OBJECTIFICATION THEORY

Toward Understanding Women's Lived Experiences and Mental Health Risks

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This article offers objectification theory as a framework for understanding the experiential consequences of being female in a culture that sexually objectifies the female body. Objectification theory posits that girls and women are typically acculturated to internalize an observer's perspective as a primary view of their physical selves. This perspective on self can lead to habitual body monitoring, which, in turn, can increase women's opportunities for shame and anxiety, reduce opportunities for peak motivational states, and diminish awareness of internal bodily states. Accumulations of such experiences may help account for an array of mental health risks that disproportionately affect women: unipolar depression, sexual dysfunction, and eating disorders. Objectification theory also illuminates why changes in these mental health risks appear to occur in step with life-course changes in the female body.

The body is the basis for the distinction between the sexes. Yet in the traditional debate between biological and environmental determinants of psychological gender differences, the body has most often been explored in terms of its anatomical, genetic, or hormonal influences on personality, experience, and behavior. Feminists and others have been understandably suspicious of such perspectives because of their deterministic flavor, and perhaps for this reason the body has been largely ignored in nonbiological explanatory schemes for gender distinctions, which tend to focus more on sociocultural influences. Feminist and other sociocultural perspectives, for instance, have done a great deal to illuminate the ways in which many gender differences have little to do with the biological body, and much more to do with the differential socialization of boys and girls, and, perhaps even more profoundly, with the different social status and power held by women and men in society.

Yet, in doing so, much of the sociocultural tradition within the psychology of gender has underemphasized the fact that the body is constructed from more than just biology. Bodies exist within social and cultural contexts, and hence are also constructed through sociocultural practices and discourses. Theorists in a variety of disciplines have begun to explore the multiple ways that the body conveys social meaning and how these meanings shape gendered experience [e.g., Bordo (1993) and Foucault (1980) in philosophy, E. Martin (1987) in cultural anthropology, K. Martin (1996) and Shilling (1993) in sociology, Kaschak (1992) and Ussher (1989) in psychology]. We believe that the psychology of gender is now well positioned to push the analysis of bodies as social constructions even further.

In this article, we propose *objectification theory*. This theoretical framework places female bodies in a sociocultural context with the aim of illuminating the lived experiences and mental health risks of girls and women who encounter sexual objectification.[1] Although sexual objectification is but one form of gender oppression, it is one that factors into—and perhaps enables—a host of other oppressions women face, ranging from employment discrimination and sexual violence to the trivialization of women's work and accomplishments. Like gender oppression more generally, sexual objectification occurs with both "endless variety and monotonous similarity" (Rubin, 1975, cited in Fraser & Nicholson, 1990, p. 28). The common thread running through all forms of sexual objectification is the experience of being treated *as a body* (or collection of body parts) valued predominantly for its use to (or consumption by) others. Although feminists have long identified objectifying treatment as harmful to women, the micro-level components of this harm have rarely been specified. Our task in this article is to present a framework for understanding the cascade of intraindividual psychological consequences that we suggest spring from objectifying treatment.

Certainly not all women experience and respond to sexual objectification in the same way. Unique combinations of ethnicity, class, sexuality, age, and other physical and personal attributes undoubtedly create unique sets of experiences across women, as well as experiences shared by particular subgroups. Yet amid

the heterogeneity evident among women, we propose that having a reproductively mature female body may create a shared social experience, a vulnerability to sexual objectification, which in turn may create a shared set of psychological experiences. Objectification theory (a) provides a framework for understanding this array of psychological experiences that appear to be uniquely female, (b) formulates a life-course analysis of some of women's mental health risks, (c) organizes existing empirical data regarding women's lives, and (d) offers specific predictions to guide future empirical work. Although our goal is to theorize about sexual objectification as it applies to all women, we recognize that much of the empirical literature that we use to buttress our theorizing has overlooked diversity among women, focusing almost exclusively on White, middle-class girls and women. Not wishing to recreate this myopia, we have included research findings on women of color and other subgroups where they exist and are relevant. Even so, some caution is warranted when extracting from this uneven empirical base to understand how sexual objectification factors into the lives of diverse subgroups of women.

PART I: OBJECTIFICATION THEORY

Women's Bodies Are Looked at, Evaluated, and Always Potentially Objectified

Our culture is saturated with heterosexuality. One marker of this, as Karen Horney indicated 6 decades ago, is "the socially sanctioned right of all males to sexualize all females, regardless of age or status" (Westkott, 1986, p. 95; see also Schur, 1983). This sexualization occurs in many forms, ranging from sexual violence to sexualized evaluation (Fischer, Vidmar, & Ellis, 1993; Hughes & Sandler, 1988; Kaschak, 1992; Quina & Carlson, 1989; Reilly, Lott, Caldwell, & DeLuca, 1992; Stoltenberg, 1989). The most subtle and deniable way sexualized evaluation is enacted—and arguably the most ubiquitous—is through gaze, or visual inspection of the body (Kaschak, 1992). Though the psychological repercussions of sexual violence have begun to capture substantial research attention (e.g., Herman, 1992; Russo, 1985; Trickett & Putnam, 1993), those arising from the more subtle and everyday practice of sexualized gazing have gone understudied; this is an imbalance we seek to redress.

Always present in contexts of sexualized gazing is the *potential* for sexual objectification. Sexual objectification occurs whenever a woman's body, body parts, or sexual functions are separated out from her person, reduced to the status of mere instruments, or regarded as if they were capable of representing her (Bartky, 1990). In other words, when objectified, women are treated *as bodies*—and in particular, as bodies that exist for the use and pleasure of others. Certainly not all men sexually objectify women; indeed, many elect not to and are likely to have richer relationships with women as a consequence (Stoltenberg, 1989). But importantly, because a sexually objectifying gaze is not under

women's control, few women can completely avoid potentially objectifying contexts (Kaschak, 1992).

Objectifying gaze is played out in three related arenas. First, it occurs within actual interpersonal and social encounters. Studies have shown that (a) women are gazed at more than men (for a review, see Hall, 1984); (b) women are more likely to feel "looked at" in interpersonal encounters (Argyle & Williams, 1969); (c) men direct more nonreciprocated gaze toward women than vice versa, particularly in public places (Cary, 1978; Fromme & Beam, 1974; Henley, 1977); and (d) men's gazing is often accompanied by sexually evaluative commentary (Gardner, 1980), which tends to be most derogatory when aimed at women of color (Allen, 1984). Moreover, Henley (1977) has pointed out that our language provides specific verbs to connote men's staring at women's bodies, such as "ogle" and "leer," underscoring not only that this sexualized gazing occurs, but also that it is disquieting for women.

Second, sexually objectifying gaze also occurs in visual media that depict interpersonal and social encounters. Analyses of advertisements show that males are pictured looking directly at their female partner far more often than the reverse (Goffman, 1979; Umiker-Sebeok, 1981). Goffman (1979), for instance, has described the "anchored drift," a common theme in advertising in which a male is depicted staring at or monitoring a female who is looking off into the distance, daydreaming, or otherwise mentally drifting from the scene.

The third, and perhaps most insidious manner in which objectifying gaze infuses American culture is in people's encounters with visual media that spotlight bodies and body parts and seamlessly align viewers with an implicit sexualizing gaze (Mulvey, 1975). This sexually objectifying treatment of women in the visual media is certainly not limited to pornography. Analyses of mainstream films (Kuhn, 1985; Mulvey, 1975; van Zoonen, 1994), visual arts (Berger, 1972), advertisements (Goffman, 1979; Solely & Kurzbard, 1986), television programming (Copeland, 1989), music videos (Sommers-Flanagan, Sommers-Flanagan, & Davis, 1993), women's magazines (Ferguson, 1978), and sports photography (Duncan, 1990) each provide evidence that women's bodies are targeted for sexual objectification more often than men's. For women of color, objectifying images are often infused with racial stereotypes: African American women, for instance, are commonly portrayed not only as objects, but also as animals (Cowan, 1995; Leidholdt, 1981), whereas Asian American women are portrayed as possessing a more exotic and subservient sexuality (Root, 1995). One way that the visual media's focus on women's bodies has been quantified is in terms of relative facial prominence (Archer, Iritani, Kimes, & Barrios, 1983). Whereas men tend to be portrayed in print media and artwork with an emphasis on the head and face, and with greater facial detail, women tend to be portrayed with an emphasis on the body. Indeed it is not uncommon for magazine photographs to portray dismembered women, eliminating their heads altogether, focusing exclusively on their bodies or body parts. Archer and colleagues (1983) refer to this as a "face-ism" bias, and more recent studies have found that it is also present in portrayals of Whites versus Blacks, with

Black women represented in print media with the least facial prominence of all groups (Zuckerman & Kieffer, 1994). Unger and Crawford (1996) have pointed out the androcentric bias of this term, and have argued that the "face-ism" of men actually reflects the "body-ism" of women. This body-ism is clearly objectifying in the sense that Bartky (1990) has defined it. That is, the visual media portray women as though their bodies were capable of representing them.

