisfied with my appearance” category, 5 had never stayed home from an activity or event based on self-consciousness. Those 4 who had stayed home reported that being mostly a thing of the past:

Yes, there have been many times in my life... more in my early 20's when I would avoid social activities. In my early 20's I battled with an eating disorder and severe acne and low self esteem and this led me to stay home depressed on many nights.

Yes, I had very poor body image in high school. While all my friends were thin (or as I thought in high school), I was a bit larger and I struggled with the desire to go to parties or events because I felt like I didn't look good in anything I wore. I either not go or I'd end up just wearing a coat the whole time to cover up.

Looking back at specific times in my life, I definitely have sheltered myself because of not liking my physical appearance before... But even when I wasn't comfortable with what I looked like, I'm still a pretty social and independent person at heart, so I mostly do what I want. If anything, I would have stayed home because of being embarrassed of something I "couldn't" do (like something physical that I didn't feel in-shape enough to participate in). I have always struggled with my body and weight issues.

Maybe sometimes, but it usually is because I realize I'd rather spend the time alone rather than trying to impress or socialize with other people.

Of the 17 participants in the middle category on body image feelings, 6 reported having never stayed home from an event for fear of how they looked, which means 65% of women who were generally unsatisfied with their appearance had isolated themselves out of shame. Of note, 7 women reported swimming as the specific activity they refused participation in. One response is reflective of many here:

Swimming with other people that I wasn't close friends with always made me very shy and unconfident. I have to gather all my courage and thoughts and just get out there and live life. It takes so much time that I, sometimes, end up running out of time to go to the pool. Similar things happen when it comes to getting ready for an activity that I feel I need to look a certain way for... it can take me a lot of time/frustration to finally get to a frame of thought where I finally just give up to the way I am and look because 'there's not much I can do about it' and I know it shouldn't stop me. Since I was quite tiny (around 9 years old), I remember telling my mom I SO wanted to do gymnastics (and I did!!) but I wouldn't (and never did) because I thought I would look ridiculous in those tight little suits.

Another response spoke to the fear of being seen and judged, even by those closest to her. Again, the response reflects a desire to participate in life, but feelings of shame get in the way:

The one that comes to mind is my high school reunion. I wanted to be brave and go. I knew that I probably wouldn't though. If I had gone, with my husband, I know I would have left feeling crappy about myself. When I would think of going to the reunion, I would think about seeing all of those girls who were always pretty in high school, knowing they would probably only be prettier now. I think I would have left feeling like I'm a disappointment to my husband, because he would have noticed them, and then maybe he would have wondered if he could have gotten someone better.

“It is not the simple act of reflecting on our own appearance, but the thinking what others think of us, which excites a blush,” Darwin explained (1872/1965, p. 325). His articulation of shame as an emotion that inhibits individuals from full participation in their lives is clearly reflected in these responses. Even activities as mundane as going to the grocery store or as necessary and rewarding as going to school were put on hold when these women felt subpar:

In my small hometown, when you go to the grocery store people look really nice, so if I don't feel dressed up enough I won't go.

Junior year of high school I mostly didn't even go to school. I felt ugly compared to the other girls and I hated getting dressed when I felt like I had no clothes to wear.

When I'm trying to get ready for something and don't feel good about myself, there have been times when a bad hair day has been enough to decide to stay home.

Of the 27 participants that were strongly dissatisfied with their appearances, only 3 women had never stayed home from an activity because of self-consciousness. One of those 3 who always chose to participate in life regardless of her appearance admitted to being in a constant state of self-objectification: “to hide my flaws and then the majority

of the time I am very aware of what my physical insecurities are and I'm thinking about them." In all, 89% of the participants who did not like their appearances had chosen to forego events or activities because of shame about how they looked. This participant's answer is a perfect example of the shame that "incites a blush" to which Darwin referred:

Yes, I've stayed home. At times I have felt so self-conscious (primarily because of my appearance, but often because of my lack of sporty ability), that when I just imagined myself in these social situations, I experienced strong feelings of anxiety and I couldn't even talk myself into going.

All but one of the other participant's answers are particularly reflective of the embodiment of self-objectification. The common theme of "being seen" is readily apparent:

Yes, I've avoided social activities because of my appearance. One of the reasons I don't like going to the gym is I'm extremely self-conscious while I'm there. I avoid swimming, which is a shame cause my kids love to swim. I'll wear a bathing suit in front of my mom or sister but avoid being in one in front of my husband, his family, and my sisters-in-laws. I've thought about staying home from my husband's work functions because I'm afraid I'll embarrass him. He's very fit and good looking and I'm always worried people will see us together and think, "Really? He's with her?"

Yes I have stayed home as of late... Even just last night I could have gone out with friends but I'm so embarrassed by my weight that I don't want them to see me. I've become a "home-body." I rarely go out and I lose my reality in TV shows and books.

I definitely don't like to go places where people will be looking at me...I'm very self conscious about my looks and don't like to be the center of attention.

And again, in addition to the fear of being looked at and not measuring up to arbitrary standards of beauty, responses reflect a desire to participate in physical activities that is overridden by shame:

I stay home from activities often and for the last several years. My

latest example is about indoor rock climbing. I am a full figured woman, they rarely have a harness in XL that goes over my hips and butt. I have to squeeze into a large and then I feel even worse because I fear that I look like a sausage coming out of the cellophane wrap it's covered by. I look around at the other climbers and out the hundreds that show up there are 2–3 big girls like me. After my second time I stopped going and making all kinds of excuses.

I've avoided swimming activities several times because I don't like to be seen in a bathing suit. I also tend to avoid dances and social events in general because I consider myself unattractive and I worry that guys will feel pressured to interact with me out of pity.

### Beauty Work

The final baseline question asked participants: “What does your beauty routine look like? (i.e., What do you do to get ready in the morning? Do you participate in tanning, hair removal, salon hair care, cosmetic surgery or procedures, etc.?)”

Participants reported their beauty routines in great detail, which offered them an opportunity to critically reflect on the time and effort they extended to beautification each day. 48 study participants wore makeup every day and two reported to only wear makeup a few times per week. Interestingly, there was no distinguishable difference between the “beauty work” done by the high body satisfaction category compared to the two lower body satisfaction categories. In the high satisfaction group, 1 woman reported having recently had a breast augmentation along with her daily beauty regimen:

In my routine I like to get completely ready before I go out. I avoid going in public not looking and feeling my best. It used to be for superficial reasons, but now I choose to do it because I want to and deserve to look beautiful and feel confident. I regularly go to the gym 5–6 times a week. I have had breast augmentation because when I lost a lot of weight I had smaller than A cup breasts and I found I didn't feel feminine...although it was extremely important to me not to get them “too” big for fear of the message it would send my future daughters about their own body. I had always been ok with smaller



boobs but when I barely had any boobs it began to effect my sense of feeling feminine and the ideal that “real women” have curves and I am not a curvy woman.. I am very tall and thin and have an athletic “boyish” build.

This woman’s response articulates her choice to get a breast enhancement in a way that reflects she has thought critically about her choice, but may have still internalized an objectified ideal of her body via self-objectification. What is feminine? What is “too big?” and who decides it? Why aren’t all women “real women?” Moreover, within a framework of commodity feminism, body and sexuality emerge as signs: The body is something you shape, control and dress to validate yourself as an autonomous being capable of will power and discipline; and sexuality appears as something women exercise by choice. The means of achieving confidence, liberation and strength, then, is to be found in commodified, objectified body images (Goldman et al., 1991, p. 338). Perhaps this participant’s notion that being fully made up for the day as something she “chooses to do to because she wants to and deserve to look beautiful and feel confident” is intertwined with a form of commodified feminism that tells her her body is where all her power, control, and femininity reside.

In all, the participant’s descriptions of their beauty routines varied, but all involved putting on makeup and doing their hair, and dozens involved other beauty procedures like eyelash extensions, tanning, laser hair removal, hair extensions, chemical peels, and laser hair removal that have become very popular in recent years:

My makeup routine takes around 15 to 20 minutes. I put on a light layer of foundation, some coverup on the redness, a base, eyeliner, bronzer, blush, eye shadow, and two different kinds of mascara (It seems like a lot more when I see it all written out like that!). I don't regularly tan, but I worked at a tanning salon for a semester and would get a spray tan every week. I get my hair cut about every 4–6 months. I've recently been extremely tempted to get eyelash extensions, but due to the expense I

haven't done it. Although, in the past I have gotten my eyelashes and eyebrows dyed since they're blonde.

Once a week I go through kind of an intense routine of a facial, manicure/pedicure, whitening my teeth, putting tanning lotion on and showering while exfoliating and shaving. I do that once a week so I only have to do it once a week. But when I wake up in the morning I do my make up, usually just mascara which takes me about 10 minutes because I curl them, put two different mascaras on, put eye liner on, and comb out the clumps and I do it until I feel it is perfect...

Most of the time, I take about 30 minutes to dry and straighten my hair and apply minimal or moderate amount of makeup—depending on the amount of time and activities of the day....I do tan in a tanning bed about 8–12 weeks out of the year (starting in the spring)...I bleach my arm hairs once year and I would love to have permanent hair removal...

In total, 6 of the women stated they had had cosmetic surgery or were planning for it in the future. Five of the 6 women were specific about having or planning to have a breast augmentation, which reflects statistics reporting people in northern Utah search online for information on getting breast implants more often than any other city in the nation. As noted earlier, northern Utahns seek out information on getting breast implants 74% more often than the national average (RealSelf, 2011). It is important to note that the women were not asked about future plans for cosmetic surgery or any other beauty work, but many reported on their plans:

I would LOVE to have some cosmetic surgery, particularly skin tightening laser treatments on my neck and a slight breast augmentation and/or lift, but the expense it too high right now. I do plan on doing both in the near future.

I fantasize about getting liposuction but have never undergone plastic surgery. If I could afford it, I would have done it by now.

I've thought about getting a tummy tuck and boob job but I want to lose weight first. And I'm conflicted about plastic surgery. I don't feel like it sets a good example for my daughter.

Two of the 6 women who chose to report on their cosmetic surgery or plans for surgery were not Latter-day Saints and four were LDS. In terms of the 6 cosmetic surgery clientele who participated in the study, all were White and 66% were LDS, while 33% were non-LDS. Such a small sample does not contribute much to a better understanding of racial/ethnic backgrounds and cosmetic surgery or LDS involvement in cosmetic surgery in Utah, where rates of cosmetic surgeons per capita are reportedly very high compared to other cities in the nation (Ruiz, 2007).

### Disrupting the Comfort Zone

#### Media Use Survey

One week after completing the baseline questionnaire, participants were asked to access the three-part intervention online, on their own time, through a private link to a website only open to those participating in the SOR intervention. In Unit 1, the women were asked to begin by filling out a media use survey to gauge what types of media they were consuming and what types of media were most popular, as suggested by top media literacy scholars Kellner and Share (2005, 2007). Nearly all participants reported using Facebook and other social networks like Pinterest and Instagram every day and more than a dozen reported watching *The Bachelor*, a popular reality television show airing during the time of the study, with 10 women reporting to watch *Once Upon a Time*, a network TV drama. Reality television was a popular media choice for the majority of the women, with shows like *Keeping up with the Kardashians*, *The Biggest Loser*, and *Say Yes to the Dress* most reported. Popular TV sitcoms and dramas included *The Office*, *Grey's Anatomy*, *Bones*, *Pretty Little Liars*, *Psych*, and *New Girl*.

While the media use survey was designed to get participants thinking about their media use and the vast amount of media that enters their lives, their answers were also used to tailor the units of the intervention to suit their needs and relate most closely to their own experiences. Units 2 and 3 were then tailored with examples that fit with the media choices of the participants and Unit 1's media examples were confirmed to be in line with what the women were consuming. Their media use surveys also shined light on how the types of media they were consuming may have been contributing to the vast majority of study participants facing serious body dissatisfaction. Particularly, time spent on social media—especially Facebook, Pinterest, and Instagram—can lead to major incidences of depression and body dissatisfaction in girls and women. The American Academy of Pediatrics now refers to this phenomenon as “Facebook Depression” (AAP, 2011).

In addition, television shows geared toward women and men largely represent an objectified ideal of womanhood, where women often do little more than act as objects to be seen. They spark body anxiety in girls and women and lead to a host of negative consequences. Empirical work supports the notion that consistent representations of ideally beautiful women on television causes young women to accept this nonreality and leads to decreased satisfaction with their own bodies (e.g., Botta, 2000; Dohnt & Tiggemann, 2006; Harrison & Cantor, 1997; Tiggemann, 2003). As Fouts and Burgraff (1999) eloquently put it, “This combination of modeling the thin ideal and the verbal reinforcements associated with this modeling likely contributes to the internalization of the thin ideal and may put some young female viewers at risk for developing eating disorders” (p. 473).

Further, the most popular magazines participants reported reading were *Cosmopolitan* and *People*, both of which have long been the target of research demonstrating links between media consumption and body image disturbance, eating disorder symptomatology, drive for thinness, and other factors (Harrison & Cantor, 1997; Stice, Schupak-Neuberg, Shaw, & Stein, 1994; Thomsen, 2002). Research indicates that girls' and women's exposure to the mediated beauty ideals in teen and women's magazines is consistently related to an increased perception of the importance of beauty and the centrality of physical appearance for women (Labre & Walsh-Childers, 2003). In all, the past 20 years have brought a wealth of research on the effects of thin-ideal media on viewers' body perceptions. Many of these studies offer consistent evidence that exposure to thin-ideal television programs and magazines is associated with problematic body perceptions in adolescent and adult females, including body dissatisfaction, distortions in body image, internalization of the thin ideal, the drive for thinness, increased investment in appearance, and increased endorsement of disordered eating behaviors (Grabe, Ward, & Hyde, 2008; Harrison & Fredrickson, 2003; Levine & Harrison, 2004; Myers & Biocca, 1992).

### Media Fast

Following the first unit's readings, each woman was asked to complete a "media fast" assignment, as suggested by Cooper (2011) and others, and report on it in a journal entry prior to beginning Unit 2 the following week. The weekly journal entry was employed to encourage each woman to use her voice, tell her own story, and reflect upon the media fast's disruption to her "comfort zone." Responses reflected a very positive

outlook on the media fast and the ways it resensitized the women to what types of media were doing more harm than good. The majority of the participants set goals to change their media consumption habits in the future and were grateful for the assignment. These examples are representative of the responses submitted to the media fast:

Over time, I think the media has shaped me into believing that striving to be beautiful the way the world views beautiful, is normal, and expected of me. I also think the media, especially social networking, has me feeling like it is a need to get on all of my regular social networks, at least a few times a day. In other words, I believe that I am addicted to social networks. I would say overall the media messages/images have definitely had a negative impact on my self-esteem and feelings of self worth. I have never had very high self-esteem, or self worth, and the media definitely just makes me feel worse about myself. My media fast taught me that there are far more important things I need to do with my time, and much more fulfilling things as well. The changes I will make when it comes to my media use, is to cut back to only getting on my social networks once a day, and then hopefully cut it down to 1–3 times a week.

I haven't done a media fast for a while, but I really needed it this week. I didn't think I spent that much time on Facebook, Pinterest, or Instagram, but I was wrong. It turns out I'm in a habit of taking a study break every 10 minutes to check updates on those sites (and more), which is not only eating up my time, but it keeps these ideals in my head constantly. This all got me thinking so much—I started reading Seventeen magazine in 7th grade, and it turned out to be a destructive habit. I never had any eating disorders or addictions to exercise, but there have been phases when I was worrying way too much about the way I look. I still can't really eat white bread or anything fried or the least bit greasy (even once in a while) without feeling guilty for the rest of the day. Movies and magazines specifically have caused me to be overly worried about how my body looks—I see people in movies like Julianne Hough and Jessica Biel who have thin, fabulous looking bodies, and then I obsess over how I'm going to be able to look just like them. I should do a media fast one day a week. Even that would help me. I really think it'll be beneficial to my self esteem as well as my time management. Win/win!

I was a little nervous about my media fast because recently I have been tired and TV/Facebook/Reading have been filling up my evening. I was worried I would be bored and have nothing to do if I could do those things. I was wrong. I was able to spend more time with family and friends. I was able to accomplish more of my to do list which overall

reduces my stress. It helped me to recognize that although there are shows that I like, I don't have to watch them all. And if I miss watching them it isn't the end of the world. My media fast also helped me to realize all of the messages I am bombarded with and that sometimes silence is much more beneficial. Having silence helps me to be more connected to myself, God, and those around me. And even though I missed it a little, it actually helped me to feel better. Since my fast. I have watched less TV and listened to less music and I hope to continue to moderate myself.

These and the many other response examples speak to the ways breaking free of media that is so often objectifying and degrading can remind individuals of their potential and worth outside of those limiting ideals. As these responses articulate, participants gained a better appreciation of the vast amount of media entering their lives, their own reliance upon media, and their abilities to better control their media consumption.

Naomia Wolf's (1991) words are pertinent here: "While we cannot control the images, we can drain them of their power. We can turn away from them and look directly at one another. We can lift ourselves and other women out of the myth." These highly positive responses to a media fast appeared to effectually disrupt the "comfort zones" of the participants in a way that got them critically thinking about their worlds and the power they have over their beliefs and actions.

### Self-Objectification Journal Submissions

In Unit 2 of the intervention, participants were introduced to the concept of self-objectification through videos, readings, and a visual model. Halfway through the unit, they were asked to complete a journal entry with the following prompt:

*In what ways do you believe self-objectification has taken its toll on your life? Do you believe you ever self-objectify by hiding or fixing parts of yourself? If so, how? If not, how have you avoided self-objectification?*

This exercise proved to be very valuable to the intervention and the analysis of the feedback because it revealed resilience at work in the lives of the 9 respondents who reported positive body satisfaction. Through their responses, resilience went unnamed, but became a central theme of their experiences fighting against self-objectification. These nine participants unknowingly reflected vital themes of the Self-Objectification Resilience model in their descriptions of fighting self-objectification. They essentially embody the definition of SOR.

Within the 9 responses to the question of self-objectification in the “high body satisfaction” group, the participants narrated the ways they have used resilient traits to combat SO, and verified the four resilient traits found to be necessary to resilience in the face of SO: self-actualization, self-compassion, embodied empowerment, and feminist beliefs. In comparison to all 50 responses, these particular nine responses from the positive body satisfaction group articulate the most resilience in the face of SO, whereas the majority of the 41 other responses are centered upon how SO has negatively affected their lives. The 9 participants who articulate evident self-objectification resilience in their SO responses have overcome intense body hatred and shame to reach the more positive states of mind they currently enjoy. Three of the women have battled anorexia or bulimia, 1 has a mother and sisters with lifelong eating disorders, 1 has fought a lifelong battle against SO and now works at an eating disorder clinic, 1 experienced health difficulties that helped her appreciate her body with a sense of embodied empowerment, 1 is an athlete that has learned to experience embodied empowerment through sports, and 2 participants lost approximately 30 pounds in the last year and feel they have taken control of their health through physical fitness.



While shortened because of its long length, this woman's example of fighting SO with embodied empowerment and self-actualization articulates deep resilience:

My self-objectifying started when I wasn't getting asked on dates when my roommates were, which I blamed on my 30 lb. college weight gain. I tried every diet out there. Which spiraled into more weight gain, more social sabotage, and more thoughts of no self-worth. My sisters were thriving on Weight Watchers and I decided to try it. It worked for me. I started working out. I fell in love with Crossfit training. I accomplished something I thought wasn't possible. I felt good. I felt like I could do anything...I am now a Weight Watcher leader and a high school teacher. I so believe and agree with your words that we do all have unique missions in life. You were meant to write this amazing research. I was meant to become a leader to my WW class. We have no idea who we affect for good. I know I have something great to do in my life. I am doing it and will continue to do it. So yes, SO has taken a toll in my life. But I have learned from it. Grown. And with my experiences and what I now know about myself, I have the power to avoid SO.

“Knowing [she] has something great to do” and feeling meant to be where she is reflect the self-actualization of realizing one's true potential, defined by resilience theory as the assertion that all individuals have an innate blend of physical, mental, and spiritual characteristics that afford a unique opportunity to contribute to the world (Richardson, 2002, p. 318). She also detailed the embodied empowerment of experiencing her body as an instrument through Crossfit training and feeling as if she “could do anything.” The experience of separating her identity from the constant shame of not fitting an outsider's ideal to the empowering subjectivity of being more than a vision to be gazed upon helped her break free from the prison of SO. Being fully absorbed in a challenging mental or physical activity, called a state of “flow” by Csikszentmihalyi (1982, 1990), can be immensely rewarding and enjoyable, but a person must lose self-consciousness in order to achieve this “flow” state (Thorne, 1993). This participant broke free of self-objectification's ability to limit her chances for peak motivational states by being

physically active. In all, this participant described her own pathway to self-objectification resilience as SO “took a toll,” but she knew she had grown and felt the self-efficacy of knowing she has power to avoid a lifetime of shameful feelings and self-objectifying actions.

One of the 9 respondents in the positive body image category reflected the resilience of embodied empowerment in notable ways:

Generally speaking, I do not find SO to be a problem in my life and I think this unit hit on a major point about why. When I was running cross country and doing track and field in college, we were being weighed for physicals and I distinctly remember knowing I would weigh more than everyone else and not because I was overweight—I was running 75 miles a week! But, standing at 5’11”, I am going to weigh more than my 5’2” teammates. I thought to myself, “This is the last time I will EVER weigh myself.” I realized how ridiculous that number was. I was in the best shape of my life and my body could do SO much, so why would I ever give that number a second thought? And I never have. Also, I think self-comparing is a major component in SO. When I catch myself doing this I stop it. I have made the conscious effort to recognize negative thoughts and eliminate them. I think, “I would never think this about someone else or say this to someone else, why would I say/think it to myself?” Those two things have done wonders and I can say I am genuinely pleased with who I am.

