The sociocultural theory maintains that women’s dissatisfaction with their bodies comes from the thin body ideal of Western societies; the tendency for women to view their body as an object rather than a functioning system; and the “thin is good” assumption that emphasizes the rewards of being attractive or thin and the costs of being unattractive or fat (Morrison, Kalin, & Morrison, 2004). Interestingly, the discrepancy between the definition of the ideal female body and the actual size of women’s bodies is increasing. It has been reported that whereas the average American woman under thirty has become increasingly heavier, media images of women have become increasingly thinner (Wiseman, Gray, Mosimann, & Ahrens, 1992). The emphasis placed on women’s physical appearance and the ways in which media represents women’s bodies may contribute to the acceptance of a body as an object orientation (Morrison et al.).

Body Image in Women

The study of body image began at the turn of the twentieth century. However, over the past two decades, research interest in body image has grown due to the increasing prevalence of eating disorders (Wingwood, Diclemente, Harrington, & Davies, 2002). Body image may be understood as a multidimensional concept that represents how individuals “think, feel, and behave with regard to their own physical attributes” (Morrison et al., 2004, p. 571). In Western society, a civilized female body is defined by ideals of beauty, which studies show are generally ultra-thin, unrealistic, and impossible for most women to attain. Commonly expressed ideologies about women’s bodies include: women being constantly aware of and attending to their bodies, women’s bodies as texts through which their morals and values will be read, women’s bodies as objects and commodities, women’s bodies existing to serve others, beautiful women are thin, and women should suppress their bodily appetites (Rubin, Nemeroff, & Russo, 2004). Women’s bodies often are scrutinized and evaluated in accordance with these ideals of attractiveness and/or thinness.

Empirical studies have found that many women experience a discrepancy between their actual body and their ideal body, causing a unique form of shame. Diets are viewed as to promise women relief from body shame arising from the dissatisfaction with body size.
placing many women at risk for disordered eating (Noll & Fredrickson, 1998). Additionally, Wiederman (2000) maintains that women’s sexual desirability is often equated with physical attractiveness and thinness. Women have a heightened awareness of how their bodies appear to others, particularly men, influencing their body images. Women with this heightened awareness often have “internalized observers’ perspectives” on their bodies and chronically monitor themselves in anticipation of how others will judge their appearance and treat them (Calogero, 2004, p. 16). Feelings of shame about the body can be elicited by the anticipation of a simple gaze from a male individual, which is the result of internalizing the sexually objectifying male gaze (Calogero, 2004). However, the messages women receive with regard to how they should perceive their bodies come from many different sources (e.g., family, peers, etc.); of particular relevance to the present study is the media’s influence on females’ body image perception.

Media Influence on Body Image

Researchers who study eating-disordered cognitions and behaviors have suggested that the mass media, particularly women’s magazines, play a role in eliciting negative body images (Eskes, Duncan, & Miller, 1998). More specifically, many believe that reading beauty and fashion magazines leads women to internalize and embrace the thin ideal, motivating them to attain it at times through pathogenic practices (Thomsen, Weber, & Brown, 2002). Anorexia nervosa and bulimia nervosa are biopsychosocial disorders that result in distortions of self-image and self-perception. The onset of these diseases typically falls between early adolescence and early adulthood when most young women are susceptible to cultural pressures for thinness and thus, more likely to be involved with and influenced by the media. The heightened susceptibility to these pressures and influences from the media is believed to be due to the preoccupation with appearance and identity during adolescence. In fact, teenagers are believed to be among the heaviest users of mass media. Recent reports indicate that more than 6.5 million adolescent girls read Seventeen, Teen, and YM; all of which are popular magazines targeted at teenage girls (Thomsen et al., 2002).

