

FROM THINSPIRATION TO OPPOSITION: HOW DO WOMEN IN RECOVERY
FROM ANOREXIA NEGOTIATE THE THIN IDEAL?

By

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To the individuals and family members of women in recovery anorexia.
There is hope.

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FROM THINSPIRATION TO OPPOSITION: HOW DO WOMEN IN RECOVERY
FROM ANOREXIA NEGOTIATE THE THIN IDEAL?

By

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This dissertation contributes to the vast body of literature on the relationship among the female body ideal, anorexia nervosa, and the media. There are several studies of the media's influence on the female body ideal, on self-esteem, and on the development of eating disorders. Literature in the psychology and health journals also has provided a growing body of knowledge of the recovery process from anorexia. However, this is the first study to explore how women who are in recovery (or recovered) from anorexia navigate the media landscape, one that is saturated with dominant ideologies that define cultural ideals of female beauty.

Given the prevalence of media messages promoting the thin body ideal, how do women on the trail of recovery maintain their commitment to healing from anorexia? This qualitative dissertation explored the challenges women face in recovery from anorexia, with a specific focus on media influence. Participant media journals and in-depth interviews provided rich insight into the lives of 32 women who have experienced and survived the negative effects of a culturally influenced phenomenon, Anorexia Nervosa.

The media collectively serve as a dominant institution, which portrays and perpetuates a

powerful cultural message that women should strive to attain the thin ideal. Previously, the women in this study *had* subscribed to that ideal, and in doing so, they sacrificed their physical, mental, and emotional health. Part of the participants' recovery process entailed learning how to negotiate or resist pervasive media messages promoting a body type that they now perceived to be unrealistic and unhealthy. The women in this study no longer passively accepted the mediated ideal, but they had varying degrees of resistance informed by their personal life experience.

The insight gained from the women's media diaries and interviews provided a better understanding of how media are implicated in the recovery process from anorexia. This type of information could improve the design of treatment plans for women seeking long-term recovery from eating disorders. It is critical that physical and mental health care professionals develop a better understanding of the factors related to recovery from anorexia, including any relevant socio-cultural factors, such as the media.

CHAPTER 1 PREFACE AND PURPOSE OF THE STUDY

How *do* women in recovery from anorexia navigate the media landscape? The media serve as powerful cultural forces that continue to exert pressure on women to accept and strive for the thin ideal. Given the prevalence of media messages promoting the thin body ideal, how do women on the trail of recovery maintain their commitment to healing from anorexia? How do they maintain internal measuring sticks for self-worth and avoid internalizing the thin ideal?

This qualitative dissertation explores the challenges women face in achieving full recovery from anorexia nervosa, with a specific focus on media influence. Participant media journals and in-depth interviews provided rich insight into the lives of women who have experienced and survived the negative effects of a culturally influenced phenomenon, anorexia nervosa.

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Prevalence of Eating Disorders and Thin Ideal

The literature has indicated that in the United States, 11 million women and 1 million men suffer from eating disorders—either self-induced starvation or a cycle of bingeing and purging with self-induced vomiting, excessive exercise, or laxatives (Dunn 1992; Fairburn, Cooper, & Cooper 1986; Kolodny, 2004; Wolf, 1991). These numbers have coincided with the media's portrayal of an increasingly low ideal female body weight that for many women is unachievable

(Fallon, 1990; Kolodny, 2004; Tiggeman & Pickering, 1996). How do women in recovery from eating disorders navigate their everyday lives with pervasive imagery of slender fashion models?

In a quest to achieve the thin ideal, American women have been buying into the dieting industry, heavily promoted in a culture that values attractiveness, “glorifies thinness” and “objectifies women's bodies” (Hall, 1993, p. 247). Thinness has become synonymous with beauty (Striegel-Moore, McAvay, & Rodin, 1986; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Research has indicated that fashion models define beauty, and the body is one of the most important factors in assessing attractiveness (Eagly, Ashmore, Makhijani, & Longo, 1991; Englis, Solomon, & Ashmore, 1994; Pipher, 1994).

Thinness is not only valued, it has become a measuring stick for assessing a woman's value, self-control, and moral character (Blaine & McElroy, 2002; Bordo, 1993; Campos, 2004; Ciliska, 1993; Crandall, 1988; Gaesser, 2002; Goodman, 1995). Advertising in particular is often guilty of evoking guilt as a powerful, rhetorical tool (Pedersen, 2002). Steiner-Adair (1994) provides an example of women at lunch saying “Let's be bad and have dessert today” (p. 385).

Furthermore, Richards, MacRury, & Botterill (2000) have contended that the “commodity of guilt relief” (p. 154) in advertising is equally persuasive. Pedersen (2002) illustrates the problem of selling the concept that women should be thin, regardless of how the message is portrayed. For example, an advertising campaign for Kellogg's Special K® has pointed directly at women's fears of becoming overweight. The “Look good on your own terms” campaign has provided an outlet for women to pat themselves on their backs for agreeing with the ads, while still encouraging them to pursue the ideal body image.

One particular advertisement portrays a tape measure on an invisible waist, and the copy reads “Don't Let It Measure Your Self-Esteem.” On a surface level, these advertisements garner

women's support in rejecting the media's promotion of the thin ideal and its manipulative effect on self-esteem. Superficially, the message is that a healthy body is more important than meeting societal beauty standards. Yet, the advertisement also sends the same messages that it pretends to debunk. The ad uses the same enticing visual techniques for promoting a thin ideal, illustrated by the circumference of the tape measure (Pedersen, 2002). Given the value Americans place on slenderness, how do women in recovery from anorexia interpret contradictory media messages such as those presented for a box of cereal?

A qualitative study that considers the viewpoint of women recovered or in recovery from anorexia can make a significant contribution to the discourse on treatment and recovery programs. This dissertation provides additional insight and understanding of the cultural problem that previous studies have illustrated.

Women who have suffered from anorexia, sought help, and achieved some degree of long-term recovery learned first-hand the negative physical, psychological, and social effects of the disorder. On the other hand, research has indicated that women in recovery have found some aspects of their disorder positively reinforced and valued, which has contributed to their ambivalence about recovery. In particular, researchers have found that anorexic symptoms, such as the ability to meet cultural pressures of slimness, are a benefit of the disorder (Garner & Bemis, 1982; Serpell, Treasure, Teasdale, & Sullivan, 1999; Vitousek, Watson, & Wilson, 1998). Serpell et al. (1999) found that "internal reinforcers" (p. 177) might impede full recovery and "perpetuate the disorder" (p. 178). A particularly noteworthy example is "the sense of mastery and achievement gained through fasting" (Serpell et al., 1999, pp. 177-178).

Studies have indicated that women are often praised for losing weight, achieving a cultural reward in a sense. Media images reinforce the notion that slenderness is a positive achievement (Grogan, 1999; Hall, 1993; Hall & Ostroff, 1999; Kolodny, 2004; Malson, 1998).

According to Serpell et al. (1999), for women who develop anorexia, the positive reinforcement for losing weight becomes part of a “maladaptive schema” (p. 184) that links weight loss to success, regardless of the extent to which the weight loss is taken. However, when weight loss becomes extreme and harms an individual’s overall health and well-being, she no longer receives positive reinforcement. Typically family members and friends intervene and take measures to restore normal weight (Hall, 1993; Kolodny, 2004). Once a woman is nourished well enough to benefit from therapy, she may start the emotional healing path on the road of recovery. This dissertation explores the challenges women face in achieving full recovery from anorexia nervosa, with a particular focus on the role media play in perpetuating body dissatisfaction and feelings of inadequacy,

Placing the Researcher in the Context of the Research

Having personally struggled with body image issues from the age of 13, I have taken an active part in the “thinness mania” (Seid, 1994). In the last 20 years, I also have developed a personal and professional level of media literacy to critique the media’s relentless messages of the thin body ideal. My personal process of recovery has led me to wonder what other women in recovery focus on?

Part of my recovery journey involved acquiring an extensive library of resources to absorb as much knowledge as possible. I searched for solutions to an issue that seemed to take on a life of its own, distracting me, and many women I have come to know, from more meaningful pursuits in life. One book in particular, *Full Lives: Women Who Have Freed Themselves from Food & Weight Obsession*, served as an inspiration for this dissertation.

The book was written by Lindsey Hall, a woman who has recovered from anorexia and bulimia nervosa. As an extension of her recovery process, Hall has published several books on eating disorders and recovery. With her husband Leigh Cohn, Hall also founded Gürze Books, the world's leading publisher for information about eating disorders.

Full Lives tells the story of 16 women, many of whom are best-selling authors, well-respected clinicians, public speakers, and directors of national associations dedicated to preventing eating disorders and encouraging women to let go of their connection to the societal obsession with thinness. All 16 women personally have struggled with attaining the thin ideal, either through chronic dieting or by developing an eating disorder, but each one has recovered, overcoming the tyranny of the quest for the thin body ideal.

What made this book particularly intriguing to me was that the idea for a similar study had already occurred to me. Two days later, I was browsing through a magazine in the doctor's office. When the doctor came in, she commented on the slenderness of one of the female magazine models. I had been planning to write my dissertation on eating disorders and the media, which she knew, but I had not found a unique angle. It was then that she shared she had recovered from anorexia several years ago, and although she currently has no remaining behavioral issues, she continued to have powerful urges to be thin whenever she saw beautiful, slender female magazine models. Her comment was couched in nostalgic terms, "I used to be that thin. I was not happy. In fact, I was miserable, and I'd never want to go back to the way I was, but sometimes I think I'd like to lose a little weight again."

The discussion with the doctor, along with several passages in *Full Lives* inspired me to bridge my personal and academic pursuits: How do women in recovery from anorexia nervosa negotiate media messages of the thin ideal? Women who recover from an eating disorder may no

longer “buy into” or “absorb” the thin body ideal, but there is no immunization for exposure to the “perfect” woman's body, as powerful media sources continue to hammer out their support for slenderness.

Graduate school exposed me to reception theory, developed by Stuart Hall, a cultural theorist who is well-known in academic realms. The essence of the theory is that the audience is actively involved in negotiating meaning from media messages. The approach in reception theory differs from previous media theories that perceived the audience to be a passive message receiver. Hall further developed active audience concepts in his model of encoding and decoding, which left the interpretation of media messages, including accepting, negotiating, or rejecting a message, in the hands of the audience.

The most important and dissertation-relevant concept from Hall's approach is that the theory removes some of the media's perceived dominating power. Viewed through a reception theory lens, messages are not viewed as having the power to audience interpretation; rather messages merely can serve as an *influence* on the *likelihood* of certain audience interpretations (Baran & Davis, 2003; Ross & Nightingale, 2003). As Ross and Nightingale (2003) have explained, “Interpretation was understood to depend on the generosity of the audience who make time to engage with it and ‘reproduce’ it in the contexts of their everyday worlds” (p. 37).

Hall's paradigm has guided my personal approach to analyzing media messages of the thin ideal. Over time, I have developed “negotiated” or “oppositional” readings of the media messages in magazines, radio, television, and the Web as opposed to blindly accepting the textual meaning intended by the producer or editor. Negotiating media messages requires personal vigilance, as the media rarely reflect sincere acceptance of different body shapes and sizes, tending instead to promote the perfect, thin ideal.

Even with a relatively high degree of media literacy, I struggle to remind myself that many messages are consumer-oriented and profit-driven. As a graphic designer, I know the power of Adobe Photoshop to enhance images, yet I still find myself comparing my body to touched-up images in fashion magazines and on television.

Background on Eating Disorders and Recovery

There are two main eating disorders associated with the chronic pursuit of thinness, anorexia nervosa and bulimia nervosa. Anorexia nervosa is characterized by the refusal to eat enough to maintain body weight over a minimal norm for age and height, an intense fear of gaining weight, body image disturbances, and possible amenorrhea (temporary cessation of menstruation); bulimia nervosa is characterized by a pattern of bingeing (eating large quantities of food over short periods of time) followed by attempts to compensate for this excessive caloric intake by vomiting, using laxatives, severe restrictive dieting or fasting, or over exercising (American Psychiatric Association, 2000).

Most health care professionals use the Diagnostic and Statistical Manual of Mental Disorders to help them correctly diagnose their patients. The definition of anorexia nervosa for this study is the one used in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders, the DSM-IV-TR, published in 2000.

A summary of the diagnostic criteria for anorexia nervosa includes intentional weight loss leading to a sustained body weight less than 85% of the minimal normal weight for age and height. Even with the underweight status, anorectics have an intense fear of gaining weight or becoming fat and often have a distorted view of their body weight or shape. Typically, the diagnosis includes denial of the seriousness of the low weight and an obsessive preoccupation of weight on self-evaluation. An additional criterion is amenorrhea for at least three consecutive menstrual cycles.

Within the anorexia nervosa diagnosis, there are two types, restricting and binge eating/purging. The latter regularly engages in self-induced vomiting or the misuse of laxatives, diuretics, or enemas, symptoms that also are used to diagnose bulimia nervosa, described below.

I have chosen to include the diagnostic criteria for bulimia nervosa because many women who recover from anorexia develop symptoms of bulimia (Grogan, 1999; Hall, 1993; Hall & Ostroff, 1999; Fallon, Katzman, & Wooley, 1994). “Like anorexia, it [bulimia] is fueled by a dual obsession with both thinness and food. In fact, these two eating disorders have been called ‘Cinderella’s stepsisters’ and are often referred to as flip sides of the same coin” (Kolodny, 2004, p. 78).

Research has indicated that many women who recover from anorexia develop symptomology of bulimia (Brown, 1993; Hall, 1993; Kolodny, 2004), and according to Kolodny (2004), some women with eating disorders “flip back and forth between bulimia and anorexia, bingeing for a while, then restricting, and resorting to bingeing again” (p. 19). The pattern of behavior is not surprising when one acknowledges that extreme dieting is really just a form of starvation, and the body’s natural response to starvation, especially endured over a long period of time, is to eat.

The DSM-IV-TR diagnostic criteria for bulimia nervosa include recurrent episodes of binge eating, characterized by eating a larger amount of food than most people would eat during a similar period of time and under similar circumstances. The episode is further characterized by a sense of lack of control over how much is eaten. The binges are accompanied by compensatory behaviors to prevent weight gain. Those who fit the “purging type” criteria engage in behaviors such as self-induced vomiting or misuse of laxatives, diuretics, or enemas. The “non-purging type” engages in other compensatory behaviors, such as fasting or excessive exercise. To meet

the diagnostic criteria, the binge/purge cycle must occur on average at least twice a week for three months. Similar to anorexia nervosa, those afflicted with bulimia nervosa place undue influence on body shape and weight in self-evaluation.

Eating Disorders on a Continuum

Eating disorder diagnoses are not always clear-cut. Most health professionals view eating disorders on a continuum (Brown, 1993; Esherick, 2003; Hall, 1993; Hall & Ostroff, 1999; Hesse-Biber, 1992; Kolodny, 2004; Löwe et al., 1996; Peters & Fallon, 1994; Root, 1990; Thomsen et al., 2002) from “debilitating, life-threatening symptoms to mildly annoying ones that are not life-threatening per se, but negatively impact your quality of life” (Kolodny, 2004, p. 21). Tossed into the continuum are those who “experiment” with eating disorder behaviors such as self-induced vomiting, diet pills or laxatives, without actually making the “practice” a long-term behavior (Story et al., 1998; Löwe et al., 1996). Brown (1993) has contended that a continuum perspective allows researchers to challenge the traditional notion of anorexia as simply a diagnosable mental illness, distinct from a culturally-fueled preoccupation with weight.

According to Orbach (1978), many women diet throughout their lives, repeating cycles of gaining, losing, and regaining weight. In addition, researchers have found that even women who do not fit diagnosable standards of an eating disorder exhibit an unhealthy preoccupation with body image. Weiner (2003) has contended that most people in the United States have disordered eating, if not clinical eating disorders.

While it is important to acknowledge the prevalence of body dissatisfaction and disordered eating, for the purposes of this study, the focus is on women who are in recovery from clinically diagnosed anorexia nervosa. What is interesting to note is that the psychiatric criteria are “socially defined” and have transformed over time. For example, Brown (1993) has noted that the criteria for anorexia have become “less stringent” (p. 59). With the percentage of body

weight lost decreasing from 25% to 15% between 1980 and 1987 respectively, “more women are able to fit the diagnostic label” (p. 59). To add to the cultural confusion, a woman who maintains a weight 15% below one’s normal body weight for age and height is diagnosed with a disorder, but society accepts and the fashion industry promotes role models who routinely maintain a weight 20% below their normal weight (<http://www.aedweb.org/>).

Recovery Defined

In order to study women who are in recovery from anorexia, a definition for recovery also must be established, due to the lack of consensus in the literature (Serpell et al., 1999). Some researchers have contended that full recovery is an achievable state, indicated by freedom from all diagnostic criteria in the DSM-IV-TR, including the statement about allowing self-evaluation to be unduly influenced by body shape (Goldfein, Walsh, & Midlarsky, 2000). Other researchers perceive that both the onset of and the recovery from an eating disorder is a process, not an isolated, measurable event (Brown, 1993; Fallon et al., 1994; Hall & Ostroff, 1999).

For the purposes of this dissertation, recovery is viewed as a process, not an end product. Even after behavioral symptoms subside, women in recovery from anorexia continue to face powerful socio-cultural factors that consistently challenge their development of healthy perspectives on the media-perpetuated thin ideal. More in-depth information on how recovery was defined for the selection of participants in this study will be provided in Chapter 3.

This next section will provide evidence for the prevalence of the potentially harmful media messages promoting the thin body ideal. As the first two chapters will indicate, the rich body of literature is lacking one key ingredient, particularly for women in recovery. What has not been studied is how women who are in recovery from anorexia negotiate media messages.

Seriousness of Anorexia

Research has indicated a long-term trend of rising rates of anorexia nervosa (Lucas, Crowson, O'Fallon, & Melton, 1999). Eating disorders are serious and can be lethal. They are also one of the most common psychiatric disorders affecting young women (Kendler et al., 1991; Whitaker et al., 1990), with anorexia nervosa having the highest premature death rate in 15-to-24-year-old females of all mental disorders (Keller, Herzog, Lavori, Bradburn, & Mahoney, 1992; Signorini et al., 2007; Sullivan et al., 1998). Mortality estimates range from 5.1% to 19% with causes of death including suicide and direct effects of self-induced starvation, such as cardiac arrhythmias (Crisp, Callender, Halek, & Hsu, 1992; Löwe et al., 1996; Pompili et al., 2004).

Anorexia damages women's friendships, family interactions, relationships, school or work performance, and self-esteem (Hall, 1993; Hall & Ostroff, 1999; Kolodny, 2004; Wolf, 1991). In addition, women who live through anorexia nervosa face a debilitating and often chronic illness that has become a serious threat to women's health in Western societies. Several researchers have documented the media's contribution to the development of anorexia, as well as the long-term negative impact on women's physical and psychological well-being (Brumberg, 2000; Keller et al., 1992; Kolodny, 2004; Fallon et al., 1994; Sharp & Freeman, 1993).

This dissertation may offer useful information to other women seeking recovery from anorexia or prevention from relapse. The findings also are likely to create more awareness of how the media contribute to the problem. In addition, the study may offer insight in terms of how women can become more resistant to the thin ideal message that is so pervasive in today's media.

Challenges with Recovery

There is no instant cure for anorexia nervosa. Treatment is not easy, and even individuals who are released from inpatient treatment do not always maintain long-term recovery. Some individuals diagnosed with anorexia nervosa fully recover after a brief episode: some experience fluctuating patterns of weight gain and loss, followed by partial or complete relapse; and others experience a chronic struggle with the illness for many years (American Psychiatric Association, 2000).

Statistical results have varied in terms of improvement and full-recovery rates from anorexia. Some researchers have found full recovery rates ranging from about 30 to 62% (Löwe et al., 2001; Steinhausen, 1995; Steinhausen, Rauss-Mason, & Seidel, 1991; Yager, 1988). Other researchers have indicated that about a third of patients continue to meet diagnostic criteria for anorexia nervosa five years and longer after initial treatment, even after making significant strides toward recovery (Fairburn, Cooper, Doll, Norman, & O'Conner, 2000; Herzog et al., 2000; Strober, Freeman, & Morrell, 1997; Sullivan, Bulik, Fear, & Pickering, 1998).

On a more positive note, research has indicated that given the right conditions, treatment programs can be effective in what is considered the most difficult psychiatric condition to treat (Brumberg, 2000; Richards et al., 2000). For example, in a follow-up study of a population of anorectics enrolled in a university treatment program, Strober et al. (1997) found a 75.8% recovery rate.

Recovery rates are important to consider because while some women are able to achieve long-term recovery from anorexia, many women only achieve partial recovery (Esherick, 2003; Kolodny, 2004; Richards et al., 2000). Some relapse or develop symptoms of other disorders, such as bulimia or binge eating (Kolodny, 2004; Löwe et al., 1996; Sullivan et al., 1998, Tozzi, Sullivan, Fear, McKenzie, & Bulik, 2003). According to Kolodny (2004), about 50% of anorectic

women develop bulimia or bulimic symptoms, while still retaining a primary diagnosis of anorexia nervosa (Sullivan et al., 1998).

Those who are fortunate enough to fully survive the physical effects and symptoms of anorexia invest a significant amount of time, money, and emotional energy fighting the illness (Esherick, 2003; Fallon et al., 1994; Hall, 1993; Kolodny, 2004). Treatment is expensive, with many inpatient centers charging more than a thousand dollars a day. In addition, even with clinical treatment it can take women from 57-79 months to achieve full recovery. Recovery also can become a vicious cycle because the longer a woman suffers from an eating disorder; the longer the recovery process takes (Esherick, 2003; Hall, 1993; Hall & Ostroff, 1999; Kennedy & Garfinkel, 1992; Kolodny, 2004; Richards et al., 2000).

Given the media's proven contribution to the development of self-esteem, body image and disordered eating in women (Field, 2000; Harrison, 1997, 2000, 2001; Harrison & Cantor, 1997; Heinberg & Thompson, 1995; Hofschire & Greenberg, 2002; Grogan, 1999; Irving 1990; Irving, 2000; Kalodner, 1997; Thompson et al., 1999) it is important to understand how those in recovery negotiate the powerful messages of the thin body ideal. Even once the behavioral symptoms subside, the women must learn how to navigate healthful lives in a culture consumed with the attainment of thinness. Women in recovery must work vigilantly to maintain "moment to moment awareness" (Hall, 1993, p. 247) and listen to their inner truth, rather than absorbing socially acceptable notions of beauty and returning to self-destructive eating patterns.

Why Women?

This study explores women in particular because studies have indicated that approximately 90 to 95% of diagnosed cases of anorexia are female (Hsu, 1989). Despite the increasing pressure on men to conform to a muscular, V-shaped body (Mishkind, Rodin, Silberstein, and Striegel-Moore; 1986; Labre, 2004; Law & Labre, 2002), research universally has indicated that

regardless of age, anorexia nervosa affects many more females than males (Grogan, 1999; Hsu, 1989, 1990; Kolodny, 2004; Malson, 1998).

Statistics from academic and professional research have indicated that this is true, and some investigators have examined why women are so much more vulnerable than men. One reason is that when female adolescents reach puberty, their body shapes tend to deviate away from the American body ideal, whereas male body shapes tend to change towards the cultural ideal. To achieve the ideal body, more women turn to diets, become preoccupied with body size, and display more symptoms of eating disorder behavior than men (Kilbourne, 1994; Thompson et al., 1999).

Clinicians and social science research in several fields have indicated that women tend to use eating and appetite suppression as a form of expression, much more so than men do (Brumberg, 2000). Rather than appropriately expressing anger, frustration, discontent, or any other uncomfortable feelings, women with anorexia develop a coping technique (appetite suppression) that numbs and masks their true emotions. As their bodies wither away, family and friends gradually realize that a problem exists, but the anorexia has been used as a tool for suppressing healthy emotional expression (Kolodny, 2004; Malson, 1998; Peters & Fallon, 1994). According to Malson (1998), amenorrhea, which is one of the symptoms for diagnosing anorexia, “is associated not simply with a refusal of womanhood but also with ‘avoiding emotions’” (p. 117). As a woman with anorexia becomes progressively thinner, she becomes increasingly emotionally detached, as a coping mechanism for avoiding feelings and expressions of those feelings. Malson (1998) has indicated that for women who have anorexia “painful thoughts and feelings and traumatic memories are covered over, suppressed and replaced by numbers on weighing scales” (p. 168).

Esherrick (2003) found that women in recovery from anorexia progressed through three phases: self-discovery, self-acceptance, and self-expression. In the first phase, women in recovery from anorexia nervosa work on recognizing and getting in touch with feelings as well as developing a sense of self. In the second phase, women learn to accept themselves and their feelings. In the third phase, women start to express their feelings to significant others in their lives, such as close friends and family. They also work on developing their newly recognized sense of self and expressing assertive remarks in a manner that remains true to their self.

Cultural Ideal

Women also receive a powerful message to conform to the cultural ideal (Grogan, 1999; Kolodny, 2004; Malson, 1998). The encouragement to diet to achieve this thin ideal is relentless, for women much more so than for men (Anderson & DiDomenico, 1992; Gaesser, 2002; Hall, 1993; Kolodny, 2004; Silverstein, Perdue, Peterson, & Kelly, 1986). In fact, Malson (1998) has illustrated that women's magazines provide "step-by-step" instructions and "day-to-day diets for beautification" (p. 111). Several studies have examined the relationship between the thin body ideal portrayed in the media and the increasing prevalence of dieting, body image dissatisfaction and eating disorders (Harrison, 2000; Harrison & Cantor, 1997; Hofschire & Greenberg, 2002; Levine, 2000; Levine & Smolak, 1996; Levine, Smolak, & Hayden, 1994).

Socio-cultural pressures are thought to play an influential role in the prevalence of body dissatisfaction in contemporary Western society (Franzoi & Herzog, 1987; Levine et al., 1994; Malson, 1998; Seid, 1989; Tiggeman & McGill, 2004). An increasing incidence of body dissatisfaction and eating disorders has coincided with changes in socio-cultural norms for females over the last few decades. Today's American "ideal" female body is thin, tall, and long-legged, and there is a pervasive belief that women need to fit this "ideal" to be socially accepted and professionally successful (Levine & Smolak, 1996; Malson, 1998; Stice, 1994). Proponents

of the socio-cultural theory (Thompson et al., 1999; Tiggeman & McGill, 2004) have contended that current societal beauty standards place excessive emphasis on thinness, the level of which is impossible for many women to achieve in a healthy manner.

The Socialization Process

Some researchers have contended that women are more likely to develop eating disorders because they are socialized to rely on their body for admiration. Messages about the ideal female form are conveyed through various means, including family, peers and the mass media (Garner, Garfinkel, & Olmstead, 1983; Pike & Rodin, 1991; Stice, Schupak-Neuberg, Shaw, & Stein, 1994). Seid (1989) has suggested that from a young age, girls are encouraged to think about how they appear to others, from their clothes, hair, and smile, to their body. They are socialized to focus on their physical appearance for others to admire, a quality that later can transform into a pathology such as an eating disorder because their bodies have been “one of the few avenues of expression reliably open to them” (p. 78).

The mass media infiltrate our everyday lives, making them a particularly powerful force for influencing social attitudes. With a moderate level of body dissatisfaction now viewed as “normal” among females (Rodin, Silberstein, & Striegel-Moore, 1985), many researchers have examined the media as contributing forces for disseminating of notions of a desirable, slender body (Botta, 1999; Heinberg & Thompson, 1992; Heinberg & Thompson, 1995; Henderson-King & Henderson-King, 1997; Levine et al., 1994; Myers & Biocca, 1992; Posavac, Posavac, & Posavac, 1998; Stice et al., 1994; Tiggemann & Pickering, 1996). In general, American society has adopted positive associations with thinness and negative associations with anyone who is overweight (Botta, 1999; Harrison, 1997; Heinberg & Thompson, 1992; Heinberg & Thompson, 1995; Kolodny, 2004).

Positive Associations with Thinness

Research has indicated that American women have widely adopted the socio-cultural notion that achieving the ideal body grants rewards such as happiness, self-esteem, health, and even love (Bruch, 1973, 1978; Bordo, 1993; Brown, 1993; Grogan, 1999; Kilbourne, 1994; Thompson et al., 1999). The thin ideal has been so widely adopted that some “normal” women have jokingly said they “wished they could have anorexia nervosa for just a little while” (Brumberg, 2000, p. xvii).

Women have made great strides since the repressive Victorian era, but centuries later females are still contending with the media’s portrayal of them as inferior beings whose primary value lies in their physical appearance and sexuality (Bordo, 1993; Wolf, 1991). Perhaps more than any other time in history, we are preoccupied with beauty: its power, its pleasures, its style, and its substance (Bordo, 1993; Friday, 1996; Kilbourne, 1994; Schefer, 1997; Thompson et al., 1999; Wolf, 1991).

The predominant view in Western culture is that a woman who is thin is also healthy, happy, intelligent, and successful. She has restricted her diet and exercised sufficiently to have attained the ultimate standard of beauty, slenderness. Women who achieve the thin ideal are viewed as more attractive to the opposite sex, more popular, likable and good (Brown, 1993; Englis et al., 1994; Hall, 1993; Goodman, 1995). It is not only men, but also women who judge female body attractiveness based on thinness (Barber, 1998). In general, our culture has positive associations with slenderness. Several feminist scholars fault the culturally influenced diet industry for encouraging women to subscribe to the idea that weight loss is the key to solving problems in their lives (Brown, 1993; Myers & Biocca, 1992; Malson, 1998; Orbach, 1978; 1993; Steiner-Adair, 1994).

Beauty may not be the most important of our values, but it affects us all today more than ever. We live in a media age where our visual landscape changes in seconds; our first reaction to people is sometimes our last. Given this reality, “the so-called ‘triviality’ of beauty suddenly seems not so trivial after all” (Schefer, 1997, p. 9).

Women in recovery from anorexia still are surrounded with slender media images that have positive associations in our culture. Peters and Fallon (1994) found that one of the most difficult areas of recovery for women was learning to “reconcile their ‘imperfect’ bodies with omnipresent reminders of what is valued by the culture” (p. 344). Reducing the perceived power of thinness would allow women in recovery from anorexia to maintain a healthy weight, rather than feeling ambivalent about their body size. As Steiner-Adair (1994) has suggested, our culture needs to challenge the media-promoted notion that a woman’s primary source of power is her ability to attain thinness. “If women were less concerned with losing weight, they could act on deeper passions” (p. 389).

Negative Associations with Fat

Not only are there incentives to attaining a thin body, but there are also punishments when the cultural standard is not achieved. “When the body doesn’t measure up [to societal pressures to be thin] most women feel they themselves don’t either” (Brown, 1993, p. 54). Women’s lack of control over their body size and weight leads to self-loathing as well as subtle or more overt loathing from others. Researchers have found that overweight women evoke negative emotional reactions from others ranging from unspoken thoughts of pity, fear, and disgust to outright hostility (Bordo, 1993; Gaesser, 2002; Goodman, 1995; Weiner, Perry, & Magnuson, 1988).

The literature has suggested that in American society slenderness is nearly a pre-requisite for women interested in a romantic relationship. In particular, heavy women are stigmatized with regard to issues of sexuality and dating (Chernin, 1981; Goodman, 1995; Grogan, 1999; Orbach,

1986; Regan, 1996; Wiederman & Hurst, 1998). In general, physical attractiveness is significantly more important for men than for women when seeking a relationship—sexual, short-term, or long-term (Buss, 1994; Feingold, 1990; Wiederman & Hurst, 1998). Men also are hesitant to enter a long-term commitment with a woman who is perceived as unattractive.

Romantic relationships are not the only realm affected by weight. Thinness is a quality so highly valued by our culture that prejudice against fat people has remained socially acceptable (Bordo, 1993; Campos, 2004; Ciliska, 1993; Gaesser, 2002; Goodman, 1995; Grogan & Wainwright, 1996; Orbach, 1986; Steiner-Adair, 1994). As Hall (1993) has contended, “The possibility of becoming fat and enduring the prejudice and discrimination against people with large bodies which pervades our society keeps even naturally-thin individuals on guard against their hunger” (p. 130). When a thin woman overcomes hunger, she is viewed as possessing strength or control. On the opposite end of the spectrum, a “fat” woman is weak. She lacks inner strength, “giving in” to hunger and “indulging herself” with food (p. 130).

Steiner-Adair (1994) has captured the importance of thinness in Western culture and the implied shame with being overweight:

Since the “sexual revolution” of the 1960s, thinness has replaced virginity in its representation of goodness in women. Obesity is regarded with the scorn previously reserved for sexuality. Heads no longer turn in moral righteousness when a scantily dressed woman walks down the street, and we hear the same language of moral condemnation applied to the obese woman that used to be directed toward the sexually active woman: ‘She has no self-respect,’ ‘She’s out of control,’ ‘How could she let herself go?’ ‘She’s destroyed herself,’ and so on. (p. 386)

Ten years later, the fear and loathing of fat have continued. Campos (2004) has contended that Americans view a fat body, or even the “very idea of fat” as a “fashion faux pas” associated with “disgust” and “moral failing” (p. 227). As several studies have indicated, women who are

considered “overweight” in America struggle to gain a sense of self-worth in a culture that consistently degrades anyone outside the mold of the thin ideal.

As Seid (1989) has argued, “in modern America, being fat is as shameful as being dirty. We seem to believe that slenderness is as attainable as cleanliness and as crucial to respectable grooming” (p. 7). Current American culture has maintained a widely held belief that if a woman is overweight, it must be her fault. She is viewed as lazy, lacking the willpower to adhere to her “ideal weight” (Goodman, 1995; Hall, 1993; Harris, 1990; Seid, 1994; Wooley & Wooley, 1979). Laziness is a particularly distasteful characteristic in an American society that values personal responsibility, hard work, and self-discipline (Campos, 2004; Ciliska, 1993; Gaesser, 2002). Heavy women are viewed with disdain when they attend parties, head to the gym, go grocery shopping, eat in restaurants, and even collect food stamps (Goodman, 1995).

Not only do these women feel the emotional toll, but research also has indicated they also face obstacles to advancement in their careers (Bordo, 1993; Campos, 2004; Goodman, 1995; Rand & Kuldau, 1990; Rothblum, 1994; Rodin et al., 1985; Steiner-Adair, 1994). For example, Rothblum (1994) found that women perceived as thin tended to earn a higher salary than others, and Steiner-Adair (1994) contended that weight affected “personnel decisions in hiring and promotion” (p. 385).

Imagine the struggle a woman in recovery from anorexia faces. She lives in a society that has praised her initial weight loss and hunger control. But she reaches a turning point when anorexia starts to control her life, upsetting her with constant thoughts of food (Serpell et al., 1999). After crossing the line into diagnosable disorder and seeking help, clinical treatment forces her to regain weight, stripping her of her previous sense of control over food. In treatment,

she no longer has full control over what she chooses to put into her body, especially if she's been forced into a treatment program (Brumberg, 2000; Kolodny, 2004; Steiner-Adair, 1994).

Healthy recovery offers women alternative senses of control, diminishing the focus on self-evaluation by weight and size. How do women in recovery from anorexia, with a full commitment to healing, interpret the duality—the control versus lack of control, or sense of it? How do they negotiate negative societal associations with fat, or even more subtly, their loss of positive attention from others for having the ability to control their weight so precisely?

Ideal Not Attainable

Seid (1994) has offered a particularly insightful, critical perspective on our country's distaste for "fat" women. She also pointed to the consequences of the false notion that everyone can achieve the ideal.

The health industry embraced the questionable concept of "ideal weight"—the idea that the weight associated with optimum health and longevity could be determined by height. It was then decreed that everyone of the same height and bone structure should meet this ideal. But this injunction assumed that body weight and the ratios of fat to lean tissue were direct functions of exercise and eating habits. The obvious corollary was that everybody should reduce to ideal weight and that everybody could easily do so— if they exerted enough willpower. (p. 7)

The concept that all individuals can achieve the Western American socio-cultural body ideal is erroneous (Harrison, 1997). For example, some researchers have noted some women's, physiological somatypes (body shapes) conflict with the body ideal (Grilo, Wilfley, Brownell, & Rodin, 1994). Teasing. Socio-cultural messages overpower the physical impossibilities of altering body shape, and many American women have accepted the thin societal ideal as a goal and the false message that all bodies can be altered (Campos, 2004; Hall, 1993; Hall & Ostroff, 1999; Kolodny, 2004; Wolf, 1991). The media continually perpetuate the myth that body shape and weight are easily "malleable" (Thompson et al., 1999, p. 87).

At least some of the message that slenderness is a realistic goal for everyone is fueled by the lucrative diet industry. Campos (2004) has indicated that the “American weight loss industry is a fifty-billion-dollar-per-year con game, which for many decades has provided its customers with totally ineffective cures for an imaginary disease” (p. 218). Campos (2004) has contended that obesity research is “little more than a scam masquerading as a science” (p. 221). He also has argued that obesity researchers are “keenly aware” of the “economics of the field—a field that is wholly funded by the weight-loss industry.”

The marketing of weight-loss products contributes to the impression that weight is easily controllable and that anyone who is heavy, especially a woman, can lose weight if she only makes an effort (Crandall & Martinez, 1996). Recently researchers also have found that the media contribute to weightism, or prejudice against heavy people. Blaine, DiBlasi, and Connor (2002) found that weight-loss infomercials in particular promote the (largely erroneous) belief that the thin ideal is easily achieved. Interestingly, Blaine et al. (2002) also found that when heavy people lost weight their negative attitudes toward other heavy people increased. The media message, fueled by the weight-loss industry, is clear. The increasing rates of anorexia nervosa reflect the spirit of America’s cultural aversion to fat. As Kitch (1998) has argued, “media imagery is a powerful lens through which we may continue to zero in on moments of change in American history that are simultaneously social, economic, and cultural” (p. 258).

Americans have an ambivalent relationship with food. Food is widely available and excessively advertised, but there is a tacit, and sometimes more explicit, societal expectation to limit consumption. The media messages Americans receive are rife with conflict. On the one hand, advertising expenditure for the food industry has approached \$4 billion, more than what is spent on most other products and services in this country (Aaker, Batra, & Myers, 1992). Yet,

the abundance of culinary choices is matched by an equal number of dieting media messages to be fit and trim (Brumberg, 1997; Garner, Garfinkel, Schwartz, & Thompson, 1980; Seid, 1989; Wiseman, Gray, Mosimann, & Ahrens, 1992).

The media's advertising and editorial content reflect Americans' hedonistic attitude toward food, tempered with a diet obsession. Women in particular get the strong message that food impulses must be reigned in and controlled (Garner et al., 1980; Kilbourne, 1994; Klassen, Wauer, & Cassel, 1990/1991; Seid, 1989; 1994). The media offer a convenient solution to weight control, encouraging women to participate as much as possible in the flourishing diet industry. Hall (1993) stated that 50% of all women are dieting at any moment and \$36 billion is spent on dieting and weight loss products each year.

According to Wolf (1991), advertising and the media indoctrinate the consumer in these ideals to the detriment of most women. Diet products, fitness, and the fear of fat are encouraged and promoted to the extent of marketing unhealthy addictions (Campos, 2004; Chernin, 1981; Goodman, 1995; Wolf, 1991). Polivy and Herman (1987) agree that dieting has become common, to the extent that what is considered "normal" eating by many female adolescents may actually border on what would traditionally be diagnosed as eating disordered. In a recent poll, 500 women were asked what they feared most in the world, and 190 of them replied, "getting fat" (Chernin, 1981, pp. 36-37).

Hall (1993) and Campos (2004) have contended that the most problematic aspect of the dieting epidemic is that people think that if they tried hard enough, they could adhere to the thin ideal. Rather than seeing the promotion of dieting and weight loss as the problem, people think of diets as the solution and themselves as failures. As Gaesser (2002) stated, "Diets don't fail, we are told, *dieters do*" (p. 34). The acceptance of dieting, along with the widening gap between the

cultural body norm and the average woman's "body reality," has led to a diet-crazed society that has diminished American women's self-esteem (Hall, 1993). Most eating-disorder specialists agree that chronic dieting and low self-esteem is a direct consequence of the social pressure on American females to achieve a nearly impossible thinness (Hesse-Biber, 1989; Strober, 1986; Hall, 1993). Harrison (1997) has coined the term "ideal self-discrepancy" to indicate the difference between a woman's perceptions of her actual physical attributes and those she would like to have or, based on family, friends, and the media, thinks she *should* have. Hall (1993) poignantly illustrated the powerful role of the thin cultural ideal, and the role it may play in the lives of women in recovery from anorexia.

An impossible ideal is set up for us that we can never attain and the result is frustration, sorrow, and self-hatred. We could all work very hard on abuse that is family related, we could spend years in therapy, we could feel healthy and strong, but we still have to live in a culture that demeans the very essence of who we are. We need to be aware of how crazy the culture is and that it plays an essential role in how we feel about ourselves. (pp. 250-251)

Media Set the Norm

As previously noted, the driving force behind the flourishing diet industry is the cultural expectation for American women to be physically attractive, specifically by attaining or maintaining a thin body (Brumberg, 1988; DeJong & Kleck, 1986; Franzoi & Herzog, 1987). This sentiment is echoed and reinforced in the media. Freedman (1986) has used a quotation from a Bloomingdale's ad to illustrate our current conception of the ideal female body: She is "bean lean, slender as the night, narrow as an arrow, pencil thin, get the point?" (p. 150)

Most people are likely to have learned about the female body ideal through the mass media, including television, magazines, books, movies, the Internet, and other forms of mass-produced media. Some studies have found that exposure to the thin ideal portrayed in the media

are linked to the drive for thinness among women and the preference, among men, for thinness in women (Hargreaves & Tiggeman, 2004; Harrison & Cantor, 1997; Stice et al., 1994).

Women not only have to contend with their own or their female peers' expectations of the thin ideal; they also are faced with media-influenced male expectations. Hargreaves and Tiggeman (2003) found that the media might indirectly impact female's body image by influencing male expectations and evaluations of the average woman's appearance. Exposure to idealized images of women alters men's perceptions of beauty standards and provides an illusion that the ideal is easily achievable. Other researchers have provided further evidence of the illusion. For example, in an experimental study, Kenrick and Gutierrez (1980) found that men who were exposed to attractive actresses rated an average-looking woman as less attractive.

There are several public reward and punishment systems in place designed to signify women's place on the attractiveness continuum. Harrison (2000) found that there were more below average weight and thin-ideal characters in television and magazines. In addition, overweight characters were the objects of ridicule and punishment.

Television offers a taste of how people are likely to be perceived based on weight. According to Fouts & Burggraf (1999, 2000), below-average weight female characters in television received more male attention and praise regarding weight and body shape than normal weight characters. Given the power of television to reflect and transmit social values of the predominant culture on viewers (Bryant & Zillman, 2002), is it any wonder that women continue to pursue the thin ideal?

Television programs are just one media outlet representing the thin female body ideal. Magazines compound the problem, offering deceptively altered images on glossy pages. Several researchers have demonstrated a causal link of exposure to magazine images with thin, attractive

women and increased body and weight dissatisfaction (Irving, 1990; Posavac et al., 1998; Richins, 1991; Shaw, 1995; Stice & Shaw, 1994; Turner, Hamilton, Jacobs, Angood, & Dwyer, 1997). Other researchers have found that college women in particular tend to compare themselves to fashion models (Harrison & Cantor; Tiggeman & McGill, 2004). Furthermore, Tiggeman (2003) studied media exposure of female college students and found that the amount of magazine reading was positively correlated with internalization of the thin ideal.

Even novels and films reflect our culture's weight anxiety. "What is culturally accepted as beautiful is achieved only with great artifice—photo croppings, camera angles and composite bodies are necessary to get the pictures we now see of beautiful women" (Pipher, 1994, p. 56). In the best-selling novel, *Bridget Jones' Diary*, Bridget is supposed to be a self-sufficient, career woman, yet each diary entry expresses her inability to maintain the ideal weight, and her days are categorized as good or bad depending on her caloric intake. The film version reiterated the fat phobia and obsession in our culture as well as the distorted view we have of what is considered overweight. As Campos (2004) has noted, Renée Zellweger is a slim actress who "made headlines by being willing to gain weight in order to become 'fat' enough to play the role." Her typical weight is 109, so at 5'4" Zellweger qualified as 'fat' and was congratulated for her "bravery it must have taken to sacrifice so much for her art" (p. 11).

The danger in the portrayal of what is ideal is that media consumers develop a skewed vision of what is normal. For women with eating disorders, the skewed vision is exacerbated, especially given their changing views of normality over time.

Changes in American Weight Standards

Data using body mass index indicates that Americans are becoming heavier, despite our apparent focus on dieting and weight loss. The trend toward an increasingly slimmer ideal in the media over the last few decades has coincided with larger average body weight in women in

Western societies (Berg, 2000). Several empirical studies illustrate the paradox—as the standard has thinned, the average weight (in relation to height) of American women under age 30 actually has risen (Garner et al., 1980; Wiseman et al., 1992).

While it may be true that Americans are becoming heavier, the federal guidelines for acceptable weight have altered as well. Pressure from insurance companies has decreased the weight that qualifies someone as fat or obese (Campos, 2004; Kolodny, 2004; Seid, 1989).

The actual term “ideal weight” was coined in 1897 when the insurance industry designed a table to gauge mortality risk (Gaesser, 2002). In 1942, uniform weight charts and guidelines were implemented to identify “ideal” weights. In the last 20 years, obesity rates have risen dramatically in North America, with the United States gaining the unenviable status of “fattest nation” (World Health Organization, 2002). At the same time, guidelines based on body mass index (BMI) have suggested an increasingly lower “ideal weight” over the years. For example, in 1942, for a woman 25 and over and about 5' 6," the ideal was between 130 and 140 pounds. Seventeen years later, the “ideal weight” for the same age and height dropped to 124-139 (www.nationaleatingdisorders.org, 2002). In 1985, new federal guidelines reduced the weight guidelines again and suggested that women ages 18 to 25 should weigh between 118 and 150 pounds (Kolodny, 2004).

The next section will provide a brief overview of the ideal female body standards over time, illustrating how female ideal body standards have changed, but the pressure on women to alter their bodies to adhere to a socially acceptable size and shape has remained the same.

Historical Standards for the Female Body Ideal

Over time, the Western body ideal has transformed, influenced by biological, historical, and cultural factors. What has remained the same is women’s pursuit of the current ideal (Brumberg, 2000; Englis et al., 1994; Heinberg & Thompson, 1995; Mazur, 1986; Pipher, 1994;

Seid, 1989, 1994; Thompson et al., 1999). According to Brumberg (2000), anorexia nervosa has historic social and economic roots dating back to the 1870s, and the contemporary cultural environment that contributes to anorexia today is an indication of history repeating itself, rather than a new phenomenon. “Anorexia was ‘born’ in the nineteenth century; it flourished at the end of the twentieth, and its staying power seems uncompromised as we cross the bridge into the new millennium” (Brumberg, 2000, p. xvii).

During the Victorian era, the term “fasting girls” was used to refer to women who had stopped eating regardless of the cause. For some people, the term was used for those who ate small amounts, irregularly, or just outside the normative food categories. The nineteenth century marked a time when female fasting behavior was viewed in different ways, from religious piety, holiness and empowerment to witchcraft, superstition or mental illness (Brumberg, 2000).

Evidence of anorexia dates back to Charles Lasègue’s 1873 *L’Anorexie Hysterique*, the first documentation of anorexia nervosa. A member of early French psychiatry, Lasègue said that l’anorexie hysterique typically began between ages 15-20 and had three stages. In the first stage, a young woman might express general unease after eating and use this discomfort as a reason for eating less. During stage two, anorexia became more of an object of preoccupation and conversation for the young woman, though a physician was not an active part of her life. In the last stage, the young woman’s physical well-being had deteriorated to such an extent that if family and friends already had not done so, they sought the help of an experienced medical professional (Brumberg, 2000).

France was not the only country to recognize anorexia. Britain and the United States also recognized and named eating disorders in the 1870s, a time when body image began to be associated with social class. The upper classes wanted to distinguish themselves from heavier

women in the working class. Thinness became an indicator of socioeconomic status, despite sufficient availability of food. For some women, attempts to indicate their social status through their body size have been a factor leading to extreme eating behavior (Brumberg, 2000; Thompson et al., 1999).

Many of the current pressures young women face today at least partially can be attributed to “positive” economic and technological progress. With medical advances, for example, females today pay more attention to hygiene and appearance. In addition, young women experience sexual maturation several years younger than girls did in the late 1800s and often do so before they are emotionally mature (Brumberg, 1997; 2000; Pipher, 1994; Thompson et al., 1999).

Another dimension of the change in America is our societal concept of community. Pipher (1994) has contended that communities are not as tightly woven as they once were, contributing to an increased focus on attractiveness as defined by our current cultural ideals. Our society has moved away from communities in which people knew each other to a culture defined as more distant, full of “secondary relationships.” “In a city of strangers, appearance is the only dimension available for the rapid assessment of others. Thus, it becomes incredibly important in defining value” (Pipher, 1994, p. 183).

The media, and advertising in particular, brought about new sources of information for developing standards of beauty. Prior to mass media, people relied on limited access to art and literature to define the ideal body. With the advent of advertising, women had more immediate access to visual images that provided a social context for standards of beauty. Researchers also have found evidence of a cyclical pattern of media-perpetuated standards for the ideal body (Fangman, Paff, Ogle, Bickle, & Rouner, 2004; Kitch, 1998).

The difference in current standards is that most recently, our society has developed a standard of beauty that is unattainable and unhealthy for most people. “When unnatural thinness became attractive, girls did unnatural things to be thin” (Pipher, 1994, p. 194). Today, women are facing increasing appearance-related pressures, with particular attention to the attainment of a thin body. In Westernized societies, the pressure to be thin is apparent in various realms of communication, from interpersonal communication, including peer and familial influences, to mass communication through media such as television and magazines. The pressure for women to be thin is particularly evident by our culture’s prejudicial treatment of overweight women, “the social lepers of our culture” (Pipher, 1994, p. 184). In fact, according to Pipher (1984), one study found that “11% of Americans would abort a fetus if they were told it had a tendency to obesity” (p. 184).

The transformation in socio-cultural definitions of what constitutes beauty has led several researchers to investigate the link between media and the female body ideal over time. In a recent study, Fangman et al. (2004) found convincing evidence that editorial and advertising content published in two 1920s women’s magazines, *Ladies’ Home Journal* and *Vogue*, promoted the thin female body ideal of that era.

The findings of Fangman et al. (2004) reveal an undeniable parallel between the female beauty standards of the 1920s and those of several more recent decades, including the 1960s and 1990s. As the next few paragraphs will illustrate, the 1920s, 1960s, and 1990s all offered an extremely slender, nearly androgynous body as the desirable figure. In addition, Fangman et al. (2004) have noted the “striking similarities in the body shapes of the flapper, Twiggy, and Kate Moss, whose appearances were symbolic of ideal female beauty in the 1920s, 1960s, and 1990s, respectively” (p. 246).

Before discussing the historical evolution of the female body ideal, it must be reiterated that during each era, popular cultural institutions such as the mass media have played an important role in constructing thinness as the primary measure of a woman's attractiveness (Brumberg, 2000; Garner et al., 1980; Silverstein et al., 1986; Silverstein, Peterson, & Purdue, 1986; Thompson et al., 1999). Typically, the media messages regarding body shape and size transmit ideas about what is socially, physically, and morally acceptable. In addition, the media have not always been consistent about the message conveyed with regard to the body and issues of weight control. Over the years, women consistently have received conflicting messages about the risks of being overweight, as well as the risks associated with media-promoted weight-loss techniques specific to each time period (Brumberg, 2000; Thompson & Haytko, 1997). These types of conflicting messages can create confusion about the most acceptable body shape and size (Ogle & Damhorst, 2004), particularly for women in recovery from eating disorders.

Another important aspect to consider when reviewing historical body ideal trends is the economics of the time period. In decades where the beauty standards were extremely thin, American society was more affluent. Brumberg (2000) has suggested that during times of affluence, voluntarily restricting food consumption has been used as a strategy for defining an identity. As Brumberg (2000) has noted, women of higher social classes encoded their bodies with the "correct social messages" regarding social class, fashion, and gender identity.

Of similar contextual importance are the changes over time in women's sexual and professional roles. Several researchers have contended that in times of expanded opportunities and choices, some women may have felt overwhelmed by a pressure to too much pressure to attain a superwoman ideal. In searching for some mechanism for control over their lives, some women may have played out their need for control by controlling their bodies, particularly in

terms of size and shape (Brumberg, 2000; Friedan, 1963). Viewed within this socio-cultural framework, including the influences of the media, economics, and other social contexts, a history of female beauty standards can more fully be appreciated.

The eighteenth century portrayed a female body ideal that was large, tough, muscular and strong—until the advent of mass-reproduced women’s fashion magazines, most notably, the *Ladies’ Home Journal*, introduced in 1897. The introduction of the *Journal* was a pivotal point in media history because in its initial year of publication, the magazine reached approximately 850,000 readers; and in 1893, it was the first magazine to reach a circulation in the millions (Kitch, 1998).

More importantly for the topic of this dissertation, the *Journal* was one of the first magazines to take advantage of printing technology that offered mass production of artwork, including imagery of women. As Kitch (2001) has noted, the *Journal* offered a visual commentary on gender—on what an ‘American Woman’ looked like—in a truly national mass medium” (p. 243). Until the 1890s, plump and voluptuous was in, with extra weight on women serving as a sign of being rich and healthy (Campos, 2004; Seid 1989, 1994). As Seid (1994) has commented:

What we today shudderingly call ‘cellulite’ —was considered desirable, a ‘stored-up force,’ equated with reserves of energy and strength. Plumpness was deemed a sign of emotional well-being; it was identified with a good temperament, with a clean conscience, with temperate and disciplined habits, and above all with good health. (p. 5)

The Rubenesque ideal was tailored in the early 20th century to a Victorian hourglass figure, achieved only with tight, constricting corsets, making women’s waists artificially tiny and accentuating the hips and buttocks. Not only were the corsets uncomfortable, they also were unhealthy, causing problems with breathing and digestion.

By the 1920s, the hourglass preference was replaced with a thin flapper, flat-chested, slim-hipped, and androgynous. Women who were unfortunate enough to be well endowed bound and restrained their breasts to achieve a flattened profile. Women had more active lifestyles, and surplus body fat was viewed as inefficient, self-indulgent, and a hindrance to energy and vitality. Thinness was the new sign of wealth. Dieting became a pastime, as bathrooms and kitchens were adorned with scales (Brumberg, 2000; Kitch, 1998; Seid, 1989; Thompson et al., 1999). The 1920s also was the era of the initial commercial diet industry. In addition, mass circulation magazines appeared, followed by the increasing popularity of movies and film stars (Kitch, 1998).

The ideal of the 1930s and 1940s was full-bodied women with an emphasis on legs and bust (Mazur, 1986). Plumpness and curves were the fashionable female shape of these two decades. This was the era of the depression, and food was scarce. Well-nourished movie stars were more respected and well-received by the public. Magazines emphasized women with a more maternal image, a symbol of families making it through difficult times together. Models and movie stars had noticeable breasts and a curvy figure (Kitch, 1998).

In the 1950s, women still were encouraged to become more voluptuous and curvaceous. Women's images in *Playboy* magazine reflected the ideal (Thompson et al., 1999). A large bust line was considered most attractive, and the new standard for women resembled Marilyn Monroe, cover girl of the era, and a size 16 (Brumberg, 2000; Seid, 1989; Thompson et al., 1999). Ironically enough, Marilyn's body type would be unacceptable for a magazine cover now (Kitch, 1998).

By the 1960s, the cultural indicator of physical attractiveness reverted back to slenderness, reflecting the thin and waif look of model Twiggy, with the figure of a prepubescent boy. The

waif look led to a long-term trend in Americans' collective taste (Garner et al., 1980) with a slight shift in fashion in the 1980s when there was a period of backlash against the women's rights movements. Shows like *Family Ties* and *Thirty Something* became more popular with their images of maternal women and families (Kitch, 1998). In addition, Raphael and Lacey (1992) noted the shift to an impossible body shape, "In the 80's the shape changed again, this time to broad shoulders and noticeable breasts grafted unnaturally and sometimes surgically onto an emaciated frame" (p. 294).

The 1990s revisited the flat, near-emaciated preference that has served as a long-term trend, with Kate Moss setting the tone of the ideal body in the 1990s, and more recently, body shapes like Calista Flockhart's are what women strive for (Campos, 2004; Seid 1989, 1994). Hall (1993) has contended that today's fashion magazines illustrate that "the Twiggy look has made a comeback, that models who look like adolescent boys are parading as women, and that this is how beauty is being defined *again*" (p. 248).

Media history indicates that mass media aim for striking a balance when social change occurs, often erring on the side of dominant societal values. The media have a financial need to connect with the audience, while not making the majority of the audience uncomfortable with images of powerful women. This economic-driven reality often translates into making women tiny, whether they are central characters on television or fashion models in magazines. A recent example was illustrated with Calista Flockhart on *Ally McBeal*. She was a girlish, almost asexual central character (Kitch, 1998).

With today's standards of attractiveness, women are expected to be thin, but also muscular (Grogan, 1999). The goal is to achieve a delicate balance of thinness without appearing to be merely "skin and bones." The current ideal standard also calls for curvaceous breasts, "curve-

free or minimally curved at the waist, with a taut abdomen and slim hips and thighs” (Kolodny, 2004, p. 31). To achieve these standards, many women must resort to breast augmentation, liposuction, or other surgical procedures (Kolodny, 2004).

The “ideal” is reflected in today’s Barbie doll measurements as well. Back in 1905, the popular Gibson Girl doll had proportional measurements of 38-27-45 (bust-waist-hips). In contrast, today’s Barbie doll’s thin human measurements would be 38-18-28 (Sarwer, 2003).

Over the years, many women have used painful strategies to achieve the societal ideal of the time period (Grogan, 1999; Mazur, 1986). Brownmiller (1984) and Grogan (1999) have contended that today’s intense pressure to diet is analogous to other painful and mutilating traditions that women have engaged in the past.

This [extreme dieting trend] is clearest in relation to procedures such as foot binding and wearing of restrictive corsets, where women suffered discomfort and immobility in the name of particular fashions. In Western society in the 1990s we have replaced these practices with strict diets (which weaken and debilitate) and cosmetic plastic surgery (where women undergo painful procedures to try to attain culturally defined attractive body shapes. (Grogan, 1999, p. 25)

Where Do We Learn What Ideal Is?

The media, advertising in particular, has been vilified for upholding, perhaps even creating, the emaciated standard of beauty by which girls are taught from childhood to judge the worth of their own bodies (Freedman 1986; Nichter & Nichter 1991; Orbach, 1978, 1993; Pipher, 1994; Solomon 1992). Women learn the ideal through many media sources and the concept is often reinforced in their personal and professional lives. As Solomon (1992) commented, “the pressure to be slim is continually reinforced both by advertising and by peers....We are continually bombarded by images of thin, happy people” (p. 226).

Studies with girls and women have indicated that exposure to media that promote a thin ideal of beauty is associated with body dissatisfaction, dieting, and disordered eating (Field et al.,

1999; Harrison & Cantor, 1997). Furthermore, experimental research has shown that direct exposure to thin ideal media imagery causes women to feel dissatisfied with their bodies (Irving, 1990; Stice & Shaw, 1994).

Rebecca Ruggles Radcliffe, founder and executive director of Eating Awareness Services and Education (EASE) and author of *Enlightened Eating*, was one of the 16 women interviewed in *Full Lives*. While she did not have a diagnosable eating disorder, she has struggled with weight and body issues her whole life. It was not until she became vice-president of the Renfrew Center, a leading treatment facility for eating disorders, that she realized her own personal, inner struggles. Following is a segment of her contribution to *Full Lives*:

I didn't feel particularly uncomfortable about my body, because the counterculture celebrated the naturalness of all female body shapes. But the images of my Barbie doll and Twiggy had sunk deep, and in the back of my mind, I still believed that thinner was better. (Hall, 1993, p. 135)

Media Do Not Reflect Diversity

The overly thin depiction of the female body shape in magazines and on television is hugely distorted and fails to represent the real diversity of female body shapes. As young women survey today's media landscape, only a small percentage has found self-reflections. The omnipresent "ideal" female body that is represented in the media is unattainable for most women without resorting to extreme dieting or exercise behaviors (Gaesser, 2002; Goodman, 1995; Hall, 1993; Hall & Ostroff, 1999; Kolodny, 2004; Thompson et al., 1999). According to Wolf (1991) the average model, dancer, or actress is thinner than 95% of American women. Thirteen years later, Kolodny (2004) noted that the average American woman is 5' 4" and 140 pounds, while the "ideal" portrayed in the media are 5' 11" and weighs 117 pounds. In addition, today's fashion models are more slender than 98% of American women (Kolodny, 2004).

According to Campos (2004), industry data indicates that the average American woman wears a size 12 or 14, but the average store window mannequin wears a size 4, and most fashionable women's clothing stores offer sizes reflected in the media, ranging from size 0 to size 6, with a few 8s, 10s, and maybe a 12 tossed in, not representative of the general population. The bulk of young women's clothing sizes offered only can be purchased by 20% of the women's market.

What is Body Image?

There is no uniform definition of body image, but most researchers agree on the general concept. The most basic definition was stated by Thompson et al. (1999): "Body image is the term that has come to be widely accepted as the internal representation of your own outer appearance—your own unique perception of your body" (p. 4).

Cash (1990) has referred to body image as the "view from the inside" as opposed to an external rating, the "view from the outside" (p. 51). Along the same lines, Kolodny (2004) has captured the implications of the emotional tie to body image, "how comfortable and satisfied you are with the size, shape, and appearance of your body" (p. 27). Furthermore, Thompson et al. (1999) indicated that positive body image might boost self-esteem, while negative body image may weaken confidence, "sufficiently to eliminate any possibility of leaving the safe confines of your home" (p. 4).

What all these definitions share is the idea that body image is an individually perceived concept that incorporates perceptions of how others might view one's body. Body image is also closely related to one's level of self-esteem, especially for young females. Young women who internalize the pressures of adolescence and have low self-esteem are at a higher risk for developing a negative body image, which can increase the likelihood of developing an eating disorder (Martin & Gentry, 1997; Martin & Kennedy, 1993; Pipher, 1994).

The importance of self-esteem and the links to American cultural values and body dissatisfaction are not to be taken lightly. Young females are especially sensitive to social acceptability, and many “take up the burden of self-criticism” especially with respect to their body image (Pipher, 1994, p. 57). As Steinem (1992) stated, “Self-esteem isn’t everything; it’s just there’s nothing without it” (p. 26).

Body Dissatisfaction

Psychologists have suggested that when the media serve as a reference point for comparison, self esteem may decrease, which in turn may lead to body dissatisfaction (Brown, 1993; Thompsen et al., 2000). Several researchers have contended that at the heart of body dissatisfaction is a discrepancy between the person’s perceived body and the cultural ideal. Failure to achieve the ideal leads to self-criticism, guilt and decreased self-worth (Fallon et al., 1994; Harrison, 2001; Kilbourne, 1994). Body dissatisfaction is encouraged by media depictions of women (Botta, 1999; Campos, 2004; Fouts & Burggraf, 1999; Heinberg & Thompson, 1992; Heinberg & Thompson, 1995; Kilbourne, 1994; Kolodny, 2004; Wolf, 1991).

Body dissatisfaction has become so common in girls and women it has been called “normative discontent” (Cash & Henry, 1995; Tiggemann & Wilson-Barrett, 1998). In other words, in our culture, many view it as normal or typical for women to reject or hate their bodies. For this reason, several researchers have contended that long-term recovery from anorexia necessitates not just behavioral changes in eating patterns, but a more global improvement in body image and self-esteem (Bruch, 1962; Thompsen et al, 2000).