In this prime example of SOR, the respondent not only articulated a move away from SO by recognizing and validating her body’s abilities, but she also referenced the resilient trait of self-compassion. Like the definition of the trait, this woman essentially took self-evaluation out of the picture, instead focusing on feelings of compassion toward oneself (Neff, 2003). She acknowledged that she wants to and deserves to treat herself kindly—the way she treats others.

In turn, the SO responses from the other 41 participants paint a darker picture of the state of SO, shame, and body hatred in the lives of these women and others throughout the world. Descriptions of SO thoughts and behaviors in daily life were very

similar between the moderate body dissatisfaction and strong body dissatisfaction groups. Unlike the nine participants categorized as those satisfied with their bodies, the vast majority of the remaining 41 women did not emphasize how they battle SO, but spent much more time detailing the ways SO has negatively impacted them. In total, 2 participants in the moderate body dissatisfaction category chose to write about how they have learned to avoid SO:

When I read and listened to your statement talking about how focusing on fitness goals and learning to respect our bodies can improve body image, I realized that I have actually had that exact experience. For a few years I have been focused on losing weight and becoming more healthy and last year my husband and I decided to run our first half-marathon. While training for the race, I still weighed myself, but I can honestly say that I felt better and better about my body and not because I lost all that much weight, but more because I noticed how much more it could do! I went from struggling to jog up a small hill by my house, to running up it quickly and then running for another 6 miles! My weight was very similar, but I felt better about it in general. So I think you are right about focusing on fitness! Thanks for that aha moment!

I have avoided SO by surrounding myself with people who don't focus on food and weight and looks. My friends have always been my teammates. We were athletes. We never had a huge focus on celebrities and makeup etc. We played sports, were outdoors kind of people and had fun. Some of my favorite memories are of hiking and camping and swimming—stuff like that where it's about the activity not how you look.

Both of these responses focus clear emphasis on the resilient trait of embodied empowerment, or an individual's ability to experience her body with a sense of efficacy and empowered subjectivity outside the confines of being looked at. Objectification theory predicts that females who self-objectify experience disruption or prevention of peak motivational states, which limits the potential of girls and women to excel in mental and physical activities (Fredrickson & Roberts, 1997). Many of the participants had experiences with SO that mirrored this description. One response was indicative of the

mental impairments that take place when body monitoring takes precedent:

SO was a huge problem for me as a teen. I found it very interesting that the unit said it has been proven to alter our performances academically, physically, etc. I can attest to that. There were many times as a teenager that I concentrated so much on how I looked that I would lose focus on what I was doing. It was very interesting to learn I wasn't the only one to struggle with this. It was always so much easier for me to do homework at home where I knew nobody could see my imperfections if they saw me at just the wrong angle. I always was concentrating on my posture to make sure my body looked the very best it could. When I was so focused on how I looked it was very difficult to focus on the tasks at hand. My grades and athletic performance definitely suffered.

On top of the blow to the academic achievements of girls and women, SO also keeps women “in their place” as objects to be seen. When women do not believe they fit the external or internal visual standard they should, their habitual body monitoring often leaves them unable or unwilling to perform in other areas of life. Two participant’s descriptions of their experiences with SO clearly describe this negative effect:

Because of SO, I completely lack confidence in my physical appearance. Although I know I'm a beautiful person on the inside, with a lot to offer to those around me, I still have a very hard time believing I'm beautiful. Sometimes I just give up and feel like there's no point in trying and at these times I hide from the world, eat whatever I want and I don't get out to do anything physically active. I find myself hiding behind my clothes. I also never go swimming, even though I LOVE the water, because that would mean I would have to show myself to others in a swimsuit. I've dieted at different times in my life and tried to ‘fix’ my personal appearance, but at the moment I've become too overwhelmed and have given up, so instead I'm eating whatever I want and have no regular exercise routine.

This woman’s response falls in line with research that found body size satisfaction had a significant effect on whether a person performed regular physical activity, regardless of the individual’s actual weight. Those who were satisfied with the way their body looked—regardless of the ideals they did or did not meet—were more likely to engage in physical activity than those less satisfied. Plus, this participant’s feelings of “giving up”

reflect published research that claimed overweight girls who were more comfortable with their bodies were more likely to make healthy choices as they entered young adulthood. The girls who felt good about themselves were more likely to be physically active and pay more attention to what they ate, while the girls who were the most dissatisfied with their size tended to become more sedentary over time and paid less attention to maintaining a healthy diet (van den Berg et al., 2007). A second response is pertinent to this discussion:

I honestly never even noticed what I was doing until now. I focus on the way my thighs have grown, stretch marks, my “muffin top.” I notice my breasts may not look the way I want them to. Even my belly button isn't cute. My butt is too flabby and big. My hair is too flat, too ruined. I hate my freckles most of the time. My nose. My eyebrows. I literally have pieces of myself that I pick at. Even my toes. This is so weird for me to think about and even admit to anyone...I certainly hide all of the time. I don't do any physical things—even if they sound fun—because I'll “jiggle.” I hide from old friends that I want to see so badly because I don't want them to see the ‘fat’ me. I feel like self-objectification has ruined me.

The participants' descriptions of SO explain how this way of living keeps them in a bodily prison: “Taught from infancy that beauty is woman's scepter, the mind shapes itself to the body and roaming round its gilt cage, only seeks to adorn its prison” (Wollstonecraft, 1983). It appears that where the resilient trait of self-compassion cannot be found, rampant self-loathing takes precedent. Studies show when the self is harshly judged, self-consciousness is strengthened and this heightened sense of self serves to increase feelings of isolation (Brown, 1999), which rings true with many participant's isolating tendencies. However, kindness toward oneself softens this self-consciousness, allowing for more feelings of interconnection with others (Fromm, 1963). In all, dozens

of responses were characterized by a clear lack of self-compassion, which served to only isolate, shame, and depress the women:

I do everything I possibly can to hide my post-baby belly and breasts. I break myself into bits and pieces every time I look in a mirror. "These should be higher, this should be flatter, these shouldn't even be here, etc." Between postpartum depression and SO, my life and marriage have been greatly impacted. I very rarely want to be intimate with my husband and will only do so in the dark. I end up in a terrible mood any time I have to go clothes shopping. I am ridiculously self-conscious every time I go to church, and I actually think I have avoided making friends and even GOING to church because of how I look. Consequently, I find myself staying home more often than not, which definitely does not help the fact that I have lost my faith, something that was once one of the most vital parts of my life.

Notably, Heinberg and Thompson (1992) found that individuals who compare themselves with similar others have greater body image anxiety and subjective body dissatisfaction, regardless of whether their comparisons were with more attractive individuals or those considered less attractive. This seems to indicate that when self-compassion is not present, comparison is heightened, and "the comparison process is in itself a threatening phenomenon" (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999, p. 131). This participant's emotional experience proves the need for self-compassion in the face of SO. The following participant's story of social comparison triggered by competing in beauty pageants speaks to this point:

I feel that I have had a particular struggle with self-objectification and it has made a negative impact in my life. From ages 17–20, I competed in scholarship pageants. I joined the pageants and the neat part was that I did win a few pageants and received money for college. However, the pitfall was that SO became my life. I constantly compared myself to women on TV, magazines, and other girls in the pageant. The comparisons became very harmful to me. I was so paranoid to eat a piece of candy, for fear that my swimsuit competition would be threatened. I didn't feel well, I wasn't happy, I didn't have a normal menstrual period for months, and I constantly told myself "I'm not enough." I wasn't diagnosed as anorexic, but it's scary to realize I was

on that track.

Consistent with previous research on social comparison and body image, participants in the Rubin et al. (2004) study indicated that they usually felt worse about their bodies after comparing themselves with others and felt less connection and unity toward those women with which they were comparing themselves. Such negative outcomes of SO fly in the face of feminism and its uniting aims and only serve to alienate and isolate women from each other.

The participant's responses to a simple prompt to write about self-objectification reveal intense emotional pain and shame that hinders the participants from full, happy participation in life. Three of the remaining respondents admitted to current struggles with disordered eating. Many of the respondents openly discussed how their self-objectifying thoughts and actions are affecting their intimate relationships and leaving them lonely and ashamed, despite having supportive and loving partners. One woman admitted SO has made it difficult to pursue a career goal because she does not feel beautiful and confident enough to put herself out on the job market competing against her peers. Another woman admitted to choosing romantic partners that were emotionally or physically abusive because she did not believe she deserved anything better because of her appearance. The emotional and heartfelt responses were filled with pain in every instance. One final SO response is representative of the remaining responses:

I have self-objectified my whole life and it's taken a huge toll. I am constantly on alert about my weight and how other people may perceive me. I have tried to hide interest in people that I might find attractive because I think they would reject me anyway. I stay away from getting in pictures as much as possible when I feel overweight and miss out on capturing a lot of memories. I also fail to make memories, by keeping myself "safe" from embarrassment or ridicule and avoiding activities. It has caused a lot of anxiety, discouragement,

self-loathing, wasted money and time (searching for solutions), shrinking from social situations, and a general feeling of missing out and having life pass me by.

### Learning and Accessing Resilience

#### Resilience Responses

The second half of Unit 2 revolved around resilience and how it can be used to combat self-objectification. One postulate of resiliency theory pertinent to this analysis is that individuals are genetically predisposed with greater potentials to resilience than are generally manifest through the conscious mind (Richardson, 2002). Participants were told the resilience they need to cope with an objectifying culture that asks them to feel shame and profits off of them believing they are subpar is *already within them*, which is key to resiliency theory's basic notions. The women read that SOR is about identifying what resilient qualities they already had and then introducing them to a few more traits they can to win this battle. At the end of Unit 2, participants were assigned a journaling task to aid them in reflecting on a particularly difficult experience of self-objectification in their past and how they worked through that trying circumstance. This assignment was given to tease out resilient traits that were either innate to these women or learned through the adversity of dealing with SO. It was also of great importance to Unit 3's final assignment where participants were asked to code their own Unit 2 resilience response according to the basic tenets of the SOR model.

These responses proved to be highly effective in asking participants to name their pain, give voice to their experiences, and evaluate the ways they chose to deal with their pain. Some of the experiences featured women resiliently reintegrating back to life with



more confidence and resilience against SO, while others were characterized by deep emotional trauma and reintegration with loss. Both types of journal entries allowed for resilience to come to the surface as a pivotal framework for understanding how to live life in a happier, stronger, more fulfilling way. In sum, the journal entries were detailed, often teeming with pain and anxiety, and each offered a verbal illustration of the SOR model of moving from objectifying messages and self-objectifying thoughts and actions to a disruption and reintegration to one of the three outcomes. Two examples are pertinent here and will be featured later as examples of the coding mechanism employed as the final step in the model:

Well, I have always grown up with feelings of low self-worth regarding my appearance. The hardest time for me I can think of is that last June, I was in my first fitness bikini competition. I was fitter and leaner than ever!! However, I still HATED my body! I knew I was being judged against other girls' bodies by judges and the other contestants. Most of them looked "better" than I did and I hated that! I worked so hard and achieved so much, yet I felt more self-conscious than ever! I trained hard and gave it 100%! I couldn't have been more dedicated to my success. Yet, I felt unsuccessful. The day after the competition, I was so exhausted from giving it all I had with "no" success, I gorged on food. I did that the next day and the next and the next... I began to try and force myself to stop caring as a way to cope. I tell myself everyday it's not important, but when I sit down and see a little fat roll or feel my thighs jiggle when I run, I feel so awful, tears start to come. Just yesterday, I allowed myself to look at a "fitness" photo on Facebook. When I saw that photo of that girl ready to compete with her lean abs and large perky boobs, I again, wanted it so badly I can taste it!! I showed my husband and said, "THIS is what I want to look like so badly" and he said, "Why?" Why do I want that SO BADLY?! WHY do I cry when a small fat roll pokes out over the top of my jeans when I sit down? Why do I get snippy with my kids when I'm thinking about how my legs jiggled when I was out for my run earlier in the day? This experience has made me realize "fixing" my body isn't going to make me feel better about myself. I'm fit, I'm lean, I'm healthy, I'm strong and I was all of these better than ever last June and hated my body more than I ever have. I'm thankful for this eye-opening experience because it will make it so my daughter and my sons and my clients will have a much better chance at improving their self-worth. It begins with me learning how to be resilient

against the media. I want to learn more about how to use resilience so I can teach them what is most important and how to achieve that and that they are capable of much more than being looked at. I'd love my career to mold into being more centered around and based on mental and physical health rather than beauty and body image. Most (if not all) of my clients have a hard time succeeding because their feelings of low self-worth. My experiences have made me different and changed me for the better because I've been able recognize the underlying problems. I am grateful for what I'm learning in this study and for the resources you can produce from it. I feel blessed to be participating in this!

Here is the second example of the many articulate, thoughtful resilience responses:

At 16 years old, Mom was helping me buy a swimsuit online. Trying to figure out what size to order, she started taking my measurements. Next thing I knew she starting measuring herself as well and began comparing my sixteen year old body to her forty year old body. I quickly began to feel self-conscience, as she would ecstatically announce her measurements were the same as mine. While growing up, I experienced multiple occasions where my weight was the topic of family conversations. As I grew older I became obsessive with the way I looked. How many calories I consumed, the way my clothes fit, and looking in the mirror became a constant attack against my self worth. I constantly felt objectified myself growing up. I felt inadequate, and had very low confidence. I still struggle with these feelings, but in high school it was much worse. Seemingly alone, I struggled to feel confident in High school and quietly endured a feeling of inadequacy in everyone's eyes. I was a freshman in college when my mom discovered I was making myself throw up. It was then she told me of her lifelong struggle with bulimia. Since then my mom and I have both fought to get healthier and happier. Together we have strived to make ourselves happy and healthy, fighting to break the cycle so that one day if I happen to have a daughter, she won't go through the same difficulties. This was a really great moment for my mom and I. Like I said, I'm not 100% but its better. And hopefully will only get better from here! Although I'm not 100% happy yet, this was an experience that changed my life and although I'm no longer harming my body, I'm hoping to find that contentment with myself.

It is important to note that these are only two of the 50 resilience responses submitted. The objectifying and self-objectifying experiences these women powerfully articulated ranged from recovering from childhood bullying and disordered eating to rape and abuse. Many of the most painful moments of objectification were caused by loved

ones, including friends and family that made negative comments about the women's bodies. Mothers, sisters, and close friends made up the majority of the culprits who had internalized objectifying beliefs and either knowingly or unknowingly made harmful comments about the participants' appearances. In other painful experiences of objectification, the women had internalized media's beauty ideals that wreaked havoc on their mental and physical health, relationships, and educations because SO took precedence in their lives. As they worked to embody the unattainable ideals sold to them at every angle, they dealt with eating disorders, loneliness from pushing others away and isolating themselves because of shame, lost time and money spent on fixing "flaws," and missed opportunities to excel in sports and other domains.

These responses overwhelmingly verified the need for an SOR model that can be used to guide girls and women through debilitating experiences of objectification, often triggered by loved ones who have grown up in the same objectifying cultural milieu. The SOR model and intervention can work to turn unknowing perpetrators into SOR advocates. It can work to aid in discussion with perpetrators who need to understand the pain of their words and actions. It can also help women build resilience against knowing perpetrators who set out to hurt others in a way that triggers self-loathing and rampant self-objectification. SOR is built on the premise that harmful media and harmful people exist and will always exist, but individuals can and must harness the power of SOR to free themselves from the bondage of living in a world of body hatred. This is an individual battle, an on-the-ground fight. SOR is built as a bottom-up approach for individuals in a lifelong battle against SO.

Moreover, the resilience responses were integral to understanding each woman's

experiences with SOR and determining what her “comfort zone” was and how and why she was within that realm of comfort (or lack of comfort). The responses built a telling narrative of each participant’s lived experiences with SOR, which would later be sent back to them with the codes and personal comments of the researcher. Of key importance to the feedback analysis of this study, all nine participants in the category of general body satisfaction have gained that satisfaction by overcoming difficult circumstances or painful feelings toward their bodies. Their responses—from the baseline questionnaire to the resilience response—articulate the most body satisfaction and resilience of all 50 participants. This emphasizes the vital notion that harnessing resilient traits can and does combat SO to allow room for greater body satisfaction. Consciously employing and accessing resilience makes way for the experiences of self-compassion, self-actualization, embodied empowerment, and the uplifting nature of feminist beliefs to arise.

The nine participants who articulate evident self-objectification resilience in their SO responses have overcome intense body hatred and shame to reach the more positive states of mind they currently enjoy. Three of the women have battled anorexia or bulimia, one has a mother and sisters with lifelong eating disorders, one has fought a lifelong battle against SO and now works at an eating disorder clinic, one experienced health difficulties that helped her appreciate her body, one is an athlete that has learned to experience embodied empowerment, and two participants lost approximately 30 pounds in the last year and feel they have taken control of their health through physical fitness. This is a significant finding, as it is the very definition of Self-Objectification Resilience.

A powerful example of resilience in the face of SO was articulated by one participant in the high body satisfaction group who fought a debilitating eating disorder for a decade of her life. She explained it like this:

I have been extremely impacted by SO. It wasn't until the past two years as I have been in recovery from a 10-year eating disorder that I realized just how much I was self-objectifying. For 10 years I struggled trying anything I could to “fix” me. Finally one day I decided to hand my life over to God and trust that he would give me the inspiration and lead me to the solutions that would be best for me. This is when I decided to devote my life to the study of nutrition, fitness and wellness! I wanted to be well physically, mentally, and spiritually. So looking back these experience have brought me to my current career where I work closely with clients to work through unhealthy patterns and teach them how to create healthy lifestyle changes, both mentally and physically. I am grateful for my experiences today because now I can use them as a powerful contribution to support others in healing and being well too! I am 2 and 1/2 years abstinent from my eating disorder, I no longer look at beauty magazines, and I have the skills necessary to choose powerful messages, people and tools to support me in living a happy healthy life. I realize so many are still impacted and influenced negatively on a daily basis by these negative messages and that is why I am committed to educating people and teaching them tools to help them create a happier healthier life.

Self-actualization rises to the surface of this SOR experience. Resilience theory claims there is a force within everyone that drives them to seek self-actualization, altruism, wisdom, and harmony with a spiritual source of strength (Richardson, 2002). This woman attributed faith in a higher power and the drive to seek harmony and strength spiritually as a major factor in her resilience against SO. Moreover, she experienced the self-actualization of realizing her “true potential” and purpose in life through her career, defined as “the cognizance of order, coherence, and purpose in one's existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment” (Recker & Wong, 1988, p. 221). She also exhibits embodied empowerment as she spoke of moving from a place of disordered eating and an obsession with thinness to physical,

mental, and spiritual wellness through fitness and nutrition. A second example from the high body satisfaction group articulated a move from a shameful “comfort zone” of self-objectification to a place of embodied empowerment:

The most difficult/trying time in my life occurred during college. I went through a period of about three years where I wasn't asked on a single date. Previous to this period of time, I was quite social and had dated plenty. It really, REALLY took a toll on me. I didn't feel good about my appearance. I felt like I had so much to give—so much to offer, but no one wanted me. I couldn't figure out why. I remember a few nights where I would give in and cry out loud in my car and ask God why I couldn't have a different trial. I could handle a disease, an accident, any other problem. But I couldn't take not being loved/accepted by the boys. It sounds a little trivial or petty now, but at the time, my heart was broken. I got through it by having good friends and focusing on other aspects of my life—school and getting into my career of choice. I changed my focus from, "what's wrong with me?" to pouring myself into my work, my church, and my goal of getting healthy. I finally wanted to lose weight for the right reason. Not to just get skinny for dates (tried that...backfired). I wanted to feel good in my clothes. I wanted to not be embarrassed when hiking with my friends and not being able to keep up. I wanted to fuel my body with the right food so it could perform better in athletics. When my mind was in the right place, I was able to give up my insecurities and move on. And I did. I realize now that I CAN do the hardest of things. I have before, and I can do it again. I feel powerful. I feel strong. I feel resilient!

Research suggests a core distinction between those who self-objectify and those who do not is that self-descriptions given by self-objectifiers focus on the appearance of their bodies, whereas those who do not engage in self-objectification highlight their physical competencies in describing their bodies (Noll & Fredrickson, 1998). It appears that girls and women who are less prone to self-objectify learn and access embodied empowerment as a way to experience power and a more instrumental sense of self, which is illustrated by this participant's prime example of SOR. Further, her words revealed compassion for the self pivotal to SOR. She wrote about focusing on what was “right” in her life instead of what she assumed was “wrong” with her and focused her sights on improving her

abilities, relationships, and spirituality. Her resilient self-compassion has allowed her to acknowledge her pain at its source, focus on embodied empowerment and the self-actualization of realizing her potential outside of being desired, and resiliently reintegrate to a more fulfilling life.

A final example of the resilience made clear in the responses of the nine women satisfied with their bodies is this:

I think that redefining my own body image has been a lifelong journey for me. Looking back, I am saddened that I let so much time of feeling inadequate or fat take over so many opportunities. At the same time, I know that I have become stronger with who I am today. I would be lying if I said that I still do not have some of these negative thoughts pop into my mind but I have learned to redefine my own beauty in many different ways. One of the ways that I avoid self-objectification is to avoid magazines and TV shows that I know will have degrading messages in them. I try to surround myself with people that help me to reach my true potential. I know that if I don't fight self-objectification that it will have a negative impact on my daughters and I want more than anything for them to know that they are daughters of God and that their potential is unlimited. Self-affirmations help me when I am feeling down about myself. I remind myself of my true beauty and I push myself to eat healthy and to take care of my body. I now work at an eating disorder treatment center focused on helping other girls struggling with body image issues to strive to reject the media's messages. After reading this unit, I believe we as women are in a fight, even a war and we have to be stronger than what the media is telling us. I work to reject the media's messages so that I can be an example of a woman of dignity that can persevere through anything. I am grateful to be more educated on this topic and I hope to do my part in helping women realize the importance of loving who they are.