Making matters worse, the mass media's proliferation of sexualized images of the female body is fast and thorough. Confrontations with these images, then, are virtually unavoidable in American culture. In sum, the sexual objectification of the female body has clearly permeated our cultural milieu; it is likely to affect most girls and women to some degree, no matter who their actual social contacts may be.

A handful of theorists have ventured to explain *why* visual evaluations of the female body, which can lead to sexual objectification, are integral to male heterosexuality. Evolutionary theorists contend that women's physical attractiveness indirectly signals reproductive value, and so evaluating women's physical attributes has become an important criterion in men's mate selection (Buss, 1989; Singh, 1993). Others argue that the cultural practice of objectifying female bodies originated to create, maintain, and express patriarchy (Connell, 1987; Kuhn, 1985; Stoltenberg, 1989). Distinct from attempts to uncover *why* objectification occurs, objectification theory takes as a *given* that women exist in a culture in which their bodies are—for whatever reasons—looked at, evaluated, and always potentially objectified. The theory limits its aim to illuminating the psychological and experiential *consequences* that sexual objectification might have in many women's lives.

Internalizing an Observer's Perspective on Physical Self

At a psychological level, perhaps the most profound effect of objectifying treatment is that it coaxes girls and women to adopt a peculiar view of self. Objectification theory posits that the cultural milieu of objectification functions to socialize girls and women to, at some level, treat *themselves* as objects to be looked at and evaluated.[2] In other words, as numerous feminist theorists have argued, women often adopt an observer's perspective on their physical selves (Bartky, 1990; de Beauvoir, 1952; Berger, 1972; Young, 1990). Psychological theory on socialization and the self can provide a possible explanation of how this internalization might come about. Effective socialization, Costanzo (1992) has argued, begins with compliance to minimally sufficient external pressures, proceeds through interpersonal identification, and ends with individuals claiming ownership of socialized values and attitudes, often by incorporating them into their sense of self.

The external pressures that encourage women's preoccupation with their own physical appearance abound. Take, for example, the array of life benefits

that physically attractive, or "eye-catching" women receive in American culture. Empirical research demonstrates that how a woman's body appears to others can determine her life experiences. Studies have demonstrated, for instance, that obesity negatively affects women's, but not men's, social mobility, with obese women showing lower educational and economic attainments than their parents. Compared to average-weight or thin girls, overweight girls are also less likely to be accepted to college (Wooley & Wooley, 1980; Wooley, Wooley, & Dyrenforth, 1979). In addition, job discrimination and hostile work environments are more frequently reported by overweight women than by overweight men (Snow & Harris, 1985). More generally, women deemed unattractive by their coworkers are described more negatively than comparably unattractive men (Bar-Tal & Saxe, 1976; Cash, Gillen, & Burns, 1977; Wallston & O'Leary, 1981). Additionally, a recent supreme court case (*Price Waterhouse v. Hopkins*, 1985) illustrates that women who aspire to high-status work positions may suffer job discrimination based on an unfeminine appearance (Fiske, Bersoff, Borgida, Deaux, & Heilman, 1991). Physical attractiveness has also been shown to correlate more highly with popularity, dating experience, and marriage opportunities for women than for men (Berscheid, Dion, Walster, & Walster, 1971; Margolin & White, 1987; Walster, Aronson, Abrahams, & Rottman, 1966). Indeed studies of implicit cultural models of gender relations suggest that both women and men discuss heterosexual relations as though women can "exchange" their relative attractiveness for good treatment in relationships (e.g., Holland & Skinner, 1987).

For these and other reasons, Unger (1979) argues that physical beauty can translate to power for women: Attractiveness functions as a prime currency for women's social and economic success. The value of this currency, however, may differ across subgroups of women. Arguably, for example, to be traded for social and economic power, a woman's beauty must appeal to the tastes of the dominant (White male) culture. Given this standard, preoccupation with appearance may be most evident among White women and others seeking upward social mobility. Consistent with this view, Hurtado (1989) has argued that the dominant (White male) culture typically oppresses White women through "seduction," which we suggest is often enacted through sexual objectification masquerading as positively valenced admiration; by contrast, Hurtado states, this same dominant (White male) culture oppresses women of color through "rejection" or negatively valenced social evaluations. The point here is that women of color, poor women, and lesbians face the additional negatively valenced oppressions of racism, classism, and homophobia. As such, the sexual objectification of these subgroups of women may combine with other oppressions to produce somewhat different effects.

Given the evidence that women's social and economic prospects can be determined by their physical appearance, it behooves women to anticipate the repercussions of their appearance, or as Berger (1972) put it, to be their own first surveyors. Therefore, women's attentiveness to their own physical appearance, which has often been interpreted as narcissism and vanity

(Deutsch, 1944, 1945; Freud, 1933), might more appropriately be viewed as women's strategy for helping to determine how others will treat them (Silberstein, Striegel-Moore, & Rodin, 1987). This strategy need not be conscious, or deliberately chosen. Instead, theories of socialization would predict that with repeated exposure to the array of subtle external pressures to enhance physical beauty, girls and women come to experience their efforts to improve their appearance as freely chosen, or even natural (Costanzo, 1992).

In a related vein, a core social psychological view of self holds that an individual's sense of self is a social construction, reflecting the ways that other people view and treat that individual (Cooley, 1902/1990; Harter, 1987). Cooley (1902/1990) captured this idea with the phrase the "looking-glass self" (p. 63), a term we appreciate because mirrors reflect the physical attributes that we argue can monopolize women's sense of self. Yet we believe that Cooley (and other self theorists who followed his lead) missed the opportunity to illuminate women's views of self by pronouncing that self "refers chiefly to opinions, purposes, desires, claims, and the like, concerning matters that involve no thought of the body" (1902/1990, p. 63). Recent empirical evidence indicates that such "disembodied" views of self are untenable. For instance, data gathered by Harter and colleagues demonstrate that physical appearance is the most important domain contributing to children and young adolescents' sense of self-worth (female and male alike), outpacing social acceptance, scholastic and athletic competence, and behavioral conduct (Harter, 1987). Similarly, data collected in multiple laboratories show that women's body-image satisfaction is positively related to their sense of self (for a review, see Polivy, Herman, & Pliner, 1990). Other data demonstrate that the body contributes to sense of self differently for women than for men: For women, positive self-concept hinges on perceived physical *attractiveness*, whereas for men, it hinges on perceived physical *effectiveness* (R. M. Lerner, Orlos, & Knapp, 1976). These data suggest that the notion of the "looking-glass self" perhaps ought to be taken more literally when applied to women.

Even so, new data raise the possibility that the "looking-glass self" may not apply in comparable ways across ethnic subgroups. Crocker and colleagues, for instance, suggest that unlike White and Asian students, Black students seem to separate how they privately feel about themselves from how they believe others (presumably non-Blacks) evaluate them (Crocker, Luhtanen, Blaine, & Broadnax, 1994). Crocker and colleagues interpret this result as an adaptive coping response by Blacks to chronic and recurring experiences of racial oppression and prejudice. It may be, then, that psychological coping strategies that some women of color develop to deal with racism may also buffer against the negative psychological repercussions of sexual objectification to some degree, perhaps regardless of whether this objectification is enacted within or across ethnic boundaries.