Most women in Western society consume a steady diet of the “ideal” female body image, including women in recovery from anorexia. As Chapter 2 will illustrate, the effects of media consumption and exposure have been well documented, supported by the notion that electronic and print media pervade adolescents’ and young adults’ lives. The next chapter also will provide

an overview of the findings in the literature linking eating disorders to the media as well as discussing the theoretical perspectives that researchers investigating this phenomenon have incorporated into their studies.

This dissertation contributes to the vast body of literature on the relationship among the female body ideal, anorexia nervosa, and the media. There are several studies of the media's influence on the female body ideal, on self-esteem, and on the development of eating disorders. Literature in the psychology and health journals also has provided a growing body of knowledge of the recovery process from anorexia, including both statistical data from longitudinal studies and more qualitative research with individual women's experiences. However, this is the first study to address how women in recovery from anorexia negotiate media messages. To date, no studies have linked recovery with the media.

CHAPTER 2 REVIEW OF THE LITERATURE

Several studies have established that the media play at least some role in the development of eating disorders (Botta, 1999; Brown & Jasper, 1993; Grogan, 1999; Harrison, 1997, 2000, 2001; Harrison & Cantor, 1997; Heinberg & Thompson, 1992; Myers & Biocca, 1992). As a social influence, the media are powerful, but do not act as an isolated force. Anorexia usually is initiated by a combination of factors unique to each individual woman (Kolodny, 2004). This chapter briefly will cover some potential influences on the development of eating disorders, however the focus in this chapter and in this dissertation as a whole will be on the media's contribution as a cultural influence on women in recovery from anorexia. The media contribute significantly to the creation and perpetuation of eating disorders by continuously promoting the thin ideal, one that is unattainable by most women.

Overview

Over the last several decades, women have become increasingly dissatisfied with their body shape and size, influenced by socio-cultural factors such as the mass media (Garner, 1997). Mass media transmit the idealized body shape of a thin physique for women, which may negatively impact people's values, norms, and physical standards for beauty (Cusumano & Thompson, 1997; Hausenblaus, Janelle, Gardner, & Hagen, 2002; Hausenblaus, Janelle, Gardner, & Focht, 2004; Irving, 1990; Silverstein et al., 1986; Thompson & Heinberg, 1999). This idealized standard is pervasive and unachievable for most individuals without excessive dieting, exercise, or both (Cusumano & Thompson, 1997; Thompson et al., 1999). Furthermore, women's inability to achieve this ideal body may manifest into body-image disturbance or an eating disorder (American Psychiatric Association, 2000).

Survey and experimental findings reveal that socio-cultural factors play a role in the development of body-image disturbance (Harrison & Cantor, 1997; Thompson & Heinberg, 1999). Several researchers have examined the effects of acute exposure to the media's portrayal of the ideal body on women's psychological well-being. In general, studies have concluded that viewing images of the ideal female body leads to decreased body satisfaction (Groesz, Levine, & Murnen, 2002; Heinberg & Thompson, 1995; Irving, 1990; Posavac et al., 1998; Richins, 1991), decreased self-esteem (Irving, 1990; Pipher, 1994), increased body size distortion (Hamilton & Waller, 1993; Kalodner, 1997; Waller, Hamilton, & Shaw, 1992), and increased mood disturbance including anxiety and depression (Cattarin, Thompson, Thomas, & Williams, 2000; Kalodner, 1997; Pinhas, Toner, Ali, Garfinkel, & Stuckless, 1999; Stice & Shaw, 1994; Wegner, Hartman, & Geist, 2000).

Previous research has provided preliminary evidence that the media's portrayal of the idealized female body negatively impacts women's psychological well-being (Bordo, 1993; Brumberg, 1997, 2000; Stice et al., 1994). Given the increase in body image disturbance (Garner, 1997), further research on the socio-cultural influences of the ideal body on women's emotional responses is needed, particularly for women in recovery from anorexia.

Structure of the Chapter

As Wolcott (2001) has suggested for qualitative dissertations, this chapter will “draw on the relevant work of others” (p. 74) to provide context for the topic of inquiry for this dissertation: How do women in recovery negotiate media messages? The relevant literature taps into several fields of study including mass communications, psychology, and sociology. The diverse fields of study provided a wealth of information with limited points of intersection. What *did* emerge from the review of literature was the concept that each author presented information

from a particular theoretical perspective, and that perspective framed the nature of the methodological approach as well as the interpretation of the findings.

The conceptual bridges of the literature are best expressed from a topical and theoretical perspective. However, the structure of this chapter merely serves as an organizational tool for presenting information in a more coherent manner. This study follows Wolcott's (2001) prescription not to impose any particular theory on the study. In the true spirit of qualitative research, I took a grounded theory approach and allow the themes to emerge from the participants in the study. This approach allows the data to be developed inductively, grounded in the experiences of the participants, rather than taking an a priori orientation (Glaser & Strauss, 1967; Strauss & Corbin, 1990),

The first segment of this chapter will cover the most relevant literature, with a focus on the media, the most powerful socio-cultural influence. As Heinberg, Wood, and Thompson (1995) have noted, socio-cultural theory has the strongest empirical support for studying the influence of societal factors on body image and eating disorders. This theory includes a strong media component as the pervasive and popular transmitter for today's societal standards of the thin body ideal (Tiggeman & Pickering, 1996).

The literature also lent itself to a natural organization, in terms of first addressing the role of the media in *all* women's lives, their perceptions of media images, and the implications of the thin ideal. The experiences and perceptions of women who have developed anorexia, as well as those in recovery from the disorder, are discussed more specifically after providing an initial, broad context for understanding the relationship among media, women, and body image in general.

The perspective in this dissertation is that *all* women are immersed in a complex socio-cultural environment, with several factors influencing how an individual interacts with the media. After discussing the media-oriented theoretical frameworks that have guided empirical studies in the field, the chapter briefly will turn to other factors that warrant some attention, recognizing that the media are not the *only* influence in women's lives. The literature has noted three broad factors that may influence women's body image and their likelihood of developing an eating disorder, family and peer influences, psychological influences, and genetic/biological factors.

Read individually and viewed collectively, the literature has painted a broad, but incomplete picture. My dissertation topic adds a segment to the discussion of how the media are implicated in the recovery process from anorexia.

Socio-Cultural Influences

This study recognizes the importance of understanding women with anorexia in a social context. Research on eating disorders has pointed to external standards of body aesthetic, size, and shape in the media as factors in developing eating disorders (Brumberg, 2000; Harrison, 2001; Stice, Spangler, & Agras, 2001).

Research has indicated that the media have an extremely powerful influence on the promotion, development, and maintenance of high rates of body dissatisfaction and eating disorder pathology exhibited in Western societies (Botta, 1999; Fallon, 1990; Grogan, 1999; Heinberg, 1996, Heinberg et al., 1995; Seid, 1989; Striegel-Moore, Silberstein, & Rodin, 1986; Tiggemann & Pickering, 1996; Wolf, 1991). Females absorb the fundamental, cultural importance of appearance through media messages, and they learn that the standards for societal success include attaining the thin body ideal (Striegel-Moore et al., 1986). In a longitudinal study, Morgan (1982) found a strong relationship between media use and gender-role

endorsement. Furthermore, as the strongest messenger of beauty standards, the media exert the most pressure on women to be thin (Harrison & Cantor, 1997; Stice et al., 1994).

Effects Theories Applied in the Literature

The effects theories that most frequently have been used in the literature on media, body image and eating disorders include socio-cultural theory, social comparison theory and social learning theory. Studies with girls and women have indicated that exposure to media that promote a thin ideal of beauty is associated with body dissatisfaction, dieting, and disordered eating (Field, Cheung, Wolf, Herzog, Gormaker, & Colditz, 1999; Harrison & Cantor, 1997). Furthermore, experimental research has shown that direct exposure to thin ideal media imagery causes women to feel dissatisfied with their bodies (Irving, 1990; Stice & Shaw, 1994).

Researchers applying the effects tradition to their work have used three main methodological approaches, content analysis, surveys and experiments. Content analysis has been used to examine the body types portrayed on television (Botta, 1999; Fouts & Burggraf, 1999), in fashion magazines (Garner et al., 1980; Harrison & Cantor, 1997; Percy & Lautman, 1994; Stice & Shaw, 1994; Stice et al., 1994).

Surveys have resulted in correlation studies, which do not permit causal inferences, but provide important information about the potential relationships between media use, body dissatisfaction, drive for thinness, eating disorder symptomology, and the recovery process. Several researchers have conducted studies of this nature (Harrison & Cantor, 1997; Hofschire & Greenberg, 2002). Survey studies also have examined the likely influence of media celebrities on women's evaluations of their own bodies. These studies have indicated that there is a positive correlation between attraction to celebrities and body dissatisfaction (Harrison, 1997; Heinberg & Thompson, 1992).

Socio-Cultural Theory

Socio-cultural theory posits that women's body dissatisfaction stems from three primary factors: the thin body ideal that is disseminated in Western societies; women's tendency to adopt an orientation of their body as an object; and the assumption that thinness is socially rewarding, while fatness is unattractive. Researchers have contended that the strongest conveyors of each of these assumptions are the mass media (Stice et al., 1994). Furthermore, research has suggested a relationship between rising rates of anorexia nervosa, and the cultural expectations of women in Western society to pursue an idealized, perfect body (Bordo, 1993; Bruch 1978; Brumberg, 1997, 2000; Gordon, 1990; Kilbourne, 2003; Orbach, 1986; Wooley & Wooley, 1979).

Thin Ideal Endorsed in Media

Television, movies, and magazines endorse their support for the female thin ideal via increasing portrayals of underweight women. Content analyses have indicated a cultural move toward a thinner body ideal (Garfinkel et al., 1980; Kaufman, 1980; Silverstein et al., 1986; Striegel-Moore et al., 1986; Wiseman et al., 1992).

Over time, the percentage of overweight, female characters on prime-time television has decreased. Kaufman (1980) has found that only 12% of prime-time TV characters were overweight, a percentage less than the proportion of overweight individuals in the general population. Six years later, the percentage of overweight characters in prime-time TV declined even more to 5%, with 69% of the female characters rated as "thin" (Silverstein et al., 1986). These figures suggest a trend toward an increasingly thinner representation of the female body on television.

The ideal body shape portrayed in television also is slimmer for women than it is for men (Silverstein et al., 1986) underscoring the concept that women feel more pressure than men to be

thin. Women's magazines also contain more weight-loss messages in women's magazines than men's magazines (Malkin, Wornian, & Chrisler, 1999; Silverstein et al., 1986).

Movies have participated in reflecting and promoting the thin ideal as well. From 1966 to 1986, the bust-to-waist ratio of popular movie actresses has decreased significantly from 1966 to 1986 (Silverstein et al., 1986).

Several researchers have tried to determine what role weight, waist-to-hip ratio (WHR), breast size, and hip size play in men's ratings of women's physical attractiveness. Studies repeatedly illustrate that men rate women with low WHRs as being more attractive, feminine and healthy. Men also rate women as more attractive when they have a slender figure, small hips, and large breasts (Grogan, 1999; Singh & Young, 1995), a combination that eliminates most women without the aid of plastic surgery (Grogan, 1999).

Fueled by media messages promoting the thin body ideal and the mushrooming dieting industry, weight has become a Westernized measuring stick for self-worth, character, and personal and professional success (Brown & Jasper, 1993; Fallon et al., 1994; Freedman, 1986; Grogan, 1999; Hall 1993; Hall & Ostroff, 1999; Kilbourne, 1994, 2003; Kolodny, 2004; Pipher, 1994; Seid, 1989, 1994). Trying to attain perfectionist standards for thinness and encountering media images of the thin-ideal, most women do not measure up. They are caught in a vicious cycle in which eating control efforts lead to increasingly perfectionist and unattainable goals for weight and body size or shape (Brown, 1993; Charles & Kerr, 1986; Grogan, 1999; Hall, 1993; Joiner, Heatherton, Rudd, & Schmidt, 1997).

How Television Contributes

Research has documented how television programming reflects and transmits the social values of the dominant culture and has a socializing influence on viewers (Bryant & Zillman, 2002). Bryant and Zillman (2002) have indicated that television is American society's most

preferred medium and the primary source of socialization. According to Kilbourne (1994), the average American will spend 1 1/2 years of their lives watching television and view more than 1500 ads every day. Thus, television has the potential to be a persuasive source of socio-cultural information.

Researchers have examined the messages from television programs and their role in promoting a thin standard of bodily attractiveness for women. Silverstein et al. (1986, p. 531) have noted that, “women who look to the major mass media are exposed to a standard of bodily attractiveness that is slimmer than that presented for men.”

Several researchers have found that television also serves to establish what women see as realistic ideals, indirectly encouraging females to endorse a thin ideal (Botta, 1999; Hall, 1993; Hall & Ostroff, 1999; Heinberg & Thompson, 1992; Kilbourne, 1994, 2003; Kolodny, 2004). According to Botta (1999), “it is only those who do not look toward television for their ideals, and who do not believe women need to be thin, whose questioning leads to fewer eating-disordered behaviors” (p. 37).

Body dissatisfaction is encouraged by media depictions of women. Some researchers have used Fallon and Rozin’s (1985) body scale to determine what body size is most often portrayed on television. Content analyses have revealed that below-average weight female television characters are overrepresented. Furthermore, the percentages of below-average weight females in prime-time situation comedies increased from 33% in 1999 to 76% in 2000 (Fouts & Burggraf, 1999, 2000).

Research also has indicated that above-average weight female characters are underrepresented on prime-time television, with percentages decreasing from 7% in 1999 to 5%

in 2000 (Fouts & Burgraff, 2000). In contrast, records from the 1999 National Center for Healthcare Statistics indicate that 61% of adults in the United States were overweight or obese.

How Magazines Contribute

Researchers have examined magazine messages and their role in promoting a thin body standard of attractiveness for women. Magazines, especially those aimed at adolescents and young women, serve as a source of cultural transmission, with many researchers suggesting that magazines play at least some role in triggering eating disordered behavior. The literature has indicated that young women who read beauty and fashion magazines are more likely to embrace the American thin body ideal. Once “internalized,” the thin body ideal becomes something that women become motivated to attain (Brown, 1993; Brown & Jasper, 1993; Duncan, 1994; Eskes, Duncan, & Miller, 1998; Fallon et al., 1994; Goodman, 1995; Hamilton & Waller, 1993; Harrison & Cantor, 1997; Kilbourne, 1994, 2003; Shaw, 1995; Silverstein et al., 1986; Stice et al., 1994; Thomsen, Weber, & Brown, 2002).

As a contributor to the socialization process, women’s beauty and fashion magazines are a source for learning about gender roles, forming one’s identity, and developing values and beliefs (Arnett, 1995; Ferguson, 1983; Hermes, 1995; Hofschire & Greenberg, 2002; Klein et al., 1993; McCracken, 1993). Magazine reading also contributes to the early cultivation of the thin ideal, and young females carry these messages with them from adolescent years into young adulthood (Ferguson, 1983; Guillen & Barr, 1994). Thomsen et al. (2002) has cited recent circulation figures reported by the Standard Rate and Data Service indicating that more than 6.5 million adolescent females read *Seventeen*, *Teen*, and *YM* each month.

According to Ferguson (1983) women’s magazines contribute to the broad cultural processes that define what it means to be a woman. In her view, women’s magazines don’t simply reflect cultural values, they “collectively comprise a social institution which serves to

foster and maintain a cult of femininity....They are also supplying one source of definitions of, and socialization into, that role” (p. 184).

Researchers typically have used content analyses to capture what is presented in magazines. Content analyses of women’s magazines, ranging from teen magazines such as *Seventeen* and *YM* to more traditional women’s magazines such as *Redbook* and *Woman’s Weekly*. Researchers also have studied several different categories of magazines, including fashion and beauty, news, and health (Andersen & DiDomenico, 1992; Cusumano & Thompson, 1997; Ferguson, 1983; Goodman, 1995; Guillen & Barr, 1994; Nemeroff, Stein, Diehl, & Smilack, 1994). Some researchers have analyzed the body shapes and sizes portrayed in the magazines most frequently read by female college students (Cusumano & Thompson, 1997; Harrison & Cantor, 1997). Using combined methodologies, Ferguson (1983) supplemented content analyses of women’s magazines with interviews of female magazine editors, journalists, artists, publishers, and managers.

Content analyses have provided a wealth of information about women’s magazine messages—in the text, imagery, and advertising. Interviews, surveys, and experiments have offered insight about perceptions of cultural impact on magazine readers, from the audience perspective, as well as the perspective of magazine employees and publishers.

Some researchers have found empirical evidence that women’s magazines contribute to body dissatisfaction and eating disturbance (Botta, 2003; Harrison & Cantor, 1997; Stice & Shaw, 1994; Stice et al., 1994; Thomsen, Gustafson, McCoy, & Williams, 1998; Thompson, Weber, & Brown, 2002; Tiggemann, & McGill, 2004). Botta (2003) examined the relationship between magazine reading and adolescents’ body image and eating disturbances (BIED). As defined in Chapter 1, body image is a concepts with multiple dimensions, including thoughts,

feelings, and attitudes regarding one's own body (Thompson et al., 1999). Several authors have contended that women have problems with negative body image, at least in part because they are judged by their level of thinness (Bordo, 1993; Brumberg, 2000; Grogan, 1999; Pipher, 1994). Magazines can exacerbate women's insecurities about their bodies by providing examples of successful, beautiful, perfectly sculpted role models to "envy or emulate" (Ferguson, 1983, p. 9).

Research also has found magazine reading to be a consistent predictor, not only of body dissatisfaction, but also of eating disorder symptoms, even more so than television (Harrison & Cantor, 1997). Levine et al. (1994) found that increased reading of beauty and fashion magazines was strongly related to increased body dissatisfaction and eating disordered symptoms. Harrison (2000) also found a relationship between high exposure to thin bodies in magazines and increased eating disorder symptoms for adolescent females.

Content analyses of women's magazines provide some explanation for the link between magazine reading and BIED. Several researchers have found women's magazines to be filled with images of unrealistically thin women, many of whom meet the body mass index (BMI) for anorexia. Women's magazines also are packed with both diet and exercise articles and advertising, and the focus tends to be on changing and improving oneself (Andersen & DiDomenico, 1992; Cusumano & Thompson, 1997; Garner et al., 1980; Malkin et al., 1999; Nemeroff et al., 1994; Schlenker, Caron, & Halteman, 1998; Wiseman et al., 1992).

Magazines targeted to adolescent girls and young women typically approach the topic of self-improvement by focusing on fashion dressing and physical beautification (Evans, Rutberg, Sather, & Turner, 1991). McCracken (1993) has contended that this type of consumption-oriented focus contributes to a culture in which altering physical appearance and purchasing products advertised in women's magazines can solve one's problems. McCracken further argues

that beauty and fashion magazines create and then exacerbating insecurities about women's bodies and sense of self in order to sell products. From an early age, women are taught to be critical of their bodies and ashamed of the parts that do not fit the established model (McCracken, 1993). Fashion magazines also teach young women to aim for the creation of an ideal or perfect self (Hermes, 1995).

According to Botta (2003) disturbed body image feelings and perceptions include dissatisfaction with one's body and overestimating one's body size. The thought component includes obsessive thinking about weight and body image; and the BIED actions include excessive behaviors symptomatic of diagnosable eating disorders, such as restricting to lose weight, excessive exercise, and bingeing and purging. Exposure to thin models in women's magazines increased body dissatisfaction, insecurity, guilt, shame, stress and depression (Stice et al., 1994). As Brumberg (2000) has noted, in our "obesophobic" society, women have allowed hunger denial to become part of their identity, feeling guilty when they enjoy non-diet foods or view images of females in the media who *are* able to attain the thin ideal and control their appetite.

Ideal is Thinner over Time

Media content analyses have indicated that the mass media tend to portray the female form as much thinner than the average body size in the population, particularly in the last twenty-five years (Garner et al., 1980; Kaufman, 1980; Percy & Lautman, 1994; Silverstein et al., 1986; Wiseman et al., 1992). Pipher (1994) also has illustrated evidence for our "national cult of thinness" (p. 184). A comparison of the Rock mineral water girl from 1950 to 1994 provides an excellent example. The model has transformed from 5'4" and 140 pounds to 5'10" and 110 pounds. Some researchers indicate that even anorexics are thinner than they used to be (Gardner, 2003; "HealthSCOUT," 2002).

Historically, women have tried to alter their bodies to conform to a culturally-accepted standard of beauty of the era (Ehrenreich & English, 1978). Lakoff and Scherr (1984) have contended that an effective way to trace trends in ideal beauty over time is to examine portrayals of beauty in the media, from art and literature to photographs and advertisements.

In the early twentieth century, women's bodies were valued for their leanness. Aesthetically, women in the fashion industry were viewed as more attractive if they attained smooth, sleek, austere, hard edges in their facial and body shapes. In 1908 a Vogue correspondent in Paris announced, "The fashionable figure is growing straighter and straighter, less bust, less hips, more waist.... How slim, how graceful, how elegant women look!" (Gordon, 1990, p. 77)

As art and women's fashions shed the weight of tradition, the slim figure of the flapper became the quintessential popular image of the new woman. Half a century later, women in unprecedented numbers developed anorexia, carrying to life-threatening extremes their contempt for excess flesh and unmanaged desire. Anorexic women today seek in thinness not only physical perfection but autonomy and emotional purity, which they describe as a triumph over feminine passivity and sentimentality (Gordon, 1990).

In a study of English fashion models from 1967-1987, Morris, Cooper, and Cooper (1989) found that the ideal body shape for models progressed to a more tubular shape, with female height and weight increasing in size, while bust and hips decreased. Silverstein et al. (1986) measured changing body ideals as represented in the media by examining photographs in *Ladies Home Journal* and *Vogue*. Their study has indicated that the bust to waist ratio of magazine models decreased significantly over 20 years, almost regressing back to the lowest point of the mid-1920s.

Another significant study that relied on media portrayals as a measure of the ideal image was a well-known study by Garner et al. (1980). These researchers compared the ideal female body as portrayed in *Playboy* magazine and in the Miss America Pageant with the average woman's body size. The main finding from the study was that over a 20-year period of time (1959-1978), the average weights of *Playboy* centerfolds and Miss America contestants declined. More importantly, using actuarial tables, Wiseman et al. (1992) extended the study by Garner et al., (1980) examining data during the years 1979-1988. The same six women's magazines were examined for diet articles, and the study also examined *Playboy* centerfold and Miss America data. The results of their study supported the idea that the cultural ideal for women's body size has become thinner over time. Miss America contestants continued to decrease in body size and the size of *Playboy* centerfolds decreased slightly until they plateaued at an extremely low weight based on ratio of body measurements and hip size.

These authors have reported that 69% of the *Playboy* centerfolds and 60% of the pageant contestants weighed at least 15% less than expected based on age and height, according to actuarial tables. Of particular note is that being at least 15% below one's expected body weight is symptomatic of anorexia nervosa (American Psychiatric Association, 2000).

Similarly, Morris et al. (1989) examined the representations of female fashion models from 1967 to 1987. Their results confirmed a tendency for models' shapes to become less curvaceous and more tubular. Percy and Lautman (1994) examined magazine advertisements in *McCalls* from 1905 to 1978 and found that the portrayal of women became increasingly slimmer.

Silverstein et al. (1986) conducted an empirical study confirming the connection between the changes in the thin ideal and progress with women's equality. When women become more empowered in the workforce and society in general, the media reflected a higher prevalence of

the slender body ideal. The study found that the female body ideal, as reflected in issues of *Ladies Home Journal* and *Vogue*, became slimmer during the years in which the number of women in managerial positions and professional positions increased, the 1920s and late 1960s.

From a feminist perspective, Wolf (1991) has contended that a cultural fixation on female thinness is not an obsession about aesthetics or beauty. Rather it is “an obsession about female obedience...dieting is the most potent political sedative in women’s history” (p. 187).

Link to Eating Disorders

Some studies have indicated a link between the media’s portrayal of slim fashion models and the incidence of eating disorders. The fact that increasing numbers of eating disorders have coincided with a decreased ideal female body weight portrayed in the media does imply a strong connection (Garner et al., 1980; Morris et al., 1989; Wiseman et al., 1992).

The combination of the findings from empirical content analysis studies provides strong evidence for an overall emphasis on an increasingly slim ideal over a 30-year time period. Furthermore, Lucas, Beard, O’Fallon, and Kurland (1991) studied anorexia nervosa among 10-19 year-old girls during a 50-year period and found that the rates of anorexia nervosa were highest when the thin ideal permeated the fashion industry. Silverstein et al. (1986) confirmed this trend, noting that when the flapper look was so popular in the 1920s there was an epidemic of eating disorders comparable to that in recent years. Content analysis alone does not lend itself to establishing a causal relationship, but it is possible that the results of several studies may offer some insight into the increasing number of diagnosed eating disorders in women.

Increase in Diet Articles and Advertisements

Garner et al. (1980) demonstrated that while the trend has been toward thinner models, the weight of the average American woman actually has been *increasing*. The discrepancy between the real shape and size of women and the ideal portrayed in the media were accentuated by an

additional finding of the study, an increase in the number of diet for weight loss articles in six leading women's magazines, *Harper's Bazaar*, *Vogue*, *Ladies Home Journal*, *Good Housekeeping*, *Woman's Day*, and *McCalls* increased during the same era, from 1959-1978. The more pronounced emphasis on weight loss in pursuit of the media-promoted thin female body coincides with several studies that have documented increased numbers of diet articles in women's magazines (Andersen & DiDomenico, 1992; Garner et al., 1980; Silverstein et al., 1986; Stice & Shaw, 1994; Wiseman et al., 1992).

In 1986, Silverstein et al. (1986) compared diet food ads in 96 popular magazines, 48 women's and 48 men's. In the women's magazines, they found 63 diet food ads, compared to only one in the men's. Six years later, Andersen and DiDomenico (1992) examined the 10 most popular men's and women's magazines. Their findings revealed that women's magazines contained 10.5 times more dieting and weight loss ads and articles than the men's magazines, the same sex-ratio reported by Andersen (1990) for eating disorders. Wiseman et al. (1992) also found a dramatic increase in diet articles from 1959-1988, though the level of diet articles declined somewhat in 1981 as exercise articles replaced them.

Furthermore, the media have promoted diets to the extent that girls as young as 5 to 7 are starting diets and developing desire to become thinner (Bruch, 1978; Campos, 2004, Grogan, 1999; Kilbourne, 1994; Kolodny, 2004). Brown (1993) has contended that there's only a "matter of degree" that distinguishes women who "diet, work out, and obsess about their body shape and calorie intake from the more extreme behaviors of anorexia and Bulimia" (p. 54).

With the widening gap between the cultural body norm and the average woman's natural, biological reality, women have turned to dieting. The industry has flourished and continues to grow. Schroeder (1991) has estimated the revenues of commercial diet centers to have reached

two billion dollars in 1990. In addition, Schroeder (1991) found that 85 to 90% of the diet centers' clientele are women, most of whom regain weight they lose within two years.

According to Wolf (1991), advertising and the media indoctrinate the consumer in these ideals to the detriment of most women. Diet products, fitness, and the fear of fat are encouraged and promoted to the extent of marketing unhealthy addictions (Anderson & DiDomenico, 1992; Kilbourne, 1994; 2003; Striegel-Moore, 1993; Wolf, 1991). Dieting among women has become somewhat of an epidemic (Gaesser, 2002), with about 95% of women dieting at some point in their lives (Ogden, 1992). The numbers of women who take dieting to its extreme and develop anorexia have reached chilling proportions (Kolodny, 2004).

A portion of Americans are overweight to a degree that will impact their health, but many more people diet than need to do so, and most diet for aesthetic reasons as opposed to those relating to health (Grogan, 1999). As Ogden (1992) has argued, the dieting industry has created the perfect marketing tactic because it invents a problem, dissatisfaction with body weight and shape, and then offers a solution, dieting.

The problem is that dieting leads to different outcomes for different people, but most often it is not a long-term solution (Campos, 2004; Gaesser, 2002). Researchers have found that dieting, even for obese people who need to lose weight for health reasons, only has significant long-term weight loss for about 25% (Brownell & Rodin, 1994). In non-obese dieters, the long-term results are less successful, with about 5% losing weight long-term (Brown & Rodin, 1994). Viewed from another perspective, the remaining 95% are likely to feel they have failed (Grogan, 1999; Hall, 1993).

Feel Fat?

The diet industry is one of the most powerful forces in Western society's promotion of the thin ideal. There are diet plans and books all marketed to a public that "feels fat" (Grogan, 1999).

Ironically enough, inpatient eating disorder treatment programs spend a significant portion of time undoing this thought pattern in women who are seeking recovery—because fat is not a feeling (Kolodny, 2004).

Once a woman is nourished well enough to benefit from therapy, she may start the emotional healing path on the road of recovery (Brumberg, 2000). Often, the healing process involves restructuring the woman's thought patterns, including teaching her to connect emotions with the source of the problem, rather than engaging in eating disordered behavior as a substitute (Hall, 1993; Hall & Ostroff, 1999; Kolodny, 2004).

More than one therapist I have had has referred to eating disorders as feeling disorders. Much of the time I spent in treatment had more to do with identifying *feelings* I was experiencing, particularly when I was feeling fat or had urges restrict food intake. As a woman in the initial stages of recovery from eating disorders, I was taught that *feelings* included emotions like hurt or anger or sadness, but that fat is *not* a feeling. I also was encouraged to think about what I *really* was feeling when I felt fat. Often the answer was unworthy or unhappy.

Thinking back on my treatment, and having read about the dieting industry from a more academic perspective, I now see more clearly how the dieting industry takes full advantage of providing the concept of *and solution for* unworthiness. Losing weight didn't truly solve any of my problems, no matter what diet I tried or what size pants I was able to fit into. Recognizing that the participants in this study may offer a diversity of experiences, this dissertation explores the challenges women recovered or in recovery from anorexia face in a culture permeated by media sources that continually feed the thin ideal message. Brumberg (2000) has captured the problem with modern dieting in an eloquent statement:

In contemporary society young women easily attach themselves to dieting precisely because it is such a widely practiced and admired form of cultural expression. A pathology

such as anorexia nervosa is not caused by dieting alone, but the centrality of dieting and appetite control in the lives of women is a critical context for explaining the disproportionate number of female anorectics in late-twentieth-century America. (p. 229)

Social Comparison Theory

Some researchers have viewed social comparison theory as the most appropriate framework for understanding how exposure to thin media images relates to body image and the potential of harmful weight control behaviors. Proposed by Festinger (1954), this theory suggests that humans have a drive to self-evaluate, and lacking an objective mechanism for evaluating oneself, individuals use social comparisons to meet this drive.

Festinger's (1954) social comparison theory asserts three primary components. The first component is that individuals have a drive to evaluate their opinions and abilities. The second is that when individuals do not have access to objective, nonsocial criteria, they engage in social comparison via comparing their opinions and abilities to those of other individuals. The third component of the theory is that whenever possible, social comparisons are made with similar others.

Social comparison theory has been revised several times since its original conception, though a critical component has remained stable over time—that social comparison involves judgments individuals make about their own attributes compared to others'. The comparisons are central to self-evaluations and depend more on how an individual judges herself in relation to others on a particular attribute than on objective circumstances (Wood, 1989). A significant revision to the theory is that social comparison may occur on dimensions such as physical appearance and eating habits (Wheeler & Miyake, 1992).

Central to social comparison theory is the individual's choice of a referent, or the person an individual will use as a basis for comparison. The nature of the comparison choice, including attributes and characteristics will shape an individual's response (Kulik & Ambrose, 1992). For

example, if an individual compares herself to an idealized image that is unachievable, she will note a discrepancy between her own appearance and the ideal image, increasing the likelihood of a negative self-evaluation.

Another significant change in social comparison theory is that comparisons may occur, even when individuals do not seek them. For example, Roberts and Gettman (2004) found that subtle media exposure produced an adverse affect on women, and Wheeler and Miyake (1992) have contended that social comparisons are often “subtle and fleeting” (p. 767). Milkie (1999) further has illustrated how the pervasiveness of media imagery does not always allow for the freedom to select comparisons:

Theoretically, given freedom of comparison, people could use selectivity to escape media images that they dislike or to which they compare negatively—by ignoring or discounting them and by not using such images as a basis for social comparison. Yet because of the pervasiveness of media, and the way in which people believe that media affect others, it may be difficult to avoid some social comparisons with media images and felt evaluations (reflected appraisals) based on the media-depicted world. (p. 193)

Milkie (1999) further has contended that the pervasive media imagery may alter concepts of what is socially acceptable or ideal. Consistent exposure via the media to the thin ideal also may affect what an individual perceives *others* to believe is socially acceptable or ideal, thus offering a standard of comparison that individuals might not otherwise have sought.

Target Characteristics

The person used in the comparison process does not necessarily have to be a similar individual (Martin & Kennedy, 1993). Another significant addition to social comparison theory is what is referred to as “target characteristics,” either universalistic or particularistic. Universalistic targets are distant sources of influence such as a fashion magazine, or any other form of mass media. Particularistic targets are more intimate sources for comparison, such as friends, peers, and family members. Of the two, universalistic targets are thought to elicit greater

pressure on women to conform to idealistic standards of attractiveness than particularistic targets (Irving, 1990).

The comparisons can be with media figures, peers, or some combination of the two. Striegel-Moore et al. (1986) have found that college women engage in frequent comparisons with their peers to establish an idea of their weight status. Hesse-Biber & Marino (1991) also have suggested that college women who engage in comparisons with thin-ideal peers are at higher risk for developing eating disorders. Festinger focused primarily on interpersonal social comparisons; however several researchers have applied social comparison theory to mass media images (Botta, 1999; Heinberg & Thompson, 1995; Irving, 1990; Martin & Gentry, 1997; Pinhas et al., 1999; Richins, 1991; Stice et al., 1994; Stice & Shaw, 1994).

Social comparison theory has been widely adopted as a fundamental framework to explain how people process idealized body images in the media and how such processing can cause body image disturbance. The theory has suggested that exposure to attractive body images in the media tend to force audiences to compare attractive body images with their own bodies.

Several researchers have examined body image disturbance using social comparison theory as a framework (Botta, 1999; Heinberg & Thompson, 1992a). As applied to body dissatisfaction, social comparison theory posits that “people will compare themselves and significant others to people and images whom they perceive to represent realistic goals to attain” (Botta, 1999, p. 26). Furthermore, the theory suggests that after comparison, people will be motivated to meet the goal and that they cannot avoid making comparisons.

This comparison process can negatively affect self-perceived physical attractiveness as well as evaluation of others’ physical attractiveness (Richins, 1991). Posavac et al. (1998) found

that women compare themselves to images of women even when they aren't asked to do so in a research study.

Social comparison theory would predict that women would have lower self-esteem if they compare themselves to images in the media, and perceive themselves to fall short. Research has supported this hypothesis, indicating that women do feel more shameful, guilty, anxious, and depressed after viewing thin-build models (Botta, 1999; Cusumano & Thompson, 1997; Foster, 2002; Grogan et al., 1996; Heinberg & Thompson, 1992a; Kalodner, 1997; Richins, 1991; Stice & Shaw, 1994).

Upward and Downward Comparisons

As social comparison theory has suggested, young women commonly use the mass media as tools to compare themselves— personal and physical traits, abilities, and opinions—to the cultural ideal. An upward comparison would be to “superior,” whereas a downward comparison would be to an “inferior” other on a particular dimension (Festinger, 1954; Martin & Gentry, 1997). Research has suggested that social comparisons of physical appearance tend to be upward (to a person superior on a dimension), rather than downward (to someone inferior on a particular dimension). Such comparisons usually make women feel worse about themselves, reducing self-evaluations of attractiveness (Botta, 1999, 2003; Field et al., 1999; Martin & Kennedy, 1993; Richins, 1991; Wheeler & Miyake, 1992).

Some scholars have suggested that comparisons of body image with media images are driven by three basic motives: self-evaluation, self-improvement, and self-enhancement (Martin & Gentry, 1997; Wood, 1989). Self-evaluation and self-improvement tend to be the most common motives for young women, driven by a desire to compare their physical attractiveness to models or other women who are considered to be superior in appearance (upward comparison).

Research has indicated that upward comparison to idealized images in magazines has led to increased endorsement of thin ideals and drive for thinness (Field, 1999; Levine et al., 1994). Young women who regularly read fashion magazines view magazines an important source of beauty and fitness information and tend to have a strong interest in emulating fashion models (Levine et al., 1994). Often, upward comparisons lead women to fantasize about their ability to adopt “ideal” characteristics, and in doing so, tend to make women more vulnerable to body dissatisfaction (Field, 1999; Martin & Gentry, 1997; Wheeler & Miyake, 1992).

Magazines and other print images are not the only source for comparison. Borzekowski, Robinson, and Killen (2000) found that the number of hours spent watching music videos was related to adolescent girls’ concerns about appearance and weight. The authors found that frequent music video use may be a risk factor for increased perceived importance of appearance and increased body weight concerns among adolescent girls.

Other researchers have studied upward comparisons with television characters or celebrities (Botta, 1999; Richins, 1991). Studies have indicated that such comparisons have a negative impact body satisfaction. Botta (1999) found that comparisons with television celebrities were significantly related to body dissatisfaction, drive for thinness and bulimic behaviors. Several studies have found that adolescents who watch more television, or who try to emulate popular media figures, report more body dissatisfaction and are more prone to eating disorders than adolescents who do not watch as much television (Felts, Tavasso, Chenier, & Dunn, 1992).

The most powerful mechanism for television to affect female’s body image is to provide images for young women to compare themselves to. The more the women see the body ideal portrayed on television, the more they want to look like the women they see, and the greater their

desire to be thin. According to Botta (1999), the comparisons are goal-driven; they “provoke adolescents to feel dissatisfied with their bodies, increase their drive to be thin, and motivate them to engage in eating-disordered behaviors” (p. 38).

A downward comparison to an inferior other is triggered by self-enhancement motives. Social comparison theory posits that a downward comparison will enhance subjective well-being (Wheeler & Miyake, 1992). An example of downward comparison would be an individual comparing oneself to someone worse off on a particular dimension. In terms of female body weight, a woman might compare herself to an image of someone who is heavier, and in doing so, would feel better about herself.

Sociologists and psychologists have used several different instruments to measure body satisfaction, the most common of which is the female silhouette figure rating scale. The scale is a set of nine female figure drawings, arranged from extremely thin on the left, to obese on the right-hand side (Stunckard, Sorensen, & Schulsinger, 1983). Several media researchers (Fallon & Rozin, 1985; Lamb, Jackson, Cassiday, & Priest, 1993; Tiggemann & Pennington, 1990) have used the scale for a quantitative measure of women’s body dissatisfaction.

Body Satisfaction Measurement

Typically, women have been asked to indicate their *ideal figure*, their *current figure*, and the *figure most men would find attractive*. In general, the body satisfaction studies have indicated that women picked a heavier figure for their *current figure* than they picked both for the *ideal figure* and the *figure most men would find attractive*. The studies have been done with several different populations: American college women (Fallon & Rozin, 1985); a mixture of American college women, American public school teachers, and middle-class American women (Lamb et al., 1993); Australian college women (Huon, Morris, & Brown, 1990; Tiggeman & Pennington, 1990); and British women (Wardle, Bindra, Fairclough, & Westcombe, 1993).

What all the studies have in common is that most women would like to be slimmer than they perceive themselves to be, and that most women perceive themselves to be heavier than what men would find attractive (Grogan, 1999). According to Demarest and Allen (2000), women also tend to guess that men prefer female shapes that are significantly thinner than those actually reported by men. Caucasian women, the target of much advertising and media attention, expressed the most distorted views of what men find attractive (Demarest & Allen, 2000). Women judge female body attractiveness based on thinness (Barber, 1998), while men prefer a more curvaceous figure with a small waist, but larger hips (Singh, 1995). Experimental research has indicated that exposure to the thin ideal even affects self-proclaimed feminists, who have negative attitudes toward stereotypical media images of women (Lavine, Sweeney, & Wagner, 1999).

The media promote and reflect the current mainstream culture's standards for body shape or size and importance of beauty. The images of thinness are linked to concepts of prestige, happiness, love and success for women (Bordo, 1993; Brown & Jasper, 1993; Bruch, 1973, 1978; Brumberg, 2000; Goodman, 1995; Grogan, 1999; Kilbourne, 1994; Thompson et al., 1999). Repeated exposure to the thin ideal via the various media can lead to the internalization of this ideal (Stice et al., 1994). Exposure also renders thin body images as achievable and real (Brumberg, 2000; Grogan, 1999), and women who have high internalization of society's messages are more affected by thin ideal magazine exposure than those with low internalization (Cusumano & Thompson, 1997; Heinberg & Thompson, 1995; Heinberg, Thompson, & Stormer, 1995; Lokken, Worth, & Trautmann, 2004; Stice et al., 1994).

Given the vast amount of literature indicating the media's support for and promotion of the thin body ideal, women in recovery from anorexia are not likely to seek encouragement for body

acceptance in media sources. One woman who has recovered from anorexia has explained her struggle with exposure to the media: “I had to have faith that my body would regulate my appetite and weight, but there were no guarantees it would work. The mass media certainly didn’t encourage faith in my body. Instead it promoted self-control and thinness at any cost” (Hall, 1993, p. 111).

Mediating Factors for Social Comparison Theory

Many feminists contend that exposure to slenderness in the media have a universally negative impact on female body satisfaction (Chernik, 1995; Chernin, 1981, 1985; Freedman, 1986; Jasper, 1993; Kilbourne, 1994, 2003; Nichter & Nichter, 1991; Orbach, 1978; 1993; Pipher, 1994; Seid, 1989, 1994; Waller & Shaw, 1994; Wolf, 1991). But research has indicated that individual and social factors mediate the effects of exposure to thin ideals on body image and self-esteem. Some of the key factors include body image, body satisfaction, level of exposure, cognitive and emotional processing of imagery, and demographic characteristics such as age and ethnicity. Consequently, exposure to slim ideals may have negative consequences for some women, but not for others (Botta 1999; Field, 1999; Henderson-King & Henderson-King, 1997; Irving, 1990; Myers & Biocca, 1992; Posavac et al., 1998; Richins, 1991; Shaw & Waller, 1995).

Not all women who see images of the thin ideal will become dissatisfied with their body, nor will they all develop eating disorders. Studies that have investigated differential impact have suggested that the media’s effect on body satisfaction is not uniform across all women. Certain groups of females may be more vulnerable than others.

Discrepancy between real and ideal

Research has indicated that when young women use the media for self-socialization, unrealistic body standards are cultivated (Collins, 1998; Grogan & Wainwright, 1996; Guillen &

Barr, 1994; Hamilton & Waller, 1993; Levine & Smolak, 1996; Levine et al., 1994; Pinhas et al., 1999; Shaw, 1995; Stice et al., 1994). Until the media present women with representative body images, women will continue to measure themselves against an unrealistic ideal. Their figure deviates from the ideal, and research has indicated that women perceive themselves to be bigger than they actually are, thus resulting in body dissatisfaction (Fallon & Rozin, 1985; Lamb et al., 1993; Tiggeman & Pennington, 1990).

Some researchers have studied the media through content analysis, allowing for speculation about media's role in influencing and reflecting societal values regarding body image (Goodman, 1995; Guillen & Barr, 1994; Silverstein et al., 1986). Overall, studies have indicated that the media present the female body ideal (through fashion models) as increasingly thin, creating a continual and widening discrepancy between the size of the average American women and the size of fashion models (Garner et al., 1980; Spitzer, Henderson, & Zivian, 1999; Wiseman et al., 1992).

Researchers have illustrated that the discrepancy between women's real body shape and the ideal portrayed in the media erodes women's self-esteem, often leading to obsession with weight and appearance, increased body dissatisfaction, and taken to another level, may lead to dangerous behaviors, such as eating disorders in young women (Garner, 1997; Harrison, 2001; Pipher, 1994; Posavac et al., 1998; Stice et al., 1994; Striegel-Moore et al., 1986).

Harrison (2001) has researched the underlying issues of the relationship between exposure to thin ideal media and eating disorders. Viewed through the lens of self-discrepancy Harrison (2001) conducted a two-part study with a sample of 366 male and female adolescents. Self-discrepancy as it relates to the topic of this dissertation relates to the thin body ideal. An ideal self-discrepancy reflects the difference between a woman's perceptions of her physical attributes

and the attributes she ideally would like to have. Harrison (2001) also examined the ought self-discrepancy, which reflects the difference between a woman's actual physical attributes and those she believes significant others in her life think she ought to have. Part one of this key study used a survey to measure typical media exposure, self-discrepancies, affect, body dissatisfaction, and eating disorder symptomology. The findings of the first study supported the hypothesis that exposure to television and magazines depicting and promoting the thin ideal was related to disordered eating. Harrison (2001) also confirmed that ideal self-discrepancies mediated these relationships.

Part two of the study, which was conducted a week later with the same participants from part one, took an experimental approach with videos. Harrison (2001) conducted the study with both males and females, but for the purposes of this dissertation, only the results of the female portion of the study will be discussed. The videos showed three examples: a thin female being socially rewarded, an obese female being punished, and a female whose body was obscured engaged in neutral interactions. As with the first portion of Harrison's (2001) study, self-discrepancies were shown to mediate the effects. The higher the ideal self-discrepancies, anorexic symptoms, and body dissatisfaction were, the more strongly affected the participants were by the body-salient videos. The study also indicated that exposure to a thin-rewarded representation triggered ideal discrepancies; whereas exposure to a fat-punished representation triggered ought discrepancies.

Internalization of socio-cultural pressures to be beautiful and thin

Women are more likely to notice discrepancies between their own body and the media-perpetuated ideal if they have internalized the pressure to be attractive. Henderson-King, Henderson-King, and Hoffman (2001) have demonstrated that the importance that women place on physical attractiveness influences the effects of comparisons with media images.

Furthermore, research has indicated that *internalization* of socio-cultural pressures to be thin mediate the likelihood of eating disordered symptoms (Heinberg & Thompson, 1995; Heinberg et al., 1995; Stice et al., 1994). In a pivotal study, Stice et al. (1994) found that gender-role endorsement, ideal body stereotype internalization, and body satisfaction mediated the level and nature of eating disorder symptoms. The results of their study support the notion that women who internalize messages to attain the thin ideal are more likely to experience adverse effects, including engaging in behaviors characteristic of anorexia and bulimia. Stice et al. (1994) also suggested that the likelihood of women reporting attitudes and behaviors characteristic of anorexia nervosa and bulimia was directly related to their level of exposure to media with ideal body images.

Endorsement of thin ideal

Women may realize the importance of the thin ideal, but another mediating factor of social comparison is their endorsement of that ideal. Recent research has suggested that women who endorse traditional female roles may be more susceptible to the impact of thin-ideal media.

In a study on the association between reported media exposure and body dissatisfaction, Stice et al. (1994) investigated the influence of individual characteristics in mediating the effects of “thin-ideal” media exposure on body satisfaction. They found that greater exposure was associated with increased acceptance of traditional female gender roles, which in turn lead to increased acceptance of the thin ideal, which was in turn associated with greater body dissatisfaction. This study indicates an indirect route from exposure to negative body image, where the characteristics of the person viewing the idealized images influence the extent of the impact.

Botta (1999) examined the connection between television viewing and eating disorders. She found that comparison with and endorsement of thin ideals mediated adolescent females’

likelihood of developing eating disorders. According to Botta (1999), the most important factor for developing an eating disorder was not the individual's media usage or predispositions, but rather how their own body image was processed. Furthermore, some researchers have found that women who are struggling with identity issues or with low self-esteem are more likely to internalize the socio-cultural standards of thinness (Katzman & Wolchik, 1984; Schupak-Neuberg & Nemeroff, 1993).

The importance of endorsing the thin ideal also may explain why individuals who are heavy media users may not necessarily compare themselves to thin body images in the media. Cusumano and Thompson (1997) found no direct relationship between media exposure and body image disturbances, such as body dissatisfaction, disordered eating, or lower self-esteem. Rather, the individuals' eating disturbances were significantly influenced by how they *perceived* thin ideals as an acceptable societal standard of appearance pressure.

Importance of target comparison

Along the same lines, researchers have found the importance of the comparison target to mediate the effects of social comparison. Heinberg and Thompson (1992a) surveyed college students about how often they compared themselves to peers, celebrities, and family members on appearance and nonappearance traits. They also measured how important those comparisons were to the students. The results indicated that college females were more likely to experience increased body dissatisfaction, increased drive for thinness, and increased bulimic behaviors if they considered celebrities an important comparison group.

Heinberg and Thompson (1992b) also confirmed the importance of the comparison group to the individual in the social comparison process. Their study examined the impact of body-size feedback that varied on two dimensions. The first dimension was negative (being larger than the comparison target) versus positive (being smaller than the comparison target). The second

dimension was particularistic (being compared to an average student at their university) versus universalistic (being compared to a national average). The comparisons were done using a mirror, and the women who were compared to the average student at their university reported more physical anxiety and discomfort when viewing their bodies than did the women who were compared to the national average student. This finding was true regardless of whether the first dimension was negative or positive. Heinberg and Thompson (1992a) concluded that the comparison process itself was threatening when the comparison target was important.

Other researchers have suggested similar notions—that an individual’s preference to compare oneself to a similar other may indicate that a particularistic comparison is more important to the individual, and therefore more threatening (Kruglanski & Mayseless, 1990; Miller, Turnbull, & McFarland, 1988; Wood, 1989). Levine et al. (1994) found that female adolescents who viewed fashion magazines as important sources of beauty and fitness information were more likely to engage in weight management behaviors such as exercise and skipping meals than those who considered such magazines to be “not at all important.”

Body weight

Most women are exposed to the media-promoted thin ideal, but only a small proportion of them develop eating disorders. Moderating factors may include biology, cognitions, and personality (Stice et al., 1994). For example, a woman who is genetically predisposed toward a heavier body weight might be especially challenged with achieving the thin cultural standard. To achieve the goal of weight loss, she may be more inclined to resort to extreme methods, characteristic of eating disorders. Experimental research has indicated that heavier women, who already had lower self-perceptions of attractiveness, experienced greater declines in body satisfaction and weight concerns after viewing thin ideal images of women (Henderson-King & Henderson-King, 1997; Posavac et al., 1998).

Level of body-esteem and satisfaction

One of the most critical mediating factors in social comparison theory is a woman's level of body-esteem and satisfaction. Women who are most susceptible to developing eating disorders are those who experience extreme body image dissatisfaction, which can arise from several factors, one of which is the discrepancy between the woman's "real" body and that of the "ideal" portrayed in the media. Body image dissatisfaction often leads to dieting, which taken to an extreme can transform into eating disorder symptoms, including restrictive eating, excessive exercise, and/or bingeing and purging (Harrison, 1997; Garner et al., 1980; McKinley, 1998; Thomsen et al., 2002). Research also has indicated that women are more vulnerable to developing eating disorders when their actual body size is in conflict with a mediated ideal body image *and* they have an unstable, self-perceived body image (Harrison, 2001; Myers & Biocca, 1992).

Some researchers have contended that media portrayals of perfect, beautiful, and thin women are largely responsible for high levels of body dissatisfaction (Fallon, 1990; Heinberg & Thompson, 1992a; Rodin et al., 1985). In the mass media, shape and weight define perfection, but what our culture has come to accept as ideal is far from the physiologic norm. Television stars and supermodels are born with a specific body type, and what the general public is *not* told is that no diet can help them achieve a new body shape (Mortensen, Hoerr, & Garner, 1993). Typically, women do not aim to be anorexic; they slip into the diagnosis by slowly decreasing their intake of food, absorbing media and cultural messages that reward dieting (Brumberg, 2000).

In Western culture "self-esteem is closely tied to body image" (Kolodny, 2004, p. 42). Continual exposure to images of thin, beautiful models presented as the norm contributes to low self-esteem in young women who inevitably fall short of the "ideal." Failure to attain the "ideal"

body size is especially problematic when young women define their sense of self by their body size. If thinness is the only option, and their natural body type deviates from this social norm, their self-esteem plummets (Garner et al., 1980; Harrison, 2001).

Experimental studies have confirmed this notion. Irving (1990) found that subjects exposed to slides of thin models consistently had lower self-evaluations than subjects who had been exposed to slides of average and oversize models. In a similar study Posavac et al. (1998) observed that college women who initially had low body satisfaction were significantly more concerned about their weight following exposure to slides of fashion models compared to women exposed to neutral images. Several studies have found a connection with eating disorders and concern about weight (Cooper, Taylor, Cooper, & Fairburn, 1987; Wilson & Smith, 1989). Furthermore, researchers have found perceived ideal body size, body dissatisfaction, self-esteem, and depression to be strong predictors of disordered eating (Gardner et al., 2000).

In her best selling book *Reviving Ophelia*, Mary Pipher introduced the plight of American adolescent girls to a broad audience. A clinical psychologist, Pipher has suggested that we live in a media-saturated, “‘girl-poisoning’ culture” that makes females miserable who do not meet the cultural ideals. Pipher (1994) has contended that girls who allow the culture to define who they should be lose their true sense of self, and as Simone De Beauvoir (1952) wrote, “To lose confidence in one’s body is to lose confidence in one’s self” (p. 57).

Feminist scholars have emphasized the negative impact of the culture of thinness (Brown, 1993; Chernin, 1981, 1985; Malson, 1998; Orbach, 1986; Striegel-Moore, 1993; Wolf, 1991). Images in the mass media constantly reinforce the latest ideal and maintaining a full-time eating disorder diverts women’s energy from other, more important focuses in life (Chernin, 1985; Kolodny, 2004; Seid, 1985; Wolf, 1991). Brown (1993) has contended that if a woman’s sense

of self is measured by body image, and she focuses her attention on her body dissatisfaction, she is displacing her genuine source of unhappiness.

Self-esteem and marketing appeals

For decades, marketing and advertising have appealed to the consumer's sense of self worth with carefully-crafted appeals (Brenkert, 1998; Rosenthal, 1992). Skousgaard and Patti (2004) have noted several slogans that reflect brand positioning of an appeal to self-worth. For example, L'Oreal has used "because you're worth it" (p. 1).

This area of study specifically relates to this dissertation because research has indicated that women with anorexia tend to have low levels of self-esteem, an issue they continue to work on in the process of recovery. Researchers have suggested that individuals with low self-esteem may be especially vulnerable to persuasive marketing appeals (Janis, 1954; Skousgaard & Patti, 2004). Furthermore, Martin and Kennedy (1993) have found that individuals with lower self-esteem have a greater tendency to compare themselves to idealized advertising images.

According to Smith and Cooper-Martin (1997), vulnerable consumers are "those who are more susceptible to economic, physical, or psychological harm in, or as a result of, economic transactions because of characteristics that limit their ability to maximize their utility and well-being" (p.4).

Brenkert (1998) has expanded on the definition of vulnerable consumers by proposing four types of personal characteristics that "impede [the ability] to participate in normal adult market activities" (p. 13). The types most relevant for the population of this dissertation are the latter two: motivational vulnerability and social vulnerability. According to Brenkert (1998), those who fit the category of motivational vulnerability cannot "resist ordinary temptations and/or enticements due to their own individual characteristics" (p. 13). Social vulnerability is described by Brenkert (1998) as when the consumer's "social situation renders them significantly less able

than others to resist various enticements...which may harm them” (p. 13). In other words, people with lower self esteem may be more motivated to improve their self-worth; thus finding it more difficult than others to resist ordinary temptations, particularly when advertising messages promote enhancement of self-esteem via marketing appeals, such as pursuit of the thin ideal.

Women in recovery from anorexia may be especially vulnerable to self-enhancing marketing messages. However, their level of vulnerability as well as their level of self-esteem is likely to vary depending on the individual’s personal values, current perceptions of the thin ideal, situational variables, supportive interpersonal relationships, as well as how far they’ve progressed in recovery.

Critical viewing

What also appears to be a key factor is not just the quantity of thin-ideal imagery a woman is exposed to, but how a woman *processes* the media images. One of the important mediating factors for developing eating disorders is whether or not the women see media images as realistic ideals. Botta (1999) has suggested that women who have outside information telling them they do not have to live up to the thin ideal are less vulnerable to negative effects on body image. “The impact of endorsing a thin ideal seems to be more about how adolescent girls *process* thin images than about how much they view those images” (p. 37).

Researchers have shown that questioning images and choosing *not* to endorse the thin ideal is a mediating variable in the effect of the media on women. Faber, Brown, and McLeod (1979) have suggested that adolescents can avoid making comparisons to portrayals of the thin ideal—that they are capable of being critical and choosing to disregard the ideal that has been established for them.

Botta (1999) found that women who don’t buy into the thin ideal aren’t as likely to engage in eating disorder behaviors, but the portrayal of the thin ideal still increased the thinness drive

and body dissatisfaction. In one study, even the girls who engaged in “critical viewing” or “questioning the perfection of the characters’ bodies” still admired and strove to achieve the thin ideal (Botta, p. 39).

Age

Research also has indicated that age and critical viewing may be mediating factors in terms of vulnerability when exposed to idealized images. Shaw and Waller (1995) found that adolescents showed greater body dissatisfaction after viewing fashion images than did adult females. Keating (1990) has suggested that women in the later stages of adolescence (some of whom are college age) are more likely to have developed the cognitive skills to discern the realism of media images. Along the same lines, Botta (1999) suggested that there may be two dimensions of critical viewing that reflect the difference between “questioning images but living up to them” and “questioning images and refusing to live up to them” (p. 40).

Ethnicity, socioeconomics, and culture

Ethnicity, socioeconomics, and cultural backgrounds have been shown to affect the value placed on thinness as well as the likelihood of developing eating disorders. Many women are exposed to the thin ideal in the media, but not all the women who view slender models develop an eating disorder. Other factors must be playing a role, as adolescent girls and female young adults handle the pressure to adhere to the thin ideal in different ways. Several researchers have suggested that the perceptions of body shapes and aesthetic values of weight are culturally relative (Brown & Gilligan, 1992; Duke, 1999; Fine & Macpherson, 1992; Frisby, 2004; Goodman, 2000, 2002; Grogan, 1999; Hesse-Biber, Howling, Leavy, & Lovejoy, 2004; Milkie, 1999).

The media are omnipresent, and women of all ethnicities are continually exposed to messages promoting thinness, but not every woman even compares herself to the images she sees

in magazines and on television. Social comparisons are usually made with women whom she perceives to be similar to herself. By the same token, people are less likely to compare themselves with others who are perceived as being different or “too divergent” (Festinger, 1954, p. 120) because that would make it impossible for an individual to obtain an accurate self-evaluation.

Some researchers have pointed to the concept of “similarity” as a critical component in the social comparison process. For instance, Frisby (2000) found that exposure to Caucasian models in magazine ads did not affect female African Americans’ self-esteem, perhaps because African-Americans perceive Caucasian models as different from themselves.

Pompper and Koenig (2004) gathered perceptions of magazines’ idealized body image standards among two generations of Hispanic women using focus groups and telephone interviews. Pompper and Koenig (2004) found that Hispanic women compared their body image to magazine standards, but the degree of comparison was affected by how the women related to the imagery in the magazines. Women who were more assimilated socio-economically into the Caucasian culture had higher levels of social comparison to the magazine images.

The dimension of similarity varies according to an individual’s perceptions. For example, researchers have found males to compare themselves with financially successful female models in ads, despite gender differences (Gulas & McKeage, 2000). For the males in that study, the similarity dimension was examined in terms of financial success.

Another component in social comparison theory is the individual’s *desire* to be similar to others. Festinger (1954) has suggested that individuals may compare themselves with people who are not similar when there is an attraction to those who are different, or when individuals wish to be similar to the unfamiliar others.

Socioeconomics plays a mediating factor in the value of the thin ideal and the likelihood of developing an eating disorder. Researchers also have found that the societal pressures to attain slimness in Western countries increases with socioeconomic status and the overall wealth of the country. Eating disorders have tended to occur more frequently in Westernized or industrialized countries where physical attractiveness is equated with thinness (Orbach, 1986; Rosen, 1992; Silverstone, Gordon, & Stunkard, 1969).

However, these trends have been changing over time. As Kolodny (1994) has noted, “Eating disorders don’t discriminate” (p. 19). Anorexia used to be perceived as affecting only middle- or upper-class American Caucasian women. More recent research however, indicates that while middle-class, white females remain the population most affected by eating disorders, the incidences of eating disorders are on the rise for other ethnicities, socioeconomic groups, and cultures. Studies indicate that the American thin ideal is infectious and has spread to nations that once valued more curvaceous features in women (Abrams, Allen, & Gray, 1993; Altabe, 1998; Harris, 1994; Hesse-Biber et al., 2004; Kolodny, 1994; Nasser, 1997; Sahi-Iyer & Haslam, 2003).

As American media and values seep into countries around the world, researchers have found increasing numbers of eating disorders even in countries that for years have been concerned with basic sustenance (Becker, Burwell, Gilman, Herzog, & Hamburg, 2002; Efron, 1997; Gunewardene, Huon, & Zheng, 2001; Haavio-Mannila & Purhonen, 2001; Nasser, 1997; Tiggemann & Rüütel, 2001). American media reflect a country where food is plentiful, but rejected, and the desire to attain thinness appears to be spreading globally as several countries absorb Western ideals through media imagery.

In the past ten years, researchers have found cases of food restriction to attain thinness in several Asian cities of all socioeconomic and ethnic backgrounds, including Seoul, Hong Kong, Singapore, Taipei, Beijing, and Shanghai. Even in countries such as the Philippines, India, and Pakistan where hunger remains a problem, researchers have found cases of women who fit criteria for anorexia.

According to Dr. Ken Ung of the National University Hospital in Singapore, “Thin is in, fat is out. This is interesting, because Asians are usually thinner and smaller-framed than Caucasians, but their aim now is to become even thinner” (Efron, 1997, p. 35). For example, in 1996, anorexia hit Asian headlines with the death of a 21-year-old, National University college student who died of complications related to anorexia (Efron, 1997).

Anorexia was first documented in Japan in the 1960s, and now afflicts an estimated one in 100 young Japanese women, about the same percentage as in the United States. “If Asia is a reliable indicator, eating disorders are going global” (Efron, 1997, p. 35). In fact, Brumberg’s (2000) *Fasting Girls* was translated into German and Japanese, “providing proof that Americans export eating disorders along with McDonald’s hamburgers” (p. xv).

In summary, social comparison theory suggests that women examine media images to learn what is beautiful, determine social standards for how they should look, compare their own appearance to the media-portrayed ideal, and gain motivation to alter their appearance to match the women portrayed in broadcast and print media. Research has indicated that through this process, young women become dissatisfied with their natural bodies and resort to unhealthy eating behaviors.

Social Learning Theory

Social learning theory was introduced as an alternative to operant learning theory as developed by early behaviorists such as B. F. Skinner’s stimulus and response work, which did

not account for social and human variables. According to Bandura (1994), things that people experience in their environments, such as mass media, can affect their behaviors in ways that are additionally influenced by a range of personal factors specific to each individual. Simply put, learning is a socially mediated experience.

Social learning theory suggests that much of what we learn takes place through the direct and indirect observation of others. The theory has contended that learning is primarily a social process. Both people and their environments are reciprocal determinants of each other, and humans learn from deliberate or inadvertent observation of behaviors modeled, including those presented in the media (Bandura, 1971, 1977, 1994). Furthermore, human thought, affect, and behavior can be influenced dramatically by observation (vicarious learning), as well as by direct experience. As humans, we are self-regulating, determining our own behavior. Social learning theory (Bandura, 1977) also has contended that we select, organize, and transform stimuli from our environment.