This woman moved from struggling with a life riddled with SO to working at an eating disorder treatment center to help other women in their fight. Her words echoed the resilience of feminist beliefs so central to media literacy as she wrote about recognizing the harmful lies told by media and avoiding degrading messages and images. She called on feminism's goals to unite instead of divide women as wrote about believing women

are in a war. Self-compassion was made clear as she wrote of her lifelong journey with SO, where negative thoughts and feelings still occur, but resilience burst through as she was “made stronger” by her experiences.

The resilient examples of these nine women reinforce the aims of the SOR agenda as they embody what self-objectification resilience can and does look like in the scenes of everyday life. Their words give voice to the resilient traits pertinent to developing and accessing SOR. Their thoughtful responses illustrate how such resilient traits can work as a protective shield from self-objectification for the women who employ them. Their lives exemplify the ability of women to articulate the pain of objectifying culture and overcome self-objectification with great resilience.

### Coding the Resilience Responses

For the final assignment in Unit 3, after the full SOR model was made visible, participants were asked to code their entry to the previous week’s resilience response to look for instances of objectification, self-objectification, a disruption from the “comfort zone,” and resilient traits that emerged. The following are two examples of Unit 2 resilience responses from two participants in the pilot study with a sample of the coding mechanism I employed for each participant’s response, which I sent to every woman after they submitted their own coded response. I used the “track changes” feature on Microsoft Word to insert “comments” with arrows to the section I was commenting on, but for purposes of the layout of this paper, I have included those comments below the highlighted text. The two samples of the coding mechanism employed represent the types of submissions encountered and how participant feedback was interpreted, using it



as a pedagogical opportunity to teach the SOR model. As illustrated, each response was color coded for evidence of the SOR model at play in their experiences. The codes and comments organized each participant's resilience response into four distinct categories: objectifying cultural ideals, self-objectification, disruptions from homeostasis, and resilient traits that emerged from the participant's reflection pieces. The comments below each response acted to further clarify the color codes and weave together a narrative analysis that was used to personally teach the participants about the SOR model one last time. The coded response was emailed to each participant after she submitted her own attempt at coding along with a final message to thank her for participation and encourage her on her journey.

#### Example 1 of Resilience Response Coded by Researcher

Underline Key:

Objectification

Self-Objectification

Disruption out of Comfort Zone

Resilient Traits

Well. I have always grown up with feelings of low self-worth regarding my appearance. The hardest time for me I can think of was last June, I was in my first fitness bikini competition. I was fitter and leaner than ever!! However, I still HATED my body! I knew I was being judged against other girls bodies by judges and the other contestants. Most of them looked "better" than I did and I hated that! I worked so hard and achieved so much, yet I felt more self concious than ever! I trained hard and gave it 100%! I

couldn't have been more dedicated to my success. Yet, I felt unsuccessful. The day after the competition, I was so exhausted from giving it all I had with "no" success, I gorged on food. I did that the next day and the next and the next... I began to try and force myself to stop caring as a way to cope.

I tell myself everyday it's not important. but when I sit down and see a little fat roll or feel my thighs jiggle when I run. I feel so awful. tears start to come. Just yesterday. I allowed myself to look at a "fitness" photo on facebook. When I saw that photo of that girl ready to compete with her lean abs and large perky boobs. I again. wanted it so badly I can taste it!! I showed my husband and said. "THIS is what I want to look like so badly" and he said, "Why?". Why do I want that SO BADLY?! WHY do I cry when a small fat roll pokes out over the top of my jeans when I sit down? Why do I get snippy with my kids when I'm thinking about how my legs jiggled when I was out for my run earlier in the day? This experience has made me realize "fixing" my body isn't going to make me feel better about myself. I'm fit, I'm lean, I'm healthy, I'm strong and I was all of these better than ever last June and hated my body more than I ever have. I'm thankful for this eye-opening experience because it will make it so my daughter and my sons and my clients will have a much better chance at improving their self worth. It begins with me learning how to be resilient against the media. I want to learn more about how to use resilience so I can teach them what is most important and how to achieve that and that they are capable of much more than being looked at. I'd love my career to mold into being more centered around and based on mental and physical health rather than beauty and body image. Most (if not all) of my clients have a hard time succeeding because their feelings of low self-worth. My experiences have made me different and changed me for

the better because I've been able recognize the underlying problems. I am grateful for what I'm learning in this study and for the resources you can produce from it. I feel blessed to be participating in this!

*Participant,*

*While painful, I believe this disappointing experience surrounding your bikini competition helped you see that trying to fit unattainable ideals actually makes you MORE anxious, depressed, and fixated on your body (which is all part of self-objectification). I identify your disruption out of your very uncomfortable comfort zone (highlighted in blue below) as your engagement with this study! I am so glad to see that you are facing a disruption out of your very uncomfortable “comfort zone” by coming to see the way you’ve been self-objectifying is hurting your happiness, health, and sense of your worth.*

*I see many moments of you experiencing self-objectification. All of these are about the way your body LOOKS, which has nothing to do with your actual fitness or health, and how that look of your body is causing you so much anxiety and unhappiness. Studies show bikini fitness competitions do a terrible disservice to women because they are actually not about fitness at all—you cannot judge someone’s health or fitness by the LOOK of their body. These beauty competitions keep women fixated on their parts, so often resorting to extremes to get the right look. This often leaves women in a constant state of self-objectification, as you experienced.*

*Despite all the pain you’ve experienced, I see SO MUCH resilience in this short write-up! First, I see that you are experiencing the self-actualization of coming to know*

*who you are a bit more and understanding that you have a place in the world and a job that only you can do. I love hearing you talk about how you want to steer your career a different way and help your clients internally so they can help their health improve in real ways. That heart-pounding feeling is you experiencing self-actualization—an EXTREMELY important resilient state to be in! And you've got it.*

*I see perseverance as a resilient trait you exhibit. You gave those competitions your ALL, you demand the best for yourself, and you now demand the best for your internal health, too. Your perseverance and drive to learn resilience and use it is very evident; I also see selflessness as an important trait for you. You want to help others, and you've got the perfect opportunity to do it. You can use your pain, which you honestly acknowledge, and let it help you and those you train to fight off self-objectification.*

*I really do believe you are in the process of experiencing self-actualization. You are realizing your pain surrounding self-objectification and how you can overcome it in a way that can help you and help others. You've got something great to do that only you can do. I think you and I can both see that your difficult experiences are a huge gift to open your eyes in a way that leaves you vulnerable, powerful, and different than you were before. Keep fighting and use your resilience to get there. The LOOK of your body will grow so much less important as your internal health improves, your body image, and your understanding of the good you can do in the world. Thanks so much for participating!*

## Example 2 of Resilience Response Coded by Researcher

Underline Key:

Objectification

Self-Objectification

Disruption out of Comfort Zone

Resilient Traits

At sixteen years old, Mom was helping me buy a swimsuit online. Trying to figure out what size to order, she started taking my measurements. Next thing I knew she starting measuring herself as well and began comparing my sixteen year old body to her forty year old body. I quickly began to feel self-conscious, as she would ecstatically announce her measurements were the same as mine.

While growing up, I experienced multiple occasions where my weight was the topic of family conversations. As I grew older I became obsessive with the way I looked. How many calories I consumed, the way my clothes fit, and looking in the mirror became a constant attack against my self worth. I constantly felt objectified myself growing up. I felt inadequate, and had very low confidence. I still struggle with these feelings, but in high school it was much worse. Seemingly alone, I struggled to feel confident in High school and quietly endured a feeling of inadequacy in everyone's eyes.

I was a freshman in college when my mom discovered I was making myself throw up. It was then she told me of her lifelong struggle with bulimia. Since then my mom and I have both fought to get healthier and happier. Together we have strived to make ourselves happy and healthy, fighting to break the cycle so that one day if I happen to have a daughter, she won't go through the same difficulties. This was a really great

moment for my mom and I. Like I said, I'm not 100% but its better. And hopefully will only get better from here! Although I'm not 100% happy yet, this was an experience that changed my life and although I'm no longer harming my body, I'm hoping to find that contentment with myself.

*Participant,*

*Thank you so much for sharing this painful experience with me. I really appreciate your vulnerability and honesty, which are two very important resilient traits that are very evident within you. I chose two different moments of disruption out of your “comfort zone” for you. The first is this swimsuit experience, where your mom compared herself to you so blatantly. This is, indeed, painful, and I think now you can see that she did that because she was facing a lifelong battle with self-objectification and it might have made her a bit selfish/irrational in this situation with her young, impressionable daughter. I see this first disruption leading to years of you living in an uncomfortable “comfort zone” dealing with bulimia, shame, anxiety, depression, etc. As a young girl, it would have been VERY difficult to resiliently reintegrate back to normal life after that experience with your mom and others like it. I think these different ways you self-objectified for so long are totally understandable and led to your strength today.*

*As you can see, I marked a second disruption for you, which knocked you out of a VERY uncomfortable “comfort zone” of bulimia and body hatred. I think you and I can agree that although it was painful to admit to bulimia and find out your mom struggled with it too, this disruption allowed you to access the resilient traits you already had deep down, and learn others, to become stronger and healthier and happier. You are in the*

*midst of that now! I believe one of your most powerful resilient traits is self-actualization, which I believe you are in the midst of now. You are starting to recognize that your pain might be making you into exactly who you were meant to be, and that you have a special work to do, alongside your mother, to be healthy and help others do the same. I hope you see that – I definitely see that! You’ve got something great to do and you are in the middle of it now.*

*Another resilient trait I see very clearly in you is hope. You exhibit so much hope in your words as you talk about fighting to break this cycle so your babies won’t feel that pain. You speak about not being 100%, but getting there. And that is hope. You know you’re improving, and I hope this study has helped you think through some more ways you can improve your health and happiness.*

*I believe you can use your pain to change your world and the worlds of those around you. Do you know how many girls and women struggle with the self-objectifying actions you deal with, like eating disorders and being too fixated on their looks to get on to all the happier, more important things to do? SO MANY. And your resilience through your pain can help them. If I were you, I’d find a way to let your pain help others, so they can see your resilient traits. I see serious self-compassion as a resilient trait in your words. You are able to speak about your pain but you do NOT let it speak over you. I’m so glad you and your mom could have that disruption so you can go through this work together. You can build on each others’ resilience when you’re strong, and lift each other when one of you feels weak without being pulled down again. You are able to humbly and vulnerably hold onto your pain without letting it overtake you, and that is self-compassion at work. Like you say, “hopefully you’ll only get better from here!” That is*

*the epitome of self-compassion. Thank you so much for taking part in this study! You are wonderful!*

### Emergent Resilient Traits

The comprehensive, detailed nature of the SOR intervention feedback was unanticipated and highly informative for future iterations of the intervention. The 50 participants not only reflected and reinforced the 4 resilient traits featured in the study, but contributed major evidence of 3 additional resilient qualities that can be learned and accessed to combat SO: vulnerability, faith, and motherhood.

### Vulnerability

Vulnerability manifested itself in every one of the 50 women's various responses. The powerful ability of these women to be vulnerable and speak their pain was inspiring and pivotal to their resilient reintegration. They exhibited extreme trust in the researcher, the research, and the study as they wrote things they had often never said aloud. One woman's father told her he would pay for her to get cosmetic surgery to shave down her "long chin" as a 13-year-old girl, but when she asked if she could put the money toward college instead, he refused; 3 women admitted to anorexic or bulimic behaviors they had never revealed to anyone; 1 woman was sexually assaulted last year and was told by a male friend that she looked "weak" and men would be "less likely to hurt her if she lost weight and put on some muscle." Throughout the study, the women who appeared to have expressed the most vulnerability when sharing deep, personal experiences and feelings were also the women who submitted feedback articulating their positive



transformations during the study. One such example is a mother of three who wrote her resilience response about her husband's objectifying remarks toward her:

My husband has said unkind things about my appearance many times. Usually, leading up to a big "talk" about my weight he would also give me the cold shoulder for days at a time I feel like those thoughts are always in the back of his mind and I'm always self conscious around him. It's been the biggest issue in our 12 years of marriage. I want a husband that makes me feel beautiful. Not one that makes me want to turn off the lights during sex or cringe every time he accidentally touches my stomach. Even when I've been thin he will still comment on my makeup or he's said that he would be okay spending the money for me to get a boob job. I honestly believe no matter what I looked like it wouldn't be enough—he'd never be satisfied.

Vulnerability rings out so clearly in her response, as does a sense of hopelessness about her husband's lack of appreciation for her as more than a body. But by the end of the study, after she coded her response to identify the SOR model in her painful experience and was sent another version of her response, she emailed this "thank you" message articulating a move toward greater self-actualization, self-compassion, and empowered embodiment:

I have really enjoyed this curriculum. Even though it's always hard for me to think about my looks/weight/body, I felt so validated each week as I read. In my heart I always believed I was good, worthy, important, etc. But then when I would think about my body and how much I didn't like it, or when someone else made a comment, all of those good feelings about myself would disappear. These units have reaffirmed my belief that I am more than my appearance. I am a worthwhile person who contributes good things to the world. So thank you. Sometimes—especially when you've doubted for so long—hearing things from an outside source is what you need to believe them. I'm amazed at how much more comfortable and confident I feel after three weeks of thinking about these things. I'm not yet where I want to be but I'm moving in the right direction.

This response is one of many vulnerable reflections with positive outcomes, some of which were detailed earlier in the study. One more response is notable here:

Looking over my life, I have always had great self confidence and over the past 5 years that tower of greatness has crumbled. It has affected my relationships with my parents, my husband, and my kids. I have felt inadequate in all areas of life. One of my talents used to be finding greatness in everyone I met, and helping them see it too. Over the years, as I began to see myself poorly, I could no longer see the greatness in others. I am not truly happy any more, I struggle more than I let anyone know, and I never knew what or who was the culprit. I truly believed that I was just an ugly fat lonely mother. I now know that that mentality is ruining everything good I have ever had in my life. It has even affected my spiritual relationship. And for the first time in a long time, I want all that back. This constant feeling of depression is wearing me down.

But again, in her final feedback she sent after the study was completed, she exhibited a turn toward resilient reintegration after articulating being in the midst of a painful disruption prompted by the SOR model:

I have been greatly impressed with the model and intervention found here. I know that it takes a great deal of resilience on the researcher's part to have such an understanding of what is needed in the world today. For over 5 years I have been struggling with self-objectification, but not knowing one bit of what THIS was I was fighting. So I am grateful that someone before me has fought the same battle and won! I am grateful to have learned some of these helpful ways of thinking and am extremely excited that I can save this information and refer to it when I need to. I know as a mother I am changed, not only because I will now begin to redefine myself, but hopefully help teach my young daughters the same things throughout their life. This should be a required, life changing course for all women!

It appears the ability to be vulnerable can catalyze a disruption toward resilient reintegration, which embodies the "progress is painful" approach to resilience work. This feedback indicates that vulnerability is a powerful resilient force, which prompts the ability to speak openly and honestly, name and denormalize pain, and move past disruptions toward repeated resilient reintegrations.

## Faith

Moreover, faith and faithfulness repeatedly appeared in all modes of feedback as a trait that buffered against the limiting posture of SO. Faith is indeed an important protective factor in this study because resilience theory asserts that all individuals have an innate blend of physical, mental, and spiritual characteristics that afford a unique opportunity to contribute to the world (Richardson, 2002). While faith is addressed in small part by resilience theory's assertion that there is a force within everyone that drives them to seek self-actualization, altruism, wisdom, and harmony with a spiritual source of strength, the faith spoken of by the respondents in this study revealed its place as a separate resilient trait to be utilized in SOR.

I think this intervention is fantastic! Over and over and over again my faith and belief that God has a purpose for me keeps me from letting my feelings/thoughts of shame keep me down for long. This research is a great model for how we should live every aspect of our lives. I really feel it is centered around truthful, spiritual principles. I can tell that this is one of your purposes for being. Thank you for what you are doing! I think you are amazing. Thank you for spending your time on such an important cause. I have so many friends I want to send this information to. Thanks for the opportunity to reflect and I hope I gave you something to work with! Even if I didn't reflect my thoughts well on paper, I have thought a lot about it over the past few weeks and it has really changed my perspective on my life.

Another respondent, in vulnerably discussing a difficult moment of self-objectification, called upon her faith to help her recover:

The specific instance that I am remembering was one of the most humiliating experiences of my life. I felt ashamed and that there must be something wrong with me and that it must be because I was not pretty enough and would never be desirable in any man's eyes. I felt extremely depressed. The way I got through this difficult time was that I reached out to my closest friends, my family, and my Heavenly Father and Savior for help and support. They helped to remind me that I am loved and valued. I needed to be reminded that I am a beautiful person, a

daughter of God with divine qualities, talents, and gifts, and that I have a lot to offer to the world and to those around me.

In terms of religious involvement, 37 participants considered themselves members of The Church of Jesus Christ of Latter-day Saints, 6 were not religious, 5 were nondenominational Christian, and 2 were agnostic. The site of the study in Salt Lake City contributed to a large portion of LDS respondents who were comfortable citing “faith” as a tool to rebuff SO’s advances. Nevertheless, faith as a resilient trait is not limited to use by the LDS population alone, and has received attention in resilience research prior to this study (Myers, 2000; Yates & Masten, 2004). Indeed, faith in a spiritual power can and must be taught as a resilient principle in SOR interventions.

### Motherhood

The final resilient trait that emerged from a thorough analysis of all participant feedback is that of motherhood. This resilient concept revealed itself again and again as a resilient force women called upon to remind them of their responsibilities, worth, and opportunity to be a force for good to a growing generation that desperately needs it:

Wow! You are really amazing, I have learned so much! I am extremely interested in this topic and very passionate about it. I love how you focus on the fact that there is so much more to someone than their looks, and that being a woman is a powerful thing and as you empower yourself to find your drive in life you will find that confidence and inner glow that will really make you beautiful and at peace. I have a very different outlook than I ever have currently because I am going to be delivering my baby girl any day now, and I am amazed that my body has created a miracle. Having a daughter, I am even more passionate about this subject because I want to teach her good values and to teach her how to be healthy and confident and that she is so much more than skin deep. I know it will absolutely break my heart if she beats herself up about her body because she is already the most precious person to me. You are so great and if you ever need help, a committee, or anything I would love to help! I am so passionate about this and agree so much with your

research! Way to make a HUGE difference in the world, you will help more women than you will ever know!

Further, calling upon feminist notions, the mothering body can be a resistive site capable of harnessing resilience by reclaiming it as a site of women's own life, pain, and pleasure. Instead of complaining about weight gain and stretch marks, marketed to women as reasons mothers need to “get their bodies back,” this respondent wrote about the embodied empowerment of growing a child and “being amazing that her body created a miracle.” The body, then, is a communicative tool that can “transform social structures and processes and offer individuals a means of resistance” from SO (D’Enbeau & Buzzanell, 2010, p. 32). Motherhood as a resilient trait offers a unique and powerful opportunity for resilience in the face of SO and body shame.

#### Final Feedback

While it was not assigned, most of the participants submitted final feedback for the researcher along with their last assignment, the coded resilience response. In total, 45 participants emailed the researcher or submitted a final note through the website to express gratitude for the study and detail the parts they most appreciated. The positive feedback was overwhelming and humbling. It became an unforeseen final narrative of each participant’s experiences with SOR where the majority of the women articulated their move out of an uncomfortable “comfort zone” of SO during the course of the SOR intervention. Their unsolicited words suddenly became pivotal in reinforcing the value of the SOR research agenda. Many of the participants expressed deep appreciation for being able to take part in the study and for the research that went into it.

Many of the women who began the course facing a level of extreme body hatred

and self-objectification described their turns toward a reinvented life of resilience. Many participants articulated the ways the SOR model prompted their paths toward self-actualization:

This has been life changing for me! I still have a long way to go, but I've learned so much! I now know why body image has always consumed my thoughts. During this short time, I find myself loving and accepting myself more than ever! For the first time in my life, I can admire the good parts about my body and love the other nonphysical attributes I have and know if there are parts of my body I don't like, the reason I don't like that part is because I've been targeted by media and I DON'T need to self-objectify... I wanted you to know you've inspired me to learn how to coach the right way for the right reasons! I have been a personal trainer and nutrition coach for years and have seen (and experienced) so much heartache in trying to love our bodies by achieving a certain look. Rather than calling myself a weight loss coach or personal trainer, I will now call myself a health coach. I'm so excited to use your resources and direct my clients to it! I went through my client roster and realized ALL of them STILL struggle with their body images—even after working SO hard to get fit and lean. I want to take a different approach to coaching. I want to teach them to love their bodies first and health will follow with the proper tools.

This was awesome! Before this study, I felt pretty good about being able to identify these harmful media messages, but struggled with how exactly to combat them without getting super negative and angry. I love your connection of resiliency theory to objectification theory—it sends an incredibly powerful message that I love. I got chills reading it all. Now I feel like when I'm confronted with destructive messages from the media (and unfortunately sometimes loved ones), instead of getting angry and negative about how messed up our world is, I can channel that energy into living this truth of incredible self-worth and resilience. I've started to acknowledge the pain I've been through, and acknowledging that gives me the power to move beyond it and repair relationships and build myself based on who I want to be. This struggle helps give me compassion for all of the other women who are going through similar experiences. I and every other woman have worth and potential so far beyond our comprehension and our power for good in the world is unimaginable. Our common experience can be a catalyst for a powerful change. I think a powerful part of this study is first in teaching us how to recognize these places of pain and struggle so that we can then choose to move past them and get on to living. Thank you so much for your amazing work. You are making a powerful and positive impact on the world, and I'm grateful for the chance to help.