To summarize, then, a critical repercussion of being viewed by others in sexually objectifying ways is that, over time, individuals may be coaxed to internalize an observer's perspective on self, an effect we term *self-objectifica-*

tion. Girls and women, according to our analysis, may to some degree come to view themselves as objects or "sights" to be appreciated by others. This is a peculiar perspective on self, one that can lead to a form of self-consciousness characterized by habitual monitoring of the body's outward appearance. Certainly, an observer's perspective on the body might become internalized to varying degrees. We would expect to find individual differences in the degree to which girls and women self-objectify. Again, though, the habitual self-conscious body monitoring that results from self-objectification might best be viewed as a strategy many women develop to help determine how other people will treat them, which has clear implications for their quality of life.

This habit of self-conscious body monitoring is far from trivial. We propose that it can profoundly disrupt a woman's flow of consciousness. As de Beauvoir wrote, when a girl becomes a woman she is "doubled; instead of coinciding exactly with herself, she . . . [also] exist[s] outside" (1952, p. 316). That is, significant portions of women's conscious attention can often be usurped by concerns related to real or imagined, present or anticipated, surveyors of their physical appearance. We posit that in a culture that objectifies the female body, whatever girls and women do, the potential always exists for their thoughts and actions to be interrupted by images of how their bodies appear. This habitual body monitoring, we believe, can create a predictable set of subjective experiences that may be essential to understanding the psychology of women.

Consequences for Subjective Experience

The psychological and experiential consequences that follow from internalizing an observer's perspective on physical self have not been fully explored; in this section, we begin to do so. Even though we conceive of self-objectification as an individual difference variable, the consequences we discuss in this section ought not to be considered inevitable and chronic aspects of women's experience. Instead, we conceptualize the emergence of gendered experience in objectifying cultures in a manner similar to Deaux and Major's (1987) conceptualization of the emergence of gendered behavior. That is, we emphasize the extent to which women's experience is variable, proximally caused, and context dependent (Deaux & Major, 1987). Throughout the course of a day, women enter into and exit from multiple contexts, some that protect them from the negative repercussions of objectification, and some that do not. To the extent that particular social contexts accentuate women's awareness of actual or potential observers' perspectives on their bodies, certain types of experiences are likely to ensue. Our framework, then, acknowledges both relatively stable individual differences across women, as well as powerful situation-specific effects in the experiences of objectification and its consequences. That is, some women may have internalized and consequently be dogged by observers' perspectives on their bodies in *most* of the contexts in which they find themselves, whereas others may only be made aware of these perspectives when, for example, they receive a "cat call" while walking down a busy street.

We propose psychological and experiential consequences of sexual objectification for (a) the emotion of shame, (b) the emotion of anxiety, (c) peak motivational states, and (d) the awareness of internal bodily states, offering objectification theory as a parsimonious explanation for known gender differences in these varied psychological experiences.

Shame

The negative emotion of shame occurs when people evaluate themselves relative to some internalized or cultural ideal and come up short (Darwin, 1872/1965; M. Lewis, 1992). Individuals experiencing shame tend to attribute their shortcomings globally to the self in its totality (e.g., "I am a bad person") rather than narrowly to their specific actions (e.g., "I did something bad") (H. Lewis, 1971; see also Tangney, Miller, Flicker, & Barlow, 1996). Darwin also captured how the internalization of another's gaze is central to the experience of shame: "It is not the simple act of reflecting on our own appearance, but the thinking what others think of us, which excites a blush" (Darwin, 1872/1965, p. 325). Shame, then, results from a fusion of negative self evaluation with the potential for social exposure.

Some empirical studies have reported that women experience more shame than men (H. Lewis, 1971; Silberstein et al., 1987; Stapley & Haviland, 1989). Understanding the messages women receive within our objectifying culture helps to explain this difference. First, in American culture, we are continually exposed to images of idealized female bodies (Wolf, 1991). These idealized images are almost invariably of youth, slimness, and Whiteness. Indeed it is difficult to find media depictions of female beauty that are different from this Western European ideal. The mass media's broad dispersion of these idealized images of women's bodies has all but universalized them.

Second, as we have seen, women's eagerness to approximate the cultural ideals is understandable given the rewards they reap for attractiveness in heterosexual relationships as well as work settings. Pointing out, however, that only 1 in 40,000 women actually meet the requirements of a model's size and shape, Wolf (1991) argues that the ideal female body is a myth, unrealistic and virtually impossible to attain. As such, the continual comparison that a woman may make between her actual body and the mythic ideal is a recipe for shame. For instance, although only a minority of girls and women in our society are actually overweight, empirical studies report that the majority report feeling fat, and ashamed of this "failure" (Fallon & Rozin, 1985; Silberstein et al., 1987).

Shame generates an intense desire to hide, to escape the painful gaze of others, or to disappear, alongside feelings of worthlessness and powerlessness (Darwin, 1872/1965; M. Lewis, 1992; Tangney et al., 1996). Intense shame can also compound an already fragmented state of consciousness. "Shame disrupts ongoing activity as the self focuses completely on itself, and the result is a state of confusion: inability to think clearly, inability to talk, and inability to act" (M. Lewis, 1992, p. 34). Interestingly, M. Lewis (1992) identifies this disruption as "adaptive," arguing that its function is to inhibit or change that which fails to live up to the person's internally or externally derived standards. Shame is

thus considered a moral emotion, one that is used to socialize societal standards[3] (H. Lewis, 1989; M. Lewis, 1992). To the extent that "that which fails" is indeed changeable, as actions often are, shame may indeed be adaptive.

Yet bodies are harder to change than actions. Viewed in this light, women's ongoing efforts to change body and appearance through diet, exercise, fashion, beauty products, and, perhaps most dangerously, surgery and eating disorders, reveal what may be a perpetual and hardly adaptive body-based shame. The extent to which body "correction" is motivated by shame elevates the task of meeting societal standards of beauty to a moral obligation. Thus, women who fail to live up to this obligation have been deemed uncivilized and immoral. For instance, in discussing his own contempt for fat women, psychiatrist Irvin Yalom calls their bodies profane, asking "How dare they impose that body on the rest of us?" (Yalom, 1989, cited in Kaschak, 1992, p. 71; see also Crocker, Cornwell, & Major, 1993, on the stigma of being overweight).

In sum, the habitual body monitoring encouraged by a culture that sexually objectifies the female body can lead women to experience shame that is recurrent, difficult to alleviate, and constructed as a matter of morality.

Anxiety
People experience the negative emotion of anxiety when they anticipate danger or threats to self; distinct from fear, however, these threats often remain ambiguous (Lazarus, 1991; Ohman, 1993). Motor tension, vigilance, and scanning are key manifestations of anxiety (DSM-IV, American Psychiatric Association [APA], 1994). Being female in a culture that objectifies the female body creates multiple opportunities to experience anxiety along with its accompanying vigilance. We highlight two: appearance anxiety and safety anxiety.

Not knowing exactly when and how one's body will be looked at and evaluated can create anxiety about potential exposure. Indeed, empirical studies document that women experience more anxiety about their appearance than do men (Dion, Dion, & Keelan, 1990). Data further show that women's appearance anxiety may have roots in negative early life social experiences, including histories of receiving negative appearance-related comments. Appearance anxiety is often manifested by concerns for checking and adjusting one's appearance (Keelan, Dion, & Dion, 1992). Women's fashions arguably compound the opportunities for anxiety: Certain necklines and hemlines require regular body monitoring. In wearing these fashions a woman is forced to be chronically vigilant about whether undergarments or "too much skin" are (shamefully) exposed, all while maintaining the illusion that she is at ease dressed as she is.

Yet appearance anxiety is not just about so-called vanity. It is also fused with concerns about safety. Earlier we noted that women's beauty has been likened to power. Consistent with this view, Beneke (1982) has reported that some men who rape construe physically attractive women as personally threatening, and therefore deserving of retaliation. For instance, those who suggest that a female victim of sexual assault "asked for it" often refer to her physical appearance. Women whose appearance is considered "striking" or "provocative" are thought to provoke their own rape, much as a punch in the nose provokes a

fist fight (Beneke, 1982). Empirical studies also demonstrate that more attractive rape victims are assigned greater blame for their own rape than less attractive victims (e.g., Jacobson & Popovich, 1983).