This theory is more recently known as social cognitive theory and primarily has been applied to the effects of television violence, but more recently, it has been used in other areas of media effects (Bandura, 1994; Severin & Tankard, 2001). As applied to television, social cognitive theory posits that viewers can learn “appropriate” behaviors by observing which televised behaviors (or media characters) are rewarded and which are punished. Implicit in this theory is the assumption that human behavior is guided by a desire for rewards (Bandura, 1971, 1994). Therefore, the theory predicts that people will be more likely to emulate the behavior of others when those models are rewarded for their behavior. Social learning theory also has suggested that seeing a model punished for a behavior will reduce the likelihood that an observer will model that behavior, an “inhibitory effect” (Baran & Davis, 2003, p. 194).

Most people have been socialized to understand that violence and aggression are unacceptable ways of behaving and acting in those manners typically will lead to punishment or other negative outcomes. When an anticipated negative outcome exists, as is the case for most violent behaviors, seeing the behavior go unpunished increases the likelihood of modeling by observers (Bandura, 1977). This type of effect is referred to as “disinhibitory” (Baran & Davis, 2003, p. 195), whereby the omission of an anticipated negative outcome may function as a significant reward in its own right.

Vicarious Reinforcement

Social learning theory also has contended that vicarious reinforcement—positive or negative—is central to the learning process and affects the likelihood that observers will choose a certain behavior. If someone views a behavior rewarded on television, there is a greater likelihood that individual will have a positive association with that behavior. For example, if women compare themselves to media figures who are rewarded for their thin appearance, the women are likely to be motivated to engage in behavior, such as dieting, that they’ve been taught will lead to the ideal body type. According to social learning theory, the observer may feel that they, too, will be rewarded and become happier by attaining a thin body.

Television sitcoms portray an unrealistic world of thinness, and in doing so, they allow viewers to observe consequences of body size. Fouts and Burggraf (1999, 2000) found that below average weight female characters in television received more male attention and praise regarding weight and body shape than normal weight characters. According to Bandura (1969, 1977) the combination of modeling and vicarious reinforcement on television is one of the most powerful influences on viewers. Thus, the findings by Fouts and Burggraf (1999, 2000) may at least in part, account for the internalization of the thin ideal by young women and increase their risk for body dissatisfaction.

Vicarious Punishment

The opposite also is true—directly or vicariously experiencing punishment will lead to a negative association with a particular behavior (Baran & Davis, 2003). For example, a woman might be teased if she is overweight. She also may witness characters on television or in her peer group who are treated poorly because of their heavier weight.

Fouts and Burggraf (1999, 2000) found that average and above-average weight female characters received negative comments about their body weights/shapes from male characters, with the comments usually (80% of the time) followed by audience laughter. In addition, Harrison (2000) has found that overweight television characters frequently were the objects of ridicule and punishment. Fouts and Burggraf (2000) have suggested that hearing an audience laugh at negative comments about women's bodies may be conceptualized as "reinforcement of reinforcement" (p. 927). The audience reaction implies social approval of such comments and provides vicarious punishments for viewers as the programming models that it is acceptable to make fun of or harass females who are above-average in weight.

The acceptable body size limits vary for men and women. Fouts and Vaughan (2002) found that overweight males are underrepresented in television, but they also have suggested that it is more socially acceptable for men than for women to be overweight in television. Similarly, Goodman (1995) has noted that movies typically portray heavy male characters as normal and attractive, while heavy women have been presented as disgusting slobs, "loud, brash and overbearing," "tubby," "overpowering," and "a real cash cow" (p. 59).

Prevalence and Incentives

Harrison and Cantor (1997) emphasized two components of the social learning model relevant to this dissertation topic to explain how dieting behaviors and desire for thinness can be learned from the mass media—prevalence and incentives. As DeFleur and Ball-Rokeach (1989)

have contended, the media offer an easily accessible source of thin, attractive models, providing a fertile ground for media effects that can be explained with social learning theory. The prevalence of situation comedies is reflected in their popularity (Fouts & Burggraf, 1999). Furthermore, their popularity increases the likelihood of influencing more viewers (Liebert & Sprafkin, 1988).

Tiggeman and Pickering (1996) offered an explanation for an incentive for social learning. They found body dissatisfaction and drive for thinness associated with high exposure to thin idealized images on television, but they also have noted that correlation is not the same as causation. “An alternative scenario, for example, might be that those most dissatisfied with their bodies or wishing to be thinner, seek out or are more interested in particular types of television” (p. 202). This phenomenon might better be explained by uses and gratifications theory, which is discussed within the active learning section of this chapter.

Along the same vein, some studies have questioned how and to what degree advertising involving thin/attractive endorsers is linked with chronic dieting, body dissatisfaction, and eating disorders in American females (Peterson 1987; Richins 1991; Solomon, 1992). Richins (1991) found that exposure to ads with highly attractive models increased women’s dissatisfaction with their facial and overall attractiveness, but did not appear to increase dissatisfaction with body shape in particular. Before being shown the ads, the women who participated were far less satisfied with their physique than with their face or overall attractiveness. Thus, Richins (1991) observed, it may be that “college-age females are already sufficiently dissatisfied with their bodies that advertising exposure has no impact” (p. 81).

In fact the body dissatisfaction and media relationship may be reversed, though this phenomenon has not been studied empirically. Females who are dissatisfied with their bodies

may respond more positively to products in ads featuring thin, physically attractive female models than women who are satisfied with their bodies (Richins, 1991). This concept is one that Thomsen, McCoy, and Williams (2001) also have suggested, which is further discussed in the section of studies of women *with* eating disorders.

Social learning concepts may be applied to the media's portrayal of the thin ideal in several respects. As Baran and Davis (2003) have noted, "when we see a television character rewarded or punished for some action, it is as if we ourselves have actually been rewarded or punished" (p. 195). Viewed from the social learning perspective, the prime-time television audience not only has observed modeling of the thin ideal, but also has witnessed vicarious punishment for having average or above-average body shapes.

Identification with Media Characters

Hofschire and Greenberg (2002) found that female respondents' identification with female models and female television stars positively correlated body dissatisfaction. In other words, media exposure to media characters leads to higher body dissatisfaction if women identify with the characters. According to Baran and Davis (2003), identification is a form of imitation that does not involve direct reproduction of observed behavior, but rather is defined by "wanting to be and trying to be like an observed model relative to some broader characteristics or qualities" (p. 192).

Harrison (1997) conducted a study to examine the link between college women's interpersonal attraction to female media personalities of various body sizes, and disordered eating symptomology. She defined female media personalities as thin television characters and magazine models, and operationalized interpersonal attraction as a combination of liking, feeling similar to, and wanting to be like these individuals.

The theoretical proposition supporting Harrison's (1997) study was that attraction to social agents facilitates modeling of these agents' behavior. The results of the study have indicated that interpersonal attraction to thin media personalities is an important element, beyond the influence of mere media exposure. While these studies indicate that there is a negative influence when women compare themselves to media personalities, much of the data is self-reported, and social comparison research does not demonstrate that the media cause negative body image in females.

Rewards for Losing Weight

Studies have indicated that women are often praised for losing weight, achieving a cultural reward in a sense (Grogan, 1999; Hall, 1993; Hall & Ostroff, 1999; Kolodny, 2004; Malson, 1998). According to Serpell et al. (1999), for women who develop anorexia, the positive reinforcement for losing weight becomes part of a "maladaptive schema" (p. 184) that links weight loss to success, regardless of the extent to which the weight loss is taken. However, when the weight loss consumes their thinking and is taken to an extreme level that harms their overall health and well-being, the positive reinforcement is replaced with measures to restore normal weight (Hall, 1993; Kolodny, 2004).

Ironically enough, some studies have indicated that articles in women's magazines intended to warn women of the dangers of eating disorders actually have been used by women with anorexia to support and validate their eating-disordered thoughts and behaviors. To some women, media coverage of anorexia has glamorized the disorder (Thompson et al., 2001).

Furthermore, according to Thompson et al. (2001) the media's attempt to educate the audience about the dangers of eating disorders may backfire, particularly if the medium sends contradictory messages, or serves to glamorize eating disorders for at-risk young women. Women who are looking for role models may not see an article about Mary-Kate Olsen having

anorexia as a punishment. She may in fact view the coverage of Mary-Kate's eating disorder as a socially desirable result, and strive even more to achieve the type of publicity celebrities attain.

Self-Schema Theory

Self-schema theory (Markus, 1977) places emphasis on how individuals process the content of media messages, with particular attention to how the message affects the individuals' self-concept. A woman's self-schema is an individual's cognitive representation of characteristics that make her unique. The characteristics are used to distinguish herself from others and to develop her own sense of self.

According to Markus (1977), an individual's sense of self develops through a combination of ways: reflection on one's own behavior, observing reactions of others to the self, and processing socio-cultural information about which aspects of the self are most valued. The unique ways that audience members interact with the media also is addressed by schema theory, which focuses on how individuals cognitively process information. This theory acknowledges the importance of stored knowledge gleaned from previous experiences to the processing of new information (Graber, 1988).

Myers and Biocca (1992) used an adapted version of the theory as a tool to explain the pressure women feel regarding body image. Viewing body image as one aspect contributing to an individual's sense of self, Myers and Biocca (1992) have examined body image as a personal mental construction, not an outsider's objective evaluation.

The researchers also have devised a model of reference points from which a young woman tends to construct her mental construct of self. The model includes: media-portrayed ideals; peer and family influences on what constitutes the ideal body; an individual's actual body shape and size; and the internalized ideal body, which is a compromise between the actual body and the socially-portrayed ideal.

Myers and Biocca (1992) have suggested that body image is “elastic” (p. 108) and open to change with alterations in social cues, reference points, and the context of the mental construction. Furthermore, if the discrepancy between the actual body and the internalized body is too great, a woman may criticize herself, and her self-esteem may decrease (Myers & Biocca, 1992).

Myers and Biocca (1992) studied 76 female university students on the effect of television commercials on body image. Their results have indicated an “elastic body image” (p. 115) suggesting that women are more vulnerable to developing eating disorders when their actual body size is in conflict with a mediated ideal body image and an unstable self-perceived body image. The study did indicate that watching even 30 minutes of TV programming and advertising can alter a woman’s perception of the shape of her body. However, contrary to their hypothesis, Myers and Biocca (1992) found that watching appearance-related programming and advertising decreased body size overestimations and depression levels in females.

The authors explained the unexpected findings by suggesting a two-stage process of self-evaluation. In the first stage, the women may have envisioned themselves as having the ideal body in the tape, thus perceiving the ideal as more attainable. Myers and Biocca (1992) suggested that this initial stage also has a short-term effect of tapping into the internalized ideal body aspect of the woman’s mental construction, temporarily boosting her body-esteem. The second stage of the self-evaluation involves more self-criticism when the woman realizes her actual body size and becomes dissatisfied with her body.

In contrast, Heinberg and Thompson (1995) found that women became more depressed, angry, and had higher degrees of body image disturbance following exposure to appearance and thinness-related television advertisements. Women with high levels of disturbance became more

dissatisfied with their weight and overall appearance following exposure, suggesting that some individuals may be especially vulnerable to negative effects of appearance-related media. Myers and Biocca (1992) have not yet examined the longer-term effects of viewing ideal body images, so further research is needed in the elastic body portion of the literature.

Perse (2001) has noted that pre-existing schemas influence an individual's categorization, perception, and retention. In addition, how an individual processes a message is related to the schema that is primed at the time (Perse, 2001). Schema theory suggests that the reader's existing knowledge, based on interpersonal relationships as well as familial and cultural background, serves as a filter through which media messages are processed.

Thus, the schema theory framework suggests that women recovered, or in recovery from anorexia may interpret media message in different ways, including ones that were not necessarily intended by the message sender. Personal characteristics such as level of recovery, strength of support network, body size, existing body image preoccupation, personality, motivations for media consumption, and several other variables are likely to affect the way in which media content and imagery are interpreted and acted upon. As some scholars have noted, media messages are easily influenced by an individual's selective interpretation of them (Baran & Davis, 2003; McQuail, 1987).

Given the likelihood of a variety of media message interpretations, I chose to use a methodology that combined a media diary with in-depth interviews. The rationale for combining these two methods is discussed in greater detail in Chapter 3.

Cognitive Dissonance Theory

Thompson et al. (2001) found that the time period when media usage was the most influential was *after* a woman developed anorexia. Some of the participants in the study expressed that they noticed models in magazines *after* the onset of their eating disorder. Based

on this finding, Thompsen et al. (2001) suggested that the media may play a role in reducing cognitive dissonance.

According to Festinger (1954), cognitive dissonance occurs when information is presented that is inconsistent with an individual's already-held values and beliefs. This inconsistent information creates psychological discomfort, or dissonance. Lazarsfeld found that people appeared to "seek out media messages consistent with the values and beliefs of those around them," (Baran & Davis, 2003, p. 145) implying that individuals tried to preserve their existing attitudes by avoiding messages that challenged them.

Body Objectification Theory

For many females in Western cultures, appearance is central to their self-definition. They are socialized early to learn that their bodies should be used to attract others (Brumberg, 2000; Thompson et al., 1999, Wolf, 1991). As a result, they learn to see themselves as objects to be looked at and evaluated based on appearance.

Objectification theory posits that the pervasive objectification of women in our culture encourages body dissatisfaction, eating problems, and other mental health concerns among females (Brumberg, 2000; Fredrickson & Roberts, 1997). Researchers have indicated that women and girls are objectified in the media (Fredrickson & Roberts, 1997), that girls and women experience a high rate of body dissatisfaction and eating problems, and that exposure to objectified media images of women is related to the experience of self-objectification and body shame among women (Brumberg, 2000).

In the media, women's bodies are more likely to be shown to advertise products and there is often a focus on parts of the body, rather than the whole body, which reinforces the portrayal of a woman as an object (Kilbourne, 1994). Images of women in the media also are often

sexualized, which sends the message that men may “possess” women’s bodies (Fredrickson & Roberts, 1997; Rudman & Verdi, 1993; Signorielli, McLeod, & Healy, 1994).

Women learn, both directly and vicariously, that “looks” *do* matter, that others’ evaluations of their physical appearance can determine how they are treated, and that appearance has the potential to affect life socially and economically. Proponents of objectification theory have contended that females may become preoccupied with their own physical appearance as a coping mechanism for controlling their social treatment—an effect termed “self-objectification.” Several researchers have illustrated the psychological and emotional damage of self-objectification (Fredrickson & Roberts, 1997; Fredrickson, Noll, Roberts, Quinn, & Twenge, 1998; McKinley & Hyde, 1996; Noll & Fredrickson, 1998).

Influenced by the culture of their upbringing, females have learned to adapt to the socially acceptable practice of dieting, regardless of a health-related need to lose weight (Bruch, 1978; Wooley & Wooley, 1979). Wooley and Wooley (1979) have suggested that females are socialized from a young age to view obesity as shameful and to accept a dangerously thin standard for beauty. The self-destructive dieting behavior characteristic of anorexia also is culturally supported, regardless of how much progress women have made in what many feminists consider to be a patriarchal society (Steiner-Adair, 1994).

Orbach (1986) has argued that women are faced with confusing social expectations, and suggested that for women, dieting may be a sort of disciplinary practice to achieve an ideal body image within a male-dominated society. Along the same lines, Selvini-Palazooli (1986) has suggested that the contradictory roles (professionally successful, yet physically thin) of the modern woman have contributed to the increasing numbers of anorexia. Women are taught to

take advantage of opportunities previous generations have afforded them, yet the same women are told to focus on issues of beauty and the thin ideal, that they still are objects to be admired.

One of the primary costs of self-objectification is the development a form of self-consciousness that is characterized by a preoccupation with the body's aesthetic appearance as opposed to its health or well-being. Research has indicated that this perspective of the self increases the opportunity for negative emotions such as shame and anxiety, which also may contribute to eating disorders (Fredrickson & Roberts, 1997).

Several researchers have found that when individuals evaluate themselves relative to cultural ideals and fail to live up to such ideals, they experience a sense of shame (Lewis, 1992; Tangney, Miller, Flicker, & Barlow, 1996). Feminist theorists have described this failure to live up to the cultural ideals as a cycle. The dominant culture creates the ideal body image and encourages women to monitor their own bodies as objects. As a result, women feel shame when they do not live up to these standards (McKinley, 1998). Tangney (1993) has contended that people who are ashamed feel a heightened concern with others' opinions. Objectification theory posits that the continual comparison many girls and women make to media-promoted body ideals is a recipe for body shame (Fredrickson & Roberts, 1997).

According to epidemiological data from the U.S. Department of Health and Human Services (2004), only a minority of American women is actually overweight. The data report that 31% of adults over 20 and 15% of adolescents are overweight. Even though most of the population is of average weight or less, most women report feeling fat and experiencing a sense of personal failure at not attaining the thin ideal, emotions which have been shown to lead to feelings of shame (Crandall, 1994). Empirical studies also have suggested that women who

monitor their body and compare it to cultural ideals experience more body shame (McKinley & Hyde, 1996).

Body objectification theory suggests that any situation that makes body image salient may result in a negative body experience, especially for women (McKinley & Hyde, 1996).

Combined with schema theory, media portrayals of the thin ideal are likely to produce negative affective consequences, particularly for women who have struggled with anorexia.

According to Higgins (1987), self-discrepancies are perceived gaps between different aspects of the self-concept. Discrepancies between actual self (how a person sees herself) and ideal self (how a person ideally would like to be) have been shown to lead to negative affective consequences, including anxiety (Higgins, 1987).

In addition, Perse (2001) has noted that the salience of self-discrepancies may be responsive to situational influences, so individuals may be concerned about them to a greater or lesser extent at different times. Several researchers discussed above have illustrated that priming the media's portrayal of thin models causes women to worry about appearance-related self-discrepancies between an actual bodily self and a thin body image ideal, producing weight and body dissatisfaction, as well as decreasing self-esteem. Self-discrepancies in terms of thinness are likely to be chronic for many women, as very few attain the thin ideal body size.

Third-Person Effect

Baran and Davis (2003) have described the third-person effect as the “idea that ‘media affect others, but not me’” (p. 30). This concept describes how people tend to feel that they are independent-minded individuals; so others are much more likely to be influenced by media (Paul, Salwen, & Dupagne, 2000). As Perse (2001) has noted, the third-person effect is an individual's perception that media messages are persuasive, and others are prone to be

influenced; but that individual is “immune” (p. 121) to the influence. “People overestimate media’s influence on others and underestimate their influence on themselves” (p. 121).

Active Audience Theory

Active audience theories are useful for illustrating how women interpret thin ideal media messages. The media need audiences in order to realize their full potential for meaning. Therefore, a media message ultimately has more than a single meaning; it has a range of possibilities created and defined by both the message itself as well as its audiences. In other words, meaning is not just in the message, but also in the interpretation (Hart, 1991).

Theoretical paradigms have transformed over time, and active audience theories can be better understood placed in historical context. The early 20th century was the era of mass society theory (Baran & Davis, 2003). Many cultural, political and academic leaders viewed the media as corrupt forces with the power to undermine social order. Proponents of this paradigm have contended that the average person was a passive, defenseless receiver of media messages.

Under the mass society theory umbrella was the “hypodermic needle theory” or “magic bullet theory” which reflected the metaphoric concept of media as needles (dangerous drugs) or bullets (deadly weapons) that “directly and immediately” penetrated their ideological representations into the public’s mind (p. 377). During this time period, the dominant media paradigm reflected not only the idea that audiences were passive, but also that they could easily be manipulated (Baran & Davis, 2003).

Early theories in media research presumed a powerful effect on a passive audience, but more current theories and paradigms view the audience as more active, capable of interpreting media messages on a more individual basis. Theories that conceive a more active audience also take into account demographic variables such as gender, age, race, ethnicity, socioeconomic level and educational level. Social influences also play an active role, including relationships

with family, friends, and peers (Baran & Davis, 2004). As noted by Perse (2001), these audience variables “can act either as a barrier to media effects or as a lens to enhance the likelihood of media effects” (p. 35).

One of these audience-based perspectives originated in the 1960s and 1970s from the work of cultural studies scholars at the University of Birmingham’s Centre for Contemporary Cultural Studies. Proponents of this perspective have conducted “audience reception studies,” which examine how audiences interpret media texts and how these interpretations are influenced by social and cultural factors (Alasuutari, 1999).

Stuart Hall is a cultural theorist who is well-known in academic realms for being a strong proponent of reception theory. The essence of the theory is that the audience is actively involved in negotiating meaning from media messages. The approach in reception theory perceives the audience as an active participant in the message dissemination process. Hall (1999) further developed active audience concepts in his model of encoding and decoding, which leaves the interpretation of media messages, including accepting, negotiating, or rejecting a message, in the hands of the audience.

As proposed by Hall’s model, a media text can be decoded, or interpreted, in three ways. The first position has been termed “dominant-hegemonic,” which means the viewer decodes the message following the preferred meaning and intentions of the message producer. A viewer who adopts this position implies acceptance of the dominant ideology “encoded” in the message. According to Hall (1994), the second position, “negotiated,” is “what most people do most of the time” (p. 265). A viewer adopting the negotiated position approaches a message recognizing the encoded ideology, but decides to partially accept it. The third position of Hall’s model is the “oppositional” perspective, which results in the viewer opposing the message. From this

perspective, the viewer recognizes the encoded dominant ideology, but decodes the message with an opposite framework of reference, thereby reconstituting the intended message.

Hall's encoding/decoding model underscores the importance of the concept that viewers do not always interpret encoded messages as the media producer intended. Individuals have the power to decode messages, transforming them from passive receivers to more active members of the audience. Along the same lines, Hall has contended that media content is "polysemic," or open to multiple interpretations. Thus, individuals may interpret messages in different ways, informed by their socio-cultural environment (Alasuutari, 1999).

The most important and relevant concept from Hall's approach is that the removal some of the media's perceived dominating power. Viewed through a reception theory lens, messages are not viewed as having the perceived power to determine audience interpretation; rather messages merely can serve as an *influence* on the *likelihood* of certain audience interpretations (Baran & Davis, 2003; Ross & Nightingale, 2003). As Ross and Nightingale (2003) have explained, interpretation depends on the "generosity of the audience who make time to engage with it and 'reproduce' it in the contexts of their everyday worlds" (p. 37).

Hall's paradigm has guided my personal approach to analyzing media messages of the thin ideal. Over time, I have developed "negotiated" or "oppositional" readings of the media messages in magazines, radio, television, and the Web as opposed to blindly accepting the textual meaning intended by the producer or editor. Negotiating media messages requires personal vigilance, as the media rarely reflect sincere acceptance of different body shapes and sizes, tending instead to promote the perfect, thin ideal.

Uses and Gratifications Theory

This passive audience perspective changed over time. Initially developed by Paul Lazarsfeld and Joseph Klapper in the 1940s and 1950s, uses and gratifications theory was

intended to serve as an alternative to the effects model (Grogan, 1999). Early uses and gratifications research was criticized for being too descriptive and category-oriented, particularly Herzog's 1944 study regarding three types of gratifications audience members sought and gained from watching soap operas (Baran & Davis, 2003). Over time, however, media researchers increasingly acknowledged that the media's effects were powerful, but limited. Elihu Katz, Jay Blumler, and Michael Gurevitch revisited the uses and gratifications model in the 1970s and 1980s (Baran & Davis, 2003).

Uses and gratifications theory postulates that people decide which media messages and products interest them. The audience has more of an active role, engaging with media messages they are interested in, and rejecting messages they do not want to accept. The theory also recognizes the important role of people's motives when selecting media options. The nature of individual interests produces different motivations with respect to processing the same mass produced messages (Baran & Davis, 2003).

Researchers who have adopted the uses and gratifications approach focus attention on individual interpretations and media usage goals as a primary influence on how media affect an individual (Griffin, 2003). Rather than lumping audience members into one "target for the media to hit," uses and gratifications theory posits that the individual motives for using media messages are a more useful tool. As Griffin (2003) noted, "audience members actively select media messages, and they do so with particular goals in mind" (p. 198).

Grogan (1999) has suggested that viewers actively seek out information relevant to body image in the media to evaluate their body shape and size. In this sense, the audience is actively using media imagery and thinness messages to inform their body image. In a series of interviews,

Grogan and Wainwright (1996) found that women were active meaning producers, critical of the media images of models and actresses as being too thin and unrealistic.

According to Grogan (1999), uses and gratifications theory also would explain why some women are affected by the thin ideal message portrayed in the media and others are not. Some women may view the imagery and see the message, but because they actively reject the message, it has no significant influence on them.

Communication scholars continue their struggle to account for the diverse interpretations of audiences who react differently to the “same” media messages. Condit (1989) has rejected the “totalizing concept of ‘resistance’” (p. 117). Like Fiske (1987) and other scholars, Condit has concluded that some audience members might be more resistant than others to the “dominant” interpretation of a media message that, for example, seems to promote the thin ideal. I agree with Condit that the participants in the study, as consumers of at least *some* media, might share a common understanding of many features of a media message, while still attaching different values or interpretations to those messages. Consequently, the participants in this study may not simply be classified as adhering to a dominant or a resistant reading.

Reading a popular magazine article in *US Weekly*, *Seventeen*, *Cosmopolitan*, or *People Weekly* does not guarantee a woman will adopt eating disorder behaviors; nor does watching a regular dosage of television that promotes the thin ideal. According to Condit (1989), decoding of media messages depends on where viewers fall among the wide range of groups with a wide range of investments in the system they share” (p. 118).

In this dissertation, I explored the range of interpretations of media messages by women who are recovered, or in recovery from anorexia. Some women regularly watched television that promotes the thin ideal, subscribed to several fashion magazines, and consumed other media that

promote notions of culturally accepted standards of beauty. Some participants exposed themselves to media messages perpetuating the thin ideal, acknowledge the risks of their media consumption, but still considered the cultural ideal of beauty to be important. Other participants chose to limit their exposure to the thin ideal as much as possible, or had some other strategy for interpreting media with potentially relapse-triggering messages.

Condit's (1989) notion of polyvalence offers insight into the potential findings of this study, "Audience members share understandings of the denotations of a text but disagree about the valuation of those denotations to such a degree that they produce notably different interpretations" (p. 106). As Fiske (1991) has acknowledged, media messages offer a "terrain whereon the struggle for meanings may be engaged" (p. 465). It is this terrain that this dissertation will explore, from the perspective of women recovered, or in recovery from anorexia.

Women *with* Eating Disorders: Interactions with the Media

As mentioned at the beginning of the chapter, the literature has indicated that women with an eating disorder, or in the beginning stages of recovery, interact with the media in a noticeably different way than other women. The following section will provide more specific examples of studies that illustrate how women with anorexia or bulimia negotiate media messages. The material is organized in a manner similar to the beginning of the chapter, by theoretical approaches.

Social Comparison

Viewed from another perspective, Thomsen et al. (2001) have contended that the time when women are *most* vulnerable to media messages is *after* the onset of eating-disordered symptoms. At this time, the media have the most potential for harmful influence because women with anorexia "turn to the media, women's beauty and fashion magazines in particular, for

support and reinforcement” (p. 61). According to Thompsen et al. (2001), these magazines provide easy access to support for the thin ideal in stories, ads, and pictures. Once she already has developed symptoms of anorexia, the women use magazines to “feel that they are part of a supportive community in which the cult of extreme thinness is accepted and prevails” (p. 61).

Some researchers have focused on compared the ratings of women with eating disorders to those who did not have eating disorder symptoms. In an experimental study, Waller et al. (1992) found that women *with* eating disorders overestimated their body size and shape significantly more than the control group. The researchers showed a series of photographs from female fashion magazines to 24 women with eating disorders and 40 women who served as a “normal” control group. The women in the eating disordered group were more susceptible to the negative effects of media exposure. The study had also measured the level of severity of the 24 women’s eating disorders, but found that body size overestimation after viewing fashion models was *not* related to the severity of the women’s eating disorders.

Similarly, Hamilton and Waller (1993) conducted a study on the influence of media’s portrayal of the “ideal” woman on women’s estimation of their own body size. Their results have indicated that women who suffered from anorexia or bulimia nervosa were more likely to overestimate their own body size after viewing models from fashion magazines than women who did not have eating disorders. Thus, women with eating disorders appear to negotiate portrayal of idealized female bodies in a manner that negatively affects their body satisfaction.

Thomsen et al. (2001) found that women with anorexia most frequently used beauty and fashion magazines for comparison. Furthermore, the women’s use of magazines for comparison purposes appeared to be an extension of previous behavioral patterns. The women interviewed in the study began comparing their bodies to those of other women as early as elementary school.

This type of physical and aesthetic comparison further developed as the women entered young adulthood and participated in social or athletic activities that emphasized body size or shape.

As the women became older, they used beauty and fashion magazines as a primary source of comparison, primarily motivated by self-evaluation. Often, the women in the study focused on specific body parts of the models, such as their legs, that the women viewed as ideal. Thomsen et al. (2001) noted the way in which the women were drawn to specific ads and seemed to express a familiarity with many of the models. They knew the models' names and also were able to provide their height, weight, and biographical information.

As several authors have noted, young women often use magazines for self-comparison, but Thomsen et al., (2001) contended that women with anorexia may take the comparison to another level, viewing themselves in competition with the magazine models. Some of the women in the study told of their "obsession" (p. 56) with cutting out pictures of thin magazine models and placing them in a location for easy viewing, such as their bedroom wall, the refrigerator, or in a neatly organized scrapbook. The cut outs were part of the women's "comparison rituals" (Thomsen et al., 2001, p. 56), and some women viewed their magazine consumption as an addiction of its own.

Some of the findings by Thomsen et al. (2001) are particularly relevant for this dissertation. All of the participants in their study were in intensive outpatient therapy and would not have been considered recovered from anorexia. Yet, some participants had made enough progress in their recovery to be aware of their triggers. They described conscious efforts they had to make to avoid certain magazines, including *Teen* and any health and fitness magazines. Some participants would allow themselves to view magazines, but were mindful of the need to be selective and careful in their choices.

One of the most striking results from the study was that some women developed anger and hatred for particular magazines. Thomsen et al. (2001) noted the similarity between women in recovery from anorexia and recovering alcoholics. They “learned to avoid those situations that would create temptations too great to overcome” (p. 59).

How do women in recovery interpret fashion magazines? Media diaries and interviews with women in recovery from anorexia shed light on their media consumption and their perceptions of fashion magazines and models.

Cognitive Dissonance

Many of the women who participated in the study by Thomsen et al. (2001) described situations where they were in conflict with family and friends over food issues. As the level of the women’s anorexia intensified, family and friends told them they were too thin and encouraged the women to eat more. The comments in their personal lives were tempered with the reassuring media messages the women consumed, typically in beauty and fashion magazines, which encouraged thinness and offered dieting tips (Thomsen et al., 2001).

Based on findings from qualitative interviews, Thomsen et al., (2001) have contended that women with anorexia may use imagery of thin models and celebrities not only as motivation for weight loss, but also as a method for reducing cognitive dissonance. Viewing extremely thin role models made it much easier for the women with anorexia to cognitively distort the reality of having a life-threatening disorder.

Thomsen et al. (2001) found that beauty and fashion magazines provided support for women with anorexia, and “in a rather convoluted sense, reassurance in the patients’ minds that their ultra-thin ideal or fantasy self may be attainable” (p. 60). The women with anorexia used the magazines for specific purposes, one of which as dissonance reduction. For these women, magazines became a “soothing voice in a storm of conflict, confrontation, and confusion” (p.

60). Having overcome the symptoms of anorexia, how do women recovered or in recovery from anorexia view the reality of the thinness-promoting media messages?

Self-Discrepancy

In addition, self-discrepancies are likely to be stronger in women who have strongly internalized the cultural ideal of thinness. This self-discrepancy perspective may help to explain the anticipated variance in response from the participants in the study. It is likely that women who maintain long-term recovery from anorexia have found a mechanism for alleviating chronic appearance-related self-discrepancies and may be less responsive to external influences in their concept of self.

Uses and Gratifications

Several researchers have examined eating disorders and the media with a uses and gratifications lens. For some women, beauty and fashion magazines fulfill a specific need of women with anorexia. Images of the thin ideal provide women with anorexia with a goal-directed purpose of comparison and motivation for dieting and food restriction (Thomsen et al., 2001).

Women in recovery from anorexia may have their own uses for beauty and fashion magazines, or for health and fitness magazines. Or they may not have a need for any of the information offered in these publications. This study will explore the participants' uses of media messages.

In addition to socio-cultural factors, several studies have indicated the role of more individual psychological, environmental, and biological factors that affect the likelihood of an individual developing issue with body image or clinical anorexia. As discussed previously, anorexia is a severe problem, and the number of women who develop the disorder is on the rise.

However, the fact that there are still a large percentage of women who do *not* develop eating disorders points to the role of factors beyond the media.

Family and Peer Influences

A complex set of factors contributes to the development of eating disorders, one of which is the family environment. Researchers have examined relationships with various family members in the development of eating disorders, but most of the focus has been on the role of the mother and the father. This section also will discuss peer influences, as research has indicated that peers have a significant role in college women's lives.

Mother's Influence

Some of the pressure women feel to fit a societal body ideal may be attributed to their mother's influence. Research also has indicated that an individual's perception of how much importance both parents place on achieving the thin ideal plays a significant role in initial dieting behavior (Field et al., 2001).

Another critical influence in the development of and recovery from anorexia is the entire family's relationship with food and attitudes about weight loss (Bruch, 1973; Field et al., 2001; Hall, 1993; Hall & Ostroff, 1999; Kolodny, 2004; McCabe & Ricciardelli, 2001; Orbach, 1986; Pike & Rodin, 1991; Rozin & Fallon, 1988). Davison, Markey, and Birch (2000) found that mothers who had weight concerns tended to encourage their daughters to engage in weight-loss efforts to fit the societal ideal. Field et al. (2001) have suggested the same dynamic—that mothers play a role in transmitting cultural values about the ideal body to their daughters. Their study found that children whose mothers were frequent dieters were more concerned about their daughter's weight status.

Research has illustrated that body image distortions and eating disorders tend to be handed down from one generation to the next (Bruch, 1973; Pike & Rodin, 1991; Rozin & Fallon, 1998).

Mothers who reject their own bodies and experience self-hatred delineate weight concerns to their daughters, including telling their daughters they should lose weight to be more socially acceptable (Pike & Rodin, 1991; Rozin & Fallon, 1998).

Father's Influence

Several researchers also have documented the role a father may play in the development of an eating disorder. While the mothers of females with anorexia are usually intolerant and hypercritical, the fathers have tended to be emotionally absent, overprotective, authoritative, and belittling (Calam, Waller, Slade, & Newton, 1990; Humphrey, 1989; Noller & Fitzpatrick, 1993; Selvini-Palazzoli, 1978).

Botta and Dumlao (2002) have suggested that many of the thoughts and feelings adolescent females have about communication with their fathers continue into young adulthood, and often longer, unless the communication pattern with their father is remedied. Skilled conflict resolution and open communication between fathers and their daughters may offset eating disorder behaviors, particularly anorexic symptoms. The opposite has also proven to be true, as conflict and communication problems are typical in young adults with eating disorders (Botta & Dumlao, 2002; Seiffge-Krenke, 1995). Researchers have found that conflict between parents and young female adults can have a powerful effect on a woman's personal and social adjustment, including lowering her self-esteem (Canary, Cupach, & Messman, 1995; Gecas & Schwalbe, 1986; Montemayor, 1983).

As discussed earlier in this chapter, women who have a lower sense of self-esteem are more vulnerable to internalizing media messages (Fine & Macpherson, 1992; Henderson-King & Henderson-King, 1997; Irving, 1990; Steinem, 1992; Striegel-Moore et al., 1986; Tiggemann, 2001; Tiggemann & Wilson-Barrett, 1998). McKinley (1998) also has found that low self-esteem and internalization of societal ideals can lead to higher levels of body dissatisfaction, which in

turn, can lead to increased likelihood of developing an eating disorder. In addition, internalization of the thin ideal has been shown to impede the recovery process from anorexia (Cusumano & Thompson, 1997; Heinberg & Thompson, 1995; Heinberg et al., 1995; Lokken, Worthy, & Trautmann, 2004; Stice et al., 1994).

Having just attributed some of the development of eating disorders to parents, it can not go without saying that mothers and fathers also can serve as one of the key supportive factors in women's recovery process. Research has indicated that women with the shortest duration of eating disorders reported having loving and supportive parents who intervened early and maintained support for their daughters (Woods, 2004).

Woods (2004) also has suggested that recovery from eating disorders, with minimal clinical treatment, can occur when an empathic peer or significant other recognizes early symptoms and serves as a "safe harbor for recovery" (p. 369). In an open-ended, online survey with people who had recovered from anorexia and bulimia, Woods (2004) found that friends and boyfriends of women in recovery from eating disorders were significant resources, particularly in the early recovery stages.

Peers' Influence

Unfortunately, the power of peer influence also can serve to create some of the factors that lead to poor body image and the development of eating disorders. In the transition from adolescence to young adulthood, women tend to rely on peers as a primary source of social influence. In doing so, female young adults seek ways to become more attractive to their peers, the harshest critics they face. Peers can place a significant amount of pressure on women to conform to society's standards, and women often compare and rate their bodies against their peers. As Pipher (1994) has contended, "Beauty is the defining characteristic for women. It's the necessary and often sufficient condition for social success" (p. 183).

Brumberg (1997) further has contended that the body is the central personal project of American females and has become the primary mechanism for self-expression. In the 1920s, most women strived for a thin body because of the positive social messages it conveyed (Brumberg, 2000). The same communication mechanism can be seen today, with body shape and size serving as an expression of identity. The socially acceptable body is one that is fit and trim. To avoid being ostracized, talked about, or teased, women turn to techniques to achieve the normative body.

The psychology literature has indicated that peers can have a profound effect on young women's likelihood of developing eating disorders. For young women, a large part of their identity is the perception of their body. How they see themselves and, sometimes more importantly, how others perceive them, becomes critical. And for many young women, their ability to accept themselves may be based on how well their body fits the socially acceptable mold (Steinberg, 1993).

According to Murray, Touyz, and Beumont (1996), most women have indicated that they are aware of the social pressures to be thin created by media messages, but anorexic women are much more likely than other women to report being *influenced* by those pressures. Striegel-Moore (1994) has suggested that the pressure of fitting in is so great for some adolescent females that they will attempt to alter their physical appearance with eating disorder behaviors. To this end, body image becomes a critical concern for many young women (Forman-Brunell, 2001). Research has indicated that the onset of anorexia most often occurs during adolescence, an important period of socialization and identity development in young women (Arnett, 1995; Larson & Richards, 1994). Interpersonal relationships established while growing up affect a young adult's sense of self (Sullivan, 1953).

Friends and family play a crucial role as adolescents undergo their identity formation, serving as sounding boards for what they should and should not do. As Gilligan (1982) has suggested, female's identities depend significantly on relationships. Furthermore, Erikson (1968) has contended that young women need a safe place to experiment with different identities.

Women not only have to contend with their internal expectations or those of their female friends. They also are faced with media-influenced expectations of males. Some researchers have indicated that the widespread representation of unrealistic body ideals contributes to female's negative body image and influences males' expectations and evaluations of females' appearances (Hargreaves & Tiggeman, 2004; Lavine et al., 1999).

During young adolescence and continuing on to college years, appearance and social acceptability becomes a primary concern, making young women more susceptible to the pressures and influences of the media (Collins, 1998; Forman-Brunell, 2001). This pressure to conform to the thin ideal is further perpetuated by media and culture (Garner & Garfinkel, 1980; Striegel-Moore et al., 1986). Female college students experience an increasingly greater degree of conflict and unease about their bodies and appearance. They also spend a significant amount of time talking about weight, calories, body size, and fat. Some researchers and clinicians have referred to this dialogue as "fat talk," finding fault with their bodies and those of others. (Brumberg, 2000; Seldman, 2003; Weiner, 2003).

Women in college who are in recovery from anorexia still face these types of discussions, even if they are not seeking them out. For example, Weiner (2003) has contended that women in general, and college women in particular, often engage in "fat talk" in public settings. One of the primary locations for this type of talk is in public bathrooms. According to Weiner (2003), women often will ask other women opinions about their body, even when they do not know the

other person. This type of dialogue points to the fact that women in recovery from anorexia are not always able to select what they are exposed to, in the media or in everyday conversations. When women in recovery hear others engaging in “fat talk,” how do they react? To what extent do they choose to participate in media and culturally-influenced body talk?

Several researchers have used the phrase “normative discontent” to refer to the increasingly common body dissatisfaction in girls and women. It has become socially acceptable for women to express discontent with their body, to the extent that not dieting and liking one’s body might appear abnormal (Brown, 1993; Hall, 1993; Polivy & Herman, 1987; Tiggemann & Wilson-Barrett, 1988; Weiner, 2003). Hall (1993) has illustrated the normative nature of dieting:

Dieting has become almost a right of passage for adolescent girls. Their role models and peers are all weight conscious, and they are relentlessly bombarded with media images of beautiful, thin women (many of them only girls themselves and some anorexic at that). What’s more, changing one’s body is one of the most (if not the most) widely publicized ways for a woman to “improve” herself. (p. 216)

Young women also experience significant social changes, with the most notable ones typically being transformations in family and peer relationships. College students tend to be on a quest for autonomy from their parents, while seeking close friendships with their peers as well as more intimate, romantic relationships. Many young women feel they are under tremendous peer pressure, which for some, becomes the largest influence in their lives. They also start facing important decisions and assuming larger responsibilities as they make decisions about their future.

College-age women are particularly susceptible to engaging in a personal body war, often allowing weight preoccupation and body dissatisfaction to undermine their physical and mental health. They face pressures to succeed academically and socially as they transition into adulthood and reach a new level of independence from their previous, familiar home life

(Abrams et al., 1993; Hart & Maureen, 1997; Kalodner, 1997; Striegel-Moore, Silberstein, Frensch, & Rodin, 1989; Thomsen et al., 1998).

Brumberg (2000) has explained how the college setting can be particularly challenging for women with proclivities for anorexia nervosa. For many young women, college life offers much less structure than a home environment, especially in terms of meals. A diet-conscious female can choose to eat alone, easily skipping meals until the pattern becomes habitual and potentially addictive. Brumberg (2000) also has suggested that women in this age group learn from the media, as well as their peers, about methods for attaining an ideal body type.

For some college-age women, peer pressure becomes a large influence in their lives. During adolescence and into the college years, peers play an integral role in establishing body image, especially for young women who look to others to help define themselves (Friedman, 1996; Pipher, 1994). Young adulthood is also a time when individuals experience a high degree of self-consciousness (Conger & Galambos, 1997). It's a difficult transformation stage because young women experience heightened vulnerabilities that may lead to declines in their self-esteem and body image as well as higher rates of depression and anxiety (Brumberg, 2000; Kostanski & Gullone, 1998; Pipher, 1994; Steinberg, 1993).

Prevalence studies have shown that it is common for 15% or more of college campus women to meet diagnostic criteria for anorexia nervosa or bulimia nervosa (Heatherton, Nichols, Mahamedi, & Keel, 1995; Hesse-Biber, 1989). However, researchers also have documented that a majority of American college women exhibit at least a few of the symptoms of disordered eating, even if they don't have a clinically diagnosed eating disorder (Hesse-Biber, 1989).

During the transition from "home" to life on campus, women learn to negotiate their sense of self in several ways. Those who lack a solid identity may become prey for the onslaught of

media messages designed to target women's insecurities for financial gain (Abrams et al., 1993; Hall & Ostroff, 1999; Kolodny, 2004; Kalodner, 1997; Mortenson, Hoerr, & Garner, 1993; Rosen, 1992). Chernin (1985), Friedman (1996), and Orbach (1986) all have suggested that one of the central struggles for an anorexic woman is the development of a self.

More specifically related to the topic of this dissertation, women who are struggling with identity issues are more likely to internalize cultural standards of thinness (Katzman & Wolchik, 1984; Schupak-Neuberg & Nemeroff, 1993), and research has indicated that internalization of the thin ideal mediates the likelihood of developing an eating disorder (Heinberg & Thompson, 1995; Heinberg et al., 1995; Lokken et al., 2004; Stice et al., 1994). Furthermore, internalization of the thin ideal can lead long-term body image dissatisfaction (Cusumano & Thompson, 1997), making recovery a challenge.

Research has indicated that the longer a woman has an eating disorder, the more challenging it will be for her to achieve long-term recovery. In addition, if she achieves recovery only in terms of physical symptoms, but has not made strides toward improving her body image and self-esteem, the literature suggests that she will relapse. Women who relapse from anorexia and do not get back on track immediately are more likely to experience a revolving door effect in terms of recovery from anorexia (Rastam, Gillberg, & Wentz, 2003; Kordy et al., 2002).

Thomsen et al. (2001) found that some women with anorexia used women's magazines to obtain information about adult roles and responsibilities that was not available from their families. According to Thomsen et al. (2001), these women relied on media as tools for acquiring developmental skills, and their media usage "appeared to be an attempt to moderate the fear of feeling unprepared for the adult roles and responsibilities demanded of them [by society]" (p. 57).

The media's current emphasis on excessive thinness for women is one of the clearest examples of advertising's power to influence cultural beauty standards and consequently manipulate individual's behaviors, thoughts, and feelings (Campos, 2004; Kilbourne, 1994, 2003; Seid, 1989, 1994; Wolf, 1991). In the spirit of consumerism, advertising takes advantage of young women's heightened vulnerabilities, providing manipulated images of thinness and linking this imagery to symbols of prestige, happiness, love and success.

The media also create the illusion that media images are real and achievable. The problem is that repeated exposure to the thin ideal can lead to the internalization of an unattainable goal. One of the most important transformations a college student undergoes is the maturation of her body. Her body develops a more womanly shape, and she no longer can naturally maintain the waif look she may have had in high school. Until women are confronted with realistic images, they will continue to measure themselves against an unachievable ideal (Harrison & Cantor, 1997; Levine et al., 1994; Myers & Biocca, 1992; Richins, 1991; Silverstein et al., 1986; Stice et al., 1994).

Psychological Influences

Young women are especially vulnerable because they are in the process of forming their identity. Teenage and college years are a time when individuals negotiate their identity, with themselves and others. It is a period in life where individuals are expected, and sometimes encouraged, to try different roles on for size (Conger & Galambos, 1997). Young women also start facing important decisions and assuming larger responsibilities as they make decisions about their future.

Perfectionism

That is not to say that college women who develop anorexia are unable to succeed in their courses. Research indicates that women who develop anorexia have perfectionist tendencies, and

tend to strive for high achievements in every realm of their lives (Brown, 1993; Brumberg, 2000; Bulik et al., 2003; Hall & Ostroff, 1999; Joiner et al., 1997; Slade, Newton, Butler, & Murphy, 1991; Warner, 2003). Research also has shown that some women even compete within the eating disorder realm, vying with each other to become the thinnest or smallest. Some college women also learn dangerous lessons from their peers on strategies for achieving the thin ideal, including encouragement and instructions on how to engage in unhealthy behaviors, such as dieting and eating disordered patterns (Brumberg, 2000).

Working as a team of researchers, Bulik et al. (2003) uncovered a personality trait uniquely associated with anorexia nervosa and bulimia nervosa. The researchers identified perfectionism as a genetically influenced trait that might predispose a person to eating disorders. Perfectionism is a personality trait characterized by a tendency to be overly critical of one's own performance. While high achievers are driven by a goal to achieve, "perfectionists" tend to be driven by fear of failure. Perfectionists also tend to have an unusually high need for approval from others as well as a great fear of making mistakes (Bulik et al., 2003). Based on the findings of this study, what might differentiate women who develop an eating disorder from those who merely diet is an intense fear of gaining weight or becoming fat. Women who develop anorexia also might fear failure to attain the perfect body ideal (Grogan, 1999; Hall, 1993).

Several researchers have examined the tendency of an anorexic woman to be "perfectionistic." She has high standards and demands for herself, fueled externally, internally or both. Often, she strives for high achievements, and has a strong desire to please others, yet these desires conflict with an inner feeling of inadequacy that makes her feel helpless (Brown, 1993; Bulik et al., 2003; Hall, 1993; Slade et al., 1991; Thompsen, McCoy, & Williams, 2001).

Trying to attain perfectionistic standards for thinness and encountering media images of the thin ideal, most women set themselves up for failure. They are caught in a vicious cycle in which eating control efforts lead to increasingly unattainable goals for weight and body size or shape (Hall, 1993; Joiner et al., 1997). Rothenberg (1986, 1990) has confirmed the concept that women with anorexia are concerned with perfectionism. Their drive for perfection leads to the point of obsession when things go wrong. A woman with anorexia who is striving to meet the thin ideal becomes obsessed, not only with achieving thinness, but with being perfect in her efforts (Rothenberg, 1986, 1990).

Research has indicated that even after eight to 10 years of recovery from anorexia, women maintain some perfectionist characteristics (Casper, 1990). Srinivasagam et al. (1995) found that women who recovered from anorexia still had symptoms of perfectionism, but the symptoms had lessened compared to when the women were fully immersed in the disorder. Srinivasagam et al. (1995) suggested that weight loss exaggerates the intensity of concerns with perfection, but the core personality characteristic remains the same.

The concept that personality characteristics such as perfectionism are maintained, even after a woman has achieved long-term recovery from anorexia is not surprising when placed in a socio-cultural context. Not only do women with anorexia contend with a *personal* tendency to seek outside approval for perfection, they also are encouraged by the media to do so (Steiner-Adair, 1986; Wolf, 1991). Bordo has contended that peer pressure, perfectionism, and body-image distortion “exist in cultural time and space” along with “all those other elements of individual and social behavior that clinical models have tended to abstract and pathologize” (pp. 119-120).

People Pleasing

Some of the perfectionist characteristics of women with anorexia also transfer to their social interactions. Research has indicated that women who develop anorexia often have not learned how to deal effectively with conflict, and they tend to turn to “people pleasing” as a coping strategy for interpersonal interactions. According to some researchers, “people pleasers” try to make others think highly of them, and more importantly, are concerned with not being disliked or rejected (Bruch, 1973; Hall, 1993; Kolodny, 2004). This type of personality may lead to an increased likelihood of striving for ideal body images portrayed in the media. As Bruch (1973) has noted, women with anorexia tend to be overly concerned with conforming to social expectations.

In an experimental study, Casper, Hedeker, and McClough (1992) found that women with anorexia had greater self-control, inhibition of emotions, and conscientiousness than control subjects. Several researchers have noted that such characteristics are indicative of someone who is likely to be a “people pleaser.” Women with anorexia seek approval of others, and mechanisms for doing so include exuding an unobtrusive personality as well as earning praise through high academic achievement (Bruch, 1973; Crisp, 1967; Strober, 1986).

Research has indicated that women with anorexia have not learned how to deal effectively with conflict (Botta & Dumlao, 2002; Seiffge-Krenke, 1995). Women who do not learn how to deal with conflict often turn to people pleasing as a coping strategy in their social interactions (Hall, 1993; Kolodny, 2004). Furthermore, researchers have found that lack of conflict management skills can powerfully affect a woman’s personal and social adjustment, including Lowering her self-esteem (Canary et al., 1995; Montemayor, 1983; Sullivan, 1953). One woman in recovery from anorexia has illustrated the struggle she has faced with low self-concept and self-esteem:

We had learned to please our friends and family to the exclusion of ourselves. In fact we had been so busy paying attention to the desires of others, that we didn't know ourselves very well. We did not get the nurturing we needed earlier in our lives, and it made us overly sensitive, vulnerable in relationships, and willing to lose ourselves by trying too hard. (Hall, 1993, p. 138)

More directly related to the dissertation topic, Striegel-Moore et al. (1993) have found that women who have higher needs for external approval are at higher risk for developing eating disorders. American culture promotes the image of the "superwoman," attaining and maintaining a stereotypical thin, attractive, and artificial beauty standard. Women who are highly attuned to social standards are "keenly aware" that their body's appearance and weight is a significant factor in how others perceive them (Maine, 2001, p. 130).

With a culturally encouraged focus on body shape and size, women who develop anorexia may struggle with the duality of maintaining health and meeting the cultural ideal. Garfinkel and Garner (1982) have contended that a woman who is seeking the ideal thin body will have her weight-loss behavior positively reinforced, which in turn, provides her not only with a sense of accomplishment and self-control, but also social approval and attention from others. In addition, some researchers have found that women who are in recovery from anorexia have difficulty letting go of the need for external approval from others, particularly when thin body standards are portrayed so pervasively in the media, a powerful and sometimes inescapable force (Esherrick, 2003; Peters & Fallon, 1994; Thomsen, McCoy, & Williams, 2000, 2001).

Desire for Identity/Control

Some researchers have contended that at the core of anorexia is a woman who is struggling for a sense of identity and control over her life (Bruch, 1973, 1974; Garfinkel & Garner, 1982). Brown and Gilligan (1992) have noted that adolescent girls in particular experience a period in their life where they lose their voice. An adolescent with a vulnerable sense of self may turn to anorexia as a mechanism to achieve autonomy (Bruch, 1973).

Bruch's theory has centered on the notion that at the core of anorexia is a lack of personal identity, and by focusing on losing weight and gaining control over her body, a woman with anorexia develops a sense of gratification, self-control, and achievement. For some women, pressures in college may be too much, and they turn to anorexia as a coping mechanism. If a woman focuses all her time and energy on calories and weight, she will not have time to focus on the real source of her stress. As her weight diminishes, she may start to feel like losing weight is the one thing that marks a clear success and culturally-rewarded accomplishment. This sense of achievement is not long-term. Eventually, the anorexia takes control, and any woman who desires recovery must acknowledge that the anorexia no longer serves a positive role in her life (Esherick, 2003).

Competitiveness

Another contemporary characteristic of women with anorexia is a sense of competitiveness (Brumberg, 2002; Burckle, Ryckman, Gold, Thornton, & Audesse, 1999). Brumberg (2000) has contended that women with anorexia compete in several realms of life, but their bodies themselves become an "instrument of competition" (p. 252). According to Brumberg (2000), a woman treated by Hilde Bruch expressed her discontent with other girls who were the same size as her or thinner. Another woman who had recovered from anorexia expressed her need to excel among her peer group in terms of clothing size. Maintaining a smaller size than anyone else had been part of her identity, and she felt "common" in a size 5 or 7, like she was just "one of the crowd" (p. 253). According to researchers, this sense of competitiveness remains, even once a woman has recovered from the behavioral symptoms of anorexia (Burckle et al., 1999).

Genetic and Biological Influences

Several researchers have investigated genetic and biological influences on the development of eating disorders. As the numbers of women diagnosed with eating disorders continues to rise

(Gordon, 1990; Steiner-Adair, 1986; Striegel-Moore et al., 1986), so has the genetic research, in part to find a cure or more effective medication-oriented treatment. The literature is vast, and a comprehensive review of the findings warrants an entirely new dissertation topic. Thus, the findings will be reviewed briefly, with just the main points covered.

One biological factor that researchers have identified as a predictor of body dissatisfaction and is body type or body composition. As noted above, body dissatisfaction increases the likelihood of a woman developing an eating disorder. Body Mass Index (BMI) is the most prevalent means of measuring weight. Researchers have found that women who have a higher BMI are more likely to report body dissatisfaction (Dionne, Davis, Fox, & Gurevitch, 1995; Mortenson et al., 1993). McCabe and Ricciardelli (2001) found that women with a higher Body Mass Index (BMI) perceived their mothers to have encouraged weight loss and to have provided negative feedback in general regarding their bodies.

The Voices of Women in Recovery

After reviewing the multi-faceted nature of body image, body dissatisfaction, and the development of eating disorders, one can see that the recovery process from anorexia may be equally complex. Clinicians and researchers have acknowledged that recovery from eating disorders is a complex process (Brown, 1993; Brumberg, 2000; Hall & Ostroff, 1999; Kolodny, 2004; Peters & Fallon, 1994; Root, 1990), but few studies have explored the various aspects of the process (Esherick, 2003; Peters & Fallon, 1994; Malson, 1998; Thomsen et al., 2001; Woods, 2004), and none have examined how women in recovery from anorexia experience recovery with a specific focus on how media are implicated. Much of the research has focused on the etiology and treatment of eating disorders (American Psychiatric Association, 2000; Kordy et al., 2002; Levitt & Sansone, 2003; Strober et al., 1997).

Research examining women with eating disorders primarily has focused on treatment outcome with a focus on behavioral alteration (Hesse-Biber, Marino, & Watts-Roy, 1999; Kordy et al., 2002; Jordan, Redding, Troop, Treasure, & Serpell, 2003; Rastam et al., 2003; Steiner & Lock, 1998; Richards et al., 2000; Strober et al., 1997; Wentz, Gillberg, Gillberg, & Rastam, 2001). As Herzog, Hamberg, and Brotman (1987) have noted, “they focus on what the person does rather than what she feels or who she is” (p. 546). The emphasis in treatment outcome studies has been on quantifying alleviation of the symptoms of the disorder. Quantitative measures are useful for making specific variable comparisons, but they leave no allowance for recovered women to be an active participant in the study and reveal factors about the recovery process that are meaningful to her.

Even feminist theorists have acknowledged the complexity of eating disorders, the recovery process, and the women’s meanings of the symptoms, but few studies have empowered women in recovery from anorexia to “teach *us* what is involved in the process of recovery” (Peters & Fallon, 1994, p. 340). As several studies have indicated (Esherick, 2003; Grogan, 1999; Malson, 1998; Steiner-Adair, 1994; Peters & Fallon, 1994; Thomsen et al., 2001), the most convincing data in qualitative inquiry resides in the women’s voices, those who have made the journey through recovery and can speak more directly to the core issues.

Peters and Fallon (1994) conducted a qualitative study with a “semistructured, dialogue method of interviewing” (p. 340). The focus of the study was to examine women’s experiences with treatment of bulimia and what recovery meant to them. The women were self-identified as recovered or in the process of recovery, with an average asymptomatic time period of 1 year, 3 months. The main findings that emerged from the study were the psychological and social changes in the women’s lives.

In particular, the women talked about three main ideas. The first concept involved the women's transformation from denying the eating disorder to accepting the reality of the need for change—in their thought patterns regarding body image, food, and eating behaviors. The second main concept to emerge from the study was reconnecting with others in healthy, social relationships that allowed them to express feelings. Gaining a sense of personal power was the third concept, which meant that the women were less passive about their lives; they made goals for their futures and developed strong attitudes about the cultural standards for beauty in terms of acceptable weight and size. In gaining awareness of the societal factors that contributed to their disorder, the women expressed anger. They were angry about the cultural expectation to be thin, angry about the media perpetuation of the thin ideal, and angry about the pressures from the diet industry.

Peters and Fallon (1994) found that the most difficult aspect of recovery for the women in their study was learning to be more accepting of their natural body shape and size. The participants also expressed the challenge of developing a strong enough sense of self-esteem to ignore the media reminders about the thin body ideal. To avoid regressing to the normative discontent, the women recognized that when they were feeling unhappy, they needed to acknowledge the true source of their emotions, rather than allowing the media-promoted body dissatisfaction to slip in. As Kolodny (2004) has contended, “an eating disorder is a symptom, a signal that something is wrong in a person's life...an eating disorder usually masks what really needs to be corrected” (p. 21). Interpreting the findings of their study from an active audience perspective, Peters and Fallon (1994) noted that when the women were exposed to media messages encouraging body dissatisfaction, their “thoughts needed to be decoded” (p. 344) to reject the cultural values imposed on them.

Peters and Fallon (1994) also found themes reflecting a feminist ideology. The participants in the study acknowledged their need to develop new, assertive communication skills. Rather than merely being valued for their compliance to cultural standards, the women had to unlearn the importance of appearance and take stock in their ability to be direct, articulate, expressive women.

Anger and distrust were the predominant emotions expressed by the women who had recovered from bulimia. Several women expressed outrage at media messages promoting the thin ideal. Peters and Fallon (1994) noted their skepticism and overt anger at what the women now perceived to be a “sexist ‘bill of goods’” (p. 351).

Thomsen et al. (2000) conducted an 18-month study with 28 participants using ethnographic interviews conducted at an eating disorder treatment facility. The women were at an outpatient treatment center, but were not necessarily actively engaged in a recovery process. In fact, the terminology used to describe the women in the study indicates that the women identified themselves as anorexics as opposed to women in recovery.

The goal of the study was to understand the impact of the mass media in the patients’ lives and the ways in which these women have used the media to shape their identities and to reinforce their eating-disordered cognitions and behaviors. More specifically, the authors were interested in anorexic women’s experiences with women’s beauty and fashion magazines and television programs that promote a “thin ideal.” The researchers’ choice of qualitative methodology was guided by their interest in exploring and understanding how these outpatients had the women “used” the media and how that use had influenced the onset and continuation of their eating disorders—from the patients’ perspectives.

The primary focus of the study evolved into an examination of issues related to self-reported data provided by “anorexic outpatients.” Thomsen et al., (2000) were particularly concerned with trustworthiness and credibility because research indicates that anorexic women have skewed, distorted images of themselves as well as the world around them. Their paper included outcomes of the interviews, but the bulk of the paper described methods employed by the authors to enhance credibility and trustworthiness of their analysis. The authors took the perspective that they needed to proceed cautiously and skeptically with self-reported data from anorexic women because they have an “intense desire to present a particular public persona” (Thomsen, McCoy, & Gustafson 2000). Research indicates that women still suffering from anorexia are “notoriously protective of their private experience” (Vitousek, Daly, & Heiser, 1991, pp. 647-648) and those who are still in denial may “omit, conceal, distort, or misrepresent facts related to their behaviors and internal experiences” (Thomsen et al., 2000).

These concerns and others expressed in the study reflect the assumption that the women in the study were still entrenched in their eating disorder and though some of them may have started the recovery process, they were at the “denial end of the continuum” (Peters & Fallon, 1994, p. 342). In fact, Thomsen et al. (2000) make reference to starvation serving as a potential threat to trustworthiness because the participants would not be capable of thinking clearly, and their ability to provide an accurate account of their experiences might be hindered (Polivy, 1996; Vitousek et al., 1991).

The skepticism of the researchers indicates that the women would not be considered to be in recovery as this dissertation has operationalized the term. While the nature of the participants in the Thomsen et al. (2000) study was different, some of the methodological concerns discussed

provide useful guidance for this study. A study with women who have been recovered for at least six months will yield insightful information and add to the body of literature on this topic.

Woods (2004) conducted a qualitative, open-ended, electronic email survey investigating the experience of recovery from anorexia nervosa and bulimia nervosa for people who did not seek extensive professional treatment. Her method of recruiting participants was unique, but there were several limitations to her study that did not allow for rich, insightful data. To gather participants, Woods (2004) placed several hundred survey flyers on bulletin boards throughout a midwestern university campus. The flyer's headline read: *Recovery from Eating Disorder Study*

If you have recovered from an eating disorder without extensive outpatient or inpatient clinical treatment, and would assist with a study on your experience of recovery, please contact (e-mail address). This eight-question e-mail study is confidential and can be answered anonymously. Your input is important and greatly appreciated. (p. 362)

At the bottom of the survey were tear-off e-mail address tab strips. Throughout the semester student assistants monitored and replaced the flyers. After communicating with people who expressed interest in participating, Woods (2004) sent an eight-question survey online. She also included a survey cover page with the study purpose, an explanation of confidentiality, a short demographic section, instructions on paper mail-in for anonymity assurance, and a statement thanking the participant for his or her time and generosity.

Despite referring to the study as qualitative, the people who participated in the study were termed "respondents." In addition, the questions were all grand tour in nature, with no follow-up prompts:

(1) When did your eating disorder symptoms begin/emerge? (2) How did they start? (3) What factor(s) led to the development of your behavior? (4) What behaviors did you engage in? (Please list or describe all behaviors.) (5) Was there a key turning point in the initiation of your recovery? (6) Did you see/consult with any of the following: physician(s) therapist(s) or dieticians(s)? If yes, please describe: Who was consulted? How often? Length of treatment? (7) Do any physical and/or psychological aspects of your eating

disorder persist? Please describe. (8) What and/or who do you find most helpful in keeping you from your former behaviors? (p. 362)

Another limitation of the study was the diverse, yet small sample size. Twenty-two respondents completed the e-mail survey. Four respondents had been in hospital and inpatient treatment programs prior to recovery, so they were not included in the findings. Of the 18 respondents who reported recovery without treatment, 16 were female, and two were male. Seventeen of the respondents were white, and one female respondent was African-American. Eight females and one male reported suffering from purging type bulimia, six females and one male reported restricting anorexia, and two females reported binge-eating/purging type anorexia nervosa. The respondents also started their disordered behavior at different ages, ranging from 12 to 17. All respondents were competitive high school athletes, but their sports varied. For example, ten of the participants were in gymnastics or cheerleading, one person was an elite junior level figure skating, four females and one male participated in cross country or track, one female played softball, and one male played football.

