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A MEDIA LITERACY INTERVENTION: USING SELF-OBJECTIFICATION AS A
TOOL FOR IDENTIFYING CHANGES IN WELL-BEING AND INTERNALIZATION

By

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Honours B. A. in Psychology, Brock University, 2002

THESIS

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Abstract

According to objectification theory, females are socialised to internalize a third person perspective of their own physical appearance (Fredrickson & Roberts, 1997), which in turn serves to decrease well-being (Sands & Wardle, 2003). In our culture, one of the biggest culprits for portraying a negative perspective of women's bodies is media (Thompson & Heinberg, 1999). In an effort to combat the harmful effects of media, researchers have suggested that being able to critically evaluate (i.e., media literacy) such messages may be helpful (Tiggeman, Gardiner, & Slater, 2000). Past research has failed to measure trait self-objectification (TSO: high, low) and its interaction with media literacy videos. Thus, the present study investigated the effectiveness of two media literacy interventions designed to decrease internalization of the thin ideal and increase well-being. First year university women were pre-selected on their level of TSO. At Time 1, those low and high in TSO completed measures of internalization, awareness, self-esteem, positive and negative affect, and depression. At Time 2, they viewed media literacy videos that varied in their level of state self-objectification (SSO; high, low), completed the same measures as Time 1, and open-ended questions about their reactions to the videos. At Time 3, they completed the same measures as Time 1, and open-ended questions about their reactions to the videos. Although no three-way interactions between TSO, SSO, and time were found, profile analyses of general well-being measures found that high TSO women reported lower well-being compared to low TSO women. Further, qualitative results showed that women experienced a number of positive changes in well-being such as feeling better about oneself and body. Implications for future research on the interaction between TSO and SSO are discussed.

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Introduction

Objectification Theory

Objectification theory states that our culture objectifies females; women are socialized to internalize an outside perspective of their physical self (Fredrickson and Roberts, 1997). Specifically, self-objectification occurs when women rate their body from a third person point of view, focussing on their observable physical features (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998). For example, a common phenomenon among girls and women is to examine one's legs or stomach in the mirror, questioning "am I too fat?" Objectification theory argues such a phenomenon is reflective of a women who has internalized social standards and uses them to rate herself.

Self-objectification can be defined as a stable personality trait. Individuals vary in their tendency to self-objectify (Fredrickson et al., 1998). The self-report measure provides a concrete example of how trait self-objectification (TSO) is conceptualized. The "Self-Objectification Questionnaire" (Noll & Fredrickson, 1998) measures the extent to which participants are concerned with their appearance by asking them to rank from 1 ("least impact") to 12 ("greatest impact") the importance of six appearance-based (physical appearance, colouring, weight, sex appeal, measurements, and muscle tone) and six competence-based attributes (muscular strength, physical coordination, stamina, health, physical fitness, and physical energy level). Scores are computed by summing ranks for each list separately and then computing a difference score by subtracting competence from appearance, with higher scores indicating higher TSO.

Previous research has supported TSO's construct validity by demonstrating its variability across samples and its relationship with a variety of related concepts.

McKinley (1998) examined whether there was a relationship between TSO (labelled in her study as objectified body consciousness) and body esteem, and if this relationship varied across gender. She administered self-report measures to over 300 undergraduate men and women. The scale consisted of three subscales assessing: body surveillance (i.e., the frequency with which someone observes their body and attends to appearances rather than feelings); body shame (i.e., the experience of negative emotion in response to internalizing unattainable cultural expectations); and control beliefs (i.e., the degree someone feels they have control over their weight and appearance). Results showed that the more participants attended to their appearance, the higher their body shame and the lower their body esteem. Women also reported higher levels of body surveillance, body shame, and actual/ideal weight discrepancy than men. However, when TSO was controlled, the existing relationship between gender and body esteem became non-significant. Thus, the trait self-objectification more than gender played an important role in predicting body esteem.

While most research involving TSO and its relationship with body image has focussed on college aged women, Tiggemann and Lynch (2001) investigated the impact of TSO on well-being for women across their life span. Over 300 women aged 20 to 84 completed surveys on well-being measures such as body dissatisfaction, body shame, and disordered eating. Age was inversely related to TSO and body surveillance such that as women aged, their TSO and body surveillance scores decreased. This is consistent with objectification theory as it would suggest that objectification of women is most intense in adolescence because of the importance and attention devoted to young women's bodies in our culture (Fredrickson & Roberts, 1997). A similar finding emerged with appearance

anxiety such that as age increased appearance anxiety decreased. Therefore, as proposed by objectification theory, the effects of TSO on well-being are most harmful in adolescent and early adult years, likely when women's bodies are most objectified.

Tiggemann and Slater (2001) further investigated objectification theory by examining disordered eating among two distinct groups of women: former dancers and non-dancers. Former dancers were chosen because of their unique position within an environment that heightens a focus on third person perspectives (i.e., their routine practicing in front of mirrors preparing to be watched on stage). It was therefore hypothesized that former dancers would have higher TSO levels than non-dancers. As expected, former dancers scored higher than non-dancers on TSO, self-surveillance, and disordered eating. The study further investigated the process by which TSO is damaging by examining whether two path models would remain consistent across the two samples. The model postulated that TSO would lead to self-surveillance which would lead to body shame which in turn would predict disordered eating. These models were supported suggesting that the processes by which TSO leads to disordered eating are consistent across groups.

In an attempt to further understand the process through which TSO was so damaging to eating behaviour, Noll and Fredrickson (1998) hypothesized that body shame, or anticipation of experiencing body shame would mediate the relationship between TSO and disordered eating. Two samples of female undergraduate students were given a questionnaire package containing measures of TSO, body shame, eating attitudes, and bulimic and anorexic symptoms. Zero order correlations first showed that the more TSO women reported, the more they experienced body shame, and exhibited bulimic and

anorexic symptoms. However, when disordered eating was regressed onto TSO while controlling for body shame, the relationship between TSO and disordered eating decreased. The importance of this study is that TSO's relationship to disordered eating is partially mediated by women's feelings of shame about their bodies.

Given only a partial mediation by body shame, Muehlenkamp and Saris-Baglama (2002) tested additional mediating variables. College female participants completed questionnaire packages with measures of internal awareness (i.e., difficulty identifying and describing emotions), depressive symptoms, restrained eating, and bulimic symptoms. Results of the path analysis showed that TSO predicted internal awareness, disordered eating, and depressive symptoms. While, internal awareness did not mediate the relationship between TSO and disordered eating, it did mediate the relationship between TSO and depressive symptoms. Thus, TSO may be psychologically damaging because of its direct influence on decreasing one's ability to attend to internal needs, and its impact on dieting.

Not only does TSO directly impede healthy eating, it also affects health protective behaviours. Strelan, Mehaffey, and Tiggemann (2003) examined the relationship between TSO and women's rationales for exercising. One hundred and four women were recruited from four different fitness centres and completed measures of TSO, body satisfaction, body-esteem, self-esteem, and reasons for exercising. As predicted, results showed that higher TSO scores were associated with lower body satisfaction, body esteem, and self-esteem. Those with higher TSO scores also reported a greater desire to exercise for appearance, while those with lower TSO scores reported greater desire to exercise for health/fitness reasons or enjoyment reasons. Further, once reasons for exercising were

controlled, the relationship between TSO and the self and body esteem measures became non-significant. Thus, another reason TSO is so damaging to women is through its relationship with health protective behaviours like exercise. These findings imply that even something as beneficial as exercising may relate to lowered esteem if motivations for doing so are appearance versus health related reasons.

While most of the literature has focused on self-objectification as a trait, objectification theory also suggests it can be defined as a situational influence. In particular, self-objectification may be more salient in certain situations (Fredrickson et al., 1998). These situations are characterized as public, mixed-sex, and unstructured (i.e., no formal guidelines for behaviour) (Gardner, 1980, as cited in Fredrickson et al., 1998), and are more likely to result in more frequent verbal evaluations of women's bodies. For example, at a party or bar, flirtation may involve gazes at, or comments about bodies. Thus, self-objectification may be considered as both as a trait and a state.

There has however been limited research examining state self-objectification (SSO). In one exception, Fredrickson et al. (1998, Experiment 1) tested the hypothesis that TSO and SSO would interact to predict body shame, which in turn would relate to restrained eating. Researchers randomly assigned female college students who had been pre-tested on a measure of TSO to try on either a bathing suit or sweater. The purpose of exposing participants to these two conditions was to create a high (bathing suit) and low (sweater) SSO condition. Participants were then asked to evaluate the clothing item while alone in a dressing room, and complete a body shame measure. After changing back into their own clothes, participants were then asked to participate in a taste test where the amount of food they consumed was measured. Results showed a significant interaction

between TSO and SSO such that among those high in TSO, those in the bathing suit condition showed higher body shame than those in the sweater condition. However, among those in the low TSO group, there were no differences across SSO conditions on body shame. Further, those participants high in body shame ate fewer cookies thereby supporting the prediction that body shame is associated with restrained eating. The interaction between TSO and SSO indicates that SSO is most consequential for high TSO people. This suggests that our media, which sexually objectifies women, may have the most severe consequences for women who are high in TSO.

In experiment 2 (Fredrickson et al., 1998) of their study, they tested whether gender would moderate the effects found in the previous study. Both men and women who had previously scored in the lowest and highest quartiles on TSO were randomly assigned to try on either a bathing suit or sweater. Participants were again asked to look in the mirror and then asked to complete a math test as well as measures of body shame and emotions while wearing the garment alone in the dressing room. Results showed a significant three-way interaction between TSO, SSO, and gender. To explore the source of this interaction, the two-way (TSO x SSO) interactions were analysed within each gender. Among women, there was a main effect for SSO such that women in the high SSO condition reported higher body shame scores than women in the low SSO condition. Further, women who tried on a bathing suit tended to report feeling “disgust, distaste, and revulsion” while men reported feeling “sheepish, bashful, and shy”. For men, there was a main effect for TSO, such that men with high TSO reported higher body shame than men with low TSO. These findings suggest that men and women respond to different aspects of self-objectification. While men were affected by a self-objectifying personality trait,

women were more affected by a self-objectifying situation. Thus, our media as a situational influence on self-objectification may have the most severe consequences for women.

In a replication study, Gapsinski, Brownell, and LaFrance (2003) tested the effects of a second type of state self-objectification, namely: "fat talk." Fat talk represents derogatory body talk that occurs in peer groups (e.g., "I'm so fat"). They hypothesized that both TSO and SSO would be related to increased anxiety, decreased self-efficacy, and cognitive performance among women. Fat talk was manipulated by having a female confederate say that the clothing looked horrible on her and that her stomach was sticking out. Eighty-two college women were randomly assigned to one of eight conditions in a 2 (SSO 1; fat talk, no fat talk) by 2 (SSO 2; swimsuit, sweater) by 2 (TSO; low, high) design. The results of the three-way interactions on cognitive performance were marginally significant. Thus, to explore the source of the marginal finding, the two-way (TSO by fat talk) interactions within each clothing condition were conducted. Results showed that women high in TSO who were exposed to fat talk showed lower cognitive performance than those without fat talk, regardless of whether they were wearing a swimsuit or a sweater. In contrast, women low in TSO exposed to fat talk showed increased cognitive performance compared to women high in TSO. These findings illustrate the equally harmful effects of another self-objectifying cultural situation, fat talk, which is even more harmful for high TSO women.

In summary, literature has shown that high levels of TSO foster harmful effects on well-being such as decreased body esteem, increased body shame, and restrictive eating. However, one of the most important findings is that for women, TSO and SSO

interact such that women high in the trait are also most vulnerable to situations that are high in self-objectification (e.g., trying on a swimsuit, fat talk). Therefore, women who dispositionally self-objectify are especially at risk in a culture that encourages situations that foster self-objectification. Thus, the effects of media as perhaps the most pervasive situational influence on self-objectification must be examined.

Media and Well-Being

Media are an effective avenue for relaying information to a vast number of people and, like other social agents such as family and peers, serve to shape social norms, values, rules, and individuals' perception of themselves. Unfortunately, the messages sent and received through media are not always positive or constructive. One message that is clear is the thinning of women. A content analysis of television shows and magazine pictures from 1901 to 1980, and films from 1932 to 1980 revealed a trend towards a thinner ideal for women (Silverstein, Perdue, Peterson, & Kelly, 1986). Specifically, the weight difference between models and the average western woman has increased from 8 to 23 percent in the last 30 years (Wolf, 1991). Further, the general population is fatter than they were in previous decades; specifically, the prevalence of overweight and obese young people has risen (WHO, 1998). Therefore, not only is the ideal image of women becoming thinner, women who are comparing themselves to this ideal on average are becoming larger. Thus, media, as a purveyor of negative unrealistically thin female images may also produce a form of SSO.

To date there is a great deal of research about the effects of media depicting the ideal female standard. Such media have harmful consequences on well-being as shown with the use of experimental (Irving, 1990; Posavac, Posavac, & Posavac, 1998; Stice

and Shaw, 1994; Tan, 1979; Wilcox & Laird, 2000), correlational (Botta, 1999; Stice, Schupak-Neuberg, Shaw, & Stein, 1994), and qualitative methods (Brooks & Tepper, 1997; Tiggeman et al., 2000; Wertheim, Paxton, Schulz, & Muir, 1997). However, what is most relevant to the present research, is the process by which media becomes harmful. If objectification theory is correct, then it is the internalization of harmful media messages that negatively affects well-being. That is, self-objectification theory states we internalize society's view of us. Thus, media as a situational influence should increase women's tendency to internalize media messages. In turn, internalization should be most damaging for well-being.