This underscores the notion that sexual objectification is a key component of sexual violence. Because to some degree all women in our culture face the possibility of sexual victimization, they need to be attentive to the potential for sexually motivated bodily harm (Beneke, 1982; Brownmiller, 1975; Griffin, 1979; Pollitt, 1985). Empirical research shows that this attentiveness is a chronic and daily source of anxiety for many women, affecting both their personal and work lives (Gordon & Riger, 1989; Rozee, 1988). Feminists have argued that vigilance to safety may be the most fundamental difference between women's and men's subjective experiences (Griffin, 1979; Pollitt, 1985). For instance, when we have asked mixed-gender groups of students what they do on a given day to ensure their personal safety, we find that women dutifully identify multiple strategies (e.g., double-checking locks, carrying keys between fingers, checking the backseat of their car, jogging with a dog, staying in after dark, feigning deafness, etc.). Men, however, having few strategies to list, find it eye-opening to realize how women's daily experiences in the world differ so dramatically from their own.

In short, a culture that objectifies the female body presents women with a continuous stream of anxiety-provoking experiences, requiring them to maintain an almost chronic vigilance both to their physical appearance and to their physical safety.

Peak Motivational States
Being fully absorbed in challenging mental or physical activity can be immensely rewarding and enjoyable. This state is what Csikszentmihalyi (1982, 1990) calls "flow," occurring "when a person's body or mind is stretched to its limits in a voluntary effort to accomplish something difficult and worthwhile" (1990, p. 3; see also Deci & Ryan, 1985, for related work on *intrinsic motivation*). Csikszentmihalyi identifies flow as a prime source of optimal experience, those rare moments during which we feel we are truly living, uncontrolled by others, creative and joyful. Maximizing such experience, he argues, improves the quality of life.

We see at least two ways that being female in a culture that objectifies the female body can prevent or derail peak motivational states. First, and most obviously, a woman's activities are interrupted when actual others call attention to the appearance or functions of her body. As early as elementary school, in classrooms and on playgrounds, observational research shows that girls' activities and thoughts are more frequently disrupted by boys than vice versa (Thorne, 1993). Early on, these disruptions are often focused on "cooties" or "girl germs," fictitious pollutants associated with girls' bodies. Increasingly, these interruptions become infused with more direct overtones of heterosexuality, often drawing attention to a girl's appearance, weight, or breast development (Brownmiller, 1984; K. Martin, 1996; Thorne, 1993).

In addition, Csikszentmihalyi (1990) argues persuasively that a person must

necessarily lose self-consciousness in order to achieve flow. Likewise, laboratory experiments have shown that intrinsic motivation is reduced when individuals are made self-aware, either by the presence of a mirror or a video camera (Plant & Ryan, 1985). Women's internalization of an observer's perspective on their bodies, by definition, creates a form of self-consciousness. This is the second way that women's peak motivational states are thwarted or limited. To be "doubled," as de Beauvoir put it, is simply incompatible with the single-mindedness of flow states.

In her essay entitled "Throwing Like a Girl," Young (1990) describes how habitual self-conscious body monitoring limits the flow of women's physical activities. We know from empirical work on nonverbal behavior that girls and women, relative to boys and men, restrict their bodily comportment and use of personal space (Hall, 1984; Henley, 1977). Young (1990) suggests two ways that this physical constriction can be linked to the practices of objectification. First, because movement itself draws attention to the body, it can increase a woman's potential for objectification. Second, and more critically, maintaining an observer's perspective on physical self forces women to simultaneously experience their bodies as "objects" as well as capacities: "[Women's] attention is often divided between the aim to be realized in motion and the body that must accomplish it" (Young, 1990, p. 146). Women's movement, by consequence, can grow timid, uncertain, and hesitant. These fits and starts apparent in women's movements may also affect women's mental concentration. This may pose a critical hindrance to women's attempts to become fully absorbed in any rewarding "flow" activity, whether physical or mental.

In sum, by limiting women's chances to initiate and maintain peak motivational states, the habitual body monitoring encouraged by a culture that objectifies the female body may reduce women's quality of life.

Awareness of Internal Bodily States
Feminist poets and essayists have described women as alienated and distant from their own bodies and bodily sensations (e.g., H. G. Lerner, 1993; Orbach, 1982; Rich, 1979; Young, 1990). These ideas fit well within an objectification framework, which highlights the observer's perspective that women often adopt toward their own bodies.

Recent reviews of a wide range of empirical literature argue that these poets and essayists may in fact be right (Pennebaker & Roberts, 1992; Roberts & Pennebaker, 1995). Multiple studies suggest that in the absence of relevant contextual cues, women are less accurate than men at detecting internal physiological sensations, such as heartbeat, stomach contractions, and blood-glucose levels (e.g., Blascovich et al., 1992; Harver, Katkin, & Bloch, 1993; Katkin, 1985; Katkin, Blascovich, & Goldband, 1981). Perhaps by consequence, women appear to make less use of these bodily cues than men in determining how they feel. For example, Laan and colleagues (e.g., Laan & Everaerd, in press; Laan, Everaerd, van der Velde, & Geer, 1995) have demonstrated that, unlike for men, the physiological changes associated with sexual arousal are only minimally predictive of women's subjective reports of sexual arousal. Rather,

contextual stimuli appear to be more reliably related to women's feelings of sexual excitement (Laan, Everaerd, van Bellen, & Hanewald, 1994). Other findings from such diverse areas as sports psychology (e.g., Koltyn, O'Connor, & Morgan, 1991) and emotion research (e.g., Levenson, Carstensen, & Gottman, 1994) also demonstrate that physiological cues are relatively less important determinants of subjective experience for women than for men (see Roberts & Pennebaker, 1995 for a review of this literature).[4]

How might women's relative inattention to physiological cues come about? One possibility is suggested by research on dieting and restrained eating. Beginning in adolescence, dieting becomes a critical part of most women's lives in their efforts to achieve or maintain a slim body ideal (Dornbusch, Gross, Duncan, & Ritter, 1987; Silberstein et al., 1987; Thornberry, Wilson, & Golden, 1986). Importantly, dieting and restrained eating require active suppression of hunger cues. Some have argued that it may not be possible to selectively tune out hunger, and that the habits of restrained eaters may lead to a generalized insensitivity to internal bodily cues (Heatherton, Polivy, & Herman, 1989; Polivy et al., 1990).

A second possibility focuses on the self-conscious body monitoring that we have argued occupies women in a culture that objectifies the female body. Because women are vigilantly aware of their outer bodily appearance, they may be left with fewer perceptual resources available for attending to inner body experience. This limited-resources perspective would predict that those particular social contexts that highlight women's awareness of observers' evaluations of their bodies would be associated with a correspondent muting of inner sensations. Arguably, repeated experiences in such contexts could lead to a more generalized loss of the privileged access people typically have to their own inner states.

In sum, by internalizing an observer's perspective as a primary view of physical self, women may lose access to their own inner physical experiences.

PART II: WHAT MIGHT OBJECTIFICATION THEORY OFFER TO THE UNDERSTANDING OF WOMEN'S MENTAL HEALTH RISKS?

So far, we have described multiple ways that being female in a culture that objectifies the female body may impact women's subjective experiences in negative ways. Recognizing that these negative experiences can accumulate and compound points to a possible contribution to a subset of women's mental health risks. In this section we explore three particular psychological disorders that, in American culture, are experienced predominantly by females: unipolar depression, sexual dysfunction, and eating disorders.

Key to our framework is the idea that there are two main routes through which sexual objectification might contribute to poor mental health outcomes for women, one more indirect and insidious and one more direct and extreme. The first follows from the experiences described in Part I: The potential for objectification fosters habitual body monitoring, leaving women with surpluses

of shame and anxiety, a shortage of peak motivational states, and scant awareness of internal bodily states. We argue that the accumulation of such experiences could, for some women, contribute to psychological disorders. The second route is more direct and extreme, although it is just beginning to capture substantial research interest: actual sexual victimization, whether through rape, incest, battering, or even sexual harassment. With these forms of victimization, a woman's body is literally treated as a mere instrument or thing by her perpetrator. Although our primary interest is in the first route—the mental health risks that may accumulate simply from being female in a culture that objectifies the female body—we also incorporate emerging evidence regarding the links between women's actual sexual victimization and poor mental health outcomes.