There were some characteristics that were the same. For example, all respondents were 18-21 years of age and full-time students. All respondents also met the DSM-IV (American Psychiatric Association, 2000) diagnostic criteria for anorexia nervosa or bulimia nervosa prior to recovery. The respondents also reported some level of excessive exercise throughout the duration of their disorder.

Despite some of the methodological issues in the study, a few findings are interesting and relevant to this study. For example, even after recovery, thirteen of the female respondents noted that accepting a higher weight or larger clothing size remained difficult, even “troubling” even after recovery (Woods, 2004, p. 365). This finding underscores the emphasis on socially acceptable clothing size for women typically perpetuated in the media.

The results of the study also supported notions of socio-cultural theory, despite the questions *not* addressing specific issues of pressure to be thin. According to Woods (2004), respondents expressed concepts that eating disorders were “culturally produced and culture-bound syndromes” (p. 366). A common theme found in all the female responses was the “importance of being exceptionally slender and fit in order to compete, gain positive attention, and win love and admiration” (p. 366). Woods (2004) also noted that the respondents expressed the “normative nature of their disorder,” that even after recovery, the respondents did not question the “necessity of meeting ‘ideal standards’” (p. 367).

Woods (2004) also drew a connection between the respondents’ participation in athletics, and their coaches either overlooking or praising the respondents’ weight loss. According to Woods (2004), the respondents had described behavior “in the mid 1990s, when eating disorders were well recognized and widely publicized in the general press. The coaching attitudes described by the respondents in this study should be rare exceptions” (p. 367).

The Challenge of Recovery

In general, researchers have found that the longer a person suffers from an eating disorder, the more challenging it may be to recover (Esherick, 2003; Hall, 1993; Hall & Ostroff, 1999; Kennedy & Garfinkel, 1992; Kolodny, 2004; Richards et al., 2000). Clinicians are still trying to determine the best method of treatment for long-term recovery, particularly given the rates of relapse and mortality (Esherick, 2003; Richards et al., 2000).

Several researchers have conducted follow-up studies, ranging from six months to 21 years, with women who have been treated for anorexia. The research indicates a continuum of recovery, ranging from full recovery to death. Some women achieve full recovery, with a strong commitment to ending all symptoms of anorexia, as well as working on underlying emotional

and cognitive issues. Some women recover from the dangerous physical symptoms, but never fully resolve underlying issues (Keel et al., 2003; Löwe et al., 1996; Richards et al., 2000).

Research results vary for mortality rates, with the highest estimates at about 10% within 10 years of initial diagnosis (Richards et al., 2000; Sullivan et al., 1998). According to Sullivan et al. (1998), the mortality rate due to complications from anorexia is 12 times greater than the general death rate for women aged 15-24.

Quantitative studies have found several factors most frequently linked to relapse in recovery from an eating disorder. Feelings of anxiousness, nervousness, depression, loneliness, disappointment, or anger may lead to a relapse. Other factors include an inability to cope with one's feelings, relationship problems, or failure at something important. Research also has indicated that factors frequently triggering relapse include weight gain, marriage, divorce, a change in one's social support network, a new job, financial difficulties, or any other significant life change (Palmer & Roberson, 1995; Root, 1990; Woodside, Kohn, & Kerr, 1998). What the research has lacked was a more in-depth understanding of how the *media* may have contributed to the relapse or death rates. Women may recover from anorexia, but they still must live in a world bombarded with continuous messages about the thin ideal.

The Recovery Process

In her dissertation work, Esherick (2003) conducted in-depth interviews with 14 formerly anorexic women to gain a better understanding of how women recover from anorexia. Her approach was from a more clinical psychology perspective, so her questions did not ask specifically about media use and exposure. Through the interviews, she gathered useful information about factors pertaining to recovery that may be relevant for this study. Common themes evolved pertaining to motivation to recover as well as factors that helped the women achieve full recovery. Factors related to the motivation and desire to change included the

perception of unconditional love, acceptance and concern from others; an increased awareness and frustration of the negative impact anorexia had on their lives; and a sincere hope for the future.

Esherick (2003) found that once the motivation to recover was in place, the women had to work on several personal identity issues as well as learning mechanisms to cope with their feelings. Esherick (2003) saw the woman's recovery work as progressing in three phases. The first phase was one of self-discovery, learning how to get in touch with their feelings and developing a sense of self. In the second phase, the women learned to accept and value their feelings and personal identity. Self-expression defined the third stage of recovery, when the women started to express their feelings to others without using food as their voice. In this phase, the women also developed a more assertive communication style that allowed them to stay true to their sense of self.

According to Hsu, Crisp, and Callender (1992), a patient with anorexia must make a conscious decision to get well, and she must be willing to embark on the journey of recovery. What leads to women wanting to achieve recovery? Researchers differ in their perspectives. Some researchers have indicated that a patient hits rock bottom or decides that maintaining the eating disorder has become too draining (Rorty, Yager, & Rossotto, 1993). Others have found that women find strength and motivation to recovery because they grow out of their need to express emotions through a disorder and become more confident and secure in achieving a more mature, adult role in life (Collings & King, 1994). Their self-esteem may have increased, they may have severed an unhealthy relationship, or the health risks of maintaining the disorder begin to outweigh their fears of medical, social, or professional consequences (Hsu et al., 1992; Rorty et al., 1993).

In a secondary data analysis, Woodside et al. (1998) have explored the non-media, qualitative aspects of the recovery and relapse processes of anorexia and bulimia nervosa. They have studied factors that played a role in the motivation, maintenance of recovery as well as factors that let to relapse, temporary and more long-term recovery.

After studying the literature and running an aftercare group for women with eating disorders, Woodside et al. (1998) had the opportunity to observe several hundred patients who had been admitted and released from a hospital program for eating disorders. Their observations have provided critical insight into the factors affecting recovery and relapse in women who have had anorexia nervosa. The treatment programs, the researchers observed, both day and inpatient, were intensive. They studied the patients over a 6-month period of time as the women progress, recovered, or relapsed. Following this time period, Woodside et al. (1998) had noted some repetitive patterns, and were able to identify four patterns of recovery.

Pattern one represents patients who maintain a good, stable outcome, follow their meal plans and use appropriate strategies to avoid eating disorder behavior. Her weight remains stable, and she returns to normal life activities, school or work related. Pattern one also involves creating meaningful relationships with others and disconnecting from relationships that cannot be salvaged or are unhealthy.

Pattern two, as indicated by Woodside et al. (1998), involves immediate relapse, with rapid cessation of recovery efforts and no significant period of normal eating. This group of patients immediately begins weight loss, despite retaining attachment to treatment resources. Usually relapse occurs within two weeks of discharge from an inpatient program.

Women in recovery who fall into pattern three experiment a little with their recovery plan and may initially lose some weight, but they quickly realize that the “costs of the experiment

outweigh the benefits and get themselves back on track, either on their own or with some therapeutic help” (Woodside et al., 1998, p. 235). If the women get back on the recovery track within 6-8 weeks, then the initial weight loss would be considered a “slip” (p. 238) and not a long-term relapse.

Those women who fall into pattern four resemble a partial relapse or slip, but rather than getting back on track, they continue to lose weight, and eventually may disconnect from treatment altogether. For all patients in recovery from eating disorders, Woodside et al. (1998) have found that the first 3-6 months following treatment are the most critical time period for determining long-term outcome.

Limitations of Previous Research

As discussed in this chapter, research indicates the common depiction of the female body in the mass media are unrealistically thin, and that females are frequently exposed to these images and often make negative comparisons with themselves. The evidence is unclear whether media exposure causes body dissatisfaction in all women. However, there is compelling evidence to suggest that exposure to idealized images of slender women is more likely to harm the body satisfaction of certain groups of females and those who have certain individual vulnerabilities. Further research is needed to explore all of the possible vulnerability characteristics so that efforts at reducing body dissatisfaction in young females and women can be targeted appropriately.

To date, no one has explored how women recovered from or in the latter stages of recovery from anorexia negotiate media messages. Existing studies primarily have been surveys or experiments. Surveys have offered some understanding through correlation data, but have not talked to the women about their interpretations of the thin ideal message. Experimental research has illustrated instantaneous media effects with stimuli in a controlled, unnatural setting. Some

qualitative studies have interviewed women who are in inpatient facilities or are in the initial stages of outpatient treatment. Some researchers have interviewed women who are in recovery from any eating disorder or bulimia, but with no age restrictions and no specific focus on the media.

Furthermore, no studies on this topic have combined qualitative interviews with a methodology such as a media diary. As Chapter 3 will discuss in more detail, the media diaries guided the construction of the interview questions for this study. In addition, the diaries allowed me to examine media usage patterns of the women and gather qualitative information on their interactions with and thoughts about the media.

Contributions of This Study

To the researcher's knowledge, this is the first study to combine the methods of a media diary with interviews about how women negotiate thin ideal media messages. As a result, the study contributes to a better understanding of how women who have overcome this dangerous disorder navigate their way in a media-saturated world. Their thoughts and feelings about today's media messages provide key insights for treatment and recovery programs.

CHAPTER 3 METHODOLOGY

The purpose of this research is to explore, within a cultural context, the media experiences of women who are in recovery (or recovered) from clinically diagnosed anorexia nervosa. Qualitative inquiry allowed me to gain insight into the environmental climate in which the female participants in this study came to understand, respond to, and makes sense of their experience with the media's potential contribution to the onset of and recovery from their eating disorder.

Research Question and Benefits of this Study

A qualitative approach is most appropriate for exploring the research questions for this dissertation: How do women who are in recovery from anorexia negotiate media messages about the thin ideal? How do they interpret media messages, what do they attend to, and what do they find meaningful? As indicated in the previous two chapters, the thin ideal is a socio-cultural value that is reflected, created, and perpetuated in the American media. This dissertation explores the potential media influence, both positive and negative, on the participants' recovery process from anorexia.

Low recovery rates (Keller et al., 1992), and high mortality rates (Herzog, Keller, & Lavori, 1988) for eating disorders, underscore the need understanding how media literacy can play a role in eating disorder prevention programs, which are still in an infancy stage (Irving & Berel, 2001; Shisslak & Crago, 1994). Some researchers even have questioned the usefulness of prevention programs, given powerful sociological factors such as the media's emphasis on the thin ideal (Shisslak & Crago, 1994; Vandereycken & Meermann, 1984). The rich data gained from this qualitative study provides support for educational prevention programs and also may

provide clinicians and inpatient treatment programs with insightful and relevant information on more effective eating disorder treatment plans.

Justification for Using Qualitative Methodology

The majority of the research on body image, women, and the media has been experimental in nature. Studies with experimental methodology typically have exposed women to media that have a high proportion of thin ideal body images and measured the effects on self-esteem, body dissatisfaction, eating disorder symptomology or some combination thereof. Some researchers have used women's fashion magazines, body-oriented television shows, or videos to expose subjects to imagery (Harrison, 2001; Heinberg & Thompson, 1995; Myers & Biocca, 1992; Richins, 1991; Stice et al., 1994; Stice & Shaw, 1994; Waller et al., 1992). Others have used photographs or slides of thin women or fashion models as a stimulus (Grogan, Williams, & Connor, 1996; Hausenblaus et al., 2002, 2004; Henderson-King & Henderson-King, 1997; Irving, 1990; Posavac et al., 1998; Waller et al., 1992).

This dissertation is qualitative in nature because qualitative methodology is most appropriate for exploring and understanding socio-cultural, mediated phenomena. As McCracken (1988) has contended, "Without a qualitative understanding of how culture mediates human action, we can know only what the numbers tell us....Qualitative research is useful because it can help us to situate these numbers in their fuller social and cultural context" (p. 9).

Qualitative analysis results in a different type of knowledge than does quantitative inquiry. Whereas quantitative researchers seek causal determination, prediction, and generalization of findings, qualitative researchers instead seek illumination, understanding, and extrapolation to similar situations (Strauss & Corbin, 1990).

Qualitative research is often characterized by its emergent design (Charmaz, 2006; Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1998), in which the investigator proposes a flexible

plan for the study based on concepts generated from the participants as well as the investigator's own evolving thought process. The researcher is free to adapt data-gathering methods and analytic strategies to the emerging themes of the study. This type of design is particularly appropriate for this study because it empowered the participants, allowing them to have a voice in the process and outcome of the research (Fallon et al., 1994).

Qualitative researchers also tend to use inductive analysis of data, meaning that the critical themes emerge out of the data (Charmaz, 2006; Corbin & Strauss, 1990; Daymon & Holloway, 2002; Denzin & Lincoln, 2000; Lindlof & Taylor, 2002; Lincoln & Guba, 1985; Patton, 1990). The challenge of qualitative analysis lies in the ability of the researcher to put the raw data into logical, meaningful categories; to examine them in a holistic fashion; and to find a way to communicate this interpretation to others.

It is in the spirit of a feminist approach to research that I selected the methodology for this study. Striegel-Moore (1994) has contended that qualitative researchers need to make a "serious effort to hear 'women's voices'" (p. 440) and use a broader spectrum of methods. In addition, as Peters and Fallon (1994) have contended, it is important to include interviews that are collaborative enough to allow participants to inform researchers of what is most meaningful to them, allowing for a more "textured analysis" (p. 340). An emergent design is particularly important in the field of eating disorders because the disorder itself reflects complex psychological and socio-cultural issues (Peters & Fallon, 1994).

Grounded Theory

Grounded theory is one of the most widely used approaches to qualitative social science research (Locke, 2001). It offers a mechanism for generating theories about areas of research for which there is little already known, or for which, there are few existing theoretical explanations (Goulding, 1998, 2002). Its usefulness is also recognized where there is an apparent lack of

integrated theory in the literature (Goulding, 2002). Grounded theory also “adapts well to capturing the complexities of the context in which the action unfolds” (Locke, 2001, p.95). According to Gales (2003), the process of grounded theory assists the researcher in retaining connections to broader social contexts.

While there is an abundance of literature regarding body image, eating disorders, and the media, there is a paucity of qualitative research in this area, particularly with regard to women in recovery from anorexia and how they negotiate media messages, making this dissertation topic fertile ground for grounded theory.

Participant Requirements

In order to be included in this study, the women needed to have a previous clinical diagnosis of Anorexia Nervosa, no current diagnosis of any eating disorders, and evidence that they were in recovery or were recovered. The women were all previously diagnosed with Anorexia Nervosa based on the criteria defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), most recently published in 2000. They also no longer met the clinical diagnosis for anorexia nervosa or for any other eating disorder. (See Appendix A for diagnostic criteria for Anorexia Nervosa, Bulimia Nervosa, and Eating Disorder Not Otherwise Specified.)

Women with anorexia often have purging tendencies, and for many of these women, their disordered eating behaviors transform into bulimia, particularly after an extended time of food deprivation (Brown, 1993; Hall, 1993). After a discussion with a key informant, I decided that women in this study also may have been diagnosed with bulimia or another eating disorder, but at some point in their life, they *must* have been diagnosed with anorexia. This participant requirement is based on the notion that to be diagnosed as anorexic, the women would have had to not only *desire* a thin body, what the media portray as ideal, but also have *achieved* that goal.

Interviewing women with this experience allowed me to tap into a unique perspective regarding the media's portrayal of thinness as a desirable trait.

The women in this study also were required to be in recovery (or recovered) from anorexia. The basis for this decision was that the women would have experienced what it is like to have a thin body, gone beyond what is considered to be healthy weight loss, and then gained enough weight back to be considered physically healthy. After speaking with my key informant, I defined recovery more specifically. The participants needed to have worked through the underlying reasons for their eating disorders enough to understand that eating disorders are a coping mechanism (Brown, 1993; Hall, 1993; Johnston, 1996; Maine, 2001; Siegler, 1993).

Participants for this dissertation were women, primarily in their 20s, a population for which eating disorders and the recovery process are most predominant (American Psychiatric Association, 2000). Increasingly, females are struggling with anorexia, an eating disorder that often starts at puberty, or around age 18 (Beaumont & Touyz, 1985; Bruch, 1981; Garner & Garfinkel, 1980; Seldman, 2004; Shisslak, Crago, Neal, & Swain, 1987; Striegel-Moore, 1993).

Discussion of Recovery and Relapse

Given the lack of consensus in the literature of what constitutes specific terminology with respect to eating disorder recovery, a discussion of the terminology is warranted. Kordy et al. (2002) provided a general framework for the operationalization of the terms episode, partial remission, full remission, recovery, relapse, and recurrence. An episode is a period of time “

An *episode* is a period...during which the patient is consistently within the full symptomatic range on a sufficient number of symptoms to meet syndromal criteria for the disorder. A *partial remission* is a period during which the individual is no longer fully symptomatic, but continues to show evidence of more than minimal symptoms. A *full remission* is a period...during which an improvement of sufficient magnitude is observed that the individual is asymptomatic (i.e., has no more than minimal symptoms). A *recovery* is a full remission that lasts for F days or longer. A *relapse* is a return of symptoms satisfying the full syndrome criteria for an episode that occurs during the periods of

remission, but before recovery. A *recurrence* is the appearance of a new episode of the disorder and thus, can occur only after a recovery. (p. 835)

Kordy et al. (2002) also have found the literature to contain two primary components for their definitions of recovery terms. The first component was what symptoms change and to what degree. For example, researchers might have focused on the severity of weight loss as well as the magnitude of anorexic attitudes toward weight and food using a particular measure. Wentz et al. (2001) required “the sustained absence of weight deviation, compensatory behaviours, and deviant attitudes regarding weight and shape, including weight phobia (i.e., the absence of constant worry or rumination over weight, the possibility or imminence of weight gain, or need for vigilance over eating and weight control)” (p. 615). Their definition of recovery also required “a relaxed attitude towards eating in general (no tension at mealtime and the ability to enjoy eating with other people)” (p. 615).

The second primary component in the literature was the *length* of the change. Strober et al. (1997) have defined full recovery with respect to eating disorder symptomology as individuals who “have been free of all criterion symptoms of anorexia nervosa or bulimia nervosa for not less than 8 consecutive weeks” (p. 345). Other researchers (Rastam et al., 2003; Wentz et al., 2001) have provided more time with respect to length of recovery, requiring individuals to have been free from eating disorders symptomology for more than six months.

The criteria for the participants were based on the suggestions in the literature (Rastam et al., 2003; Wentz et al., 2001). I required the participants to have been free of clinical diagnoses for at least six months. Lack of clinical diagnosis for anorexia nervosa also meant that the participants maintained a body weight at or above a minimally normal weight for age and height (more than 85% of that expected). The participants no longer had an *intense* fear of gaining

weight or becoming fat. Their body weight or shape had minimal influence on their self-evaluation, and they had consecutive menstrual cycles for at least six months.

Definitions of Recovery

There is a lack of consensus about the definition of recovery in the literature. This section will provide some useful perspectives on definitions of recovery that guided my view of how to select the most appropriate participants for this dissertation. The following definition is a perspective I learned as I have proceeded through my recovery process.

It [recovery] is unique to each person, but in every case demands commitment, determination, and willingness. It means exploring new behaviors, developing new ways of thinking, and sitting with some inevitable emotional and sometimes physical discomfort. It requires hard work and a great deal of risk taking—not just in terms of food and weight. Recovery obliges you to open up, to discover and share parts of yourself, and to connect with the people in your life. It is a dynamic, constantly-evolving process with perspectives that continually shift. (Hall & Ostroff, 1999, p. 54)

This perspective views recovery as an ongoing process—that individuals who are in recovery gain continual self-awareness and may achieve and maintain periods of being asymptomatic through their lives. Those who adopt this “recovering” model emphasize the necessity to remain alert and aware that their eating disorder, or perhaps some other addictive behavior, could return during periods of stress. While women in recovery firmly assert that while their eating disorder may no longer impede their ability to live life fully, they also acknowledge that it will always be a part of them (Hall & Ostroff, 1999).

According to Miller (1993), a woman in recovery from an eating disorder, has expanded on the “recovering” or “in recovery” model, as it pertains to eating disorders. Her view is similar to one adopted in 12-step and addictions groups:

While I believe that it is entirely possible to overcome an eating disorder and create ‘normal,’ guilt-free eating patterns, I also think that it is very hard for an addictive person to avoid switching to another mood-altering obsession, whether it be spirituality, sex, shopping, caffeine, alcohol, drugs, or exercising. These are the deep-seated roots that led me to abuse food in the first place, and because I’ll always be the same type of personality,

I'll always be in a recovering state of mind, open to new issues, new possibilities, new growth. (p. 148)

These models of recovery offer advantages to individuals who are committed to healing, but continue to struggle with issues in their recovery process. For women who occasionally relapse, the “recovering” model allows for an occasional, temporary “slip,” without encouraging women to berate themselves for not being strong or committed enough. The recovery model allows room for self-acceptance and gentle forgiveness as women make strides toward healthy eating. The philosophy can be particularly helpful in the early stages of recovery, when eating in a healthy manner feels more like a loss of control. Recovering anorexics are encouraged to maintain a meal plan and abstain from foods or situations that might trigger their restricting behavior, similar to the “abstinence” approach in drug and alcohol programs.

There are other models of recovery, including the “recovered” model, which has indicated that individuals can become completely free from anorexia. This model takes a more hard-lined approach, viewing “recovered” individuals as able to eat a wide variety of foods, including those that they once adamantly refused to touch. The “recovered” individual also has eliminated her obsession with starving, purging, calorie counting, weight, and body shape. Both the recovery and the recovered model necessitate rigorous work, but those who adopt the recovered model have asserted that all negative thoughts and self-destructive behaviors related to the eating disorder can be completely worked through and become part of the past.

For the purposes of this study, the participants were selected using the “recovery model,” but each woman’s experience with and approach to recovery is unique, and some participants considered themselves to have progressed far enough along the recovery continuum to have “achieved” what the “recovered model” would consider complete recovery. “Women in recovery from anorexia” were defined as women who are far enough along the recovery continuum to

have made a commitment to healing and maintaining awareness of their emotions. In all cases, the women were aware of foods or situations that might trigger their eating-disordered behavior (if they still had any), and were aware of how their eating disordered behavior was symptomatic of underlying issues. The women all had learned to use “recovery tools” as opposed to turning to their eating disorder as a coping mechanism. All the women were at a medically healthy weight, and their eating disorder was not at a stage where it impeded their ability to live life fully. Many of the women were fully “recovered,” meaning they were no longer “symptomatic,” and they had worked through all their underlying issues. Some women were close to that stage with an occasional relapse.

Serpell et al. (1999) conducted a study of letters written by women with anorexia about the positive and negative aspects of their disorder. The researchers found an equal number of “pro-disorder” and “anti-disorder” themes (p. 179). Both themes provide useful information for a measuring stick of recovery for this study. For example, of the 10 negative themes, the women most commonly wrote about three: a food theme, a social theme, and a control theme. The food theme included feeling controlled by food or being upset by constant food thoughts. The social theme included descriptions by the women of losing friends and relationships because of the anorexia. The control theme included the women’s descriptions of the power and control of the anorexia, including a sense that the disorder had taken them over.

Of the 10 positive themes in the study, six were most frequently described: safety, attractiveness, confidence, a sense of being special, structure, and emotion avoidance. The safety theme included women describing the disorder as helping them to feel safe, cared for, and protected. The attractiveness theme was purely about physical beauty, in terms of meeting perceived cultural expectations. The confidence theme was closely related, in that the women

expressed feeling confident about having achieved a culturally defined body ideal. The sense of being special included a feeling of being different from or even superior to others who were unable to meet the cultural pressure of slimness. The structure theme was coded when women expressed the anorexia as providing structure or control in their lives. The last of the most commonly expressed themes was avoiding uncomfortable emotions. This theme included women's descriptions of anorexia serving as a numbing device or distraction, allowing them to avoid addressing painful emotions.

In terms of helping to define recovery, the findings by Serpell et al. (1999) can be quite useful. For example, a woman who is truly recovered from anorexia would no longer use the eating disorder as a crutch or tool to deal with everyday issues and emotions. She would have overcome obsessive thoughts about food and no longer would feel as if anorexia controlled her life. In addition, she would have made strides in the social and personal realms of her life, patching up old friendships and relationships, or adopting new, more healthy ones. A woman in recovery from anorexia also would have a sense of safety and security in the world, but not due to the distraction of her disorder. She would have gained a sense of self-worth and strength through personal insight and developed confidence in her ability to achieve reasonable and realistic personal goals. Most importantly, a woman in recovery would have developed the ability to identify and appropriately express positive, negative, and uncomfortable emotions. Certainly, no one is capable of achieving complete control over emotions all the time, but women in recovery from anorexia should at least have established a sense of trust in their ability to do so as an alternative to engaging in eating disorder behavior.

The participants recruited for this study had achieved recovery from the physical symptoms of anorexia. They also had overcome undue obsession and preoccupation with their weight and have found alternative means to fuel their self-worth.

Recruiting the Participants

Central to gaining insightful data for this dissertation was my ability to ensure that the participants felt comfortable enough to share their sincere feelings, thoughts, and reactions with me. To establish a sense of trust, I initially recruited the participants through two therapists: Dr. Roberta Seldman, Counseling Psychologist for the University of Florida Student Health Care Center and UF Athletic Association, and Dr. Ellen Emerson, Ph.D., Assistant Director for Clinical Services at Georgia Southern University in Statesboro, Georgia.

Drs. Seldman and Emerson served as key informants (Daymon & Holloway, 2002; Lincoln & Guba, 1985; Warren & Karner, 2005). They assisted with the recruitment of appropriate volunteers to participate in the study: women who have recovered or are in the process of recovery from anorexia.

Conducting interviews with sensitive populations often poses a number of problems for qualitative researchers. Access is often the greatest challenge (McCracken, 1988). As the “key informants,” Drs. Seldman and Emerson had intimate knowledge of some women who served as participants. Their involvement with the women as therapists put them in an excellent, trustworthy position to recruit appropriate volunteers who are far enough along in the recovery process to participate in the study. In a positive therapeutic relationship, a psychologist establishes a sense of trust, which made the participants more comfortable when Drs. Seldman and Emerson asked women if they would like to participate in the study.

As recommended by Denise Long, a Grants Specialist at the University of Florida Institutional Review Board, I prepared a script for Drs. Seldman and Emerson to use when

asking appropriate women if they would like to participate in the study. The script is included as Appendix B.

The script fulfilled the requirements of the IRB, but ultimately Drs. Seldman and Emerson told me that they would prefer not to read the script to the women. Their therapy sessions had time limitations, and they suggested that I provide them with a hard copy of my criteria and my contact information. In addition, they suggested that I post a Web site with additional information so the women could review what participation in my study entailed and determine if they were interested in contacting me. The Web site just provided a brief introduction of who I am, my contact information, why I was doing the study, and the type of participants I was looking for. It also provided information about what participation in the study would entail, a media journal example, and some informed consent material.

The key informant at Georgia Southern also asked me if the women she referred as participants could have clinical diagnoses other than eating disorders. To avoid excessive variation in my sample, I decided that in addition to being recovered from anorexia, the participants could not have other *severe* clinical psychiatric symptomology that interfered with social, occupational or school functioning. Many women in recovery from eating disorders discover that they have other underlying issues, which are *not* severe, particularly when treated with therapy and/or medication, such as depression, anxiety, or obsessive compulsive disorder (Bardone-Cone et al., 2007; Bulik et al., 2003; Godart et al., 2006).

To ensure that I was not interviewing women with severe psychiatric symptoms, I instituted minimal requirements in terms of whether the women who participated in the study were currently in therapy. If they were in therapy, and most of them were, the work needed to be on an outpatient basis and no more frequent than once per week.

About the Participants

A total of 55 women contacted me about participating in my dissertation. Of those, 18 women chose not to participate in the study for various reasons. Some women initially thought they would have time to participate, but then they got caught up with school work (usually graduate school) and decided that they would not have enough time to participate. Other women slipped back into their eating disorders or had other personal issues develop in their life that precluded them from participating. In addition, there was one woman I chose not to interview because she did not meet the criteria for the study.

Pseudonyms

I used pseudonyms to protect the confidentiality of the participants. Most of the participants selected their own pseudonyms. For participants who did not have a pseudonym in mind, I randomly selected and assigned one. I was the only person who had access to the information linking the pseudonyms to the participants' identities.

Age

The women ranged in age from 18-51, with age 27 as the mean and age 25 as the median. The most common age for the participants was 22, illustrated in Tables 3-1 and 3-2.

Purposeful Sampling

My research employed purposeful sampling, an approach that has been recommended by several researchers to select participants who shared rich and in-depth information central to the purpose of the research (Daymon & Holloway, 2002; Lindlof & Taylor, 2002; Patton, 1990). Grounded theory explores complex phenomena where little understanding exists. Sampling typically is not be planned in detail prior to the study, but rather is directed by the emerging theory (Goulding, 1999). As concepts were identified and the theory started to develop, I realized

that additional data was necessary to strengthen the findings, which led me to “theoretical sampling” (Coyne, 1997; Goulding, 1999; Patton, 1990) discussed below.

Table 3-1. Breakdown of ages with mean and median

Age	No. of participants
18	3
22	7
24	2
25	4
26	3
27	2
28	1
31	3
32	1
34	3
39	1
46	1
51	1
Mean	27
Median	25

Table 3-2. Names and ages of the participants

Name	Age	Name	Age	Name	Age
Abigail	26	Eliza	22	Metkit	46
Alexandra	24	Faith	25	Michelle	27
Amanda	25	Grace	31	Molly	28
Barbara	27	Isabel	22	Nicole	22
Charlotte	31	Jamie	34	Noah	34
Christina	22	Jane	34	Ramona	26
Courtney	22	Jordan	25	Rylie	18
Diamond	26	Kerry	25	Sarah	24
Eda	51	Kristin	18	Sunshell	22
Emma	31	Lulu	39	Veronica	22
Enchantment	18	Lindsay	22		

Typical Case

Within the broad category of purposeful sampling, Patton (1990) has identified 16 specific types, one of which is “typical case sampling” (p. 173). I originally had planned to use only this category of sampling to illustrate or highlight cases that are not “extreme, deviant, or intensely

unusual” (p. 173). According to Patton, typical case sampling is often used with the cooperation of key informants, in this case, two therapists, who were able to assist with identifying what was “typical” for women in recovery from anorexia.

Through typical case sampling, I was able to gain six participants for my study. Dr. Seldman mentioned my study to several women over the course of several months, and of those women, three contacted me to participate in the study. One woman was a senior at the University of Florida who was completing her internship at a local hospital in Gainesville, Florida (Christina). Another woman was a freshman at the University of Florida, who had been started taking courses on campus during the summer prior to her the official start of the Fall 2005 semester (Rylie). The third woman Dr. Seldman referred to me was a high school senior. She had been seeing Dr. Seldman in her office at the University of Florida, but had just recently ended her therapy sessions because of the level of her recovery (Enchantment).

In the meantime, I was in contact with Dr. Emerson, and we met on two separate occasions to discuss my dissertation and to prepare documentation for the Georgia Southern University IRB. Once I had approval from Georgia Southern’s IRB, Dr. Emerson and I met one additional time in person to clarify the exact type of participants I was looking for. (See section on Criterion Sampling below.) We continued to communicate via e-mail and phone for several months while Dr. Emerson referred several women to my study, three who contacted me and participated. One of the women was a current student taking graduate courses at Georgia Southern (Diamond), one woman was completing her requirements for her B.S. in nutrition off campus in the Atlanta area (Sarah), and one woman had recently graduated from Georgia Southern (Jordan).

The population I chose to research turned out to be much more difficult to access than I originally had anticipated. Given the limited number of participants I had recruited with just two

key informants, I needed to incorporate additional sampling strategies to reach a point of “theoretical saturation” (Glaser & Strauss, 1967, p. 110), a critical part of grounded theory approach. Theoretical saturation is reached in the data collection, when no new information arose and no new themes or concepts emerged (Daymon & Holloway, 2002; Glaser & Strauss, 1965; Lincoln & Guba, 1985; Lindlof & Taylor, 2002; Patton, 1990). Consequently, I employed four additional sampling strategies, thus taking the 16th approach to purposeful sampling as discussed by Patton (1990, p. 181), “combination or mixed purposeful sampling.”

My sampling methods certainly were “tempered by recognition of practical tactics” as Patton (1990, p. 73) has suggested. Lacking an ideal situation with unlimited, plentiful access to appropriate participants, I chose to incorporate a combination of the most appropriate sampling strategies to provide me with as many information-rich cases to illuminate the research questions for this dissertation. The additional sampling strategies included: snowball or chain sampling, theory-based or operational construct sampling, stratified purposeful sampling, confirming and disconfirming cases and opportunistic sampling. Each one is briefly discussed below.

Snowball or Chain

As I progressed in the research and had difficulty gaining sufficient participants through my initial “key informants” (see below), I shifted to what Patton (1990, p. 176) refers to as “snowball or chain sampling,” which generates a study sample through referrals (Daymon & Holloway, 2002; Lindlof & Taylor, 2002; Patton, 1990). The snowball sampling method is useful for sensitive subjects and allowed me to gain access to participants that otherwise might not have been accessible. Researchers with similar research topics have used this method of participant recruitment combining therapist referral with the snowball method (Esherick, 2003; Malson, 1998; Peters & Fallon, 1994; Thomsen et al., 2000).

The two “key informants” referred me to qualified colleagues, some of who were able to assist with the selection of additional appropriate participants (Biernacki & Waldorf, 1981; Daymon & Holloway, 2002; Patton, 1990). Dr. Emerson provided me with several referrals to qualified professionals that allowed me to expand the number of participants for my study. Dr. Emerson discussed my study with her colleagues at the Counseling and Career Development Center at Georgia Southern and asked them to refer any appropriate women to my Web site. She also referred me to several other therapists in the immediate and surrounding area who might be able to identify additional participants. Three colleagues of Dr. Emerson each referred one or two women to my study, one of whom was the first participant for my dissertation (Isabel). Another participant was a senior psychology student at Georgia Southern (Lindsay). The third woman recently had transferred to Georgia State University (Veronica), and the fourth woman (Noah) had recently completed her Ph.D. in psychology at another institution, but was in Statesboro in August for a friend’s wedding.

Another one of Dr. Emerson’s colleagues, Terry Till, R.D. L.D. referred several women to my Web site, but only one woman participated (Charlotte). Dr. Emerson referred me to four colleagues outside Georgia Southern University. The first person she referred me to was Barbara Harris L.P.C., a therapist in Statesboro, who had worked with one woman who was in recovery and was interested in participating in the study (Courtney). Dr. Emerson also referred me to two therapists in Savannah, Drs. Ann Davis and Woods Miller. I met with both of them in person, and they had worked with several women who would be appropriate for the study. Ultimately, one woman participated who was referred by Dr. Davis (Eliza) and one woman participated who was referred by Dr. Miller (Eda).

I joined the Academy for Eating Disorders (AED) Forum as recommended by one of Dr. Emerson's referrals. At the time, people who were on the listserv included professional psychologists and psychiatrists, as well as graduate students working on various degrees in psychology. Initially, I just read the e-mails that came in to get a sense of the nature of discussions on the listserv. When a string of messages about recovery from eating disorders started, I sent a note out about my study, requesting that any therapists who knew women who were in recovery (or recovered) from anorexia refer appropriate people to my Web site, which had additional information about my study. This e-mail proved to be fruitful. I received four or five responses from therapists on the listserv commenting on how valuable my research would be and letting me know that they would refer appropriate women to my Web site. Over the next several months, I received several e-mails and phone calls from women expressing interest in participating in my study, 10 who participated (Abigail, Alexandra, Barbara, Grace, Jane, Kerry, Molly, Nicole, Ramona, and Sunshell).

Theory-Based or Operational Construct

Theoretical sampling is often the most appropriate type of sampling for grounded theory (Daymon & Holloway, 2002; Glaser & Strauss, 1967; Patton, 1990). As the data is collected, and ideas begin to emerge, the researcher *then* determines what the most appropriate sample is to study next. I did start with "typical case" sampling, but after completing some initial interviews with similar participants, I realized that I needed to select some different types of individuals to explore new ideas and extend some emerging theories.

I interviewed a woman who had completed a summer program at UF and was about to start her freshman year in college. Rylie definitely fit the criteria of having recovered from anorexia, but in the interview she indicated significant body dissatisfaction. "I hate my body but I see past the external, you know, I just hate my body. I hated my body when I was wearing a size 0, and I

hate my body now that I'm a size 8." Rylie also mentioned her older sister having gained weight as a freshman: "My sister went here actually for her first year. UF, and she gained a lot of weight; she gained the freshman 50. (She laughs.) Just kidding, no she didn't gain that much."

Shortly after the interview with Rylie, Dr. Seldman referred me to a girl who was a senior in high school (Enchantment). She provided insight regarding how age relates to media usage and interpretation, which is discussed in the findings.

Stratified Purposeful

I later interviewed another woman who was 18 and a senior in high school, which Patton (1990, p. 174) likely would describe as "stratified purposeful sampling." The sample size was "too small for generalization or statistical representativeness," but it did capture some insight in terms of age variation and level of education (Patton, 1990, p. 174).

The two high school participants sharply contrasted with an interview I conducted with a woman who was in her young 30s and had a child. Originally, I had not thought about how much having a child might alter someone's media consumption and perception. I hadn't given thought to marital status or motherhood as considerations for my population. Then, I was referred to a woman who had a 3-year-old daughter, and I realized that a few more interviews with women with young children might help "to capture major variations" (Patton, 19990, p. 174) that might emerge from the participants with young children. At this stage, I selected participants at least partially on the basis of a theory that was emerging from the initial analysis of the data (Patton, 1990; Strauss & Corbin, 1990) "not to provide a perfect description of an area, but to develop a theory that accounts for much of the relevant behavior" (Glaser & Strauss, 1967, p. 30). Of the 32 participants I interviewed, three of them had children, all under the age 4.

The participants from the AED forum led me to incorporate stratified purposeful sampling to capture another potential "major variation" (Patton, 1990, p. 174). Two of the women referred

to me by a therapist on the AED forum were lesbians. I decided to include four additional lesbian participants to explore any potential variation based on sexual orientation. A sample size of six is “too small for generalization or statistical representativeness” (Patton, 1990, p. 174), but the findings have indicated that there were not any differentiations in the participants’ perspectives based on sexual orientation.

Confirming and Disconfirming Cases

One of Dr. Emerson’s colleagues referred me to a woman who was 51 (Eda). At that point in the data collection, I realized that it would be interesting to contrast the younger participants with someone who had been diagnosed with Anorexia Nervosa in the 1960s, at a time when the diagnosis was relatively rare. I was at a point in the research when I was testing my initial ideas and examining potential emerging patterns in the findings (Patton, 1990). Eda served as a “disconfirming” case, and Patton (1990) has suggested that such cases can be “exceptions that prove the rule or exceptions that disconfirm and alter what appeared to be primary patterns” (p. 178).

According to Glaser and Strauss (1967), theory generation does not require several cases. Even just one case can be used to generate conceptual categories, and a few more participants can be used to confirm the categories.

Opportunistic

The last of the additional sampling strategies I incorporated was “opportunistic” which allowed me to “take advantage of new opportunities” (Patton, 1990, p. 179). I came to this decision because I had recently moved to Atlanta and become involved with the Eating Disorders Information Network (EDIN). In addition to working as a therapist with Powers Ferry Psychological Associates in Atlanta, Dr. Zeckhausen also is the founder of Eating Disorders Information Network (EDIN), a non-profit organization dedicated to awareness and prevention

of eating disorders. Through her work with EDIN, as well as her job as a therapist, she had access to many women who were in recovery from eating disorders. In fact, Dr. Zeckhausen informed me that all of the 50 EDIN volunteers had either recovered from an eating disorder themselves or were close to someone who had. At this point in my research, I had interviewed 24 women, but given how long it had taken me to gain access to those participants, I could not turn down an additional key informant who had access to several women who, not only fit the criteria for my study, but also would allow me to explore some emerging themes. As a result, I met with Dr. Zeckhausen a couple times to discuss the goals of my dissertation and the criteria for the participants, and she referred the remaining eight participants (Amanda, Emma, Grace, Jamie, Kristin, Lulu, Metkit, and Michelle) to my study.

Later in my research, I interviewed a woman who was 46 (Metkit). Not only was she close in age to Eda, but she also had two children, a 6-month-old and a 2-year-old, so she added to the stratified purposeful sampling of women with young children. As Glaser and Strauss (1967) have noted, at times it's good to gain sensitivity to differences between groups and establish a more definite set of conditions when a category can exist.

In addition, Metkit was extremely intelligent and articulate. When I initially spoke with her on the phone, she had indicated that her faith in God was instrumental in her recovery process, which was an emerging theme in my research. During our initial phone call, Metkit also had shared that she had been a victim of rape, and she had just realized the connection between the rape and her development of her eating disorder. Most of the women I interviewed had been victims of rape or sexual assault, which reflects the literature (Smolak & Murnen, 2002; Treuer, Koperdak, Rozsa, & Füredi, 2005).

Methods

Patton (1990) has suggested that there is a “rich menu” (p. 65) of alternative methodological options for qualitative research.” In that vein, I selected a combination of methods that expand the boundaries of traditional methods to explore participants’ experiences. To investigate the research question, two qualitative methodologies were employed: media diaries and semi-structured interviews.

Media Diaries

Media diaries have the potential to offer invaluable insights from the participants’ point of view directly after media consumption while their thoughts and immediate interpretations are fresh. Daymon and Holloway (2002) have indicated that diaries allow the researcher to “collect data about the responses of informants according to their interpretations and within the worlds in which they live” (p. 221). As suggested by Daymon and Holloway (2002), I decided to use a loose structure, with an open format for the media diaries to encourage participants to record thoughts and feelings about media messages that were personally meaningful to them.

I posted a Web site for the potential participants so they could learn more information about the study. As suggested in Lindlof and Taylor (2002), I provided participants with instructions regarding the type of information to include in the diary. I also provided a sample media diary so the participants would better understand the type of information to include. Appendix C illustrates the media journal example as well as what one of the blank sheets looked like for a day of the week. When participants initially contacted me, I also shared my personal interest in the topic, provided a clear sense of purpose for the study, provided participants with clear reasons why they had been contacted, described the goals of the study, and explained how the study was going to be conducted (Corbin & Strauss, 1990; Daymon & Holloway, 2002; Lindlof & Taylor, 2002).

Recruiting enough participants for the study was a challenge, so I wanted to make the media journal as easy as possible for the participants. The Web site included a blank sheet for each day of the week that they could print out and write in, but I encouraged the participants to alter the format of the media journal to whatever was easiest for them. Many of the women did use the sheets from the Web site. Some women typed up organized, color-coded documents in Microsoft Excel or Microsoft Word. Others made their own hand-drawn charts on construction or notebook paper. One woman completed a 6 x 9 spiral-bound notebook with her information for each day.

At some point in the research process, a participant commented that the media journal was much less complex to complete than the Web site made it appear. This comment led me to simplify the description of the media journal that I had on the Web site. I also told the participants that the media journal could be as simple or complex as they'd like it to be.

When a woman contacted me about participating in the study, I explained the purpose of the media journal either on the phone, or in person, depending on where the participant lived. I also had the information included on the Web site. I explained that the intention of the media journal was to allow the participant to pay more attention than she normally would to her media exposure. By recording her media exposure, she might notice things she normally would not think about, such as glancing at a magazine while in a checkout line or casually browsing through a magazine while in a doctor's office.

I also explained that I was looking for what a typical week looked like for the participant in terms of media usage. Even if the week that she completed the media journal was not typical, I let her know that I would cover that in the interview with the second question: "What might a typical week look like for you in terms of media usage?"

In addition, I made it clear that there was no need for the participant to intentionally expose herself to certain media if that was not typical for her. I made it clear that I was trying to get a sense of what media participants typically were exposed to by choice or circumstance. I allowed for days when they might not be exposed to any media, and as much as possible, encouraged them to act as they normally would during any other week.

The media journal served as a tool for me to capture a slice of the participants' typical media exposure and perceptions. There were six components to the media journal: date, time of day, medium, the participant's location, activities, and thoughts. The time of day was included to get a sense of when the participants had the most media exposure—morning, afternoon, or evening. The location and activities portions were included to see if the participants were actively or passively consuming media. With regard to the thoughts section, I told the participants to jot down thoughts *if* they had any. I explained that not everyone has thoughts at all when watching TV or reading a magazine, that sometimes we are completely tuned out. As much as possible, I encouraged the participants not to write anything that felt forced.

As stated earlier, the participants kept a media journal for seven days, starting on any day of the week that was convenient. One week was a time frame long enough to gather meaningful information, but not so long that the women felt that participation in the study was taxing on their time. The diaries allowed me to examine media usage patterns of the women and gather qualitative information on their interactions with and thoughts about the media. I also used the information in the media diaries to guide the construction of semi-structured interview questions.

The media diaries served as a catalyst to facilitate the women's recall of their media usage during the interviews. Having the women record information for a week prior to the interviews

encouraged the participants to reflect on how they experience the media and aided their ability to better articulate their media usage.

The media diary can provide a wealth of rich information about people's daily media consumption. According to Lindlof and Taylor (2002) "letters, diaries, journals, notes, scrapbooks—can provide insights into the construction of personal beliefs, identities, relationships, and communicative styles" (p. 117). Furthermore, the media diary can provide information to account for a third-person theory effect, which is the idea that "media affect others, but not me" (Baran & Davis, 2003, p. 30). In previous studies, women have expressed patterns indicating a third-person theory effect (Thomsen et al., 2000).

While this study did not indicate a third-person effect, I did notice that some participants tended to have more oppositional readings in their interviews than they did in their media journals. While this was not true across the board, it may warrant further examination in a future study. Additional discussion of the media journals may be found in Chapters 4 and 5.

Asking the women to record their media usage and express their thoughts and observations over a one-week time period allowed me to tap into their routine daily lives, as opposed to a recollection of their experiences, which might have cause them to overlook any media influence. In addition to recording their actual media usage, I asked participants to include any thoughts or observations they had. This technique follows the suggestions of Lindlof and Taylor (2002) for participants to share their reactions to media content, "usually in a free narrative" (p. 118).

Media diaries can offer a significant source of information when combined with other methods, in this case, in-depth interviews (Lindlof & Taylor, 2002; Patton, 1990; Riessman, 1993; Strauss & Corbin, 1990). As suggested by Lindlof and Taylor (2000), I conducted the

interviews the interviews shortly after the participants completed their media journal so they were able to recall the details they included in the journal.

The choice to use media journals was based in part on a study by Steele and Brown (1995). To learn more about teenage girls' use of the mass media, the researchers had participants spend one month recording in journals whatever they saw or heard in the media about sex and relationships. When the girls completed the journaling, the researchers interviewed each girl her media usage and interpretations. Steele and Brown (1995) have indicated that the personal journals and photographs the girls shared "opened up an unexpectedly rich vein of information about adolescent identities and media use" (p. 551).

In a similar manner, this dissertation combined media diaries with in-depth interviews to provide access to rich information about women's recovery process from anorexia and how they negotiate meaning from the media on a daily basis. Both the journals and any supplementary material the participants chose to include helped me to "reconstruct past events or ongoing processes that are not available for direct observation" (Lindlof & Taylor, 2002, p. 117).

Interviews

The primary purpose of the interviews was to serve as a follow-up to the questions in the journal, and to prompt for further detail, with the goal of getting "past the formal and ordinary description...into the hidden social and cultural realities" (McCracken, 1988, p. 72). Initial ideas for the prompts are included as a discussion guide in Appendix E, but the questions altered somewhat based on concepts the participants introduced in their media journals. As mentioned previously, this dissertation has an emergent design, so after I reviewed the media journals, I slightly refined or adjusted the questions for the discussion guide as appropriate.

I conducted the interviews in a location that was most comfortable for the individual participants. I encouraged them to select a location that would allow them some level of privacy

and would be conducive to using a tape recorder. The location of the interviews included: my Georgia Southern office, the participants' home, coffee shops, a church, and outdoor parks.

Initially I interviewed women in Gainesville, Florida and Georgia (Statesboro, Savannah, and the Atlanta area). Then, as I expanded my sampling strategies, I also expanded the region where the interviews took place. The areas I flew to included: Omaha, Nebraska; Seneca Falls, New York; Glastonbury, Connecticut; Providence, Rhode Island; Kansas City, Missouri; Seattle, Washington; Springfield, Illinois; and Baton Rouge, Louisiana.

After completing the interview process, I usually felt connected in a meaningful way to the participants. We both had shared intimate information about ourselves, and I ended each interview with a hug. Typically the interviews lasted about two hours, but there was a period at the beginning where we spent time getting to know each other, and after the interview was over, we'd often spend time talking as well. In some cases, not including the interviews for which I traveled, I talked with the participants for three or four additional hours. Many of the participants expressed a desire to keep in touch, and I have been in contact with most of them via e-mail and phone.

The interviews allowed me to obtain a personal narrative from the participants. Riessman (1993) has indicated the value of the individual story through personal narrative, enabling culture and history to "speak itself" (p. 5). In addition, qualitative researchers have contended that it is necessary for the researcher to facilitate the interview in such a manner as to encourage participants to share meaningful information. Researchers also have stressed the importance of asking interview questions that open topics for discussion in a collaborative manner and allow participants to answer in ways they find meaningful (Holstein & Gubrium, 1995; McCracken, 1988; Mischler, 1986; Riessman, 1993). Thus, the questions for the interviews were designed to

allow the participants considerable freedom in their responses, while providing enough guidance to stay focused on the research topic at hand.

Initially, I asked grand tour questions followed by mini-tour questions that went into more depth (Daymon & Holloway, 2002; Lindlof & Taylor, 2002; McCracken, 1988; Riessman, 1993). The discussion guide also included some “time-line questions,” “memorable-tour questions,” and “experience questions” (Lindlof & Taylor, 2002, p. 198). As the term grand tour suggests, the interviewer “goes along on a tour through the word—pictures painted by the participant....The participant ‘educates’ the researcher by pointing out the key features” (Lindlof & Taylor, 2002, p. 197). The grand tour questions were intended to provide a starting point for the in-depth interviews. As necessary, I followed up with additional questions to provide clarity or ask for more specific information.

The most appropriate data for this study are the personal narratives of the participants, and the combination of the media diary and interview allowed women who are in recovery from anorexia to recount their history in their own words. As Peters and Fallon (1994) have contended, “Women who have recovered from bulimia are essential sources of information for clinicians and researchers who hope to understand and treat eating disorders successfully (p. 352).” Along the same vein, it was critical to hear the stories of the participants in this study to understand how they negotiate the meaning of media messages.

Several researchers have incorporated semi-structured interviews when studying women in recovery from eating disorders (Esherick, 2003; Malson, 1998; Peters & Fallon, 1994; Thomsen et al., 2000; Tolman & Debold, 1994). This type of methodology has allowed previous researchers to further understand the complexity and intricacies of the recovery process. In

addition, Peters and Fallon (1994) found that the women whom they interviewed felt empowered by being “viewed as the experts” (p. 340).

As Malson (1998) has indicated, the semi-structured interviews allowed her to deviate from the view of the “thin woman as an object of medical discourse” to the “everyday discourses that constitute and regulate women’s experiences of eating and not eating, of losing and gaining weight, of embodiment, gender and identity (p. 103).”

Malson (1998) has expressed the value of the qualitative research approach, particularly when exploring women’s experiences and the “production of gender” (p. 103) within a socio-cultural context. In the quotation below, she has expressed that the researcher is an integral part of the study, viewing qualitative interviews as a discourse or dialogue, as opposed to a more rigid, structured interview.

As with other discourse-analytic studies, these interviews were not viewed as a means of eliciting facts about anorexia. Rather, they were social and emotional interactive processes in which we discussed experiences and ideas about ‘anorexia’ and about femininity and in which my own subjectivities both as interviewer and as fairly thin woman were also significant. First the sharing of various subject positions may have diminished the inevitable power differential that exists between researcher and researched. And these shared discourses, subjectivities and experiences will have had some effect on the dynamics of the interview process, on the ways in which the interviewees articulated their ideas and experiences and later on the ways in which I analysed the interview transcripts. (p. 103)

The complexity of the recovery process from eating disorders was captured with the voices of the women, providing *them* with the opportunity to describe what was healing and challenging to them. Research indicates that recovery from eating disorders involves much more than stopping the behaviors of restricting for anorexia and bingeing and purging for bulimia. In addition to ceasing the physical symptoms, recovery also entails making strides toward health and well-being psychologically and socially (Hall, 1993; Hall & Ostroff, 1999; Kolodny, 2004; Serpell et al., 1999).

During my research, I did find that I needed to slightly alter the phrasing of the questions and the methodology because some of the findings that were emerging indicated that additional material would be useful for developing a well-conceived, reflexive-participant-based theory. For example, I added in a couple questions related to movies and the Internet. This notion reiterates why it is so important for qualitative researchers to maintain an open mind, and to be “mindful,” not allowing their research lenses to be colored, or even lightly tinted, by any pre-existing ideas, one’s own, or those of others. The discovery process is *encouraged* in true qualitative research, as researchers explore unknown territory to further understand concepts or find concepts and ideas they didn’t previously know existed. The narrative itself leads to *verstehen* (Corbin & Strauss, 1990). The idea is to allow for all possibilities.

Establishing Trustworthiness and Credibility

Qualitative research has some inherent weaknesses, but I took measures suggested in the literature to prevent anything that might undermine the trustworthiness and credibility of the findings (Campbell & Stanley, 1963; Lincoln & Guba, 1985; Lindlof, 1995; Lindlof & Taylor, 2002; Riessman, 1993; Thomsen et al., 2000). One of the proven techniques for credible, dependable data is triangulation, which “involves a comparative assessment of more than one form of evidence about an object of inquiry” (Lindlof, 1995). For this dissertation, I used multiple methods (Lindlof, 1995; Lindlof & Taylor, 2002), including media diaries and in-depth interviews. Some of the participants also included samples of the media they had reacted to in their media journal, and we discussed their interpretations in further detail during their interview. In addition, several participants gave me articles, research papers, or artwork they had done that pertained to our discussions in the interview.

Several researchers have indicated the importance of having empathy and insight to achieve understanding, or *verstehen*, of the participants’ view (Boyle, 1994; Daymon &

Holloway, 2002; Patton, 1990). According to Patton (1990), a qualitative researcher can develop empathy from personal interaction with interview participants. Empathy also “involves being able to take and understand the stance, position, feelings, experiences, and worldview of others” (Patton, 1990, p. 56). Max Weber introduced the concept of *verstehen* to the social sciences to underscore the importance of understanding “the motives and feelings of people in a social-cultural context” (Patton, 1990, p. 57).

At the age of 13, I was diagnosed with anorexia nervosa, and I have been working on recovery from this disorder for the last 23 years. My personal experience with anorexia provided me with an emic, or insider approach when I initially interacted with the participants and when I collected the data for this dissertation. This perspective also proved useful in the final stages of analyzing the data.

After years of struggling with recovery from anorexia, I have developed an “insider’s perspective” (McCann & Clark, 2003, p. 10) which provided me with an invaluable understanding of the participants’ “ideas, feelings, experiences, and perceptions, rather than imposing an ‘etic’ or researcher/outsider perspective” (p. 10). This perspective was helpful in terms of allowing the participants to feel connected with me, by having shared a common, personal experience. In fact, I found that the more I shared with the participants about my personal experience, the more willing they were to share intimate details about their eating disorder, as well as their recovery process. These details were helpful during the process of axial coding.

Researchers also have indicated the need to balance the emic approach with an etic one when interpreting participants’ perspectives (Daymon & Holloway, 2002). According to Daymon and Holloway (2002), the researcher is part of the world she is studying and is affected

by it. Combining the etic and emic perspectives provides a rich insight, one that is deeper than would be possible solely from the participants or just from myself. In this type of qualitative inquiry, theory emerges from the reflexive nature of the study.

Analyzing the Data

According to Lincoln and Guba (1985), there must be a “belief in the assumption that what is known—be it an existent reality or an interpreted reality—stands independent of the inquirer and can be described without distortion by the inquirer” (p. 6). Qualitative researchers seek credible, quality data (Lincoln & Guba, 1985). To ensure the merit and validity of the data, I used data triangulation (Creswell, 1994; Lindlof, 1995).

Member checks (Lincoln & Guba, 1985) served as an opportunity for me to take the information back to the participants to check for accuracy on concepts and interpretations (Morse, 1994; Lindlof, 1995). Member checks also enabled me to compare my interpretation with the perceptions of the participants involved in the study. I was able to determine if I was presenting the realities of the participants in a manner that was credible to them, and I provided them with an opportunity to correct errors. The member checks also challenged my initial ideas to ensure the accuracy of the theories I generated and the rigor of the work as a whole (Daymon & Holloway, 2002).

Lincoln and Guba (1985) discuss the importance of trustworthiness, meaning, “How can an inquirer persuade his or her audience (including self) that the findings of an inquiry are worth paying attention to, worth taking account of?” “Truth value” (p. 290) refers to how the researcher establishes confidence in the accuracy of the findings, given the research question, the nature of the participants and the context of the study. The key to the “truth value” is in establishing *credibility*, in how the research is conducted and ensuring the findings are “credible to the constructors of the original multiple realities” (p. 296). Truth also reflects the degree to which

the researcher is confident that she has accurately represented the multiple realities revealed by the study's participants (Lindlof & Taylor, 2002). The findings must not only be accurate to the researcher, but also to the participants. As discussed above, credibility can be established with member checks to ensure the participants recognize the findings as true or accurate (Lincoln & Guba, 1985). In addition, the researcher met with the key informants to discuss and review the preliminary findings.

Several researchers refer to the “theoretical sensitivity” of the researcher (Glaser, 1978; Strauss & Corbin, 1990). Strauss and Corbin believe that theoretical sensitivity derives from a number of sources, including professional literature, professional experiences, and personal experiences, all of which I tapped into while working on this dissertation.

Theoretical sensitivity refers to a personal quality of the researcher. It indicates an awareness of the subtleties of meaning of data. ...[It] refers to the attribute of having insight, the ability to give meaning to data, the capacity to understand, and capability to separate the pertinent from that which isn't. (Strauss & Corbin, 1990, p. 42)

To guide the coding process, I used the grounded theory approach (or the constant-comparison method) pioneered by Glaser and Strauss (1967) and detailed in other sources (Daymon & Holloway, 2002; McCann & Clark, 2003; Strauss & Corbin, 1994). In grounded theory, researchers develop theories based on conceptual understandings that emerge from the study through an inductive process. The theories are “grounded” in the participants' experiences, but researchers add their own insight into why those experiences exist.

The notion of inductive reasoning is one of the most central and distinguishing feature of the grounded theory approach (Charmaz, 2006; Damon & Holloway, 2002; Glaser & Strauss, 1967). Charmaz (2006) has provided a succinct, clear definition of what is meant by induction: “a type of reasoning that begins with study of a range of individual cases and extrapolates patterns from them to form a conceptual category” (p. 188).

Rather than claiming neutrality from the research subject, Glaser (1992) has recommended that researchers avoid commitment to any specific pre-existing theory when entering the research site; rather, researchers should use their theoretical sensitivity (their knowledge, understanding and skill) to generate concepts from the data.

The goal of this dissertation was to generate theory by constant comparison analysis. “In discovering theory, one generates conceptual categories or their properties from evidence, then the evidence from which the category emerged is used to illustrate the concept” (p. 23). Using the constant comparative method, I ascertained patterns in the data from the media journals and interview transcripts, which led me to develop general concepts. According to Glaser and Strauss (1967), these concepts can then be built into broader theoretical propositions.

I completed all stages of the grounded theory approach, starting with “open coding” to identify themes that emerged from the raw data to the stage at which the category set became “theoretically saturated” (Glaser & Strauss, 1967, p. 110; Strauss & Corbin, 1990). As suggested by Strauss and Corbin (1990b, p. 6), “data collection and analysis are interrelated processes,” and the research process itself led me to some unpredictable avenues of exploration and understanding. Grounded theory is a method of discovery, one that grounds a theory in reality (Glaser and Strauss, 1967).

I followed open coding with the next stages of analysis as suggested by Strauss and Corbin (1990), “axial coding” and “selective coding.” Coding focused on the media’s role in the recovery process through the individual media diaries as well as the transcripts from the in-depth interviews.

Memos

Memos are short documents that the researcher writes (or types) as she analyzes the data (Charmaz, 2006; Glaser & Strauss, 1967; Strauss & Corbin, 1990) I wrote initial code notes and

theoretical notes as I was transcribing the interviews. As I continued to further analyze the data, both the media journals and the transcripts, I continued to write and integrate my memos to assist me with developing the emerging themes.

As dictated by traditional graduate school dissertation formats, Chapter 2 includes a review of the existing literature, which Strauss and Corbin (1990) would recommend. However, Glaser and Strauss (1967) have suggested that “an effective strategy is, at first, literally to ignore the literature of the theory and fact on the area under study, in order to assure that the emergence of categories will not be contaminated by concepts more suited to different areas” (p. 37). In his later writings, Glaser (1992) has emphasized the importance of ensuring that the literature be used later in the research, during the final analysis stages, when the researcher is more certain of the emergent categories and the relevant literature, as well as the researcher’s own personal experience can act as data.

In completing this dissertation, I incorporated the spirit of both approaches. As I began the process of analyzing the data, I set aside the literature and let the data itself guide the emerging categories to generate substantive theory and ultimately formal theory. The data analysis was inductive in nature, meaning that the critical themes emerged out of the data (Patton, 1990). As Glaser and Strauss (1967) have suggested, I began by generating substantive theory from the data and then allowed formal theory or alterations to existing formal theory emerge from the substantive theory, as opposed to using deductive logic.

Generalizability and Theoretical Validity

As I anticipated, the experiences of the participants were similar in some cases, but were not uniform. The repetitive themes and patterns allowed me to build theory, which may be applicable to people similar in nature to the participants in this study (Strauss & Corbin, 1998).

‘Generalizability’ refers to the applicability of a theory to other, more universal contexts (Auerbach & Silverman, 2003, Maxwell, 1992). Internal generalizability refers to the generalizability of a theory within the specific situation or population studied, while external generalizability refers to the generalizability of a theory *beyond* that specific context (Maxwell, 1992).

The grounded theory approach provides two levels of theory—abstract and specific to the situation (Auerbach & Silverman, 2003). Abstract theory has external generalizability, and is more holistic in nature, allowing for concepts and patterns that can be more broadly applied. Theory specific to the situation has internal generalizability, and is developed from the repetitive themes and patterns that emerge from the finding and may be applicable to similar situations. However, the applicability of theories specific to the situation is affected by the unique characteristics of the situation (Auerbach & Silverman, 2003).

Qualitative research is based on subjective, interpretive and contextual data (Auerbach & Silverstein, 2003; Glaser & Strauss, 1967; Maxwell, 1992; Strauss & Corbin, 1998). To increase internal validity and generalizability, I compared the emerging concepts and theorized relationships among the concepts to the relevant existing literature. This process provided me with confidence that the theoretical constructs “fit” the existing literature, thus providing “theoretical validity” (Auerbach & Silverstein, 2003; Maxwell, 1992). When appropriate, I included relevant literature in Chapters 4-9 to provide context for the results.