Many studies have investigated this link by examining the effects of exposure to, awareness of, or internalization of media messages on well-being. For example, Heinberg and Thompson (1995) hypothesized that exposure to commercials containing cultural ideals of attractiveness would foster greater body image dissatisfaction and negative mood among young women than exposure to neutral commercials, and that this would only be experienced by women high in awareness and internalization. Awareness was defined as the acknowledgement of a cultural emphasis that thinner models look better than normal sized models; and internalization was measured by an individual's acceptance of the belief that thinner is better, and a desire to look like thinner models. Awareness and Internalization (A/I) were measured using the Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ; Heinberg, Thompson, & Stormer, 1995) which assesses both concepts with one overall score. Individuals were split above and below the median score on A/I to create two comparison groups. Participants were assessed on their changes in body satisfaction and mood before and after viewing the

commercials. Results showed a significant three-way interaction between condition (commercial; thin, neutral), A/I (low, high), and time (pre, post). Post hoc analyses showed that among participants high on A/I, those watching the thin video reported increased depression and anger, whereas those in the control condition reported decreased depression and anger. Those participants low in A/I who viewed the thin video reported increased anger over time. These results suggest that the thin commercial was more negative for those individuals who dispositionally internalize. However, by combining internalization and awareness it is unclear whether the two variables were uniquely related to negative affects on well-being.

To address this concern, Cusumano and Thompson (1997) examined the relationship of exposure to, awareness of, and internalization of media to well-being. Female college students completed measures of well-being such as, body dissatisfaction, self-evaluation of appearance, eating disturbance (i.e., binging, purging, dieting, and weight concern), and self-esteem. Exposure was assessed by a measure of the source and duration of exposure to magazines, and awareness and internalization were measured independently using a revised-SATAQ. Exposure was unrelated to well-being measures. However, regression analyses showed that while both awareness and internalization explained variance in each of the well-being measures; internalization explained considerably more unique variance. Thus, in support of objectification theory, it is the internalization of media messages that fosters harmful effects on well-being more so than exposure or awareness.

Morry and Staska (2001) also examined the effects of internalization on well-being. College men and women were asked to complete a questionnaire package

assessing their magazine exposure (fitness or beauty magazines), measures of internalization and awareness of media (SATAQ), body shape dissatisfaction, and disordered eating. For women, exposure to beauty magazines was directly related to internalization which in turn was associated with disordered eating and feelings of fatness. For men, exposure to fitness magazines was directly related to internalization which in turn related to body shape dissatisfaction. Thus, for both men and women exposure to media, albeit alternative forms, led to harmful affects on well-being, but these effects were mediated by internalization. Further, given women's internalization was related to disordered eating the consequences of internalization appear more severe for women.

Investigating the role of media exposure, awareness, and internalization among younger adolescents (9-12 year old girls), Sands and Wardle (2003) administered questionnaires measuring internalization, exposure, awareness, and body dissatisfaction. They expected internalization would mediate the relationship between awareness and body dissatisfaction. As hypothesized, results from the regression analyses showed that internalization mediated the relationship between awareness and body dissatisfaction. Although exposure was associated with awareness, it was not associated with body dissatisfaction. Thus, as theorized by objectification theory, internalization more so than exposure or awareness, leads to harm on well-being among both younger and older adolescent females.

In conclusion, research supports objectification theory in that as a situational influence of self-objectification, media can be internalized and thus has harmful effects on well-being (Cusumano and Thompson, 1997; Heinberg & Thompson, 1995; Sands

and Wardle, 2003). If internalizing media messages is an important variable contributing to reduced well-being, then one way of addressing this problem is to provide viewers, especially women, with the internal resources to oppose those effects, namely through enhancing their media literacy.

Media Literacy and Psycho-educational Interventions

Many researchers have proposed that empowering women to critically evaluate media, especially media that sanctions and promotes thinness, will effectively reduce its harmful effects (e.g., Irving & Berel, 2001; Smolak et al., 1998). These types of interventions are termed “media literacy interventions.”

One study examined the impacts of media literacy programs on knowledge and well-being measures. Smolak et al. (1998) presented their “Eating Smart, Eating for Me” curriculum program to eight classes of 9 and 10 year olds. The curriculum had several objectives, namely to encourage healthy eating, foster acceptance of their own bodies, and educate about media messages. Results showed that children exposed to the curriculum increased slightly in knowledge about nutrition, dieting, and reasons for people being fat compared to the control condition. The curriculum only increased body esteem among boys. However, females in the control condition reported more body esteem than females in the curriculum condition. Also, the curriculum did not have an effect on behaviours relating to dieting, eating, or exercising. Thus, educating about media images increased knowledge but did not change well-being measures in positive directions, except for boys.

Irving and Berel (2001) reasoned that because an awareness and internalization of societal pressure to be thin were necessary for media to have an effect on individuals’

attitudes, an intervention should address both components. Using a four group design, three conditions were shown part of the video “Slim Hopes” by Jean Kilbourne (1995). The first condition, “externally oriented” condition, also included a session designed to foster social action to change unhealthy media messages (i.e., video and action condition) as was expected to increase media scepticism. The second condition, “internally oriented” condition, attempted to teach women to challenge their own harmful thoughts related to media (i.e., video and self-challenge condition) and was expected to increase body image and decrease internalization. The third condition was shown the video only and was expected to report less positive and more negative affect compared to the other conditions. Finally, a fourth condition, a control condition, completed relevant questionnaires only. Results from a one-way ANOVA showed that participants in all three experimental conditions reported less perceived similarity to models in media compared to the control condition. Also, participants in the internal and video only conditions reported less perceived realism of media images compared to those in the control condition. Those in the external condition were less likely to value looking like models than those in the control condition. No differences were found on participants’ awareness and internalization (SATAQ) scores after the interventions. Overall, Irving and Berel’s (2001) intervention successfully increased media scepticism; however there were no changes in well-being, or in the internalization of media messages.

Based on the research to date it appears that the impact of media literacy interventions on internalization is inconsistent and no intervention has fostered change in well-being. However, these results may have occurred because researchers failed to measure TSO and its interaction with SSO. As Fredrickson and colleagues (Fredrickson

et al., 1998) have shown, individuals high in TSO are most vulnerable to situations that foster self-objectification. Thus, media may be more negative for female participants high in TSO than those low in TSO. Similarly, a media literacy intervention as another situational influence on self-objectification may also have the most impact on high TSO women. Another limitation of past studies is that they have failed to utilize a participatory action research approach (PAR); an approach which aims to include stakeholders within the process of creating an intervention through collaborative discussion and consultation (Piran, 1998). Past researchers lack of utilizing a PAR approach and consulting participants may have contributed to the absence of relevant well-being measures because researchers chose measures before the study began. A PAR approach may be more effective in gathering information about relevant well-being measures for young women because it allows women an opportunity to express how they are feeling in their own words. This enables the researcher to accurately choose well-being measures that reflect the feelings expressed by participants. Therefore, the present study utilized some PAR techniques and examined how TSO interacts with media literacy interventions to affect internalization and well-being.

It should be noted however that given the interaction between TSO and SSO, the direction of effects on well-being is unclear. One possibility is that women high in TSO will respond more positively to a media literacy intervention (high SSO) than women low in TSO because its message is to criticize media. At the same time however, it is also possible that women high in TSO will experience no changes in measures of well-being or internalization because regardless of the positive message, the intervention will serve only to make self-objectification salient. That is, if high TSO women are most vulnerable

to situational influences of self-objectification (Fredrickson et al., 1998), then they may be vulnerable regardless of whether the goal is positive (intervention) or negative (ideal thinness). As such the failure of previous media literacy interventions may be because the intervention, (a situation that makes issues of self-objectification more salient) may have negatively affected those high in TSO.

One remedy is to use forms of media literacy that serve to reduce but not eliminate the salience of self-objectification. Research has not yet examined one of the most popular teaching tools on the topic, namely the video “Killing Us Softly III” (KS) (Kilbourne, 1997). The video by Jean Kilbourne is the third video in a series of three which she first filmed in 1979. She incorporates over 160 ads and commercials in a video presentation in which she critiques advertising's image of women. She models a critical way to view images that is suspected to educate women about media and their reaction to it. While this video is often used in class demonstrations, and anecdotal evidence suggests its effectiveness at both media literacy and enhancing women's well-being, empirical evidence is lacking. The video KS is not as focussed on the body, but still promotes criticism of media message images. This video may foster the positive goal of increased critical evaluation while decreasing the salience of body issues. In contrast, a video like “Slim Hopes” (SH) as used in Irving and Berel's (1998) study, focussed only on the body may increase the salience of body issues to a level intolerable for high TSO women. Therefore, this study will examine the effects of KS versus SH on women's well-being. In conclusion, by measuring TSO and SSO researchers may be able to understand what types of interventions work for those individuals who are either high or low in TSO.

For instance, if it is found that media literacy interventions considered high in SSO are ineffective for those high in TSO, then other techniques may be explored.

Hypotheses

The general purpose of this research is to evaluate the effectiveness of a media literacy intervention for older adolescent women. The objective of the intervention is to decrease internalization of media messages and improve well-being, broadly defined as mood, self-esteem, and depression. The present research targets the general population because the phenomenon of “normative discontent” shows that discontent with one’s body is a norm among young women (Rodin, Silberstein, & Stiegel-Moore, 1985).

If objectification theory is correct, there should be a main effect for TSO such that high TSO women report higher internalization and lower well-being than low TSO women. Second, there should be a main effect for video such that exposure to experimental videos should decrease internalization, increase awareness, and improve well-being. It is further hypothesized that these main effects should be qualified by a three-way interaction between SSO (video; control, KS, SH), TSO (high or low), and time (dependent measures across three time periods). Specifically, if high TSO women are most vulnerable to situations promoting self-objectification, then high TSO women may show decreased well-being after watching SH (i.e., video whose body issue salience may be intolerable for high TSO women) but increased well-being over time after watching KS. That is, KS may be the necessary balance between salience of body issues and media criticism. Finally, to explore women’s reactions on a deeper level of analysis, qualitative methods were implemented using open-ended questions intended to provide a rich understanding of women’s experience of viewing media literacy videos.

Pilot Study

Method

Past interventions may not have been successful because they did not utilize a participatory approach to research. Thus, the intention of the pilot study was to gather information about well-being measures that young women in university perceived to be self-relevant.

Participants

Participants consisted of female first year university students ($N=30$) ranging in age from 17 to 19 (M age=18.20, $SD=.71$). The majority of participants were white. Fifteen of the participants viewed the video KS (low SSO) the other 15 viewed SH (high SSO). Participants received 2 hours of credit toward their first year psychology course.

Procedure

Participants were recruited for the study using the university psychology research pool (PREP) system via the internet. Upon entering the lab, participants read and signed their consent form (see Appendix A) and viewed one of two videos. They then completed measures of depression (see Appendix B), self-esteem (see Appendix C), and positive and negative affect (see Appendix D). Once participants completed their questionnaire package, a discussion took place concerning how well each measure captured how participants were feeling and their general reactions to the films. The researcher probed for any effects on well-being.

Materials

Videos. The two videos were KS (Kilbourne, 1997) and SH (Kilbourne, 1995). In KS (low SSO), Jean Kilbourne incorporates over 160 ads and commercials in a video

presentation in which she critiques advertising's image and portrayal of women. The focus of the film is the influence of advertising and how mass media relays that the most important thing for a woman is how she looks. The film also examines how media portrays women's role in romance, sexuality, and successfulness. She models a critical way to view images that is suspected to educate women about media and their reaction to it. "Slim Hopes" (high SSO) is also a critical video however it focuses solely on advertising and our culture's obsession with thinness. The film links the portrayal of unrealistically, unhealthy thin images to women's and girl's obsession with thinness. For example, Jean shows a series of ads that articulate the message that society encourages women to weigh less.

Manipulation Check. To assess the extent to which each video elicited SSO, the Modified Twenty Statements Test (Fredrickson et al., 1998, see Appendix E) was administered. Participants completed 20 "I am..." statements about themselves and their identity. The researcher utilized codes identified by Fredrickson et al. (1998) (i.e., body shape and size, other physical appearance, physical competence, traits or abilities, states or emotions, and illegible responses) in order to group the responses. In addition to the six outlined codes, one additional code emerged, namely responses specific to appearance or media. Consistent with Fredrickson et al.'s (1998) scoring method, state self-objectification was assessed by the sum of statements relating to body shape and size.

Self-Esteem. The State Self-Esteem Scale (SSES; Heatherton & Polivy, 1991) was administered to assess participants' performance esteem (e.g., "I feel confident about my abilities"), body esteem ("I feel satisfied with the way my body looks right now"), and social esteem ("I feel inferior to others in this moment"). Items were rated on a scale

from “not at all” (0) to “extremely” (4). The means of the subscales across the eight performance ($\alpha = .74$), eight social ($\alpha = .71$), and four body esteem ($\alpha = .82$) items were used as the three self-esteem scores. The SSES has been found to be valid, negatively correlated with measures of depression and anxiety, and positively related with other measures of self-esteem (Heatherton & Polivy, 1991).

Positive and Negative Affect. To assess mood, the Positive and Negative Affect Scale was administered (PANAS; Watson, Clark, & Tellegen, 1988). Participants rated 20 adjectives in terms of how they felt at that moment on a scale from “not at all” (1) to “extremely” (5). The subscales’ scores were computed using the mean score across the 10 positive affect (e.g., “interested” and “attentive”; $\alpha = .79$) and 10 negative affect (e.g., “upset” and “nervous”; $\alpha = .68$) items. For negative affect, reliability was higher if the adjective, nervous was removed ($\alpha = .75$). As such, the negative affect scale was summed across nine items.

Depressive Symptoms. Depression was measured using the 20-item Center for Epidemiological Studies-Depression scale (CES-D; Radloff, 1977). Symptoms were rated on a frequency scale (over the past week) ranging from “rarely or none of the time” (0) to “most or all of the time” (3). An overall depression score was computed by taking the mean of the sum of the 20 items (Range=0-60; $\alpha = .80$). Validity has been verified among various age groups, educational achievement, geographic areas, gender, and racial, ethnic and language groups (Radloff & Teri, 1986).

General Reactions. In order to determine participant’s general reactions to the film, how well measures assessed how they were feeling, and if any other effects on well-being occurred, the researcher asked a list of questions during the focus group including,

“which measures best reflected how you felt”, “were there any questions that you felt should have been asked”, “were there any emotions not addressed by the questionnaires”, and “how did the video make you feel” (see Appendix F).