Objectification May Contribute to Women's Depression

Depressive episodes are characterized by prolonged depressed moods, loss of pleasure in most activities, or both (APA, 1994). Experiences of depression—ranging from mild to severely debilitating—are common in both women and men (Eaton & Kessler, 1981; Robins et al., 1984). Even so, women are about twice as likely as men to become depressed (Nolen-Hoeksema, 1990). Although the lifetime prevalence of depression is lower among Blacks than among Whites and Hispanics, the 2 : 1 gender ratio appears to hold across all three ethnic groups (Blazer, Kessler, McGonagle, & Swartz, 1994; but see D. R. Brown, Ahmed, Gary, & Milburn, 1995). The lack of consensus across explanations for this gender difference leads us to explore what objectification theory might contribute to our understanding of depression in women.

Multiple theories have been advanced to explain the consistent gender difference in risk for depression (see Nolen-Hoeksema, 1990, for a review). These theories can be distilled into three classes of explanations. A first class of explanations focuses on female biology, attributing gender differences in depression to women's hormonal fluctuations and periodically low levels of estrogen. Puberty, premenstrual phases, the postpartum period, and menopause are thus identified as times when women should be highly susceptible to depression. Empirical studies of these life phases, however, offer only mixed evidence, suggesting that the direct relationship between hormonal changes and depression is weak, at best temporary, and far from universal (Nolen-Hoeksema, 1990).

A second class of explanations for women's greater depression focuses on women's inferior social status and relative lack of power. The overt and covert discrimination women experience in relationships and in the workplace can make them feel powerless to achieve their goals and control important life outcomes. Learned helplessness theory (Seligman, 1975) explains how such powerlessness can lead to reduced motivation, sadness, and depression (Nolen-Hoeksema, 1990). As well, it may help to explain why women who are low-

income, single parents are particularly likely to become depressed (Russo, 1985). Power–status explanations, however, like biological explanations, at best offer partial explanations for women's depressions. Although nearly all women experience some forms of discrimination (and hormonal changes), most do not become depressed. Furthermore, given the multiple sources of oppression faced by women of color, a power–status explanation would predict that ethnic minority women ought to experience depression at higher rates than White women, and this appears not to be the case.

A third class of explanations better accounts for individual differences among women by describing how certain personality characteristics, more typical of women than men, can increase risk for depression. Many women are characterized as nurturant, emotional, nonassertive, self-sacrificing, and relationship-oriented. A range of theories has been offered to explain how women develop these traits and how these traits can compromise mental health (again, see Nolen-Hoeksema, 1990, for a review). As one example, Gilligan and others who emphasize women's relational style (L. M. Brown & Gilligan, 1992; Gilligan, Lyons, & Hanmer, 1990; Jack, 1991) suggest that women's strivings for interpersonal intimacy, coupled with cultural prescriptions for being a "good woman," combine to create an experience women describe as "loss of self" (Gilligan, 1989; Jack, 1991). According to these theorists, loss of self (sometimes called silencing of self) results when, in efforts to smooth and protect valued relationships, women develop habits of censoring their own expression and restricting their own initiatives (L. M. Brown & Gilligan, 1992; Gilligan, 1989; Jack, 1991). In a depressed woman's words, "[I am] trying to be the way that other person wants me to be instead of the way I am" (Jack, 1991, p. 32). Over time, habitual self-censorship can lead to a duplicity of experience in which outer compliance is paired with inner confusion and frustration, often with ensuing depression (Jack, 1991). Although relational theorists sketch a compelling portrait of the depressed woman, they leave underspecified the mechanisms by which "loss of self" might lead to depression.[5]

Objectification theory draws together strands of each of these classes of explanations for women's depression, yet reorients the focus toward the experience of being female in a culture that objectifies the female body. It builds on a view advanced by researchers in the biopsychosocial tradition, which suggests that the influence that hormones have on women's experiences is mediated by publicly observable bodily changes: Hormones create conspicuous changes in the female body, which in turn alter the ways girls and women interact with, and experience the social world (Brooks-Gunn & Petersen, 1983; Parlee, 1984). We articulated in Part I how living in a culture that objectifies the female body can disrupt women's flow of consciousness by doubling their perspectives of themselves, coaxing them to adopt an observer's perspective of self. At an extreme, an observer's perspective on self might fully supplant a woman's own first-person perspective on self, a state that may to some degree resemble the "loss of self" described by relational theorists. Whereas relational theorists tend to stop by stating that loss of self can cause depression, objectifica-

tion theory goes further, detailing the various experiential consequences of adopting a third-person perspective on self. Specifically (as detailed in Part I), objectification theory predicts that internalizing an observer's perspective on self creates habitual body monitoring, which in turn can generate recurrent shame and anxiety, and also curb the pleasure associated with peak motivational states. The ways that repeated negative experiences such as these can spiral down into depression has garnered considerable attention within the depression literature. (The resulting theories, however, were not necessarily conceived to explain gender differences in depression.) Below we combine these existing theories with the explanatory framework offered by objectification theory to describe the possible mechanisms by which the duplicity inherent in self-objectification can increase risk for depression.

First, learned helplessness theory and other cognitive models of depression (Abramson, Seligman, & Teasdale, 1978; Beck, 1976; Nolen-Hoeksema, 1991, 1995) can explain how recurrent and uncontrollable experiences of shame and anxiety could lead to depression. The learned-helplessness perspective suggests that depression ensues when people attribute their perceived failings to internal, stable, and global causes. We have argued that, because bodies are only partially alterable, women's body-based shame and anxiety cannot be readily overcome. Many women, then, may learn to feel helpless not only to correct their physical "failings" but also to control other people's reactions to their physical appearance. In general, "problems" that are not readily solvable can generate self-focused attention (Carver & Scheier, 1990). This self-focus often takes the form of worry or rumination, a style of thinking that empirical studies have shown can prolong depressive episodes (Morrow & Nolen-Hoeksema, 1990; Nolen-Hoeksema, 1991). Nolen-Hoeksema and colleagues have further shown that girls and women not only ruminate more than boys and men, but also that this difference can account for gender differences in depressive symptoms (Nolen-Hoeksema, 1995; Nolen-Hoeksema, Morrow, & Fredrickson, 1993). In tackling the question of what makes girls and women ruminate in the first place, Nolen-Hoeksema (1995) has found that girls and boys worry about different issues, and that the issues that most occupy girls—namely, personal appearance, personal safety, and interpersonal relationships—are domains in which exerting control and problem solving are difficult, and thus worries and rumination persist. Having a female body, then, gives girls and women plenty to worry about and little to control. We argue that to the extent that a woman's body generates feelings of helplessness, it can also induce depression.

Second, as mentioned earlier, Csikszentmihalyi (1990) claims that because peak motivational states are intensely enjoyable, having few of them necessarily reduces the quality of life. Working from a behavioral perspective, Lewinsohn (1974) offers a compatible model of depression: He suggests that having few self-initiated positive experiences serves to extinguish active behavior, creating the motivational deficit characteristic of depression. Objectification theory adds that because women's prospects in relationships and in work often depend on others' evaluations of their appearance, women have less direct control over

many of their own positive experiences. As such, women may have lean schedules of response-contingent positive reinforcement. According to Lewinsohn's model, this would put women at increased risk for depression.

And third, we underscore that sexual objectification is part and parcel of the sexual victimization and harassment that women experience at much higher rates than men. Several theorists have recently argued that women's experiences of victimization may account for up to one third of the gender difference in depression (Cutler & Nolen-Hoeksema, 1991; Hamilton & Jensvold, 1992; Nolen-Hoeksema & Girgus, 1994).

In sum, by illuminating how women's emotional experiences can be shaped by the dictates of a culture that objectifies the female body, objectification theory can draw together disparate strands across current theories for gender difference in depression. Sexual objectification fosters a duplicity of self, accompanied by recurrent and perhaps uncontrollable shame and anxiety. These experiences, coupled with reduced opportunities for pleasure, may constitute one root cause of some women's depression. We wish to underscore, however, that like other theories for depression, objectification can only offer a partial explanation for the prevalence of depression evident among women today.