One consequence of the media is believed to be the development of unrealistic standards of beauty. Studies have suggested that magazine content supports the perception that female happiness and success are tied to physical appearance, with ultrathinness being preferred and the most important form of self-improvement (as cited in Thomsen et al., 2002). Research also proposes that when women become dissatisfied with their inability to match the ideals offered in magazine photographs and advertisements, they begin to develop eating-disordered thoughts possibly leading to anorexic or bulimic tendencies (Thomsen et al.). Statistically significant relationships between reading fashion magazines and body dissatisfaction have been found (Harrison & Cantor, 1997). Similarly, another study found that individuals who saw images of thin fashion models were more likely to report higher levels of body dissatisfaction than those who saw nonfashion images (as cited in Thomsen et al.). Additionally, exposure to images depicting thinness may lead to short-term reductions in self-esteem, distortions in body-size estimation, and a more depressed mood (Thomsen et al.). In fact, what is important to note about media exposure is its pervasiveness. In today’s society, it is extremely difficult to seclude oneself from media ideals of beauty. Often a related implication of media coverage of female bodies is the portrayal of the female body (and body parts) as an object to be evaluated.

Body Objectification

One of the most promising theoretical approaches to understanding the problems of negative body image and disturbed patterns of eating in women is the objectification theory. According to Fredrickson and Roberts (1997), growing up in a society that objectifies the female body and sexualizes all women leads women to self-objectify. Specifically, objectification theory maintains that women are socialized to view and treat themselves as objects and thereby become preoccupied with their own physical appearance, denoting self-objectification (Noll & Fredrickson, 1998). Self-objectification is argued to have destructive psychological consequences, such as increased shame and anxiety, decreased opportunity to achieve high motivational states due to interruption of cognitive flow, and insensitivity to bodily cues (Gapinski, Brownell, & LaFrance, 2003). Diverting attention inward, self-objectification involves women monitoring their own bodies as a reaction to or in anticipation of the sexually objectifying gaze of others. Self-objectification is thought to be associated with increased anxiety, particularly with regard to one’s appearance, because of the attention required by habitual body monitoring (Gapinski et al.).

Nitcher and Vukovic (as cited in Gapinski et al., 2003) coined the term “fat talk” to describe the self-disparaging body talk that occurs in peer groups and contains an element of social influence. Fat talk uses weight as a reference point for feelings; saying “I’m fat” can be like saying “I feel out of control” or “I feel depressed.” Some claim that a person who does not
engage in fat talk may be frowned upon, as though she thinks her body is flawless. Fat talk can also be used to disclose vulnerability; a girl may use it to be the first to publicly criticize her own body as a defense against others who may have been thinking the same thing. In this manner, fat talk may be objectifying because it directs attention to the appearance of the body, assuming that others are evaluating one’s body and that one should be the first to criticize her own appearance (Gapinski et al.). Oppositely, it has been questioned whether fat talk could reassure rather than objectify. In this view, as fat talk is directed at the self, it could divert the listener’s attention away from her own body, potentially reducing the negative affects of self-objectification. Specifically, if the listener is worrying about her own body, fat talk may serve to reassure and encourage her, possibly leading to the thoughts “It’s okay, she thinks she looks bad, too.” Fat talk is viewed as one factor that may impact the experience of self-objectification (Gapinski et al.).

The present study was aimed at determining whether increased objectification or increased reassurance is associated with fat talk, to determine what effects good-looking talk may have on participants, and to understand whether media photographs can influence body objectification. It was hypothesized that participants who viewed media images of female models would be more self-objectifying and anxious than those who did not view the images; and that those women exposed to fat talk would be more self-objectifying and anxious than those exposed to good-looking talk. Additionally, it was hypothesized that women who experienced the media exposure with fat talk would have the highest self-objectification scores and anxiety levels.

**Method**

**Participants**

Participants in the present study comprised of 49 volunteer female college students from a small, private liberal arts college in the Midwest. There were 11 freshmen, 13 sophomores, 15 juniors, 9 seniors, and 1 nonreporting student who participated. The majority of participants came from psychology courses and received extra credit for their participation, but some were volunteers solicited from other courses on the college campus. All participants were randomly assigned to the four experimental conditions. The APA Code of Ethics was followed in all conditions.