Results

Manipulation Check

An independent samples *t*-test was conducted to compare the two video groups on the SSO rating. Because Levene’s test of equality of variances was violated, an adjusted *t*-test was used. Results showed significant differences on SSO between SH ($M=2.33$, $SD=2.41$) and KS ($M=.67$, $SD=.90$), $t(17.83) = -1.67$, $p=.022$. Thus, as expected the SH video was higher in SSO compared to KS (see Table 1 for means of each group for each category).

General Reactions

The effect of the videos on well-being was non-significant (see Table 2 and 3), however differences were not expected as TSO was not measured for the pilot study. Most importantly, focus group responses indicated that the participants’ well-being measures adequately captured how they were feeling. For example, one woman shared, “*I liked the mood checklist just because... you had to pick one or the other. And you didn’t have to think too much about it; you were either feeling it or not.*”

Primary Study

Method

Research Design

The design was a 2 (TSO; high, low) by 3 (SSO; low (KS), high (SH), control) by 3 (time; 1, 2, 3) design (see Table 4 for condition sample sizes). There were two between

subjects' factors: TSO level and SSO condition (i.e., video), and one within subjects' factor: time. Means of all dependent measures at each of the three time periods appear in Table 5. Changes were expected to occur at time 3, thus, inter-correlations among the dependent measures at time 3 are reported in Table 6.

Participants

In a mass testing session introductory psychology students were given a questionnaire assessing their level of TSO (see Appendix G). Those females who scored in the upper (high TSO=7 and above) and lower third (low TSO=-9 and below) of the distribution of the TSO scale were eligible to participate in the primary study. Of those eligible ($N=804$, M age=18.33, $SD=.93$), 140 ranging in age from 17 to 20 (M age=18.59, $SD=.59$) signed up for the primary study. The majority of participants were white.

Participants received 4 hours credit (out of a required 4 hours of credits) toward their first year psychology course for their participation. Two participants dropped out at time 2, and one participant dropped out from time 3. Thus, the total number of cases from time 1 through time 3 was: 140, 138, and 137 respectively.

Procedure

Participants were randomly assigned to one of three conditions. They visited the lab three times over a 5 week period. During their first visit, participants read and signed their consent form (see Appendix H and I). The consent form stated that the purpose of the research was to "evaluate the effectiveness of a media literacy intervention...to decrease the internalization of media messages and improve well-being." Participants then completed a questionnaire package containing the measures of internalization and awareness (see Appendix J), self-esteem, positive and negative affect, depression, (as

well as perceived discrimination and collective action that were part of an independent research study (see Appendix K and L respectively)). Once completed, students were reminded of their next visit to the lab 1 week later; and given a counselling contact sheet (see Appendix M) should any negative emotions surface as a result of participating in the study.

On participants' second visit, the consent form was read to them. Participants were asked to view either the SH (high SSO: 30 minutes in length), KS (low SSO: 34 minutes in length), or a control video by National Geographic (20 minutes in length). Participants then completed a questionnaire package containing the same measures from time 1 (except perceived discrimination and collective action), state self-objectification (SSO), and a one page questionnaire with open-ended questions about the video's impact and one question asking about their agreement with the video's content (see Appendix N). Upon completing their questionnaire packages, they were reminded of their last visit to the lab 1 month later.

On their last visit to the lab, participants were again read the consent form. They then completed a questionnaire package containing the same measures from time 1 and a one page questionnaire with open-ended questions about the video's impact and one question asking about their agreement with the video's (see Appendix O). Participants were then given written debriefing (see Appendix P).

Materials

Intervention and Control Videos. The media literacy interventions were the same two videos viewed in the pilot study, KS (low SSO) and SH (high SSO). The control video was a film by National Geographic describing the earth's crust and volcanic

activity from the early 1980s.

Pre-measured TSO. Trait self-objectification was assessed using the “Self Objectification Questionnaire” (Noll & Fredrickson, 1998). Participants rank ordered (0-9) five appearance-based attributes (physical appearance, weight, sex appeal, measurements, and muscle tone) and five competence-based attributes (muscular strength, physical coordination, health, physical fitness, and physical energy level). Overall scores were then computed by summing ranks for each list separately and then computing a difference score. Scores ranged from -25 to +25 with higher scores indicating higher TSO. Noll and Fredrickson (1998) have established the scale’s construct validity; the scale is related to other measures that assess preoccupation with observable aspects of the physical body.

Manipulation Check. To assess each video’s situational influence of self-objectification (SSO) the modified Twenty Statements Test was administered (Fredrickson et al., 1998). Unlike the pilot study, 10 “I am” statements were completed by participants. The scale was shortened because pilot study participants suggested that a 20 item scale was tiring. Again the researcher utilized the six codes identified by Fredrickson et al. (1998) for grouping the responses and the one additional code identified by the researcher (see pilot measures).

Endorsement of Video’s Messages. To assess the degree to which experimental condition participants agreed with Jean Kilbourne’s message relayed in each of the two videos at both time 2 and time 3 participants were asked to rate from “strongly agree” (0) to “strongly disagree” (4) the extent to which they agreed with what Jean was saying in the film they watched.

Internalization and Awareness (SATAQ: Heinberg et al., 1995). To measure participants' internalization (e.g., “women who appear in TV shows and movies project the type of appearance that I see as my goal”) and awareness (e.g., “attractiveness is very important if you want to get ahead in our culture”) 14 phrases were rated on a scale of “strongly disagree” (0) to “strongly agree” (4). Overall scores were computed by averaging the sum of the eight internalization items ($\alpha_{\text{time1}}=.90$, $\alpha_{\text{time2}}=.80$, $\alpha_{\text{time3}}=.92$) and the six awareness items ($\alpha_{\text{time1}}=.56$, $\alpha_{\text{time2}}=.56$, $\alpha_{\text{time3}}=.67$). Because of the low alpha levels, only two awareness items (items 8 and 9) were included in the computation of the awareness score ($\alpha_{\text{time1}}=.82$, $\alpha_{\text{time2}}=.88$, $\alpha_{\text{time3}}=.79$).

Self-Esteem. The three subscales of the SSES (see pilot measures) were again used. Performance ($\alpha_{\text{time1}}=.82$, $\alpha_{\text{time2}}=.86$, $\alpha_{\text{time3}}=.88$), social ($\alpha_{\text{time1, 2, 3}}=.85$), and body esteem ($\alpha_{\text{time1}}=.84$, $\alpha_{\text{time2}}=.82$, $\alpha_{\text{time3}}=.85$) showed good reliability at all three measurement times. Higher scores reflected higher self-esteem.

Positive and Negative Affect. The PANAS scale (see pilot measures) was used. Positive ($\alpha_{\text{time1}}=.86$, $\alpha_{\text{time2}}=.85$, $\alpha_{\text{time3}}=.89$) and negative ($\alpha_{\text{time1}}=.90$, $\alpha_{\text{time2}}=.91$, $\alpha_{\text{time3}}=.90$) affect showed good reliability at all three measurement times. Higher scores reflected higher positive or negative affect.

Depressive Symptoms. Depression was measured using the CES-D scale (see pilot measures) ranging from “none of the time (0) to “most of the time” (4). Overall depression scores were computed by taking the mean of the sum of all items ($\alpha_{\text{time1}}=.91$, $\alpha_{\text{time2}}=.91$, $\alpha_{\text{time3}}=.93$).

General Reactions. Three open ended questions were asked, “What are your general reactions/feelings to this film? Please explain”, “Did watching that video change

the way you feel/think about yourself/others? Please explain,” and “Did the video have an impact on you in other ways? If yes, please explain”. The short answer questions were qualitatively analysed by the researcher. The purpose of the questions was to gain a richer understanding of participant’s experience of a media literacy intervention, thus, the data were first analysed using “open coding” (Strauss & Corbin, 1998, p. 223) allowing themes or ideas to emerge. Once a set of themes had been established, a deductive analysis whereby responses are analysed according to the existing framework (Patton, 2002), confirmed the themes.

Results

Manipulation Check

To assess if videos were able to elicit differences in SSO at time 2, a two-way ANOVA (TSO by SSO) was conducted. For the manipulation to have been successful, the two videos should elicit different SSO levels, but both TSO groups should report similar SSO levels. As expected, results showed a significant main effect for video, $F(1, 106) = 12.65, p = .001, \eta^2 = .06$ (see Table 7). Specifically, body shape and size (SSO) was rated significantly higher by SH viewers ($M = 1.52, SD = 1.50$) compared to KS viewers ($M = .68, SD = .95$) (see Table 8). Thus, consistent with the pilot study, SSO was higher for the SH condition.

Endorsement of Video’s Messages

Descriptive statistics were conducted on the degree to which experimental condition participants agreed with Jean Kilbourne’s message relayed in each of the two videos at both time 2 and time 3 using a single item measure (see Table 9). To assess whether video, TSO level, and response (strong disagree “4” to strongly agree “0”) were

related a three-way repeated measures ANOVA was conducted (TSO by video by response). Results showed a significant main effect for response $F(1, 99) = 7.71, p = .007, \eta^2 = .07$ such that participants' level of agreement decreased from time 2 ($M = .60$) to time 3 ($M = .73$). This finding was qualified by a significant interaction between video and response, $F(1, 99) = 5.93, p = .017, \eta^2 = .06$ (see Table 10). To explore the source of the interaction, two pair samples t-tests were conducted on each experimental video. The t-test for SH was significant, $t(45) = -3.60, p = .001$, such that SH viewers' level of agreement significantly decreased from time 2 ($M = .61$) to time 3 ($M = .87$). The t-test for KS viewers comparing time 2 ($M = .60$) and time 3 ($M = .61$) was not significant $t(56) = -.26, p = .799$.

Qualitative analysis of short answer questions confirmed that participants in the experimental condition agreed with Jean's message. Participants shared that they agreed with Jean and often shared what aspect of the video they agreed with most or had the most impact on them.

"I feel this film was absolutely right. Media portrays unrealistic ideals for women and definitely displays them as sex objects" r2kshal1.

"I completely agree with what she was saying. Women are used as objects to sell things and when you use a "perfect" woman to sell a product, normal women think that by buying this product, they can become "perfect" too" r2shha14.

A small number of women shared that while they agreed with Jean's general ideas they thought she was missing some information; a few women also identified her tone as feminist and reported a backlash against this perspective.

"I disagree that men don't have pressure to be a certain body type though. I think they feel pressure to have that fit, athletic look that not every man can achieve" r2shlai5.

"I found it to be a little over the top with a very radical feminist view" r3ksla9.

In summary, the majority of women who participated in this study and viewed a media literacy video agreed with its content.

Overview of Analyses

Each dependent variable was tested using a profile analysis. As described by Tabachnick and Fidell (2001) profile analysis is used as an alternative to a univariate repeated measures ANOVA. If ANOVA assumptions are violated, or there is unequal sample size, profile analysis is more robust to violations. Given the unequal sample sizes in the present study, the profile analysis was appropriate. Profile analysis tests three effects. The parallelism test examines whether the pattern of scores differs across the groups, and therefore is a test of interactions. The levels test examines whether the groups scored differently on the overall dependent measures, and therefore is a test of main effects and interaction among the between subjects' factors. The flatness test examines whether the pattern of scores for dependent variables changes over time, regardless of group, and therefore is a test of the within subjects' factor.

With profile analysis, univariate and multivariate outliers are identified separately for each variable. Because of the smaller sample sizes found in each condition, any univariate or multivariate outlier would have a greater impact on the data and as such are removed from the specific analysis for which they were outliers (Tabachnick & Fidell, 2001).

Changes in Internalization and Awareness

Internalization. There was no three-way interaction effect (see Table 11). However, the levels test for TSO was significant, $F(1, 131) = 41.28, p = .001, \eta^2 = .24$,

indicating that internalization averaged across the three time periods was higher for high TSO participants ($M=2.49$, $SD=.78$) than low TSO participants ($M=1.67$, $SD=.72$).

Deviation from flatness was significant using Hotellings criterion, $F(2, 130) = .05$, $p=.048$, $\eta^2=.05$, indicating that when collapsed across the groups, internalization changed over time. Follow-up contrasts showed that internalization decreased from time 1 ($M=2.17$, $SD=.86$) to time 2 ($M=2.07$, $SD=.85$), $F(1, 136) = 7.42$, $p=.007$, $\eta^2s=.05$ (see Table 12). No other effects were significant.

Awareness. There was no three-way interaction (see Table 13), however, the levels test revealed a significant effect for video on awareness $F(2, 130) = 3.74$, $p=.026$, $\eta^2=.05$, indicating that overall awareness averaged across the three time periods was higher among SH viewers ($M=2.15$, $SD=.80$) compared to KS viewers ($M=1.89$, $SD=.81$), $t(133) = 1.97$, $p=.051$ (see Table 14). No other contrasts were significant (see Table 13). The levels test for TSO was also significant $F(1, 130) = 6.56$, $p=.012$, $\eta^2=.05$, indicating high TSO participants scored higher on overall awareness ($M=2.28$, $SD=.70$) than low TSO participants ($M=1.95$, $SD=.88$). No other effects were significant.

Changes in Well-being

Social Esteem. The three-way interaction for social esteem was not significant (see Table 15), however, the levels test for TSO was significant $F(1, 129) = 9.68$; $p=.002$, $\eta^2=.07$, indicating that social esteem averaged across the three time periods, was lower among high TSO participants ($M=2.46$, $SD=.71$) than low TSO participants ($M=2.80$, $SD=.55$).

Deviation from flatness was significant using Hotelling's criterion, $F(2, 128) = 5.23$, $p=.007$, $\eta^2=.08$, indicating that when collapsed across groups, social esteem

changed over time. Follow-up contrasts showed significant increases in social esteem between time 1 ($M=2.52$, $SD=.72$) and time 2 ($M=2.64$, $SD=.68$), $F(1, 134) = 13.795$, $p=.001$, $\eta^2s=.09$, and a significant increase between time 1 ($M=2.52$, $SD=.72$) and time 3 ($M=2.63$, $SD=.68$), $F(1, 134) = 7.46$, $p=.007$, $\eta^2=.05$. No other effects were significant (see Table 12).