Several of the participants spoke of the self-actualization they experienced through reading the unit's mantras about being "capable of much more than being looked at" and being needed in a world that needs ALL of them—not just a pretty vision of them. The truth spoke to their hearts and they wrote about feeling and believing that truth about their potential:

The most important thing I've learned from my participation in this study is that I am capable of so much as a woman. I loved learning about the resiliency theory and how everyone has in them the capability to "contribute good, gain wisdom, and experience harmony." When I read that I felt the truth of it, and thought how amazing it would be if everyone could only tap into the potential they have within themselves. I realized that I have it within myself to overcome the shame of my body and see instead the potential of my body and how amazing it already is. My body may not look perfect, but it's amazing how most things in my body work perfectly. Instead of fixing myself I want to better myself and reach the potential I have within.

It has been an uplifting journey reading through your notes, connecting them to my own experiences, and being able to label the different phases I go through in learning to accept and respect my body, fighting to feel good about it, seeing the bigger picture and becoming more than what I look like. Quite honestly, it is exciting and it is calming to read the words, in spite of not quite feeling enough, "you are more than you think you are" and "the world needs ALL of you." Those have been my favorite thoughts. They have helped me be positive and feel empowered as they've become more and more a part of my thoughts these past weeks. It has been very good to realize, once I'd read through all this material, how all these women I see every day, most whom I don't even know, have different beauty and potential in them. Anyway, I loved reading through the facts and learning about all these things in a very clear, direct and concise way, and supported by research and many different thinkers. Also, it is surprising to see how these things match with my own studies, though in a completely different field! It seems the world needs direction, purpose and meaning ALL over, and in ALL aspects. Thank you for your work!

The powerful, moving feedback from these 50 women who signed up for an unknown, online study was startling and exciting. Each of their comments reinforced the

necessity of the SOR model in the lives of girls and women everywhere. Indeed, as the resilient concept of feminist beliefs entails, the female body can be a resistive site by reclaiming it as a site of women's own life, pain, and pleasure. The body, then, is a communicative tool that can “transform social structures and processes and offer individuals a means of resistance” (Rubin et al., 2004, p. 32). These participants embodied this concept.

In all, dozens of comments expressed great desire and interest in sharing the SOR model and intervention with women all over the world. As taught through the tenet of self-compassion, many participants wrote about the comfort of knowing they were not alone in their pain and the intense desire to share their new knowledge with girls and women in their lives and beyond. They exhibited self-compassion’s three attributes: First, self-kindness—extending kindness and understanding to oneself rather than harsh judgment and self-criticism; Second, common humanity—seeing one’s experiences as part of the larger human experience rather than seeing them as separating and isolating; Third, mindfulness—holding one’s painful thoughts and feelings in balanced awareness rather than overidentifying with them (Neff, 2003). Their words detail a move from the constant, self-centered state of body surveillance to a love and selfless concern for all women:

This has been a real eye opening experience. It has actually made me realize I’m not the only girl that feels the way I do and deal with the anxieties I do. It was really cool to learn about the different steps to take and realize when dealing with the media. I think this is a really great program and think that it should be introduced into school systems, because the girls could benefit a lot from it and get a better understanding of themselves at an earlier age. Before reading the units, I don’t think I ever would have realized the awful things I was telling myself and exposing myself to in the media. I think you have a great program—very beneficial and light bulb moments. I’m really glad I got



to participate in this amazing program.

Just wanted to say thank you for this research. I have learned a lot about what things have influenced me throughout my life. I've also learned how I can recognize when I am letting those things disrupt me, and how I can practice to overcome them. I feel my eyes have been opened about why I am the way I am, and why other women might be the way they are. I truly feel as though this is a tool I will continue to use, to help me align my thoughts and actions to where I want them to be, so that I can be happy with myself and my life all around. I appreciated that this was focused on knowing that I am more than something to be looked at. That is something I need to work on. Thank you again, you really have helped me for the better!

This has definitely helped me see the objectification that goes on in our society. Things I didn't even notice before I now see all around me. I'm so happy my eyes have been opened so that I can recognize the things that might bring me down, and avoid them. I've stopped staying on social media as much, because I know that it is what affects me the most. I'm going to continue to carry this knowledge with me so that I can teach my future children these things so that they don't have to suffer with it as much. I am so glad that I did this, and I think all women should participate so that they can gain the same knowledge that I did. Thank you for making this curriculum and working so hard to help the rest of us women see our potential. It's something we all desperately need.

I can't wait for this intervention to be made public! I want to share it with everyone. It's so simple, I don't know why we keep beating ourselves up when just being aware of how we feel and what's causing us to feel that way can help us to improve our lives. You are brilliant!

Many of the participants were particularly grateful that the researcher was present and vulnerable within the study. They pointed to the personal story of resilience they read about the researcher's life as a useful and uplifting teaching tool:

Thank you so much. I have benefitted from your study. Even just knowing someone else feels how I do helps. I really appreciate you opening up about your experiences and taking the time to write so honestly and with compassion. It means the world. I definitely teared up reading your words. I wish you all the luck for your future and I think you are doing amazing things for girls, women and this world.

I really love this study you are doing and the messages you are trying to

spread to educate females about self-objectification. I can totally relate to all of the units and even you and your sister's personal stories—especially when I look back and think about how much time I wasted thinking about and trying to cover up the parts of myself I hated. These issues I have with SO definitely run deep; however, being able to be educated on ways to counter this helps me feel empowered. This information is so helpful—especially for my own daughter.

Each woman's thoughtful feedback spoke to the power of the SOR model:

LOVE what you are doing. These units are great. Honestly, I was a bit skeptical when I started this. I thought, "body image... yeah, yeah, yeah, media is bad... I get it." But by letting my bad attitude and negative thoughts go made room for so much insight! Every week I would get so pumped about each of the concepts. The journaling experiences were so helpful to really define what I was feeling. I would always get so off-track because I'd want to go peek around your website and click link after link. Everything is great. It really is. I am excited to share it with women that I love that could really benefit from its content, and have already told my mom and sister all about it. This is great and just what I needed to rejuvenate myself each week with messages of self-love. I feel really inspired to achieve my full potential in life and offer all I have to offer the world.

Thank you! I have learned about the objectification theory as well as the model of resiliency in the past however I've never thought to combine the two. Brilliant! It is so inspirational. I love reading about the many qualities I have inside that I never thought to apply to combating self objectification and objectifying messages in the media. I feel like I have a unique tool set that previously was under utilized—but now, with this information, I feel like I have a new understanding of how I can use my "tools." That my strong faith, my self confidence, my desire to set a good example, my optimism, and creativity can be used to redefine beauty!

Their words illustrate the self-actualization they have experienced with the help of the SOR model and intervention. These women found faith in themselves, confidence that their lives have meaning and purpose, and hope for the future. They wrote about how they were learning to experience their bodies in an empowered way, outside the confines of being looked at. They expressed deep self-compassion as they came to understand they are far from alone in this fight, as well as humble compassion for women the world

over facing the pain of self-objectification. Their words illustrated a viewpoint on the world in line with feminist beliefs that unite instead of divide women and view media critically and carefully. All 45 of the messages reflected gratitude for the study and reinforced the need for SOR research to be implemented and researched across many demographics for the good of women everywhere.

Of the five remaining participants who did not submit strictly positive feedback were two women with competing critiques: The first suggested the units needed to be longer because she did not feel very different from how she felt at the beginning of the study. The other expressed concern that the third unit was too lengthy. She said, "I'm just worried that there is so much good information in Unit 3 that will help women change, so they need to see that. I'm worried that because there is so much information, they won't see it all." Two participants did not submit any final feedback and one sent a message that she believed she was negatively affected by the SOR model and intervention. The dialogue that transpired because of that simple, vulnerable email was a testament to the value of a methodological approach to research that involves critical pedagogy that takes the researcher off her pedestal and places her alongside the study participants. In this instance, the position of principal investigator of the study was put on hold for a more personal, emotional response. This participant expressed concerns that she had just gone through a heartbreaking divorce from an abusive man and did not know how to cope with the objectification and self-objectification so evident in her life:

This is not what you're hoping to see, I'm sure. But as I've become more attuned to the objectifying messages in media and the people around me, I've actually become more discouraged. I stopped dating shortly before taking this course, and now I can better explain why. Men and women in my age group (30s) who are still unmarried objectify more strongly than any other group I've been a part of. Sensing this, even before I used

these words to describe it, has caused me to lose hope in connecting with someone and trusting them enough to form a romantic relationship. I've distanced myself somewhat from that cultural segment in order to focus on just what you say, the GOOD I can do in the world, rather than the function I can provide for someone else. But it doesn't help me get over the frustration and sorrow that it has to be that way. My plans now center around being alone for the rest of my life because I don't think I can overcome the objectification culture. I can't trust that a man isn't just interested in me for what I can provide to him. Maybe with time, I'll be happier and more at peace. But for now I'm angry. I've never been one for hiding or shaming. But I am one for avoiding situations that make me WANT to hide or feel ashamed. There are a few people who want me for me. But they are not single men. And my culture tells me I'm supposed to want one. I believe in male's potential to overcome this objectification even less now that I've seen how deeply it has sunk its roots into everyone.

As I transition to describe my interaction with this participant, I will move to a first-person account of the events that transpired. When I received this final feedback through the website set up for this study, I emailed the participant to ask if I could send her some unsolicited advice based on an experience I had that resembled hers. I told her I would be moving from a place as principal investigator of a study to a position as her friend with similar experiences. She quickly responded that she would love any advice. I responded with the following email:

I'm OK with any feedback you can give me—even if it isn't the most positive. In hearing your story, my unsolicited advice is that this path to resilience is especially pertinent to you and for you. Anger is part of this process! When I learned about all the time I'd wasted self-objectifying and how many men/women were thriving off of constant objectification, I was disgusted and angry. I spent quite a bit of time being very angry. And then that anger turned into wanting to rebel against that system that had held me down. For me, that was popular culture and ignorant men who objectified women. I chose to be alone for a while, which it sounds like you are doing, too. For a long time I thought I'd just plan on being alone and be happier for it, despite my disappointment that I wanted companionship. I didn't want companionship from any of the men in my life up to that point! So I took a year off. I worked on my resilience—I wrote in my journal often, I read, I studied media literacy and found hope through finding something I could contribute to the world. In turn,

I started surrounding myself with better friends that took a while to find. I found good men to be friends with. I slowly found hope and peace and happiness I didn't know I could find. It was very much a path to resilience that I believe you are on. Anger is a necessary part of it. Your daughters will benefit from you finding all that resilience within you, and you will be so much happier for it. I just know it. Please go to my website where I publish all my research. I don't make any money off of it but I do it for women like you who can benefit so much from rebelling against a system that has held you down. Please read as much as you can and let it sink in. Love, Lexie

Her response came one day later:

Thank you, Lexie. I appreciate the encouragement and advice. It helps a great deal to know that you understand what I mean. Sharing your feelings, that you were wanting companionship at the same time as planning to be alone and happier for it, and the frustration you felt describes my current place perfectly. It's really good to know there might be another side in the future...The message of your research and website is something I've felt for a long time, and been wrestling with without the framework to define it. THANK YOU and your sister for doing what you do. It has already helped so many, and will help even more in the future. I really believe you two are changing the world.

Two days later, she wrote me another email telling me she had been thinking more about my research and the work I was doing with my sister through our nonprofit organization, and she wanted me to know about the impact I had had on her thinking. She sent me a link to her personal blog, where she writes anonymously about her life, and told me she had dedicated her most recent post to telling her readers about the importance of my research. She introduced my research and website and told the readers about the confidential study she decided to take part in because she wanted “to gain some tools to teach my daughters to love their bodies for what they can do, not for what they look like.” She said she did not know how to teach her daughters those tools, but found that “the principles of Lexie Kite’s research are values that I have gravitated towards over the years. I didn't think it would change how I felt about the objectification problem and I

didn't think participating in the study would impact me as much as it has.”

Her blog expressed thoughtful and deep critical thinking about objectification in her world, how it had affected her, her interactions with men, and how she teaches her girls about the world in which they live. She detailed her experience in my study and her powerful experiences submitting journal entries that sparked a change in her worldview. She spoke of her anger at the objectification now rendered visible in her life and the empowerment of learning she is more than an object to be looked at. She wrote to her readers about self-objectification and the embodied empowerment of living, doing, and being instead of living in a bodily prison. Her blog post, mere days after her first email to me where she wrote that the SOR intervention had only hurt her, expressed a very different sentiment. Suddenly, with the help of a personal email where the principal investigator moved down to the position of a peer or friend, this woman's outlook on her resilience changed. Her words embodied SOR. In later weeks and months, she stayed in touch with me and my organization and has become a regular, thoughtful participant in many discussions on my nonprofit's website and our social networks.

## CHAPTER 7

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

“Human existence cannot be silent, nor can it be nourished by false words, but only by true words, with which men transform the world. To exist, humanly, is to name the world, to change it...men are not built in silence, but in word, in work, in action-reflection.” (Freire, 1970, p. 76)

In an era characterized by silenced women living in a bodily prison of self-objectification, undernourished by false words about their power and worth, true words can, indeed, transform the world. The Self-Objectification Resilience agenda offers a unique and necessary opportunity for women to fully exist; to name the world and to change it through action and reflection. Extending the linear model of objectification theory by moving self-objectification from homeostasis to named disruptions reveals the power of objectifying culture so innate to female existence in the 21<sup>st</sup> century. Exposing the power of objectifying messages that serve to discipline females under their gaze is emancipatory on its own; it upheaves power structures to provide alternatives for resistance instead of submission. Only through the process of subjectification, of realizing one's subjectivity, can any woman “become a subject capable of resisting the norms, discourses, and practices that constitute her as a subject” (McLaren, 1997).

The SOR model and intervention not only name and denormalize the “comfort zone” of self-objectification that appears intrinsic to femininity, but also provide

opportunities for agency and resistance through varying modes of reintegration in the midst of postfeminist culture that provides counterfeit power and silenced women. SOR is built to inspire social transformation and freedom as the product of praxis. This theoretically-driven model and intervention is a pivotal step in moving from the adaptive state of body shame to resilient reintegration into a more progressive, capable, happy female existence. The purpose of this study, as stated in Chapter 1, is two-fold: First, to contribute interdisciplinary, praxis-oriented feminist research in the form of a self-objectification resilience (SOR) model and intervention to assist scholars, health educators, activists, and individuals in accessing and cultivating resilient qualities to emancipate females from the halting consequences of self-objectification; Second, to identify the resilient traits most beneficial to combatting self-objectification and the mechanisms by which an SOR model and intervention can best teach SOR to young women. In order to meet these aims, five research questions were set forth. In this final chapter, I will review the five research questions set forth in Chapter 1 to summarize and conclude the study presented. Following that review, I will set forth my recommendations for future research and implementation of the SOR model.

SOR Research Questions: Summary, Conclusions,  
and Recommendations

What is Self-Objectification Resilience?

In short, Self-Objectification Resilience is a theoretical model implemented via an intervention that visually and cognitively maps a pathway aimed at resilient emancipation



in a largely objectifying and self-objectifying culture facing an outside disruption with reintegration past the disruption taking place in one of three ways: reintegration with loss, back to comfort zone, or resilient reintegration by way of learning and accessing valuable resilient traits in the face of SO. It is informed by two theoretical models: objectification theory (Fredrickson & Roberts, 1997) and the resiliency model (Richardson, 2002).

Whereas the objectification theory model is built on the negativism of simply predicting that objectifying culture leads to self-objectification's negative consequences, the resiliency model employs positive adaptation to illustrate the process of coping with adversity in a manner that results in the identification and fortification of resilient qualities as protective factors. The SOR model forms a novel way of mapping and intervening upon self-objectifying thoughts and behaviors so common to female experience. It stands as a guide that can be used to identify ways in which shame and SO can be recognized within the comfort zone and then minimized or rejected to resiliently reintegrate back to life more powerfully. This model can and should be used to inform future research and construct interventions tailored to specific populations in a diversity of settings.

The intervention serves as the implementation of the SOR model. It is built as a free, online, confidential forum for participants to engage with the units of intervention on their own time. The intervention involves three units over the course of three weeks of media literacy, self-objectification, and resilience research designed to propel participants through the SOR model, from identifying their comfort zone through resilient reintegration to a stronger, happier, zone of comfort. Four intervention goals are mapped by the model: 1) Identify the comfort zone, accomplished through a baseline

questionnaire on body image, self-objectification, and beauty work and a media use survey; 2) Disrupt the comfort zone, which is done by a media fast activity and a journal submission on self-objectification; 3) Learn and access resilience, aided by a journal submission on coping with pain and an assignment to “code” that response according to the SOR model; 4) Resilient reintegration, which is the hopeful outcome of the intervention and the repeated implementation of the SOR model as a planned disruption and during unplanned disruptions.

The SOR framework is aligned with critical methodologies and critical pedagogy that encourage researchers and practitioners not to speak on behalf of the disadvantaged, but to facilitate the power of these groups and communities to speak for themselves. The intervention utilizes open-ended questionnaires, surveys, and journal entries as necessary tools for study participation that contribute greatly to feedback analysis and to determine the study’s effectiveness. Within the intervention, the researcher or practitioner acts as a guide through the model, tailoring the three weeks of intervention based on participant’s responses, and analyzing respondent feedback through a critical feminist lens to determine each participant’s movement through the SOR model. The last assignment in the final unit of intervention is designed to remove the barrier between the researcher and the participant. It represents an important pedagogical opportunity wherein the participant is assigned to “code” her last journal submission to cognitively map the SOR model onto her experience—from comfort zone to resilient traits that emerge. Once she has submitted her coded entry, she is sent her entry coded by the researcher to give the participant a second view of her self-objectifying thoughts and actions and her resilience. Within that coded response, the researcher is able to teach the model one last time and is

open to write to the respondent on a personal, intimate level—invoking her own feelings and experiences as necessary. This critical pedagogical moment reinforces the value of “coming to voice,” of vulnerably sharing experiences, and of stepping down from the authoritarian pedestal of researcher to bond as women facing similar pain.

### What are the Resilient Qualities that Can Best Support SOR in

#### Young Women Ages 18 to 35?

Self-Objectification Resilience contributes groundbreaking scholarship to understanding how positive adaptation can be possible to provide emancipation for these girls and women. Based on a broad meta-analysis of research in self-objectification and resilience as well as the analysis of the present study’s intervention feedback for this particular group of women ages 18 to 35 in northern Utah, four important resilient traits most directly combat the negative consequences of self-objectification: self-actualization, self-compassion, embodied empowerment, and feminist beliefs. In all, these four traits act as powerful protective forces against the bodily prison of self-objectification, which was confirmed by the present study.

Within the present study, these four resilient qualities were consistent in the responses of the women who were able to combat self-objectification to greater or lesser degrees. In particular, the resilient examples of the nine participants in the “general body satisfaction” category repeatedly attested to the power of self-actualization, self-compassion, embodied empowerment, and feminist beliefs to assuage self-objectification. As the small minority (18%) of women in the study who felt positively about their appearances, these participants’ responses were of particular importance to the study of

resilience and confirmed the four traits identified in the meta-analysis employed to identify them. The resilient examples of those nine women reinforced the aims of the SOR agenda as they embodied what self-objectification resilience can and does look like in the scenes of everyday life. Their words gave voice to the resilient traits pertinent to developing and accessing SOR. Their thoughtful responses illustrated how such resilient traits can work as a protective shield from self-objectification for the women who employ them. Their descriptions of their lives exemplified the ability of women to articulate the pain of objectifying culture and overcome self-objectification with great resilience.

While innumerable resilient traits can be taught using the SOR model, these four qualities can be learned and accessed to reveal unique individual power for each participant. Within the intervention, they should be specifically named, defined, and paired with suggestions for how to implement each trait into daily life.

Resilience theory claims there is a force within everyone that drives them to seek self-actualization, or the realization of one's true potential (Richardson, 2002). Feminist scholarship has provided valuable insight into the ways women are held back from experiencing self-actualization within limiting and objectifying culture. The SOR model's most striking contribution may be its ability to guide females through a process of self-actualization as they denormalize and name their own self-objectification and begin to understand their immense value and potential in a world desperately in need of them—not just a vision of them, but all of them.

A second resilient trait necessary to the SOR model is self-compassion, which can be employed to help females in the midst of objectifying culture and self-objectifying tendencies to resist such limiting mindsets: 1) self-kindness—extending kindness and

understanding to oneself rather than harsh judgment and self-criticism; 2) common humanity—seeing one’s experiences as part of the larger human experience rather than seeing them as separating and isolating; 3) mindfulness—holding one’s painful thoughts and feelings in balanced awareness rather than overidentifying with them (Neff, 2003). By using the SOR model as an interventional tool, women can cultivate self-compassion by understanding the unrealistic nature of media images in popular culture where Photoshop and surgical manipulation is an industry standard, they can experience common humanity as they learn of the sheer prevalence of self-objectification in the lives of females today, and they can mindfully understand their painful feelings in an effort to resiliently reintegrate into life stronger than before their disruptions.

The third vital resilient trait taught using the SOR model is embodied empowerment, or the ability to understand and use your body as something that can move, do, and be outside the confines of being looked at. It is essential to the SOR model to teach that the female body can be a resistive site by reclaiming it as a site of women's own life, pain, and pleasure. Fredrickson and Roberts (1997) stated that making females more fully aware of objectification and self-objectification could fortify them to resist these negative effects and “create space for them to experience their bodies in more direct and positive ways” (p. 198).