Presenting Grounded Theory

The presentation of grounded theory can be done in various ways. According to Glaser and Strauss (1967, p. 31), grounded theory can be presented either as a well-codified set of propositions or in a running theoretical discussion, using conceptual categories and their properties.” As is the preference of the founders of grounded theory, in Chapter 4, I present the

main categories in a more discussion-oriented format. However, as Chapter 4 will illustrate, the women in this study engaged in readings of the thin ideal that were diverse, complex, and sometimes contradictory. Consequently, in Chapter 5, I present a theoretically grounded typology to illuminate the most the most significant and meaningful aspects of the data.

CHAPTER 4 FINDINGS

The purpose of this study was to explore how women in recovery (or recovered) from anorexia negotiate the mediated thin ideal, a topic that has not been researched, particularly from a qualitative perspective. The findings from this study also illustrate the increasing importance of research about the influence of the advertising, fashion, diet, health, and exercise industries on our culture as a whole, and women in particular.

The goal of this dissertation was to generate grounded theory based on the media diaries and in-depth interviews of women in recovery (or recovered) from anorexia. According to Glaser and Strauss (1967), grounded theory is a “general method of comparative analysis” that provides “relevant predictions, explanations, interpretations, and applications.”

The media serve as a dominant institution, which portray and perpetuate a dominant cultural message that a thin body is the ideal for women. The women in this study *had* subscribed to that ideal, and in doing so, they eventually developed anorexia. Part of the participants’ recovery process entailed learning how to negotiate or resist media messages promoting the thin ideal. The intent of the study was not to establish cause and effect relationships, which are more appropriate for quantitative studies (Creswell, 1998). Rather, analysis of the data allowed me to identify various factors that serve to aid or hinder the ability of women in recovery from anorexia to refashion, reinterpret, or resist media messages promoting the thin ideal.

Perspectives of the Study

This dissertation is informed by socio-cultural theory and a feminist perspective, both of which will be discussed in further detail below. In addition, there will be a brief discussion of attractiveness as defined in Western society.

Many young women have dominant readings of the media, agreeing with and accepting ideology of the messages and the subjectivity that they produce. The women in this study were no exception. Previously, the participants had viewed media, particularly magazines, as a reliable resource for information about relationships, beauty, and fashion advice. In fact, many of the participants described how they used to view magazines as a “bible,” “a how-to guide,” or even “an instruction manual for life.”

Nearly all the women in this study made reference to magazines they read prior to their development of anorexia or in the midst of their active disease. Some of the most commonly mentioned magazines were *Cosmopolitan*, *Glamour*, *Seventeen*, *Self*, *Shape*, and *Fitness*. The participants described how they had poured through the pages, trying to learn how to be more beautiful, and thus, socially acceptable. As young adolescents, the participants had used magazines to inform themselves of where they fell in the scheme of the “appropriate” or “acceptable” body shape and size. Most of the women in this study no longer read magazines of this nature, or they tended to gravitate to content related to health and fitness.

The women in this study had worked so hard to attain mediated ideals of femininity that they sacrificed their health and well-being, eventually falling prey to anorexia. Once in recovery, the nature of their media interpretations altered. As the women in this study came to understand how the media were implicated in their obsession with the attainment of the thin ideal, and to the widespread body dissatisfaction in women, they developed negotiated, alternative, or oppositional readings.

This dissertation is based on the premise that individuals are able to negotiate meaning from media messages. “Negotiation” is a term generally associated with reception studies and Stuart Hall’s article *Encoding/Decoding* (1980) in which he has contended that all readings are

negotiated to some degree as opposed to passive acceptance of the preferred meaning. The women in this study certainly have indicated that they no longer passively accept the mediated ideal, but they had varying degrees of resistance informed by their personal life experience.

The women in this study had attained the thin ideal, and in doing so, they sacrificed their health and risked becoming a statistic in the high mortality rate for anorexia (Staresinic, 2004; Walsh & Klein, 2003). Through a feminist perspective, this dissertation explores how the women in this study became increasingly resistant to the inescapable mediated ideal.

Socio-Cultural Theory

Several researchers have suggested that socio-cultural theory has the strongest empirical support for the media's role in affecting women's body image (Grogan, 1999; Harrison & Cantor, 1997; Thompson et al., 1999). The essence of socio-cultural theory is that there are a number of social, cultural, political, and economical factors that influence the role of media on how women feel about their bodies and what their relationship is with food.

Most of the research in this area has approached the topic with this concept in mind—that the media do not act in isolation. The media do not directly cause a woman to develop an eating disorder; they are merely viewed as contributing factors to some women's negative body image. There are several other cultural and societal factors involved, including family, peers, ethnicity, identity, biology, and psychology. In terms of this study, some of the same factors that contributed to the development of the women's eating disorder also played a role in their current interpretation of media messages with regard to body image and the extent to which they were able to unravel their internalization of the thin ideal.

Many media theories would fall under the “effects” tradition, which follows the traditional model of communication, assuming a relatively passive audience as a receiver of information. Critical theorists, and more recently, cultural theorists, propose an *active* audience, one that

interacts with the content of the message and negotiates its meaning. Stuart Hall, originally from the University of Birmingham's Center for Contemporary Cultural studies, is the foremost proponent of cultural studies.

Known for developing reception studies, Hall proposed that there is an encoding and decoding process with media messages. The media sender disseminates a message, and the audience can decode the meaning of the message in at least three different ways: the dominant, hegemonic meaning (in which the viewer decodes the message in accordance with the intentions of its producers—preferred reading—thereby accepting the dominant/hegemonic ideology with which the message was encoded), the negotiated meaning (the message the sender intended with some alterations on the part of the audience), and the oppositional meaning (the audience interpreting the message in a manner opposite of what the message sender intended). Hall (1980) argued that while a dominant ideology constitutes the “preferred reading” of a media text, this is not automatically adopted by readers who may produce “negotiated” or “oppositional” readings based on their social position. Based on the findings from this dissertation, prevention of the development of eating disorders, and prevention of relapse once a woman is in recovery may lie in how women decode media messages.

An important factor in formulating resistant readings of media messages is the concept of polysemy, the presence of multiple meanings in a single text. However, polysemy does not mean that those meanings are equivalent. As Hall (1980a) has explained, “Connotative codes are not equal among themselves. Any society/culture tends, with varying degrees of closure, to impose its classifications on the social and cultural and political world. These constitute a dominant social order, though it is neither univocal nor uncontested” (p. 134).

Condit (1989) has contended that the representations of females in mass media messages are often structured to support the dominant ideology, one that often is oppressive and puts some degree of constraint upon the audience members' ability to formulate their own interpretations of these messages.

Feminism As a Filtering Lens

We are immersed in a patriarchal culture in which women's social, economic and political power are inextricably linked to appearance. Through their recovery process, the participants gained various tools to resist the dominant thin ideal as well as cultural-constructed messages about the importance of appearance for women. One of those tools was the adoption of a feminist ideology. As MacInnis (1993) has contended, "The ideal body is a sexist construct that serves to control women" (p. 74).

The participants typically learned about feminism through women's studies courses taken at the college level. However, some women in this study were introduced to feminist concepts by a therapist, nutritionist, or other member of their treatment team. Those participants who indicated they had taken at least one women's studies course tended to have more oppositional readings, particularly in terms of the overall importance of appearance, as well as media imagery contributing to female objectification and sexualization.

A feminist identity afforded the women in this study with some resiliency and resistance to media messages that contribute to women's subordination. The definition of resistance for this study was informed by *Exploring Feminist Women's Body Consciousness*, a 2004 article by Rubin, Nemeroff, and Russo.

Commonly expressed cultural ideologies about women's bodies in Western culture that support and perpetuate women's subordination include: (a) Women's bodies are never fine as they are; (b) Women should be constantly aware of, and attending to, their bodies; (c) Women should suppress their bodily appetites (i.e., for food, sex, emotions); (d) Women's bodies—their size, shape, style, and comportment—are texts through which their morals

and values will be read; (e) Women's bodies are objects and commodities; (f) Women's bodies exist to serve others; and (g) Beautiful women are thin and Anglo-featured (see Bartky, 1988; Bordo, 1993; hooks, 1992; and Kilbourne, 1994, for a more extensive review of these ideologies). (p. 28)

Feminism provided the women in this study with an alternative framework for interpreting media messages about women's bodies. Furthermore, adoption of feminist ideology supplied the participants with strategies to resist dominant ideologies about women's appearance on personal and societal levels.

As one of the most powerful influences in American culture, the media have the ability to influence societal understandings of what constitutes female beauty. The participants indicated that knowledge of feminism allowed them to be more conscious of how media messages implicitly define standards of attractiveness through limited representations of women. Feminism also allowed the women in this study to question culturally constructed representations of the ideal and to negotiate their own thoughts about their body and overall appearance.

Adoption of a feminist ideology allowed the participants in this study to become aware of how the media reinforce body ideals that oppress women as a group through persistent exposure to thin ideal images, and the lack of alternative "acceptable" body types. Although the women in this study learned to recognize the thin ideal for what it is, unrealistic and unattainable for most women, this did not eliminate their desire to adhere to the ideal. As some research has indicated, women may be able to critique media imagery promoting female beauty standards, while still feeling bound by such standards (Engeln-Maddox, 2005; Milkie, 1999; Rubin, Nemeroff, & Russo, 2004).

Women who were able to progress beyond *awareness* to a more critical analysis were better able to deconstruct the mediated ideal and tended to have less body dissatisfaction. From a feminist perspective, body dissatisfaction is of concern because it may contribute to excessive

focus on appearance-related issues, which detract from the intellectual and financial resources that could be spent on more empowering activities (Bordo, 1993; Kilbourne, 1994; Wolf, 1991).

Central to the feminist perspective is the notion of deconstruction, which involves a critical analysis of media messages (Denzin, 1989; Duffy, 1985). Those participants who were more media literate were better able to deconstruct media messages and adopt more oppositional reading positions. Such oppositional readings tended to be informed by outrage at the patriarchal construction of unattainable ideals, which previously worked to the participants' detriment. Furthermore, the women in this study expressed concern for the vulnerability of young women who lacked the knowledge that the participants had gained as they matured over time and progressed in their recovery process.

Feminism Not a Shield

Once the participants had started their recovery process, they worked hard to resist cultural messages about women's bodies, such as media messages that define what constitutes female beauty. Most of the women in this study became increasingly resistant to media messages that encouraged women to focus primarily on their appearance or weight.

In general, the participants' discourse indicated that feminism provided an alternative way to interpret cultural-constructed messages about gender and attractiveness. Feminism also seemed to serve as a tool for many of the women in this study to reframe potentially negative thoughts about their body image. However, as Rubin et al., (2004) have found, adoption of feminist ideology did not serve as a shield to their feelings about their own appearance and mediated beauty ideals.

Overall, feminism did *not* serve as an inoculation for the socio-cultural pressures to achieve the thin ideal. Research has indicated that belief in feminist ideology may allow women to criticize the need to conform to the thin ideal (Rubin et al., 2004; Tiggemann & Stevens,

1999). The findings from this study support this notion; however the participants' discourse suggests that feminism did *not* serve as a tool to outright reject the thin ideal and its associated benefits.

Several participants expressed ambivalence about opposing the importance of appearance, though they thought it was their "feminist obligation" to do so. Some of the underlying reasons for the women's conflicted feelings are explored further in two particular sections of this dissertation: *Still Value the Thin Ideal* and *Eating Disorders and Dichotomous Thinking*.

Attractiveness Equated with Thinness

Attractiveness is important in Western society, and one of the primary determinants of attractiveness is one's body shape and size. In our current society, attractiveness has been equated with thinness (Bordo, 1993; Brumberg, 1997; Goodman, 1995; Grogan, 1999; Seid, 1989; Striegel-Moore, 1994). The female "ideal body" is one that is slender, has long legs, is somewhat toned (and more recently) big breasted (Grogan, 1999; Harrison & Cantor, 1997; Seid, 1994). In addition, a thin female body symbolizes sexuality (Garner et al., 1980), intelligence (Silverstein, Perdue, Peterson, Vogel, & Fantina, 1986), and self-control (Nasser, 1988).

The media collectively serve as a powerful socio-cultural force because of their omnipresent nature. It is difficult to escape the media messages that are pervasively transmitted in Western society. What are those messages? In terms of body image and eating, the message *today* is that to be socially acceptable, well liked, and successful, a woman must be attractive and thin (Bordo, 1993; Seid, 1994).

According to Bordo (1993), the media disseminate two female body ideals, a "spare, 'minimalist' look and a solid, muscular, athletic look" (p. 191). Although the two seem incongruent, both standards require a flab-free, firmly controlled body as reflected in the media. "Simply to be thin is not enough—the flesh must not 'wiggle'" (Bordo, 1993, p. 191).

What is the Ideal? The Participants' Perspectives

The women in this study echoed all of these thoughts. Their impression of the ideal female body that the media portray was one that is thin, tall, and toned. The participants' perception of the degree of thinness varied. Some women defined the ideal as "thin and lean, not sickly, but healthy thin," while others indicated that the "ribs poked through just a little bit," or that "she's so skinny that you can almost see her ribs." The women uniformly agreed that there was more of an emphasis on an ideal woman looking like "she definitely works out" and is "toned up" with "lean muscle."

In general, the participants also distinguished between the ideal for models and celebrities. They tended to perceive runway models to "still be extremely skinny" or "gaunt and sickly looking," while they viewed the ideal standard for television and movie celebrities to be "thin and maybe athletic or in shape." The participants also tended to think that models were tall, while celebrities "can be short, but they're still really tiny or small."

There were several other types of descriptions the participants used to describe their perception of the ideal. One surprising theme that emerged from this study was that the participants described the mediated ideal as tan. Other factors that participants saw as defining the ideal were "not really a lot of anything," a "really nice, tight butt," a "flat stomach," "long, thin legs," "thighs not touching," "no arm flabbies," a "clear complexion," "nice looking hair usually with blond highlights," and "no fat to be seen anywhere." Clothing size seemed to be a key factor with relationship to the thin ideal, and most participants viewed the media as portraying the ideal size as a 00, 0 or possibly a 2 or 4.

Though some of the participants did not see big breasts as the ideal, the majority of the women in this study thought the media portrayed a woman with "sizable breasts" or "boobs that don't seem proportional to their body size." This is likely due to the growth in breast

augmentation (American Society for Aesthetic Plastic Surgery, 2007). As Eda stated, “I think the ideal has partially changed due to technology, like being able to get boob jobs.”

This study explores how women in recovery from anorexia resist media messages promoting an elusive ideal that remains linked to valuable social and economic rewards. Several researchers have noted that the body standards are unachievable for most women without the aid of plastic surgery or other unhealthy weight loss techniques, such as dieting or exercising to excess (Grogan, 1999, Thompson et al., 1999). This dichotomy presented a challenge for women in recovery from anorexia who already had attained the thin ideal, and suffered health consequences as a result.

Media Journal Contributed to Increased Awareness

As part of their recovery process, the women in this study had become more aware of the powerful influence of the media, even on a subtle level. They also learned about the degree to which the perpetuation of the thin ideal had served as a negative influence and continued to present a daily challenge in their lives.

The media journal served as a useful tool to gauge media exposure, for the participants and for myself. In fact, the women indicated that the media journal itself allowed them to realize the extent to which they were exposed to media messages, which typically was more than they had expected. Molly expressed her surprise at the amount of media she consumed on a daily basis.

Molly: I didn't think I spent that much time with the TV on - even if it's just for background noise! I didn't think the media influenced me at all. After the week, I realized that I'm surrounded by such unrealistic standards *constantly!!!* Even when I don't normally notice it! I didn't think the media were going to be around me as much as it is.

For some women, participating in this study allowed them to realize how pervasive the thin ideal is, despite attempts to minimize or avoid exposure. For example, one of Abigail's journal

entries indicated that participating in this study had made her more aware of the pervasiveness of media messages.

Abigail: *Thursday 1/19/06 – Additional thoughts or notes.* I've not really paid that much attention to these things, but it has been really eye opening thus far. I guess I never realized how much sub-consciously I think about these things. I mean, it's just becoming more aware of what's going on around ya'. I mean, you just become so used to it.

In the process of completing her media journal, Courtney also learned more about her media consumption habits. During her interview, Courtney discussed what she had learned.

Courtney: When I was writin' down some stuff [for the media journal], I'd notice, 'Oh gosh I *did* think that about Angelina Jolie - that she's skinny and attractive.' I guess it's always kind of been there. I just hadn't really had an opportunity to pay attention to it.

By participating in this study, Enchantment gained a better understanding of the pervasiveness of the mediated ideal. For example, she was perusing through some fashion magazines, and she wrote in her media journal: "All these girls in the magazines are *so* skinny. What does that tell adolescents?" During her interview, Enchantment shared her thoughts about keeping her media journal.

Enchantment: It was interesting. I really didn't know that there was so much images out there that promoted being thin and losing weight. I thought there was *some*, but not that many. And now, it makes better sense that so many people wanna be skinny, and they think that they can be popular that way too.

Prior to her participating in this study, Enchantment had not given much thought to the influence of the mediated ideal on young girls. She shared her current perception: "It makes me mad. 'Cause it's doing all that to people, especially young girls....it seems manipulative.

Overall, the media journal allowed the participants to better understand the power and prevalence of the mediated ideal. Molly's comments reflect what many of the participants expressed: "It makes me so sad and angry that we are surrounded with it. It's impossible to

escape completely!” Molly had been in recovery for six years, and she described how her perspective of the media transformed over time.

Molly: Something interesting that I found was how much of the media I’ve trained myself to tune out since I’ve been well! I guess maybe after six years of forcing myself to not buy into all the crap we are surrounded with - maybe it’s become such a habit that I’m not even conscious of it.

Participant Readings of the Mediated Ideal

This section will explore the women’s perspectives of the thin ideal as portrayed by the media, a powerful reflection of and contributor to Western culture, values, and ideals. In general, our culture has positive associations with slenderness, subscribing to the idea that weight loss is the key to happiness, popularity, and success. Prior to the onset and during the midst of their eating disorder, the participants engaged in more dominant decoding of messages, particularly with regard to attractiveness as equated with the thin ideal. However, during their recovery process, when the participants gained enough weight to restore their cognitive abilities, their perception of the thin ideal altered, and over time, with increased media literacy, their decoding process did as well. The women in this study learned to critique pervasive messages promoting the thin ideal, and they began to interpret the same messages in a more resistant manner.

In general, the more advanced the participants were in terms of the recovery continuum (Brown, 1993), the more likely they were to decode messages in an oppositional manner, rejecting the intended media message completely, adopting their own, more healthy perspective. The reverse also was true. Women in this study who were in the more initial stages of recovery interpreted media messages about women’s bodies in a more “negotiated” manner, accepting most of the preferred reading without completely embracing it.

Premise for Five Types of Readings

This dissertation is based on the premise that an audience creates meaning through an active process of interpretation, rather than by passive assimilation. In other words the meaning of media messages exist in the reading, not in the text itself (Hall, 1980; Hart, 1991).

Women who attain excessive thinness typically gain social and economic rewards, which reinforce the desire to be thin (Bordo, 1995; Orbach, 1986; Seid, 1994). However, individuals read media texts on the basis of social and cultural constructions as well as personal experiences, so their interpretations do not always reflect the dominant belief that excessive thinness is natural, achievable, or desirable (Fiske, 1986; Gramsci, 1980; Radway, 1984).

Women in recovery from anorexia may not be able to completely avoid imagery of the thin ideal, but they indicated that an understanding of the media industry provided them with a valuable sense of agency that influenced the nature of their readings. As Faith said, “I didn’t *choose* my eating disorder, but I can *now* make a choice about how to respond to messages that may have negatively influenced me in the first place.”

This section discusses the participants’ various types of readings, which, for the purposes of this dissertation will be divided into five categories, three of which already have been proposed in the literature: dominant/hegemonic, negotiated, and oppositional. The other two categories emerged as part of the grounded theory approach employed in this dissertation, and they are subsets of oppositional readings: self-protective opposition and opposition informed by concern for others. The categories are discussed in increasing order of opposition.

Dominant

The first category is one of the three ways that Hall’s (1980) encoding/decoding model has proposed that a media text can be decoded or interpreted. It is the dominant-hegemonic position

(the meaning the message sender intended—that the female thin ideal is good and people should diet and exercise).

Some participants did not interpret the thin ideal in a dominant way, but they did so for other aspects of the ideal body image that the media represent. For example, many participants expressed the desire or perceived need to be toned or tan because they saw that as the ideal. Other participants also rejected the thin ideal, but there was something they wanted to alter about their appearance to fit the ideal, such as larger breasts or blond hair.

Christina's comments serve as a useful illustration. She had seen an attractive, thin woman on a Bacardi billboard, and she described her reaction during her interview.

Christina: The woman on the Bacardi billboard was blond. And blonds really *get to me*. (She laughs.) I think I really wanna be a blond. But I tell myself - through therapy, I'm a *brunette*. And I should be happy with being a brunette. And someone should like me, not just because of my hair.

Other examples of dominant readings are discussed in *Media Ideals Fluctuate*. For the most part, the dominant readings did not reflect the participants' current perceptions, and typically such readings were used to illustrate a transformation over time.

Negotiated

The women in this study described a transformation of their use and interpretation of media as they progressed from the initial stages of anorexia through the various stages of their recovery process. In the initial stages of recovery, the women seemed to have developed some sense of media literacy, but not enough strength in their recovery process to decode the powerful media messages in an oppositional way, leaving them with more negotiated interpretations.

According to Hall (1994), most people tend to negotiate media messages, meaning they accept some of the message, but realize that not the entire message is useful, accurate, or pertinent to them. Women in this study who were in the more initial stages of recovery tended to

interpret the mediated ideal in a negotiated manner, accepting some of the dominant message, while rejecting other portions of that message.

Many of the women in this study indicated that they were aware that attainment of the thin ideal was not a healthy goal. They also realized that it was dangerously unhealthy for them to engage in behaviors to achieve the ideal. Such awareness, however, did not mean that they easily could toss years of cumulative internalization of the thin ideal.

What most of the women struggled with was a sense of cognitive dissonance. At some core level, they *knew* that imagery of thin women did not represent “reality” and that thinness did not equate with happiness or indicate health; but they still battled a nagging desire to be thin, primarily because thinness is so highly valued in American society. In addition, several of the women in this study described a nostalgia for the positive feelings they had felt when they were anorexic, such as feeling special or having a sense of control.

Despite their desire to be thin, the women in this study could not afford for their dominant attitudes to give way to weight loss behavior. Glaser and Strauss’s (1967) constant comparison method showed that many of the participants’ beliefs and attitudes came from primarily dominant readings of the mediated ideal, but they had more negotiated or self-protective readings with regard to behavior, primarily because they could not afford to engage in behaviors to attain the ideal.

The women who engaged in more purely negotiated readings had more conflicting views of their self-concept and appearance. They also tended to be more critical of their bodies because they still felt a lingering need to subscribe to cultural body ideals, at least to some extent.

Participants who engaged primarily in negotiated readings had let go of the behavioral aspects of anorexia, but a significant part of them still missed the identity of being thin. For

example, Eda said, “I always *want* to be very thin. I just don’t act on it.” For women like Eda, appearance still was of primary importance, and they longed for the days when being thin was a mechanism for compliments.

A negotiated reading allowed some women in this study to avoid sliding back into their eating disorder, but they had to remain vigilant. In addition, women who had more negotiated readings tried to avoid potentially triggering media messages as much as possible.

Opposition Informed by Concern for Others

Through their recovery process, many of the women in this study developed an awareness of the media as powerful socializing forces. While the participants felt that they had developed strategies to resist the mediated ideal, they were concerned for young women who lacked the knowledge or skills to do so. This concern for others allowed women in this study to have more oppositional readings to potentially harmful media messages. Discourse of this nature was so prevalent in the interviews that it eventually warranted a category of its own.

Nearly all of the women in this study expressed concern for others, but the underlying degree of opposition varied. In vivo coding after the development of this category revealed that, to some degree, the language of the participants indicated their level of opposition. Participant readings in this category ranged from sad to livid, but these emotions were not mutually exclusive. For example, Molly often expressed concern for young people along with outrage at the media with comments such as, “It breaks my heart to know that people are so desperate to lose weight...It makes me livid that there are people that prey on people’s desperation.”

For the most part, however, the level of opposition underlying the concern for others was mediated by the extent to which the participant truly had *un*-internalized the thin ideal. For example, some participants expressed concern for others, but they still tended to interpret messages about the thin ideal for *themselves* with a dominant or negotiated attitude. For these

participants, making oppositional statements about the media out of concern for *others* was easier than internalizing that same opposition for themselves. They still valued the thin ideal, but they no longer actively engaged in weight loss behaviors.

As part of their recovery process, the women in this study explored the underlying causes of their eating disorder. In doing so, they learned that the dominant messages they previously had consented to were unhealthy. They also came to realize that other people were unlikely to have the knowledge that the women in this study had gained during their recovery process. For example, Christina still engaged in comparisons with celebrities and models, and in general, she expressed a desire to look like them (as long as they were healthy). Yet, she knew that others might not be aware that *achieving* the thin ideal was unhealthy or unrealistic. She described her reaction when she learned about airbrushing during her recovery: “I was like just like, ‘WHOA!’ I was so naive. I wish I had *known* this back when I was like a teenager. I did *not* know.” In addition, Christina used to believe marketing messages that linked product usage to an attractive appearance, and she feared others might do so.

Christina: The Bacardi ad, with the thin and beautiful woman, it’s just this huge billboard up there (she says with disgust). And *everyone* can see it. I’m sure that other people are like, ‘Oh wow!’ Like, I’m sure some people think that if I drink that, it will make me look attractive.

Other women in this study expressed concern for others, but they tended to have more oppositional readings for themselves as well. The overall discourse of the latter group suggests an increased *un*-internalization of the thin ideal. These participants also tended to use words such as *hate* when describing their reaction to a message.

For example, Michelle discussed her anger about the excessively skinny image propagated in the media. She no longer engaged in unhealthy comparisons with models, but she feared others might do so.

Michelle: I think that *I'm* able to not let those stick thin images bother *me* - but I *hate* that they're affecting kids today. And people that are growing up - that they think that that's what they *should* look like, when most of the time, it's not even possible to look like that, unless you're starving yourself.

Self-Protective Opposition

The last of Stuart Hall's three proposed readings is the oppositional, in which the viewer recognizes the dominant codes and decodes them in a contrary manner, reconstituting the message with an alternative framework of reference. This counter-hegemonic interpretation of the dominant message can be explained as a conscious act of refusal on the part of the viewer to be framed by the dominant message. However, the types of oppositional decoding that these participants engaged in was not collectively oppositional, but rather complex and diversified.

The most unique finding of this study is that with regard to the ideal body image, the participants all had a *desire* to decode messages in an oppositional manner, to reject the intended media message completely and adopt their own, more healthy perspective. However, only a few participants in this study were able to engage in what Hall would classify as a *purely* oppositional readings—decoding a message in a way that completely rejects the dominant ideology encoded in the message.

The majority of the participants decoded media messages about the thin ideal in a manner that reflected their *desire* to decode messages in an oppositional way, but their own internal conflicts prohibited them from doing so without significant “self talk,” a negotiation within themselves, as opposed to negotiating with the external text that the media producer encoded.

For the purposes of this dissertation, the phrases “self-protective opposition,” “self-protective,” or “protective opposition” will be used interchangeably. Self-protective readings initially appeared to be oppositional in nature, but closer examination revealed that a self-protective reading is one in which a participant used statements of opposition as a tactic or

strategy to protect herself from accepting the dominant code, which might lead to unhealthy thoughts or behaviors.

The women in this study no longer could allow themselves to engage in dominant *behaviors* to achieve the thin ideal. For these women, dieting to attain the ideal had become obsessive and ultimately led to the development of anorexia. To remain in recovery, the participants could not afford to succumb to any temptation to lose weight. Michelle's comments during her interview illustrate how important it was to prevent triggering weight loss behavior.

Michelle: I try to avoid losing too much weight - or purging. Because with either one, it escalates. If my clothes started getting *loose* on me, then I would get this euphoria and want to lose *more* because it feels good, even though I know I shouldn't. With me, purging quickly escalates. If I do it *once*, then I do it again, then I do it again, and next thing I know, then I'm doing it – like commonplace.

What fueled the participants' self-protective oppositional readings was the knowledge from their personal experience that the costs of the thin ideal significantly outweighed the benefits, which was challenging to remember given the pervasiveness of the mediated ideal. Faith comments illustrate a protective oppositional reading.

Faith: As much as I would like to look like a supermodel, I have the choice of what's at stake....What is the goal? *How* does that make me happy? And *really*, if I sit there and think about it, I wasn't *any* happier that thin than I was when all the issues poured out and I was at a *normal* weight. So it didn't accomplish anything.

To engage in self-protective opposition, the participants tended to focus on one of two things—the value of their health or the unrealistic nature of media imagery. Self-protective opposition reflected an initial or partial attitudinal acceptance of the mediated body ideal followed by or accompanied with oppositional self-talk to eliminate the potential for thin ideal behaviors (such as excessive dieting or exercise).

Grace's comments illustrate how many of the participants used magazines imagery when they were younger: "I used to sit there and cut out my thinspirations - the *pretty* models, that

were *stick* figures so that I could be inspired *not* to eat and to run that extra mile. And get rid of all the extra *anything* on my body. Grace also shared where she put her “thinspirations”: Notebooks. Or I’d cut ‘em out and hide ‘em in my diary so my parents wouldn’t see ‘em. And the inside of my closet doors. On my little notebook where I’d log my weight loss.”

However, in recovery, Grace no longer was inspired by such images. Typically, the participants reminded themselves that their health was more important than the thin ideal.

Grace: That *used* to be my ideal....And now, it’s not about that - I mean, would I *like* to be thinner? Absolutely. But now, it’s more about just appreciating my body my health. I know how miserable and sick I was back then, and I *never* want to go back.

Many of the participants who engaged in self-protective opposition also described situations in which they made an initial upward comparison to a media image, which led them to a brief moment of feeling worse about themselves. Then, they would make a conscious cognitive effort to remind themselves that the images were not “reality,” that the women in the magazines did not *truly* look like that.

Self-protective oppositional strategies served to reduce the cognitive dissonance that many of the women in this study had with regard to the thin ideal. Proposed by Festinger in 1962, cognitive dissonance proposes that individuals attempt to reduce discomfort they may feel when their actions do not match their thoughts and beliefs. Some of the mechanisms for relieving dissonance, in terms of interaction with media sources, include: selective exposure (what media sources people allow themselves or choose to view), selective retention (what people choose to remember, what they consider important), selective perception (how people choose to perceive a message, they may receive the same message and interpret it differently), and selective recall (what people personally choose to recall).

The women in this study indicated that they used these mechanisms to cope with what they *knew* to be healthy versus what the media presented as an ideal that should be achieved. For example, some women relieved their dissonance with selective exposure, choosing not to view *any* magazines, or choosing to avoid viewing certain magazines that they knew were triggers for them, such as *Cosmopolitan* or *Glamour*.

Oppositional

Some of the women were able to engage in what Hall would classify as oppositional readings of media messages, those that completely reject the dominant ideology reflected in the message. By engaging in frequent, repetitive oppositional tactics, many of the women were able to more fully internalize an oppositional perspective over time, without experiencing contradictory thoughts. The oppositional category includes women who fully un-internalized the thin ideal. This group of women expressed the most anger at society and the media. In addition, they were the most radical in their reactions to media messages that propagated the importance of attaining the thin ideal.

Of all the participants in this study, Molly had the most consistently oppositional readings, in her interview, as well as in her media journal entries. The following is an example from her media journal.

Molly: *Wed. 7/12 @ 4:00 PM - Magazines at checkout; lotions - Target - Looking for sunscreen. Why do they have to put all those magazines at the checkout? They have pictures of sickly thin models and ads for diets then also include articles about accepting yourself! They are INSANE!*

Summary

As this section has illustrated, some participants were more capable of resisting the mediated ideal than others. The women's discourse was complex and sometimes contradictory.

For the most part, their attitudes and beliefs were negotiated or self-protective, and at times they were oppositional, albeit at varying levels.

Rylie tended to have conflicted readings. At times she had completely oppositional readings. For example, she described her perception of magazines that promote weight loss.

Rylie: If you pick up any fitness magazine like *Shape*, and even on the cover of *Women's Digest*, 'So and so lost 25 pounds by walking!' I mean, it's just *all over*. You *know* people are buying this crap. And it's frustrating 'cause if they subscribe to it, what are they gonna do? Lose weight all the time? You know, go join a gym for \$40 a month?

In contrast, Rylie expressed interest in losing weight at several points during her interview: "I'll look at any magazine. Like I said, I bought *Shape*....I have common sense, and I just have this all-American side of me that's like, 'Oh read it!' (She laughs.) I'm like 'Okay, let's see how to lose weight.'"

There are several contributing factors to Rylie's conflicted readings, including her sense of body dissatisfaction as well as other people in her life encouraging her to lose weight. In addition, she had a strong desire for a boyfriend, which is discussed further in the obstacles section of this chapter. There are other factors that may have been influential, which will be discussed in the discussion portion of this dissertation.

The women in this study negotiated media messages with a transforming, more media literate lens, that also has the memory of their battle with anorexia imprinted on it. Each woman interpreted media messages through a perspective of health. However their interpretation of what constituted health varied, depending on their personal history, their level of recovery, their level of media literacy, and the extent to which they had adopted a more feminist perspective. In this study, there were some commonalities among the women's perspectives. However, just as each woman's experience with their eating disorder varied, their media lens varied as well, tempered by several factors in their life experiences.

I have included a poem that illustrates the various stages of the participants' recovery process as well as the progression of the participant readings from dominant to oppositional. The poem was adapted from *Autobiography in 5 Short Chapters* by Portia Nelson.

Poetry: Progression of Participant Readings

<i>Dominant</i>	<i>I walk down the street. There is a hole in the sidewalk. I fall in – I am lost... I am helpless – It isn't my fault. It takes forever to find a way out.</i>
<i>Negotiated</i>	<i>I walk down the same street. There is a deep hole in the sidewalk. I pretend I don't see it. I fall in again. I can't believe I am in the same place. But it isn't my fault. It still takes a long time to get out.</i>
<i>Concern for Others</i>	<i>I walk down the same street. There is a deep hole in the sidewalk. I fall in, but I don't want to. It's a big hole. I see someone else about to fall in. I help them to get out.</i>
<i>Negotiated</i>	<i>I walk down the same street. There is a deep hole in the sidewalk. I see it is there. I still fall in... It's a habit my eyes are open. I know where I am. It is my fault. I get out immediately.</i>
<i>Self-Protective</i>	<i>I walk down the same street. There is a deep hole in the sidewalk. I walk around it.</i>
<i>Oppositional</i>	<i>I walk down another street.</i>
<i>Concern for Others</i>	<i>I walk down the same street. There is a deep hole in the sidewalk. I don't want anyone else falling in. I can't believe they allow this sidewalk here.</i>
<i>Activism</i>	<i>I walk down the same street. There is a deep hole in the sidewalk. I don't want anyone else falling in. I can't believe they allow this sidewalk here. I create a big sign to warn others about the deep hole.</i>

Figure 4-1. This poem shows the various stages of the participants' recovery process as well as the progression of the participant readings from dominant to oppositional.

Influential Factors on Participant Readings

There were several factors that influenced the participants' readings. The most important factor was thin ideal internalization, which will be discussed in detail below. Other factors are illustrated in Table 4-1.

Table 4-1. Factors influencing the likelihood of oppositional readings

Factors to Increase	Factors to Decrease
Age/maturity	Reliance on others
Sense of self/Identity	Self-objectification
Self-esteem/self-worth	Appearance as most salient factor
Value of health	Thin ideal internalization
Body acceptance	Body dissatisfaction
Appreciation for diverse body types	Fear of fat
Media awareness (unrealistic)	Social comparisons (<i>upward, universalistic</i>)
Reject mainstream media	Exposure to mainstream media
Adopt alternative media	
Question legitimacy of media messages	Perception of media as trusted friends
Understanding of media contribution to ED	
Critical media literacy	Admiration of (and attachment to) celebrities (<i>primarily for appearance</i>)
Understanding of capitalism (<i>diet & fitness industry, products for \$</i>)	Dichotomous thinking
Adoption of feminist ideology	Competitive nature
(perception of dieting as a control mechanism, beautification process as a diversion)	Drive for perfection
Empowerment/sense of agency	People pleasing
Activism	Fear of rejection

Thin Ideal Internalization

There are several mediating factors in how body image and eating attitudes are affected by the media. One of the most important mediating factors is the internalization of the thin ideal (Cusumano & Thompson, 1997; Halliwell & Dittmar, 2004; Stice et al., 1994; Thompson et al., 1999; Thompson & Stice, 2001). Thin-ideal internalization refers to the extent to which a person

cognitively “buys into” the culturally defined standard thin as attractive and engages in behaviors designed to achieve this standard (Heinberg et al, 1995; Thompson et al., 1999).

Several researchers have examined body image and eating disorders from the perspective of objectification theory, which posits that women have been socialized to present themselves to others (men and women) as objects to be admired for their beauty. Women who internalize the importance of the thin ideal and use their appearance as a measuring stick for their self-worth are more likely to experience body dissatisfaction and take measures such as dieting and exercise to come closer to achieving the thin ideal (Fredrickson & Roberts, 1997; Fredrickson et al., 1998).

The *nature* and *strength* of the participants’ oppositional decoding varied, depending on the extent to which they had truly un-internalized the thin ideal and come to find self-worth in dimensions unrelated to appearance. The results of this study indicate that there was a correlation between the extent to which the participants placed little to no value on meeting the standards of the thin ideal and their ability to decode messages in a strongly oppositional manner. Those participants who still desired the thin ideal were able to express their resistance to the dominant ideology, yet their oppositional perspective was not as internalized and was more self-protective in nature.

Furthermore, this dissertation suggests that the more the participants learned to engage in critical inquiry, the more they were able to diffuse the powerful and ubiquitous media messages touting the thin ideal. This finding is important because prevention of the development of eating disorders, and prevention of relapse once a woman is in recovery may lie in how women decode media messages.

Prior to their recovery process, the primary focus of the women in this study was attaining and maintaining the thin ideal. In fact, the participants used to view thinness as their most

valuable attribute. Now that the women were in recovery from anorexia, one of the most important goals they worked on was altering their perception of the thin ideal. Participants who no longer valued the thin ideal had the most oppositional readings.

All of the women in this study discussed how they no longer found a sickly thin body to be appealing. For example, Metkit said, “I don’t quite see what’s so attractive about being a toothpick!”

As the participants progressed in their recovery, they also perceived the thin ideal to be increasingly less important. For example, Jamie said, “I don’t think being thin is the most important thing anymore, ‘cause I just want to enjoy what life is supposed to be about without focusing all my energy and thoughts on things that don’t get you anywhere.”

What are Triggers?

For the purposes of this dissertation, the term trigger will be used to refer to anything that might cause the participants to revert to former unhealthy thought patterns (including low self-esteem or body dissatisfaction) or behaviors (excessive exercise, dieting, or overeating). The term also may be conceptualized as any stimulus that results in a perception, thought, or emotion with the potential to contribute to an eating disorder behavior or relapse.

As part of the recovery process, the women in this study had learned to identify their eating disorder triggers, and they had learned to deal with them using effective coping methods. Though some triggers may be more common (exposure to the mediated thin ideal), others are more individual, meaning that what might trigger one woman may not affect another. Furthermore, as the women progressed in their recovery process, the strength of their triggers tended to weaken over time.

A few participants who said they did not have any triggers related to their eating disorder. Those participants tended to have the most oppositional readings of the mediated ideal.

Explanation of Transcript Excerpts

As Poland (1995) has pointed out, “Verbal and written communication are very different mediums, incorporating different structures and syntaxes” (p. 299). While none of the words in the original transcripts were altered, for clarity and ease of reading, I eliminated some of the more conversational words, such as “ya’ know,” “gosh,” “I mean,” “or whatever,” “like,” and “uhm,” which may sound natural in spoken language, but resulted in awkward reading.

In the original transcriptions, I included my natural, conversational responses, such as “em hm,” “uh huh,” and “yeah.” For ease of reading, I also eliminated those words, unless they added to or changed the meaning of the excerpt.

Organization of Findings and Discussion

Overall, the findings in this dissertation are presented in increasing order of opposition, starting with key constructs that the participants needed to work on in order to progress in their recovery process. For example, the beginning of Chapter 4 discusses how important it was for the participants’ recovery not to define their self-worth or identity by their appearance. This chapter also reviews factors that contributed to the participant’s increased sense of body satisfaction as well as self-protective opposition strategies the participants engaged in to when they were exposed to potentially triggering media messages.

The next section in this chapter discusses the obstacles the participants faced in unraveling their internalization of the thin ideal, which was key to their recovery process and to a more oppositional reading. Many of the obstacles the participants had to overcome were the same factors that had predisposed them to the development of an eating disorder, such as competitiveness and the lack of a sense of self. Participants who still highly valued the thin ideal tended to miss the identity of being thin. These participants tended to engaged in negotiated or

self-protective opposition strategies to prevent themselves from engaging in behavior to attain the thin ideal.

All of the participants discussed how they were competitive in nature, with themselves, with others in their personal lives, and with imagery of models and celebrities whom they never had met. In order to progress in their recovery process and to have more oppositional readings, the women in this study had to re-direct their competitive energy in healthier ways and realize that there was little value in such comparisons. Those who took measures to reduce or re-direct their competitive energies had to be careful not to engage in comparisons in their personal lives and with imagery in the media. The importance of reducing comparison is discussed at length in the section about obstacles.

There were some unexpected findings in the obstacles section. For example, two of the obstacles included the media-influenced meanings of clothing sizes and the desire for a boyfriend. For all of the participants in this study, clothing sizes served as a trigger, at least in their initial stages of recovery. The importance of the desire for a boyfriend emerged in the latter stages of analysis, when I was examining potential factors that distinguished participants with the least and most oppositional readings. Some of those factors included age and body dissatisfaction (typically related to a higher BMI), but the only consistent factor was how important the “attainment of a boyfriend” was to the participants in terms of their self-worth or identity.

Chapter 4 also discusses the various factors that allowed the women in this study to shift their perception from valuing the thin ideal to the desire to see more “normal, average” representations of women. In this section, I discuss how critical it was for the participants to recognize that the thin ideal was not healthy. Another important factor is the reduction of dichotomous thinking, which is defined and discussed in this section. The remaining factors in

this section relate to the participants' perceptions of the portrayals in the media. There were several factors that provided the women in this study with hope for a shift in the ideal—recognizing the limited portrayal of women, seeing more diverse body shapes represented (i.e., Dove Campaign for Real Beauty), and gaining knowledge about the historical fluctuation of body ideals.

The next section of Chapter 4 includes a discussion of the importance of media literacy, and the difference between media *awareness* and critical media literacy. Critical media literacy allowed the women to question the legitimacy of media messages. The less the participants viewed the media as “trusted friends,” the more oppositional their readings were.

The participants' degree of opposition varied. Some participants tended to have primarily self-protective opposition readings, while occasionally strongly opposing media messages that struck a nerve with them. Others had a combination of self-protective opposition readings, and they expressed concern for others. And a few participants had all oppositional readings, while also expressing concern for others. These three descriptions are just a sampling of the variety of ways that the women in this study decoded various media messages. The goal of this study was not to achieve a comprehensive understanding of the types of reading for each of the individual participants; but rather, to focus on the various ways that women in this study engaged in oppositional decoding, and to explore what factors were associated with readings that were most oppositional in nature.

For the most part, the discussion within Chapter 4 progresses from the least to the most oppositional reading. Additionally, as this chapter progresses, the participants' opposition becomes stronger in nature, reflecting an increasing sense of critical media literacy.

The standard and value of the thin ideal standard and is built into the foundation of our societal structure. As the participants in this study came to understand how the media contributed to the development of their eating disorder, they placed varying degrees of responsibility on the media. All of the women in this study felt that the media have a social responsibility to portray a healthy, accurate image, and many of the participants expressed that the media producers should be held accountable for potentially damaging representations of girls and women. The extent to which the participants held the media accountable for creating and perpetuating the thin body ideal mediated their degree of opposition. The more the participants held the media accountable, the more oppositional their readings were. Other factors that influenced the degree of the participants' opposition are discussed throughout Chapter 4.

All of the participants had oppositional readings of the media's coverage of eating disorders, particularly with regard to celebrities. The women in this study indicated that the nature of the media coverage trivialized their personal battle against anorexia and promoted further misconceptions about eating disorders in general. Such misconceptions presented the participants with additional obstacles to overcome in their recovery process. In addition, the participants indicated that they were concerned that young girls might find anorexia enticing because it is not portrayed as seriously in the media as the disease warrants. Various other factors that contributed to the participants' resistance are discussed in this section.

The dissertation concludes with Chapter 5, in which the implications of the findings are discussed with a theoretically grounded typology. Suggestions for future research and limitations of this study also are included in this chapter.

Eager to share the knowledge they gained from their personal battle with anorexia, the women in this study have shared their insight about how the mediated ideal was implicated in the

development of their eating disorder as well as how the media *now* help or hinder their recovery process. This dissertation provides the voices of women in recovery from anorexia. It is my hope that readers will recognize the value and power of those voices to better understand how the media are implicated, not only in the development of anorexia, but also in the recovery process. Their stories may provide insight not only to women in recovery, but also to *any* woman who has experienced body dissatisfaction as a result of media promotion of unattainable beauty standards.

Appearance No Longer Defines Self-Worth/Identity

Recovery from an eating disorder involves unraveling tightly wound layers of the importance of appearance and the internalization of the thin female ideal. The outer layers were related to the participants' comparison to more universalistic targets, and the inner layers were more related to particularistic targets. At the core was the participants' self, who they truly are.

For nearly all of the participants, the biggest challenge they faced in their recovery process was learning to no longer not to define their sense of self-worth by their appearance. Central to the broad concept of appearance is a woman's body, and it was critical for the women in this study to learn to honor and accept their body. Body acceptance not only was critical for the participants' recovery process, but it also allowed them to engage in more resistant reading of the thin ideal.

One of the key terms these women consistently used in describing how they negotiated the thin ideal was "health." As the women progressed in their recovery process, they learned to value their health more than the thin ideal, and this allowed them to become more resistant to messages encouraging behaviors that might undermine their health (such as extreme dieting or excessive exercising).

As the participants increasingly valued their *own* health, they began to respect others who did the same. In the past, the participants had admired celebrities because of their appearance.

Once in recovery from anorexia, their source of admiration changed from an appearance-based focus to more substantive qualities, such as talent, intelligence, and political activism. Thus, the next section in this discussion describes how the participants' came to replace their "thinspirations" with a healthy respect for celebrities or public figures who engaged in worthwhile, non-appearance related activities. Embracing new types of role models also allowed these women to reaffirm that appearance should *not* be the most salient factor in their lives.

Changing core values is not easy. So the last portion of the section on appearance describes the various self-protective strategies that the participants employed to negotiate pervasive socio-cultural messages that directly conflicted with their recovery process.

As Wolf (1991) has contended, "beauty is currency," (p. 12) and the women in this study had subscribed to that dominant ideology when they were younger. Over time, however, the participants had learned that the benefits they received from focusing their attention on their external appearance were short-lived and unfulfilling. As Seid (1989) has suggested, girls who succumb to the socio-cultural pressures to place excessive value on their appearance may later develop a pathology such as an eating disorder because their bodies have been "one of the few avenues of expression reliably open to them" (p. 78).

The participants had devoted all of their time, energy, and resources to the perfection of their external self. But they never achieved the vision of perfection that the media had suggested was possible. Rather than fueling their self-worth, their preoccupation with their external appearance left the participants feeling spent and internally bankrupt. Their extremely restrictive eating behaviors not only had starved their bodies, but also had depleted their self-esteem, as well as their ability to function in their everyday lives. In fact, all of these women described themselves as miserable.

By relying on their body as their only means of expression, the participants had neglected to develop any other aspects of their “self,” leaving them feeling demoralized and hopeless. For instance, Christina’s described what initiated her recovery process.

Christina: I was trying to commit suicide. I was thinking about it all the time. I wanted to die. Like, I didn’t want to be here. I hated myself. I hated everything. I wanted to stop this. I felt like I was really suffering. And I said, ‘Either I need to die, or I *have* to change something.’

Now that the participants had learned from first-hand experience that their appearance does not and *should* not define their self-worth, they became more critical of the excessive societal focus on appearance. For instance, In her media journal, Faith reacted to a magazine ad.

Faith: *Friday 3:00 p.m. – Time magazine – Doctors without Dollars article – my family room – flipping through magazine.* I think that it is sad that doctors make more money on cosmetic surgery, diagnostics, and alternative medicine than they do on medical surgery than is really necessary. I just think that it shows how much emphasis is put on appearance and how much people will pay to improve their appearance.

Many of the women discussed how challenging it was to no longer have their identity defined by being thin. Enchantment described what initially inhibited her recovery process: “I was always the thinnest, and so, at first, I was like, ‘I want to stay this way.’ I wanted to be smaller than all my friends. They always bragged on me for it, so I thought I had to keep it up.”

Similarly, Noah had seen her thin body as her primary source of identity. She described the leap of faith she had to take at the beginning of her recovery process.

Noah: I was so focused on my appearance and my weight. And I really believed that was the only thing I had built up that I had any *value* for. I think that at some level, I thought everything’s going to be lost if I don’t stay this thin person. And what I found is that you almost had to *live* it - to really at your *core* believe that you’re loved for - *not* for these superficial things that you think you’re loved for.

Over time, the participants’ perspectives altered. Veronica’s comments illustrate what many of the participants expressed: “I had to learn to redefine myself for who I really was inside, not for being the smallest person in the room.”

For many women in this study, the most critical change they made in recovery was learning *not* to define their self worth by their body. Those participants who were able to make this shift had more resistant readings of the mediated thin ideal. The perspectives of Eliza and Molly illustrate this point. Eliza was in the early stages of her recovery process, and she tended to have negotiated or self-protective readings: “I mean, yeah, I care about how I look. It’s just not as obsessive as it was.” In contrast, Molly had been in recovery for several years, and she had the most oppositional readings of all the participants in the study. She no longer viewed appearance as the most salient factor in her self-perception. As she said, “There is more to life out there than appearances and being thin.”

Participants who had learned to develop and value their strengths in dimensions beyond appearance tended to have more oppositional readings of the thin ideal. During her interview, Faith discussed several ways that her faith in God had been helpful in her recovery process, and she shared what she *now* saw as her most important qualities.

Faith: What I that I *love* about myself is that in my belief system, I *do* believe that I have the personality and the faith to allow Christ to shine through me – through my personality and through my honesty.

Many of the participants discussed how their career afforded them with a healthier sense of self-worth and identity than their previous adherence to the thin ideal. For example, Jane discussed how her job as a physical therapist was beneficial to her recovery process: “I wasn’t just Jane the anorexic anymore....Having a meaningful career definitely keeps me motivated to stay healthy.”

Several participants discussed how they chose to create environments in their lives that were not focused primarily on appearance. For instance, Faith described how important it was

“to surround yourself with people who love you for who you are.” She also shared the type of thinking that allowed more resistant readings of the mediated ideal.

Faith: The media make everything about appearance. But, if I was paralyzed from the neck down and in a wheelchair, does *this* mean anything? (pointing to her body) No. Because where is anything worth anything gonna be coming from? Right here. (pointing to her head) So my brain. So if I was paralyzed from the neck down, it would be all about my personality. It would be all about my honesty. It would be all about characteristics, about morals. Of just, living the right kind of life...just being a *good* person.

The participants' likelihood of engaging in oppositional readings of the thin ideal was influenced by the degree to which they had developed a strong sense of self, one in which they truly *believed* that their worth was based on more than their appearance. Participants who no longer measured themselves by their appearance or adherence to the thin ideal had the most resistant readings. These participants had developed a personal value system that sincerely honored their body and accepted their true self.

I Honor and Accept My Body

All of the women in this study had engaged in dangerous and often life-threatening behaviors to achieve the thin ideal espoused by the media. For the women in this study, one of the critical components of recovery from anorexia was learning to honor and accept their body. Those who did so had more oppositional readings of the mediated ideal. Honoring and accepting their body, however, proved to be the most challenging aspect of the participant's recovery process, and only a few women in this study truly had reached this point.

Body satisfaction affects readings

Women in this study who learned to accept their bodies had increased body satisfaction, which was one of the most influential factors in their decoding process. Participants who were dissatisfied with their bodies tended to have the most dominant or hegemonic readings, which led to increased body dissatisfaction and low self-esteem. These participants often tended to make disparaging comments about their body, and they usually described themselves as being

fat. For example, one day Jane was reading a magazine, and in her media journal, she wrote: “These girls are so beautiful. I would never look nice in that outfit. I’m too fat.”

None of the participants in this study engaged in extreme weight loss behaviors any more, but this did not mean that the temptation to do so was gone. For instance, Jane described how she still had to deal with lingering body dissatisfaction: “I don’t act on my feelings, but I definitely hate the way I look and hate my body. I don’t know if this will ever change, but I guess if I don’t act on it, it won’t kill me.” Similarly, Eda said, “I still have fat days and thin days. I always *want* to be very thin. I just don’t act on it.”

The media had been so successful at inculcating the thin ideal, that it took years for the participants to undo its imprint. This was especially true for the women who maintained consistent exposure to mainstream media. It was especially challenging for participants not to define their sense of identity or self-worth on their appearance when the media focused so much attention on the appearance of celebrities. The only time Eliza saw magazines was in the grocery store or in doctor’s waiting offices, but this limited exposure was enough to serve as a trigger for her: “Sometimes I look at the magazines – just glance at them, and it seems like they have *so* much coverage of the celebrities’ weights. When they lose weight, they seem to be even more popular too. Sometimes it makes me miss being thin.”

For the most part, Eliza was critical of the media, but this did not mean that she was not influenced by the messages. She also knew that she had room for improvement in her recovery process. During her interview, Eliza talked about what her biggest struggle continued to be.

Eliza: The biggest problem for me is the scale and kind of determining your worth on how much you weigh, which is so bad, I know. I think that the body image is my biggest problem right now. It’s not really eating ‘cause I eat fine. But body image is the problem. Pretty much every day, I have to work on that, ‘cause that’s the biggest issue. I guess every woman has to work on that, but for *me*, it’s really hard.

The pervasive media messages promoting the thin ideal made it more challenging for the participants to feel satisfied with their body. Yet, these women could not afford to risk allowing their thoughts to instigate weight loss behaviors. Jamie's comments point to the challenge the women faced on a daily basis: "It's hard to accept your body and what you look like when all you see is the same image in the media."

Factors promoting a positive body image

The participants had to work extremely hard to let go of their fear of having a less-than-ideal body. They also had to find strategies that allowed them to be less captivated by the images they were bombarded with through advertising, fashion, and health industries. Lastly, they had to find ways to become less inclined to participate in reinforcing the dominant, societal gender norms in their own lives and in the lives of those around them.

Developing a healthy body image was a key component in this process, and there were several factors that enabled the participants to have a more positive body image. One of those factors was coming to the realization that the media were not the only resource for defining attractiveness. In fact, several of the women discussed how they learned that men actually prefer women who have a more curvaceous, womanly figure.

Compliments from men. Several participants in this study discussed how compliments from men allowed them to realize that they did not have to adhere to the mediated ideal in order to be attractive. During her interview, Diamond discussed how she felt insecure about several parts of her body. She did not like that she no longer had a small waist, and she also felt uncomfortable with what she referred to as her "round bubble butt." She described what alleviated her insecurities about her body.

Diamond: Comments from guys help. I mean they don't like skinny Kate Moss women. They want a woman that has curves. And they think love handles are sexy. It helps when they say I look good. Or when I used to start to talk as if I was fat, they'd look at me like I

was crazy. So I'd subtly sometimes throw it out there every once in a while, like, 'I need to lose a little weight.' And they'll be like, 'What are you talkin' about? You are *crazy*.' (She laughs.) They're like, 'No, you don't need to.' Every man that has been a friend of mine or has been a boyfriend has been like that. And they love booty!

Several participants found similar strategies to be helpful. For example, Christina shared how she benefited from compliments about her body.

Christina: My roommate ____, he's a gay guy, and he tells me that I look absolutely beautiful and wonderful all the time. All the time. And do you know how much that's *helped* me? It's helped me *so* much for a guy to tell me that I look good. That has helped me out *more* than I think *anything* ever. Like, he tells me that I look pretty. Just randomly – he'll say something like, 'Oh, you look so beautiful today. Or that looks so *nice* on you. He's like, 'I like how your back arches. And I'm like, 'Awww.' I try to tell myself that I'm beautiful so I don't have to go looking for it from somewhere else. But I've never gotten that before, so it's really nice and so helpful.

Positive self-affirmations. Several other participants described how they tried to reassure themselves with compliments. Eliza was a little further along the recovery continuum, and she described the strategy she used: "I try to give myself compliments and stuff like that. As cheesy as it sounds, I'll be like, 'Wow, you look great!'" (sarcastic) Eliza explained why she relied on herself for compliments.

Eliza: I try to do that because I don't want to ask other people for reassurance. I don't like to depend on my boyfriend giving me the physical reassurance that I look good and that I'm not fat. I like to try to give it to myself 'cause it's not good to depend on *anybody* for that, so. But it's hard.

Alexandra also used positive affirmations, but she said that she generally felt positive about her body: "Most days I like myself and how I look. I do like my face a lot and my body too." However, like most women, she had days when she felt critical of some part of her body: "I do have days when I don't like what I see, and I tend to pick on my hips. But I catch myself having those thoughts and quickly remind myself of positive affirmations and so on and those thoughts go away."

I am a woman, not a little girl. Another challenge the women faced in learning to accept their body was overcoming their desire to maintain a girlish figure. Christina described what she was currently working on with regard to her body image.

Christina: Accepting my hips and accepting my body. Like, this is me as a woman. ‘Cause I was underweight for so long. I wanted to be a little girl. And I *can’t* be that anymore. So just accepting being shapely. And telling myself, ‘That’s okay. It’s *body* fat. It’s *not* just *fat*. It’s body. It’s healthy weight that I need on my body in order to get my period.’ So that’s what I’ve been working on. My body image is the biggest thing because this is my *new* body. This is a lot more weight than I’ve had on in a *very* long time. I’d say, since I was probably 15. So just trying to look at my body and tell myself that I’m beautiful.

Beauty comes in different shapes and sizes. As the women progressed in their recovery process, they learned to value the diversity of women’s body shapes and sizes, and this allowed them to better appreciate their own body. The participants described how it was important to become aware of the fact that most women did *not* look like the images in the media. As Jamie said, “I started noticing different types of body shapes and sizes people just throughout daily life – just how different people are.”

Several participants mentioned that traveling had allowed them to see that there are more diverse body types than what the Western media portray. As Jordan said, “It helped when I finally left college and went and worked on a cruise ship and saw all these, different body types from all over the world.”

With time, the participants gained the ability to recognize that women do not all look the same, and there is beauty in each of us. For example, Grace described her current perspective.

Grace: I think *every* body is beautiful, no matter what size they are. ‘Cause everybody has something special and unique. And beauty isn’t *about* size. It comes in all different sizes and shapes and colors - and just how *amazing* our bodies are? And complex? Is beautiful. And to me, it’s more about *that* now. Which is *not* what media show.

Not expecting perfection. The participants indicated that subtle and increasingly overt messages about the perfect woman's body permeate American culture. What was most helpful for women who were further along the recovery continuum was accepting that they were not perfect and that no one was. As Amanda said, "I don't try to pretend that I'm perfect. I *know* I'm not, and I don't expect myself to be."

To varying degrees, the participants all came to understand that the media contribute to women's body dissatisfaction. Amanda reacted to an unrealistic quick fix offer in a magazine.

Amanda: *Tuesday March 6, 2007 - 4:00 pm – Self magazine - Grocery store isle - Checking out groceries. '4 weeks to a better bikini body.' Yeah, right, don't waste your money!*

During her interview, Amanda elaborated on her media journal entry. She described her perception of the media's contribution to women's body dissatisfaction.

Amanda: That kind of stuff. I just think that's crap. (She laughs.) Why waste your money? I mean everybody is going to be dissatisfied with themselves sometimes. I mean, unless you *do* look like a supermodel, you're probably gonna be dissatisfied with *some* part of your body. I think the media are probably a huge contributing factor of that. There isn't some magic trick that will make you satisfied with your body all the time.

The participants who were further along in their recovery process had less body dissatisfaction because they no longer expected to look perfect. They had lowered the bar to a more realistic and healthy standard. For example, Molly said, "I had to let go of the unrealistic expectations I had placed on myself....There are parts that I like better than others, but I think that's to be expected."

Women in this study may have wanted to improve some part of their body, but they did not do so from the perspective of seeing a "flaw" or "imperfection" that *must* be fixed. Participants who let go of the desire for perfection were more likely to engage in oppositional readings. For instance, Jordan discussed how perfection was no longer something she strived for. She

described a turning point in her recovery when she learned to appreciate her body, even with any “imperfections.”

Jordan: I really started to realize that *obviously* there is no such thing as perfect. And that no matter what, people have flaws. Even now, I’ve got little flaws and a little flab here and there. Now, it’s kind of endearing to me. And I’m like, ‘God bless you for having some meat on you.’ ...I’m like, ‘Ehh, a little flab here and a little flab there, who cares?’

When the participants reached a point of comfort with their natural body shape and size, they were better able to resist the mediated ideal. For example, Metkit was a 39-year-old mother of two children under the age of 4. She had gained some weight during her last pregnancy, but she wasn’t desperate to retain her pre-baby shape: “I’m like, ‘I need to lose 10 pounds here.’ I have all these baby rolls now ‘cause of my age and my babies. But oh well. (She laughs.) It happens.”

Less focus on appearance and weight. The participants often discussed how it was detrimental for them to focus too much attention on their body image, or to be around others who did. For example, Amanda described why she had to intentionally avoid friends who still subscribed to the dominant thin ideal.

Amanda: I just have a really hard time being around people that that’s all they talk about is dieting or being thin. And I have a group of friends from college that are good people, but I just don’t feel like I need to be around them. Like the last time I went to dinner with them I was like, ‘I have to leave’ because they just were talking about their diets – some of which were from magazines and stuff, which I *know* aren’t healthy. I mean it was ridiculous. So I said to one of my friends, ‘I realized like six years ago that you can’t live your life like that. And I don’t feel like even having these conversations. I just don’t understand why we have to get together, and that’s all we can talk about.’

Conversely, the participants benefited from surrounding themselves with women who have positive body images. As Noah said, “It’s hard being around women that I know are really concerned about their bodies, but I’ve got plenty of girlfriends that aren’t like that at all, and I cherish being around them. They just have a great body image, and it rubs off on me.”

It was important for the women in this study not to pay attention to minor fluctuations with their body shape and size. During their recovery process, they realized that focusing on such changes could be unhealthy. Women who were more comfortable with their overall body image tended to be less concerned with minor changes in their body, and they trusted their body to regulate itself.

Defining recovery beyond behaviors. The participants' perspective of recovery influenced their overall body image. For example, while Kerry defined recovery more by altering her behaviors and thought processes, Sunshell had a broader definition that included body image. During her interview, Sunshell shared her definition of recovery.

Sunshell: Being healthy physically, emotionally, and socially. Being able to eat what you want, without counting calories or watching your weight. Being happy with your body image. Having a well-rounded life with healthy relationships. Being able to nurture yourself.

The participants' definitions of recovery varied based on where they were in their recovery process. Those who were in the beginning stages, tended to define recovery by the absence of eating disorder symptoms, such as not restricting or purging. Others described recovery as being able to "eat when you're hungry and stop when you're full, instead of counting calories." Emma described how her perception of recovery transformed over time.

Emma: It really is a process. And I feel like I've been doing it for so long. At first, the goals, which seemed so huge at the time, were to drink a sip of juice or have 1% milk or have a whole stick of gum. Now I am at the point where I am trying to completely let go of my eating disorder identity, yet integrate the experiences I had and lessons I learned into my current life in a healthy, productive way. I am working my way toward being a whole person, not a jumble of segmented emotions and body parts. There's no food that's off-limits for me now, and that took a long time to get to. I'm very proud of that accomplishment.