Body Esteem. There was no three-way interaction (see Table 16); however, the parallelism test for TSO by body esteem was significant, $F(2, 130) = 4.64$, $p=.011$, $\eta^2=.07$, indicating that changes in body esteem differed by TSO level. Follow-up contrasts indicated the source of the interaction was significant changes among low TSO, but not high TSO participants such that body esteem decreased from time 2 ($M=2.61$, $SD=.68$) to time 3 ($M=2.29$, $SD=.40$) $F(1, 66) = 20.60$, $p=.001$, $\eta^2s=.24$, and from time 1 ($M=2.61$, $SD=.73$) to time 3 ($M=2.29$, $SD=.40$) $F(1, 66) = 6.90$, $p=.001$, $\eta^2s=.18$ (see Table 17). Because parallelism was significant, flatness was not examined.

The levels test for TSO was also significant, $F(1, 131) = 17.73$; $p=.001$, $\eta^2=.12$, indicating that body esteem averaged across the three time periods was lower for high TSO participants ($M=2.07$, $SD=.75$) than low TSO participants ($M=2.51$, $SD=.60$). No other effects were significant.

Performance Esteem. The three-way interaction was not significant (see Table 18), however, the levels test for TSO was significant, $F(1, 128) = 9.33$, $p=.003$, $\eta^2=.07$, indicating that overall performance esteem was lower for high TSO participants ($M=2.58$, $SD=.63$) than low TSO participants ($M=2.89$, $SD=.55$).

Deviation from flatness was significant using Hotelling's criterion, $F(2, 127) = 12.19$, $p=.001$, $\eta^2=.16$, indicating that performance esteem collapsed across groups

changed over time. Follow-up contrasts showed a significant increase between time 1 ($M=2.62, SD=.59$) and time 2 ($M=2.77, SD=.64$), $F(1, 133) = 23.291, p=.001, \eta^2=.15$; and a significant increase between time 1 ($M=2.62, SD=.59$) and time 3 ($M=2.77, SD=.65$), $F(1, 133) = 15.80, p=.001, \eta^2=.11$ (see Table 12). No other effects were significant.

Depression. The three-way interaction for depression was not significant (see Table 19), however, the levels test for TSO was significant, $F(1, 127) = 4.41, p=.038, \eta^2=.03$, indicating that depression averaged across the three time periods was higher among high TSO participants ($M=1.29, SD=.62$) than low TSO participants ($M=1.08, SD=.63$).

Deviation from flatness test was also significant using Hotelling's criterion, $F(2, 126) = 12.78, p=.001, \eta^2=.17$, indicating that depression collapsed across groups changed over time. Follow-up contrasts showed a significant decrease between time 1 ($M=1.36, SD=.67$) and time 2 ($M=1.20, SD=.63$), $F(1, 132) = 13.88, p=.001, \eta^2s=.09$, and between time 2 ($M=1.20, SD=.63$) and time 3 ($M=1.04, SD=.64$), $F(1, 132) = 11.11, p=.001, \eta^2s=.08$ (see Table 12). No other effects were significant.

Positive Affect. The three-way interaction for positive affect was not significant (see Table 20). The levels test for TSO was significant, $F(1, 131) = 8.13, p=.005, \eta^2=.06$, indicating that positive affect averaged across time was lower for high TSO participants ($M=1.62, SD=.77$) than low TSO participants ($M=1.95, SD=.69$). No other effects were significant.

Negative Affect. Homogeneity of variance-covariance matrices was violated (Box $M p=.001$). When homogeneity of variance-covariance is violated, Tabachnick and Fidell (2001) recommend examining cell sample size and variability. If cells with larger

samples have larger variances, alpha levels may be considered conservative. If however, cells with smaller sample sizes show larger variability, significance tests are considered too liberal, and thus the use of Pillai's criterion instead of Wilks is recommended.

Examination of cells showed two cells where variability was larger than cells with larger sample size, thus, Pillai's criterion was used. None of the tests were significant (see Table 21).

General Reactions: Qualitative Findings

Three themes of responses emerged among participants as a result of viewing the films across both time 2 and 3. The first theme related to the experience of positive feelings, the second to barriers preventing changes in well-being, and the third to negative feelings experienced after viewing the films.

Positive Feelings

The theme of positive feelings consisted of participants' statements detailing the ways that exposure to videos positively impacted their well-being. Positive feelings included: increased awareness about media's portrayal of unrealistic images among participants in the experimental conditions (but awareness about volcanos among control participants), increased confidence or self-assurance, acquiring new critical skills and a new perspective about media, feeling happier or better about oneself and body, and taking action or the desire to take action .

The largest category within this theme was increased awareness about media among participants in the experimental conditions and volcanos among control participants. Participants in each of the three conditions reported experiencing increased awareness and feeling more informed immediately after viewing their video.

“I noticed and learned more about the media’s imperfections. I saw that models aren’t what they appear, and that a lot of messages are hidden that people don’t realize...” c2kshb7.

“...although I had noticed the use of beautiful people in media. I didn’t realize that many products pushed an unhealthy lifestyle” ch2shhb1.

In addition to experiencing increased awareness, participants in the experimental conditions often acknowledged the importance and value of being exposed to venues that do increase awareness about media’s portrayal of unrealistic images.

“I’ve seen films like this before and even given workshops on the issues myself, but it’s so good to be reminded of these realities constantly or else you find yourself slipping away from being conscious of what’s “really” going on” c2shha4.

“I think it is especially important for young girls, since being exposed to this so early will no doubt distort their body image too. We have to start at young children if we ever want this trend to stop. I also felt like I wanted to share this information with everyone else so that they realized that what we see in the media isn’t even real...” i3shha12.

“I think more/all women and maybe even more importantly men should watch this video” r2kshb11.

At follow-up 1 month later, many of the participants in the experimental conditions again reported awareness. Further, only a small number of control participants at time 2 and follow-up reported experiencing other positive feelings. These feelings consisted mainly of feeling lucky to live in a country without volcanic activity and having a greater respect for the environment.

Excluding awareness, KS participants and SH participants reported experiencing positive feelings immediately after viewing their film; whereas control participants did not. One type of positive feeling reported by participants in the experimental conditions was increased self-confidence or assurance.

“Yes, made me more confident in myself knowing just now unrealistic of an ideal the media portrays” c3shhb3.

Women in the experimental conditions also shared that watching their media literacy video made them feel better or happier about themselves and their body.

“I have noticed many of the things in the video as I have experienced the media these past few weeks. It made me feel angry, but then stronger to be a woman because I have this knowledge now” c3ksla4.

Exposure to the films and their message also empowered many women in the experimental conditions to develop new perspectives and develop critical skills. This new perspective may have assisted some in finding new ways to view themselves as acceptable.

“ I feel that I no longer have to look like that to be confident and beautiful, although that is what they would like me to believe” c2kslbi4.

“this film made me reflect on the way I see myself and will encourage me to think more critically about media images in the future” r2shlai4.

A third positive feeling was that the videos encouraged women to take action, or fostered a desire for society to change and shed harmful cultural ideals. This feeling was maintained at follow-up.

“Yes, it opened my eyes. We as a society need to do something about what our younger generation will see” i3kslb8.

A few participants also shared positive feelings that did not fall into any of the previous categories. Some of the feelings listed in this “other” category included: feeling supported, interested, and pleased that some people are taking action against media.

In general, the qualitative analyses suggested that the experimental videos increased positive feelings, and that the messages in SH in particular were more positively processed over time.

Barriers to Change

The theme of barriers to change consisted of participants' statements detailing reasons why they did not experience change or experienced limited change in their well-being. Barriers included feeling helpless to change themselves or media because of its overpowering qualities, being already confident, having a previous knowledge about the issues presented in the experimental films, and other barriers. Women in the experimental conditions shared a belief that media and cultural messages were too powerful to change. This acknowledgement sometimes led to helplessness attitudes (helplessness appeared to be more common among high TSO participants).

"At the moment it changed the way I felt, I felt more confident that I didn't need to look perfect, but then soon after the video fades, and the media over-powers me once again" c3kshb14.

"...I feel that the way women are viewed in our society won't change during my lifetime so I should just conform to society's ideals" i2ksha6.

"...I think the images shown in the media are too ingrained in our minds for a movie to change them" c3kslb3.

"I know right now at this moment I feel more confident in myself for who I am, but I know as soon as I leave I will fall back into the trap of trying to be perfect, although it makes me happy to know other women are being educated...participating in this study overall though has made me think about myself more in terms of trying to accept myself for who I am" i2kshb14.

Other women shared that they experienced no changes in their well-being because they were already confident with who they are.

"No. I've been very confident in myself and my appearance. I find it normal to be normal. I get irritated by people who are constantly worried about how they look" i2ksla1.

"I'm alright with how I look, and I was before the video...I like me!" i2ksha11.

Participants in the experimental conditions also shared that being previously informed about the issues presented in the films prevented further changes.

“I took a course on the effects of media in high school so I was already aware of many of these issues” c2kshb12.

“I had seen “Beyond Killing Us Softly” I pretty much knew most of what was said” r2ksla2.

Participants in the experimental conditions also shared a number of other barriers to change such as still wanting to look like the ideal and still considering the thin ideal attractive.

“I totally agree with the film and what Jean was saying, but when it comes down to it, I still want to look like a model and be super fit. I really don’t feel there is much hope for some change” r2shch1.

“I have heard most of what she was talking about before but it doesn’t change how I feel about myself” r3shch2.

The main message from participants in the experimental conditions was that because of the many barriers they face, they experienced no or minimal changes.

Negative Feelings

Two main categories were revealed in the negative feelings theme: negative feelings characterised by a participant feeling worse as a result of viewing the videos (i.e., guilt and shame); and negative emotions characterised by concern or shock at realizing media images are unrealistic and the extent advertisers go to in order to attain these images (i.e., concerned or disturbed).

The number of women who reported experiencing guilt or shame was very small in number. Those few participants who did share that they felt worse after viewing an experimental video reported feeling emotions such as, guilt, shame, or unattractiveness. Participants who reported feelings of guilt or shame indicated that these emotions were a

result of cognitively knowing that the ideals they were striving towards were false and being unable to change their emotions to match those rational thoughts.

“It did change the way I think but I still compare myself to media images though I know they are unachievable. I more so feel ashamed and guilty now for doing it” c3shla5.

“...felt somewhat foolish to admit I fell for a lot of their deceptions” r3shlai14.

“...this video did not help me with any self esteem issues as I saw the images the media portrays and once again I feel inadequate and unattractive” i2kshb13.

Many of the participants who reported negative feelings indicated that they were either concerned or disturbed as a result of viewing the film. Many participants were outraged and upset with media and its tactics, and concerned about the consequences of the portrayal of unrealistic images for women in general.

*“I could not believe that people in advertising alter the images of women. So women on the cover of magazines aren't even real...”*r3shhb10.

“Media disgusts me. Media greatly defines culture and the definition that exists today is very disturbing” r2ksla5.

“...it made me worry that other women will see these images and become unhappy or dissatisfied with themselves and their body” i2shlai11.

“I am just worried about the young girls [who] will be affected in this situation. They may not understand that the media is misleading and be strongly affected by its influence” i3kshb15.

Thus, although participants in the experimental conditions experienced negative emotions, most often these negative feelings were directed at media and advertisers, not themselves, and therefore may foster further change in personal attitudes. This theme illustrated that viewing media literacy videos such as those used presently are beneficial for both high and low TSO women.

Potential Demand Characteristics

The qualitative data also suggests that questionnaires and consent forms may have served as demand characteristics for control participants. An overwhelming majority of control participants talked about the video not relating to the study's purpose, or commenting on body image, appearance, gender relations in the video, or a lack of these issues.

"I talked about it with my sister, and thought about what I was supposed to get from it. I noticed that it was mainly men, in a science field, shown in the movie. But I think that I was trying to notice that because of the questions asking about women's issues" c3chb1.

"It did not make me think about stereotypes of men or women, nor about my physical appearance" r2clb8.

"I do not really understand the connection between the film and the study. I was wondering whether the right tape was in the VCR" r2chb12.

"No...not at all! I did not feel any kind of impact from the film on the way I view myself or feel about myself and others. I didn't think the video had anything I could relate to..." i2clb1.

As illustrated above, even participants stating that the video had no impact still talked about the appearance and the relationship between men and women. Because the questions asked during the study may have served as demand characteristics, control participants may have also experienced elated well-being because they became more critical as a function of the study and its purpose, adopting a critical perspective.

Discussion

According to objectification theory, women and girls are socialised to internalize a third person perspective of their own physical appearance and are more likely to have lower well-being, especially when exposed to environments salient in SSO (Fredrickson et al., 1998; Gapinski et al., 2003). Thus, the primary objective of this study was to

examine whether a media literacy intervention could decrease the internalization of media messages and improve well-being. It was hypothesized that well-being would differ depending on an individual's TSO level and their exposure to either a high (SH) or low (KS) SSO environment. Specifically, a three-way interaction among SSO (video), TSO (high or low), and time (dependent measures across the three time periods) was hypothesized, such that high TSO women would show decreased well-being after watching the high SSO video (SH), but show increased well-being after watching the low SSO video (KS). Contrary to predictions, no three-way interactions were found. One likely explanation is baseline differences among groups. However, a secondary analysis examining potential baseline differences showed that video groups did not statistically differ from one another on any of the dependent measures. Thus, baseline differences do not account for a lack of three-way interactions.

It may be that the SH condition, despite being higher in SSO than KS, was not as threatening for high TSO women compared to high SSO conditions tested in past research (i.e., Fredrickson et al.'s bathing suit condition and Gapinski et al.'s "fat talk" condition). Indeed, the purpose of the SH condition was to be a positive intervention aimed at educating women and may have reduced the threat level for high TSO women. Further, a cursory examination of the SSO means in the present study and in Fredrickson et al. (1998) suggest that the present study's manipulation of SSO was not as high as the high SSO condition in Fredrickson et al. (1998). As such, SH may not have elicited negative consequences. Thus, although predictions about the three-way interaction were not confirmed, the positive implications of a null finding are that SH, a video often shown in classrooms is not damaging to high TSO women.