Objectification May Contribute to Women's Sexual Dysfunctions

Women report more sexual dissatisfaction and dysfunction in heterosexual relations than do men (e.g., Frank, Anderson, & Rubenstein, 1978; Heiman & Verhulst, 1982; Morokoff, 1990). Moreover, Hyde (1991) has argued that the incidence of women who have problems having orgasm (particularly in heterosexual intercourse) is so high that this problem is almost normative. Labeling this a dysfunction, she argues, may not be reflective of its deviance, so much as the fact that it causes unhappiness. Because research has shown that women and men are equally "sexual" in terms of their capacity for arousal and orgasm, purely physiological explanations for this difference are unsatisfactory (Heiman & Verhulst, 1982). Instead, several socialization theories have been offered, the most common and compelling of which focus on cultural double standards and the enactment of gender-role stereotypes in the sexual script that can limit the sexual experiences and expressions of both women and men (e.g., Tevlin & Leiblum, 1983). For example, heterosexual relations tend to focus on men's experience, and be far more permissive of men's active, even aggressive sexuality. Women are more often expected to be passive, even asexual, saying either "yes" or "no" to men's sexual requests, rather than actively initiating sexual encounters. This passivity is perhaps most characteristic of adolescent girls and young women just beginning to be sexually active (K. Martin, 1996). One consequence of these cultural attitudes, some have argued, is that women's role in the sexual script is to give rather than take. This leads many women to fear appearing "selfish," (that is, unfeminine) and hence to focus not on their own desires and physical sensations, but rather on their male partner's.

Objectification theory offers alternative explanations for women's sexual difficulties, focusing not simply on women's enactment of feminine roles, but rather on their self-conscious body monitoring, body-based shame and anxiety, and relative inattention to internal bodily states. First, as hypothesized in the section on peak motivational states, chronic attentiveness to one's own visual image may consume mental energy that might otherwise be spent on more satisfying and rewarding activity. Indeed, sex researchers Masters and Johnson (1970) refer to the self-conscious body monitoring that occupies many women during sex as "spectatoring," and argue that this division of attention greatly hinders women's sexual satisfaction.

Second, as we have argued, the shame and anxieties many women have about their bodies quite likely carry over into their experiences with sex. Indeed, a recent meta-analysis of gender differences in sexuality confirms that women experience more shame/guilt and anxiety/fear about sex than do men (Oliver & Hyde, 1993). With these negative emotions coloring many women's experiences of sex, possibilities for enjoyment may be greatly reduced.

Third, sex researchers contend that orgasm (which we do not view as synonymous with subjective sexual pleasure) often requires attention and responsiveness to internal bodily signals of arousal (Adams, Haynes, & Brayer, 1985; Hoon & Hoon, 1978; Wincze, Hoon, & Hoon, 1976). We have argued that women's habitual attentiveness to external bodily appearance, combined with habits of restrained eating and dieting, may lead to a generalized insensitivity to internal bodily cues. So, interoceptive insensitivity may be yet another obstacle to women's sexual pleasure.

Clearly the direct experience of sexual abuse, assault, or harassment also impacts women's enjoyment of sex. Research shows that for victims of such cruel and dehumanizing forms of objectification, sexual dysfunction and reductions in sexual enjoyment are common (e.g., Gordon & Riger, 1989; C. A. Martin, Warfield, & Braen, 1983). One study showed that women's satisfaction with sex can remain lower than it previously had been for up to 7 years following sexual assault (Feldman-Summers, Gordon, & Maegher, 1979).

Objectification May Contribute to Women's Eating Disorders

Eating disorders are perhaps the most obvious risk posed to the well-being of girls and women in a culture that objectifies the female body, for such problems are literally and sometimes visibly enacted on the body. Women overpopulate such disorders, comprising about 90% of those who suffer from bulimia and anorexia nervosa (Garfinkel & Garner, 1982; Johnson, Lewis, & Hagman, 1984). Women are also more likely to be obese than men (Foreyt & Goodrick, 1982; Zegman, 1983). Contrary to a commonly held view that eating disorders are a "White, middle-class" phenomenon, substantial research now shows that they are becoming increasingly prevalent among women of color (e.g., Hsu, 1987; Root, 1990; Rosen et al., 1988; Silber, 1986). Feminist research and theorizing

on eating disorders has done much to illuminate the broad cultural influences on eating in an effort to answer the question of why eating disorders are almost uniquely a female problem in American culture.

Two distinct strands of feminist thought have been brought to bear on the causes of eating disorders. One of these perspectives points to the near universality of troubled attitudes toward eating among girls and women. This view argues that women's concerns with dieting and weight control are so pervasive that they reflect a "normative discontent" that women feel toward their bodies (Rodin, Silberstein, & Striegel-Moore, 1984). Chronic dieting and restrained eating have been said to be a way of life for girls and women, one that is supported and encouraged by peers (Crandall, 1988), as well as parents (Costanzo & Woody, 1985).

From this perspective, eating disorders are seen merely as the extreme end of a continuum of this normative discontent. That is, women with anorexia and bulimia, it is argued, are simply resorting to more drastic means of manipulating the body (i.e., starvation and bingeing and purging vs. dieting and restrained eating) in order to attain the slim beauty ideal (e.g., Rodin et al., 1984). Ironically, starvation and purging, although clearly pathological, can create feelings of thinness and control over eating, and thus alleviate, to some degree, body dissatisfaction along with its associated shame and depression (McCarthy, 1990; Silberstein et al., 1987).

Another feminist perspective focuses on women's powerlessness by viewing eating disorders as political statements of protest against patriarchy. This view explains the gender difference in eating disorders by pointing out that women, having less power than men to influence through action, often use the one thing they can manipulate—their bodies—as a means of influence. For example, Orbach (1978) has argued that obesity in women can be viewed as a response to their social position: "Fat is a way of saying 'no' to powerlessness and self-denial, to a limiting sexual expression which demands that females look and act a certain way, and to an image of womanhood that defines a specific social role" (p. 21).

Similarly, psychoanalytic theorists have pointed out that self-starvation represents a strategic regression considering that it prevents the girl's body from developing from childlike angularity to curvy young womanhood, and can even prevent menses (e.g., Bruch, 1973, 1978). More recently, Steiner-Adair (1990) has argued that anorexia can be viewed as a way of using the body as a political statement of rebellion, particularly in adolescence. She likens the prolonged fasting of the many anorexic teenage girls in our country to a "hunger strike undertaken by a group who have a vision of impending calamity and danger" (p. 175). Steiner-Adair (1990) argues that girls may choose to avoid entering the world of adulthood because they see that the world does not value feminine principles of caring and interrelatedness. This is symbolized, she argues, by the cultural idealization of thinness in women, and denial of the rounded, maternal female body.

Clearly, then, these two feminist perspectives on eating disorders can both

be seen as fitting within an objectification framework. We have argued that comparing one's own body to cultural ideals, and knowing that one's body will be subject to such comparisons by others, is fundamental to women's experience. Whether an individual woman attempts to (a) meet such ideals, or (b) opt out of the system of objectification, she must do so with her body. Eating disorders may thus reflect either of these two strategies. On the one hand, they may be aimed at lessening the discontent, shame, and anxiety that nearly all women feel about their bodies. On the other hand, eating disorders may function as resistance. Though Steiner-Adair's hunger-strike analogy is provocative, her suggestion that girls link the shape of the adult female body to feminine principles of caring and interrelatedness seems doubtful to us. We find it more parsimonious to link the shape of the adult female body to our culture's practices of sexually objectifying that body. The negative consequences that objectification has for women's life experiences gives girls reason enough to protest. In either case, however, eating disorders are passive, pathological strategies, reflecting girls' and women's lack of power to more directly control the objectification of their bodies. Moreover, studies show that victims of actual sexual assault and abuse often show severe body-image disturbances and suffer from eating disorders at higher rates than others (Demitrack, Putnam, Brewerton, Brandt, & Gold, 1990). This lends further sobering support to the idea that girls' and women's troubled attitudes toward eating can be intimately linked to the objectification of their bodies.