As the participants progressed in their recovery process, the concept of the ideal became increasingly removed from the description of a thin body. For example, Barbara not only defined

the ideal as healthy, but she also did not limit her definition to *physical* health: “I think *ideal* has to be different for every individual. But that is an ideal, which makes sure that the body is healthy, physically and emotionally.”

Participants who had positive body images were much more resistant to the mediated ideal. Of all the participants, Sunshell, Barbara, and Molly had the most positive body images. As Molly said, “I am happy and comfortable in my body.”

God Created My Body, and I Will Respect It

Many of the women discussed how instrumental their faith in God was in developing an acceptance of and respect for their body. As Metkit said, “What motivates me to stay in recovery is God.” Similarly, Charlotte described how she now understood a normal and healthy body to be the one that God intended for her, not what the media portray.

Charlotte: When I see media images, I think that it’s just constant and consciously *knowing* what’s healthy. And reminding yourself of what’s healthy and what’s normal, supposed to be normal, and the weight that God wanted you to be.

For some participants, their faith served as a negotiating tool when they were tempted by imagery of the thin ideal. Others used their faith to oppose messages promoting the thin ideal. Comments by Eda and Grace illustrate the former strategy.

Eda enjoyed fashion, but she knew that seeing certain dress sizes in catalogs sometimes served as a trigger for her. She explained the strategy she used to prevent herself from wanting to fit into a smaller size when browsing through magazines or clothing stores.

Eda: I avoid putting things before my higher power. I don’t completely surrender to the next level of bliss, and I remind myself not to get lost in temptations. In Buddhism, they talk about desire as the cause of all suffering. Buddah’s first noble truth is that there is suffering. Just the idea that if only I was size X, I would be happy. So I tell myself, ‘I can be happy now. God-sized whole. Not dress-sized whole.’

Grace also relied on her faith to negotiated powerful messages promoting the thin ideal. In one of her media journal entries, Grace reacted to a TV show.

Grace: *Tuesday – 10 a.m. – Television – Gilmore Girls – Full House – Bedroom and Living room – alone and with roommates – doing algebra, checking e-mail; talking on the phone – playing with my roommates. Why can't I be beautiful...such striking blue eyes. My roommate cracks me up. Poor DJ – she was a little heavy. God, help me not to care! Help me to surrender my desire for thinness. I don't want to be a chunk.*

During her interview, Grace elaborated on her media journal entry and explained what she meant by a “chunk.” She also described how instrumental her faith in God was in terms of learning to accept her body.

Grace: A chunk would be having a *lot* extra. I don't want to be round...I don't think it looks very good. Average is okay. But I don't want to be fat. I still have my issues with being fat. It's okay for other people, but I would prefer it if I wasn't. My faith helps. I believe that I was put here for a purpose, and I believe that he created my body, and I am not the potter. There are days when I don't love my body, or I am afraid I'm becoming too fat. Knowing that I can go to him when I'm feeling fat and ugly and yuck gives me great peace. I'll ask him to deliver me from my self-centered desires. My faith in God, I think, has been *key*...To read the Bible, which says that I am created in his image. That's a much better way to think. And I think that helps me to stay on track.

For several participants, their faith in God allowed them to accept their own natural body and to reject the media-induced notion of a single ideal body type. Molly described one of the most helpful strategies she used for resisting the mediated ideal.

Molly: Accepting myself and appreciating who I am for who God made me to be. Also, my promise to God that if he could help me recover, I would respect the body he intended me to have no matter what size or shape or weight it is. I would not try to look like the women in those magazines. I had to let go of my expectations to be able to look a certain way. I truly believe that my promise to God made all the difference in the world for me. And I don't think it matters what faith it is - faith in the world, or energy, or nature, or God, or another higher power - I think it does make a huge difference.

Similarly, Faith discussed how her faith in God altered her perspective of the ideal female body. She described a strategy she used to negotiate media imagery.

Faith: Because of my relationship with God, my perspective is different than it used to be. It's more realistic. I have a realistic picture of what a woman is supposed to be, and I'm not as affected by those media images...I mean, a woman was created to have children. A woman is *supposed* to have hips. A woman is supposed to have curves. A woman is supposed to carry a little more weight than men because they are supposed to be able to take care their body and another body within them should they get pregnant. You know, I

mean, I try to stay in tune more with how a woman is *supposed* to be. That helps keep it in check, especially when I see media images.

In her media journal, Faith shared an example of how she incorporated this strategy. She wrote her reaction to an ad promoting several strategies for women to improve their appearance: “God made us the way we are for a reason. We are each unique in one way or another. Why should we change that?”

My Health is More Important than the Thin Ideal

As part of their recovery process, the participants in this study learned to reframe their primary focus to be on health, as opposed to the attainment of the thin ideal. With a focus on health, the participants were better able to resist media messages suggesting that they view appearance as the primary factor in their self-worth.

All of the participants used the term health to describe their perception of recovery. During her interview, Sarah shared her definition of recovery.

Sarah: Recovery is a change of mindset. It’s the power to change your thoughts and to change how you see yourself. Changing your behaviors and how you deal with life issues. Dealing with those things in your life daily that really are going to contradict life, a healthy life. Really, it’s just a change of mindset, consciously deciding in each moment to choose the healthy route.

Like Sarah, many of the participants described recovery as a shift in mindset. For example, Enchantment described her perception of the difference between anorexia and recovery.

Enchantment: I think anorexia’s where you have this mindset that you have to be the thinnest person in the world, and nothing else matters. It’s like the one thing you want more than anything else. And to get it, you have to starve yourself, exercise forever. You’ll take diet pills, you’ll do all this crazy stuff. And when you’re in recovery, by the time that you are really dedicated to it, you *wanna* be healthy. You want the best for your body. You want to feel better. You want to be at a *healthy* weight. You want your family and friends to see that you’re looking better, healthier, you’re feeling better. You don’t wanna be 70 pounds anymore.

No longer equate the thin ideal with health

When the participants had been anorexic, they lost weight under the guise of health, which worked for some time because of the value our society places on the thin ideal. However, after learning firsthand about the health consequences of being extremely thin, the participants no longer could deceive others, or themselves. For example, part of Amanda's definition of recovery was "acknowledging that there is a problem, that what you're doing is not healthy." Similarly, Lindsay described how her focus on maintaining a healthy body now outweighed any desire for the thin ideal, regardless of media messages.

Lindsay: I don't think that I would *ever* be able to go back and do that again - especially knowin' how unhealthy it is. You say you're doin' it to be healthy or to lose weight and be healthy. But it's the most unhealthy thing you can do. So I guess I've just changed my thoughts about it and changed my perception of myself to focus more on my health. Many of the participants had believed that attaining the thin ideal was healthy, but they learned that this was not the case. In fact, the primary reason that most participants provided for the initiation of their recovery process was their health. The participants also focused on their health as an incentive for *staying* committed to their recovery. For example, Diamond shared what said, "I really wanted to change. I wanted to be healthy. I *really* wanted to be healthy. I wanted to be happy. I wanted to love myself. I wanted to feel good about myself."

Jordan's comments illustrate how the media's false equation of dieting with health could be harmful. She described how her desire to be healthy (by dieting) spiraled into a full-blown eating disorder, in which she became fearful of any weight gain, even though she was extremely underweight:

Jordan: It just spun out of control. It just went like, 'I'm gonna be healthier' to 'if I gain five pounds I'm gonna freak out.' And then it was like, 'I'm sick of this. I can't live like this.' I dropped *so* much weight between my sophomore and my junior year. I came back and like the guys were all over me, and the girls were like, 'Oh my gosh! You look so great!' I just got all of this really positive attention. And I was like, 'Oh my god, Maybe I really looked *horrible* before!' My friend also had lost weight, and we were like, 'Are you

getting all this crazy attention? What the hell is wrong with that?' To this day, we joke about how we became one of the beautiful people that year.

Magazine usage focused on healthy eating rather than dieting

The participants used to read magazines for tips on how to attain the ideal body. As Ramona said, "I used to read a lot of fitness magazines. Try to like, get the perfect body like what they have - kind of look. Best work out tips and stuff." (sarcastic)

However, once in recovery, they no longer used health and fitness magazines as a source for improving their appearance. Those participants who still read magazines tended to focus on suggestions for healthy eating, as opposed to dieting for weight loss. As Grace said, "In the magazines, I like the content about how to take *care* of yourself better, and how to eat right or exercise. It seems constructive, rather than destructive. And I like to focus my energy that way."

Several participants discussed how they enjoyed reading about new medical breakthroughs for overall health and well-being. Courtney described how she now used health magazines as a health-oriented resource: "I like to read stuff on different vitamins that you should take or what foods are good for you. I'm not interested in the diets anymore."

As the participants progressed in their recovery process, their perception changed from "I should alter my media usage" to "the media should alter what they offer," indicating a transformation from a more negotiated or self-protective position to one that was more oppositional in nature.

Many participants contended that the media should focus on health, as opposed to attaining the thin ideal. As Faith stated, "The focus shouldn't be on weight or size, it should be about health." Similarly, Metkit described what she thought would be helpful in terms of preventing the prevalence of eating disorders: "Education on health - increasing awareness and educating about healthy weights and eating habits. Talk about what's *healthy!*"

Health as a negotiating tool

Women who were in the earlier stages of recovery valued their health over the attainment of the thin ideal, but they initially needed reminders because this perspective was not yet part of their natural thought process. When Grace was hanging out with some friends one night, she noticed herself comparing her body to an actress in the movie they were watching. She shared her reaction in her media journal: “My stomach looks fat. But I am healthy, with wonderful friends, and that’s better than being skinny.” Like many of the participants, Grace valued her health, and she used that to negotiate her desire for the thin ideal.

What many of these women struggled with was ensuring that they did not have a distorted sense of reality. For example, Jordan described one of her lingering challenges when she saw images of the thin ideal.

Jordan: Another thing that still, not haunts me, but the thing that I still struggle with is, I’m like, ‘Shit! I have cellulite in the back of my thighs.’ Every once in a while, I have to tell myself, ‘I don’t need to be a size zero. It’s really probably not even remotely healthy.’

Several women described how they learned to frame their concerns about weight from a health perspective. During her interview, Jordan discussed how she restructured her thought process to avoid becoming obsessed with what was really a natural amount of cellulite on her legs.

Jordan: It’s weird, but in a sick kind of a way, knowing that most people in America are obese makes me feel a little bit better about like, ‘Okay, well at least I’m not having an eating disorder where I eat everything I see, and I’m extremely overweight where my health is at risk every day.’ That kind of helps keep me to keep in check too. Like, yeah, I probably could stand to lose you know two more pounds to be a little bit more toned, but at least I’m not on the opposite end where I’m struggling to literally walk and function.

Opposition: Making health the most salient factor

Overall, these women learned to interpret media messages of the thin ideal through the logical framework of health, rather a more emotional focus on their appearance. Those who were

able to do so were more resistant to the dominant thin ideal. For example, Molly stated, “My health is the key factor to me - maintaining my health and respecting my body.” Along the same lines, Faith described how valuing her health allowed her to resist media imagery.

Faith: I think that they [media] portray more of the unrealistic, unhealthy pictures of a perfect appearance – like extremely skinny women. I don’t want to look like that. My health is more important than trying to achieve the media’s view of perfection.

Molly was consistently oppositional in her readings, as indicated by her multiple exclamation marks in her media journal entries. She expressed frustration with diet messages infiltrating Web sites that were supposed to be committed to health.

Molly: Fri. 7/14 @ 8:30 - WebMD newsletter and web site - My bedroom - Looking for updates on migraine research. Even on a web site devoted to health there are more ads for diets and weight loss! Who cares about weight—I need my migraine info!!

Age and children make health a priority

Girls compare themselves to media images at a young age, and the media messages they learn at a young age are carried on into their college years. At some point, however, women tend to be less likely to engage in social comparisons, particularly with models and celebrities (Martin & Gentry, 1997; Martin & Kennedy, 1993, 1994).

One of the factors that allowed the women to resist the mediated ideal was having young children of their own. This was partially because their media exposure altered to include *Sesame Street*, *Barney*, and *Wiggles*. In addition, the participants indicated that external validation from media sources was not as important as it once had been, particularly when they had other points of reference (their new family) for their sense of self.

In addition, for the women with young children, it was especially important to them to focus their energy on being the best mother and role model they possibly could be. In doing so, their focus on appearance and value of the thin ideal diminished. For example, Metkit described one of her motivations for resisting the mediated ideal.

Metkit: Just a desire to be normal and healthy. And I'm a mom now, so I want them [her children] to have a healthy mom, and I want them to have a healthy lifestyle - and *me* too. Also, with two children, you're not drawn to those thin model things. You do look at things differently.

Respect Celebrities for Qualities Not Focused on Appearance

As the participants learned to decrease the importance of appearance in their lives, their sources for inspiration in their lives transformed as well. In recovery, the participants discussed how they still admired some celebrities, but not the ones who based their careers primarily on their appearance. As they progressed in their recovery from anorexia, many of the participants' thought processes transformed, including how they viewed celebrities. They used to admire celebrities for their appearance because they served as a source of inspiration by exemplifying the thin ideal. As Alexandra stated, "I used to love Winona Ryder. While I had my eating disorder, she was my idol. She always looked so good and cute."

Once the women were in recovery, however, they no longer admired celebrities whose primary redeeming quality was their appearance. Alexandra provided an excellent example, again referring to Winona Ryder: "I cared about her before because I liked the way she looked, not because of her acting. Now I don't care about her so much anymore because she doesn't have any movies out really." The participants found many other qualities in celebrities much more admirable, including their acting ability, personality, intelligence, tendency to challenge Hollywood's thin ideal, and ability to serve as a *positive* role model for others.

Opposition to celebrities who rely primarily on their appearance

Many of the participants' comments reflected an oppositional interpretation of actresses whose careers were too focused on their appearance, not their acting ability. As Isabel said, "Mostly, the actresses today, they don't really *act* that well. They're just there because people think they're pretty. But it's like, 'Come *on* now. Have some meaning.'" Along the same lines,

Michelle said, “The light romantic comedies with actresses who are just pretty - the women that do that all the time - they sort of get on my nerves. Like Meg Ryan and people like that.”

Now that the women no longer placed appearance as the most salient factor for determining their own self-worth, they were more critical of celebrities who merely reinforced the idea that a woman’s was only valuable for her appearance. Jordan’s comments about Jessica Simpson illustrate this type of oppositional reading: “I wouldn’t go to something like a Jessica Simpson movie because I don’t think she has a lot to her personality. I’m just like, ‘Okay you’re washing a car in short shorts. Yay! Good for you! That’s talent!’ (sarcastic)

Admire commitment to substance, not fluff

Celebrities who did *not* rely primarily on appearance-related qualities served as role models for these women. These types of celebrities allowed the participants to see that women could be valued and respected for qualities *beyond* merely appearance. Several participants discussed admiration for celebrities who had more inner beauty. For example, Faith described why she respected Melissa Joan Hart.

Faith: She was on one of the posters for the National Eating Disorders Association. What I love about her is - well, she’s got a great personality. She’s a beautiful girl. And when I say beautiful, I don’t mean, like glamorous, like she can get out of bed and be beautiful. That’s what I mean. You know, it’s like it comes from *within* almost.

Most of the participants mentioned that they tended to admire celebrities who were not too “Hollywoodized.” The participants seemed to associate Hollywood with superficial glamour, primarily focused on appearance rather than talent.

Several women in this study discussed how they admired Reese Witherspoon and Drew Barrymore because they were “authentic,” “real,” and could act well. The participants admired these actresses because they perceived them to be more than just “pretty girls.” Lindsay described how she perceived Reese Witherspoon as a person who has a well-balanced life and was not caught up in the drama of the Hollywood lifestyle, which to many of the participants in this study, reflected trying to mold their bodies into the stick thin ideal. As Lindsay said, “It

seems like she's [Reese Witherspoon] not out for just like the 'glory of,' you know, the Hollywood lifestyle....She's passionate about her work. She really just wants to make movies and wants to do the specific job that she has well."

Rylie said that Drew Barrymore was one of her favorite actresses. She had seen all of her movies and loved them. Rylie also admired the actress because she did not seem like the type of person who just out for the glitz and glamour of Hollywood: "She's one that doesn't seem to conform with the media - she stays out of the media more."

More than half of the participants said they admired Julia Roberts, not for her appearance, but because she was "down to earth" and "real." Diamond described why she respected Julia Roberts: "She [Julia Roberts] didn't want to make movies *because* she was beautiful. She wanted to do them 'cause she's talented. She didn't want it to be about her physical appearance."

Several of the participants also discussed other actresses they admired because they were dedicated to their work. For example, Molly described why she respected Julia Stiles.

Molly: I admire women who are talented and dedicated to their role in movies, not just a stick thin pretty face. For example, Julia Stiles insisted on learning to dance for *Save The Last Dance*. She learned ballet and hip hop dance solely for this movie because she didn't want to be doubled! That's a lot of dedication and strength. I really admire her for that.

Respect intelligent, talented television and movie actresses

Now that the participants were in recovery, they tended to admire celebrities who were intelligent characters on TV shows. Several women admired Gillian Anderson from the *X-Files*. In her media journal, Christina wrote about her interest in possibly becoming an FBI agent because she had high regard for the characters on *X-Files*. During her interview, Christina explained why *X-Files* was her favorite television show.

Christina: I just thought Mulder was very intelligent - the way he approached things. I mean, Scully was *very* scientific. And I really thought Scully was actually a role model for me. 'Cause like, she never *dressed* like, she was never scantily clad. She was always very

business like and she was a pathologist I think. And I was like, ‘Wow! She’s like an FBI agent! I was just amazed. She came so far. She’s one of my idols.

During her interview, Emma discussed why she enjoyed *Ugly Betty*, one of her favorite shows. Despite being an ordinary girl who does not fit the traditional image of beauty, the main character on the show thrives at her job in the fashion industry because she is hard working and intelligent. Emma described why she enjoyed the show.

Emma: I love that the main character is Latina and a normal weight and she likes herself for who she is. She has such self-confidence. She is surrounded by models all day, but *they* are the ones who are painted as ugly. In television shows, the beautiful people usually win, and I love that Betty is the hero of the stories because she is kind, smart, incredibly brave and steadfast in her loyalty. And she has men fighting over her and *some* women wanting to *be* her. I *love* that.

Overall, the participants discussed how they now admired women who had some depth to their acting. Most commonly, the participants tended to admire celebrities such as Meryl Streep, Katherine Hepburn, Charlize Theron, and Ellen Degeneres for their acting ability. Overall, the participants discussed how they had more “appreciation for good *acting* than someone who’s just pretty.” For example, Emma described how she “loved Meryl Streep because she is so grounded and seems committed to substance rather than fluff.” Similarly, Michelle described why she respected Ellen Degeneres.

Michelle: She’s hilarious....I think she’s just a really *amazing* woman. She’s beautiful, but she doesn’t *use* her appearance to be famous or to be somebody. She really just she uses more of her personality and her sense of humor to really be successful.

Many of the participants admired women who were active in humanitarian efforts. Some of the most commonly mentioned celebrities included Heather Tom, Angelina Jolie, Susan Sarandon, and Oprah Winfrey. For example, Emma admired Heather Tom because she “invests a lot of her time into politics and feminism.”

Several participants admired Angelina Jolie because they perceived her to be someone who used her celebrity status to help others. As Jane said, “Angelina is such a great humanitarian. She seems like she has committed herself to improving other people’s lives. You can’t help but like her.” Jordan also was impressed with Angelina’s humanitarian work. Her comments capture what several of the women found admirable about Angelina.

Jordan: I think she’s just a really fascinating person - from the whole Billy Bob Thornton-wearing blood around her neck to the saving children in Africa. And she’s one of those people who doesn’t just *donate a car* to a poor village in Africa. Like she’s *living* there. She really understands the people. She’s *actively* helping them and she’s not doing it in a *PR* kind of way where it’s like, ‘Hey look what I did! I went to Africa.’ I think she’s a genuine person.

Many of the participants admired Oprah. For example, Kristin said, “I think she’s really cool. I supported her foundations in Africa. I give money, and I also do work with Third World country campaigns every year to raise money and awareness.”

Many of the participants admired Oprah because she was a source of inspiration for the type of inner work that the participants were doing in their recovery process. For example, Molly shared what she liked about Oprah.

Molly: I feel like over the years, she’s realized that being authentic and respecting your authentic true self is one of the most important things to do. I admire her strength and how far she has come. She can admit her mistakes and accept responsibility and use that as a tool to learn and grow. She has changed a lot over the years. I think her self-acceptance has grown. And she usually has some very profound ways of looking at life events.

Admire confident, empowering role models

The results of this study indicate that feminism informed the type of qualities that the participants now admired and respected. As teenagers, most of the participants looked to television or magazines celebrities as role models, though their focus was primarily on appearance. Once in recovery, the women had become more media savvy. In addition, many of

the participants had come to embrace feminist ideology, and they tended to admire women who were strong, empowering role models.

Most of the participants discussed how they admired women who had confidence and a strong commitment to their beliefs. For example, Emma described why she had followed Anne Heche's career since the 1980's: "I admire her tenacity and her absolute courage to listen to her heart even when people around her say she's crazy."

The participants also respected female celebrities who served as strong, empowering role models for themselves and others. These types of role models allowed the participants to realize that women can be respected for qualities other than appearance—that appearance was not the most salient factor for all women.

Many of the women in this study indicated that they did not have positive relationships with their family members. Furthermore, while some of the participants had re-established a connection with their parents, not one of the participants described her mother as strong role models in their lives. This seems to be why many of the participants who had adopted feminist ideology during their recovery process still turned to the media for respectable role models. For example, Emma had become a feminist over the years, but her feminist perspective derived more from her women's and gender studies courses in college than through her mother's influence.

During her interview, Emma discussed what her mother was like. Her description provides some insight in terms of why Emma sought role models from media sources.

Emma: She has very traditional ideas about gender roles. My mom also has a small life, and that's completely great that it works for her, but it would drive me bonkers. She worked outside the home, but her dream was always to be a stay-at-home mother. And she felt that was the best role for women to occupy. She believes the man should make the decisions in the relationship, and the woman needs to follow them. She felt that feminism had ruined a lot of things for women and forced them to do more, like work at home and in the workforce. She was also big with things like dinner on the table at five and women doing the housework.

Emma described her preference for women who were portrayed in the media as strong, female characters. In particular, she admired characters who were who were active in many dimensions of their life.

Emma: Television goes up and down with this, but right now they have several shows with strong, well-rounded female leads, so I love watching these great actresses get work and be able to tell good stories about multifaceted women who get *respect*. I didn't get along with my mom growing up and I definitely didn't want to live the kind of life she led. For better or worse, a lot of my female role models come from TV.

Emma admired Brenda, played by Kyra Sedwick, in *The Closer*. She described how Brenda portrayed a multifaceted woman.

Emma: She's someone who can be tough yet yielding, funny, smart. She can be a lot of different things. She works hard. You see her working and with her boyfriend. So often female characters are used for the looks or for jokes. Or you only see them in one sphere - work or home. I like that she has both.

Some participants expressed that they admired specific characters on television shows because of the characteristics they portrayed on the show. Molly had been the victim of physical abuse from both her father and brother. During her interview, Molly also discussed how after her parents got divorced, her brother's violence escalated into sexual abuse, and at times, she was gang raped by his friends as well.

After years of treatment and nearly giving up hope, Molly finally began her recovery process. She realized that in order for her to truly heal, she would need to move away from home, far enough so that she could create her own life, separate from that of her family. In one of Molly's media journal entries, she described how she admired a character on *Sex and the City* because she served as a strong female role model for her: "I love how independent and strong Miranda is!"

Given Molly's personal experiences, her admiration for Miranda's personal integrity and independence makes sense. She did not have positive role models at home, but she gained enough personal strength through her inpatient and outpatient treatment to provide her with the courage to move to a place where she could build a new life for herself, one that allowed her to maintain a sense of integrity and personal values.

During her interview, Molly discussed why she identified with Miranda. She described why Miranda was her favorite character on *Sex and the City*.

Molly: She is not *afraid* to be out there on her own. She's actually *proud* of it, which is something I realized about myself in the last year. I moved to Kansas City and only had one friend who went into eating disorder treatment a month after I got here. So I really have built my life on my *own*! The clarity she has on her personal values, morals, beliefs and her unwillingness to compromise them. I can be very laid back - go with the flow and don't get my feathers ruffled too easily, but I will not change who I am for someone else. I can discuss my beliefs and appreciate others' positions. But I'm not going to compromise myself, my integrity, my values for someone else.

During her interview, Noah said she came to respect women who serve as positive role models because of their admirable achievements. She described two women she admired.

Noah: I *admire* certain women. Not fictional characters usually - more like women who are doing goodwill in other countries. Women whose work has really changed others' lives, and they've kind of sacrificed a lot. Like Jane Goodall - she's done such great work. Strong women. People like Gloria Steinem, who *really* believed in their cause and stuck with it, and also been a role model for other women.

Admire celebrities who don't fear food

Several of the participants mentioned their appreciation for female television and movie characters that felt free to eat desserts on television or in a film, what appears to the participants in this study to be a rare occurrence. This perception would make sense, given that eating snack food is likely to be associated with someone being heavy or obese, that few female characters on television programs are heavy, and if they are, they tend to be the object of funny or negative comments.

No studies to date have examined whether there is a direct connection between an underweight or thin character and the amount of snack foods she is portrayed as consuming on television. However, researchers have found that thinner characters tend to be more likely to be in major roles in television shows (Greenberg et al., 2003; Hofschire, 2001). Greenberg et al., (2003) have found that 33% of television actresses were underweight, although fewer than 5% of United States women are underweight. In addition, the study found that 3% of leading television actresses were obese, whereas 25% of U.S. women are obese.

Research also has indicated that thinner characters are perceived as more attractive than heavier ones (Greenberg et al., 2003; Hofschire, 2001; Silverstein et al., 1986). In addition, heavier female characters tend to bear the brunt of humor or negative comments more often than thinner female characters (Fouts & Burggraf, 2000; Greenberg et al., 2003). Lastly, television has been shown to communicate social norms and acceptable behaviors, especially among adolescents (Field et al. 1999; Greenberg et al., 2003). A couple of studies in particular found that popular television shows have social influences that modify health behaviors, including food and beverage consumption (Ebbelling, Pawlak, & Ludwig, 2002; Hampl et al., 2004).

A few participants discussed their admiration for celebrities who challenge the notion the dominant notion that women who consume snacks will become obese. What is important about these comments is that the women noticed female characters eating on television or film *because* of its rarity. For example, Molly discussed her admiration for Sandra Bullock, who snacked on cookies during a movie.

Molly: Sandra Bullock is incredibly funny and real. She had fun with the movie, and food and weight weren't the focus - the focus was the film. She even made some comment about how an office space they were borrowing had awesome cookies in the one cupboard and she ate those cookies all night while they were shooting! She was real.

Emma discussed her admiration for Kyra Sedwick on *The Closer*. Emma described her appreciation for the main character.

Emma: I have liked *The Closer* a lot this year. Good ensemble cast, but the star is really Kyra Sedwick. She plays a Southern woman who is disorganized but really smart. I guess I identify with her in that way. She also loves candy and sweets and it's so refreshing to see a woman eat on television. Of course, her doctor said she had to give up sweets, so we'll see what happens there. But it's wonderful to watch a female character love junk food but not obsess over it or have it be the butt of all the show's jokes.

D: Very cool observation. I guess I've never noticed that not many women eat on TV. When did you realize this?

Emma: I never remember not noticing it.

Strategies for Self-Protective Opposition

In order to escape the dominant notion of the thin ideal, the participants needed to learn to respect and honor their natural body shape and size. Some participants knew this in theory, but it was hard to allow themselves to stray too far from the thin ideal. For example, Eliza knew that her weight did not determine how happy she would be, but she still battled the lingering anorexic voice in her head: "I still struggle. I mean, I know it doesn't matter what size you are. I think that you need to find your healthy weight and healthy size, and be happy with it. Which is hard." Similarly, Amanda said, "Just learning to be healthy at your weight - I think it will always be a struggle for me. I don't think it's something that I'll ever be like, 'Oh I don't care about it,' you know? I mean I'll never be like, 'Oh this is perfect. I feel wonderful about the way I look.'"

Prevalence contributes to need for strategies

The participants' perspective seems understandable given the pervasiveness of the thin ideal. All of the participants in this study discussed how the media perpetuate the idea that being heavy is not socially acceptable. Rylie's comments illustrate the prevalence of the thin ideal. She described the perspective of a young girl who was autistic, a disorder in which a person's level of social awareness is low (American Psychiatric Association, 2000; Wallis, 2006).

Rylie: I knew what the media wanted, I mean every girl does. Well like, through fashion. Down in Miami, I have this older lady friend who's like 40 - her name's ____, and she has a daughter who has autism, and she's overweight.

D: The daughter is?

Rylie: The daughter is, her autistic daughter. And she's not like totally autistic - like she's autistic, but she's not horribly. You know, there's different levels. And even her, she's like, she's 10 or 11, and she reads her mom's *Cosmopolitans* and she said to her mom, 'Mom, why aren't I thin?' Something like that. And so, you know, it's amazing that even someone like that - who doesn't really have a total wrap on like reality - is autistic. She *still* picks up on the fact that she's different, and that people aren't gonna accept her because of her weight. Or that's the way it's portrayed.

D: Oh, that's so sad.

Rylie: Yeah. So that's what I think of - there's always a cognizant - everyone realizes that as they look through these magazines. It's inevitable. Everyone knows what the media want. It's just that I didn't really start paying to the attention to the fact that the media, you know, puts it on us until I became anorexic and was recovering.

Restricting media exposure

One of the participants' most common strategies was restricting their exposure to media overall. As Nicole said, "Staying away from media has made a big difference in my recovery." Eliza also described how she found it easier to detach herself from the thin ideal with less media exposure: "The less I pay attention to media, the happier I feel about my body."

Remembering the misery

Several participants in this study described strategies or techniques they used when they were triggered by media images. A common strategy seemed to be remembering how miserable and sick they were when they had achieved the thin ideal, or beyond. Sarah described what kept her motivated to stay in recovery: "Remembering how I was - how I felt in those moments, when everything was full-fledged. Just remembering the misery."

Charlotte was in a gym, a potentially triggering location for all the participants in this study, and she saw an ad with a thin woman. Her media journal entry illustrates how she used her memory of the *reality* of being thin to engage in self-protective opposition.

Charlotte: *Tuesday- September 27, 2005 – 10-10:30 a.m. – Lucky Magazine (like Cosmo) – gym – on stairmaster and elliptical machine. I remember when I was that thin. Then, I*

have to remind myself of all the bad things that come along with being that thin—basically being CRAZY.

Rylie described how she used her memory of how miserable she was when she was anorexic to combat her lingering desire to be thin. Despite her current level of body dissatisfaction, she knew that things were much worse when she was thin.

Rylie: At one time after I was in recovery, I kind of thought, ‘Hmm, why don’t I starve myself?’ You know, it always kind of crosses my mind from time to time, especially when I see really skinny women in the media. But I just couldn’t do it. I was miserable then. I don’t want that again. I don’t want that for myself.

Eliza missed being extremely thin, especially when she saw fashion models on television. She described a strategy she used when tempted by imagery of the thin ideal.

Eliza: I just remember how I feel *now* compared to how I felt then. My brain works better, obviously. (She laughs.) And I’m happier. I’ve seen what malnourishment can do - just the way you act and feel. I would *never* want to go back to that - it’s just *horrible*. I never slept. When I was anorexic, I would *never* sleep. I had the *worst* insomnia. That’s just one of the many things. I couldn’t think straight. I couldn’t concentrate.

Remembering the lowest point of their life

One protective strategy the participants used was sharing their lowest point. In doing so, they took part of the power of shame away, which is what had kept them immersed in their eating disorder. By being open about the worst part of their eating disorder, to others and to themselves, the participants held on to a powerful memory of why it never would be worth it to buy into the thin ideal. During her interview, Grace shared one of her low points.

Grace: My heart was ready to stop. And I needed to gain weight. I had been abusing laxatives, and I was dehydrated. My fingers were all puffy. I had starved, puked, threw up in porta potties outside, Ziploc bags. You name it, I did it. And I remember waking up in treatment that night to get water and praying that it was a bad dream, and I wasn’t really there. But I *was* really there. I gained a little bit of weight in treatment. Not a lot. But the fear of food did *not* go away. I mean, I *wanted* to get better. But I couldn’t. That fear of fat of fat and food was *all* consuming.

All of the participants used their personal eating disorder memories to aid their recovery. Some participants had no desire for *any* aspect of their eating disorder, and these women had

oppositional readings. Other participants had self-protective oppositional readings—using the negative aspects of their eating disorder (being sick and miserable) to combat their lingering desire for the positive aspects (being thin and feeling special).

Weighing options, It's not worth it

The participants now had the arsenal to combat their inner voices. They were weary of the consequences they already had suffered from achieving the thin ideal, and thoughts about those consequences played an important role in their decision to remain strong in their recovery and not fall prey to powerful media messages about the thin ideal.

Christina described a strategy she used when she was tempted to read a *Cosmopolitan*, which she knew was a trigger for her: “I *know* I have to have the self-discipline to *not* to look at them. I just say, ‘No! You can’t read that. It’s gonna *hurt* you more than it’s worth.’”

During her interview, Faith used a copy of *Shape* to illustrate the type of conflicted thoughts she had when she saw thin, beautiful woman on a magazine cover. She described a strategy she used when she was tempted by a portrayal of the thin ideal:

Faith: To be *perfectly* honest with you, I can look at this picture and have two thoughts going through my mind. And one is that it’s very enticing to me. Very appealing. But on the other hand, I remember just how sick I was at that point in my life. And – it’s not worth it. Even though there is a part of my brain that wants to say, ‘Oh, you really want to look like that woman on the cover.’ There is a realistic part of my brain that says, ‘You were *so* sick then. You might as well have had cancer.’ You have to weigh your options. I mean, *really* is it *that* important?

The more the women deviated from the thin ideal, the more inner conflict they experienced. Faith was heavier than she would have liked to be, but she worked hard to combat her conflicting thoughts about her body. Faith still longed for the days when she was thin, but she referred to this longing as a *feeling*, one that she was able to battle with more cognitive reminders that *acting* on her desire to lose weight was not worth the misery she had experienced with her eating disorder.

Faith: Sometimes when I look at those images [in magazines], I feel heavy, but it's a *feeling*. Feelings are not always accurate. They are *not* always accurate. I think there might be a few people out there that have extra weight, and they know it, and they're okay with it. But I think – pretty much everyone else – somewhere in their brain wants to be slender or thin. *Not* underweight, not anorexic, but slender or thin. So I think in the back of my mind, I will always have the thought, 'I want to be slender, I want to be thin.' But it's just that. It's in the back of my head. It's not worth what I went through.

Invested in their recovery

Several participants discussed how they used the memory of their struggle to recover as an incentive to curb any desire to engage in dangerous weight loss behavior. For example, after Christina had attempted to hang herself, she had to withdraw from college and go to Renfrew, an inpatient treatment center in Coconut Creek, Florida. Christina had no desire to return to Renfrew. As she said: "It was absolutely *horrible!* I hated that place *so* much. It just was the most horrible thing, and it's imprinted in my mind." Christina used her memory of how miserable she was as an incentive to continually remind herself that the media images aren't realistic comparisons for her. She also discussed how she came to understand that the media do not represent a healthy body image that she should strive for.

Christina: One thing that helps me when I'm tempted by those images is just me saying, 'I do *not* want to get to that point again, where I was so low. Where I had to go to a *treatment* center.' I just, I can't believe I ever had to *do* something like that. I *never* thought I would *ever* have to go to something like that. I didn't think I was ever gonna be that *bad*. Just me saying to myself, 'I don't ever want to be at that low point again in my life.' I want to move forward and just live a healthy, normal life. So I started looking at things like media - that were like triggering for me, 'cause Dr. Seldman [her therapist at UF] kept saying, 'Do you want to go back to Renfrew? Don't slip *far* down 'cause we *will* send you back.' That got me. I do *not* want to *ever* go back there. So that's what helped me to change how I look at things. That's when I found out that media were triggering for me. And so, Dr. Seldman helped me say to myself, 'Look at this differently. This is what's *really* going on with these media images.'

Recovery from an eating disorder is extremely challenging. The participants in this study were committed to their recovery, and they did not want to unravel the progress they had made.

Emma described how the television program *Intervention* served as a negotiating tool when she was tempted by the thin ideal.

Emma: *Intervention* I started watching very recently. I had heard that some of their stories were about eating disorders and I thought I was at a stable enough place to watch them. I really get a lot out of watching the series because it reminds me where I was, how a disorder completely takes over your life, and there is such freedom in recovery. The show is also a reminder that recovery is a lot of work. And I don't want to go back to the place I was. I don't know where I want to go, but it's not there. So yeah, I've done a lot of hard work in recovery and I don't want to undo that.

Similarly, Abigail still valued the thin ideal, but she knew that she had invested too much in her recovery process to undo the progress she had made. Abigail was 23 when her parents Baker Acted her to a treatment center for anorexia. Abigail also said that she had to pay for her own treatment: "They had the money. But it was mainly *my* thing. I had gotten into it. And they didn't want to pay. They thought that I would value it more if I had to pay for it." Abigail also said that in order to pay for treatment, she had to liquidate her retirement money, "drain her savings," and now she was "barely living from paycheck to paycheck." In fact, at age 26, Abigail had to live at home because she could not afford to get a place of her own. Abigail described how she used her emotional and financial investment in her recovery to prevent herself from engaging in potentially harmful thought patterns or behaviors.

Abigail: If I was to look at a magazine, I would just compare myself, and it would not be dangerous. So I'll be like, 'I can't do that. I can *not* go back there.' Just because I've come so far. I've spent so much money. That's not what I want my life to be continually. So I *have* to snap out of it.

While the women had gained the undeniable knowledge that attaining a thin body did *not* grant them happiness, success, or popularity, they still missed some aspects of being thin. Slenderness does reap some benefits, and for many of the participants, there was a lingering sense of pride or accomplishment with having had enough willpower to lose weight and fit the media's prescription for the ideal. However, what the women realized that they needed to do was

re-channel that willpower to combat powerful and pervasive messages promoting the importance of the thin ideal.

Like all of the participants in this study, Abigail had a competitive nature, and she had channeled her energy into being the lowest weight she could possibly be. She also was competitive with her exercise regiment. For example, Abigail had read online that women with anorexia tend to do sit-ups, and one site described a woman who did sets of 50 or 100 situps. During her interview, Abigail shared her reaction: "I'm competitive, so I was like, 'Hmmm. I bet I can lose five more pounds by Tuesday.' And this is Saturday. (She laughs.) So I was doing 10,000 situps." Abigail chose to redirect her will power from "being the best anorectic" to strengthening her recovery. During her interview, she described what kept her motivated.

Abigail: It's indescribable. I mean, it's a strong desire to *live*. A *want* to live. I mean because there's so many people that saw me at my worst. And now they see me and they're like, 'You've come so far.' Hearing that is good 'cause I used to think, 'I could've not just been here at all. I could've been done with this. Just disappeared, and then I wouldn't have to fight. But that's not me. I'm not gonna' roll over and give up. Just because I'm so competitive. (She laughs.)

Redirecting their focus from the thin ideal to the value of health

Many of the participants in this study no longer trusted the media to convey messages that truly were healthy or normal. Charlotte described how she had to consistently remind herself how the media were implicated in her interpretation of a normal, healthy body.

Charlotte: I think for me personally, when I see media images, I think that it's just constant and consciously *knowing* what's healthy. And reminding yourself of what's healthy and what's normal, supposed to be normal. But it's funny, 'cause now that you make me think about all this stuff. (She laughs.) I didn't really realize that during the day I tell myself all that stuff about eating. Or even seeing the media - like I tell myself, 'Well that's not normal, that's not healthy.' I didn't really realize that I do consciously do that, Like I kind of was thinking even before I talked to you, 'I'm cured. I'm normal. I don't have any kind of problems now.' But I didn't realize what I tell myself all day.

Now that the participants were in recovery, their health was their most important consideration. When they were tempted by imagery of the thin ideal, they reminded themselves

of the consequences they had suffered when they had been anorexic. For example, Enchantment shared a strategy that made the mediated ideal less appealing.

Enchantment: I usually just think about my health. I'm like, 'Well I need to be healthy.' I'll think of it that way. And if it [an image] makes me not want to eat, I'll remind myself that food is good for my body, rather than just *looking* at my body and its appearance. Just knowing what starvation does to your body, to your mind and everything. I mean yeah, it'll make you really skinny, but it also makes all your hair fall out. And you have all these health problems. And you lose all your muscle and stuff. I was really muscular when I started, and then I got an eating disorder, and I just lost all my muscle. I couldn't even open a water bottle screw top.

Many of the participants described their constant struggle to resolve dissonance they felt about the thin ideal. During her interview, Grace described how she dealt with media imagery that triggered her desire to be thin. By redirecting her focus to her health, she was able to engage in a self-protective reading.

Grace: The photos of Nicole [Richie] when I'm in the checkout - just seeing how skinny she is. It's eye-catching, and it reminds me of when I used to be scrawnier like that.

D: What are some of the thoughts you have when you see someone who looks like what you used to?

Grace: Uhm - They're bittersweet. I'm proud, and I'm happy to be where I am. And I would *never* go back because I was *not* living. I was *dying*. And it had *sucked* everything good out of my life when I was that size. But at the same time, sometimes, it's like, 'Eeeuwww! Wow! I really have a lot more than I *used* to have.' And that doesn't always feel comfortable because of those images. But it's not something that I really get *stuck* on, or triggered by. It's more actually - I remember feeling *light* like that, but I'm strong, and I'm healthy. Would I *like* to be thinner? Absolutely. But now, it's more about just appreciating my *body*. My size has *nothing* to do with my health and my happiness in life.

Several women in this study were able to reduce the inner conflict about the thin ideal after having what Grace referred to as "fleeting moments of weakness." For example, Grace described a strategy she used to prevent herself from relapsing.

Grace: I make the switch pretty instantly. I really have learned over the years to not deny that I'm having the thought but to recognize, okay, I'm having this thought of, 'Oh, she's really unhealthy, and I kind of wish I was still that size. But at what cost? Am I willing to? No, I'm *not*. So I mean, it's pretty *instant* that I turn around. And ya' know what? I am *healthy* and I'm *strong*, and I don't *ever* want to go back to *that* kind of life. *Ever*.

Engaging in cognitive restructuring

Part of the participants' recovery process involved un-internalizing the tightly wound layers of the mediated thin ideal. Until this ideal no longer was one of the most salient factors in their identity, the participants needed to engage in strategies to reduce their level of comparison with universal, particularistic targets. One of the strategies the women employed was cognitive restructuring. They consciously reconstructed the thin ideal messages and imagery so they would not be tempted to engage in behaviors to conform to the dominant ideal female body.

Even if the participants chose not to expose themselves to the mediated ideal—either because they knew it triggered them or because they now saw it as a waste of time – they still retained those images in their “mental archives.” Many of the women discussed how engaging in “mental self-talk” allowed them to re-interpret the value of the thin ideal. The goal of this process was to ensure that the participants remained mindful in their readings of media messages.

When the participants engaged in this type of active cognitive restructuring, their comments initially resembled oppositional decoding. In reality, the women were using oppositional *statements* to resolve an inner conflict between their emotional and thought-based reactions to the thin ideal. Further analysis indicated that these participants actually were engaging in self-protective opposition.

What the participants *knew* to be true (that being extremely thin made them miserable) contradicted their initial, more emotional reaction to media imagery (a lingering desire for the thin ideal). This logical/emotional contradiction compelled the participants to develop new thoughts or beliefs, or to modify existing ones so they could reduce the dissonance (conflict) regarding the value of the thin female ideal.

Prior to the onset of their eating disorder, these women tended to engage in more emotionally based interpretations with regard to the thin ideal. They would see media images of thin, attractive women, which prompted them to restrict their eating. Once in recovery, they engaged in more careful scrutiny of media messages to determine the merit of the message. For example, Christina described a strategy she had learned.

Christina: What I've learned in therapy is I should put myself over *here*. Take myself out of my body and say, '*Look* at yourself' - from a different position and say, 'What are you *doing*?' Question yourself. And say 'Stop!' Just look at it and say like, 'See, no! This is wrong. You're in your eating disorder. Get out of it.' It helps just *realizing* that media are *not* what everyone looks like, not how everyone *should* be.

Overall, the women in this study generally tried to engage in more cognitive processing of media messages, as opposed to a more passive reaction based on feelings or emotions. The participants now had a desire *not* to engage in thoughts about the thin ideal that could cause extreme inner conflict. More importantly, the women were motivated by a strong desire to avoid slipping into behavioral strategies, such as extreme dieting, to achieve the thin ideal.

Many of the participants were so used to automatically engaging in a dominant reading of thin ideal imagery that they really had to take a step back and process their thoughts in a more active, cognitive way. During her interview, Isabel described a strategy she used.

Isabel: Something that *really* helps me is writing down what I'm thinking or what I'm feeling if I see something in the media that triggers me. 'Cause sometimes I'll *feel* really bad and can't really figure out what is happening. And just kind of analyzing it. Like, is this reasonable? If the image makes me really anxious, I'll want to start planning, 'Okay, I'm gonna lose weight like this.' That's my automatic thinking. But then I'll be like, 'Okay, is this helpful in the long run? What are the pros and cons of this?' So just writing things out and taking a step back.

Typically the women turned to more cognitive processing of thin ideal imagery when they realized that subscribing to the thin ideal no longer worked for them. For example, Noah said, "I think Dr. Phil uses the same kind of techniques. His *key* line is, 'How is that working for you?' I

think it's a very good question to ask yourself 'Cause we tend to just get in patterns, do things over and over again, and we forget to ever *question* that pattern."

Over time, the women in this study learned how to restructure their thoughts through intense therapy. During their recovery process, the participants had become more media literate, which served as a tool for closely scrutinizing media messages promoting the thin ideal.

Through treatment and counseling for her eating disorder, Grace had learned what she referred to as a "skill set" to decrease her anxiety about the size and shape of her body. During her interview, Grace described how helpful dialectical behavioral therapy had been for her.

Grace: I mean, it's not fun to be stressed out and unhappy about it [my body]. And I have a *choice* about that. I can choose to dwell on it and focus on various body parts - what size I want to be - and *heighten* my misery. Or I can tell myself truthful, *healthy* things and reframe those thoughts.

This section of the dissertation has discussed the various ways that the women reduced the value of appearance, which was a critical step in their recovery process. Participants who had a positive body image and no longer viewed appearance as the most salient factor of their self-worth were the most successful in this regard. Furthermore, a diminished value of appearance allowed for a more oppositional reading of the mediated ideal. The next section will discuss the obstacles the women in this study faced as they sought to un-internalize the pervasive thin ideal.

Obstacles to *Un-Internalizing* the Thin Ideal

There were several obstacles that impeded the participants' un-internalization of the thin ideal. All of the obstacles discussed in this chapter are connected to the focus on appearance as a salient factor of self-worth. Participants who still perceived their appearance to be a form of currency (Bordo, 1993; Brown & Jasper, 1993) had a much more difficult time engaging in oppositional readings of the mediated ideal.

For the women in this study, comparisons to imagery of extremely thin celebrities or models resulted in conflicted readings of the mediated ideal. Furthermore, the most noticeable distinction between a protective and an opposition reading was the degree to which the participant engaged in comparisons with media imagery of celebrities or models. Accordingly, a section of this chapter is devoted to the danger of engaging in such comparisons.

One of the primary obstacles the women in this study had to overcome was their fear of becoming fat, a daunting task in a society where fat oppression is condoned and even sanctioned. Though none of the women in this study were in danger of becoming obese, their inherent dichotomous thinking led them to believe that if they no longer were thin, they would become fat. In addition, some of the women in this study developed an intense fear of fat early on in their life, typically instilled by relatives with unresolved issues of their own. For instance, Grace discussed why she used to believe that being thin would make her happy.

Grace: I think some of it was in how I was brought up. I know my dad would always make statements like, ‘Oh my God. Look at how *thick* her ankles are. Like random people in restaurants. He’d say, ‘You don’t want to be fat like *that*. Your butt’s getting big. So I think that made it very clear. And my sister was overweight. Actually *morbidly* obese. And I think that they were always fearful - that I would *become* that.

Researchers have contended that the thin ideal is often promulgated by the media and encouraged by family members and peers (Heinberg, 1996). Furthermore, the social construction of thin as good and fat as bad has introduced a moral component to body size, providing additional legitimacy to myths associated with being fat (Bordo, 1993; MacInnis, 1993; Maine, 2000; Seid, 1994).

During her interview Rylie described some interactions with her mother regarding weight, exercise, and clothing size that provided insight into her perspective and degree of body dissatisfaction. For example, one year after Rylie had been in recovery from anorexia, she had

gained some weight while on summer break. Rylie had wanted to lose weight, and her mom encouraged her to do so.

Rylie: My mom was like, ‘Oh, you can lose a few pounds.’ She never *gets* it. I had just come out of anorexia, and I gained weight, which was good. And then I was saying that I was gonna to lose weight, and she was pushing me to lose weight! How *retarded* is that? (We laugh.) I mean *really*. When you think about, it’s *crazy*. It’s just, she doesn’t *get* it. She doesn’t grasp it.

Rylie also discussed how she had gained some muscle that summer because she had been working out with a trainer at her gym. Her clothing size had changed, and she described her mother’s reaction on one shopping trip.

Rylie: I remember I went to a dressing room with my mom. I was trying on clothes, and I couldn’t fit into a size....And I was upset about it, and it was *obvious* that I was upset about it. And my mom goes, ‘They almost fit you, you just have to lose a little more weight.’ And this is the same woman that before was telling me that I was too thin, and that I needed to eat more.

During her interview, Rylie described how she reacted to her mom’s comment on that particular shopping trip. She also described how the dynamic with her mom affected her overall sense of worth.

Rylie: I sat down and just was crying, and my mom was like, ‘You said you were gonna work out every day this summer.’...So my mom’s pretty much saying that I’m worth shit and my body’s worth shit and (sighs) to this day, I’m so *angry* with her about that. Of course, I don’t tell her that. (She laughs.) When she says stuff like that, I just wanna go, ‘Oh my God! Are you serious?’ (She laughs.) like, ‘Whoa, back up.’ I should write it down or something. But I’ll just take it and take it, and inside I’m screaming, like ‘Why can’t you see that I look *fine* for once?!’ Her perception of me is that I’m *huge* and that impacts the way I see myself, especially when she says things like, ‘You need to lose 15 or 20 pounds.’ It’s flabbergasting. And it’s things like that that *really* get to me and destroy myself. And my self-esteem.

As illustrated by Grace and Rylie, some women in this study had difficulty extricating their sense of self from their appearance, especially if this connection had been deeply instilled in their minds. As discussed previously, the toughest battle the participants faced learning to honor their body, while not allowing their appearance to define their self-worth or identity.

In addition to a deep-seated fear of fat, many participants struggled with a lingering attachment to the benefits they associated with the thin ideal. The more the participants missed the identity of being thin, the greater the risk was for relapse. Consequently, these participants tended to engage in negotiated or self-protective readings.

For all of the participants in this study, numbers had been a powerful and concrete measuring stick of their self-worth during the time when they were anorexic. The women in this study had used calorie intake and expenditure, clothing size, and weight to measure their self-worth. Changing this type of thinking was one of the biggest obstacles for the women in recovery from anorexia. In fact the scale has such power over women who are in recovery from anorexia that treatment centers do not allow the patients to discuss numbers at *all*—clothing sizes, calories, and especially *weight*.

Some of the women were able to tip the self-worth scale enough to become *aware* of the extent to which they had absorbed the dominant ideology, but they needed more time to cultivate their inner selves to battle the ever-present voice of their internal anorexic mentality.

All of the women in this study were at a healthy weight and had overcome the behavioral aspects of their eating disorder. However, a few participants still struggled with their body image. They had difficulty determining their self worth with personality characteristics lacking concrete numbers for measurement, such as kindness, compassion, or intelligence. These participants tended to have more self-protective oppositional readings.

Noah had earned a doctoral degree in psychology, and at some level, she knew that her self-worth was not defined by her size. However, she still struggled with wanting to lose weight, at least in part to the media indicating the “correct” height, and weight, and clothing size for women. During her interview, Noah described her perception of the mediated ideal.

Noah: When I see models, I'm pretty sure that they're at least 5' 9" - at the shortest. And that they're probably weighing 110 pounds. And something really *ridiculous* for that height. And wearing a size 2 or a size 4.

Participants who viewed the attainment of a boyfriend as a reflection of their identity and sense of self-worth tended to engage in self-objectification, which inhibited their ability to engage in oppositional readings of the mediated ideal. This was an unexpected finding that emerged toward the later stages of the coding process.

An unexpected finding that emerged was the association between the participants' perception of recovery and the nature of their reading. The women in this study who viewed recovery as a life-long process were less likely to engage in oppositional readings. In contrast, the handful of participants who believed that it was possible to fully recover from an eating disorder and put the experience behind them were better able to resist the mediated ideal.

Danger of Engaging in Comparisons

This section discusses how important it was for the women in this study to reduce, eliminate, or alter comparisons. Those who failed to do so had dominant or negotiated readings, which tended to be damaging the women's self-esteem and body image, and in some cases, led to potentially harmful weight loss behaviors.

All of the women in this study had internalized the thin ideal at some point prior to the initiation of their recovery. Part of the participants' recovery process involved unraveling the internalization of this ideal. Women who had un-internalized the thin ideal were able to engage in oppositional readings, allowing them to completely reject media messages promoting the thin ideal. However, those who still had a significant desire for the thin ideal needed to avoid engaging in comparisons. In order to reduce the saliency of the thin ideal, the participants needed to engage in strategies to reduce or eliminate their exposure to the mediated thin ideal.

Until the thin ideal was no longer an important part of the participants' core value system, it was dangerous for the women in this study to engage in comparisons with thin models or celebrities. In fact, this study has indicated that engaging in social comparisons of this nature proved to be one of the most important obstacles to the un-internalization of the thin ideal. What this study also has indicated is that the most significant difference between an oppositional reading and a self-protective oppositional reading was the participants' desire to engage in comparisons to the thin ideal. Women who had less desire to engage in such comparisons had more oppositional readings. The results also indicated that nearly all of the self-protective opposition strategies that the participants employed served to reduce or eliminate comparisons.

Experimental studies have indicated that overall, women tend to feel worse about their body after viewing images of the thin ideal. The meta-analysis conducted by Groesz et al. (2002) indicated this as an overall effect, even with some studies having contradictory findings (Irving, 1990; Richins, 1991). Halliwell and Dittmar (2004) found that there was a distinct difference in the concepts of being *aware* of the thin ideal and *internalizing* the thin ideal. They contended that most women are aware, but those who truly *internalize* the thin ideal are likely to be more dissatisfied with their body image, particularly if they engage in social comparison with media images.

Social comparison theory and comparisons

Social comparison theory, credited to Festinger (1954) posits that 1) people have a drive to evaluate their opinions and abilities; 2) that in the absence of non-social, objective standards, people will be motivated to use social comparison; 3) and that when possible, people will compare themselves to similar others.

Social comparison theory has been applied extensively in the literature relating to eating

disorders, as the theory has evolved over time to include not only opinions and abilities, but other attributes as well, including appearance and body shape and size (Wheeler & Miyake, 1992).

Taking Festinger's slightly altered notion that people are driven to evaluate their attributes, it seems appropriate for social comparison theory to be so widely used by scholars examining body image and eating disorders.

Comparison targets: Universalistic and particularistic. Social comparison theory has evolved to include two additional dimensions that relate to the topic of study. One dimension involves the nature of the comparison target (particularistic or universalistic). A particularistic comparison would be a woman comparing herself with someone who is a peer, colleague, or family member, someone who she relates to in a social setting of some kind. On the other hand, a universalistic standard is one that is more personally removed from the individual, such as a fashion model in a magazine, a character on a popular television show, or a movie celebrity. Typically, people prefer particularistic comparisons because they are more likely to be similar, however, the choice of comparison may be affected by a woman's motivation: self-evaluation, self-improvement, or self-enhancement.

Upward and downward comparisons. Social comparison theory posits that women typically will choose what is referred to as an upward comparison (someone who is more "successful" in terms of a particular attribute) if she is trying to improve or enhance herself. Sometimes this upward comparison will be a person the woman knows, but many scholars contend that because the media portray fashion models and celebrities as the ideal and as having a body that is achievable, women may look to a more universalistic comparison target (Martin & Kennedy, 1993). Typically, when a woman engages in comparison with a universalistic target, she will end up feeling worse about herself, she may become depressed, have lowered body

dissatisfaction, experience shame, and feel anxious or guilty about failing to live up to the ideal (Wheeler & Miyake, 1992).

A downward comparison would be if a woman compared herself to someone who is “worse off” on a particular attribute. Perhaps this person is overweight or unattractive. Many scholars have indicated that people engage in downward comparisons to feel better about themselves (Wheeler & Miyake, 1992).

Women in the initial stages of recovery still compare

Consistent with previous research on social comparison and body image, participants in this study indicated that they usually felt worse about their bodies after comparing themselves with others. Nearly all of the participants made several references to the comparison process itself. While all of the women in this study seemed to be aware that the body ideals portrayed in the media were illusory, those who were in the initial stages of recovery still compared themselves unfavorably to the ideal and also tended to engage in a dominant reading. In addition, participants who were less recovered tended to still have the thin ideal internalized.

Some women in this study often used celebrities on television as appearance-related measuring sticks. For example, while watching a movie on *Lifetime*, Isabel wrote the following in her media journal: “She has pretty hair; I need long hair.” In another journal entry, she was watching *The Nanny* and wrote, “Fran is skinny. I need to be that skinny.” Similarly, Grace was watching *Friends* and wrote, “I wish had Rachel’s body.”

Learning the necessity of avoidance

The problem with using the media as resources for social comparison or social learning is that the women represented in the media are not healthy comparisons for most girls. In fact, the typical fashion model would meet one of the primary diagnostic criteria for anorexia (being 15% below what would be considered a healthy weight for one’s age and height).

Garner (1997) has suggested that women are increasingly becoming dissatisfied with their bodies. In general, the size of fashion models, television characters, and movie celebrities has declined over time, while the weight of the average American woman has increased. Women who are inclined to compare themselves to media figures as a measure of their self-worth, or as some other measuring stick, are likely to find a discrepancy. When a discrepancy occurs, if a woman has internalized the thin ideal (Halliwell & Dittmar, 2004; Heinberg, 1996; Stice et al., 1994) and has the drive to reduce the discrepancy, she will turn to dieting or exercising, which is widely promoted in the media (Wiseman et al., 1992).

Like several other participants, Courtney tended to watch television when she was working out, either at a gym, or at home on a treadmill. During her interview, Courtney described what her triggers were. Comparing herself to thin, attractive women on TV not only affected her thought process, but it also directly affected her behavior.

Courtney: I know whenever I see these perfect-bodied women on TV or in a magazine or whatever - sometimes that will make me kind of say 'I don't wanna eat.' Or if I go work out, I watch the flat screens on the treadmill at the gym in Atlanta. And sometimes I'll see a really pretty girl - sometimes I work out while I'm watchin' my soaps, and I'm like, 'She's so pretty,' or 'She's so skinny. Maybe I'm gonna stay on here a little longer today.'

The women in this study *had* turned to dieting and exercise and took it to an extreme. Now that were in recovery, they could not afford to go back down the path of seeking the thin ideal. Thus, they needed to use protective strategies to prevent themselves from engaging in weight loss behaviors. One of those strategies was avoiding potentially damaging representations of the thin ideal. Barbara offered a strategy for dealing with the potentially damaging representations of the thin ideal: "The less you listen to the media, the better. Don't expose yourself."

The participants discussed how they gradually came to understand the importance of restricting their media exposure. Botta (2003) has found a link between the number of health and

fitness magazines read and an increase in body image disturbance and related behaviors such as fasting, purging, use of diet pills and laxatives, and unreasonable desires to be thin. As the participants progressed in their recovery process, many of them came to understand this relationship on their own. Because it was too risky for the women in this study to dabble with the desire to be thin, some participants made a conscious decision to avoid mainstream magazines altogether.

Magazines were instruction manuals for life

For many of the women in this study, magazines had served as an “instruction manual for life” Like many of the participants, Noah used to subscribe to magazines when she was a teenager. She described how they used to influence her.

Noah: When I first started reading magazines, it was like *Seventeen* magazine. And we’d read *Cosmo* or *Glamour* too like they were your instruction manual for life. (We laugh). We’d look at the celebrities and models and be like, ‘This is what I should be *wearing*. This is what I need to buy at the mall next week. These are the curlers I should be putting in my hair.’ I spent a *lot* of time in high school reading those magazines.

Like many of the women in this study, Noah learned that reading certain magazines led her to engage in social comparisons that only made her feel worse about herself, so she made a conscious decision to avoid them: “In college is when I decided I would stop looking at any fashion magazines. ‘Cause I was still struggling, and I was getting the connection between looking at fashion magazines and feeling bad about myself.”

Alexandra used to read fashion and health magazines on a regular basis. Over time, she realized that she was engaging in comparisons with the women who reflected the thin ideal, and she felt worse about herself, so she made a conscious decision to avoid magazines.

Alexandra: While I struggled with my eating disorder I was somewhat addicted to reading magazines and would buy at least one new one a week. Now, I don’t want to read them anymore. Reading certain magazines, with good-looking, skinny models is not good for me. I start having negative thoughts about myself and criticizing my body when I stare at those pictures for too long. So I avoid reading these magazines.

Faith knew that it was important for her not to engage in a social comparison that might make her feel worse about her body. In order to stay on the path of recovery, Faith had to avoid reading magazines that limit their representation of women to those who reflect the thin ideal.

Faith: It's just not my thing [reading magazines like *Shape*]. It would be *too* easy to get off on a tangent. And I couldn't. I can't say that relapse could never occur. I think I'll fully recover, but I *have* to keep my mind in check in order to stay that way.

Faith's comments about social comparison reflect the pre-existing literature. As Thompson et al., (1999) have contended, "The comparison process is in itself a threatening phenomenon."

Faith described an example of how she had to "keep her mind in check" to remain in recovery.

Faith: Comparing myself to you – or comparing myself to *anybody* in the media. We are all *so* different. I mean, *none* of us are alike. I don't even know where the idea *came* from, what brought it about – the whole comparison thing in the first place. I have to *not* do that. You know, you have to make a mental choice to *not* do that because you've gotta reverse 10 years, well mine was 10 years, of negative thinking, *that* way of thinking. That's like speaking Spanish for 10 years, and then all of the sudden having to learn English or vice versa. You know, I mean, it's a whole different language.

Several researchers have found that comparing one's body with other woman's is related to body dissatisfaction in women (Heinberg & Thompson, 1992a, 1992b; Striegel-Moore et al., 1986). In fact, Heinberg and Thompson (1995) found that women who engage in such comparisons have increased body dissatisfaction, regardless of whether their comparisons were upward (with more attractive individuals) or downward. Consistent with previous research on social comparison and body image, the women in this study indicated that they usually felt worse about their bodies after comparing themselves to models or celebrities portrayed in the media.

In general, the women in this study seemed to find fashion and beauty magazines to be the most powerful source of trigger material. It is possible that magazines were more powerful triggers for the women in this study because they are tangible sources that the women in this study could hold in their hands.

Christina described how she recently had learned that magazines had been a trigger for her eating disorder behaviors. She also described some strategies she tried to combat irrational thoughts caused by magazine exposure.