There was a significant two-way interaction between body esteem measures at three time periods and level of TSO. Unexpectedly however, it was low TSO participants who reported decreases in their body esteem from time 2 to follow-up. Although this average decrease was minimal, it is unclear why low TSO participants' body esteem dropped slightly over time. It may be that university itself decreased the body esteem among low TSO women (e.g., "freshman 15"). The freshman 15 is a belief that first year university women gain 15 pounds during their first year. Research has shown that a majority of first year university women do gain weight; however they gain on average four pounds (Graham & Jones, 2002). Concern about gaining the freshman 15 among first year women is related to poorer body image and feeling overweight (Graham & Jones, 2002). One reason high TSO women did not report similar decreases in body esteem may be due to a floor effect; their body esteem was already considerably low, and remained lower than low TSO women.

As predicted, a substantial number of main effects emerged supporting a number of hypotheses. First, it was hypothesized that there would be a video effect, such that experimental videos would increase awareness of a societal emphasis on thinness, decrease internalization, and improve general well-being compared to the control video. The main effect of video on awareness showed that SH viewers, irrespective of their TSO level, rated their awareness level higher than KS viewers. However, qualitative findings showed that a majority of both SH and KS viewers experienced increased awareness about media and its portrayal of unrealistic images, suggesting that both films were related to reported awareness. The discrepancy between the quantitative and qualitative findings may be due to the differential operational definitions of awareness. The

quantitative measure of awareness was defined as an acknowledgement of a social emphasis that thinner looks better, while qualitatively, participants defined their awareness as the acknowledgement that media in particular, rather than culture portrays unrealistically thin women. Thus, participants were very aware of media's emphasis that thinner is better; however they did not seem to relate media as being a part of the broader culture. Also, SH viewers may have reported greater increased awareness compared to KS viewers because their videos content was more specific to the content of the two awareness items used (i.e., thinness), and thus more relevant to the awareness measured quantitatively. Further, the present low reliability for the six-item awareness scale compared to previous research (e.g., Heinberg & Thompson, 1995) suggests that this scale may not be reliable with the present sample. The main effect for video in the present study differs from Irving and Berel (2001) who noted that exposure to a media literacy video did not impact their participants' awareness. However, Irving and Berel (2001) showed participants only a portion of SH, while in the current study participants viewed the entire film. With greater exposure to the film, the present study may have been able to elicit its effect on awareness. Further research is therefore necessary to confirm what type of awareness (i.e., specific to media's effect or broader cultural awareness) exposure to media literacy videos such as these impacts.

Contrary to hypotheses, quantitative analyses showed that video did not have an effect on any of the general well-being measures. This finding is consistent with previous research (Berel & Irving, 2001; Smolak et al., 1998) that found no changes in well-being as a function of a media literacy and educational intervention. Qualitative data however suggests that the media literacy videos did have an impact on well-being. For example,

women who viewed a media literacy video listed a number of improvements in their well-being as a result of viewing the videos and learning to view media messages in a new critical manner. Participants reported that their confidence and self-assurance increased, they felt better about themselves and their bodies, acquired new critical skills, and adopted a new perspective viewing themselves and media more critically. Also, qualitative data suggests that for SH, positive impacts on well-being may be apparent over time (e.g., increased confidence, action, and overall positive feelings). One reason for the discrepancy between quantitative and qualitative findings may be that the effects described qualitatively by participants were more specific to well-being associated with their body, rather than general well-being as assessed by the quantitative measures.

Unexpectedly, there was also a main effect for time. The present study found decreases in internalization of cultural messages and improvements in general well-being (e.g., increases in self-esteem, decreases in depression) over time. This may be because of the relationship between increased well-being and decreased internalization. For example, research has shown that it is the internalization of harmful media messages that is most damaging to well-being, more so than awareness of, or exposure to such messages (Cusumano & Thompson, 1997). The present study also found correlations between internalization and well-being such that lower internalization related to greater well-being. Thus, if internalization of messages can be decreased or prevented, well-being may be improved.

The reported increases in well-being over time measured quantitatively were inconsistent with the qualitative results. Quantitatively, both performance and social esteem increased from baseline to time 2 and from baseline to follow-up. Thus,

participants reported feeling a greater sense of confidence about their abilities and more confident about themselves in the company of others. However, no differences were recorded between time 2 and follow-up, suggesting that these increases tended to occur between baseline and immediately after viewing the videos. This pattern appears inconsistent with qualitative findings that suggest women experienced improvements in well-being at both time 2 and follow-up. Again, this discrepancy may have been a function of the specific nature of the improvements described qualitatively by participants.

Qualitative data from the present study suggest that demand characteristics may explain why control participants also experienced increases in well-being. A substantial number of control participants illustrated critical thinking related to media, body image, and gender discrimination in their short answer questions about their National Geographic film on volcanic activity from the early 1980s. It is possible that exposure to the consent form and questionnaire packages containing questions pertaining to body image, media's impact, gender discrimination, and collective action against discrimination may have been sufficient to foster a critical attitude among control participants. It is reasonable to assume that just as many control participants as participants in the experimental conditions acquired a previous understanding of the issues, and exposure to the study questionnaires and consent form may have been sufficient for cuing a critical perspective. As Tiggemann et al. (2000) suggest, just being able to critically evaluate media may be enough to combat some of the harmful effects. Thus, if control participants were primed to use critical skills, they may have benefited

from the use of a critical analysis perspective explaining their increases in well-being across time.

The last main effect hypothesis was that high TSO women would report lower well-being than low TSO women. Consistent with previous research (e.g., Fredrickson et al., 1998; Noll & Fredrickson, 1998), high TSO women scored lower on performance, body, and social esteem, and positive affect, and higher on depression, awareness and internalization. Thus, the present findings further highlight the need to empower high TSO women in developing strategies to prevent and alter lowered well-being.

The findings presented in this paper should be considered in light of a number of limitations. First, the results of this study are limited to white older adolescent women and should not be generalized to other age groups or women of different ethnic or racial groups. For example, some research has shown that negative impacts of exposure to mainstream television negatively impact white women but leave black women unaffected by its negative messages (Schooler, Ward, Merriwether, & Caruthers, 2004). Future research should therefore focus on different consequences and needs for women of different racial and ethnic status.

Second, a reliance on self-report measures may have reduced the likelihood of finding significant findings. For example, Fredrickson et al. (1998) found a significant TSO by SSO by body shame interaction; however they used an indirect measure of body shame to bypass any difficulty some individuals may encounter in acknowledging their experience of shame. Further, Gapinski et al. (2003) reported a significant three-way interaction among TSO, SSO, and cognitive performance. Cognitive performance was assessed using scores from cognitive tests participants completed. Finally, because TSO

was assessed by inquiring about physical attributes, some women high in TSO may have responded “defensively” (Fredrickson et al., 1998, p. 279) to the rank-ordering task and received a low TSO score, thereby placing them in the wrong group. Future research may benefit from the use of observational or indirect methods for assessing TSO and dependent measures.

Third, the present study relied on a number of single item and few item scales to measure dependent variables. The use of larger item scales may capture a more accurate and reliable portrayal of these variables and add power to future research designs.

Fourth, practical differences, although significant were not large; groups tended to differ by no more than one point on the Likert scale. One reason for minimal differences may be because the current intervention was not invasive or extensive in nature. The intervention was a one time event, and most notably not substantial enough to erase the harmful effects of media and harmful messages ingrained and that are reinforced daily in our culture. These small differences are consistent with Rubin, Nemeroff, and Felipe Russo (2004) who conducted focus groups with feminist participants exploring the benefits of critically viewing cultural messages. They identified limitations of awareness raising, in particular the inability of participants to change their feelings to match their cognitive understanding that media images are unrealistic. Participants in the present study shared that increased awareness often led to short term changes in well-being and the desire to attain the ideal body. Women shared that because harmful messages are such an integral part of media and our culture that changing one’s own thinking is pointless until these messages change in the larger social arena. Thus, minimal differences in well-being may be due to perceived barriers to change. Rubin et al. (2004) provide an

explanation for some women's resistance to change. They suggest that because many women benefit from adhering to current cultural standards of beauty, it remains beneficial for them to follow cultural guidelines even though they understand the negative consequences of doing so. Thus, until larger social and cultural norms change, many women will continue to be at risk of lowered well-being.

A fifth limitation may be the ameliorative versus transformative nature of the videos. For example, many women in the present study stressed the importance of raising awareness, sharing the messages relayed in the media literacy videos, and sharing the videos themselves among women and men, because the perceived viewpoints of men have profound impacts on women. Indeed, research has shown that negative effects of self-objectification may be experienced by women in situations in which male gaze is anticipated, not experienced (Calogero, 2004). Thus, as participants suggested, efforts for change need to be concentrated more at media and our culture's endorsement and maintenance of these negative messages, rather than focussing solely on altering individual women's attitudes.

Despite limitations, the present study was important in several ways. It supported past research on detriments of high TSO to well-being. Also, it highlighted the discrepancy between quantitative and qualitative methods and the importance of utilizing PAR techniques to enable researchers to accurately choose measures that reflect participants' reactions. Although the pilot study suggested that quantitative measures of well-being were adequate, clearly the qualitative assessments were able to elicit more specific definitions of well-being that were sensitive to different conditions. Thus,

research will need to continue to utilize multiple method techniques in order to isolate an appropriate intervention for high TSO women.

The present study raised questions about the interaction between TSO and SSO suggesting that not all high SSO environments are damaging for high TSO women. Specifically, research is needed to investigate what elements of high SSO environments are most damaging. For example, the videos used in the present study were classified as high SSO like Fredrickson et al.'s (1998) swimsuit condition and Gapinski et al.'s (2003) fat talk condition, yet no negative effects were found. This suggests that it is not the salience of one's body shape and size (which is how SSO was measured) that fosters the most damage for high TSO women, but rather the feeling that one's body is being judged (an element present in Fredrickson et al.'s (1998) and Gapinski et al.'s (2003) studies). Future research is necessary to investigate this possibility. Future researchers should replicate the present study and manipulate the SSO environment to make participants feel as though their bodies are being judged (such as the presence or absence of males), and include a measure of SSO that aims to assess whether this manipulation was successful in addition to raising the salience of one's body shape and size.

Additionally, future researchers should explore the possibility of the effects of a moderating variable. The present study participants self-selected to participate in this research study over other available research projects. Only 140 out of a possible 804 women signed up to participate. Because the description of the study was explicit about its purpose, women who were most interested in diminishing the harmful effects of media on their well-being may have been more likely to sign up. If this was the case, even women high in TSO who experienced negative reactions to SH (high SSO) may have

answered the questionnaires positively, wishfully thinking that the intervention had positive effects on their well-being. If so, this would have eliminated any significant interactions between TSO, SSO, and well-being. However, another viable rationale for the low number of participants was the large number of hours required to participate in the present study (4 hours out of 4 required). Because the present study began in the second half of the year, many first year students had already completed most of their necessary hours and did not want to participate in a study that would require more hours than they needed.

Although the present study failed to confirm the interaction between TSO and SSO, it did disclose exceptions to the harmful effects of high SSO environments and in doing so provided direction for future research. Specifically, the present study illustrated that high SSO environments aimed at educating and empowering women can foster positive effects for well-being among all women, regardless of their TSO level.

Table 1

Means of SSO categories by Video Condition for Pilot Study and t-test results

Category	Slim Hopes	Killing Us Softly	<i>df</i>	<i>t</i>	<i>p</i>
Body Shape and Size (SSO)	2.33(2.41)	.67(.90)	17.83	-1.67	.022**
Other Physical Appearance	.40(.51)	1.67(1.05)	20.23	4.22	.001***
Physical Competence	.53(.92)	.53(.64)	28	.00	1.00
Traits or Abilities	5.20(4.52)	10.60(5.58)	28	2.91	.007**
States or Emotions	4.67(4.27)	4.73(3.58)	28	.05	.963
Uncodeable	2.93(4.92)	1.13(1.85)	17.88	-1.33	.20
Emotions specific to appearance or media	5.27(4.56)	.60(.63)	14.54	-3.93	.001***

Note. * $p < .05$, ** $p < .025$, *** $p < .001$. Standard deviations appear in parentheses.

Table 2

Results of Independent Samples t-tests for pilot study well-being measures

Source	<i>df</i>	<i>t</i>	<i>p</i>
Depression	28	.71	.485
Negative Affect	28	-.38	.706
Positive Affect	28	-.10	.918
Performance Esteem	28	.63	.531
Social Esteem	28	.46	.651
Body Esteem	28	.70	.491

Table 3

Sums of the Dependent Measures for Pilot Study

	Killing Us Softly	Slim Hopes
Depression	15.80 (8.65)	13.93 (5.41)
Negative Affect	7.20 (3.84)	7.80 (4.74)
Positive Affect	16.80 (6.80)	17.07 (7.20)
Social Esteem	22.60 (5.49)	21.62 (5.90)
Body Esteem	9.73 (3.11)	8.92 (3.01)
Performance Esteem	23.73	22.69

Note. Standard deviations appear in parentheses.

Table 4

Sample Size of Primary Study Conditions

Condition	<i>n</i>
Killing Us Softly-high TSO	30
Killing Us Softly-low TSO	30
Slim Hopes-high TSO	27
Slim Hopes-low TSO	24
Control video-high TSO	14
Control video-low TSO	15

Note. There were 2 cases missing at time 2 (1 from Slim Hopes Low group, and one from the Killing Us Softly Low group), and 1 additional case missing from time 3 (from Killing Us Softly High group).