**Measures**

Anxiety. Spielberger’s (1983) State-Trait Anxiety Inventory (STAI) has been used extensively in research and clinical practice to assess individuals’ anxiety levels. It is made of separate self-report scales for measuring state and trait anxiety. The State-Anxiety scale consists of 20 statements evaluating how the participant feels “right now.” The qualities measured by this scale include feelings of apprehension, tension, nervousness, and worry. The Trait-Anxiety scale consists of 20 statements that assess how the participant “generally feels.” The 40 question test allows individuals to respond on a 4-point Likert scale. Each item is given a weighted score of 1 to 4. A rating of 4 indicates the presence of a high level of anxiety for 10 state anxiety items and 11 trait anxiety items (e.g., “I feel strained”). A high rating indicates the absence of anxiety for the remaining 10 state anxiety items and 9 trait anxiety items (e.g., “I feel secure”). The scoring weights for the anxiety-absent items are reversed. To obtain scores, the weighted scores are summed for the 20 items that make up each scale. The scales can vary from a minimum of 20 to a maximum of 80. Each STAI item was required to meet validity criteria at each stage of the test development process in order to be retained for further evaluation and validation. There is evidence of concurrent, convergent, divergent, and construct validity of the STAI scales. Correlations of the STAI scales and other measures of personality provide evidence of convergent and divergent validity. Reliability for the State-Anxiety scale has a low stability because the responses to the items are supposed to reflect the influence of situational factors that exist during the time of the test. For the State-Anxiety scale the coefficients ranged from .16 to .62, whereas the range for the Trait-Anxiety scale was .65 to .86 (Spielberger, 1983). In the present study, the reliability coefficient for state anxiety was $\alpha = .93$ and for trait anxiety reliability was $\alpha = .92$.

**Self-Objectification.** The Self-Objectification Questionnaire quantifies individual differences in self-objectification by assessing the extent to which individuals view their bodies in appearance-based (objectified) terms versus competence-based (nonobjectified) terms (Noll & Fredrickson, 1998). The questionnaire asks participants to rank a list of body attributes in ascending order of how important each is to their physical self-concept; most impact is ranked as 1, whereas least impact is ranked as 12. Twelve body attributes include six that are appearance-based (i.e., physical attractiveness, coloring, weight, sex appeal, measurements, and muscle tone) and six that are competence-based (i.e., muscular strength, physical coordination, stamina, health, physical fitness, and physical energy level). Scoring is computed by summing the ranks for the appearance and competence attributes.
separately and then computing a difference score. Scores range from -36 to 36, with higher scores reflecting a greater emphasis on appearance, interpreted as greater self-objectification. The Self-Objectification Questionnaire demonstrates satisfactory construct validity and scores were shown to correlate positively with scores from similar measures (Noll & Fredrickson, 1998). No specific reliability scores were available.

**Fat talk.** Fat talk was expressed as “This shirt looks horrible on me; I look so fat; My stomach is totally hanging out!” Whereas good-looking talk was expressed as “I love this shirt on me; It fits so cute and makes me look really skinny!” Each phrase contained the same number of words and was equally as positive and negative. The idea of fat talk was derived from the Gapinski et al. (2003) study, whereas good-looking talk was designed and first used in this study. Good-looking talk was established to help further determine which effect—increased/decreased objectification or increased/decreased anxiety—is associated with type of talk heard.

**Demographics and media.** A demographic questionnaire was also utilized to assess age, weight, height, academic year, and self-report stress level. Additionally, media images of thin female models—none of celebrity status—from fashion and men’s magazines were used.

**Procedure**

All participants were tested individually in one of two separate research cubicles. One cubicle contained a small table and chair facing a mirror with pictures of female models posted all around it. The other cubicle contained only a small table and chair. Participants were randomly assigned into the four experimental conditions. The four experimental conditions were good-looking talk/no media image exposure; good-looking talk/media image exposure; fat talk/no media image exposure; and fat talk/media image exposure. Each participant was welcomed upon arrival and immediately after was given an opportunity to read and sign an informed consent form. While the participant was completing this introductory process, she was informed that the experimenter forgot some materials, and thus she was left alone in the cubicle for one minute to allow her to view the pictures of the female models or sit in an undecorated cubicle, depending on the experimental condition. Hence, the experimenter left the cubicle for one minute regardless of the condition to allow for exposure to the models or lack thereof.

Following the one minute time lapse, the experimenter returned and gave the participant instructions for the completion of the questionnaire packet and informed her that the experimenter would be waiting in the hallway. As the experimenter was walking away from the cubicle, a confederate approached and proceeded with either the “good-looking talk” or the “fat talk,” depending on the randomly assigned condition. Although not directly addressed, if participants questioned the presence of media images, the researcher responded, “Those pictures are being used for a different study going on.” Upon completion of the questionnaires, the participant was allowed an opportunity to ask questions, thanked for her participation, and was informed that debriefing would be completed via email.