Christina: Magazines are the most triggering things. I would find myself looking at them and *thinking* things. Like, the *bad* thoughts. Like, ‘Hmmm. I wonder how she gets a stomach like that? Maybe if just like stopped eating so much at my meals. Like, just cut this food out.’ Now that I’m healthier, my mind is kind of allowing me to think more rationally about things. And I’m like, ‘Wait a minute! Wait a minute. What am I *doing*? Oh my gosh. *No*, wait. I *can’t* do that. No! Stop, stop!’

Christina used to be a heavy reader of magazines such as *Seventeen* and *Cosmopolitan*, but she learned during therapy that those type of magazines fueled thoughts that she needed to improve herself, and that the way to do so was to become more attractive, primarily by fitting the media-prescribed thin ideal. Over time, during Christina’s recovery process, she came to realize that reading fashion magazines was not healthy for her because she would engage in unrealistic social comparisons with the models. The following excerpt illustrates Christina’s reaction when I asked her to tell me about any magazines she read.

Christina: Oh! No! No magazines. I - Oh my gosh! No. After therapy, no. Those things are the most triggering things. I mean, I know there’s like, *Time* magazine, but those are boring to me. I was always reading a *Seventeen*, *Cosmo*. Oh – no, I will *not* look at them. I will not go *near* them. Those are the *worst* things, worse than TV. Worse than, like, the pool party out there. (She laughs.) Magazines. I think *those* are what threw me off.

The thin ideal messages in magazines were too powerful for Christina. Eventually she realized that the best strategy for her would be to avoid them altogether.

Christina: I would say still about a year ago. It was like a *big* change. Everything just happened at once. I just *stopped* looking at them. I mean I did peek at them a little bit. (She laughs.) Like my roommate would have them behind the couch, and I’d sneak a peek. (I laugh.) Now, I don’t look at them anymore. I’m just like, ‘No! Don’t even *open* them.’

Christina recognized that magazines were a trigger for her, but she also realized how challenging it was to avoid them. She described several strategies she employed.

Christina: I see them in any kind of grocery store line. Friends' houses. It's especially hard watching the girls by the pool lay out, everybody has magazines. That's why sometimes I don't even go anymore. Yeah, and doctor's offices. I usually don't try to read them. I usually – like sometimes they'll have a TV. Or I'll just sit there. Like staring ahead - and try to think about things. I try *not* to read them.

When Ramona “was really deep into” her eating disorder, she watched a lot of TV. She had struggled with anorexia and bulimia, and she described how *Nip/Tuck* was a trigger for her binge/purge behaviors.

Ramona: *Nip/Tuck* (says with disdain). Man, that show *killed* me to watch. It was just like - that would send me to the grocery store for a gallon of ice cream just to watch it for a second, just ‘cause, man, those people are *so* perfect. ‘Why can't I be rich?’ And they're *so* disordered and *weird* people, too. But for some reason, it's just like, watching *Nip and Tuck* sends a very clear message of you're not good enough to me.

Like Ramona, several of the participants in this study had said that MTV in particular was a trigger for them. Ramona used to watch at least four hours of MTV a day, and she described how she had to cut back: “I've consciously put a lot of effort into *not* putting myself in situations where I'm exposed to so much TV ‘cause it was pretty detrimental to my self view. Like watching MTV made me go, ‘Oooh, I wanna *be* like that person.’”

Veronica discussed how she used to have to avoid certain movies because she would engage in unhealthy comparisons. As she progressed in her recovery process, she was less tempted to compare herself to unrealistic targets and feel worse about herself: “Before, I would limit what I was watching because I just didn't want to get depressed about the way I looked compared to the people on the movies.”

Challenging to avoid comparisons

Once in recovery, with increased media literacy, the participants had more freedom and choice about comparison. They could choose to ignore or discount media images they disliked or that might serve as a source for an unhealthy comparison. However, a few of the participants'

indicated that this was not always possible. As Enchantment said, “I try to avoid looking at the models. But I try to avoid fights with my mom too, but it doesn’t always work.” (She laughs.)

***Victoria’s Secret* catalogs are especially challenging**

Many of the participants described how viewing *Victoria’s Secret* models, either in the print catalogue or in online ads, served as a trigger for their desire to attain the thin ideal. The *Victoria’s Secret* models typically appear as if they have no imperfections. In addition, the models are usually wearing very little clothing, exposing body parts that most women typically have insecurities about.

Veronica described how she knew that images were airbrushed. Despite this knowledge, she knew that the *Victoria’s Secret* catalogue had the power to make her feel bad about herself because she still had a strong desire to look like the ideal, regardless of how unrealistic the imagery may have been.

Veronica: *Victoria’s Secret* makes me feel the worst sometimes. I mean I don’t know what they’re *thinkin’* with these girls, but I mean, the underwear’s *not* gonna look the same on *me*. (She laughs.) You see it, and you like it, but then you have to realize that’s not gonna look that same way on *me* so why should I buy it? I *know* it’s airbrushed, and it’s been retouched and everything. Everybody knows that. But you just can’t help but compare yourself to these girls. And I think *that* [*Victoria’s Secret* catalogue] would be the only thing that I have to be like *consciously* aware of when I read it. Or look over it.

Similarly, Christina described her reaction to a *Victoria’s Secret* ad online, but her response was to draw from her knowledge about airbrushing to negotiate the message. Her initial inclination was to compare herself to the image of the women, but then she talked herself out of comparing herself to an image that probably was not realistic.

Christina: The *Victoria’s Secret* ad just really *bothered* me. ‘Cause this girl was in a swimsuit, and my first impression was like, ‘Oh my gosh! I want to look like that!’ But then, I’m like, ‘Okay, ya’ know. Wait a minute. She’s probably airbrushed.’ But those things kind of *get* to me.

Christina had knowledge about airbrushing, but she still had the thin ideal internalized. Similarly, Abigail was in the initial stages of recovery, and she knew that she should avoid magazines: “I don’t read magazines. I stay away from them. The people that are portrayed in there, the models and stuff. It’s dangerous. It’s the *wrong* image.” Abigail described why she especially needed to avoid looking at *Victoria’s Secret* catalogues.

Abigail: The *Victoria’s Secret* swimsuit magazine that I got the other day. It was women that needed some more meat on their bones for sure. I *never* look at the products really. I just compare myself to ‘em [the models]. And I usually feel like crap then. (She laughs.) Because - I mean, I *know* I’m healthy and not overweight, but I don’t see right either. So it’s hard to accept that. I remember thinking that I was skinnier than her once. I guess it made me think of how far I’d come. But yet, how far I’ve got to go mentally still. That’s why I just stay away from them usually.

Hard to tear away

Some participants knew that media exposure caused them to engage in unhealthy comparisons, but this did not stop them from watching potentially triggering TV shows. For example, Courtney described how watching the *O.C.* affected her.

Courtney: Actually this is kind of crazy. (She laughs.) One of the main actresses on the *O.C.* - I just look at her and think, ‘Oh she’s got such a cute figure. She’s tall and skinny. Gosh, I wish I could look like that.’ And I would probably feel a little better about myself if I didn’t watch that as much. (She laughs.) But I’m so addicted to it. I just can’t make myself not watch it.

Research consistently has indicated that increased reading of beauty and fitness magazines is related to women’s body dissatisfaction and eating disturbances (Harrison, 2000; Harrison & Cantor, 1997; Levine et al., 1994). Many participants had difficulty completely steering clear of all magazines. Noah described a strategy she employed to combat her initial feelings when she saw imagery of the thin ideal in the grocery store aisle.

Noah: Sometimes when I’m at the grocery store, I’ll end up looking at *US Weekly* or *People* as I’m standing there. And even *that* I know is kind of bad. ‘Cause you’ll see like the Paris Hilton or Nicole Richie. I noticed it on this trip. I was like, ‘This is bad.’ (She laughs.) That you look at them, and you go, ‘Oh, they’re so thin.’ And then you think, ‘Oh

that's so - I don't *want* to be that. But it does kind of affect you. I'll think, 'Oh, that dress falls nicely or something.' And then I have to add like another *conscious* cognition on top of it, rather than go with that immediate thought or feeling. I really don't like that I looked at those magazines this week because I know how it's gonna make me feel.

There's just so much of it

Amanda no longer engaged in eating disorder behavior, yet she was not immune to comparing herself to attractive celebrities or models. Despite her level of media literacy, she still felt worse about herself if she engaged in an upward, particularistic comparison. As Amanda stated, the thin ideal is everywhere, and it was challenging for the women in this study not to be affected, particularly if they still had the thin ideal internalized.

Amanda: I guess if you just watch something on TV or whatever, and you think you're seeing the perfect person. You think they're attractive, and it makes you feel worse about yourself. I guess it's just being *so* exposed to it. Just all the time seeing people that are *so* thin and beautiful I mean, it's not real, you know. There's just *so* much of it.

One of the surprising findings that emerged from this study was the prevalence of invasive ads promoting the thin ideal online. Many of the participants who had Yahoo or Hotmail e-mail accounts had to find ways to negotiate messages that popped up on their computer.

Courtney had an e-mail account with Yahoo, which frequently had pop-up ads for weight loss, anti-cellulite and anti-wrinkle creams. In her media journal, Courtney reacted to an online ad she saw while checking her e-mail: "That model's butt had to be airbrushed." Courtney saw the same ad multiple times during the week that she kept her media journal. She expressed her irritation with unsolicited online ads: "I'm so tired of seeing this model's perfect butt every time I need to check my mail!!!"

Danger of Comparisons for Women with Body Dissatisfaction

Richins (1991) found that women who were overweight and already dissatisfied with their body became even more dissatisfied after viewing images of the body ideal. This finding provided insight into a few of the participants' comments. On days when Sarah was feeling

insecure about her appearance, she had to avoid media sources that would intensify these feelings. She discussed how she had to monitor her magazine reading based on her state of mind.

Sarah: *Fitness, Shape, Self, or Elle* or anything like that - with the certain images on the front of it – those can be triggers. If I'm not having a good day, I'll compare myself to them and feel badly. So I'll avoid them on those days.

For women in this study who already were experiencing body dissatisfaction (even if it was completely unwarranted), it seemed especially important to avoid engaging in upward comparisons with the thin ideal. Engaging in social comparisons with attractive, thin women on television shows only seemed to exacerbate their level of body dissatisfaction and diminish their ability to decode messages in a way that challenged the dominant ideology.

Women who admire celebrities or who try to emulate them may place more importance on reducing the discrepancy in body shape and size between their own body and that of a celebrity (Hofschire & Greenberg, 2002). Furthermore, a woman's desire to imitate a media personality can affect the likelihood of her self-esteem plummeting (Hofschire & Greenberg, 2002), which in the case of this study, may trigger a relapse into anorexic thought patterns or behavior.

Of all the women in this study, Rylie indicated the most body dissatisfaction: "I hate my body. I hate my weight. I hate the way I look." In her media journal, Rylie wrote about her comparison to Katie Couric on the *Today Show*. She perceived herself to be heavier than Couric, so she felt even worse about herself when Couric made references to her *need* to lose weight.

Rylie: *Thursday, July 7, 2005 @ 8:30 a.m. - Today Show - My dorm room - Watching news, eating breakfast, getting dressed.* All I can think of is how I want to lose weight. I'm getting dressed and I haven't looked in the mirror in over a year. I can see that I've gained weight. *The Today Show* interests me, but watching Katie Couric makes me feel even worse about myself because she's so pretty and has such a nice body. I remember this one time that she was with someone talking about food and she was saying that she needed to lose weight. That made me angry, because she has such a nice, petite body.

Fear of Fat

I learned that no matter what anyone says, it really doesn't count if you're smart, kind, funny, sweet, generous, or caring, because if you also happen to be heavy, you may find yourself on the receiving end of more cruelty than you ever knew existed. (Goodman, pp. ix-x, 1995)

From an early age, females receive the message that thin is good, and fat is bad. The media perpetuate the idea that being heavy is not socially acceptable to the extent that “weightism” has become socially acceptable in American culture (Bordo, 1993; Maine, 2000). Several feminist scholars have explored the penalties associated with failure of women to achieve a body within the acceptable realm of the ideal. Research has indicated that women who are overweight are discriminated against socially and professionally (Bordo, 1993; MacInnis, 1993; Maine, 2000; Seid, 1994).

The results of this study indicate that fear of social rejection or professional penalization is at the heart of the most significant challenge women in recovery from anorexia face—letting go of the need to adhere to the thin ideal, while accepting and honoring their body at its natural shape and size. Emma's comments capture the type of thinking that hindered the participants' ability to accept their bodies and let go of their fear of becoming fat: “I have always known that the ideal body type as portrayed in the media is not fat. Fat was the worst thing you could be, according to the media. I knew that then, and I know that now.”

Weight-based judgments in American culture are often based on values of restraint, self-denial and self-control (Freedman, 1986; Goodman, 1995; Grogan, 1999; MacInnis, 1993). Thus, an overweight woman indicates her violation of such values, and she often is the victim of societal rejection (Seid, 1994). Freedman (1986) has attributed responsibility to the media for promoting the idea that everyone can achieve the thin ideal with enough restraint. Consequently, anyone who is overweight is lazy and unable to exercise self-restraint over her appetite

(Freedman, 1986). For example, Emma described why she was afraid of gaining weight: “My body would be a signal to the world that I had lost control and that terrifies me.”

Conversely, a woman with a thin, toned body sends the message that she cares for herself and has the “correct” attitude regarding self-control. Because thinness is valued in society, a slender woman is the recipient of favorable judgments and is perceived to be successful, competent, and in control (Bordo, 1993). Furthermore, several researchers have contended that thinness is associated with morality and virtue (Bordo, 1993; Franzoi & Herzog, 1987), and Joy and Venkatesh (1994) have identified a prevalent “moral principle” in which “the person with an aesthetic outer body (with a good shape and appearance) is the moral equivalent of a good person” (p. 349).

As discussed in Chapter 2, one of the personality characteristics that make women more prone to developing anorexia is the need to please people and make others think highly of them. Furthermore, this type of personality is extremely concerned with not being disliked or rejected (Bruch, 1973; Hall, 1993; Kolodny, 2004).

Research has indicated that while women may be able to recover fully from anorexia, the personality characteristics that contributed to the development of their eating disorder are not likely to vanish (Richards et al., 2000). As discussed previously, many of the women in this study still were working on resolving body image issues, and several participants indicated that one of the primary obstacles they faced was the fear of becoming fat. For example, Emma described the need she had to prevent her body from becoming obtrusive.

Emma: Body image is huge. I still see myself as extremely overweight. I feel too big, that I take up too much space. I feel very disconnected with my body. I feel like a big person. I feel like my energy goes over the boundaries that were demarcated for me. I feel like life is this big coloring book and everything I touch goes outside the lines.

Although Emma had strong oppositional opinions informed by feminism, she still was influenced by pervasive messages about what constitutes femininity: “I think of feminine or a ‘good woman’ as being small and not taking up space.”

When someone is heavysset (in real life or in the media) typically she is “punished” – by not being treated equally or nicely, or by being ignored or completely disregarded (Bordo, 1993; Fouts & Burggraaf, 1999, 2000). Feminist theorists have contended that the media perpetuate the prejudicial myth that fat is synonymous with lazy, stupid, and ugly (MacInnis, 1993). Many of the participants in this study had strongly internalized this myth, which hindered their recovery process and impeded their ability to engage in more oppositional readings of the mediated ideal.

Christina’s comments illustrate how powerful the media can be in transmitting socio-cultural norms. Many of the women in this study had difficulty *not* consenting to the thin ideal because they were fearful of the negative stereotypes associated with the term fat. Christina discussed why overweight people were one of her triggers.

Christina: I’m afraid I’m gonna look like them. That’s a *horrible* thing to say, but when I see someone who’s overweight, I’m like, ‘Oh my *God*. I don’t *ever* want to *look* like that.’ I can’t imagine if I did. It’s really bad. Yeah, people who are *very* overweight are triggers. To me, being overweight is having no self-discipline, no self-control. Being sloppy and lazy. (She laughs.) Ahhhhh! I can’t believe I said that! But that’s the *truth* for me. If I gain weight, I totally feel like I’ve been lazy, and I have *no* self-discipline, and that’s just horrible to me. To me, it’s kind of like failing a test. It’s like I didn’t even study. I don’t care. I don’t care about my body. I don’t care about *myself*.

Many of the participants in this study had strongly internalized the socially constructed stereotypes associated with fat. As Christina said, “I associate ugliness with *fat*. I think that if I was fat, I would be ugly, lazy, sloppy.” Christina described what had influenced her perceptions.

Christina: The media (She says immediately and laughs.) ‘Cause most people are thin and beautiful on TV and in the ads when I read magazines. The women in them seemed to be in this *place* where they are just like - so *happy*. Oh, look, they’re just on *display* and they’re *beautiful*. I think I’ve just been so *brainwashed* with it over the years.

The current socio-cultural ideal reflects one of beauty, dominated by a Western value of thinness. As Brown and Jasper (1993) have argued that “Policing and controlling appearance becomes an imperative for achieving both inner satisfaction and social success” (p. 19). Several of the women in this study still had a strong connection in their minds between weight and success. For instance, Christina described her perception of overweight people as unsuccessful.

Christina: Overweight people, I think, just *sit* a lot, because I guess just the weight would just be very difficult for them to move around. I’m always very busy. I love to feel like I’m busy. I *like* being productive and competent. Accomplishing things. I feel like it’s like being successful. So if I was big. Like, if I was obese and really overweight, I would not be doing anything. I’d just lay around and not get anywhere in life. I’d be a *total* failure. That’s my biggest fear. No, my biggest fear is being overweight. But my second biggest fear is being a failure in life. Because I just want to be successful.

Christina no longer allowed herself to read women’s magazines because she knew that they were triggers for her. She would engage in social comparisons with the models, and inevitably, she would feel worse about her body. During her interview, Christina discussed why she admired the models in magazine ads: “The women seem very confident. Very self-assured - like, they know what they want. They are beautiful, and I see them as successful and sophisticated.”

As Malson (1994) has argued, “The construction of fat-as-ugly and thin-as-beauty is so dominant and normalized that it often appears to be an unquestionable prescription of some law of natural aesthetics; that fat *is* ugly and thin *is* beautiful.” Overall, Christina had almost a textbook example of a dominant reading of the thin ideal. After years of exposure to women’s magazines, she truly had absorbed the Western social construction of beauty and success as defined by the thin ideal.

Similarly, Enchantment still subscribed to the notion that it was shameful to be fat. During her interview, Enchantment described her perception of the mentality of someone with anorexia in recovery, “They just have a different mindset, and it’s in there forever.”

Social learning theory generally has been credited to Bandura (1977), though Piaget (1954) also contributed to the development of this theory. This theory suggests that people learn through observation about gender roles, appearance, and the requirements for social acceptance and success in Western society. Several sub-concepts are part of this theory, including modeling (behavior viewed on television) and vicarious reinforcement or punishment. For example, we learn, either directly or indirectly, what the social consequences are for certain behaviors (and appearances). Some people may learn that being overweight is not acceptable directly because they were overweight and were teased by their peers. Others learn that being overweight is not socially acceptable through the pervasiveness of the thin ideal, and the lack of female images with “average” or “overweight” bodies (Bordo, 1993).

For the most part, the struggle boils down to a fear of being rejected as a person, not being loved or socially accepted. For example, Christina described why it was important to her to have an “acceptable” body.

Christina: I was made fun of a lot when I was younger. So I’m always like trying to fit in. I want to be the most popular, the most beautiful. That’s what I really want to be. And I know that’s not good. I shouldn’t do that, but still there’s a really strong part of me that wants to fit in. I want to fit in with everybody.

The women’s struggle with a fear of fat seems to be rooted in a desire for social survival. Their fear was not unfounded, but rather based on a context in which they fear the social consequences of not conforming to the appearance standards set for women that have been ingrained in their minds for years.

The participants no longer believed that thinness would grant them happiness and popularity, but they still had a fear of becoming fat. This cultural and media-induced notion is evident by the increasing numbers of television shows in which people literally are accepted or rejected based on their weight.

Barbara was from Germany, so she was familiar with television shows broadcast there. During her interview, she discussed Germany's Next Topmodel (GNTM), a German reality television show with about 12 contestants who compete for the GNTM title as well as a modeling contract with the IMG talent agency in hopes of getting a start in the modeling industry. The show is based on the concept of Tyra Bank's America's Next Top Model, and is hosted by Heidi Klum, who also serves as the executive producer and one of the judges on the show. During her interview, Barbara described the show.

Barbara: It's kind of like *American Idol*. They compete for this title, and every time, one contestant has to go. One of them doesn't make it to the next round. They have to introduce themselves, and they have to put themselves in a dress and in a bathing suit, and then they get measured.

Barbara also discussed how some of the judges could be really harsh on the contestants about their weight. She also shared Heidi Klum's explanation of *why* the judges were so harsh, and in doing so, she explained what she perceived to be the ideal female clothing size portrayed in the media.

Barbara: They told this one girl, who's like 100 something pounds, that she's too *fat*. And she's really tall too. And she asked the question, 'Do you *really* think I'm too fat?' And the one judge said, 'You see that sign in the background - Germany's next top model? For that title, you're too *fat*.' But then, the girl who does the show [Heidi Klum], she explained later that on fashion shows, everything is like a certain size. And when you get there as the model, you have to fit in those clothes. Otherwise, you know, you're too big. So probably the size that *they* see as ideal - probably size 2 or 4.

Barbara was aware of the pressure to attain the thin ideal, but she no longer succumbed to it. She was able to have an oppositional reading because she distinguished between what her

ideal was and what the ideal was for models. While the ideal for models was extremely limited, Barbara did not care because she was not interesting in a modeling career. She was able to see the portrayal of the ideal in the fashion industry for what it was, extremely narrow.

Women in this study worked hard to resist cultural messages about women's bodies, such as messages that define what beauty is, and how women need to alter their bodies to become attractive. However, there were some participants who still had primarily dominant readings, and they were more sensitive to shows that literally rejected women based on their appearance. During her interview, Enchantment described a Howard Stern show that reinforced fears she already had.

Enchantment: One night I came downstairs and *Howard Stern* was on. And his shows are kind of weird. But the day that I came down, it was *really* outrageous. Like they had this girl on there, and she looked okay. She was pretty, and she was thin. She was on there because she wanted to be a model for *Playboy*, and she was asking them what kind of plastic surgery she needed. And there was all these guys just critiquing her. And she said, 'I think I probably need to like liposuction my stomach.' And they were like, 'Yeah you need a little bit of that.' And then she says, 'I think I probably need a boob job.' And they were like, 'Yeah.' And then she was like, 'I think that's about it.' And then one of the guys comes up, and he's like, 'You need liposuction in your thighs too.' And she's like, 'What?' And she looked like she was about to cry or something. And then he starts like pinching this like little *sliver* of like fat or skin like on her thigh. And she's like all upset. And I was thinking, 'That's probably why people get eating disorders because of that.' I mean like if someone did that to me, I'd just be really upset.

During her interview, Rylie's comments appeared to be oppositional in nature. However, her overall discourse indicated that she still subscribed to the thin ideal. She was extremely unhappy with her weight because she felt that her body did not meet the standard of the ideal. Her desire to be thin may be better understood in the context of her perception of the media.

Rylie: If you're not thin, you're not gonna make it in Hollywood. They'll point you out in magazines, how ugly you look. And especially now during the summer - they have you in your bathing suit. They caught you on camera, they saw your bad spots, your cellulite. They'll sit there and take pictures of stars with like, 'Guess who's body this is?' And then they'll circle cellulite on their legs and how they've gotten fatter and stuff like that.

Several feminist theorists have contended that body ideals are related to women's social position. As Brown and Jasper have suggested, "The body is an instrument of communication which mediates social life" (p. 20).

Some of the women in this study still had negative feelings and attitudes about having a larger than socially accepted body size. As Garrett (2004) has contended, there is a social hierarchy of the body, a perception reflected in Western discourse and in the widely circulated media imagery. At some level, the women in this study recognized that body size affected how a person is valued and treated.

In order to have more oppositional readings of the thin ideal, the women in this study had to work on reducing their fear of fat. For example, Nicole said described what motivated her to stay in recovery and trust her body to be at a natural weight: "I just I don't want to miss out on things anymore. I don't want to keep living in this *fearful* life, fearing that I'm going to get fat."

Still Value the Thin Ideal

As discussed previously, it was extremely important for the women in this study to reduce the internalization of the thin ideal. Those who did not do so faced a significant obstacle in their recovery process. These participants also tended to have the most dominant or negotiated readings. For example, Jane shared her current perception of the mediated ideal: "I think the media's portrayal of the ideal body image is a very thin bony woman. In the prime of my eating disorder I truly believed this looked good. Now I just envy it in some ways."

Several of these women still strongly desired the thin ideal, but did not allow themselves to engage in unhealthy weight loss behaviors to achieve it. For instance Rylie still wanted to look like the models in magazines: "Yes, I probably would give a lot to look like them on most days. (She laughs.) But I don't act on it." Similarly, Eda described how still wanted to look like models in fashion magazines, but she acknowledged that starvation was not a reasonable solution.

Eda: I will never have the body I want. The body I want is 18, 6 feet tall and willowy. And I have come to terms with the fact that I will never have an 18-year-old body. Well, also the age part. I always wanted the anorexia back but couldn't really starve. I always want to be very thin. I just don't act on it.

During her interview, Jane said that she no longer had any food issues. However, Jane still had a strong desire for the thin ideal, which negatively affected her body image.

Jane: I really eat what I want and don't have "scary" foods. Body image is a different story. I don't act on my feelings, but I definitely hate the way I look, and I hate my body. I don't know if this will ever change, but I guess if I don't act on it, it won't kill me.

Despite valuing the thin ideal and having negative thoughts about her body, Jane no longer engaged in any weight loss behaviors. However, unlike most of the participants, Jane still subscribed to several magazines, including *Fitness*, *Allure*, and *Self*. The continuous exposure to extremely thin models seemed to be detrimental to her body satisfaction. She described her perception of the magazines and how they made her feel.

Jane: *Allure* and *Self* - they're all the same type. They're like *Cosmo* - just the same type of thing. *Allure* is like *Self*. They're all women's magazines - that have all the beauty and the super thin models and all that lovely stuff. You look at it, and you're like, 'Okay, thanks!' (sarcastic and laughing). Flip through, 'Oh good! Another one!'

Thinness is rewarded

The participants' discourse supported the notion that beauty, as defined by thinness for women, is rewarded (Orbach, 1983). All of the participants in this study had felt a sense of pride and accomplishment in the initial stages of their eating disorder, when they still felt a sense of control. For example, Noah described how she had seen her attainment of the thin ideal as an important achievement: "I really was getting very, very thin. I kept weighing myself, and I was very proud of how small I was getting."

Western society values thinness, and there was no shortage of compliments when the participants initially started losing weight. As Jordan said, "I just got all of this really positive attention." A key part of social learning theory is incentives, which refers to refer to the social

rewards that people gain by “learning” what is socially acceptable. For example, when a woman loses weight (in real life or in the media), typically she is praised. Diamond described how initial compliments had affected her.

Diamond: In the 7th grade, I got mono and I just *loved* it because I lost so much weight. (She laughs.) And everyone was like, ‘Oh, you look so skinny!’ And so, I would notice that I was starving myself - and also using diet pills for energy and to curb my appetite.

D: What do you think initiated the diet pills?

Diamond: Television commercials. ‘Cause I always remember seeing Dexatrim and Acutrim, like I *always* saw those commercials.

Some of the participants still craved the attention and sense of being special that they associated with being thin. They had come to associate a thin body with being special. For instance, Isabel was in the early stages of recovery, and she still had a strong desire to be thin, though she did not engage in eating disorder behaviors. Isabel reacted to a story she had seen on *E!* about Mary-Kate Olsen when she was diagnosed with anorexia:

Isabel: Part of me still wants to *be* like that. So it’s like, *food* for the monster. The biggest thing for *me* is - I *see* things like that in the media, and some of my automatic, immediate thoughts are, ‘They’re getting attention for that. They’re special.’ And there were a lot of needs that didn’t get met while I was growing up. And *still*, it’s really hard to meet those, and so it’s like, ‘Yeah, if I could just be *this* way now, maybe someone will love me’ - type of thing. But of course, logically I know it’s not gonna work. But the *drive* and the *need* for that is still strong.

One evening Isabel watched a movie, *The Sisterhood of the Traveling Pants*, and in her media journal, she wrote, “I gotta be thin!” During her interview, Isabel explained her initial reaction to the movie.

Isabel: Three of them were really *small*. And they all seemed to be *special* somehow. They were young, and they were skinny, well except for one person. And they wore small jeans. They have friends. ‘Cause I don’t have any friends. It all gets kind of gelled into this shortened thought of, ‘I’ve gotta be thin.’ When *really*, it means a whole lot more.

Isabel’s comments in her interview combined with her media journal entries illustrate how lonely she was for attention and love. The only time Isabel had felt special was when she was

anorexic, so she still had a strong, positive association with thinness. This perception served as an obstacle in her recovery process, and prohibited her from engaging in more oppositional decoding.

Missing the identity of thinness

Many of the participants described how they were attached to the identity of being a thin person, and it was challenging to let go of this self-perception. The women in this study had positive associations with being thin, and they found some value in this aspect of their identity. For example, Grace discussed how her parents influenced her perception of how she *should* look: “I think they made it very clear that it was not okay for me to be fat - and that I was expected to be small.”

Several of the participants in this study discussed how they had learned that being thin was one of their defining and valuable characteristics. For example, Amanda described why she had been attached to a thin identity.

Amanda: When I was little my, everyone would be like, ‘Oh you’re so skinny.’ And I just thought I would grow up and be a skinny person. I just always thought I had to be thin. And my mom liked me that way, and I just had to be that way.

Over time, Amanda had learned to disengage herself from her identity as a skinny person. For participants who still linked their identity to the size of their body however, exposure to imagery of the mediated ideal reinforced their desire to remain thin.

Sense of competition and jealousy

The notion of competition is infused in media, as part of a capitalist society. The participants’ ability to engage in oppositional reading of the mediated thin ideal depended, to some extent, on the degree of their lingering competitive nature, particularly with regard to appearance and adherence to the thin ideal.

One of the characteristics of women with anorexia is competitiveness (Burckle et al., 1999), and the participants in this study were no exception. Several researchers have found that women who compare their body to other women's are more likely to experience anxiety and body dissatisfaction (Heinberg & Thompson, 1992; Striegel-Moore et al., 1986). In fact, most eating treatment centers and support groups do not allow women in recovery to discuss *any* numbers relating to their body (such as weight or clothing size). In order to progress in their recovery process, the participants truly had to let go of their belief that "less is better."

Several participants discussed how seeing celebrities or other people in the media lose weight was a trigger for them. For example, Emma said, "Watching *Celebrity Fit Club* made me jealous, like I want to lose weight, too! Why can they do it and not me?" Christina's comments further illustrate how seeing the societal value of weight loss reinforced in the media were a trigger for some participants.

Christina: People saying that they've lost weight. That is a *big* thing. Oh my God! They're losing it. (deep breath in) How DARE they! Like, *I* should be. I've got to be thinner than them. *I* should start losing weight. *I* should diet. That's a big thing too. People saying that they're on a diet or that they've lost such and such enough weight. I'm like (big breath) 'No, no no! They can *not* be skinnier than me. They lost weight. Oh, no no no. I have to lose weight too.' 'Cause I had this thing back when I had the anorexia that I am the *ultimate* weight loser. I am the best at losing weight. I can lose it (she snaps her fingers) just like that.

In her media journal, Jane reacted to fashion magazines she saw in the grocery store checkout line: "All those actresses/celebrities are so rich, thin & beautiful. It's not fair." Along the same lines, Diamond said, "Sometimes I do like get really jealous of some of the women in the magazines, or even on TV, like on *E!* They're so thin. I do really get jealous when I see how pretty everyone is."

Diamond's negotiated readings about dieting messages also may be attributed to her tendency to engage in upward, universalistic comparisons. Despite her level of media literacy,

she still compared herself to women on television who reflect the mediated thin ideal, and this weakened her resistance to dieting messages in magazines.

In one of Diamond's journal entries, she was browsing through a magazine in her office at the campus recreational center, and she wrote: "Diets to lose weight made me feel I need to lose." During the interview, she discussed her reaction to the magazine in further detail.

Diamond: It was *Shape*. They had all these diet plans and stuff on what healthy foods are. And I don't eat like that, so I was like, 'Oh maybe I need to start eating better. I need to lose some weight.' Yeah, that's why I still have problems reading magazines. (She laughs.) And *E!*

Body dissatisfaction

Women in this study who had gained what they perceived to be too much weight had increased body dissatisfaction and less oppositional readings. Many of the participants found that they were triggered by the way their clothing fit or made them look, not necessarily by the clothing size, which is discussed in a later section of this chapter. For example, Sarah described one of her triggers: "On certain days, my clothes might fit great, and then if they feel tight the next day, that can be a trigger – whether or not my *body's* actually changed."

Enchantment: A lot of times, I'll just look in the mirror and think, 'I look fat in this.' Or I'll start picking on part of my body, 'Well this makes my stomach poke out.' Or 'This makes my legs look big.' And I'll start obsessing over it, and then I have to change.

Typically the women in this study were aware of their triggers, and they had coping mechanisms in place to prevent them from engaging in unhealthy behaviors. As Emma said, "One of my first responses is not to eat. I rarely follow through on that impulse though."

Enchantment described what helped her on days when she was struggling with her body image.

Enchantment: I usually just think about my health, and I'll be like, 'Well I need to be healthy. I'll think of it that way. I'll try to think of it more as doing something good for my body rather than doing something good for my eyes, looking at my body. (We laugh.)

In a Foucauldian feminist analysis, Bartky (1988) contended that the production of “feminine docile bodies” requires women to pay “coercive attention” to specific details of the body (p. 72). Furthermore, Bartky (1988) and Bordo (1993) have argued that when women direct their attention to the creation of a uniform feminine body shape, they become restrained under relentless surveillance.

Several participants also described how focusing on “faults” with specific body parts typically served as a trigger. For example, Veronica still had a vision of what an acceptable body should look like, and this affected her body satisfaction.

Veronica: I hate my thighs - a *lot*. I have hips, and I have thighs. And that’s just the way I’m built, and I can’t fight nature, but I can’t *stand* it. And I’ve even had comments at work - like there’s gotta be black people in my family because of the way I’m built. And I’m like, ‘Should I take that personally?’ And they’re like, ‘No, no no. It’s a good thing.’ And I’m like, ‘Okay.’ And I guess, that part about me I’m just not okay with.

Prevalence of thin ideal

Harrison and Cantor (1997) have noted two key points of social learning theory – prevalence and incentive. Prevalence points to the pervasiveness of the thin ideal in the media. We learn from multiple sources that being thin is valuable and good, and that being heavy is bad and undesirable. This message is unavoidable. Harrison and Cantor (1997) have contended that repeated exposure to the thin ideal promotes notions that women come to accept as the social standards over time. Abigail described how the media perpetuate acceptance of the thin ideal.

Abigail: I don’t think my perception’s changed. I think society’s changed - to accept what the media put out. I mean because you’d see these models in these magazines, and that’s all you’d heard - on the news and stuff - They’re too thin! They’re too thin! And now - you don’t hear anything about it. Everybody just accepts it.

The women all expressed how challenging it was to resist messages about the thin ideal that permeate our culture and are often inescapable. As Jamie said, “Too thin is what you see

everywhere in commercials and women's magazines. I circumvent most media input deliberately and conscientiously, but I still notice and unconsciously take in the messages."

The participants were aware of the power of the media to create and reinforce the thinness ideology, and most of the women took various steps to reduce exposure to such messages in their everyday life. However, many of the women in this study discussed how it was nearly impossible to escape media imagery exemplifying the thin ideal.

Noah had learned that women's magazines were a trigger for her, so in general, she chose not to read them. When I interviewed Noah, she was in town for a wedding, and she had been spending time with several female friends. During her interview, Noah discussed how she had been shopping with her friends, and she browsed through a magazine in a checkout line.

Noah: I definitely still think about weight, especially when I see magazines, even just in the grocery store or something. Like, I can say at an intellectual level all these nice cognitions that will help me get through it. Like, 'Why do people love me? It's not, whether I'm thin. When I get into a wedding dress, what are they gonna be looking at? They're gonna be looking at my smile. Am I happy? Is this the right union?' That kind of thing. But I still struggle with I'd like to be 10-15 pounds thinner.

Noah discussed how she found it hard not to let the images of the thin ideal bother her. Typically she avoided fashion and beauty magazines. She did not subscribe to any, and she never purchased them, but she still found herself drawn to them in waiting rooms.

Noah: Those messages still affect me. I mean, I think it's impossible for them *not* to. I think it's *very* hard to escape it. I would have to do a *much* better job avoiding television and avoiding magazines. And I'll still catch myself. I went to the doctor with my friend who's here [for the wedding] for her OBGYN visit. She's pregnant. And I was just in the waiting room, and what do I pick up? Ya' know, all these kind of *trash* magazines. And I went with another friend to get her hair done. And I was in the salon, just sitting there. And I picked up *InStyle*. And I flipped through, and I remember thinking, 'I *hate* this.' And you can't help but suddenly. Or I mean, *I* can't help, not to generalize. But it's *hard* not to look at it or to let it go.

Socialization process

For several participants, it was frustrating to see how easily they could get sucked into caring about what they now perceived to be superficial concerns related to appearance. When I interviewed Noah, she had just completed her Ph.D. in Psychology, and one of the courses she taught was Psychology of Women. She considered herself to be a feminist, yet she realized that feminism did not inoculate her from the appearance-focused culture in which she had grown up.

Noah: I think that it was *really* hard when I was teaching psych of women, because I thought, here I *am* trying to teach women about these things, and yet, I had to forgive myself and say, I've been socialized the *same* way these women have. And if I have hang-ups still, and if I catch myself thinking about something or *caring* about something superficial, I have to forgive myself and say, 'Ya' know, just because you *understand* it at an intellectual level doesn't mean you weren't socialized *exactly the same way* (said in high tone, sarcastic) to give a *crap* about these things.

I interviewed Noah in a hotel room in Statesboro, Georgia. She was in town for a friend's wedding, and her media exposure was a little different than usual. Noah described the conflict she felt between her mental perception of herself as feminist and her emotional reaction to media messages about ideal female beauty.

Noah: All the magazines are *covered* with how *thin* Nicole Richie is now. And so, *that* has been something that I've *seen*. And I kind of just get mad at myself when I even *care* about that sort of thing. Or Entertainment Weekly - whatever that show is. *Entertainment Tonight? Something* was on the TV in the hotel room. And I'm like, 'Let's *turn* this off' 'cause you can just get *captured* by it. And I don't like when I do that. Like, get caught up in how Jessica Simpson looks or something. I'm around women who taught psych. of women who consider themselves feminists. And yet, it's like I watch all of this and can get caught up in that. Or end up making comments about your thighs or whatever.

Noah explained how cognitive strategies were not sufficient enough to counter years of pervasive cultural conditioning about the female beauty ideal. Noah described the type of place she would need to be born in order to *not* value the thin ideal.

Noah: Somewhere *away* from television where they idealize something else. I guess in some other cultures, you idealize some sort of beauty, but it's *not* always thinness. You certainly have many cultures that that seem to associate thinness with sickness - cultures where sickness is a big part of their lives. Like, if you were thin, you gotta be poor. I know

with Eskimos - that was the one thing I learned when I was a kid. I remember learning that was a sign that you weren't providing enough for your wife. I she was *thin*, it looked like you weren't being a very good provider. And the plump wives were very *proud*. Ya' know, 'Look at her. I've fed her *well!*' (We laugh.) Wouldn't *that* be a switch.

Thin indicates femininity

Several feminist scholars have contended that smallness is an indicator of femininity, and that this aesthetic value encourages women to regulate their bodies (Bordo, 1993; Malson, 1994; Wolf, 1991). "Thinness signifies a delicate fragile 'petite' femininity...The thin woman is not only beautiful; her smallness again metaphorically signifies that she is 'petite'—dainty, fragile and delicate" (p. 109). As Noah said, "I think the media infiltrate this idea that to be feminine and pretty, we need to be very, very petite, very small."

Many of the women in this study preferred to have a feminine appearance, and they still subscribed to the notion that a small, docile body represented femininity. For example, Eda said, "I always like being a smaller size, like the pretty girls in the magazines."

As Malson has suggested, the mediated ideal is "firmly embedded within a romantic cultural narrative in which the beautiful women gets a perfect life and lives happily ever after" (p. 106). Jordan described why she preferred having a small body: "All my boyfriends have always been - I just am drawn to the bigger guys. And I remember feeling cuter being smaller, like in their arms or next to them. And I really did like it."

Participants who had a desire to adhere to the conventional vision of femininity typically engaged in more self-protective opposition readings. For instance, despite knowing that her focus should not be on her appearance, Grace still wanted to be small.

Grace: *Monday – 10 a.m. – Television – Gilmore Girls, Full House – Bedroom and Living Room with my roommates – eating and talking – not really paying attention. Wow, I wish I was small like Rorie - SIGH. Doesn't matter, I'm healthy and strong.*

During her interview, Grace elaborated on her media journal entry. She said that one of her biggest challenges in recovery was “getting used to not being so small.” She also described her perceptions of her body.

Grace: I tend to be more muscular built. And I would prefer to be more stringbeanish. And that just isn't how I am built. I have a strong, powerful body. And it isn't waiflike, like I want.

D: What is it about being waiflike that's appealing to you?

Grace: I think I'd look cuter in my clothes. And I'd feel more, which is probably media - and how I've been programmed, but - I think I'd feel, felt prettier - when I was smaller. And I would dress cuter than I will now. Where it's like, 'ehhhh' (not worth it tone). I accept it, and I'm very thankful that I'm healthy and I'm strong, but I'm certainly not going to show it off.

Hard to Avoid Diet Messages

The participants' discourse suggested that diet messages were virtually impossible to avoid. The women in this study discussed how diet messages permeated their everyday lives in a range of media including television, magazines, billboards, radio, and the Internet. They also saw weight loss messages in grocery stores, gas stations, and bookstores. Their comments illustrated the inescapable nature of diet messages.

The women in this study already had subscribed to the dominant cultural message of excessive thinness. Once in recovery, their goal was to resist messages promoting weight loss. This process was extremely difficult when messages about dieting and weight loss surround them on a daily basis, in the media and in their everyday personal interactions.

Like many participants, Emma described how the prevalence of diet messages made her recovery process more challenging: “It's hard to be in our culture where everyone talks about dieting and what not to eat. There are triggers everywhere. You turn on the television and there's a diet ad after diet ad.”

The women in this study needed self-protective strategies to avoid engaging in weight loss behaviors. The most common strategy the participants used was avoiding magazines with diet

ads. Nearly all of the participants avoided mediated diet messages, but their reasons for doing so varied. The examples in this section are limited to the participants who avoided mediated diet messages as a self-protective mechanism.

Several participants discussed how they chose to avoid magazines that might reinforce the thin ideal ideology they had been working so hard to fight against. In the initial stages of recovery, the women became increasingly aware of the dangers of exposing themselves to diet messages. They had to restrict themselves from even browsing through any type of magazine that might reinforce the thin ideal that they were fighting to un-internalize. Noah described why she avoided magazines that promoted weight loss: “I can *tell* that I will start to care more. I’ll start to think to myself, ‘Maybe I should really start dieting more.’”

Christina was in the early stages of recovery, and she knew that magazines with diet messages in them could serve as a trigger for her. She learned about dieting techniques from magazines, and because she still found the thin ideal appealing she had to force herself to abstain from any content in women’s magazines: “I do not go near *any* magazines. Magazines *all* have diets in them. Always.”

Overall, Christina tended to have a negotiated reading of media messages about the thin ideal. Her attitude about the value of thinness shifted between a dominant and a negotiated perspective, so to strengthen her resistance to the thin ideal, she needed to restrict her media diet.

Nearly all of the participants discussed the unavoidable exposure to diet messages in grocery store checkout lines. Christina’s comments capture the omnipresent nature of the weight loss industry, ironically enough right when people are paying for their groceries. She described how she dealt with the inescapable exposure to weight loss messages in magazines.

Christina: In *every* single women's magazine, there's *always* something about losing weight or diet on the front. And I walk by them in Wal-Mart all the time, grocery stores. They're on *both* sides of you. I'll look at the front covers. I won't take them *out*.

The inescapable nature of insidious media messages promoting the thin ideal presented a challenge to participants who chose not to expose themselves to diet messages. Many women in this study knew that diet messages might trigger unhealthy weight loss thoughts or behaviors, so they chose to restrict their media diet by minimizing exposure to weight loss messages. The Internet violated their restrictive diet by imposing weight loss ads on them without their permission. Several women expressed frustration or annoyance with unsolicited diet ads they were exposed to when visiting Web sites or checking e-mail.

Eliza consciously avoided television and mainstream women's magazines to reduce her internalization of the thin ideal. She expressed her frustration with the omnipresent nature of diet messages.

Eliza: *June 30 3:00 p.m. - I'm checking e-mail and notice a bunch of popup ads about diet. 'Online diets' and weight loss 'miracle pills.' Images and words are constantly flashing in our faces about this, like their purpose is to remind us that we aren't good enough as is, and we should try this. 'Loose 10 pds. [sic] in 1 week!' Been there, done that. The only thing it did was make me hate myself more. Never enough. Viscous [sic] cycle. It seems the Internet is a source of in your face diet/media driven info. you can't avoid. I mean, I don't watch TV or read mags. for a reason, so why must I be bombarded online too?*

Eliza made an active effort to avoid intentionally exposing herself to potentially triggering media messages. In a sense, the pop-up ads on the Internet were an unavoidable invasion of her choice to consume a self-protective media diet. She described her preference for a recovery Web site, <http://something-fishy.org/>, which does not allow any ads on its site.

Eliza: I see ads for dieting all the time. (She laughs). All the time. In magazines or on the Internet - all the time. All the time on the Internet, they're *everywhere*. That's *so* annoying. Like you're trying to check your e-mail, and something pops up about the South Beach diet or whatever. I mean, it's just annoying.

No matter how vigilant they were in avoiding diet messages in the media, the women in this study still had to defend themselves from unwelcome diet ads on the Internet. In her media journal, Rylie wrote about an intrusive diet ad that she was exposed to while checking her e-mail. Her reading of the ad was dominant with regard to her attitude, but to protect herself from the powerful temptation to engage in weight loss behaviors, she questioned the underlying assumption of the value of the thin ideal.

Rylie: *Friday, July 8, 2005 @ 8:30 a.m. - Internet - Checking email.* [sic] There is a picture of a women, a before and after shot, showing how much weight she lost due to a diet. I always get so aggravated by these because all I can think is how I want to lose weight. I know diets are not the right way to go, and yet these are so tempting. Also, I ask myself what was wrong with her before? Why is America so desperate to get 'thin'? What's wrong with a little weight on us?

Research has indicated that the number of women with body image disturbances and eating disorders is on the rise. Research also has indicated that there is a “normative discontent” in terms of body image (Striegel-Moore et al., 1986). In other words, it is normal for a woman to express dissatisfaction with her body, and she is viewed as an anomaly if she is happy with her body shape and size. Several researchers have referred to this as “fat talk,” especially common among college women (Weiner, 2003).

Media messages seep into everyday lives

The concept of dieting is so normative that even if the participants chose not to expose themselves to media messages about dieting, other people in their life were exposed, and they brought those messages into the women’s lives. As Emma stated, “In my everyday life, a few of my fellow classmates talk about dieting a lot and that really bugs me.”

Eliza worked at a shoe store in the mall. In her media journal, she described how challenging it was for her to be around her boss, who consistently engaged in diet talk.

Eliza: *July 1 - 4:30 p.m. - at work.* I started work and am happy about it for the most part, but my boss, ____, is something else. She talks about dieting more than a lot of anorexics I

used to know! I was in the back room filling out my paperwork, and she was talking to another employee about her diet and the girl, who's like 20 years old, mind you, was asking if the skirt showed her 'cellulite.' Linda was like, 'yeah, so now I'm just eating cereal,' carrying around a container of Kashi Go Lean, asking everyone if they wanted some. I've already lost like 30 pounds!" She won't shut up! Really nice lady, but for God's sake, she's 40 yrs. old. Does anyone really care about her diet?...This kind of environment is definitely the last thing I need.

Healthy, balanced eating is extremely challenging when diet talk has become so ingrained into women's minds that they integrate it into everyday discussions. Eliza's comments indicate how broadly women have absorbed media perpetuated messages about the normalcy of dieting.

Diets target women more than men

Several researchers have found that diet ads are much more predominant in women's magazines than men's (Andersen & DiDomenico, 1992; Silverstein et al., 1986; Wiseman et al., 1992). Anderson and DiDomenico (1992) examined the ten most popular men's and women's magazines. Their findings revealed that women's magazines contained 10.5 times more dieting and weight loss ads and articles than the men's magazines, the same sex-ratio reported by Andersen (1990) for eating disorders. Another study found the ratio of diet ads between women's and men's magazines to be 63:1 (Wiseman et al., 1992).

Several participants noticed the disparity in the media messages sent to men and women. Enchantment's focus on gender disparity served as a strategy for engaging in a self-protective oppositional reading. During her interview, Enchantment discussed her annoyance with diet messages of this nature targeting only women.

Enchantment: I was walking out of the locker room, and there was a sign there that said 'Don't be a beached whale.' And it was right on the edge of the women's locker room. And you know there's a scale in there and stuff. It was kind of weird. And then I looked over like to the men's locker room where there would have been a poster too, and there wasn't one. I was like, 'Why, just women?' It was annoying. Why is losing weight always targeted at girls?

Christina noticed a distinct difference between the acceptable body size for men and women. She observed that men don't have same standards as women to live up to, in terms of body size or overall attractiveness. As Wolf (1990) has contended, aesthetic values have regulated the female much more than the male body. The construct of femininity is regulated through standards of external physical perfection, equated with, and even defined by slimness. As Christina stated, "When you watch these shows, it seems like the *man* can be this really *big* guy. The woman though is very thin and *beautiful*."

Weighing their Self-Worth

One of the biggest obstacles women with anorexia struggle with is their weight. While many people, and perhaps women in particular, may struggle with their weight, for women with anorexia, the number on the scale becomes their sole focus, often serving as the most critical factor in their self-worth. As Abigail said, "I used to look at the digital reading, and that number determined my mindset for the entire day."

Most of the participants said that they had been obsessive about stepping on their scale when they were anorexic. For instance, Lulu described how important her weight had been when she was in the midst of her eating disorder.

Lulu: Every day, I got on that scale. Every day. And when that number got lower, I had a little high. Like, today's gonna be a *great* day. Excellent! And if it was ever higher than the day before? It was a *bad* day. It was absolute insanity.

As Maine (2000) has argued, "To be *more*, a female is expected to be weigh *less*" (p. 21). These women had absorbed this notion, and some participants still struggled with allowing their weight to affect their self perception. During her interview, Eliza described why she was not comfortable with her body image: "The biggest problem for me is the scale and determining my worth on how much I weigh."

Blind weights

The women in this study indicated that there is a need for increased awareness in the medical community of why some patients might prefer not to know their weight, regardless of their body size. Nearly all of the participants in this study preferred to do what is referred to as a blind weight, in which a person turns around when being weighed at the doctor's office to avoid being triggered by their weight.

The participants' comments point to the challenge women in recovery from anorexia face during any routine doctor's appointment. Several of the participants said that they often felt embarrassed to request a blind weight because the medical practitioner inevitably would say something like, "Why should you be worried? You're so thin."

A few of the participants expressed irritation about how society reaffirms the importance of weight. Charlotte's comments illustrate how employees in the medical profession inadvertently may reinforce the notion that the thin ideal is most acceptable for women. She discussed how doctor's visits often were frustrating to her because they did not take her sensitivity to her weight seriously: "I have to say, 'No. I'm like, I don't want to know.'"

Jamie told a story about one doctor's visit when she requested a blind weight. When the nurse went to take her blood pressure, she asked Jamie, "Are you okay with knowing this number?" During her interview, Jamie explained why it was so important for her not to know how much she weighed.

Jamie: I used to weight myself like 20 or 30 times a day, even when I hadn't eaten anything. Sometimes, if I drank a glass of water, and my number was over 100 or over 90 or whatever my magic target number was, I'd purge the water. I know I won't do anything like that now, but I just have bad associations in my mind with the scale. And I wish that nurses and doctors would be more understanding - not draw attention to it.

Not focusing on the scale

Jordan talked about how she learned not to let the scale become her main focus. She learned that a scale can serve a purpose, in terms of ensuring that she stayed within a healthy weight range, but that it was extremely important *not* to allow the number to provide her with a primary source of self-worth.

Jordan: One good thing I *do* remember learning in counseling, was not to even *think* that, not to focus on the scale. I do have one in my bathroom. (She laughs.) But I don't obsess over the numbers, I use it just to kind of keep me in check 'cause - if I gained twenty pounds a month, that's not healthy either. (We both laugh.) So yeah, I don't freak out like I used to when I see numbers.

Jordan's thoughts about the scale while she was in recovery stand in stark contrast to those she had when she was severely anorexic. She had lost so much weight that her cognitive functioning was compromised, and she became somewhat paranoid.

Jordan: I was always paranoid that I had a little bit of chub....I accused the people at the gym of having a broken scale for a week straight because I didn't believe the numbers when I saw it. I was like, 'There is no way that this is accurate.' And I yelled at them and I was like, 'Y'all need to fix this - this is ridiculous! I have been coming here every single day for a week and this is *so* broken!' And the guy trainer stepped on it, and he was like, 'No it's not broken.'

Those who were most advanced in their recovery process, and who had the most oppositional readings did not weigh themselves anymore, and they did not care what their weight was. These participants did not see their weight as a trigger because they no longer allowed weight to be a salient factor in their self-worth. For example, Sunshell described how tossing her scale was an important part of her recovery process because it allowed her to bid farewell to her eating disorder. In fact, part of Sunshell's definition of recovery was, "Being happy with your body image. Having a well-rounded life with healthy relationships and not measuring yourself by what you eat, the number of calories you consume, or how much you weigh."

Now that the women were in recovery, they were more aware of how the media have contributed to their eating disorder. Several participants noted that the media encourage women to equate their weight with their self-worth. For example, Emma shared her perspective about the culturally constructed connection between weight and self-esteem.

Emma: I really think that media equate thinness with goodness. Like you are not a good mother if you don't lose that baby weight right away. I hate it when the magazines publish the weights or dress sizes of celebrities. They also show the incredibly thin people happy and overweight celebs as miserable. I think it all boils down to the media are just like everything else in our culture. As women, our self worth should be directly tied to how much we weight.

Molly had the most outraged response with regard to this topic. As she said, "Celebrities' weights are something that strikes a nerve with me." Molly no longer had a scale at home, and she did not have a need to do blind weights because she no longer allowed the number of her weight to define who she was as a person. Her oppositional response to the media serves as a stark contrast to the other participants previously discussed in this section.

Molly: They print these stories with the women's weight right there. *Why?* I know that when I was sick, I would look through *Cosmopolitan* for women that I thought were thin and looked perfect. They'd always have their weight in there too! I didn't realize until I was better how much people let their weight define their self-worth. It infuriates me that the media knowingly do this! I fell for it, and I *know* that people still do.

Media-Influenced Meaning of Clothing Sizes

In addition to their weight, the women in this study expressed how important their clothing size was for them in terms of defining their self-worth and self-acceptance. This concept arose repeatedly in the interviews, to the extent that I eventually added a question to the discussion guide to get a sense of what an acceptable size was for the participants. What was interesting about the question was *how* the participants chose to answer it. I asked what clothing size would be unacceptable to them, and it was interesting to hear whether the participants chose a number

that was too *high* for them (would mean they were too heavy), one that was *too* low for them (would mean that they were becoming sick again), or both.

Indicator of thin ideal

For these women, clothing size was an indication of the attainment of the thin ideal. Nearly all of the participants had a clear idea of a specific clothing size number that the media portray as ideal. Several participants discussed how the media encourage the notion of social comparison by printing the weights and sizes of celebrities. The women also described how they thought that publishing celebrities' sizes served as some indicator that there is an acceptable number, or a concrete, universal measurement of what clothing size makes a woman attractive.

Most participants thought the media portraying the ideal size for women as a 00, 0 or possibly a 2 or 4. During the interviews, I asked the participants to describe what the media portray as the ideal body for females. However, several participants defined the ideal body image in terms of clothing size, which reinforced the notion that the participants perceived clothing size to be an indicator of the thin ideal.

Sizes of models

Several participants indicated that their perception of the ideal clothing size was informed by the size of models. Lulu shared her perception of the media's portrayal of the ideal female body: "I think they think everyone should be a model, size 2 or 4."

Lulu also discussed how unfortunate it is that magazines seem to suggest that all women should strive to fit into the same clothing size that models wear: "But that's what the *media* portray. It seems like that's what most women are after too, which is sad in some respects." Similarly, Jordan's comments suggest a view commonly held by the participants, that the media perpetuate the notion that there is an acceptable or ideal clothing size, one that often was extremely small.

Jordan: The media portray - oh God - easily like 0s and 2s [as the ideal]. Like it's so funny too 'cause they'll tell you what size these stars are, you know? Totally perpetuating it. Like 'Eva Longoria: size 0. You know, Marcia Cross, size 2 or 4 or whatever and you're like, 'Ug!' But yeah. So I would say those are probably the most common [sizes], anything below like a 4'.

Courtney defined the mediated ideal based on the sizes available in the *Victoria's Secret* catalogues. Many of the women in this study perceived the models in this catalog to represent the epitome of the thin ideal.

Courtney: I would say like definitely no bigger than like a 3. Like I would say a lot of them are sizes 0 and 1. Yeah, because - I mean, I know for one thing, like in the *Victoria's Secret* catalogues that I get, their sizes go down to like a double extra small. (She laughs.) And they have double extra small *and* a size 0.

D: Which one's lower?

Courtney: Well extra, extra small is in their tops, and their pants they go down to a size 0. Their stuff runs a little big, so I could wear a size 0 in their stuff now. And I'm just thinkin' that if I can fit in a size 0 in those clothes, I don't think they [the models] would be over like a size 0 or a 1 or somethin'.

Sizes of celebrities

Ramona viewed Jennifer Aniston to be a celebrity whose clothing size represented the thin ideal. Many of the participants had lingering notions of what an acceptable size was. Ramon's comments illustrate how the media informed her perception of a clothing size she should strive for by publishing celebrities' clothing sizes.

Ramona: I know that Jennifer Aniston's a size 2.

D: How do you know that?

Ramona: I read it in a magazine once, and it was like, 'Ooh banana, 87 calories - Jennifer Aniston, size 2.' Ya' know? (We laugh.) It's just one of those things - you don't know where you read it or how it got stuck there, but it's there. I remember when I was younger. I *really* thought that that's what a normal person should look like. And probably when my eating disorder started, I was like, 'Yeah! That's totally what I need to look like.' I remember consciously vowing to myself that I will never be above a size 3.

Even in recovery, Ramona had trouble allowing herself to accept a clothing size much higher than a 4. In contrast, Eda had an oppositional reading of clothing sizes the media deemed as acceptable for women. Eda described the ideal size that the media portray. Her comments

suggest that the ideal size as portrayed by the media is not appropriate for a grown woman, that the number 0 indicates that there is no number that fits in adult clothing sizes.

Eda: 0 or 00. Look at Angelina Jolie or Paris Hilton - or Nicole Ritchie - or Nicole Kidman.

D: I had never even heard of 00 until these interviews. What does that say?

Eda: That you never grew up.

Jordan described how media celebrities continued to define for her what an acceptable clothing size was, even when she was in recovery. Because she engaged in a social comparison with television and movie celebrities, the media's portrayal of attractive celebrities with small clothing sizes caused Jordan to experience conflicting thoughts and emotions.

Jordan: You know, if I see someone on TV that I know used to really like - Grace's character on Will and Grace - she got really skinny. Julia Roberts - if you look at her old movies, she got really skinny. So I'll think, 'Julia Roberts used to be a size 8 like me,' and then I'm like, 'Well, she got down to a size 2, why can't I? Maybe it's not so bad.'

Getting rid of skinny clothes

Several participants described how important it was to get rid of the "skinny clothes" they had worn when they were anorexic. Trashing that clothing seemed to serve as a symbolic mechanism for bidding farewell to their anorexia and allowing themselves to live a healthy life, one that involved rejection of the dominant thin ideal.

In Jordan's initial stages of recovery, she hung on to clothing that she used to fit into when she was anorexic. Her discourse suggested that she still had a lingering desire for the thin ideal. However, as she progressed in her recovery process, Jordan realized that if she ever *did* fit into her old clothing, it would be an indicator that she was spiraling back into anorexia, which was *not* healthy. Jordan described the process she went through to accept and honor a clothing size that fit her natural body shape and size. She shared some challenges that she faced in her recovery process.

Jordan: I got *really* depressed when I started going up in my jean sizes. (She laughs.) I was just so mad that I had to buy all these extra clothes. I still held onto my old clothes for *two* years thinking, ‘Well someday, maybe I can get back down to that size without starving or throwing up or overextending my body in exercise, and maybe I can try that in a healthy way.’ And then, I gave all those clothes away actually, last year with the hurricane [Katrina]. I was like, ‘Here you go. Take these clothes.’ If I ever get *that* small again, then I’ll know I’ve probably gotten worse.’ It’s not healthy. So *that* was really hard ‘cause I held onto that idea for a while. I was like, ‘Oh yeah you know, there’s always later.’ So I finally just let go of that. It’s so funny ‘cause I’m not even like a fashionista – clothes really aren’t a big deal to me. *But* it was that whole visual way of seeing progress, I guess. That was hard - to go up sizes with clothes.

Jordan’s discourse regarding clothing sizes indicates that she had a negotiated reading. She still was attached to the positive association she had with weight loss as a measure of success. Going down in clothing sizes when she was anorexic had been a tangible measure of her attainment of the thin ideal. Jordan’s desire to fit into small clothing sizes was tempered by the value she placed on her health. In this way, she was engaging in self-protective opposition.

The participants indicated that clothing size was as much of an indicator of social acceptability as their weight. Emma described how much meaning clothing sizes had for her: “My therapist told me once I could tear out the sizes and I felt like saying, ‘I could tear pages out of the dictionary, too, but then it would lose all meaning.’”

Based on recent alterations in how the clothing industry indicates sizes, it seems as though most women use clothing sizes as some indicator of self worth—the smaller, the greater one’s worth. Eliza discussed what she had learned about clothing sizes from her boyfriend, who was studying advertising.

Eliza: A couple stores actually changed their sizing. So it’s like a 2 would really be a 4, or a 4 would really be a 6. So somebody that usually wears a 10 would be an 8. And an 8 would be a 6. Just so they feel better about themselves.

Not all participants found meaning in clothing sizes. Like many participants, Sunshell learned not to place any value on the number of her size because it varied so much, depending on

the brand: “I don’t think much in terms of clothing sizes since one size is going to be a different size in a different store.”

The participants’ discourses indicated that they associated small clothing sizes portrayed in the media with the attainment of the thin ideal. The extent to which the participants were able to resist the importance of a small clothing size varied. Participants who were further along on the recovery continuum viewed extremely small clothing size as an indication that they were not healthy. As Eliza stated, “I mean you *can’t* be healthy at a size 0. There’s no way. Sure there’s some people with small bones, and they’re just naturally tiny, but a 0? I don’t think so.”

Similarly, Emma described what she perceived to be an acceptable size for her, now that she was in recovery. She no longer had the desire to fit into the extremely small sizes portrayed as ideal in the media: “I would never want to be 0 again. Or size 2 for that matter. Perhaps even a size 4. It would mean that I was starving my body and hurting it, not letting it just naturally be.”

For some participants, fitting into clothing sizes above a 2 or 4 served as an indicator of their level of recovery. The participants seemed to select this clothing size because that’s what they saw as the ideal portrayed in the media, which they now perceived to be too thin.