PART III: IMPLICATIONS FOR CHANGES IN WOMEN'S MENTAL HEALTH RISKS OVER THE LIFE COURSE

The shape of the female body changes dramatically over the life course. In infancy, early childhood, and again in old age, males and females have similar distributions of body fat. Yet from early adolescence to late middle age, owing to reproductive hormones, females accumulate fat on their hips and thighs creating what in scientific terms is called a "gynoid fat distribution," or in lay terms "a figure." A low waist-to-hip ratio, then, signals reproductive viability among women (Singh, 1993). Taking an evolutionary perspective on mate selection, Singh (1993) argues that men's first-pass assessments of female physical attractiveness entail visual assessments of female body shape, with low waist-to-hip ratios evaluated most favorably. With these ideas in mind, objectification theory predicts that women are most targeted for objectification during their years of reproductive potential. As such, the experiential consequences and mental health risks that we have thus far described are predicted to change over the life course, intensifying in early adolescence and lessening in late middle age, in step with socially observable life-course changes in the shape of the female body.

Girls at Puberty

Adolescence marks a particularly troubling passage for girls. Indeed, gender differences in most of the mental health risks we have described first emerge during adolescence. To be sure, most adolescents, whether male or female, experience drops in self-esteem. Yet quantitative studies show that the decline among girls is particularly sharp and long lasting (Block & Robins, 1993; Rosenberg & Simmons, 1975; Simmons, Blyth, Cleave, & Bush, 1979; Simmons & Rosenberg, 1975). Moreover, the "silencing" or "loss of self" that relational theorists have observed in qualitative studies is shown to first occur in adolescence (L. M. Brown & Gilligan, 1992; Gilligan, 1989; see also Hancock, 1989). In addition, by about age 13, girls reliably show more depressive symptoms than boys (Nolen-Hoeksema & Girgus, 1994), and more problems with eating (Attie & Brooks-Gunn, 1989).

The timing of this onslaught of negative outcomes for girls has been investigated through a number of explanatory frameworks, variously implicating hormones, personality styles, and the new social challenges that adolescents face. Empirical research is making clear that no single etiological variable can fully explain the emergence of this array of mental health risks. Consequently, we favor a more broad-based and integrated explanatory framework, like the diathesis-stress model Nolen-Hoeksema and Girgus (1994) propose to explain the emergence of gender differences in depression. According to this model, girls are more likely than boys to carry certain risk factors for negative outcomes even before early adolescence, but these risk factors only lead to mental health problems in the face of challenges that increase in prevalence during adolescence. Personality characteristics that distinguish girls from boys in childhood (e.g., greater social orientation, less instrumentality, less aggressiveness, more ruminative thinking) are seen as the risk factors, whereas the pubertal and social changes that begin in adolescence are seen as the new challenges; these combine to trigger the onset of negative mental health outcomes.

When girls' pubertal changes have been considered from nonbiological angles in analyses of age-related declines in mental health, discussions typically center on the terms "body image" and "body dissatisfaction": How gaining fat in a culture that values thinness erodes girls' self-esteem, putting them at risk for both depression and eating disorders (McCarthy, 1990). Distinct from these analyses, objectification theory offers a new way to conceptualize why and how pubertal girls' physical changes trigger mental health risks. Far beyond the idea that adolescent girls simply *do not like* the size and shape of their maturing body, girls learn that this new body *belongs* less to them and more to others. Empirical studies document that with the changes of puberty, a girl's new body in a sense becomes "public domain": It is increasingly looked at, commented on, and otherwise evaluated by others (Brownmiller, 1984; Dion et al., 1990; K. Martin, 1996). It increasingly becomes the target of sexual advances, harassment (American Association of University Women, 1993), and sexual abuse (Koss &

Harvey, 1987), and is increasingly guarded and restricted by parents (Eccles, Jacobs, & Harold, 1990), as well as teachers (Fine, 1988). One vivid example comes from K. Martin's (1996) in-depth interviews with adolescents about their own experiences of puberty and their emerging sexuality. Many girls in Martin's study conveyed not only that men and boys "notice" and comment on girls' breasts as they develop, but also that girls feel that men and boys assess a girl's sexuality by breast size: "bigger breasts mean a girl is more sexually available or adventurous" (K. Martin, 1996, p. 31). For perhaps the first time, then, an adolescent girl recognizes that she will be seen and evaluated by others *as a body*, not as herself. With pubertal changes, then, a girl becomes more fully initiated into the culture of sexual objectification.

We predict that these early experiences of sexual objectification, whether actual or anticipated, in turn trigger (a) the self-conscious body monitoring that results from internalizing an observer's perspective on self; (b) a range of deleterious subjective experiences, including excesses of shame and anxiety, fewer peak motivational states and numbness to internal bodily states; which may culminate to explain (c) increased risks for several poor mental health outcomes.

Women in Midlife

Another point in the life course at which women's mental health risks appear to be in transition is midlife. There is less consensus, however, regarding the direction of change. Traditional and sociobiological theories suggest that women's well-being declines once their biological usefulness has passed, after about age 40 (for a review, see Gergen, 1990). Feminist researchers, however, have not only challenged the view that menopause translates to psychological trauma (Neugarten, Wood, Kraines, & Loomis, 1963; Parlee, 1984; Ussher, 1989), but have also argued that middle age may in fact be women's prime of life (Fodor & Franks, 1990; Mitchell & Helson, 1990). Objectification theory illuminates the validity of each of these perspectives. A reliable observation about psychological adjustment in the second half of the life span is that variability among individuals tends to increase; as such, we should expect and account for differences among aging women. Objectification theory predicts that precisely how aging influences a woman's mental health risks depends on the extent to which she continues to (a) internalize the feminine ideals prescribed by a culture that objectifies the female body, and (b) encounter contexts that objectify her own body.

For many women, growing old is synonymous with becoming unattractive, unlovable (Rodeheaver & Stohs, 1991), invisible (Kaschak, 1992), and even unemployable (Wolf, 1991). Representative images of older women hardly exist in the media (Friedan, 1993; Itzin, 1986); those few who are portrayed often look much younger than their actual age (Itzin, 1986). So, even though the aging process cannot literally be stopped or reversed, women are continually

sold the idea that aging is controllable, and that "staying" and looking young is an important life mission. Because "letting yourself go" is tantamount to a moral collapse, failing to stay young looking can be cause for recurrent shame, a condition that the thriving cosmetic surgery industry vies to alleviate. In sum, aging women are instructed that in order to maintain social regard, they must remain in the objectification limelight.

Objectification theory predicts that to the extent that older women heed this cultural instruction, they inadvertently perpetuate the negative subjective experiences and mental health risks previously described. Beyond this, however, objectification theory also predicts that older women's various efforts to create the illusion of youth can lead them to experience even further detachment from their bodies. For instance, studies find that older women misperceive their age more than older men, and are more likely to reject their actual physical images in favor of more youthful subjective physical images (Rodeheaver & Stohs, 1991). Rodeheaver and Stohs (1991) suggest that such body dissociation can be considered an adaptive strategy that allows older women to maintain positive self-conceptions within a culture that objectifies the female body.

Yet objectification theory predicts an alternative response to aging as well. To the extent that a middle-aged woman can both relinquish the internalized observer's perspective as her primary view of physical self, and avoid contexts that objectify, she may in fact escape from the culture of objectification along with its negative psychological repercussions. As the older woman's body becomes relatively invisible (Kaschak, 1992), her other achievements may paradoxically gain visibility, perhaps for the first time since childhood. For instance, Heilbrun argues that women's creativity is stifled by a culture that objectifies the female body, and is therefore age linked: "it is perhaps only in old age, certainly past fifty, that women can stop being female impersonators, and grasp the opportunity to reverse their most cherished principles of 'femininity'" (1988, p. 126). Longitudinal data on women in the Oakland Growth Studies are consistent with this view: Among women who do not internalize traditional feminine ideals but nonetheless live in accord with them, psychological health is low during childbearing years, but improves markedly at age 50 when cultural constraints are lifted (Livson, 1976). Likewise, retrospective, cross-sectional, and longitudinal data each provide evidence that women in their 50's, relative to women of other ages, report the highest quality of life, which is related to increased experiences of autonomy and self-determination (Mitchell & Helson, 1990; Stewart, 1995).