Finally, in association with research on embodied empowerment, feminist beliefs stand as the fourth resilient trait essential to the SOR model. Indeed, “body image may be the pivotal third wave issue—the common struggle that mobilizes the current feminist generation” (Richards, 1998, p. 196). Feminism itself has been described as “a life raft in the sea of media imagery” by researchers invested in improving female body image

(Rubin et al., 2004, p. 32). Feminist perspectives celebrate diversity among women, provide ways to interpret the limiting objectification of the female body, unite instead of divide women, and give them strategies for resistance from oppressive ideals. The value of teaching and implementing feminist ideals as resilient strategies lies in its ability to move feminist discourse beyond the dichotomy of women as *either* passive victims of social conditioning *or* radical resisters of cultural norms. There is middle ground, and subscribing to feminist notions of resistance, knowledge via media literacy, and feminist embodiment can be that “life raft” to save women from drowning in passivity. Moreover, incorporating feminist beliefs in all aspects of the SOR model and implementation of the intervention is central to resilient reintegration.

#### What Mechanisms Can Best Teach SOR to Young Women Ages

##### 18 to 35?

Feminist researchers devoted to the study of self-objectification primarily only go so far as to offer “calls to action” to produce and implement media literacy interventions or self-esteem workshops for young women, so a necessary next step in critical feminist scholarship must be to extend the groundbreaking model of Fredrickson and Roberts' (1997) objectification theory to include emancipatory alternatives to the otherwise inevitable, chronic experiences of self-objectification. The Self-Objectification Resilience model and intervention take up that call. A research agenda of this scope finally answers feminist scholars' call to produce a theoretical model and intervention aimed at resilient emancipation from self-objectification. The mechanisms that most successfully teach SOR to women ages 18 to 35 in the 21<sup>st</sup> century are multiple and

varied. They are employed in the implementation of the SOR model via an intervention based on researcher suggestions from diverse fields.

Fredrickson and Roberts (1997) asserted the most important contribution of their theory may be to prompt individual and collective action to change the meanings our culture assigns to the female body. They claimed transforming educational efforts within schools, at home and in communities is pivotal. Learning takes place in a variety of settings outside the classroom, and many 18- to 35-year-old women do not have the opportunity to participate in higher education. However, this demographic maintains heavy use of the Internet on a daily basis. In fact, women in the US and across the world outnumber the amount of men online and nationwide; women are more active than men when it comes to using social networks. Statistics by Media Metrix Worldwide (2010) revealed in any given month, 90% of women reported to using a social networking site. Females between ages 15 and 44 top the charts by spending an average of 340 minutes on Facebook alone every month while males of the same age use Facebook 210 minutes a month. Nearly 56% of adult women said they used the Internet to stay in touch with people, compared to 46% of adult men. Therefore, the intervention is built as an online, confidential forum where women can engage with the units on their own time, free of charge. In this vital manner, the SOR intervention can be accessed via cell phone, computer, or hand-held device. Using social networking, girls and women utilizing the intervention can share their knowledge on Facebook and beyond to prompt disruptions within their circle of influence. Developing the intervention as an online forum is essential to the success of SOR because it can be easily and comfortably accessed at any time in nearly any location. It can provide a necessary interruption from the steady

stream of objectifying images and messages online so inescapable to women. It provides an opportunity to use media for good, to share positive messages with a large circle of influence, and to understand media can be used in positive and negative ways.

Further, scholars' recommendations that women learn to use coping strategies such as decreasing self-evaluative statements, substituting self-affirming statements, and cognitive reframing of objectifying experiences speak to the vital nature of SOR (Cash & Szymanski, 1995; Fredrickson & Roberts, 1997). Researchers have asserted that education on the negative consequences of self-objectification will help women employ conscious strategies "in an effort to subvert its negative consequences and thus offer a means by which they may gain control over, or at least buffer themselves against, the influences of objectification" (Gay and Castano, 2010, p. 702). SOR is built to cognitively map those "conscious strategies" to name and disrupt self-objectification as it arises. Fredrickson and Roberts (1997) stated, "A first step would be to make girls and women more fully aware of the range of adverse psychological effects that objectifying images and treatment can have on them" (p. 198). Such awareness, they claimed, "could fortify girls and women to resist these negative effects, and create space for them to experience their bodies in more direct and positive ways" (p. 198). Thus, critical media literacy is central to the intervention, as called for by scholars across many fields of research pointing to the need for media literacy interventions to teach women to become more critical consumers of sexually objectifying media images, prevent the development of self-objectification, and increase body satisfaction and self esteem (Bergsma & Carney, 2008; Bissel, 2006; Grabe, Ward, & Hyde, 2008; Kremer et al., 2008; Posavac et al., 1998; Ridolfi & Vander Wal, 2008).



SOR responds to feminist psychologists who have so often noted the importance of “attending to women’s strengths and capabilities as well as their problems; researching variables related to women’s competency and resilience” and “exploring dimensions of power as influences on the quality of women’s lives” (Worell & Etaugh, 1994, p. 447). Many researchers who utilize objectification theory reported that studies are necessary and warranted to investigate potential moderators, such as resilience interventions, which might buffer the link between external and internalized self-objectification and psychosocial health among diverse groups of women (Szymanski, Moffit, & Carr, 2011). Therefore, the SOR model and intervention are built with an emphasis on competence instead of the negativism of objectification theory and traditional “disease models” that aim to locate abnormal development or negative behavior at the individual level. As these disease models focus research on locating disorder within the individual, they are “overlooking the transactional exchanges between the individual and many other systems at multiple levels (e.g., media, peers, family) that play a role in adaptive and maladaptive developmental pathways” like shame as a coping mechanism (Yates & Masten, 2004). Importantly, a resilience-based approach to intervention such as SOR emphasizes multiple goals, including the amelioration of extant problems like self-objectification, the prevention of new problem development, and the promotion of new competencies like SOR (Coie et al., 1993).

The SOR model and intervention also fill gaps in research where leading feminist and health promotion scholars have called for feminist theory, standpoint analyses, participatory action research, and other feminist methods to be more heavily utilized in health scholarship (Ellingson, 2010). To that end, critical media pedagogy, as a process

of self-actualization, was central to the development of proper mechanisms used to teach SOR. This pedagogical framework endows its students with the opportunity to expose, develop, and realize their human capacities through “participating in the pursuit of liberation” of themselves and society (Freire, 1970, p. 169). Kieffer's (1984) devotion to critical pedagogy was pertinent to SOR intervention development based on her three tenets of participatory action research that powerfully speak to SOR: 1) Development of a more positive self concept or sense of self competence; 2) Development of a critical or analytical understanding of the surrounding social and political environment; 3) Cultivation or enhancement of individual and collective resources for social and political action. These intersecting dimensions form the foundation of the SOR model and the intervention’s basic units, and each tenet flows in and through the others in a nonlinear way. Intervention participants worked toward Kieffer’s (1984) three goals through reflecting on their experiences and submitting journal entries for each unit. In terms of “thinking and rethinking,” this opportunity gave each participant the experience of moving “from silence to language to action,” in Lourde’s words (1984). Journaling gave participants the right to critically examine their lives and beliefs in an effort to recognize the connections between their problems, experiences, and the social contexts in which they are embedded (Freire, 1970).

To What Extent Does the Feedback Gleaned from Participants Reinforce the Current SOR Model or Permit Refinement of the SOR Model and Intervention?

The feedback gleaned from participants proved invaluable to the SOR research agenda. It contributed to and fortified published research on the dismal state of female body image, with robust, qualitative data revealing 50% of study participants categorized themselves in the “body hatred” category and 34% reported “general dissatisfaction” with their physical appearance. Results contributed important information on the epidemic of self-objectification, with 70% of participants reporting detailed experiences of isolating themselves from everyday life, including school, social activities, sexual intimacy, and physical activity, due to body shame. Moreover, the study’s feedback on self-objectification contributes to a growing body of research that shows women who feel satisfied with their bodies, regardless of the ideals they do or do not meet, are more physically active and confident (Centers for Disease Control and Prevention, 2010; van den Berg et al., 2007). In the SOR study, 89% of participants who did not like their appearances had chosen to forego events or activities because of shame about what they looked like. Further, of the 9 women in the “general body satisfaction” category, 5 had never stayed home from an activity or event based on self-consciousness. The 4 women who had stayed home reported that being mostly a thing of the past. This verifies the predictions of objectification theory (Fredrickson & Roberts, 1997) that women who self-objectify face greater body dissatisfaction, shame, anxiety, and disruption of peak motivational states.

Through the self-objectification journal submissions, feedback results verify the necessity of the SOR research agenda. The 9 respondents who reported positive body satisfaction unknowingly reflected and reinforced vital themes of the SOR model in their descriptions of fighting SO. In comparison to the 50 total responses, the 9 participants who articulated evident SOR have overcome intense body hatred and shame to obtain greater self-objectification resilience. Five of the 9 women had personally battled or watched their loved ones deal with eating disorders and four found the experience of embodied empowerment to work through intense battles of body shame and SO. Their experiences verify a major postulate of resiliency theory: Individuals are genetically predisposed with greater potentials to resilience than are generally manifest through the conscious mind. The means to access those potentials is through the disruptive resiliency process, which entails a “progress is painful” understanding of life's changes and stressors (Richardson, 2002). Disruption, then, is required to access the components of resilience because remaining in the “comfort zone” makes no demands for improvement and growth (Richardson, 2002). The small minority of women in the study satisfied with their physical appearances contributed strong evidence that innate and learned resilience can lead to resilient reintegration after painful disruptions. Of utmost importance, heart-wrenching life or death experiences with SO like battling an eating disorder can actually be the catalyst to self-objectification resilience and its positive outcome of body satisfaction.

In contrast, the SO responses from the other 41 participants paint a darker picture of the state of SO in the lives of women. These responses overwhelmingly verified the need for an SOR model that can be used to guide women through debilitating experiences

of objectification and SO. Responses were very similar between the moderate body dissatisfaction and strong body dissatisfaction groups. Unlike the nine participants satisfied with their appearances, the vast majority of the remaining 41 women did not emphasize how they battle SO, but spent much more time detailing the ways SO has negatively impacted them. The emotional and heartfelt responses make it abundantly clear that when the four resilient traits of self-actualization, self-compassion, embodied empowerment, and feminist beliefs are not present, SO can effectively imprison her victims in their own bodies.

Further, the feedback from the resilience responses proved to be highly effective in allowing resilience to come to the surface of the participant's painful experiences. The entries, often teeming with pain, ranged from recovering from childhood bullying and disordered eating to rape and abuse. Each offered a verbal illustration of the SOR model of moving from objectifying messages and self-objectifying thoughts and actions to a disruption, followed by reintegration to one of the three outcomes. The responses emphasized the vital notion that harnessing resilient traits can and does combat SO to allow room for greater body satisfaction. Consciously employing and accessing resilience makes way for the experiences of self-compassion, self-actualization, embodied empowerment, and the uplifting nature of feminist beliefs to arise.

The comprehensive, detailed nature of the SOR intervention feedback was unanticipated and highly informative for future iterations of the intervention. The 50 participants not only reflected and reinforced the four resilient traits of self-actualization, self-compassion, embodied empowerment and feminist beliefs featured in the study, but participant feedback contributed major evidence of three additional resilient qualities that

can be learned and accessed to combat SO: vulnerability, faith, and motherhood, detailed in Chapter 6. Future research and versions of SOR instructional material should take into account these three, newly identified resilient traits. These traits can be implemented in future interventions by explicitly teaching about them and asking study participants to reflect on ways they may or may not implement those traits to combat self-objectification.

While it was not assigned, 45 participants emailed the researcher or submitted a final note through the website to express gratitude for the study. The positive feedback was informative as it revealed the participant's favorite concepts of SOR and the resilient traits they accessed and learned during the study. It became an unforeseen final narrative of each participant's experiences with SOR where the majority of the women articulated their move out of an uncomfortable "comfort zone" of SO during the course of the SOR intervention. Their unsolicited words became a pivotal reinforcement of the value of the SOR research agenda. 45 participants expressed deep appreciation for being able to take part in the study and for the research that went into it.

Of the 5 remaining participants who did not submit strictly positive feedback were two women with competing critiques: The first suggested the units needed to be longer because she did not feel very different from how she felt at the beginning of the study. The other expressed concern that the third unit on resilience was too lengthy and the information was so important that she wanted people to be able to fully comprehend it all. For purposes of studying young women in a confidential manner with which they are comfortable, a mixed-media, online, blog-style intervention is ideal and accessible for most women. Only 2 of 50 competing critiques offered negative feedback about the length of the units, which attests to the notion that an online forum, accessible any time of

day or night, is useful and can be successfully implemented for future interventions. In areas where Internet access is not available for study participants, interventions can be implemented in hard-copy form, though this does come with other issues: first, videos and colorful visuals will be more difficult to incorporate in the intervention; second, the confidentiality and/or anonymity of the study participants will be more difficult to maintain because journal submissions and weekly assignments must be turned into the researcher in some form other than online.

Two participants did not submit any final feedback and one sent a message that she believed she was negatively affected by the SOR model and intervention. The dialogue that transpired because of that simple, vulnerable email, as detailed in Chapter 6, was a testament to the value of a methodological approach to research involving critical pedagogy that takes the researcher off her pedestal and places her alongside the study participants. In this instance, the position of principal investigator was put on hold for a more personal, emotional response, which falls beautifully in line with critical, feminist methodological approaches to teaching and research. As previously stated, this participant ended up writing that she was changed, uplifted, and more hopeful than she had been in a long time.

Participant feedback from baseline questionnaires to the final assignment in Unit 3 was used to glean information on the study participants and tailor the intervention units to their needs and experiences. The researcher or interventionist must remain open to what the participants reveal and incorporate pertinent information into the units of study each week to tailor the intervention in powerful and personal ways. For this reason, only one unit of intervention per week was assigned and made available in the present study.

Future interventions will benefit from adhering to this commitment of one unit per week for two reasons: First, this gives the researcher time to more closely tailor the study materials to her participants each week after feedback comes in from the previous week. Second, assigning one unit per week allows the participants to read and reflect on the information on their own time frame, free from the constraints of a tight deadline or the chance to cram three units in one day. The assignments and journal entries require adequate time to complete and submit.

In all, participant feedback in this particular iteration of the intervention proved the force by which SOR can quickly topple down the lifelong prison of self-objectification. Its force is made powerful by harnessing the resilience necessary to combat such limiting circumstances: self-actualization, self-compassion, embodied empowerment, feminist beliefs, and many other emergent traits gleaned over the course of this intervention and future interventions, including vulnerability, faith, and motherhood. Indeed, “body image may be the pivotal third wave issue—the common struggle that mobilizes the current feminist generation” (Richards, 1998, p. 196). Analysis of the feedback submitted over the course of this Self-Objectification Resilience research suggests this feminist intervention for emancipation can be that life preserver.

#### Limitations of the Study

Because the number of interested participants exceeded the limits of this study, I limited the total amount of participants to 55 women along the Wasatch Front in Northern Utah and let the others know the information would be available free of charge, online, in the future. Due to the broad sample available for the study and in need of research,



participants were narrowed to only those women between the ages of 18–35, which is within the range of “viable reproductive ages” most heavily objectified in media, as stated by Fredrickson and Roberts (1997).

While the study was advertised across one large university campus, throughout city coffee shops, and to two large organizations for women of color in Utah, this research lacked racial and ethnic diversity as only 14% of participants categorized themselves as women of color. Future SOR studies should reflect greater racial and ethnic diversity in the research sample to determine how women of diverse backgrounds approach and grapple with self-objectification resilience. Further, future SOR studies can benefit from seeking to include participants with a wide range of spiritual beliefs and religious involvement, in different locations throughout the country and the world, and of different ages above and below 18 to 35. Such varying experiences and perspectives are warranted to add to a robust body of SOR research necessary across many academic disciplines.

Finally, longitudinal SOR studies are necessary and warranted to further the research agenda at hand. This study took place over a 4-week period, which did not allow for follow-up after a significant amount of time had passed. Participant feedback gathered at 3-month intervals over the course of 1 year after intervention would contribute pertinent data on the efficacy of the SOR model and intervention over time.

APPENDIX A

STUDY RECRUITMENT FLYER

**Are you an 18-35-year-old woman  
interested in participating in a  
confidential, online research study  
to improve your body image and  
feelings of self worth?**

If so, a female PhD candidate at the University of Utah  
would love your participation.

- It will take approximately 2-3 hours of your time, whenever you would like, each week for three weeks (6-9 hours total).
- You will confidentially participate in an online training that teaches strategies to improve body image and increase feelings of self worth.
- You will be asked to submit answers to short questionnaires and write two journal entries read only by the researcher.

If you complete the study, you will be entered into a  
drawing to receive a \$50 Visa gift card

***For more info, please contact***  
**HappyHealthy2013@gmail.com**

## APPENDIX B

### IRB PARTICIPANT CONSENT FORM

#### BACKGROUND

You are being asked to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you want to volunteer to take part in this study.

This study is being conducted by a female doctoral candidate at the University of Utah and will be used for her doctoral dissertation. The purpose of this study is to develop and make freely accessible an online curriculum aimed at promoting positive body image and the cultivation of resilient traits in females to increase feelings of happiness, confidence, and self worth. The study will include approximately 50 females ages 18 to 35 recruited from northern Utah, whose identities will remain confidential. The study will last approximately three weeks from the date you begin the curriculum. Your participation in the study will help the researcher better understand which parts of the curriculum are most effective in increasing body image resilience and will help adjust or change the curriculum to be most effective.

#### STUDY PROCEDURE

You will be asked to access this curriculum at a secure website online on your own time, and will complete one unit per week for three consecutive weeks. Each unit will take approximately two hours of your time. You will learn about the epidemic of body dissatisfaction among females of all ages in the US, how negative body image can contribute to anxiety, depression, disordered eating, diminished physical and mental performance, etc. You will also learn about strategies for developing and accessing resilient traits that can improve your self-perception, body image, and feelings of self worth. In each unit accessed at a secure website developed for this study, you will learn by reading, viewing embedded videos, listening to music, and completing personal journal entries and questionnaires you will submit to the researcher. Prior to beginning the first unit, you will be asked your age, race/ethnicity, religious orientation, and to detail your media use in a typical week.

## RISKS

The risks of this study are minimal. You may feel upset thinking about or writing about personal information related to your feelings about your body and your self-worth. These risks are similar to those you experience when discussing personal information with others. If you feel upset from this experience, you can tell the researcher, and he/she will tell you about resources available to help.

## BENEFITS

We cannot promise any direct benefit for taking part in this study. However, possible benefits include unlimited access to an online curriculum you can use to combat negative feelings toward your body and self-worth and increase your ability to access and learn resilient traits to help you realize your power, potential, and value. Being in this study may help us understand more about the efficacy of this curriculum teaching how to develop positive body image. This research may be useful in future research and policy making that may affect you or your community.

## CONFIDENTIALITY

We will keep all research records that identify you private to the extent allowed by law. Only those who work with this study or are performing their job duties for the University of Utah will be allowed access to your information. You will be given a specific code by which we will identify your data. Your name will be linked to your code. These codes will only be viewed by study personnel. Codes will be stored in a computer that is password protected. All records with your information will be stored in a password-protected computer. However, there are some cases in which a researcher is obligated to report issues, such as serious threats to public health or safety.

## PERSON TO CONTACT

If you have questions, complaints or concerns about this study, you can contact Robert Avery at 801-581-6888. If you feel you have been harmed as a result of participation, please call Robert Avery at 801-581-6888 who may be reached during the hours of 9 a.m. to 5 p.m. Monday through Friday.

**Institutional Review Board:** Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns which you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655.

**Research Participant Advocate:** You may also contact the Research Participant Advocate (RPA) by phone at (801) 581-3803.

## VOLUNTARY PARTICIPATION

It is up to you to decide whether to take part in this study. Refusal to participate or the decision to withdraw from this research will involve no penalty or loss of benefits to which you are entitled.

## COSTS AND COMPENSATION TO PARTICIPANTS

Participating in this study will not cost you any money. If you complete the study, you will be entered into a drawing for a \$50 Visa gift card for time and effort involved in the research of this study.

## CONSENT

By signing this consent form, I confirm I have read the information in this consent form and have had the opportunity to ask questions. I will be given a signed copy of this consent form. I voluntarily agree to take part in this study.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

## APPENDIX C

### BASELINE QUESTIONNAIRE

1. What does the term “objectification” mean to you?
2. How do you feel about your physical appearance?
3. Have you ever stayed home or not gone to a social activity, sport, or event because of what you look like? If so, please explain.
4. What does your beauty routine look like? (ie: what do you do to get ready in the morning? Do you participate in tanning, hair removal, salon hair care, cosmetic surgery or procedures, etc.?)
5. How old are you?
6. How would you describe your race or ethnicity?
7. Are you religious? If so, what religion do you belong to?

## APPENDIX D

### SOR INTERVENTION UNIT 1

Welcome to Week 1 of this study! Let's talk about media. Did you know the average person spends six hours a day watching TV and movies? Do the math and that means by the time you reach age 70, you will have watched 10 or so years of screen media. A DECADE of your life! If you add in time spent on social networks like Twitter, Instagram, and Pinterest, a constant stream of music, inescapable advertising from billboards on the skyline to those in your Facebook feed, magazines, etc., the average adult is spending upwards of 11-12 hours a day surrounded by media. Whether you fit that "average adult" category or not, please fill out and submit this media use survey to reflect on all that media entering your life each day. Then continue reading below.