Table 5

Means for Dependent Measures by TSO and Video Condition

	High TSO Groups			Low TSO Groups		
	Control	SH	KS	Control	SH	KS
Internalization						
Time 1	2.47(1.05)	2.45(.64)	2.64(.76)	1.44(.66)	1.90(.70)	1.84(.86)
Time 2	2.38(.86)	2.39(.73)	2.53(.76)	1.41(.63)	1.78(.66)	1.73(.87)
Time 3	2.30(.77)	2.47(.71)	2.71(.73)	1.42(.59)	1.74(.73)	1.73(.76)
Awareness						
Time 1	2.54(.66)	2.39(.67)	2.16(.67)	2.20(1.12)	1.94(.86)	2.11(.85)
Time 2	2.87(.75)	2.48(.70)	1.91(.89)	2.20(.82)	1.94(.98)	1.71(.96)
Time 3	2.32(.78)	2.32(.52)	2.12(.70)	2.30(.80)	1.85(1.05)	1.71(.80)
Social Esteem						
Time 1	2.67(.66)	2.14(.86)	2.40(.77)	2.83(.41)	2.82(.55)	2.52(.64)
Time 2	2.72(.66)	2.23(.82)	2.49(.61)	2.89(.47)	2.96(.46)	2.72(.65)
Time 3	2.65(.61)	2.30(.78)	2.50(.65)	2.80(.50)	2.90(.54)	2.76(.71)
Body Esteem						
Time 1	2.18(1.00)	1.96(.91)	2.08(.69)	2.77(.65)	2.45(.84)	2.66(.67)
Time 2	2.16(.84)	1.91(.86)	2.05(.78)	2.70(.63)	2.48(.74)	2.67(.68)
Time 3	2.16(.68)	2.02(.54)	2.08(.49)	2.42(.39)	2.23(.39)	2.27(.41)
Performance Esteem						
Time 1	2.61(.54)	2.46(.50)	2.43(.63)	2.82(.55)	2.83(.52)	2.70(.65)
Time 2	2.85(.62)	2.54(.60)	2.58(.68)	2.94(.45)	3.05(.48)	2.82(.73)
Time 3	2.63(.70)	2.59(.74)	2.56(.63)	2.96(.45)	2.99(.41)	2.94(.70)
Depression						
Time 1	1.19(.46)	1.56(.69)	1.51(.73)	1.20(.61)	1.34(.78)	1.22(.61)
Time 2	1.10(.43)	1.45(.66)	1.42(.61)	1.06(.62)	0.95(.59)	1.06(.65)
Time 3	1.07(.63)	1.23(.72)	1.05(.61)	0.94(.51)	0.99(.56)	0.93(.73)
Positive Affect						
Time 1	1.78(.82)	1.56(.75)	1.52(.73)	1.91(.46)	1.73(.70)	2.12(.65)
Time 2	1.71(.60)	1.56(.76)	1.70(.83)	1.87(.60)	1.92(.72)	2.26(.72)
Time 3	1.52(.85)	1.43(.87)	1.78(.75)	1.75(.70)	1.93(.76)	2.06(.88)
Negative Affect						
Time 1	0.29(.34)	0.70(.74)	0.65(.71)	0.37(.43)	0.47(.52)	0.50(.53)
Time 2	0.25(.34)	0.68(.61)	0.68(.70)	0.42(.52)	0.42(.41)	0.62(.57)
Time 3	0.37(.48)	0.68(.73)	0.53(.59)	0.42(.53)	0.37(.40)	0.70(.63)

Note. Standard deviations appear in parentheses.

Table 6

Pearson R Correlations among Dependent Measures at Time 3

	A	I	PE	BE	SE	D	PA	NA
Awareness (A)	1.00							
Internalization (I)	.34**	1.00						
Performance Esteem (PE)	-.16	-.40**	1.00					
Body Esteem (BE)	-.23**	-.32**	.51**	1.00				
Social Esteem (SE)	-.36**	-.58**	.71**	.63**	1.00			
Depression (D)	.11	.27**	-.49**	-.43**	-.47**	1.00		
Positive Affect (PA)	-.19*	-.20*	.25*	.34**	.25**	-.32**	1.00	
Negative Affect (NA)	.13	.21*	-.41**	-.41**	-.50**	.70**	-.12	1.00

Note. * $p < .05$, ** $p < .025$, *** $p < .001$.

Table 7

Results of the Two-way ANOVA for the Manipulation Check for the Primary Study

Source	<i>df</i>	<i>F</i>	<i>p</i>
TSO	1	.014	.908
Video	1	12.65	.001***
TSO by Video	1	2.91	.091
Error	106	(1.52)	

Note. * $p < .05$, ** $p < .025$, *** $p < .001$.

Table 8

Means of SSO categories by Video Condition for Primary Study

Category	Slim Hopes	Killing Us Softly	<i>df</i>	<i>F</i>	<i>p</i>
Body Shape and Size (SSO)	1.51(1.5)	.68(.96)	1	12.34	.001***
Other Physical Appearance	.35(.59)	.36(.48)	1	.00	.977
Physical Competence	.24(.47)	.15(.45)	1	.89	.348
Traits or Abilities	3.04(2.61)	4.69(3.08)	1	9.10	.003**
States or Emotions	2.61(2.11)	2.14(2.03)	1	1.43	.24
Emotions specific to appearance or media	1.78(2.21)	1.56(2.34)	1	.27	.607
		Error	108		

Note. * $p < .05$, ** $p < .025$, *** $p < .001$. Standard deviations appear in parentheses.

Table 9

Frequency and Percentages of Degree of Agreement with Jean's Message

	Time 2		Time 3	
	Frequency	Percent	Frequency	Percent
<u>Slim Hopes Participants</u>				
Strongly Agree	19	38.0	9	18.8
Agree	29	58.0	35	72.9
Neutral	1	2.0	3	6.3
Disagree	0	0.0	1	2.1
Strongly Disagree	1	2.0	0	0.0
<u>Killing Us Softly Participants</u>				
Strongly Agree	26	44.1	24	42.1
Agree	32	54.2	31	54.4
Neutral	1	1.7	2	3.5
Disagree	0	0.0	0	0.0
Strongly Disagree	0	0.0	0	0.0

Note. There were 3 additional cases missing from this question at time 3 (two from Slim Hopes High group, and one from the Killing Us Softly low group). The total number of participants who responded at time 2 was 109, and time 3 was 105.

Table 10

Analysis of Variance for Agreement with Video Message Responses

Source	<i>df</i>	<i>F</i>	<i>n</i> ²	<i>p</i>
Response	1	7.71	.072	.005**
Response by TSO	1	.15	.001	.882
Response by Video	1	5.93	.060	.012**
Response by TSO by Video	1	.51	.002	.623
Error	101			

Note. **p*<.05, ***p*<.025, ****p*<.001.

Table 11

Profile Analysis for Internalization

Source	<i>df</i>	<i>F</i>	<i>n</i> ²	<i>p</i>
Parallelism Tests				
TSO by Video by internalization	4	1.02	.016	.396
Video by internalization	4	.68	.009	.681
Error	260			
TSO by internalization	2	.66	.010	.516
Error	130			
Levels Tests				
TSO by video	2	.54	.008	.584
Video	2	1.67	.025	.193
TSO	1	41.68	.240	.001***
Error	131			
Flatness Test				
Internalization	2	3.5	.046	.048*
Error	130			

Note. **p*<.05, ***p*<.025, ****p*<.001.

Table 12

Results of Follow-up Flatness Contrasts for Dependent Variables

Source and comparison	<i>df</i>	<i>F</i>	η^2	<i>p</i>
Internalization				
Time 1 vs 2	1	7.42	.05	.007**
Time 2 vs 3	1	1.63	.01	.204
Time 1 vs 3	1	2.56	.02	.112
Error	136			
Social Esteem				
Time 1 vs 2	1	13.77	.09	.001***
Time 2 vs 3	1	.01	.00	.933
Time 1 vs 3	1	7.46	.05	.007**
Error	134			
Performance Esteem				
Time 1 vs 2	1	23.29	.15	.001***
Time 2 vs 3	1	.00	.00	.979
Time 1 vs 3	1	15.80	.11	.001***
Error	133			
Depression				
Time 1 vs 2	1	13.88	.09	.001***
Time 2 vs 3	1	11.11	.08	.001***
Time 1 vs 3	1	31.95	.19	.001***
Error	132			

Note. * $p < .05$, ** $p < .025$, *** $p < .001$.

Table 13

Profile Analysis for Awareness

Source	<i>df</i>	<i>F</i>	<i>n</i> ²	<i>p</i>
Parallelism Tests				
TSO by Video by awareness	4	.80	.012	.524
Video by awareness	4	.99	.015	.416
Error	258			
TSO by awareness	1	.76	.012	.471
Error	129			
Levels Tests				
TSO by video	2	.52	.008	.599
Video	2	3.74	.054	.026*
TSO	1	6.56	.048	.012**
Error	130			
Flatness Test				
Awareness	2	.60	.009	.550
Error	129			

Note. * $p < .05$, ** $p < .025$, *** $p < .001$.

Table 14

Results of Follow-up Levels test contrasts for video for Awareness

Source and comparison	<i>df</i>	<i>t</i>	<i>p</i>
Awareness			
KS vs SH	133	1.97	.051*
KS/SH vs Control	133	1.78	.077

Note. * $p < .05$, ** $p < .025$, *** $p < .001$.

Table 15

Profile Analysis for Social Esteem

Source	<i>df</i>	<i>F</i>	<i>n</i> ²	<i>p</i>
Parallelism Tests				
TSO by Video by social esteem	4	.48	.007	.754
Video by social esteem	4	.81	.013	.519
Error	256			
TSO by social esteem	2	.46	.007	.635
Error	128			
Levels Tests				
TSO by video	2	2.34	.035	.100
Video	2	1.21	.018	.303
TSO	1	9.68	.070	.002**
Error	129			
Flatness Test				
Social esteem	2	5.23	.076	.007**
Error	128			

Note. * $p < .05$, ** $p < .025$, *** $p < .001$.

Table 16

Profile Analysis for Body Esteem

Source	<i>df</i>	<i>F</i>	<i>n</i> ²	<i>p</i>
Parallelism Tests				
TSO by Video by body esteem	4	.17	.003	.953
Video by body esteem	4	.27	.004	.899
Error	260			
TSO by body esteem	2	4.64	.067	.011**
Error	130			
Levels Tests				
TSO by video	2	.02	.000	.981
Video	2	1.38	.021	.254
TSO	1	17.73	.119	.001***
Error	131			
Flatness Test				
Not relevant				

Note. * $p < .05$, ** $p < .025$, *** $p < .001$. The flatness test is not relevant because the parallelism test was significant.

Table 17
Results of Follow-up Contrasts for Body Esteem for TSO by body esteem interaction

Source and comparison	<i>df</i>	<i>F</i>	η^2	<i>p</i>
Low TSO participants				
Time 1 vs 2	1	.00	.00	.942
Time 2 vs 3	1	20.60	.38	.001***
Time 1 vs 3	1	14.76	.18	.001***
Error	66			
High TSO Participants				
Time 1 vs 2	1	.53	.01	.467
Time 2 vs 3	1	.40	.01	.529
Time 1 vs 3	1	.04	.00	.835
Error	69			

Note. * $p < .05$, ** $p < .025$, *** $p < .001$.

Table 18

Profile Analysis for Performance Esteem

Source	<i>df</i>	<i>F</i>	<i>n</i> ²	<i>p</i>
Parallelism Tests				
TSO by Video by performance esteem	4	1.16	.018	.328
Video by performance esteem	4	.67	.011	.610
Error	254			
TSO by performance esteem	2	.83	.013	.438
Error	127			
Levels Tests				
TSO by video	2	.35	.005	.704
Video	2	.53	.008	.591
TSO	1	9.33	.068	.003**
Error	128			
Flatness Test				
Performance esteem	2	12.19	.161	.001***
Error	127			

Note. **p*<.05, ***p*<.025, ****p*<.001.

Table 19

Profile Analysis for Depression

Source	<i>df</i>	<i>F</i>	<i>n</i> ²	<i>p</i>
Parallelism Tests				
TSO by Video by depression	4	.82	.013	.514
Video by depression	4	1.14	.018	.334
Error	252			
TSO by depression	2	1.66	.026	.194
Error	126			
Levels Tests				
TSO by video	2	.53	.008	.588
Video	2	.78	.012	.461
TSO	1	4.41	.034	.038*
Error	127			
Flatness Test				
Depression	2	12.78	.169	.001***
Error	129			

Note. **p*<.05, ***p*<.025, ****p*<.001.

Table 20

Profile Analysis for Positive Affect

Source	<i>df</i>	<i>F</i>	<i>n</i> ²	<i>p</i>
Parallelism Tests				
TSO by Video by positive affect	4	1.96	.030	.100
Video by positive affect	4	1.41	.022	.229
Error	260			
TSO by positive affect	2	.18	.003	.834
Error	130			
Levels Tests				
TSO by video	2	.53	.008	.589
Video	2	1.58	.024	.210
TSO	1	8.13	.058	.005**
Error	131			
Flatness Test				
Positive affect	2	1.52	.021	.221
Error	262			

Note. **p*<.05, ***p*<.025, ****p*<.001.

Table 21

Profile Analysis for Negative Affect

Source	<i>df</i>	<i>F</i>	<i>n</i> ²	<i>p</i>
Parallelism Tests				
TSO by Video by negative affect	4	1.20	.004	.313
Video by negative affect	4	.64	.018	.633
Error	254			
TSO by negative affect	2	.26	.018	.771
Error	126			
Levels Tests				
TSO by video	2	1.43	.029	.243
Video	2	2.59	.046	.079
TSO	1	.43	.005	.511
Error	127			
Flatness Test				
Negative affect	2	.07	.006	.930
Error	254			

Note. **p*<.05, ***p*<.025, ****p*<.001.

Appendix A: Pilot Study Consent Form

Wilfrid Laurier University
Participants Informed Consent Statement

Project Title: Reactions to the Video “Killing Us Softly III”(or Slim Hopes): A Focus Group

Principle Investigator: Becky Choma (Master’s Student)

Supervisor: Dr. Mindi Foster (Professor)

You are invited to participate in a research study. The purpose of this study is to gather feedback on the video “Killing Us Softly III” (or “Slim Hopes”) by Jean Kilbourne, a video examining media images. Feel free to visit the website www.jeankilbourne.com for any further information about this video.