<p>| TABLE 1 |
| Intercorrelations Between Variables |</p>
<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6)</th>
<th>(7)</th>
<th>(8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Type of talk</td>
<td>1.00</td>
<td>-0.02</td>
<td>0.11</td>
<td>-0.07</td>
<td>-0.23</td>
<td>0.02</td>
<td>0.25</td>
</tr>
<tr>
<td>(2) Magazine viewing</td>
<td>1.00</td>
<td>-0.14</td>
<td>-0.03</td>
<td>0.21</td>
<td>-0.07</td>
<td>0.02</td>
<td>0.14</td>
</tr>
<tr>
<td>(3) Age</td>
<td>1.00</td>
<td>-0.04</td>
<td>-0.06</td>
<td>-0.26</td>
<td>0.25</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td>(4) Weight</td>
<td>1.00</td>
<td>0.30*</td>
<td>-0.10</td>
<td>0.07</td>
<td>0.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Height</td>
<td>1.00</td>
<td>-0.07</td>
<td>0.16</td>
<td>0.20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Body objectification</td>
<td>1.00</td>
<td>-0.41**</td>
<td>-0.36*</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(7) State anxiety</td>
<td>1.00</td>
<td>0.79**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(8) Trait anxiety</td>
<td>1.00</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*p < .05, **p < .01
Results

Exploratory Analyses

Prior to main analyses, correlational analyses were conducted to examine interrelations among the present study’s variables as presented in Table 1. Nonsurprisingly, trait and state anxieties were significantly correlated (p < .01), suggesting that the more state anxiety a participant experienced, the more trait anxiety was present within the participant. Interestingly, state anxiety and body objectification evidenced an inverse relationship (p < .01). This correlation suggests that as participants’ body objectification increased, their state anxiety decreased. Lastly, type of talk heard and trait anxiety also correlated (p < .05), suggesting that when fat talk was heard, participants’ trait anxiety increased.

Main Analyses

To examine the effect of conversation and media images on body objectification, a 2 (talk) x 2 (images) analysis of variance (ANOVA) was conducted. Results indicated no main effect of conversation, F(1,45) = .01, ns, η² = .00; or media images, F(1,45) = .26, ns, η² = .01; and no significant interaction, F(1,45) = .94, ns, η² = .02. However, examination of marginal means (see Figure 1) suggested that perhaps with a larger sample size a significant interaction may have appeared.

To examine the effect of conversation and media images on state and trait anxiety, two 2 (talk) x 2 (images) ANOVAs were done. Results for state anxiety indicate a marginally significant main effect of conversation, F(1,45) = 3.00, p = .09, η² = .06. Although nonsignificant, individuals who heard good-looking talk experienced higher state anxiety (M = 42.79) than individuals who heard fat talk (M = 37.37). No main effect of media, F(1,45) = .04, ns. No significant interaction between the variables was found, F(1,45) = .05, ns. Results for trait anxiety indicate a significant main effect of conversation, F(1,45) = 4.22, p = .04. That is, individuals who heard good-looking talk experienced higher trait anxiety (M = 42.57) than individuals who heard fat talk (M = 37.09). No main effect of media, F(1,45) = .90, ns. No significant interaction between the variables was found, F(1,45) = .00, ns.

Discussion

The present study was designed to examine how exposure to media photographs and overheard conversation, including fat talk or good-looking talk, affects women’s self-objectification and anxiety levels. Specifically, it was hypothesized that participants who viewed media images of female models would be more self-objectifying and anxious than those who did not view the images. Secondly, women exposed to fat talk were expected to be more self-objectifying and anxious than those exposed to good-looking talk. Additionally, it was hypothesized that women who experienced the media exposure combined with fat talk would report the highest self-objectification scores and anxiety levels. Results indicated a lack of support for these hypotheses, but revealed some interesting findings.