Objectification theory, then, helps make sense of the differences among women in how aging affects their mental health risks. To the extent that middle-aged women are willing and able to step out of the objectification limelight, they should experience (a) less self-conscious body monitoring because of diminished needs for anticipating observers' evaluations of their bodies; (b) improved subjective experiences, including less shame and anxiety, more peak motivational states, and a potential to reconnect to internal bodily states; which

in turn may help explain (c) diminishing risks for adverse mental health outcomes.

SUMMARY AND CONCLUSIONS

Objectification theory represents our attempt to push further a sociocultural analysis of the female body within the psychology of women and gender. It provides a partial framework for organizing and understanding an array of experiences that appear to be uniquely female. Perhaps the most profound and pervasive of these experiences is the disruption in the flow of consciousness that results as many girls and women internalize the culture's practices of objectification and habitually monitor their bodies' appearance. The repercussions of this self-objectification, in turn, permeate a host of emotional, motivational, and attentional states. Collectively, these patterns of experience may be important contributors to women's mental health risks, and may help explain why these risks appear to change in step with life-course changes in the female body. Beyond parsimoniously organizing a wide variety of preexisting empirical evidence regarding women's lives, objectification theory also presents specific predictions to guide empirical work yet to be done.

In summarizing the theory, however, it is critical to underscore that objectification does not affect all women equally. First, because an observer's perspective on the body can become internalized to varying degrees, we have conceptualized self-objectification as an individual-difference variable. Efforts to empirically assess individual differences in self-objectification have already begun. For instance, Noll (1996, Study 1) has developed and validated a Self-Objectification Questionnaire, and shown that women who score high on this measure report the most disordered eating, and that this relationship is mediated by experiences of body shame. McKinley and Hyde (1996) have also reported a similar pattern of results with their Objectified Body Consciousness Scale. Together these studies suggest that the degree to which women self-objectify may function as a risk factor for disordered eating. Future studies are needed to test the relations between and among self-objectification and its other experiential consequences (e.g., anxiety, reduced peak motivational states, diminished awareness of internal bodily states) and mental health risks (e.g., depression and sexual dissatisfaction). Empirical tests will also be needed to distinguish self-objectification from related constructs such as simple self-consciousness (e.g., Fenigstein, 1987), body dissatisfaction (Williamson, Davis, Bennett, Goreczny, & Gleaves, 1985), and body esteem (Franzoi & Shields, 1984).

A second reason that objectification does not affect all women equally is that particular combinations of class, ethnicity, age, and sexuality, as well as personal histories and physical attributes are likely to produce some heterogeneity of experience both in degree and kind. Some of these sources of difference from the dominant culture may mitigate or protect certain subgroups of women

against the negative psychological repercussions that we link to sexual objectification. For instance, the findings of Crocker and colleagues mentioned earlier suggest that a history of racial oppression may lead African Americans to construct a sense of self that deflects rather than reflects others' appraisals (Crocker et al., 1994). As Root (1990) has argued, however, minority women are not immune to the pressure to look "perfect," particularly in the context of upward social mobility in which acceptance is sought from the dominant (White male) culture that so clearly values thinness and beauty in women. The notion of "protective factors" among subgroups of women, therefore, should not be mistaken for categorical invulnerability to the consequences of objectification. A critical avenue for future research will be to examine the variations in experiences and effects of objectification across diverse subgroups of women, with an eye toward illuminating the ways objectification may factor into other forms of oppression that particular subgroups face.

Moreover, sexual objectification is unlikely to affect any woman all of the time. The extent to which particular social contexts accentuate a woman's awareness of actual or potential observers' perspectives on her body will, in part, predict the degree and kind of negative repercussions that she may experience. Sociological research has shown that it is in certain spaces—namely public, mixed-gender, unstructured ones—that women's bodies are most subject to evaluative commentary by others (e.g., Gardner, 1980). These then are among the contexts in which the experiential consequences of objectification are predicted to be most evident. Interestingly, many women take precautions either to avoid appearing alone in these sorts of contexts, or to fortify themselves for such appearances. The prediction that specific situations can trigger self-objectification and its consequences has already received limited empirical support: Noll (1996, Study 2) found that the situation of trying on and evaluating a swimsuit produced significant levels of body shame, which in turn predicted restrained eating. Further studies are needed both to replicate and extend these findings, and to link other specific situations to the remaining experiential consequences and mental health risks that objectification theory posits.

Finally, there are multiple ways that women of all walks of life are able to resist and subvert the culture's practices of objectification in their own lives. Changes in bodily presentation, for instance, appear to alter the extent to which women are open for evaluative attention. Many women adopt conscious strategies for stepping out of the "objectification limelight," ranging from wearing comfortable shoes and loose-fitting clothing, to not removing "unwanted" body hair nor wearing cosmetics. These seemingly trivial practices of self-presentation ought to be taken seriously by researchers. They may in fact function as efforts to resist sexual objectification, and thereby enhance women's psychological well-being within a culture that so vehemently objectifies the female body.

The evidence we have reviewed details how our culture's practices of objectification can harm girls and women. If future direct tests of objectification theory produce further evidence to support it, then the most important contribution of

the theory may be to prompt individual and collective action to change—minimally to diversify—the meanings our culture assigns to the female body. One strategy is to take aim at our cultural practices, the visual media in particular. Because advertisers may have no incentive to regulate their use of objectifying ads, federal restrictions and warnings on advertisements—similar to those that govern the tobacco and alcohol industries—should be explored as a means to protect public health. Another strategy is to transform our educational efforts, both formally within schools and informally at home and in communities. A first step would be to make girls and women more fully aware of the range of adverse psychological effects that objectifying images and treatment can have on them. Such awareness, in turn, could fortify girls and women to resist these negative effects, and create space for them to experience their bodies in more direct and positive ways. One example would be to infuse grade-school curricula with sociocultural perspectives on eating disorders, encouraging girls and boys alike to critically evaluate their daily exposure to objectifying images. A second example would be to encourage sports participation and related forms of physical risk taking, starting when girls are in early childhood and continuing through their adolescent years. Certainly, feminist activists have already initiated efforts like these at both grassroots and national levels. Objectification theory simply underscores the urgency of this work, and the need to intervene on behalf of girls and women more often and more thoroughly.

Seemingly innocuous, the sexual objectification of women and its psychological consequences have gone understudied by researchers for too long. Objectification theory is our effort to name one set of sociocultural barriers that diminish women's well-being and limit their potential.

NOTES

1. We focus on the psychological consequences for girls and women of the cultural practice of sexually objectifying female bodies. In doing so, we do not wish to convey that men are not also at times subjected to sexually objectifying treatment, nor that they do not also experience negative repercussions from such treatment. In fact, an analysis of the unique ways that men experience sexual objectification will certainly become necessary if our culture's mass-media practices follow current trends toward equal treatment: Instead of eliminating objectifying portrayals of women, we've witnessed an upsurge of objectifying portrayals of men (Wernick, 1991; van Zoonen, 1994).

2. We also add that the cultural milieu of objectification encourages girls and women to treat *other girls and women* as objects to be looked at and evaluated. Although the ways that such treatment may alter the relationships between and among girls deserves attention and study, they are beyond the scope of this article.

3. This implicit association between shame and moral shortcomings may explain why shame is often more difficult than other negative emotions to assess via direct self-report. For instance, Tangney (1993) reports that young adults found personal shame experiences not only more painful but also more difficult to describe compared to personal guilt experiences.

4. We do not suggest that bodily cues are more "legitimate" determinants of subjective experience,

but rather that they form one strand of experience that women tend to draw from less frequently than men. One explanation for this difference appeals to women's greater alienation from their bodies. Even so, reductions in alienation would not be expected to reduce subjective experience to reports based solely on bodily sensations, but rather to allow this strand of experience to be accessed alongside others.

5. Quantifying "loss of self" and verifying its connection to gender norms has also met with some obstacles. Two recent studies report that men actually score higher on Jack's (1991) Silencing The Self Scale (Gratch, Bassett, & Attra, 1995; Thompson, 1995), raising questions about construct validity.

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