INFORMATION

You will first be provided with an information letter which will be read out loud to you and you may ask any questions about this research at that time. Once you have signed the consent form and your signed parental consent form has been given to the researcher you will be asked to watch a video 45 (or 30) minutes in length. After watching the video you will be asked to talk with other people of your gender about your reactions to and thoughts about this video. This discussion group will be audio-taped. The tape will be erased after all information without any identifiable information, has been typed. The tape will not be used for any additional purposes without your additional permission.

The entire duration of the study will be approximately 2 hours in length with a 10 minute break after the video. There will be approximately 8 to 15 participants in your group discussing the video all of the same gender. There will be NO deception used in this study. Dr. Mindi Foster will be viewing the sessions from behind a two way mirror.

Also, one of two high school research assistants working for the Centre for Excellence in Youth Engagement will be co-facilitating the discussion group with either the researcher or a full time male researcher from the Centre. The Centre for Excellence in Youth Engagement is affiliated with Wilfrid Laurier University and is located at 152 Albert Street, Waterloo. Finally, a copy of all findings from this research will be provided to the Centre.

RISKS

There are no foreseeable physical or emotional risks for participating in this study. However, should anything throughout this study make you feel upset you may contact any of the agencies listed on the counselling contact sheet.

BENEFITS

It is important to remember that there is a range in beliefs about the impact of media and that all viewpoints deserve consideration and respect. The video provides a substantial amount of important information about media and how advertisers change images to create unrealistic female ideals. This video will raise an awareness of media-literacy that will assist you in critically evaluating the thousands of ads and commercials you view everyday. Your participation in this study will also help to design an intervention aimed at reducing the harmful effects of media on body image and self-esteem.

CONFIDENTIALITY

Your name will only be associated with this consent form and your contact information. There will be no way of knowing exactly what you said throughout this study. Signing

this form indicates that you agree not to share any names or identifiable information you heard throughout this study in order to maintain the confidentiality of the other participants. That being said, the researchers cannot be held responsible for breaches of confidentiality by study participants. All consent forms and data will be kept in a locked room at all times and destroyed after 5 years. Only researchers involved with this project will have access to this data. This includes, Becky Choma, Dr. Mindi Foster, Matt Habermehl, Rochelle, and Harjinder. Any quotes or information gathered from this focus group used in writing a report or publishable article will be anonymous. Any potential identifying quotes will not be included unless permission from the participant is obtained.

COMPENSATION

There will be light snacks and refreshments available throughout this study.

CONTACT

If you have questions at any time about the study or the procedures, or you experience adverse effects as a result of participating in this study, you may contact the researcher, Becky Choma, at Wilfrid Laurier University in the Psychology Department, and through email: choma1979@yahoo.ca , her Supervisor, Dr. Mindi Foster, at Wilfrid Laurier University, 884-0710, extension 3989, or the Research Office of Wilfrid Laurier University at 884-0710, extension 3131.

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, **you may withdraw from the study at any time without penalty or consequences to yourself.** If you withdraw from the study before data collection is completed your data will be omitted from analysis upon your request. You have the right to omit any question(s) you choose.

FEEDBACK AND PUBLICATION

The results of this study will be used to design an intervention with students on combating the harmful effects of media.

Would you like a copy of the results from today's study (circle one)? YES NO

The results from this study will be incorporated into a Master's Thesis and may be used in any journal articles, presentations, or books published. The results of this research study may be available approximately one year from now. If you would like a copy of the final research projects results you may contact either Becky Choma or Dr. Mindi Foster. Results will be mailed or emailed to you upon request.

CONSENT

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

Appendix B: Depression Scale (CES-D)

This next questionnaire is designed to assess how you've been feeling during the past week. Place the number in the blank for each statement which best describes how often you felt this way DURING THE PAST WEEK.

0	1	2	3	4
None of the Time	Rarely (<1day)	Some or a little of the time (1-2days)	Occasionally or moderate amount of Time (3-4 days)	Most or all of the time (5-7days)

- | | |
|--|---|
| <p>____ 1. I was bothered by things that usually don't bother me.</p> <p>____ 2. I did not feel like eating; my appetite was poor.</p> <p>____ 3. I felt that I could not shake of the blues even with my help of my friend or family.</p> <p>____ 4. I felt that I was just as good as other people.</p> <p>____ 5. I had trouble keeping my mind on what I was doing.</p> <p>____ 6. I felt depressed.</p> <p>____ 7. I felt that everything I did was an effort.</p> <p>____ 8. I felt hopeful about the future.</p> <p>____ 9. I thought my life had been a failure.</p> <p>____ 19. I felt that people disliked me.</p> | <p>____ 10. I felt fearful.</p> <p>____ 11. My sleep was restless.</p> <p>____ 12. I was happy.</p> <p>____ 13. I talked less than usual.</p> <p>____ 14. I felt lonely.</p> <p>____ 15. People were unfriendly</p> <p>____ 16. I enjoyed life.</p> <p>____ 17. I had crying spells.</p> <p>____ 18. I felt sad.</p> <p>____ 20. I could not "get going".</p> |
|--|---|

Reference: Radloff (1977).

Appendix C: State Self-Esteem Scale

Also, to assess how you are thinking right now, please read the following statements. There is, of course, no right answer for any statement. The best answer is what you feel is true of yourself at this moment. Be sure to answer all of the items, even if you are not certain of the best answer. Again, answer these questions as they are true for you right now.

Use the scale below and place the number that describes your thinking in the space beside the statement.

0	1	2	3	4
not at all	a little bit	somewhat	very much	extremely

- _____ 1. I feel confident about my abilities.
- _____ 2. I am worried about whether I am regarded as a success or failure.
- _____ 3. I feel satisfied with the way my body looks right now.
- _____ 4. I feel frustrated or rattled about my performance.
- _____ 5. I feel that I am having trouble understanding things that I read.
- _____ 6. I feel that others respect and admire me.
- _____ 7. I am dissatisfied with my weight.
- _____ 8. I feel self-conscious.
- _____ 9. I feel as smart as others.
- _____ 10. I feel displeased with myself.
- _____ 11. I feel good about myself.
- _____ 12. I am pleased with my appearance right now.
- _____ 13. I am worried about what other people think of me.
- _____ 14. I feel confident that I understand things.
- _____ 15. I feel inferior to others at this moment.
- _____ 16. I feel unattractive.
- _____ 17. I feel concerned about the impression I am making.
- _____ 18. I feel that I have less scholastic ability right now than others.
- _____ 19. I feel like I'm not doing well.
- _____ 20. I am worried about looking foolish.

Reference: Heatherton & Polivy (1991).

Appendix D: Positive and Negative Affect Scale (PANAS)

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. **Indicate to what extent you feel this way right now, that is, at the present moment.**

0	1	2	3	4
not at all/slightly	a little bit	moderately	quite a bit	extremely
___ Interested				___ irritable
___ distressed				___ helpless
___ excited				___ ashamed
___ upset				___ inspired
___ strong				___ nervous
___ guilty				___ determined
___ scared				___ attentive
___ hostile				___ jittery
___ enthusiastic				___ active
___ proud				___ resentful

Reference: Watson et al. (1988).

Appendix E: State Self-Objectification

A. Watching television can often have an impact on people's view of themselves. Please take a moment to think about how watching this video makes you feel about yourself and your identity.

In the 20 blanks below please make 10 different statements about yourself and your identity that complete the sentence "I am _____."

Complete the statements as if you were describing yourself to yourself, not to somebody else.

1. I am _____.
2. I am _____.
3. I am _____.
4. I am _____.
5. I am _____.
6. I am _____.
7. I am _____.
8. I am _____.
9. I am _____.
10. I am _____.

Reference: Fredrickson et al (1998).

Note. Pilot study used 20 statements.

Appendix F: Pilot Study Focus Group Questions

1. What did you think about the questionnaire package?
2. Which measures best reflected how you felt?
3. Were there any questions that you feel should have been asked?
4. Were there any emotions not addressed by the questionnaires?
5. What are your general reactions to the Video?
6. How did the video make you feel?
7. Do you agree with what Jean was saying?
8. Do you think these images have an affect on people? If so, how?
9. Why do the media portray women like this?
10. What effect do you think these images have on young women?
-body image, self-esteem.
11. What have you learned from this video?
12. Has the way you view/feel about yourself changed after watching this video?
13. What else could be done to change negative attitudes or behaviours after watching this video?
14. Can anything be done to change the way media portray women?

Appendix G: Trait Self-Objectification

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

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

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

IMPORTANT: *DO NOT assign that same rank to more than one attribute!*

9=greatest impact
 8=next greatest impact
 .
 .
 .
 1=next to least impact
 0=least impact

When considering your *physical self-concept*...

- a. ...what rank do you assign to **physical coordination**? _____
- b. ...what rank do you assign to **health**? _____
- c. ...what rank do you assign to **weight**? _____
- d. ...what rank do you assign to **strength**? _____
- e. ...what rank do you assign to **sex appeal**? _____
- f. ...what rank do you assign to **physical attractiveness**? _____
- g. ...what rank do you assign to **energy level** (e.g., stamina)? _____
- h. ...what rank do you assign to **firm/sculpted muscles**? _____
- i. ...what rank do you assign to **physical fitness level**? _____
- j. ...what rank do you assign to **measurements** (e.g., chest, waist, hips)? _____

Reference: Noll & Fredrickson (1998).

Appendix H: Experimental Conditions Consent Form

Wilfrid Laurier University

Participants Informed Consent Statement

Project Title: A Media Literacy Intervention: Using Self-Objectification as a Tool for Identifying Changes in Well-being and Internalization

Principle Investigator: Becky Choma (Master's Student)

Supervisor: Dr. Mindi Foster (Professor)

The general purpose of this research is to evaluate the effectiveness of media literacy interventions for older adolescent women. The objectives of the interventions are to decrease the internalization of media messages and improve well-being.

INFORMATION

You will be asked to visit the lab three times.

On your first visit you will be provided with a consent form which you will read and may ask any questions about this research at that time. Once you have signed the consent form you will be asked to privately complete a questionnaire package containing questions about your well-being that will take approximately 45 minutes.

One week later, you will visit the lab for the second time at which time the consent form you signed will be read aloud to you. You will then be asked to watch a video either 30, or 45 minutes in length with a group of about 15 participants. After watching the video you will be asked to privately complete a questionnaire package containing questions about the film and your well-being. The total amount of time for your second visit should be approximately 1.5 hours.

One month after watching the video you will visit the lab for the third and final time. Again the consent form you signed will be read aloud to you. You will again be asked to privately complete a questionnaire package containing questions about your well-being which will take approximately 45 minutes. Once you have completed the questionnaire package the researcher will provide you with a debriefing form explaining the specific purpose of the study. You may ask any questions at this time and throughout the entire study.

There will be approximately 15 participants with you at each visit to the lab. There will be NO deception used in this study. The research will be facilitated by the researcher, Becky Choma.

RISKS

There are no foreseeable physical or emotional risks for participating in this study. However, should anything throughout this study make you feel upset you may contact any of the agencies listed on the counselling contact sheet.

BENEFITS

It is important to remember that there is a range in beliefs about the impact of media and that all viewpoints deserve consideration and respect. This video provides a substantial amount of important information about media and how advertisers change images to create unrealistic female ideals. This video will raise an awareness of media-literacy that will assist you in critically evaluating the thousands of ads and commercials you view everyday.

CONFIDENTIALITY

Your name will only be associated with this consent form and your contact information. There will be no way of knowing exactly what you said throughout this study. Signing the consent form indicates that you agree not to share any names or identifiable information you heard throughout this study in order to maintain the confidentiality of the other participants. That being said, the researchers cannot be held responsible for breaches of confidentiality by study participants. All consent forms and data will be kept in a locked room at all times and destroyed after 5 years. Only Becky Choma and Dr. Mindi Foster will have access to this data. Any quotes or information gathered from this research used in writing a report or publishable article will be anonymous.

COMPENSATION

You will receive 4 hours credit towards your first year psychology course for participating. These credits are divided among the 3 visits to the lab. If you miss the second visit you will receive only 1 credit for the first visit and be ineligible for the last visit unless you make alternative arrangements with the researcher. If you choose to decline participation at any time you may receive credit towards your course by reviewing a journal article as outlined in your psychology course.

CONTACT

If you have questions at any time about the study or the procedures, or you experience adverse effects as a result of participating in this study, you may contact the researcher, Becky Choma, at Wilfrid Laurier University in the Psychology Department, and through email: chomal979@yahoo.ca, her Supervisor, Dr. Mindi Foster, at Wilfrid Laurier University, 884-0710, extension 3989, or the Research Office of Wilfrid Laurier University at 884-0710, extension 3131.

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468.

PARTICIPATION

In early fall of 2003 you completed a number of questionnaires during a mass testing session with all first year students. Based on your score for one of those questionnaires you were pre-selected to participate in this study. Your participation in this study is voluntary; you may decline to participate without penalty at each individual session. If you decide to participate, **you may withdraw from the study at any time without penalty (no loss of credit for the session you are participating in) or consequences to yourself.** If you withdraw from the study before data collection is completed your data will be omitted from analysis upon your request. You have the right to omit any question(s) you choose.

FEEDBACK AND PUBLICATION

The results of this study will be used to design an intervention with students on combating the harmful effects of media.

The results from this study will be incorporated into a Master's Thesis and may be used in any journal articles, presentations, or books published. The results of this research study may be available approximately one year from now. A copy of the final research projects results will be emailed to your WLU student email account.

CONSENT

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

Appendix I: Control Conditions Consent Form

Wilfrid Laurier University

Participants Informed Consent Statement

Project Title: A Media Literacy Intervention: Using Self-Objectification as a Tool for Identifying Changes in Well-being and Internalization

Principle Investigator: Becky Choma (Master's Student)

Supervisor: Dr. Mindi Foster (Professor)

The general purpose of this research is to evaluate the effectiveness of media literacy interventions for older adolescent women. The objectives of the interventions are to decrease the internalization of media messages and improve well-being.

INFORMATION

You will be asked to visit the lab three times.