An interesting, significant finding indicated that participants who heard good-looking talk reported a higher level of trait anxiety. This finding is odd because trait anxiety scores are described as being enduring and nontransient, whereas state anxiety scores are designed to reflect the influence of situational factors that exist during the time of the test. Participants in the present study were instructed to complete the state anxiety scale first, with the trait anxiety scale being completed second. Perhaps the situational factors created by the experimenter (i.e., media images and type of talk) did not take affect on the participant until after they had completed the state anxiety scale and were filling out the trait anxiety scale. Although nonsignificant, individuals who were exposed to good-looking talk also reported higher levels of state anxiety than those exposed to fat talk. Opposite of the present study’s hypotheses, this finding suggests that being exposed to good-looking talk increases anxiety levels in some women. Perhaps hearing that another woman is not only satisfied with her appearance, but also views herself as “skinny” brings attention to dissatisfaction with one’s own body and appearance, and results in the anxiety experienced along with that dissatisfaction.
An additional interesting (but nonsignificant) finding implied that women who heard good-looking talk and viewed the media images were more self-objectifying than those who heard fat talk and viewed the images. This result suggests that perhaps women who experienced good-looking talk and viewed media images objectified themselves more because of an awareness that another individual (i.e., the confederate) described herself as thin in addition to the thin media image models. Additionally, participants who heard fat talk and were exposed to media images self-objectified least. In this case, fat talk conceivably offered social support and was indeed beneficial for women as suggested by Gapinski et al. (2003). For example, if the participant was worrying about her own body, fat talk may have served to reassure her. This participant may have been contemplating thoughts such as; “It’s okay, she thinks that she looks fat too” or “I may not be as thin as these models, but maybe I’m not as bad off as she is.” In both situations, one possible explanation is that some women who overheard fat talk or good-looking talk by the nonvisible confederate peer assumed that the individual in question truly did possess the desirable or undesirable quality.

Surprisingly, although non-significant, participants who did not view media images were more body objectifying overall than those who viewed the media images. This finding goes against prior research and suggests that media does not have an effect on women’s self-objectification. Past research has examined the relationship between reading magazines (i.e., fashion magazines) and the development of cognitions consistent with body image disturbance and unhealthful attitudes about food (Thomsen et al., 2002). Levine, Piran, and Stoddard (as cited in Thomsen et al.) suggested that most researchers acknowledge their belief in the negative impact of the media on the minds of women, but making the connection between the media and body image has been more challenging. It is possible that in the present study, the participants in the no-media condition were occupied by looking into the mirror, or simply did not look at the media images in the media condition as the experimenter had hoped.

Although the present study did not confirm fat talk as a significant negative experience leading to objectification, the potentially dangerous impact of fat talk should not be underestimated. Specifically, fat talk perpetuates the overvalued ideal of thinness and disgust of fat, which may be particularly damaging those to susceptible to eating problems. Gapinski and colleagues (2003) noted that girls and women with eating disorders may take this type of discourse more literally than non-disordered eating individuals. For troubled women, fat talk may serve to legitimize pathological beliefs about shape and weight (Gapinski et al., 2003). Thus, research on body disparaging fat talk is important and should be continued to assess its impact in contrast to good-looking talk.

The present study was limited to a small, private, liberal arts college, which led to a small sample size that may be ungeneralizable. Some suggestions for future studies may include obtaining a larger, more representative sample. It also may be beneficial for a future sample to include the adolescent age, as this is the time period when many believe that body objectifying begins. Moreover, it may be interesting to include men in a study of fat and good-looking talk and body objectification to evaluate if there are similar pressures for male body perfection. Further research should also be conducted on good-looking and fat talk; possibly creating a ‘control talk’ group may be beneficial for understanding the effects of type of talk heard. Also, it is important to consider the effects of the mirror (present in all conditions, simply because of the design of the building) on the participants’ self-objectification and anxiety levels, as a mirror may force one to become more self-aware. Future research should include mirror presence as an additional independent variable.

What is the cost of objectification across the lifespan? Throughout their lives, women could be at increased risk for eating disorders and depression, in part, due to objectification (Fredrickson & Roberts, 1997). Thus, the challenge is to recognize the threat it poses to women and attempt to change it. It may be important for our culture to change the meanings assigned to the female body. Perhaps federal restrictions and warnings on advertisements should be explored as means to protect public health to help regulate the use of objectifying ads. Another important step is to educate girls and women to make them more fully aware of the range of adverse psychological effects that objectifying images and treatment can have on them. This awareness could strengthen girls and women to resist these negative effects, and help them to experience their bodies in a more positive way.

References