#### **MEDIA USE SURVEY**

##### **IN THE LAST WEEK...**

**What TV shows did you watch?**

**What movies did you watch?**

**What magazines did you read?**

**What music did you listen to? (feel free to name artists, radio stations, etc.)**

**What books did you read?**

**What news sources did you read or watch?**

**What social networking sites were you on? Please estimate the length of time you spent on them, too. (Instagram, Facebook, Pinterest, etc.)**

#### **DID YOU KNOW?**

**With the exception of NPR and PBS, which are publicly owned media outlets, EVERY message and image you are exposed to relies on advertising dollars to drive profit.** And with women controlling nearly 90% of the money in the average household in the US, so much of advertising is aimed at you. These days, media makers have to be clever with the way they advertise. With DVRs and Internet TV that rid your life of commercials, product placement is everywhere. It's hard to watch your favorite show and escape the constant barrage of products advertisers have paid millions to be strategically placed to entice you. (*See "New Girl's" 2-minute Ford commercial two weeks ago?*)

But the latest product being sold to media consumers is a dangerous one. The latest and most pervasive product being sold in popular media is **women** themselves. Billions of dollars are invested each year in advertising ideal women to women in an effort to produce feelings of inadequacy, abnormality, and the desperate hope of meeting the ideals sold. In advertising, as well as in entertainment media (TV, movies, magazine stories, music, music videos), the women being featured **MUST** uphold the ideals of the advertisers. If a TV show, movie, magazine, etc., is sponsored by a hair color company, the women featured **MUST** have perfectly dyed, flowing hair. If the media is sponsored by a weight loss product, the women must be very thin. If the media is sponsored by an anti-aging skin care company, the women must be young or heavily made up and surgically enhanced to appear so. Dialogue or text will reflect these ideals with positive comments about the appearance of the women presented and negative comments about women that do not fit those ideals presented as normal and attainable. The camera will tilt up and down these women's bodies and zoom in on parts of them. *You get the idea.*

So today, the term “**objectification**” describes much of media, where girls and women are literally fragmented into PARTS of women – objects to be looked at and augmented. Those parts that get talked about, zoomed in on, featured on billboards or magazine stories, etc., are sold as things in need of fixing. From the roots in your hair to your toenails, you are told what you need to fix in order to be normal, happy, successful, and capable of being loved. And according to the latest research, these messages are sinking in. A few examples from my research:

**Sports Illustrated:** *The Swimsuit Issue*, which you can find at any store at kids' eye level right now (it debuts in February!), represents the very literal fragmenting of women into parts of women. Those women are more often nude than clothed within the pages. Between 1978 and 1988, the models were often in two-page spreads where their chests were the focus of one page while their backsides and hips occupied the other. But in the late 1990s, editors made the classically pornographic move to a three-page centerfold spread. The three-page spreads allow for women's bodies to be segmented and magnified into three parts: faces, chests and behinds. She is first identified as one page of chest and one page of a derriere as the reader turns to the centerfold. Appearing virtually headless, the only way to identify her face is to turn back one page and unfold it to find all three pages. In this year's 2013 issue that came out last month, you will find two and three page spreads where women don't have heads or faces at all.

**Fitness inspiration – “Fitspiration:”** If you are on Facebook, Pinterest, or Instagram, you have seen fitness inspiration images just in time for “bikini season” to motivate you to “get fit.” They are almost always images of parts of women without heads or faces. They are always very thin, surgically and/or digitally enhanced, tanned, oiled up parts of bodies with text like “Look good, feel good” and “Unless you puke, faint, or die, keep going.” These images usually chop a woman into just a part of her – without a head as is so often done in objectifying but totally normal and harmless-looking media. This example highlights a part of a woman that also happens to be sexually alluring to men. Her hand is placed in her pants in a way that looks very reminiscent of a woman about to pull down her pants in a sexually alluring way. Her hip bones, navel, and



cleavage are highlighted by the lighting of the shot, which say nothing of fitness or whatever the “it” is spoken of in the text. This text is open for interpretation so the “it” can be a well-meaning physical fitness goal, but the image would lead one to assume it is a look – a vision of oneself – that is the goal. A sexually appealing, “to be looked at” goal that leaves little room for worrying about internal indicators of health or meeting a fitness goal like hiking to the top of that peak or finishing that race or getting your heart rate up every day.

**Women’s health and fitness magazines:** These are the No. 1 source for health information for women outside the doctor’s office but they do NOT support health – only objectifying ideas. They bombard viewers with “Look Hotter from Behind” Headlines such as, “You can Enhance Your Breasts by Strengthening Muscles” (Shape, April 1990), “Look Great from Any Angle!” (Self, April 2000), “Get a Sexy Butt, Abs and Thighs” (Shape, April 2006), “10 Great-Butt Shortcuts: Look Amazing in Jeans” (Self, April 2004) are continuously plastered across the covers along with bikini-clad models and passively posed, heavily made-up women. These magazines are always sponsored by weight loss companies, cosmetics manufacturers, and hair color companies.

**TV and Movies:** Watch your favorite TV show or hit movie and you’ll see objectification in action at every turn. Even (and especially) media made for women tend to be the WORST perpetrators of objectifying ideals because their advertisers profit from the anxiety they spark in girls and women who watch them. Here’s one example of many: good old “Gossip Girl.” Throughout the first four episodes of the first season alone (when media was a bit more tame!), viewers are consistently invited to see the leading actresses as nothing more than body parts, i.e. sexual objects. In the only scene where the girls are found being physically active outside the bedroom – during a P.E. class, a song with very clear lyrics plays as the camera pans up and down their bodies: “Baby, where did you get that body from? Baby, where did you get that body from?” In Episode 4, as Serena walks away from a potential love interest, the camera zooms in on her derriere as the song, “Gotta Shake You’re A\*\*” plays. In another example from Episode 2, we see Chuck, the “playboy,” wake up with two girls in his bed, cuddling him on both sides. In Episode 4, he hosts a party where girls acted as door prizes, boasting, “Guys, you have 500 chances to get laid!”

**In the last two decades of your life, media has become more ever-present than any other time in history. It has also become a powerful dictator of what it must look like to be a successful, loved, beautiful woman. In the last 20 years, images of women in media have become thinner and taller than ever before, with surgical enhancement and digital enhancement as an industry standard. In the last 20 years, women’s body shame and anxiety have also reached an all-time high.** Did you know that in the last 20 years, total cosmetic surgery procedures performed in the US increased by nearly 900 percent, with 92 percent of those performed on women (ASPS, 2009). Rates of eating disorders have skyrocketed in recent years– tripling for college-age women from the late ‘80s to 1993 and rising since then to 4% of U.S. women suffering with bulimia. Approximately 10 million women are diagnosable as anorexic or bulimic, with at least 25 million more struggling with a binge eating disorder (NEDA, 2010). Perhaps

even more startling is the 119 percent increase in the number of children under age 12 hospitalized due to an eating disorder between 1999 and 2006, the vast majority of whom were girls (AAP, 2010). Even more, the weight loss and diet industries have begun to flourish unlike ever before, with an estimated \$61 billion spent on the quest for thinness in 2010 – more than twice as much as Americans spent on all types of diet programs and products in 1992.

Scholars in many fields assert that beginning with puberty and continuing across the life course, females are **TWICE** as likely to experience depression as males. For females but not males, self-esteem plummets at puberty and is *directly associated with our objectifying culture*, which leads girls to evaluate and control their bodies more in terms of their sexual desirability to others than in terms of their own desires, health, achievements, or competence. The prevalence of objectifying media, inescapable in today's world, has been linked to **women's disordered eating, unhealthy sexual practices, sexual dysfunction, plans for cosmetic surgery, diminished mental performance, diminished athletic performance, removal of pubic hair, anxiety and depression**, etc., and these impairments occur among white, African American, Latina, and Asian American young women.\* My favorite scholars claim that **“the habitual body monitoring encouraged by a sexually objectifying culture may reduce women's quality of life”** (Fredrickson & Roberts, 1997, p. 184).

But this study begins with YOU along the Wasatch Front because body shame and anxiety are rampant here, unlike ever before and unlike other cities across the US. According to research at Forbes, the Beehive State's capitol earned the title of “Vainest City in the Nation” in 2007. Anyone who has driven along a SLC freeway and seen the billboards might not be shocked to hear the city has the most plastic surgeons per capita at six per 100,000 residents – topping NYC and LA! But it's not just plastic surgery that places SLC at the height of vanity. The little metropolis's “self-help” regimens lead the nation, as well, due to the record-breaking millions spent on cosmetics, skin care and hair and hair removal products each year: ten-fold the amount spent in cities of comparable size. And according to stats just produced, people in SLC search online for info on getting breast implants more often than any other city in the U.S.! SLC residents seek out info on getting breast implants 74% more often than the national average.

First, keep in mind the University of Utah has a premier School of Medicine offering residencies in plastic and reconstructive surgery, which may lead to higher numbers of surgeons staying in Utah to practice. Plus, getting “work done” in Utah is cheaper than the rest of the nation, where a tummy tuck is around \$6,000 but as much as \$15,000 in LA. Even then, Utah surgeons estimate only about 20 percent of their clients come from out of state. We also see Utah's chart-topping birth rate and early marriage age leading to the perfect storm for the ultra-popular “mommy makeover,” which includes breast enhancement, tummy tuck, and liposuction. Utah plastic surgeons report online that a “very large” percentage of their work is devoted to body contouring and breast surgery, where nearly 100% of their patients are women.

**So, here in Utah, where I have researched representations of women in media and body shame for 10 years, this pilot study begins. What ALL of this information tells us**

*is that this very literal investment in the management of female appearance – from makeup and hair care to weight loss and fashion – competes with your psychological and physical resources for your academic and professional achievement, healthy social interaction and relationships, economic resources, and happiness and well-being.*

As you help me by participating in this pilot study so I can earn my Ph.D., I will take you on a personal and (hopefully) profound journey to teach you and remind you of your worth in a world that screams at you to forget it. No woman is immune to these messages, though each of you react to these objectifying messages in different ways. Whether you feel pretty positively about your body but see women in your life who do not, or your shame about your appearance keeps you from enjoying the swimming pool on a hot day, dating, going to social events, or leads you to plans for cosmetic surgery or further appearance management, these words are for you.

**What research and real-life experience make very clear is that when we can begin to see ourselves for more than our parts and respect our bodies as beautiful gifts that can do amazing things for us and for those around us, we find health, happiness, and self worth.** For my PhD, I have built a theoretical model and training intervention called **Self-Objectification Resilience** (*sounds more complicated than it is!*) that can open your eyes to the way media and cultural ideals have shaped your life and feelings of self worth, and how you can choose a path that leaves more room for you to feel happiness, advance professionally, socially, spend your money and time in different ways, and understand your unique place in the world.

**I am committed to helping women realize their potential to do and live and be in a world that needs them – not just a vision of them – but all of them. I believe females, while beginning to understand the pain of objectification and understanding its roots, can cultivate and access resilient traits to transform their worlds. Thank you for being on this journey with me.**

**You have now read all of Unit 1 for this week! Please complete the assignment below!**

*\*(Calogero et. al, 2010; Fredrickson, Noll, Roberts, Quinn, & Twenge, 1998; Fredrickson & Harrison, 2005; Fredrickson et. al, 2008; Gapinski, Brownell, & LaFrance, 2003; Hebl, King, & Lin, 2004; Impett, Schooler, and Tolman, 2006; Simmons, Rosenberg, & Rosenberg, 1973; Tiggemann & Lynch, 2001; Quinn, Kallen, Twenge, & Fredrickson, 2006).*

### **Media Fast Activity Assignment**

For your Unit 1 assignment, please choose at least one day to cut yourself off from all media. Do your best to not view any TV, movies, magazines, books, news sources, listen to music, or go online, including social networks like Facebook and Twitter. Once you have met your media fast goal (one day or more, whatever you choose), please fill out a journal entry with this prompt:

*Looking back on your media use over your lifetime, how do you believe the messages you've been exposed to have affected you? Have the media messages and images in your life had any positive or negative effects on your self esteem or feelings of self worth? What did your media fast teach you about the role of media in your life? Will you make any changes regarding your media use in the future? If so, please explain.*

## APPENDIX E

### SOR INTERVENTION UNIT 2

**Welcome back, wonderful women! Thank you so much for participating in this important study. Let's start Unit 2 with a video:**



This clip gets at what we learned about last week – objectification – and how it contributes to this widespread body shame girls and women feel in this country – even (and especially) right here in Utah. In research, the term for this feeling of shame is **SELF-OBJECTIFICATION** (I'll call it “SO” from now on). SO takes place in a world where so many messages teach us from a young age that we have a responsibility to “look good” on top of being good at whatever we do. SO takes place when we scrutinize ourselves as parts of ourselves that need to be fixed because we feel *shame* about not meeting up to a standard we believe we should be able to meet.

Here's a 3-minute video on self-objectification so you can hear about it instead of just reading about it:



We are living a constant experience of objectification from the outside world. These are the standards we are told to adhere to: *“Make your lemons into lemonade!”* on the freeway with a photo of a headless woman’s breasts and torso; *“Laser hair removal on your lunch break!”* on every radio station 24/7; *“Get slim for bikini season!”* on daytime TV news (Like a bikini is your only option and they never call it “speedo season” for the guys!); *“Maybe if you lose weight you can someone to love you,”* from your mom/dad/insert loving person who doesn’t understand how not-loving that statement can be; The camera tilting up and down a woman’s body – not a man’s – on your favorite TV show/movie; On your favorite news program, the women are fired if they have wrinkles and/or grey hair – the men are considered “stately” and “distinguished” with the same look – and the women generally wear less clothing than the men; the list goes on and on.

That level of constant objectification from the outside world often creates feelings of **shame** for females that do not/cannot meet the ideals presented. **The definition of shame is “a feeling that functions to inhibit or change that which fails to live up to a person’s internally or externally derived standards.”**

Self-objectification takes place when we feel that sense of shame for not meeting ideals. Shame, by definition, results in feelings of wanting to INHIBIT/HIDE or CHANGE the thing that doesn’t meet external or internal standards. **So for women today, self-objectification takes place when we hide from the world because we don’t meet the ideals we think we should or we fixate on changing the parts of us that just don’t cut**

**it.** In the questions I asked you before Unit 1 about your feelings about your body and whether those feelings have kept you from being, living, and doing, many of you said you have refused to go swimming for fear of not meeting the standards of beauty you think you should, even with (or especially with) your loved ones. Many said that if you don't "feel pretty enough" that day, you'll easily skip a party you were planning to attend. All of you told me about your beauty routine to enable you to go out each day, as well as cosmetic procedures you chose to undergo or are saving up for to feel better about your body. Do you see how hiding and changing parts of yourself might be your way of coping with shame for not meeting these unattainable ideals?

Viewing experiences of objectification and its consequences from this perspective and the inarguable media culture of idealized bodies – both digitally and surgically enhanced – girl's and women's plummeting self esteem and ongoing efforts to monitor and change their bodies can be considered an adaptive (but physically, mentally, socially, and politically taxing) process of **coping with shame**.

**Each of us self-objectify in different ways and more often at different times in our lives. Every woman experiences self-objectification differently. But research shows us that self-objectification takes a major toll on women in many ways:**

Self-objectification, in epidemic proportions among females today, has been linked to **disordered eating, unhealthy sexual practices** (not saying "no" when you want to and not using condoms), **plans for cosmetic surgery, diminished mental performance at school, diminished athletic performance, anxiety and depression, sedentary lifestyles**, and these impairments occur among all ethnicities and ages. My favorite scholars Fredrickson & Roberts (1997) state that "*the habitual body monitoring encouraged by a sexually objectifying culture may reduce women's quality of life.*"

Can you even fathom what self-objectification is doing to females everywhere? It stunts our progress in every way that really matters – it keeps us from awesome grades, reaching for the coolest possible jobs, being active because we respect our bodies, running for political offices, loving each other and loving ourselves. **What research and real-life experience make very clear is that when we can begin to see ourselves for more than our parts and respect our bodies as beautiful gifts that can do amazing things for us and for those around us, we find health, fitness, and happiness.**

A recent National Physical Activity and Weight Loss Survey found that body size satisfaction had a *significant effect* on whether a person performed regular physical activity, regardless of the individual's actual weight. So, those who were satisfied with the way their body looked – regardless of the ideals they did or did not meet – were more likely to engage in physical activity than those less satisfied.

Other awesome researchers have found that overweight girls who were more comfortable with their bodies were *more likely to make healthy choices* as they entered young

adulthood. The girls who felt good about themselves were more likely to be physically active and pay more attention to what they ate. Meanwhile, the girls who were the most dissatisfied with their size tended to become more sedentary over time and paid less attention to maintaining a healthy diet. This shows that encouraging women to respect and care for their bodies – whether or not they match media beauty ideals — may be one way to reverse or at least slow the progression of the health crises on both ends of the spectrum, from eating disorders to obesity.

And, top scholars state that media literacy interventions (that's what we're doing here!!) must be used to teach women to become more critical consumers of objectifying media images to prevent the development of further self-objectification and increase body satisfaction and self esteem. Research also tells us that learning what media invokes feelings of shame for you and then avoiding that media is a necessary step in regaining your self worth. (I hope your media fast resensitized you to what is hurting you). For women in 2013, social media sites like Facebook, Pinterest, and Instagram do a particularly good job of contributing to depression, body hatred, and shame. Women's magazines are right up there in terms of contributing to these same issues of depression and shame.

You are capable of much more than being looked at. Do you know who you are? Have you grasped the powerful role you can play in a world so badly in need of your unique talents, wisdom, and light? Are you aware of your unique mission at this point in your life? You've got something great to do, that only you can do. And if you are here to be looked at, to appear, to survey yourself, instead of do an inspirational work that only you can do, you are not fulfilling your mission. Cheesy? Yes. True? Oh yes. More true than you know.

### **SELF-OBJECTIFICATION RESPONSE:**

**So tell me, in what ways do you believe self-objectification has taken its toll on your life? Do you believe you ever self-objectify by hiding or fixing parts of yourself? If so, how? If not, how have you avoided self-objectification?**

**Your battle with objectifying messages and self-objectifying thoughts that ask you to HIDE or FIX yourself will be a lifelong fight. And for the last few minutes, I want to tell you about the groundbreaking ways we are going to stop self-objectification as it crops up to take away your happiness and sense of worth.** We've already been at it as long as you've been participating in this study! When you recognize feelings of shame in your life, and then you recognize *the source* of your feelings of shame and identify how you cope with that shame (how you hide, what you try to fix), you're ready to arm yourself with the tools you already have and can develop to fight back and win. Now that you recognize you're in a battle for your happiness and feelings of worth, are you ready to fight back and come out stronger than ever?



The key here is **RESILIENCE**. I bet you've heard the word before. Resiliency is the process of coping with adversity, change, or opportunity in a way that results in the identification, fortification, and enrichment of resilient qualities that will protect you from pain like shame and the resulting self-objectifying things you do each day.

***Resilience theory states that ALL individuals have an innate blend of physical, mental, and spiritual characteristics that afford them a unique opportunity to contribute to the world.*** This theory claims there is a force within everyone that drives them to find out who they are, contribute good, gain wisdom, and experience harmony with a spiritual source of strength. The founding researchers in the resilience field, Werner and Smith (1992) explained resilience as an innate "self-righting mechanism" that helps people protect themselves from pain and gain strength from hard circumstances. The resilience you need to cope with an objectifying culture that asks you to feel shame and profits off of you believing it is *already within you*. We're just going to identify what resilient qualities you already have and then find a few you can develop to win this battle with self-objectification.

Maybe your heart pounded a little faster when you read or watched any part of today's Unit 2. Maybe you got emotional thinking about the ways self-objectification has affected you or someone you love. Maybe you got fired up thinking of the ways all these objectifying messages lead to shame and drive major profits for big companies. Maybe you felt excited thinking about fighting back against these self-objectifying feelings that hold you back. I hope you felt truth in the words written and spoken in this unit. My research is founded on the truth that each of us has an important and specific role to play in this world – an "innate blend of physical, mental, and spiritual characteristics" that qualify you to contribute to the world in a way *no one* else can. And if you are spending your physical, mental, or spiritual strength hiding yourself or fixing yourself to meet ideals that are not attainable in the first place, you are missing out on a life that needs you and a life that you need.

Today is the day to remember you are capable of much more than being looked at. And when you begin to realize that, you can start realizing the power of your abilities and the good you can do in a world so desperately in need of you. NOT a vision of you, but ALL of you. What will you find you are capable of?

So your final assignment is Unit 2 is an important one.

### **RESILIENCE RESPONSE:**

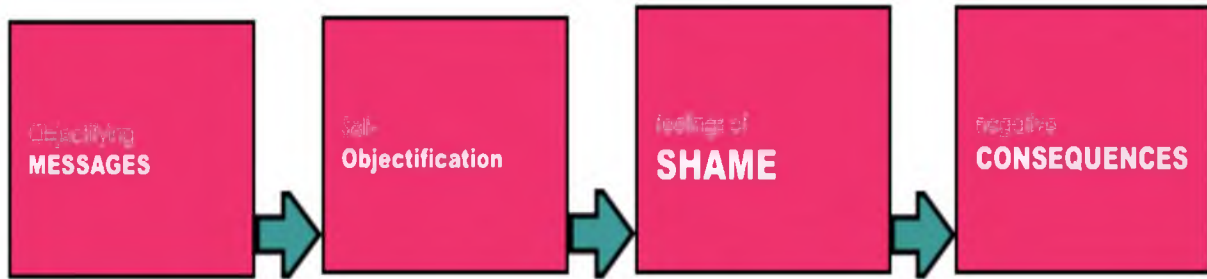
***Reflect on a particularly difficult experience or period of time when you felt embarrassed or ashamed of your physical appearance in some way. This hard time may have happened because of someone saying something hurtful to you/about you, because you had feelings of inadequacy or self-consciousness, or for many other reasons. How did you work through that trying time? Explain how that experience changed you, for better or worse. How are you different today because of that hard time?***

## APPENDIX F

### SOR INTERVENTION UNIT 3

**Since you've gone through the first two units, it is time to lay out this pathway that moves us from feelings of inadequacy and self-consciousness to a stronger, happier, resilient place.** In week 1, you learned about how we live in a culture that so often objectifies the female body that it feels normal and almost natural to see objectification all around. You learned that in the last two decades of your life, media has become more ever-present than any other time in history, and a powerful dictator of what it must look like to be a successful, loved, beautiful woman. In that short time, images of women in media have become thinner, curvier, taller, and younger than ever before, with surgical enhancement and digital enhancement as an industry standard. Messages in advertising and entertainment media aimed at women have become more limiting and degrading than ever.