On your first visit you will be provided with a consent form which you will read and may ask any questions about this research at that time. Once you have signed the consent form you will be asked to privately complete a questionnaire package containing questions about your well-being that will take approximately 45 minutes.

One week later, you will visit the lab for the second time at which time the consent form you signed will be read aloud to you. You will then be asked to watch a video 20 minutes in length with a group of about 15 participants. After watching the video you will be asked to privately complete a questionnaire package containing questions about your well-being. The total amount of time for your second visit should be approximately 1.5 hours.

One month after watching the video you will visit the lab for the third and final time. Again the consent form you signed will be read aloud to you. You will again be asked to privately complete a questionnaire package containing questions about your well-being which will take approximately 45 minutes. Once you have completed the questionnaire package the researcher will provide you with a debriefing form explaining the specific purpose of the study. You may ask any questions at this time and throughout the entire study.

There will be approximately 15 participants with you at each visit to the lab. There will be NO deception used in this study. The research will be facilitated by the researcher, Becky Choma.

RISKS

There are no foreseeable physical or emotional risks for participating in this study. However, should anything throughout this study make you feel upset you may contact any of the agencies listed on the counselling contact sheet.

BENEFITS

Your participation in this study will assist in the research of an effective media literacy tool designed to assist older adolescent women in combating the harmful effects of media. That being said, it is important to remember that there is a range in beliefs about the impact of media and that all viewpoints deserve consideration and respect.

CONFIDENTIALITY

Your name will only be associated with this consent form and your contact information. There will be no way of knowing exactly what you said throughout this study. Signing the consent form indicates that you agree not to share any names or identifiable information you heard throughout

this study in order to maintain the confidentiality of the other participants. That being said, the researchers cannot be held responsible for breaches of confidentiality by study participants. All consent forms and data will be kept in a locked room at all times and destroyed after 5 years. Only Becky Choma and Dr. Mindi Foster will have access to this data. Any quotes or information gathered from this research used in writing a report or publishable article will be anonymous.

COMPENSATION

You will receive 4 hours credit towards your first year psychology course for participating. These credits are divided among the 3 visits to the lab. If you miss the second visit you will receive only 1 credit for the first visit and be ineligible for the last visit unless you make alternative arrangements with the researcher. If you choose to decline participation at any time you may receive credit towards your course by reviewing a journal article as outlined in your psychology course.

CONTACT

If you have questions at any time about the study or the procedures, or you experience adverse effects as a result of participating in this study, you may contact the researcher, Becky Choma, at Wilfrid Laurier University in the Psychology Department, and through email: choma1979@yahoo.ca, her Supervisor, Dr. Mindi Foster, at Wilfrid Laurier University, 884-0710, extension 3989, or the Research Office of Wilfrid Laurier University at 884-0710, extension 3131.

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468.

PARTICIPATION

In early fall of 2003 you completed a number of questionnaires during a mass testing session with all first year students. Based on your score for one of those questionnaires you were pre-selected to participate in this study. Your participation in this study is voluntary; you may decline to participate without penalty at each individual session. If you decide to participate, **you may withdraw from the study at any time without penalty (no loss of credit for the session you are participating in) or consequences to yourself.** If you withdraw from the study before data collection is completed your data will be omitted from analysis upon your request. You have the right to omit any question(s) you choose.

FEEDBACK AND PUBLICATION

The results of this study will be used to design an intervention with students on combating the harmful effects of media.

The results from this study will be incorporated into a Master's Thesis and may be used in any journal articles, presentations, or books published. The results of this research study may be available approximately one year from now. A copy of the final research projects results will be emailed to your WLU student email account.

CONSENT

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

Appendix J: Internalization and Awareness Scale (SATAQ)

Please read each of the following items and indicate your choice next to each statement that best reflects your agreement with the statement.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

- ___ 1. Women who appear in TV shows and movies project the type of appearance that I see as my goal.
- ___ 2. I believe that clothes look better on thin models.
- ___ 3. Music videos that show thin women make me wish I that I were thin.
- ___ 4. I do not wish to look like the models in the magazines.
- ___ 5. I tend to compare my body to people I magazines and on TV.
- ___ 6. In our society, fat people are not regarded as unattractive.
- ___ 7. Photographs of thin women make me wish I were thin.
- ___ 8. Attractiveness is very important if you want to get ahead in our culture.
- ___ 9. It's important for people to work hard on their figures/physiques if they want to succeed in today's culture.
- ___ 10. Most people do not believe that the thinner you are, the better you look.
- ___ 11. People think that the thinner you are, the better you look in clothes.
- ___ 12. In today's society, it's not important to always look attractive.
- ___ 13. I wish I looked like a swimsuit model.
- ___ 14. I often read magazines like Cosmopolitan, Vogue, and Glamour and compare my appearance to the models.

Reference: Heinberg et al. (1995).

Appendix K: Perceived Discrimination Scale

Please indicate by using the scale below, how much you disagree or agree with the following statements. Place the number that best describes your opinion beside the statement. If you can't decide between 2 numbers (e.g., 2 and 3), please "round up" to the nearest number, and only choose 1 number.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

- ___ 1. Men have more employment opportunities than I.
- ___ 2. I personally have not suffered from the effects of sexual discrimination.
- ___ 3. I have equal status relative to men of my peer group.
- ___ 4. For the same employment, men will be paid more than I.
- ___ 5. Women today suffer from the effects of discrimination due to gender.
- ___ 6. I have to work harder than men in my peer group to reach my goals.
- ___ 7. Women are in an inferior social position much like certain racial groups.
- ___ 8. I have less power than most men.
- ___ 9. The present social structure presents more obstacles to women than to men.
- ___ 10. Women have attained equal status with men in many ways.
- ___ 11. For the same employment, men will be paid more than women.
- ___ 12. There is an unequal distribution of power between men and women, where men have greater power.
- ___ 13. Due to my gender, I am in an inferior social position much like certain racial groups.
- ___ 14. Men have more employment opportunities than women.
- ___ 15. The present social structure presents more obstacles to me as a woman than to men I know.
- ___ 16. I can engage in what were traditionally male occupations without having to face many obstacles.
- ___ 17. Women can engage in what were traditionally male occupations without having to face many obstacles.
- ___ 18. Women have to work harder than men to reach their goals

Reference: Foster & Matheson (1995).

Appendix L: Collective Action Scale

Please indicate by using the scale below, how much you disagree or agree with the following statements. Place the number that best describes your opinion beside the statement. If you can't decide between 2 numbers (e.g., 2 and 3), please "round up" to the nearest number, and only choose 1 number.

0	1	2	3	4
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

- ___ 1. I refuse to take action for women on my own.
- ___ 2. I don't let anyone treat me differently because I'm a woman.
- ___ 3. If a man acts differently when I'm around because I'm a woman, I assure him that it is not necessary.
- ___ 4. Even though certain strategies to fight discrimination against women may not work, I don't bother to use different ones.
- ___ 5. If I hear a sexist remark or am aware of a sexist incident, I choose to ignore it.
- ___ 6. I go out of my way to collect information on women's issues.
- ___ 7. I make a conscious attempt to use non-sexist language.
- ___ 8. I keep an eye on the views of my local legislators regarding women's issues.
- ___ 9. I attend talks on women's issues.
- ___ 10. I don't stand up for myself as a woman.
- ___ 11. I will correct other's use of sexist language.
- ___ 12. I talk about women's issues with family or friends, stressing the need to enhance women's position in society.
- ___ 13. I let people take advantage of me as a woman.
- ___ 14. Whenever I am presented with a petition(s) advocating the Women's Movement's position of a social issue (e.g., pay equity, affirmative action), I sign it.
- ___ 15. I lobby my local legislators regarding women's issues.
- ___ 16. I don't act for women because "it doesn't matter".
- ___ 17. I volunteer for groups aimed to help women such as shelters for abused women.
- ___ 18. I say negative things about being a woman.

- ___ 19. I have donated money to women's organizations or events aimed at women's issues.
- ___ 20. In instances where I believe it is necessary to speak on behalf of women, I would do so, even if it might have negative repercussions for me (e.g., get me in trouble with my boss, lower my grades).
- ___ 21. I give up in the middle of doing something about discrimination against women.
- ___ 22. In stances where I believe it is necessary to speak on behalf of women, I write letters to newspapers.
- ___ 23. If, in a group of strangers (i.e. people who I haven't known for long or well), a sexist comment is made, I will make a point of arguing against it.
- ___ 24. I am a member of an organization with women who talk about women's issues.
- ___ 25. I prefer not to associate with women who talk about women's victimization.
- ___ 26. I encourage friends to be aware of women's issues.
- ___ 27. I encourage friends to take classes oriented towards women's issues.
- ___ 28. I don't really act in support of women's issues because things will never change.
- ___ 29. I encourage friends to join organizations that deal with women's issues.
- ___ 30. Whenever there is an organized protest, I attend the protest.
- ___ 31. One person will never have an effect on changing women's status.
- ___ 32. I organize events that deal with women's issues.
- ___ 33. I organize support groups for women (e.g. For those who are re-entering school, or workforce, for single mothers, etc.)
- ___ 34. I participate in fund-raisers, consciousness-raising events etc. that attempt to increase the overall status of women.
- ___ 35. I give lectures or talks on women's issues.
- ___ 36. If I am a victim of a discriminatory remark (or someone I know is the victim), I would, just leave the situation.

Reference: Foster & Matheson (1995).

Appendix M: Counseling Contact Sheet

Counselling Services Contact Sheet

Wilfrid Laurier University Counselling Services (free to all WLU students)	884-0710 ext. 2338
The Youth Phone Line They offer listening and referral to services.	745-9909
Catholic Family Counselling Centre 400 Queen St. S. Kitchener	743-6333
Interfaith Pastoral Counselling Centre 151 Frederick St.	743-6781
Kitchener Waterloo Counselling Services 75 King St. S. Waterloo	884-0000
Shalom Counselling Services 131 Erb st. W. Waterloo	886-9690

Appendix N: Open Ended Questions from Time 2

Please answer the below questions and feel free to use additional paper if needed as long as you number the questions.

1. a. Do you agree or disagree with what Jean was saying? (Circle your choice)

Strongly Agree Agree Neutral Disagree Strongly Disagree

b. What are your general reactions/feelings to this film? Please explain.

2. Do you feel more informed or aware from this film? (circle your choice).

Not at all A little Somewhat Quite a bit Extremely

Please explain.

3. Did watching this video change the way you view/feel about yourself? Others? Explain.

Note. Control Participants did not answer question 1a.

Appendix O : Open Ended Questions from Time 3

1. a. Do you agree or disagree with what Jean was saying in the film you watched the last time you were in the lab? (Circle your choice)

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

b. What are your general reactions/feelings to this film? Please explain

2. Did watching that video change the way you feel/think about yourself? Others? Please explain.

3. Did the video have an impact on you in other ways? If yes, please explain.

Note. Control Participants did not answer question 1a.

Appendix P: Debriefing Form

Wilfrid Laurier University Debriefing Form

Project Title: A Media Literacy Intervention: Using Self-Objectification as a Tool for Identifying Changes in Well-being and Internalization

Principle Investigator: Becky Choma (Master's Student)

Supervisor: Dr. Mindi Foster (Professor)

The general purpose of this research is to evaluate the effectiveness of media literacy interventions for older adolescent women. The specific aim of the intervention is to decrease the internalization of media messages and improve participants' well-being. Well-being was measured by the questionnaires you completed each time you visited the lab. This included: state self-esteem, positive and negative affect, depression, a mood adjective checklist, and perceived discrimination. This research aims to test objectification theory in relation to media literacy interventions. Objectification theory states that females are conditioned to internalize other's perspectives of their physical appearance (i.e., evaluate their physical self using the same standards an outside person would; Fredrickson & Roberts, 1997). In our culture, media often portrays women as unrealistically thin (Thompson & Heinberg, 1999). Thus, when women internalize such messages, their body image (Botta, 1999), body satisfaction (Sands & Wardle, 2003), and self-esteem (Wilcox & Laird, 2000) decreases.

In an effort to combat the harmful effects of media on women, researchers have suggested that being able to critically evaluate (i.e., media literacy) such messages may be helpful (Tiggeman, Gardiner, & Slater, 2000). However, there is a lack of studies that look at how media literacy or learning how to critically evaluate media may help. Further, the majority of studies that have addressed this issue reported that while an understanding of media images increases, body image attitudes do not change (e.g., Smolak, Levine, & Schermer, 1998).

Specifically, this research seeks to understand if women who are high or low in trait self-objectification (the degree to which an individual observes and rates their body from a third person point of view, focusing mainly on observable physical features (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998)), score differently on well-being and internalization measures after watching two different media literacy videos with different levels of state self-objectification (situations that are more likely to result in verbal evaluations of women's bodies, and heighten ones awareness of their physical self). You were eligible to participate in this study based on your trait self-objectification score. Thus, you scored in either the highest or lowest 25% of students who received the questionnaire during mass testing.

If objectification theory is correct, there should be differences between women low and high in trait self-objectification score such that reactions to the videos should be more extreme for high trait self-objectification score women because they are most affected by state self-objectification score. So, if high trait self-objectification score women are most vulnerable to situations promoting self-objectification, then high trait self-objectification score women should show no increases in well-being after watching "Slim Hopes" (i.e., the video whose body issue salience may be unbeneficial for high trait self-objectification score women). Instead, high trait self-objectification score women should show increased well-being after watching "Killing Us Softly III" because it may be an intervention that decreases the salience of body issues yet maintains a message of criticizing media. That is, it may be the necessary balance between salience of body issues and media criticism. Thus, this research addressed the above questions.

It is important to remember that there is a range in beliefs about the impact of media and that all viewpoints deserve consideration and respect.

If you experience any negative emotions as a result of participating in this research study please contact any of the counselling contacts listed on the counselling contact sheet.

Thank you again for your time and support in participating in this study!!

If you have any questions or concerns please feel free to contact any of the following:

Becky Choma (Principle investigator), Psychology Dept. WLU. choma1979@yahoo.ca

Dr. Mindi Foster (Supervisor), Psychology Dept. WLU. 884-0710, extension 3989

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