We then laid out how all those objectifying messages get in the way of female happiness and progress in very real ways. **In the last 20 years, women's body shame and anxiety have reached an all-time high.** You learned how self-objectification takes place when we feel that sense of shame for not meeting ideals. Shame, by definition, results in feelings of wanting to INHIBIT/HIDE or CHANGE the thing that doesn't meet external or internal standards. **So for women today, self-objectification takes place when we feel shame and hide from the world because we don't meet the ideals we think we should or we fixate on changing the parts of us that just don't cut it.** The majority of women are "disgusted" by their bodies, according to studies. These days, beginning with puberty, females are **TWICE** as likely to experience depression as males. This is directly associated with our objectifying culture, which leads us to evaluate and control our bodies more in terms of their sexual desirability to others (Self-Objectification) than in terms of our own desires, health, achievements, or competence. Self-objectification has been linked directly to what I'll refer to as a **HOST of negative consequences: women's and girl's disordered eating, unhealthy sexual practices, sexual dysfunction, plans for cosmetic surgery, diminished mental performance, anxiety and depression, diminished athletic performance, removal of pubic hair,** etc., and these impairments occur among all women, regardless of background.



**This is a simple visual illustration of “objectification theory,” which is what so much of my research over the last 10 years of college has revolved around. *But something always bothered me.*** The fields I study – feminism, media studies, psychology, health promotion – are supposed to be about emancipation and freedom. They are fields committed to helping populations break free from limiting circumstances and regain their power. And yet, objectification theory and so much of the research surrounding it only goes so far as to tell us what happens to women who live in this objectifying culture. And it looks pretty depressing! Left as it is, objectification theory provides no critical guide for progress through such painful consequences. In its halting place, objectification theory simply provides an explanation for the ways girls, beginning at puberty and earlier, adapt to objectifying culture through self-objectification so that instead of **resiliently conquering** life’s painful moments, females use shame as a coping mechanism that becomes their “comfort zone.” *Thus, for females today, their “comfort zone” so often involves constant, “normal” feelings of shame that compel them to hide or change whatever they believe doesn’t meet the world’s standards of beauty or womanhood.*

Fortunately, another line of research I was deeply immersed in was **resiliency and resilience theory**, which I found through many MA and PhD classes in health promotion. We touched on resilience a bit last week. Resiliency is the process of coping with difficult situations in a way that results in the identification and fortification of resilient qualities that will protect you from the pain of shame and the resulting self-objectifying things you do each day. ***Resilience theory states that ALL individuals have an innate blend of physical, mental, and spiritual characteristics that afford them a unique opportunity to contribute to the world.*** This theory claims there is a force within everyone that drives them to find out who they are, contribute good, gain wisdom, and experience harmony with a spiritual source of strength. The founding researchers in the resilience field, Werner and Smith, explained resilience as an innate **“self-righting mechanism”** that helps people protect themselves from pain and gain strength from hard circumstances. Thus, the resilient traits and processes you need to cope with an objectifying culture that asks you to feel shame and profits off of you believing you are shameful are *already within you*. We’re just going to identify what resilient qualities you already have and then find a few you can develop to win this battle with self-objectification.

**Researchers who study resilience have done very long term studies with children and adults to figure out how some people thrive in difficult circumstances and others fail.** The first study of its kind followed children from “high risk” backgrounds of poverty and family instability over a 30-YEAR period to see how they handled

themselves despite being in such hard circumstances. Of the 200 children studied, 72 of them **thrived** over the 30-year period and overcame the incredibly difficult situations they grew up in. In this and a huge variety of other studies, scholars have identified resilient traits that serve as “protective factors” for people going through pain. These include, but are not limited to: **happiness, optimism, faith, empowerment, empowered embodiment, achievement-oriented attitude, determination, self-confidence, feminist beliefs, self-compassion, vulnerability, humility, drive to be an example, creativity, wisdom, self-actualization (understanding your purpose in life), independence, subjective well-being, hard working, and hope.**

The visual model of resilience theory tells us that we live our lives in our own “**comfort zone,**” but get many opportunities called “**disruptions**” to change in either positive or negative ways. Disruptions are occurrences in our lives that cause us to feel *self-doubt, hurt, fear, or loss*. They can be anything from unkind words from a loved one to a car accident, pregnancy, a break-up, an invitation to go “hot tubbing,” weight loss, weight gain, death of a loved one, moving to a new place, hitting puberty, hitting menopause, having an “ugly day,” etc. Disruptions are big and small, daily and yearly, and different for everyone. But the emotions you feel from them lead to opportunities to consciously or subconsciously begin the process of reintegrating back into life, for better or worse. Disruptions, then, are the catalyst to change in either positive or negative ways.

**Through disruptions, we face four opportunities to reintegrate to life again:**



**Resilient reintegration** is to experience insight or growth through the disruption. The process is a personal experience in identifying, accessing, and nurturing resilient qualities you have. You are stronger, happier, and better off in the end;

**Reintegration back to your “comfort zone”** happens when you simply “get past” a disruption by trying to quickly return to your old

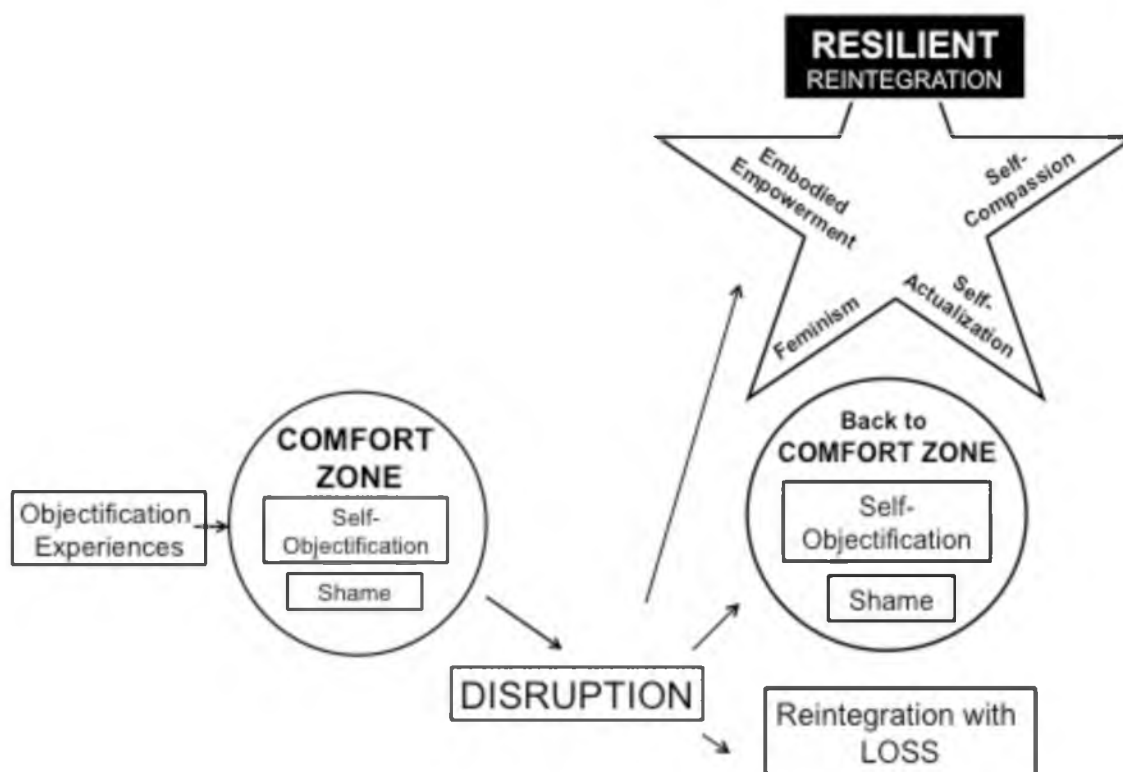
state;

**Reintegration with loss** means that you have given up some hope, motivation, or drive because of the painful demands of the disruption to your well-being and sense of self worth.

**The more I researched about resilience, the more I realized this theory blends PERFECTLY with objectification theory to provide a clear understanding of the**

**difficult, objectifying culture girls grow up in AND how to illuminate a pathway OUT of objectification.** I'm still shocked no one has melded these two theoretical models yet. The immense value in this model is that you can visually recognize that while coping with disruptions, *you have choices to grow, recover, or lose qualities that could otherwise protect you in the future.* Disruption, then, is required to access the components of resilience because staying in your "comfort zone" makes no demands for improvement and growth. And it often hurts. **Trusting in the resiliency process as an avenue for growth can empower you to call upon your unique characteristics for support and to support others in need. Finding meaning and purpose in disruptions help us value our experiences and understand our place in the world.** Just as Anzaldua, a Chicana scholar said of this "pain is progress" mentality: "*Knowing' is painful because after it happens I can't stay in the same place and be comfortable. I am no longer the same person I was before.*" So let's take a look at this model and work our way through it.

### THE Self-Objectification Resilience Model REVEALED!



The Self-Objectification Resilience Model, (Kite, 2013).

**Self-Objectification Resilience (SOR)**, then, pulls objectification theory from its really negative place of just describing and predicting the pain women face in the 21<sup>st</sup> century. Today, we so often use shame as a coping mechanism that becomes our "comfort zone." Our "comfort zones" ironically involve constant, "normal" feelings of shame that

compel us to hide or change whatever we believe doesn't meet the world's standards of beauty or womanhood. This is the shame that limits us, that keeps us "in our place" as just objects that need to look good, and stunts our progress in every way that really matters. This is the shame that manifests itself in the ways we get ready for the day that might be all about hiding parts of ourselves, the activities we don't participate in because of how we look, the costly and harmful cosmetic procedures we elect to or want so badly, the relationships we do not keep or develop because of our self-consciousness, the pain that keeps us from really feeling happiness. The SOR model now replaces the "host of negatives consequences" – from disordered eating to anxiety, depression, sexual dysfunction, etc. – with a moment of disruption.

**The second you feel shame – the specific shame YOU feel that compels you to hide a part of you or fix yourself to meet an ideal – the disruption has begun. This shame can no longer be a normal, everyday part of your life you cope with. You've named it. You can't be comfortable with it any longer – it's time to grow from it.**

**So, according to the SOR model, you may now be facing a disruption.** You have learned about objectifying media, gone on a media fast to see what you might want to do away with and what helps you, learned about self-objectification in epidemic levels among women and girls today, and you have reflected on how self-objectification has taken a toll on your happiness, sense of self worth, and progress in life. It is painful to learn that you may have learned lies about who you are and what you should value, and those may have negatively affected your life. I want you to know that I value your honesty and vulnerability and I'd like to do the same for you. My twin sister and I wrote about our own pain with coming to understand our struggles with self-objectification and how we resiliently gained the courage to fight back against those lies. I'd love for you to read about it here by pasting this URL into a new tab on your browser so you don't lose your spot (<http://www.beautyredefined.net/about-us/lindsay-and-lexies-story/>). This was written by my twin sister and me. Please read it now and then come back!

**This SOR model is meant to change your thinking. These units of curriculum are meant to teach you about what has surrounded you since birth, how it has affected your life, and how to de-normalize the pain you live with and progress past it.** Let's use a quick example of the story I had you read about my own experiences with self-objectification growing up and competitively swimming. I was exposed to plenty of objectifying messages about women's bodies growing up, which led me to survey my own body as I got older. When the shame I felt about my thighs became more than I could bear in a swimsuit, I quit swimming. I'd say I felt a **disruption** along the way when I just "knew" my thighs were "too disgusting" to be seen, and I coped with that disruption by quitting the swim team and **reintegrating back into my life with LOSS** – the loss of a wonderful sport I was good at, that I'd devoted many years of my life to excelling at, that kept me active and healthy.

As I got older, I faced another **disruption** when I sat in a college classroom and learned that media had played a larger role than I knew in shaping how I felt about myself, my thighs, my body, my worth. This time, I faced the pain of learning how I'd limited myself by focusing so intently on my appearance by **resiliently reintegrating** into my life with

new meaning. I felt what resilience theory teaches – *that I might have a unique set of experiences and qualities that give me a special opportunity to contribute to a world that needs it.* And I decided to take my pain and use it for good. I decided to share my pain with others who I had no idea felt the same way I did. I used my talents to write for the city and school newspaper on the subject, I wrote papers about media messages and body image, **I spoke up and decided to stop reintegrating into life with losses or back to my “comfort zone” that was SO uncomfortable and full of shame.** I decided to study feminism and media studies at school and get degrees to increase my credibility so I could help as many girls and women as possible realize their full potential. My feminist studies led me through a powerful process of “self-actualization” as I began understanding I had specific roles to play in this world that needs me. I began to realize my body was more than an object to be looked at, and I took up physical activities like running that helped me experience my body and its power again. I started grasping just how many other women are dealing with the same pain I am and felt such deep compassion for them and more compassion for myself and my struggles. All along the way, I identified resilient traits I already had as well as those I could cultivate to be happier and help others understand their worth. **I’ve decided all that pain I’ve felt about my body might have been just what I needed to make a difference in the world.** Maybe I was meant to feel it to help others. I give voice to my pain, and other women need to hear that voice to recognize their own “normal” feelings of shame and fight through them.

**While I’m sure you’re already realizing some of the resilient traits you possess and those you can learn to cultivate, I want to help you identify some important ones for your battle against self-objectification.** I had each of you submit an answer to me in Unit 2 detailing a hard time in your life and how you worked past it. Your answers have confirmed my extensive research across several fields. Four specific resilient traits are VITAL to your self-objectification resilience. I gathered some of the most prominent resilient traits I saw in your answers to Unit 2 and want to share a few of them with you here, alongside some of the best research on these four traits. Remember, there are lots of resilient traits that help us and protect us from trying times (I mentioned a looong list earlier). **These traits are particularly important to fighting battles with self-objectification and the shame that goes hand-in-hand with it, and you demonstrated them. If you do not feel you have this trait, it can also be learned and I’ve provided tips to cultivate each trait.** After this list of a few traits, I’ll show you how we’re going to delve into each of your resilient qualities. Enjoy!

### *Self-compassion*

**Research shows that encouraging the development of the psychological concept of self-compassion can benefit women by helping them to counter destructive self-critical tendencies, acknowledge their interconnection with others, and deal with their emotions with greater clarity.** While “self-esteem” often has to do with how someone believes others feel about them or how they compare to others, self-compassion gives us many of the psychological benefits that have been associated with self-esteem, but with fewer of its pitfalls, because it is not based on the ideals and evaluations of self and others. It essentially takes self-evaluation out of the picture, instead focusing on

feelings of compassion toward oneself and the recognition of one's common humanity.

**Self-compassion entails seeing one's own experience in light of the common human experience, acknowledging that suffering, failure, and inadequacies are part of the human condition, and that all people—oneself included—are worthy of compassion.**

Less judgment of oneself also allows for less judgment of others, as comparisons between oneself and others are not needed to enhance or defend self-esteem. Teaching and accessing self-compassion is vital due to the lifetime of objectification and self-objectification experienced by girls and women, which often leads us down roads of unhealthy choices and extremes before we can critically examine our choices.

**When we harshly judge ourselves, self-consciousness escalates and this heightened sense of self serves to increase feelings of isolation between us and others.** Many of you mentioned working to stop comparing yourselves to others in your life because it only hurts your relationship to yourself and your relationship to others. One of you who exhibits many resilient traits that have allowed you to free yourself from self-objectification spoke of the power of never judging yourself against others. Body image researchers have also found that comparing one's body with other women is related to body dissatisfaction. Notably, Heinberg and Thompson (1992) found that individuals who compare themselves with similar others have greater body image anxiety and body dissatisfaction, *regardless* of whether their comparisons were with more attractive individuals or those considered less attractive. This seems to indicate that when self-compassion isn't present, comparison is heightened, and “the comparison process is in itself a threatening phenomenon” (Thompson et al., 1999, p. 131).

There is great strength in unifying with women – even strangers on the street – and fighting those tendencies to judge and compare. So many of you spoke openly about your pain, acknowledged your suffering, and did it in a very self-compassionate way. You have and are accessing the ability to see that judging yourself benefits companies selling you products, but it doesn't benefit you. Your health isn't benefitted, your relationships aren't stronger, your feelings of self worth aren't heightened.

**Research shows that kindness toward oneself softens the self-consciousness most women feel today, allowing for more feelings of unity and friendship.** In a culture that too often pits women against each other, in competition with each other, **the concept of self-compassion can decrease feelings of isolation women feel** when they are ashamed of their bodies and **encourage unity** when they understand they are not alone in their pain. Three basic components of self-compassion can be employed to help females in the midst of objectifying culture and self-objectifying tendencies to resist such limiting mindsets: **First, self-kindness**—extending kindness and understanding to oneself rather than harsh judgment and self-criticism; **Second, common humanity**—seeing one's experiences as part of the larger female experience rather than seeing them as separating and isolating; **Third, mindfulness**—holding one's painful thoughts and feelings in balanced awareness rather than over-identifying with them (Neff, 2003). You have demonstrated this self-compassion by sharing your stories with me, and you can continue to demonstrate it by sharing your experiences with other women who undoubtedly deal with the same objectifying experiences you do. Many of you shared experiences of someone you love saying something very hurtful to you about your body. You can use



these three parts of self-compassion to acknowledge the hurt, move past the pain, and feel unity with that person again.

## *Self-actualization*

**Self-actualization is a big word that simply means “realizing one’s true potential.”**

Aristotle first wrote about this phrase “eudaimonia” as the realization of one’s true potential, where each of us comes into life with unique capacities. He believed the central task of life is to recognize and realize these talents. As you know, resilience theory claims there is a force within everyone that drives them to seek self-actualization (their true potential), wisdom, and harmony with a spiritual source of strength. Further, this theory tells us that ALL individuals have an innate blend of physical, mental, and spiritual characteristics that afford a unique opportunity to contribute to the world (Richardson, 2002). Similar to “self-actualization,” the concept of “meaning in life” has had great importance in research on self worth, defined as the realization of “order, coherence, and purpose in one’s existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment” (Recker & Wong, 1988). Many of you spoke of how your faith or spirituality has whispered to you truths about who you are that you don’t hear anywhere else. Those are self-actualizing feelings of coming to know your potential. You reflected on how even reading and learning the things you’ve read in the last two units have helped you better understand your purpose and that you may have been forgetting it in all of your feelings of shame in trying to fix/hide yourself. Even as you wrote about your painful experiences or ways you self-objectify, you thoughtfully talked about how writing those feelings down and really naming your pain was working as a “self-righting mechanism” that is showing you what needs to change in your life – that you’re better than that. Better than those feelings of shame. Research shows that the act of journaling allows you to reflect on your life and your power, which results in this experience of self-actualization in a beautiful way. So keep journaling! That “self-righting mechanism” is your resilience making your heart pound a little faster as you realize **who you are** – outside of who the profit-driven world wants you to believe you are.

**Female progress is limited when the only mediated options available to us involve women as bodies – even parts of bodies.** Feminist scholarship has provided particularly valuable insight into the ways women are held back from experiencing self-actualization within a limiting and objectifying society. And in today’s world of near-constant media bombardment, Bandura’s statement is particularly relevant: “The more people’s conceptions of reality depend upon the symbolic environment, the greater its social impact” (2003, p. 168). For all of us growing up in a world where we will see billions more images of women in media than we will EVER see face to face, and those images are so often objectified, Photoshopped, surgically augmented, and not reflective of female potential, the process of self-actualization is vital to a more direct, agent-centered, powerful sense of self. **Self-actualization** can be a deep and moving experience for females immersed in objectifying culture. Borrowing from resiliency theory’s assertion that all individuals have a unique opportunity to contribute to the world (Richardson, 2002, p. 318) and other theorists notions of self-actualization as the process of realizing one’s true potential, the SOR model’s most striking contribution may be its ability to guide us through a process of denormalizing and naming our painful disruptions to an

understanding of our who we are and what we are capable of. It's a lot more than being looked at.

Many of you spoke of the feelings of self-actualization you have felt – through having children, resiliently getting through hard times, confronting pain. Your experiences speak of coming to understand, even in small ways, that you have a unique contribution to make and you **do not** want those you love to feel the same pain you have. You have written about your pain – denormalized it so you don't just keep living with it – and are coming to know your immense value and potential in this world so desperately in need of YOU. Not just a vision of you, but all of you.

### ***Feminist Beliefs***

THIS is feminism. It's time to rebel against profit-driven ideals that stunt our potential.

One way that I found myself on the journey to self-actualization is through studying feminism and eventually deciding I was definitely a feminist (My mom was so concerned when I first announced I was, but she has since decided she's a feminist too!) As Amelia Richards has observed, “body image may be the pivotal third wave issue—the common struggle that mobilizes the current feminist generation” (1998, p. 196). Whether or not you consider yourself a feminist, you may agree with much of what feminism is all about. Feminist perspectives celebrate diversity among women, provide ways to interpret the limiting objectification of the female body, unite instead of divide women, and give them strategies for resistance from oppressive ideals. (And if you weren't already well aware, this is a feminist study!) According to some really cool scholars, “feminism appears to be a life raft in the sea of media imagery” for women (Rubin et. al. 2004, p. 32). Based on my research, I wholeheartedly agree with this statement.

Promising studies have emerged in the last two decades of our lives that examine the relationship between feminist beliefs and body dissatisfaction. In these studies, feminist beliefs are generally defined as those that reject ideas of women's bodies that support women's subordination as objects or bodies constantly in need of fixing. Many of these scholars came to find that women who had feminist beliefs experienced less shame and body dissatisfaction than women who didn't subscribe to feminist beliefs. Cash et al.'s (1997) study of ethnically diverse women found those women who didn't consider themselves feminist experienced more negative body image and anxiety. In their study of students, staff, and faculty at a major university, Dionne et al. (1995) found that endorsing specific feminist beliefs about physical attractiveness and how it allows major corporations to profit off of body shame predicted *lower levels* of body dissatisfaction.

Rubin et al.'s (2004) study on feminists' body image is very important here. Within focus groups, they examined the strategies feminists use to resist objectifying ideologies and found specific feminist beliefs can buffer the negative effects of objectification on women. They found that objectifying experiences played a crucial role in the formation and maintenance of participants' body image and identity, while feminism provided participants with an alternative way to interpret objectifying about women's bodies, and offered specific strategies to resist these ideologies on a personal and societal

level. Specifically, maintaining a critical awareness using media literacy was one of the most commonly used strategies for resisting cultural messages about women's bodies (that's what we've done here!). The feminist participants also clearly stated that finding new ways of *inhabiting* their bodies was a highly liberating approach for working to resist self-objectification. These ideas of "feminist embodiment" included using their bodies to dance, play, move, and be outside the confines of being looked at. The women found "dancing naked alone in their rooms," swimming, and playing were all ways to prove to themselves they could be happy in their bodies even when not fitting cultural ideals of beauty. Cash's (1995) study ended with strong recommendations that girls and women learn to use coping strategies such as decreasing self-evaluative statements ("I look fat today"), substituting self-affirming statements ("I am capable of much more than being looked at"), and cognitive reframing of objectifying experiences ("that company wants me to feel bad so I'll buy their product!!") speaks to how feminist beliefs can act as a buffer against self-objectification. You've learned a lot of that in the last three units. Keep it up, you'll be amazed at how feminist beliefs can work as a powerful buffer against self-objectification.

### ***Embodied Empowerment***

**In our objectifying culture that teaches women they *are* their bodies, their bodies are their power, and "girl power!" comes in the wearing of a push-up bra, the psychological concept of "empowerment" must be redefined as something more agent-centered and all-encompassing than simply buying things to enhance our bodies.** We are more than bodies, and our power goes beyond what our bodies look like to what they can do and where they can carry us in life. As a necessary combatant to this faux power pedaled at us all, embodied empowerment can be a learned and accessed resilient trait to combat self-objectification and regain a sense of embodied empowerment and control. Objectification theory predicts that females who self-objectify experience disruption or prevention of **peak motivational states**. Which means that being fully absorbed in a challenging mental or physical activity, called a state of "flow," can be so rewarding and we must lose self-consciousness in order to achieve this "flow" state. Many of you spoke of participating in a physical activity that allowed you to feel empowered in your body and not just AS a body. Each of us has experienced this "flow" state – where we aren't thinking about anything else but the task at hand. We must identify when we experience these and then increase our opportunities to feel that way again. THIS is embodied empowerment – when we learn that we can use our bodies to DO instead of just be looked at as a source of power.

As early as grade school, research points to the fact that girls' activities and thoughts are more frequently disrupted by boys than vice versa, and those thought interruptions are often related to weight and appearance. Many of you honestly spoke of comparing your legs or stomachs or skin or eyes to anyone and everyone you are next to. It happened to me when swimming! It makes sense then, that by limiting women's chances to initiate and maintain peak motivation states, the self-objectifying body monitoring encouraged by a sexually objectifying culture may reduce women's quality of life (Fredrickson & Roberts, 1997). **Experts suggest one way to help females resist the self-objectification that keeps us from these states of "flow" may be to encourage sports participation**

**and related forms of physical activity and risk-taking.** This promotes a more active, instrumental experience than a “to be looked at” one. So challenge yourself to be active – run a race, walk with your friends, play an intramural sport, and prove to yourself that you are an embodied, powerful woman.

**Another important trait of empowerment is the ability to set and achieve goals outside of appearance – get a higher GPA than last year, participate in a new community or school organization, put yourself out there in a way you haven’t before. Feelings of empowerment come from achievements and they add to your sense of personal control of your life.** Enhancing your looks will almost NEVER add to your sense of self worth. Women who get cosmetic surgery often go back for more because they aren’t getting to the root of their problem. It’s not that once their breasts are large enough they will earn more love and attention – it’s that they need to accept and value their own bodies outside of being looked at and others will follow their lead. Love can never, ever be earned by beauty enhancements. That isn’t love. Plus, research tells us a core distinction between those who self-objectify and those who do not is that descriptions of “self-objectifiers” focus on the *appearance* of their bodies, whereas those who do not engage in self-objectification highlight their physical competencies in describing their bodies. So instead of describing yourself as “thick in the thighs,” you would describe yourself as having strong thighs that enable you to do activities you love (which more than one of you reported in your responses). So start talking about yourself differently – flip the script on how you think about and talk about your body. Describe your abilities and what your body allows you to DO, not what it looks like. Plus, girls and women who are less prone to self-objectify learn and access embodied empowerment as a way to experience power and a more instrumental sense of self. **So run! Play! Dance! Move! Sweat! And start experiencing what your body can DO.** It’ll immediately snap you out of a space where your peak motivational states are disrupted by thoughts of how you look. No one wants that!

**So what resilient qualities do you already have within you?**

Some you are born with, others you can nurture along your life’s path: happiness, optimism, faith, embodied empowerment, achievement-oriented attitude, determination, feminist beliefs, self-confidence, self-compassion, vulnerability, humility, drive to be an example, creativity, wisdom, self-actualization, independence, subjective well-being, selfless, hard working, hopeful, the list goes on. These qualities will help strengthen you and help you see your important place in a world that needs you, and a world you deserve to see, experience, and feel more of. These traits lead you on a path to repeated resilient reintegrations in your happy lives to come.

## **FINAL ASSIGNMENT: CODING YOUR RESILIENCE RESPONSE**

**Your final task is a practice round in identifying your path on the Self-Objectification Resilience Model.** In your final assignment, I will email you your “Resilience Response” answer you submitted in Unit 2 where you were asked to write about a difficult experience in your life and how you overcame it. This final activity is a necessary step in the SOR model because it will allow you to identify an instance of self-

objectification in your life and how you may have used resilience to overcome that time. Using your new knowledge of the Self-Objectification Resilience model you have learned over the last three weeks, you are going to analyze your previous journal entry to look for four things:

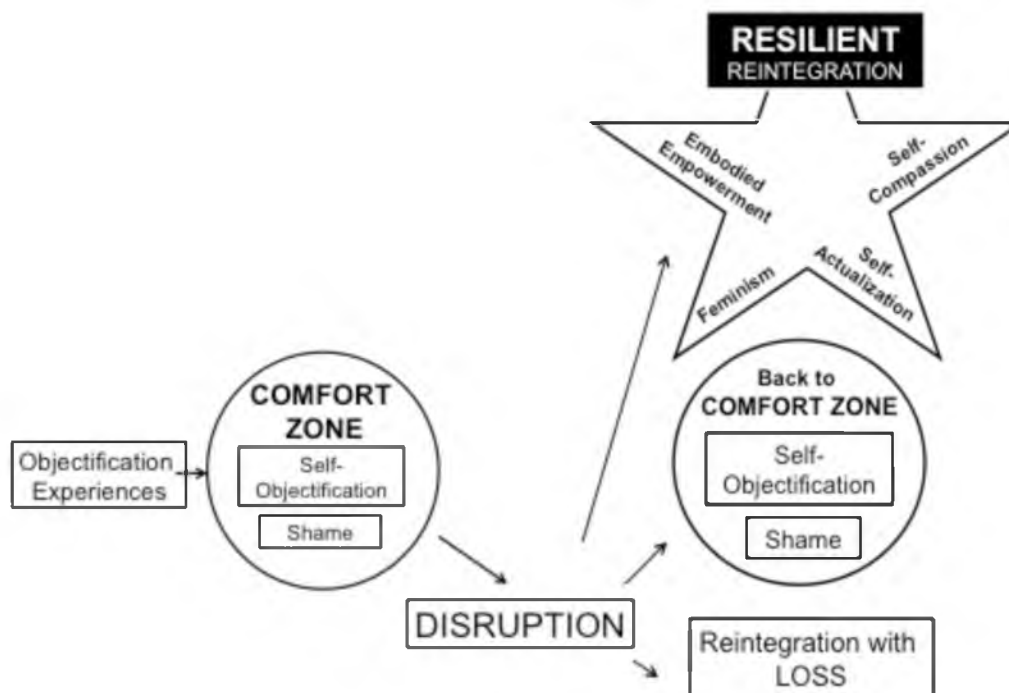
1. **Moment of disruption out of your comfort zone** (What caused this difficult time in your life to take place?)
2. **Objectifying Messages** (Does your journal entry refer to any unrealistic appearance or beauty ideals you may have for yourself? Do you write about other peoples' unrealistic appearance or beauty ideals? Do you write about yourself as just parts of a body in need of perfecting or do you write about your body as something capable of more than being looked at?)
3. **Self-Objectification** (Do you see evidence of body shame? Anxiety? Depression? Your self-consciousness getting in the way of accomplishing things or participating in activities? Pre-occupation with your looks? Spending lots of time trying to improve your appearance?)
4. **Resilient Traits** (Do you see evidence of any resilient traits you have? Happiness? Hope? Empowerment? Feelings of self-worth? Wisdom? Hard work? Etc.?)

**Please choose a color for each of the four categories. Using Microsoft Word's highlighting and note-making tools or a Google Document or PowerPoint, please color-code any instances you see of the four categories.** For example, every time you have written about something that resembles a resilient trait, mark it in yellow (or any color you choose). Every instance of self-objectification can be marked in blue, objectifying messages can be marked in orange, and so on. Please take notes on the color-coded journal entry as well. For example, you can use Microsoft Word's Track Changes feature or type in a note in a text box or parentheses to make a comment next to a sentence that stands out to you like this: "Wow, I didn't know I was so good at being hopeful! I used hope as a resilient trait a lot." or "I self-objectified! I was constantly looking in the mirror and not realizing it." Once you have emailed me your coded "Resilience Response," you are finished.

**When you email me your coded entry, I will send you your same journal entry that I, as the researcher, coded for you.** This will allow you to see another perspective on your experience and what I found to be moments of objectification and self-objectification, as well as what I saw as resilient traits you had within you and were using to overcome your difficult situation. As you use the Self-Objectification Resilience model in your life, you can use this activity repeatedly to identify difficult times in your life, how you are coping, and resilient traits you are learning along the way. **Write it out. Use it. Read and re-read this curriculum again and again. Keep this link.** Soon I'll take your feedback and perfect this curriculum and share it with everyone that needs it for free online. This can be an important tool for you at times where you feel yourself experiencing feelings of shame throughout life because you now know you have power to let the disruptions bring

you down OR you can use them for your gain. It is now up to you to decide.

**You are more than you think you are. You are more than something to be looked at. You are more loved than you know. You are capable of being loved more than you know. And you've got a world out there that needs you to know that because that world really, really needs you right now. Break free from the limiting place of self-objectification and the shame that keeps you reeling in a state of hiding and fixing. Use the resilience within you to work through your pain and come out happier, stronger, and more at peace. And maybe you won't come out looking like what the profit-driven world demands of you. It's designed that way. Every time you raise that bar by fixing and hiding yourself, the world sees a little less reality. But you are enough, and the girls, women, boys, and men in your life need YOU – not just a vision of you, but all of you. What will you find you are capable of? I know you are capable of feeling all the happiness, love, and strength you deserve. You are amazing. Thank you for participating in my research.**



The Self-Objectification Resilience Model, (Kite, 2013)

## APPENDIX G

### PERSONAL NARRATIVE ASSIGNED IN UNIT 3

I have devoted the last 10 years (since 2003) of my life to studying media and body image and will earn a Ph.D. in 2013 (!!!) and the last 4 years (since 2009) to running Beauty Redefined, a non-profit organization working to help people recognize and reject harmful messages about beauty and health. THIS is why.

As a swimmer on a competitive and demanding team throughout elementary, middle and part of high school, I practiced intensely on a daily basis. My favorite part was the excited, anxious, heart-racing feeling I'd get on the way to every meet and before every race. Unfortunately, it didn't take long before that anxious, heart-racing feeling started to stem from the way I thought I looked in my swimming suit, rather than my performance. I went home from practice one day in third grade and stood in front of a full-length mirror, looking at myself from every angle. I noticed one dimple in the side of my little girl thigh and desperately felt the need to cover up, though I knew that would be impossible every day in my swimming suit. Instead, I vowed to remind myself to keep my left hand covering the dimple on my left thigh at all possible moments.

That is when my appearance started to creep to the forefront of my every thought. My newly heightened awareness of my looks quickly gave way to a relentless preoccupation with weight loss, starting around age 11. Journals and notebooks filled with weight-loss goals, motivating thoughts and tips, food logs and my most depressing thoughts were still lined up in my home bookshelf, stacked next to piles of Seventeen, Teen, YM and Twist magazines. I would have literally given anything to look like the girls on those pages, or like Kelly Kapowski. That's what the happiest, coolest teenage girls looked like. For a long time, my weight defined my days – either successful or a waste. One step closer to happiness or another day of worthless disappointment.

By high school, it consumed me. In a particularly melodramatic mid-puberty journal entry, I wrote: "I HATE MYSELF. I have gained 4 pounds in the last 2 weeks. Not exaggerated one bit too. I have no idea why this weight is coming on so fast, but it scares me and it's all I think about constantly. I hate this." I was active, athletic, pretty, social and smart. No one called me fat. No one treated me like an outsider. I got asked out by boys. And I still felt this way.

I wasn't alone. My thin, beautiful friends suffered the same preoccupation and obsession with weight loss, but we suffered alone. Heather, the healthy and beautiful president of the ballroom dance team, could tell you her weight from any given day of the previous years. Popular and sought-after Jennifer\* cut out dozens of lingerie models from Victoria's Secret catalogs and stuck them all over the back of her door for "motivation." Jane\*, a cheerleader I didn't know that well, bragged to everyone that all she had eaten in the past three days was five Doritos. I wondered how she found the motivation to be so strong. Jessica\*, by all accounts a very thin girl, cried when she fit into a size 12 in black LEI pants, even though everyone knows LEIs are sized extremely small. We were all middle-class white girls from Idaho, with happy, successful families of all shapes and sizes, but we all shared deep-seated idea that the only way to attain happiness, success, popularity and love was to be as thin as possible. I had no real-life experiences to back this idea up, and I don't believe any of those girls did either.

What we truly shared, along with everyone else we knew, was easy access to media our entire lives, where Kelly Kapowski was always pursued, everyone pitied the chubby girl Zack agreed to take on a date, Jasmine, Belle, Ariel, Cinderella, Snow White and all the other Disney protagonists were unrealistically thin and so sought-after, while any average-sized or overweight characters were mocked, explicitly labeled as fat and often the antagonists. Male characters were valued for humor, athleticism, intelligence and power, while female characters were overwhelmingly valued for their beauty alone. Commercials and advertisements consistently reflected these differing measures of worth. I recognized it, but never ever thought to question it. That's just the way things work.

Not much changed when I got to college. Freshman year was filled with weight loss ups and downs, but I felt happy and OK about myself, and boys paid attention too, even though I was fully convinced I needed to undergo a major transformation in order for them to like me. The next summer, I got down to my lowest weight ever. August 17, 2004: "Last night I tried on my old pants from Christmas of senior year and they are way too big. I distinctly remember wearing them and feeling pretty good about myself at choir practice, and now I can't imagine ever fitting into them or feeling good. I've gotten more compliments than I can count and it feels so good even though I don't feel so great about myself. I hope that eventually changes."

The next semester at Utah State University, I took an awesome required journalism class called "Media Smarts" from Brenda Cooper and Ted Pease on critically analyzing the media for its implicit but powerful messages. We looked at race, class, gender and violence in media and I was amazed by all of it, but none resonated with me more than the hugely imbalanced portrayals of gender — particularly the ways media sets the standards for what it means to be successful or worthwhile. No one in my life ever taught or demonstrated to me that thinness and body "perfection" equals happiness or success. TV, magazines and movies do it incessantly — sometimes overtly, sometimes implicitly, but always consistently. That creates a false reality that makes real-life bodies seem sub-par. I realized the first step to dispelling these myths and oppressive standards that had held me and all of my friends back for so many years was to point out that it's all made up. Producers, casting directors, advertisers and media executives make specific



decisions for specific economic reasons – they don't simply reflect reality, as we sometimes believe.

I knew talking about women's representation in media got my heart beating fast for a reason. The palpable excitement of learning about it reminded me of my swimming days – the anxiety before a meet, the anticipation of putting all of my hard work to use. Media's messages to women enrage me and thrill me, and its implications are too real to accept and just move on. I took my first women's studies class for that reason. My heartbeat didn't slow down – instead, the work became more and more personal as I identified that passion as the loaded term “feminism” and began to reconcile the many facets of feminism with my own conservative religion. With time and studying, they fit together so comfortably, and I felt a strong desire to share my newfound compatibility between spirituality and feminism with anyone and everyone.

I read “The Feminine Mystique” by Betty Friedan and felt overwhelmingly impressed by its truth, by the oppression imposed upon women by media standards defining the ideal woman by her homemaking and housekeeping skills, which serve to isolate women inside their own homes and families while propelling a thriving economy backed by women consumers seeking fulfillment. I immediately sensed a connection to beauty standards as the “feminine mystique” of today, and was amazed to find a book detailing that very belief – “The Beauty Myth” by Naomi Wolf. I cried as I underlined entire paragraphs that resonated with my own lifetime of experiences of being stifled by a preoccupation with my appearance that was not a natural part of me: “We are in the midst of a violent backlash against feminism that uses images of female beauty as a political weapon against women's advancement” (p. 10). “Consumer culture is best supported by markets made up of sexual clones: men who want objects and women who want to be objects, and the object desired ever-changing, disposable and dictated by the market” (p. 144).

While the feminine mystique produced isolation and unfulfillment, I saw the beauty myth as also a force for prompting misery, competition, jealousy, self-obsession and an end to productivity. When I became more worried about the dimple in my thigh than my race time, I stopped excelling as a swimmer. When I am fixated on keeping my clothes in the most flattering position and everything sucked in just right, I can't think of anything else at all. I am depressed by the number of activities I could have excelled at, the friendships I could have cultivated, the goals I could have pursued, and the girls feeling the exact same way I did that I could have helped if I hadn't spent so much of my life preoccupied with the way I looked.

I know media-imposed beauty ideals divide and conquer. They pit one woman against another and make one woman's success the other's failure. The connection between my faith and my feminism became so much stronger as I recognized the potential for fulfillment and unity among women that already existed within my church congregation. With a focus on serving others, taking care of each other and loving God, there is no room for competition and preoccupation with appearance. That's when the feminine mystique and the beauty myth lose their power: when women unite to step outside

themselves and concentrate on bettering the world around them. I implemented this belief into church meetings and talks, school speeches, papers, newspaper articles and my own writing. I applied for graduate school with this motivation behind me and was thankfully awarded a full fellowship to study media and body image at the University of Utah in 2007.

Soon after moving to Salt Lake City for grad school, I felt overwhelmed with the excitement and potential implications of this work I so wanted to accomplish. On August 19, 2007, I wrote this in my journal (only slightly less melodramatic than previous teenage me):

“I KNOW this is going to be a hard but amazing time in my life. I can feel it right now. Lots of big things are going to happen, both academically and spiritually, but also socially and emotionally. I know I’m where I’m supposed to be, doing what I’m supposed to be doing. I don’t even know exactly what that will entail – definitely something to do with helping people to become more critical media consumers – to question what they see in TV, movies and magazines, and understand why it is that way, especially how women are portrayed. If we can forget how inadequate, fat, dumb and jealous we feel and concentrate on serving others and improving the world, the world be a much better place and women – and their families – will be so much more fulfilled and so much happier.”

(As a side note, most of my journal entries have focused on dating and roommate drama and vacations, not changing the world. This is one of those rare exceptions.) Through earning a master’s in communication, I hoped to shed light on the powerful, invisible forces behind idealized images of women and the influence they have on all of our lives. In 2008, during my master’s studies, I wrote my lofty intentions in a class paper: “I want to help redefine women’s values and worth outside the terms of idealized beauty by reaching out to girls who are developing their own ideas of true womanhood and success. I, along with my twin sister Lexie, aim to hold classroom workshops, seminars, conferences, school assemblies, courses and even individual conversations to further this goal. Those mediums can be powerful tools in uncovering oppressive ideologies, questioning ideals and sharing liberating truths that have the potential to expand girls’ and women’s ideas of what it means to be valuable, successful and desirable – despite media messages that will continue perpetuating even more consistent, coherent, oppressive lies about women.”

Despite all my best teenage efforts, that dimple in my left thigh never disappeared, but it hasn’t held me back from recognizing my worth and potential as a beautiful, capable, awesome woman — or my potential to spread that truth to women everywhere. My appearance (though it is ironically at the center of discussion in much of our media attention) does not determine my value, no matter how much the fashion, beauty and diet industries benefit from me believing that message. I’m unbelievably grateful that the anxiety that came from becoming aware of my body’s “flaws” has continuously been replaced by this empowering knowledge about my worth. It has transformed into an anxious, heart-racing desire to share this truth, and thankfully, it’s contagious! When

good people hear true messages that help us to see women as capable of much more than being looked at and value women as more than objects, their hearts beat faster. Those people help share these truths too — through blogs, Facebook, Twitter, everyday conversation, sharing our Beauty Redefined sticky notes in public places, objecting to harmful messages in every way possible, and so many more strategies for both males and females.

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