Clothing size and self-control

The social construction of beauty in American culture is embedded in a larger social system that values individual success and control, an ideology that has been extended to perceptions about weight. Women’s bodies are judged based on their appearance and weight, and Western industrialized societies define thinness as the primary attribute for female beauty (Bordo, 1990).

Furthermore, within the dominant cultural ideology of individual success, a woman is believed to be responsible for her weight (Bordo, 1990). In American culture, the mediated thin

ideal has been associated with self-control (Bordo, 1990, 1993; Chernin, 1981; Paxton & Sculthorpe, 1991).

The female body is seen as something to be managed, and it is assumed that every individual has the capability of achieving the thin ideal, with enough self-control and restraint. Thus, a thin person is perceived to have made an active attempt to conform to the socially acceptable body norm. Conversely, someone who is not thin (or is fat) is perceived to be lazy and out of control (Bordo, 1993; Maine, 2000). In this type of culture, extra weight, as indicated by an increased clothing size, is stigmatized. The women in this study recognized that the thin body connotes power, will, and mastery, which American culture values.

Emma's comments illustrate how important clothing sizes were to the participants in this study. As Emma progressed in her recovery from anorexia, the clothing size that she felt comfortable with became increasingly larger. However, she had a clear limit on what she perceived as an acceptable size, one that she viewed as indicating to others that she had not completely "let her body go." Emma described what clothing size would be unacceptable to her, one that she never would feel comfortable with.

Emma: To be honest, if I got into the sizes 14 and 16, I would feel like dying. It would mean that I had ballooned up and that is a fear of mine. I already feel like I have someone else's body. I can't imagine being heavier. My body would be a signal to the world that I had lost control and that terrifies me.

D: What do you think causes your fear of ballooning up?

Emma: I fear that my body, at its core, is uncontrollable. Perhaps me, at my core, is uncontrollable. If I eat, I won't stop and my body will swallow itself.

Emma's discourse indicate the strongly embedded association she had between what she perceived to be a large clothing size and her ability to rein her body size in, given sufficient self control. Many of the participants in this study expressed similar notions. For example, Sarah described the associations she had with clothing sizes.

Sarah: My mother was always concerned about her weight. I can just always remember her being on a diet. She just was constantly on a diet. She's probably between a size 12 and a 14, and she was always constantly concerned about her weight. And she was too heavy and this and that. Ya' know, I just *never*. I'm just *never* gonna let myself get that big. I would never let myself get to the double digits. Also, you never see them in the media, unless they're on like plus-size models or something.

Media define unacceptable sizes

Several participants described how the media informed their concept of an acceptable clothing size. For example, Emma's perception of what constituted a size that warranted dieting was based on the television show *The Facts of Life*.

Emma: I was driving down the road the other day and I suddenly remembered this *Facts of Life* memory. When I was around 8 or so, I watched a re-run of *The Facts of Life*. The episode is when Sue Ann goes on a crash diet. In the episode Mrs. Garrett talks about dieting because she is a size 14 or something. Being a size 14 or 16 - whatever it was - seemed like it was too big. So when I was 10 and had to get a size 12 or 14 bathing suit, I panicked because I was just as big as Mrs. Garrett was, and she had to go on a diet.

Several participants also took issue with the media's definition of "plus size." For instance, Eliza shared her perception.

Eliza: I think the media's getting better about portraying women who are in clothing sizes larger than 2 or 4 because you see more plus size models. But I don't think they should refer to them as plus size because they're like a 6! (sarcastic)

Self-protective opposition strategies

The media send powerful messages to women about *failing* to achieve weight loss or *failing* to fit into an acceptable clothing size. In the face of pervasive inescapable media messages, women in recovery from anorexia sometimes lose sight of their *success* in overcoming the eating disorder. They had to remain vigilant and consistently fight the omnipresent message of the value of a small body and the distorted message that body size is tied to self-worth.

Women in this study who still strongly valued the thin ideal felt the most conflicted about their current clothing size. They remembered the size they used to fit into when they were anorexic, and this number served as a benchmark for their self worth. Despite not taking actions

to attain the thin ideal, these women still had an internalized concept of the size they *should* be, informed by their previous size, as well as the ideal size portrayed in the media.

As a strategy for coping with their internal struggle, many of the participants made a clear distinction between their recovered mind, and their lingering anorexic voice. Some of the women in this study even gave their anorexic voice a name. Often the name was “Ana” (for anorexia) or “Ed” (for eating disorder). In her media journal, Eliza described an internal battle she had while at the mall. She consciously talked back to Ana and reminded her that she did not have control over Eliza’s choices any more.

Eliza: *July 5 noon-12:30.* Okay, this may seem really petty and stupid, which I am not, but today I went to the mall and felt myself brush with my former self when it came to finding sizes and trying clothes on. My former self, meaning my anorexic self, comes out at times to make me feel shitty and inferior. Ana rears her nasty head as I’m looking through the mediums on the sale rack at Gap. ‘You should be wearing a small!’ she screams silently at me. I know that is totally ridiculous and I’m ashamed of it, but God it was annoying. I couldn’t shut it up, either. Then, I’m looking at skirts and dresses thinking, ‘damn, remember when I could fit in a size zero...’ Aaaahhhh! Like I should be sad that I wear a six, sometimes even a four...that voice drives me CRAZY. There’s a constant battle going on in my head—my negative mind vs. my recovered rational mind. When I do get something, I like to pull the tag off so I don’t think about it. God, I feel ridiculous even with this because it is just so silly and so petty, but I can’t help it. I need to work on that. Size makes no difference and I can’t base my worth on it.

Dominant interpretation

Not all women in this study had the arsenal to combat the negative thoughts they had about their bodies when they were exposed to media imagery. For example, Jane described some thoughts she had recently when perusing a fashion magazine. She still engaged in social comparisons, not only with the models, but with her former size when she was anorexic. Jane described how she felt about her body.

Jane: I look back and remember when size 0 was too big, and I thought I was fat then. I must be *gigantic* now. I’ve tried working on body image paperwork with my nutritionist and therapist over the years, but it’s always been too uncomfortable. I don’t think I can even imagine being happy with myself and the way I look, especially when you see thin women all over the media. *And* they publish their sizes! How can I not compare?

Focus on health permits resistant reading

Not all the participants felt the need to stay within a certain size limitation. Several participants discussed how their health was their primary concern, and they only would be concerned about fitting into a specific size if that size also meant that they had health problems. Molly shared her perspective on clothing sizes.

Molly: My health is the key factor to me - maintaining my health and respecting my body. So I don't really care what clothing size I would wear, as long as my body was still healthy. Now, if I was - I don't know - wearing a size 12 and my blood pressure was getting high, and my cholesterol was creeping up, then I would stop things where they were at. But it wouldn't be about the size or number, more about my health.

Lulu's comments illustrate how she came to accept the clothing size that is right for her. She discussed how her perception of an ideal clothing size no longer matched the size typically portrayed in the media.

Lulu: My clothes fit. I like the size I'm at. Sure, you've got size 0 and 2s out there - in magazines all over the place. But you know what? I'm not *ever* gonna be that. I don't *want* to be that. That's *too* thin, and it's not healthy. And that's not *me*! So I'm happy at a - I guess I'm an 8. I like clothes a little baggy. I don't like anything tight anyway. So 8 to 10 is perfect. And those are the clothes I've worn since I can remember. Ya' know, since the hospital.

Desire for a Boyfriend

One of the most interesting findings from this study was that the desire for a boyfriend seemed to impede the women's ability to un-internalize the thin ideal. For some women in this study, having a boyfriend was a top priority because they wanted to have an intimate relationship with someone. In addition, a couple women perceived a boyfriend to be an achievement of sorts, an indicator of their attractiveness and self-worth. The women in this study who placed the "attainment of a boyfriend" as one of the top priorities in their lives tended to have more negotiated readings of the thin ideal, which typically caused a sense of internal conflict.

Cash, Ancis, and Strachan (1997) found that women who endorsed more traditional gender roles in relationships were likely to internalize societal standards and also tended to focus on their physical appearance. According to Malson (1998), “One dominant meaning of feminine beauty/thinness is being heterosexually attractive, the object of a male desire” (p. 106). Participants who were not currently in a relationship and who strongly desired a boyfriend were the most likely to engage in dominant or negotiated readings of media messages about appearance and the thin ideal.

Christina provided a good example of a participant in this study who had more traditional notions of gender roles, that a woman should be desired by a man. Christina’s comments during her interview reflect her consent to this dominant ideology, which had a strong influence on how she decoded media messages about the female ideal. She described what motivated her to remain in recovery.

Christina: I want to have a life. I want to be successful. I want to be normal. I want to have a boyfriend. It’s hard for me to have a boyfriend, ‘cause I have an eating disorder. Guys, a lot of guys I know, they don’t like that. I feel like I need to be *accepted* with guys. I feel like give me some kind of attention that I cannot *get* anywhere else. ‘Cause to me, it’s like intimate attention. I feel like I’m desirable when they pay attention to me or *like* me. I guess I want to be desired.

Engaging in self-objectification

Thomsen et al. (2002) have suggested that the most important long-term effect of reading beauty and fashion magazines may be the internalization of traditional gender-role beliefs, particularly with regard to the perception that attractiveness, which is required to please a man, is defined by thinness.

Christina’s comments suggest that she subscribes to the traditional gender-role ideology. During our interview, she also described how much negative impact beauty and fashion

magazines had on her in terms of contributing to the development and sustenance of her eating disorder. She engaged in self-protective opposition via avoidance of women's magazines.

Christina: Those are the *worst* things, worse than TV. You know what?? In *every* single women's magazine, there's *always* something about losing weight. *All* these magazines. These gorgeous women. Great stomachs. I mean, great chests. It's just the most triggering thing for me. I just, I do not go near *any* magazines.

Christina may have avoided magazines while in recovery, but she still watched television and movies. One of her journal entries indicated that she still engaged in social comparisons with Hollywood actresses. Christina was watching *Waterworld* one Friday evening, and the reaction she wrote was: "This is a good movie. I haven't seen it in awhile. The woman in it has a nice body. I wish I looked like that."

Christina used television and movies as a resource for what males found attractive. During her interview, Christina discussed why she wanted to look like the actress in *Waterworld*.

Christina: There was a woman, and she was wearing this - it was supposed to take place way in the future, and everything was covered in water. So she was just wearing this little brown dress. It showed her whole stomach. And it was kind of like a bikini top, with this stripe across her chest. And then she had this little skirt. And she had a really nice figure. And the guy in it - he *liked* her. And I just thought that she was very attractive. And I was like, 'Wow! She looks really *nice*. I wish I looked like that.'

Throughout her interview, Christina indicated that she used media sources to determine what physical characteristics would make a guy like her. In doing so, she was essentially allowing males to determine whether or not her appearance was acceptable to them, rather than asking herself about the qualities she was seeking in a relationship.

Several researchers have contended that the objectification that women encounter in both the media and in everyday life is a contributing factor to body image and eating disturbance (Hall 1984; Swim, Hyers, Cohen, & Ferguson, 2001). Furthermore, Fredrickson and Roberts (1997) have suggested that women respond to objectification by engaging in self-objectification—

adopting an observer's perspective of their own bodies and tying their self-worth to their physical appearance. When a woman's self-worth relies on appearance, she comes to view her body as an object to be evaluated (Fredrickson & Roberts, 1997).

Christina's comments during her interview illustrate how she learned to engage in self-objectification. Her desire to find a boyfriend was inextricably linked to her appearance, and she watched several programs on MTV to learn how her body could become more attractive to guys. During her interview, she discussed how she enjoyed *Room Raiders* because it allowed her to learn "what guys think is pretty." She also described how she enjoyed watching *Maxim's Hot 100* on VH1 to learn "what society views as beautiful."

Overall, Christina had a dominant reading of programs on MTV and VH1. Her comments indicated that her desire to attract a boyfriend was more powerful than her ability to engage in self-protective opposition. In addition, Christina's had a minimal level of media literacy. Her knowledge of media influence seemed to be limited to what she learned about magazines from her therapist during her senior year of college.

Being concerned about men's expectations

The literature has shown that there is a link between a woman's *perception* of what males find attractive and her body image. Thompsen (2002) found that beauty and fashion magazine reading was linked to body shape concerns, but only indirectly via women's belief that men expect or prefer women to be thin. Other researchers have found that a woman's belief about men's expectations and preferences for thinness was the strongest predictor of concerns about body shape (Stice, Ziemba, Margolis, & Flick, 1996). In addition, research has suggested that internalization of media and cultural ideals is a critical mediating link between media exposure and eating disorder pathology (Cusumano & Thompson, 1997; Stice, Nemeroff, & Shaw, 1996).

Not only did the women in this study think the media reinforce the ideal body to women, but some participants also thought that the media taught *men* what to expect. As Harrison and Cantor (1997) have contended, Not only do the media reinforce ideals to women, but they can teach men what to “expect.”

In her media journal, Christina discussed an e-mail pop-up ad that disturbed her. She did not seem to be comparing herself to the women in the ad as much as she was expressing concern that males might see it. She wrote about how she thought males *might* compare the models’ bodies to hers, which might make her feel inadequate: “Those Victoria’s Secret models are really thin. I wonder if guys can see it.”

Christina knew that the imagery was an unrealistic standard for her to try to achieve, but this did not prevent her from engaging in a comparison to models that made her feel worse about her body. Her belief that men come to expect women to look like the mediated ideal fueled her insecurity and caused her to feel like she would never measure up.

Subscribing to codes of femininity for attracting (and keeping) males

McRobbie (1978) has suggested that there are “codes of femininity” that “shape the consent of the readers to a set of particular values” (p. 2). One of these codes is the importance of a romantic, heterosexual relationship. Furthermore, according to Evans et al. (1991), “Articles and advertisements mutually reinforced an underlying value that the road to happiness is attracting males for a successful heterosexual life by way of physical beautification” (p. 110).

One of the codes of femininity that the women in this study had absorbed was that being thin would not only attract a male, but it would prevent them from straying. For example, Charlotte discussed how she “got a serious boyfriend” her freshman year of college. She described how having a boyfriend in her life influenced her weight.

Charlotte: Whenever I had a boyfriend, that was when I would lose weight and be obsessed with everything. But if I didn't have a boyfriend, then it wasn't like that. I thought about it a lot. I think that I always was afraid that they would - I don't know. In the beginning I guess I was afraid that he would leave me - or cheat on me or something. But like if I was like skinny enough or pretty enough either he wouldn't do it.

Several of the participants discussed how the media portrayed one ideal for models and another for television and movies. Ramona comments illustrate why it was important for some of the women in this study to remain small or petite.

Ramona: TV and movies portray a different physique than models. It's more a tiny, petite, big busted, little waist. And I think that a lot of that is due to - well just from what I've learned - that men - well, a lot of male actors - are fairly short. (She laughs.) So that to make it good on TV, you have to be shorter than the male counterpart that you're playing with. (She laughs.) Like Jennifer Aniston's super tiny. So for actors and actresses, usually tiny is better. And I always wanted to be so tiny. Tiny is like - I don't know. I always want someone to just take care of me and be my hero - and just love me - and do all the nice things. I don't really know any girl that's like, 'Yeah!!! I want to be bigger than my MAN!!!' (She does in deep dark voice, and we both laugh.) It's like a sense of pretty for some reason. 'Cause the media portray it that way.

Rylie served as another example of a participant whose desire to have a boyfriend influenced how she interpreted media messages of the thin ideal. On one level, Rylie criticized the media propagation of the thin ideal; yet, Rylie had a conflicting desire to be thin because she saw slenderness as the key to getting a boyfriend, which was extremely important to her.

Rylie: *Monday, July 11, 2005 @ 7:30 a.m. - Saved By the Bell - Waking up and eating breakfast.* All these girls are so thin. It angers me to think that I could never look like them. I want to look like them. This episode is about Screech and a girl. The girl is not pretty, but she's thin. And I know this is just television, but it still makes me feel like no one will ever like me because of my weight.

Experiencing conflict with a negotiated reading

In a negotiated reading, the reader understands the dominant position, but she also applies a more negotiated position arising out of competing frames of reference, motivation, and experience that counter this hegemonic position (Hall, 1980). Rylie engaged in what Hall (1980) would call a negotiated reading, wherein particular elements of resistance to the dominant

ideology pertaining to the thin ideal are based on perceived conflicts between the construction of the dominant ideology and the women's own personal and social experience.

Rylie's comments illustrated how a negotiated reading can leave someone feeling uneasy and conflicted about their self-concept and their perceived need to subscribe to cultural ideals. Rylie was aware of media's perpetuation of the thin ideal, and she also was aware of how damage dieting could be, for her and for others. However, she had internalized the thin ideal, and she had trouble unraveling its grip because of her internal conflict about the importance of attractiveness as defined by slenderness. During her recovery process from anorexia, Rylie had gained weight to the point that she was dissatisfied with her appearance, and she believed that weight loss was a requirement for her to "earn" a boyfriend.

Rylie's dualistic interpretation of media messages about the thin ideal makes sense in light of the priority she placed on having a boyfriend in her life. Although she had some level of opposition to the media messages about weight loss, she still subscribed to dominant media messages targeted to young women that their existence is defined by their ability to attract and maintain the attention of men. Many of the entries that Rylie wrote in her media journal and the comments that she made during her interview reflected the notion that she thought she never would get a boyfriend unless she was thin.

Despite Rylie's knowledge about the unrealistic imagery in the media, she still was affected by the messages, and her self-esteem and body satisfaction plummeted after brief exposure to one magazine, a concept consistent with the literature (Englen-Maddox, 2005; Halliwell & Dittmar, 2004; Lin & Kulik, 2002). As Steinem (1992) has stated, "Self-esteem isn't everything; it's just there's nothing without it" (p. 26). Rylie's media journal entry describes her conflicted frustration with media portrayals of thin women.

Rylie: *Thursday, July 7, 2005 @ 7:30 a.m. - Shape magazine - My dorm room - Writing a paper.* I need to write a paper on a magazine's audience. I bought *Shape* and decided to write about it. The girl on the cover has the most amazing body. It's magazines like *Shape* that make me not want to eat for the next year and a half. These girls are unrealistic and probably spend most of their time working out. Of course, that doesn't stop me from wanting to have their body. If I did have their body, maybe I could get the guy I like and be more confident with myself. I hate magazines. They exploit images that no girl can achieve and make us feel bad if we don't.

Peterson, Grippo, & Tantleff-Dunn (2008) found that the more powerless individuals felt, the more likely they were to passively internalize societal standards of beauty and have body image and eating disturbance. During her interview, Rylie made several comments related to her dissatisfaction with her body. She also shared how she engaged in binge eating behavior, though she did not fit the criteria for an official eating disorder diagnosis.

According to Chapkis and Buurman (1986), when a woman says that she feels fat it is an indicator that she feels powerless. As Simone de Beauvoir (1952) stated, "To lose confidence in one's body is to lose confidence in one's self" (p. 310). Rylie's comments during her interview reflect the powerless she felt because of her negative body image.

Rylie: I'm uncomfortable with myself, so I'm uncomfortable with other people. I hide behind this big shield because of it. And it's very true. I mean I hate my weight.

D: What do you think would make you feel more comfortable with your body?

Rylie: Getting a guy to ask me out. (She laughs.) It's frustrating 'cause I feel like I'll never be good enough. No matter what I do, I will never get a guy because of my body. I mean, I've never had a boyfriend. I've never. I don't think a guy's ever asked me out except that one guy who said I looked better when I was thinner. (She laughs.) Yeah so, I mean, I feel like I've never really been loved or even liked by a guy.

Contrasting views of the value of a boyfriend: negotiated and oppositional

Rylie's comments are best understood when contrasted with another participant, who did not define her sense of self by having a boyfriend. During her interview, Molly described one of the qualities that she admired about the character Miranda on *Sex and the City*: "She can enjoy having a guy in her life *but* she doesn't *need* to have one to fit her personal definition of success." Molly's perspective about the importance of a boyfriend definitely influenced her

reading of media messages. She had a completely oppositional reading of the mediated thin ideal. In addition, she said, “I will not change who I am for someone else.”

Several other participants expressed how they admired Miranda on *Sex and the City*.

Amanda described how she related to Miranda.

Amanda: Miranda, on *Sex in the City* - I definitely can be very cynical like she is. And there's one episode that my roommate and I joked - it's like us - because she walks into the little restaurant they sit in, she plops down at the table, and she's so mad because they're all talking about boys. And she's like, 'We are four intelligent women, and all we can talk about is men.' And she gets up and like storms off. That's something I would do. (She laughs.) 'Cause like, last night, I went out with my roommate and her friends. And I mean it's just, that's *all* we talk about, I feel like that's all we talk about sometimes. And I kind of had night like that last night where I was like, I just wanna go hang out with them and not worry about guys.

In early adolescence, girls become increasingly dissatisfied with their bodies and overall physical appearance (Feingold & Mazzella, 1998). This discrepancy may be explained in part by two gender role socialization processes that occur during adolescence. First, girls are taught the importance of attracting a dating partner and gaining popularity as a measure of their self-worth. They are also socialized to take responsibility for the establishment of relationships and to sacrifice their own needs in order to maintain their social connections (Miller, 1993).

Participants who had learned to honor and accept their body resisted this dominant ideology. For instance, Jordan described how she no longer allowed other people in her life to influence her body image: “I'm definitely drawn to relationships – or boyfriends that are going to love me for me, and they're gonna see the beauty in any shape or form, and if they don't, then they're not any guy that I need to be with.”

Perception of Recovery

The women in this study had different perspectives about the levels of recovery and whether full recovery was possible. Participants who had less optimistic outlooks on recovery

tended to have more negotiated or self-protective opposition readings. For instance, Eliza did not see an end to her recovery process, and this perception affected her view of the mediated ideal.

Eliza: I don't really think that anyone can fully recover. I hate to say that. I wish it was true, but, I don't think that it's possible. 'Cause I think that it'll always be something that I struggle with, unfortunately. But I don't know. I think you can *maintain* it. And I wanna say that you can fully recover, but I honestly think it's always gonna rear its head at some time, so. Like what I wrote in my media journal. I like to refer to my eating disorder as Ana or Ed. Ed likes to come up every now and then and say some nasty things, but it's your job being in recovery to shut him up. But I think he's always gonna be somewhere - hangin' out in your brain. Like, 'Hi!' (We laugh.)

Research has indicated that women who only stop the physical symptoms of an eating disorder, but do not make strides toward improving their body image and self-esteem are likely to relapse (Kordy et al., 2002; Rastam et al., 2003). Several of the women expressed concern about ensuring that their recovery was long-term.

Some participants feared that they might relapse, so they avoided any exposure to triggering media messages. The more the participants were aware of the potential for relapse, the more they seemed to avoid potential triggers, particularly if the women still internalized the thin ideal. For instance Faith had to avoid reading *Shape* because she knew that she might engage in comparisons with images of the thin ideal. Engaging in such a comparison would only decrease her body satisfaction, and she did not want to risk the temptation to engage in weight loss behaviors.

Faith: I think that my chances are good that I'm in the percentage of people that *totally* recover. I think there were like three different percentages. There's a percentage of people that fully recover. There's a percent of people that manage it. And then there's a percentage of people that never recover. So I think that I'm in the percentage of being fully recovered, but like I said, I *really* have to keep my mind in check.

Some participants knew that they only were in the initial stages of recovery, and that they still battled with an obsession with food and numbers. In her interview, Abigail discussed her goal and hope of becoming healthy and freeing herself from her eating disorder entirely.

Abigail: Healthy to me would be *freedom* from compulsion and the obsession of food and numbers and weight and size - and comparing. I mean, I'm nowhere *close* to actually *being* there, but I'm on the right track. Some days I'm on a slippery slope. To *me* healthy is just having the *freedom* to eat what you want, when you want, without the mind games. And if I'll ever get there, I don't know. I honestly don't know. I've heard that there's freedom. Complete freedom. And then I've heard that you never totally recover.

In contrast to Faith, Abigail's comments indicated her ambivalence about the belief that she truly could recover. She had heard stories of women fully recovering, but she had also heard about women who struggle with some aspect of their eating disorder for their entire lives. Because she was in her initial stages of recovery, she was not yet convinced that complete recovery would be possible, so she completely avoided *any* potential triggers.

Participants who considered themselves to be fully recovered tended to have the most oppositional readings, and they were not at all tempted by media images of the thin ideal. For instance, Barbara no longer was concerned that any media imagery of the thin ideal would interfere with her recovery. In fact, she considered herself to be fully recovered because she knew she never would become anorexic again: "I don't see those images as a challenge because I *know* that I won't go back."

Perception Shift: No Longer Value the Thin Ideal

Women learn how to view their bodies from media sources, and this affects how they treat their bodies and live their lives (Sparkes, 1997). When the women in this study were younger, media imagery was a powerful source of information for them. The participants had used images of celebrities and models as an interpretive frame for learning about their bodies and what it means to be a woman. They also tended to often accept the media imagery at face value.

Through media imagery, these participants had learned to desire what they formerly perceived to be a normal, healthy, and realistic image of a perfect female. As Jane said, “I think the media’s portrayal of the ideal body image is a very thin bony woman. In the prime of my eating disorder I truly believed this looked good.”

When they were anorexic, the women in this study found thin bodies to be attractive, regardless of whether the person looked healthy or not. The participants discussed how the “sick thin” ideal had been appealing to them. However, as the participants got treatment for their depression and other underlying causes of their eating disorder, their desire to live a healthy and meaningful life became a huge motivator for recovery, which altered their perspective of the thin ideal. As Grace said, “When you’re in recovery you focus on living and being healthy, not dying and weight loss.”

Perception of Ideal Changes: You *Can* be Too Rich or Too Thin

The participants’ perception of the sick thin ideal also altered because they no longer were malnourished, so they had a “less distorted view” with regard to the type of images that truly were healthy. As Nicole said, “I had to *slowly* start to be able to differentiate what *normal* or *healthy* looks like versus being really thin.”

When the participants had been sick, they perceived *all* thin bodies to be desirable. In fact, several participants described their mentality at that time as “the thinner, the better.” In recovery, however, they tempered their perception of the ideal with the knowledge that you *can* have too much of a good thing.

Similarly, Enchantment was reading *Stick Figure*, a book in which the author recounts her experience with an eating disorder. The book is by Lori Gottlieb, who wrote the story to convey the perspective of an 11-year-old girl with anorexia. Enchantment read the book when she was in

recovery. While reading the book, she came across the line, “You can never be too rich or too thin,” and the thought she wrote in her media journal was “Maybe you can be.”

In recovery, Enchantment still desired the thin ideal, more so than most of the participants, but she also knew about the health consequences of being *too* thin. When she was anorexic, Enchantment had several health issues, including losing her hair and developing heart problems.

I Don’t Want to Be Seen As Sick

Overall, the participants’ perception of the thin ideal altered, and they now viewed health as more salient than the thin ideal. They also no longer found the “sick ideal” to be attractive. For example, Michelle described how her perception of thin ideal transformed over time.

Michelle: When I was anorexic and looking at women in magazines, I wanted to be thinner than them. (She laughs.) I think with some of my distorted thoughts - I think I *liked* that look. The sort of sick, thin look, which I know you shouldn’t like, but it just, to me seemed to me seemed very, sort of clean and pure. Like you don’t have any – there’s no *room* for imperfections. I don’t want to look that way anymore. And I think it’s something that I don’t want to put my energy into anymore. It just takes a lot of energy and effort for nothing. And I don’t want to be seen as sick. I want to be seen as healthy and capable.

Once in recovery, the participants found different characteristics more appealing. For example, Michelle discussed how the Nike ads offered a healthier role model for women: “They portray a woman who’s more strong and sturdy and capable, as opposed to thin and weak.”

With an increased sense of self-worth that was less based on appearance and the approval of others, the women in this study were able to channel their focus to their health, which allowed them to minimize the value of attaining the thin ideal, an image they now perceived to be unhealthy. As Faith stated, “When you get *that* thin, that just does not look *healthy* to me.” The participants were able to resist media imagery if they no longer found the mediated ideal to be attractive. For example, Faith described how her perception had changed.

Faith: The only reason I would have ever thought that [the thin ideal] looked good is because the media that showed that that looks good. Runways. Fashion shows. Celebrities. Now, I just think it’s really sad that I spent so much time trying to look like that.

Questioning the Term “Ideal”

Several participants questioned the very nature of the term “ideal” because they perceived the term to indicate a positive, healthy example or standard to which people should aspire. Because the women in this study now valued their health, and they recognized that most models appeared to be unhealthy, many participants distinguished between the media’s ideal and their own. In fact, several participants had to ask for clarification during their interview when I asked them to describe the ideal female body image that the media portray. For example, Rylie’s initial response to this question was, “My ideal? Or the media’s?” Similarly, Barbara said, “The media do *not* portray an ideal. Oh! In their opinion, or in my perception?”

Several participants even made comments that pointed to the absurdity of the concept of a mediated ideal. For example, Metkit discussed how she found the phrase “ideal female body image” to be somewhat comical. When I asked Metkit to describe the ideal female body image that the media portray, she replied: “I’m sorry? That’s kind of an oxymoron isn’t it? (sarcastic) They don’t portray the ideal body image. (She laughs.) Isn’t oxymoron the right word there? What they *should* portray? Or what they *do*?”

Suspecting Thin Media Figures of Unhealthy Weight Loss Behaviors

Now that the participants knew the reality of what it takes to be extremely thin, they tended to suspect that some models and celebrities must be engaging in unhealthy behaviors. They knew from personal experience how challenging it was to attain and maintain the thin ideal, and this colored their current perspective.

Amanda was working out at the gym one day, watching a music video. In her media journal, she wrote: “Christina Agulara [sic] is so skinny – I remember seeing an interview with

her where she said she eats anything she wants – I wonder if that is true.” During her interview, Amanda explained her reaction.

Amanda: I remember seeing something with her saying that she eats pizza before every show - like she doesn't worry about what she eats at all. But I always think that it's not true when people say things like that. I mean it *could* be true, but the chances are small. I'm sure that's true for some people. It's probably true for five of the 100 people that say that. (She laughs.) I guess more and more, you hear about people that have—like stars and celebrities, have eating disorders. And you hear about some of the things that they do, and just the strict diets that they're on and stuff. And it just seems like, I'm sure that there are a few that can eat whatever they want, and maybe she's one of them. But I don't know. I don't think so.

The participants also tended to have the same type of reaction when an actress lost a visible amount of weight. As Jane said, “It always catches my eye when healthy-looking actresses end up losing weight.” Courtney was watching her favorite soap opera, and she noticed that one of the actresses had lost a “lot of weight.” The thought she recorded in her media journal was, “I bet she hardly eats.” During her interview, Christina discussed how this was a typical reaction: “I really pick up on stuff like that. I was like, ‘I wonder what's been goin' on with her.’ And the first thing that comes to my mind is, ‘I bet she hasn't eaten that much.’”

The women in this study had achieved the thin ideal, but to do so, they had engaged in unhealthy weight loss behaviors that ultimately led to the development of an eating disorder. Unlike their earlier perceptions, the participants now believed that most people could not maintain the thin ideal naturally. The women learned to alter their perspective so they now viewed the mediated ideal as typically achievable *only* through unhealthy or harmful behaviors, which they did *not* admire.

Shifting the Nature of the Comparison as a Self-Protective Opposition Strategy

In fact, attributing a media figure's thinness to an eating disorder seemed to be an effective strategy self-protective strategy for many participants. For example, Christina was browsing a *Victoria's Secret* catalog. In her media journal, she shared her reaction to an extremely thin

swimsuit model: “It might not be a *real* picture of her. And if it *is*, maybe she has eating problems.” In some ways, the self-suggestion that a model had an eating disorder transformed the nature of the comparison from upward to downward, making downward comparisons in which they rated themselves better than the target, and therefore felt better about themselves and less inclined to engage in potentially unhealthy comparisons or weight loss behaviors.

Rather than serving as a thinspiration to lose weight, some celebrities now served as an incentive for the participants to *eat* because they had *no* desire to return to a body size that had made them miserable. For example, Grace (whose pseudonym was religiously based, not because of the character in the show) was watching *Will & Grace* one evening. She had always perceived the character Grace to be extremely thin, and she wrote in her media journal: “She has to be anorexic. Glad I’m not there. I like to eat. Think I’ll eat a snack.”

Grace’s media journal entries as well as the comments she made in her interview suggest that she needed to find a strategy to prevent her from engaging in upward comparisons. Like many of the participants in this study, Grace found that it was helpful to believe that a celebrity who was extremely skinny was probably engaging in unhealthy weight loss behaviors.

The participants had come to associate being extremely thin with the misery and suffering they had experienced. Several of the participants learned how to transfer this association to imagery of the thin ideal. In doing so, they transformed the nature of the comparison from upward to downward, making the thin ideal *much* less appealing, thereby reducing their desire to look like models or celebrities.

Eating Disorders and Dichotomous Thinking

People with eating disorders, depression and perfectionism tend to have a rigid, black and white cognitive thinking style also referred to as dichotomous thinking (Fairburn et al., 2003; Garner & Bemis, 1982). Dichotomous thinking is a form of cognitive rigidity that results in a

polarized, either-or perspective on reality as opposed to a continuum of possibilities. An example of dichotomous thinking is: “If I’m not completely successful, then I am a total failure.” (Linehan, 1993).

In a recent study, Byrne (2008) found that dichotomous thinking was strongly correlated with eating disorder symptoms (especially those with anorexia nervosa), depression, and perfectionism. Research has indicated that dichotomous thinking is a cognitive rigidity that serves as a key factor in maintaining eating disorders (Fairburn et al., 2003; Garner & Bemis, 1982).

As part of their recovery process, the women in this study first needed to recognize their natural inclination toward dichotomous thinking, which many of them did. For example, Emma shared the mantra that was ingrained in her mind for years: “I am nothing if not all-or-nothing.” Similarly, Kerry said, “I feel like I have a tendency to just be *extreme* in my thoughts.”

Rigid dietary rules

A dichotomous thinking style contributes to the development of rigid dietary rules (Egan, Piek, Dyck, & Rees, 2007), which all of the women in this study had. As Kerry said, “I definitely had very rigid eating routines.” Like many of the participants, Christina said that it took a long time for her to develop flexible eating behaviors, and it was something she was still working on: “I’m trying not to be so rigid with my eating. I’ve gotten away from measuring. That took a long time. I think it’s taken a year to get away from that.”

According to Egan et al. (2007), dichotomous thinking also can increase the likelihood of binge eating following any transgression from these dietary rules. As Jamie said, “If I ate a bite more than my allotted calories, I had to binge and then purge.”

Other participants discussed extreme eating behaviors. As Grace said, “There was no happy medium.” Similarly, Jordan said, “I would go through weeks at a time where I could *not*

be hungry. I wouldn't eat anything. And then I'd have one cheat day a week where I would just eat whatever the hell I wanted."

Extreme fear of fat

Nearly all of the participants had a fear of becoming fat. In their minds, if they were not thin, then they would become fat, or worse, obese. The distress some participants expressed about their fear of becoming fat relates to the potential for a self-perceived failure to fit into an expected female norm of slimness. Fear of becoming fat has created a cultural environment that not only does not foster health, but also may directly undermine it.

The participants in this study had become so fearful of becoming fat that they eventually became afraid to eat *any* food, and one participant described how she had become afraid that ice cubes might have calories. While most of the participants' thoughts were not that severe, *all* of them had developed an extreme fear of food, informed by media messages.

The participants' intense fear of fat led them to fear any foods that contained fat. As Christina said, "I was so afraid of fat that I thought that eating fat would make me fat." Christina also described how the media have influenced her fears.

Christina: It just seemed like everything had to be fat free. Magazines were always saying 'low fat.' And to *me*, a low fat diet was fat *free*. I went three years without eating fat. Like literally, I would not eat fat....Nothing. No butter. Because of her previous dichotomous thinking that *all* fat was bad for her, Christina had a difficult time introducing fats into her diet. As she said, "I still have a *big* problem with that."

Christina: I'm trying to work on getting my eating - Trying to eat normally. Eat, normally - eating what I want to eat, without fear. Like, I eat waffles now. Ice cream. I don't do. Desserts are hard. Like, chocolate's hard. So I'm just trying to eat the things that I'm afraid of - very small quantities of them. I've become more flexible with my eating.

To overcome their fear of eating certain foods, the participants had to slowly introduce foods they feared and develop the confidence that they would not become obese. Nicole described what gave her the courage to take this step.

Nicole: I didn't want to keep living in this *fearful* life – fearing that I'm going to get *fat*. And that's the *only* thing I care about. And now, I *know* that I can maintain a healthy weight, whereas before it was like an all or nothing. Like, I'm either going to be *really* thin and unhappy, or I'm gonna be *really fat* and happy for the *rest of my life*. So I've realized that it's not a black or white situation, like I once thought it was.

Several women in this study described how they had internalized the media-perpetuated notion that eating certain foods might instantly make them obese. For example, Molly described an experience she had at the Center for Change, an eating disorder treatment center: “I remember the first time we had cheesecake. I really believed that I was not gonna get out of bed the next day—that they were going to have to roll me down the hall ‘cause I'd be so fat.” Similarly, Jordan said, “I remember at pizza parties I'd be like, ‘I'm not touching that with a 10-foot pole because I will put on three pounds if I even look at that pizza.’”

Good and bad foods

The participants' perspective about foods was influenced by the media's tendency to associate morality with different types of foods. In fact, nearly all of the women discussed how they had fear foods, which they had considered to be bad and off limits.

Isabel: At the start, it was obvious that there were good, pure foods and bad, junky foods. Heavy guilt was associated with eating the bad foods....I think these early ideals helped warm the seat for anorexia, in which I also had a clear idea of which foods were “good” those with very few calories -and “bad” - all other foods.

This moral association was powerful, and the participants had to learn not to subscribe to the media's black and white misrepresentations. As Lindsay said, “I kind of put certain foods off limits, so I'm just tryin' to eat more normal things in moderation.”

Many of the participants described how they either felt like they were “eating perfectly” or being “totally out of control.” Perfect eating was associated with extremely restrictive eating behaviors, and bulimic behaviors were considered out of control. In addition, several women used the term “clean” to refer to their restrictive eating, which they used to perceive as healthy. For example, Michelle described how perception of the “sick thin ideal” portrayed in magazines,

which she used to strive for: “It just to me seemed to me seemed very sort of clean and pure. Like you don’t have any – there’s no room for imperfections.”

Diamond also used the term “clean” to refer to her former perception of what constituted healthy eating. She described what initiated her “clean eating.”

Diamond: I didn’t like my butt. I felt like I was getting fat. I really got into dieting. That’s when I got into these magazines and I was eating, I would eat broccoli for a snack or a-a meal. And I just, I ate really cleanly. I was like, ‘If I ate cleanly, I would like I’ll lose the booty. I’ll lose my love handles. I would be a lot leaner.

D: What do you mean by clean?

Diamond: Um, it’s just no butter or light margarine - like fat free dressing, I mean I went through the fat free fad. Everything was fat free. I didn’t eat cheese on pizza; I didn’t meat, didn’t eat buttered popcorn, didn’t drink pop, didn’t eat candy bars, didn’t eat junk food, didn’t eat French fries, I mean just restricted all junk food.

The participants had to work extremely hard to expand their list of “acceptable foods.” For example, Grace said that she had to avoided magazines that suggested certain foods were not acceptable. As she said, “I don’t like to classify food as good or bad. It just is. And it’s meant to nourish me. And I can enjoy it.” Similarly, Emma said, “There is no food that is off-limits for me now and that took a long time to get to. I’m very proud of that accomplishment.”

During her recovery process, Molly learned how the media had contributed to her rigid thinking about food. Molly admired Oprah, and she knew that she has a broad audience, but as Molly said, “She slips up once in a while and will make some stupid weight or diet comment. And I think she’s a bit on the rigid side with food - that’s when I e-mail her!”

Rigid exercise routines

A dichotomous thinking style also contributes to the development of rigid exercise routines (Yates, 1991). As Kerry said, “I definitely had very rigid exercise. Definitely scared everyone else around. (She laughs) I *had* to go running before I could do anything else.”

When they were anorexic, many of the women in this study had relied on fitness and health magazines to help them lose more weight. However, many of the women in this study tried to

avoid these types of magazines because they tended to equate fitness with weight loss. In addition, the women thought that the media placed too much focus on intensity. As Jamie said, “The media’s always like, ‘Push! Go! Faster! Harder! Do this now!’ (She laughs.) It’s like, they expect you to always be really intense and just focused on burning off calories.” Similarly, Kerry said, “The *hardest* part was knowing how much exercise was really *good* for me. I was just trying to be healthy.”

Amanda’s comments provide some insight as to why it may be difficult for young women to discern what truly is a healthy amount of exercise. She discussed how magazines need to be more responsible about providing information promoting a healthy balance of diet and exercise.

Amanda: One day I was working out, and I was reading a magazine. It was one of those when they have nutritionists write in. Somebody else left it in the gym, and I was looking at it. There was an article about this lady who was a nutritionist, and she said she ate very healthy but *very few* calories. She was like, ‘Occasionally I let myself have a snack.’ I can’t remember what it was. ‘And I run five miles every day.’ And this is from a *nutritionist*. *First* of all - it’s not *practical* for a lot of people and *second* of all - I mean she ate *very few* calories and ran five miles a day, so I mean, I just didn’t think that was great advice from the nutritionist.

Dichotomous thinkers avoided media exposure and exercise

There were several participants who *knew* that they still had an “all-or-nothing” perspective about exercise. To avoid the temptation to over-exercise, these women did not exercise at all. They also tried to avoid any potentially triggering media sources, especially fitness magazines.

For example, Abigail knew that she still had a dichotomous mentality. She did not trust herself to engage in a healthy amount of exercise. She described why she avoided exercise and magazines in general.

Abigail: I was exercising all the time. I did basketball, soccer and softball. As far as my eating disorder, it wasn’t bulimia as far as throwing up. But exercise - definitely. When I was at my worst, I was doing 5,000 sit-ups a day in my bedroom. I mean, it started out, let’s do 500. And then - it was just like. (She laughs.) And I would keep track. Each tally

was 100. I mean it consumed me. It's all I did. I wouldn't sleep at night. Now, I do not work out at all. I don't read any fitness magazines either. It's too dangerous.

As a teenager, Christina looked to magazines for advice, and she absorbed all of the diet and exercise information. She described why she no longer allowed herself to read magazines.

Christina: I think magazines are what got me. 'Cause when I was younger, I used to read them. And I used to be like, 'Oh, did you eat a cookie today? Well, you need to run an extra mile to burn it off. Did you eat those fries? That wasn't good (in a condescending motherly tone).' Ya' know, like you should eat more healthy.' I just do not go near *any* magazines.

Like many participants, Christina did not exercise because she *knew* that she was not able to do so in moderation. In addition, she avoided *all* magazines because they were triggers for her: "If I look at any of those magazines, I'm like, 'Oh, I need my thighs to be thinner, so I should exercise.'"

Conflicted—fighting lingering tendencies for comparison

Nicole challenged the notion that women should be flawless and defined primarily by their appearance, but her cognitive abilities for resistance were not powerful enough to overcome the years of conditioning that shaped her notions of beauty. As Rubin et al. (2004) have suggested, it may be that "young feminists have perceived and are struggling with a normalized view of the good feminist—the fictional woman who refuses to discipline her body to meet mainstream beauty standards, and has learned to unconditionally feel good about herself" (p. 34).

Consistent with previous research on social comparison and body image, participants in this study indicated that they usually felt worse about their bodies after comparing themselves with others. Some women in this study knew that they should not use certain media images as a basis for social comparison. They knew that the imagery was unrealistic, yet because of the pervasiveness of media messages relating to the ideal body, it was difficult for the women to avoid some social comparisons with media images, which nearly always made them feel like

they fell short of the ideal. For instance, in her media journal, Nicole wrote about a billboard for a fitness center that had a woman's stomach as the focal point.

Nicole: *Monday 5/1 5:30 - large poster to advertise a fitness center: NO EXCUSES written over a bare woman's belly - the shopping center next to my apartment complex - walking home. Irritated. Sad at the unrealistic image being promoted. Also looked to see if I am as thin as she is.*

When Nicole was active in her eating disorder, she was obsessed with exercising. During her interview, she discussed how she had eased up on her compulsive exercise behavior in recovery.

Nicole: I am the most lax about exercise as I have been in years although I still exercise regularly. I'm not obsessive about it. Like if I'm on vacation, I can handle skipping a week of exercise. Whereas before, I'll get out and take a walk around to a disgusting city block because I *have* to move because I *have* to burn calories or I'll go crazy.

When Nicole was about 9 years old, she used to subscribe to *Teen* and *Seventeen*. However, a couple years later, right around puberty, she became more interested in fitness magazines: "I would say when I started down my eating disorder path, I got *Shape* and *Self*. Those are the ones that come to mind. And *Fitness*, that was another one I read regularly. I didn't subscribe to them, but I bought them regularly."

In general, Nicole now tried to avoid any mainstream magazines. Even when she was in doctor's offices or at a friends' house, she intentionally did *not* look at them because she knew they were triggers for feeling badly about her body. She still valued the thin ideal, but she was no longer engaging in weight loss behaviors to attain it.

Nicole: I'm *always* caught up in the grocery store by the magazines like *Self* and *Shape*. The celebrity magazines don't catch my eye as much as like the fitness ones because I used to read the fitness ones when I was in high school. I guess I have a special attachment to them or something. (She laughs.) It's just the unrealistic images that *bother* me. Or I catch myself getting caught up and reading them. And then I feel bad about myself.

Media encourage fear-based exercise, not exercise for health

According to Wolf (1991), advertising and the media indoctrinate the consumer in these ideals to the detriment of most women. Diet products, fitness, and the fear of fat are encouraged and promoted to the extent of marketing unhealthy addictions (Anderson & DiDomenico, 1992; Kilbourne, 1994; 2003; Striegel-Moore, 1993; Wolf, 1991).

Several participants discussed how the media had been extremely effective in instilling the notion that if they did not exercise, they would become fat. In her media journal, Eliza described how this fear affected her.

Eliza: I always feel like I have some internal argument about exercise. I'm easily influenced into the belief that not exercising makes you fat. I miss when I would want to exercise on my own all the time, and can't figure out where the motivation has gone. I wonder why it is that absolutely *everything* with me is either too much or not enough. It goes for eating and exercising too. Right now, I'm at the not enough stage.

Noah also recognized that she had tended to engage in fear-based, extreme exercise with her eating disorder, primarily because of fitness and health magazines. Now she typically avoided them because she *knew* the messages were not healthy for her. She described how she had to learn to disassociate exercise from weight loss.

Noah: I had this girlfriend when I first moved to Nashville. And she would always talk about her supposed fat thighs when we were at the gym. She would tell me things her husband said, like, 'If you ever get fat, I'm divorcing you.' So I thought, 'This is a woman who's gonna suffer her whole life and be worried about her body.' I felt bad. She read all these fitness magazines and stuff in the gym, which just confirmed what her husband said. And I told her, 'I'm really trying to make exercise something that's for my spirit and makes me feel good - and that's about camaraderie. And if you keep making it about weight, I can't work out with you.' I just said, 'This is not helpful. I've struggled for however many years with an eating disorder. You can *not* make my workout every day be about losing weight and your fat thighs.' And we just stopped being friends. But I think there are so many people out there that live like that. That don't question the messages they get. And they might have husbands that say incredibly hurtful things.

Noah's friend truly had internalized a fear-based need to exercise instilled by the media. She described her concern for people who might be driven to exercise compulsively because they are afraid to get fat.

Noah: For some people, it really is about fear-based exercise. They read stuff in magazines, about, 'Oh, you'll get fat.' And so, that's the motivation to get to the gym. So when they're at the gym, they just keep working harder and harder - just to keep their body thin. It's sad - when exercise can be so fun, especially with friends.

In general, the participants who had engaged in compulsive over-exercising as part of their eating disorder had extreme difficulty reducing their dichotomous thinking. They had to continuously engage in self-protective opposition strategies to combat the desire to exercise in an obsessive way.

It was more challenging for the women to reduce their dichotomous thinking with regard to exercise, if they were exposed to imagery of the thin ideal. Like many of the women, Grace exercised at a gym. One day, she saw a television show that was triggering and the reaction she wrote in her media journal was: "I'm tired today. Not much of a workout. It's okay. I don't need to lose weight. I'm doing this for fitness. My body is telling me what it needs NOT THE MEDIA! A gentle workout. Let it go Grace."

Overall, participants who were able to reduce their dichotomous thinking had more oppositional readings. Emma's definition of recovery captured what the ultimate goal of the participants: "Recovery is shattering this rigid black and white, perfectionist mindset I have and just embracing my heart, my head and my body as one complete lovable and loving unique human being."

Awareness of the Limited Portrayal

One of the key factors in un-internalizing the thin ideal was for participants to recognize how limited the media were in their representation of women. The media provide structure for a

great deal, perhaps even most of our social and personal lives, particularly with regard to conformity to an ideal bodily appearance. According to Heyes (2007), the structure itself is not inherently negative; rather, a problem arises with the single, rigid goal of conformity to a thin body ideal that is not attainable by most women. As Amanda said, “People are shown in the media as unrealistically thin. I mean, there are people that *are* that thin, but the majority of the population just *isn't*.”

Christina contrasted women in her personal life with those portrayed in television. In doing so, she recognized how narrow and restrictive television’s portrayal of women is.

Christina: I think on TV *everyone’s beautiful* - it seems to me. You don’t see *ugly* people. You don’t see *normal* people on TV, that much. *Roseanne* was one that was different. But *most* of them - the *women*, are definitely - like on *Friends*, the girls are all very thin. They seem very thin to me. Not *normal*. Like, my mother doesn’t look like that. She doesn’t *try* to look like that. (I laugh). Other women don’t *look* like that. I don’t *see* women like that.

All of the participants wanted to see more normal and diverse representations of women in the media, women that they could identify with and who reflected the diversity they saw in their everyday lives. For example, Courtney described the media representations she would like to see: “I kind of wish they would just show more of what you would see in *normal* life - rather than the picture *perfect* people in magazines *and* TV.”

Ramona knew that the images she saw in magazines were not realistic, yet they still affected her. As she said, “I get frustrated that I start thinking that I should *be* like the people in those magazines.”

Young women internalize narrowly defined cultural norms of beauty. As they do, they become more concerned with how their body looks in relation to the culturally generated images portrayed as normal (Wolf, 1991).

Like most of the participants, Molly defined the mediated ideal as someone with “fairly large breasts, no fat anywhere to be seen, flat stomach, no hips, very thin legs and arms. I guess basically - Barbie!”

Many participants described an extremely narrow range of acceptability for the female body. Sarah’s perception of the mediated ideal reflects the description of many of the participants in the study: “Thin. Big boobs. But not *too* big. Ya’ know, you can’t be huge. They want your body small, but not too small. It’s always a narrow standard to live up to.” Similarly, Faith shared her description.

Faith: The media portray the ideal as tall and slender – with sizeable breasts. And it’s like, I guess, a perfect behind, too because it’s either too small or too big.... There’s evidently this ideal of a perfect behind. I don’t know what it is, but evidently everyone else is either too small or too big. (sarcastic)

Overall, the participants indicated that the media representations of women create a dichotomy that contributes to the fear many of the women in this study had, if they do not fit the thin ideal, then they will be fat – and ugly. One dominant way in which the idealization of thinness and the negativity of fatness is produced in the media as well as in the wider social sphere is through the construction of fat as ugly and thin as beautiful (Malson, 1995; Malson & Ussher, 1996). As Malson (1998) has contended, “The fat body is despised as unattractive, and conversely the thin body idealized as perfection and beauty” (p. 105). One of Grace’s journal entries illustrates how effective the media have been in disseminating the thin equals pretty conflation.

Grace: *Wednesday – 10 a.m. – Television – flipping channels – living room – talking with roommates and flipping through magazines – not watching at all. Models suck – they are so skinny & pretty. Why can’t I be pretty if I can’t be thin? I am acutely aware of how disgustingly fat I am. Why does society do that to us?! Pisses me off...f*ck society. I am more than a number, and I’m done thinking about this.*

Many participants discussed how the media tend to portray the extremes, in terms of appearance and body size. As a result, the majority of women are not able to see their body type represented. For example, Lulu shared her perception of the media's portrayal of women: "It seems like all the magazines covers - they're either showing obese or fat people. Or they're showing the really thin, beautiful people. So either way. It's all or none." Along the same lines, Diamond described the dichotomous representations of women in music videos: "They're all either very voluptuous, very curvy, curvaceous - or model skinny."

Several of the participants indicated that the modeling industry has contributed to this type of portrayal by creating a division between regular models and "plus-sized models." For the most part, the participants thought that the media seemed to be portraying larger women, but only if they belonged to a specific category, one that the women in this study did not fit into. For instance, Eliza discussed her thoughts about Emme Aronson.

Eliza: She's a 'plus-size' model (uses quote mark fingers). And she's pretty big. But, she's just cool. I read an article about her somewhere - in a doctor's office. She's *huge*. She's *so* tall. Well, all models are tall, but she's actually like - I don't know, 190 pounds or something? She's big. But she's really happy with it, and that's great. So I think that the media's getting better about that. But they're like a *group* of people - they're plus-sized models. And they're big boned. Some people are just built that way. I've never been big boned.

Several participants discussed how it was important represent normal, average, healthy women, not the extremes. As Metkit said, "We should represent everyone, well, everyone that's *healthy*. We have a serious obesity problem here. So I'm not suggesting we should portray obese sizes. Similarly, Eliza said, "I think it should just be normal looking people, modeling clothes. Not super thin and not really big because - neither is healthy."

The representation of women in the media is so narrow that several studies have had difficulty even finding an average woman for a control image, and one study had to use images

from a magazine that was supposed to target overweight women. Other researchers have had to create their own images because there is a scarcity of normal weight women in magazines (Groesz et al., 1999).

As this section shows, the women in this study discussed how they would like to see imagery of women that reflects the reality of the diverse body shapes and sizes that they see in their everyday lives. Emma's comments demonstrate another one of the participants' concerns.

Emma: It's not so much that I really want to be thin again. It's more like (pauses to think) I don't fit into a category that the media present as acceptable. I feel like the media just tell women what they *can't* look like, but there's limited options for what you can.

Feminism celebrates bodily diversity. However mainstream media images limit the portrayal of what constitutes women's beauty and appearance by privileging one aesthetic ideal—young, extremely thin, and perfectly manicured women, over all other potential representations (Sypeck, Gray, & Ahrens, 2004). According to feminist theory, the media's proclivity for portraying a restricted representation of female body types ignores the genuine diversity in women's physical appearance and creates unrealistic standards of beauty.

Many of the participants noted that there was a single acceptable representation of women, one that fits the ideal. For instance, Faith criticized media messages that suggested there was some perfect, one-size-and-shape-fits-all mold that every woman should look like. In her media journal, she wrote her reaction to a couple television ads that struck a nerve with her.

Faith: The media give women the idea that everyone is supposed to look a certain way: This Barbie Doll image that society has created. Everyone was born with a different body type and with different features. We are not supposed to all look alike.

Several participants indicated that the media have their *own* view of what constitutes an attractive appearance, which no longer aligned with the participants'. This perspective allowed the women in this study to resist media imagery of the thin ideal. For example, Isabel discussed

how the mediated ideal is an unrealistic image sold to American women as something to strive for. She completely rejected the media's vision of the ideal female body on principle.

Isabel: I hardly think about it [the ideal]. I don't think about it as in, this is the ideal, so this is what I want to be. It's more like this is *their* ideal. And that's really ridiculous. It's like, the average American woman is *not gonna be* that. I'm critical of any *ideal*. It's kind of the same thing as trying to sell you something. I can't stand that stuff. Like, this is the ideal, you have to be this way. No.

Several participants had oppositional readings of media messages criticizing women who did not adhere to the thin ideal. They expressed anger about media messages perpetuating societal weight preoccupation and weight prejudice.

Diamond's comments reflect the concept that women's social power is inextricably linked to their appearance. In our culture, attractiveness and success is equated with a thin body, and that the body is a commodity – in this case, an image, literally to be sold. Diamond's anger reflects her frustration with her struggle to maintain a positive body image while being bombarded with media messages judging women who do not conform to the thin ideal.

Diamond: There's still an emphasis on thinness. I mean I saw it in *American Idol*, when a lot of the singers - I mean there were some that were very curvy and some of them were very full figured. And the judges, Paula Abdul and others - they would come out and tell them, 'You're a little thick. You're a little too big. Your body's not gonna sell. You are not small enough. One of the girls on there is singing, and she's modeling. She's full figured, and she's doing well. They said stuff to her too like, 'Your image is just not thin enough. You're not gonna portray what we think's gonna be successful.' It makes me angry.

The participants also expressed frustration with the media's portrayal of women who are at a healthy or average weight as being overweight. Whether it was a comment in a movie or a photo caption in a magazine, the participants expressed anger about the expectation that women attain or maintain a specific body weight in order to avoid disparaging remarks. Rylie wrote in her media journal about a movie she'd recently seen in which a character was the brunt of jokes about her body, even though she was a healthy weight.

Rylie: *Friday, July 8, 2005 @ 9:00 p.m. - Legally Blonde on TBS - Getting my hair done.* I'm watching a movie as I sit, getting my hair done. I don't like the part in the movie when the nail-woman makes comments about how she has a 'fat ass and big thighs.' The part is played by Jennifer Coolidge, who is not fat, she's average. It gets me so angry that they portray someone is just average as being overweight.

Rylie's oppositional journal, combined with her comments in her interview, illustrate how disparaging remarks targeted at women who do not adhere to the thin ideal can cause an inhibitory effect. Social cognitive theory (Bandura, 1971, 1994) posits that people can learn from observing others being rewarded or punished for certain behavior. An inhibitory effect occurs when a viewer sees an individual in the media punished for a certain behavior, and that observation decreases the likelihood that the viewer will engage in that behavior. In this case, Rylie saw an "average" woman denigrated, and despite her angry response, the movie seemed to reinforce her body dissatisfaction as well as her fear of being judged as fat now that she perceived herself to have a "normal" body.

Molly was the only participant who opposed the media's perpetuation of weight bias without accompanying body dissatisfaction. She expressed outrage at media messages defining an "acceptable" body: "How dare they (the media, advertisers, society) dictate what a person should look like! A person should look like WHO THEY WERE MADE TO BE! And to think that there are millions of not only women, but men who buy into this crap! It should be illegal!" Molly sincerely believed that there was no such thing as an ideal body, and during her interview she said, "I don't really have any body image issues."

For Molly, seeing weight discrimination did not have an inhibitory effect because she no longer feared being fat. In fact, she discussed how part of her recovery process involved "feeling the fear, but breaking free from it." Her concern was more for others who might accept media messages at face value as she once had.

Need Normal Represented

Several participants in this study were critical of the media for not portraying more normal women, those who represented a diverse selection of women. For example, Metkit shared what she thought would be helpful in terms of preventing the number of eating disorders that are developing in women: “Portraying normal people in the media!”

The participants strongly believed that the women represented in the media do not, but *should* reflect reality. As Faith stated, “I think that different forms of media should show more and more realistic people in their messages. Give the world the truth.”

Many of the participants said that the media need to provide healthier representations of models and celebrities for young women. Metkit said that she thought the media portrayed the size of the normal, average woman as a 2 to 6. She also discussed how a different size range *should* be portrayed.

Metkit: Often times, I feel like they portray something that’s too thin as the ideal. What they *should* portray is not what they do. It *should* be a 6 to 12. Normal women. The average normal weight is what they *should* portray. But then, there should be some of everybody ‘cause that’s the way the real world is if I really think about it.

Some Strides are Being Made, but Not Enough

In general, the participants indicated that the media seemed to be shifting away from the stick thin ideal to a healthier body. Metkit’s comments captured how the participants felt in general about the nature of the media portrayals: “The media are getting better about showing more realistic women, but there’s not nearly enough.”

The portrayal of normal, average women was so rare that the women applauded and took notice of incremental changes in media representations. For example, in her media journal, Jordan wrote a brief statement about Kristin Davis from HBO’s popular television show *Sex and the City*, “Charlotte has a ‘real’ body - yay!”

Several participants noticed that women's magazines occasionally acknowledged that there should be a more balanced representation of women. For example, Amanda noted what *Marie Claire* had done.

Amanda: I know in the past they've done some issues of body image. Like they had one magazine where they put normal-sized people in it and that was all. I think it's good because they, you know, are recognizing that this is an issue, a problem. But at the same time, you see *that* article - and then there's an ad next to it, and the person's tiny. But at least they're *trying*. (She laughs.) You know, like they're moving forward versus some of them that aren't at all.

In her media journal, Faith reacted to a television ad for a plus size fashion model show. Her perception may have been influenced by the fact that she usually wore a size 14 herself, which she shared with me during the interview.

Faith: *Tuesday 2-2:30 p.m. – TV, Plus size model fashion show advertisement – my family room – watching TV. Awesome! “Plus size” women are beautiful too! There is more than one body type out there. Media consider the size 14 “plus size.” Marilyn Monroe was a size 14 + she was a beautiful model.*

Some participants were extremely media savvy and were able to detect the dual nature of the positive portrayal of women in the media who are a normal weight. Emma commented on how refreshing it was to see an admirable character, one who was Latina and was *not* extremely thin, portrayed positively on the television show *Ugly Betty*.

Emma: I love that the main character is Latina and a normal weight and she likes herself for who she is. She has such self-confidence....The only downside is that they play up the 'ugly' card too much at award shows. I forget which show this was - probably *Golden Globes*, and the actress who plays Betty won an award and the audience gave her a standing ovation. It was so self-serving, like, 'See, Hollywood isn't all about looks. We can have one show in 100 with a Latina heroine who isn't a size 2. See? Aren't we great?' It also bothers me that a lot of publicity stuff about *Ugly Betty* is about how they 'uglify' America Ferrera so that she can play the part. It's like, 'No one could possibly look *this* ugly so we have to add hair and make-up.' It's pretty insulting. The show itself however is great.

The thin body ideal is not forced upon people. However, even those participants who elected to minimize or eliminate exposure to popular magazines and television shows, were

unable to avoid exposure altogether. In one respect, this phenomenon can be attributed to the lack of sufficient alternatives, though some participants did choose to consume less mainstream media. More importantly, the ubiquitous nature of the cultural values and ideas related to diet and thinness led them to some level of frustration with what the media promote as requirements for fitting into society.

Informed by Normal, Average Models and Celebrities

Once the participants were in recovery, they tended to admire celebrities who had a body shape and size that did not fit the thin ideal. In a sense, viewing diverse representations of women in the media provided the participants with additional “permission” to challenge the dominant encoding of messages that primarily promote the dominant thin ideal. While the traditional ideal body standard represented in the media still may be predominantly thin (Bissell & Zhou, 2004), recently there have been some celebrities who challenge the thin ideal, providing an alternative example for women about the type of body that might be perceived as beautiful and attractive.

Seeing celebrities with curves

Many participants indicated that they were starting to see examples of diverse body images in the media, which they saw as refreshing. Lindsay described her perception.

Lindsay: *I do think that in the more recent times, they [the media] have embraced a fuller figure, that they used to kind of look down on. You know, girls with hips or whatever. There just seems to be more people speaking out about it.*

For many women in this study, seeing representations of diverse body types in the media provided them with hope that a new era may be emerging—one that does not restrict the representation of beauty to the thin ideal. For example, Michelle said she did not think that “all of the main figures in Hollywood had bad body types.”

Michelle: Now I like when they embrace characters that are more healthy and not so thin-like, when the media show people like Queen Latifah, who are more full figured. And so, I think I'm more *aware* now of when they have people who are *good* media body images, I think. People who don't fit the standard of the norm.

What seemed to help several participants to un-internalize the thin ideal was seeing representations of women in the media who had diverse shapes and sizes, particularly celebrities who flaunted their hips and curvy bodies, such as J. Lo and Beyonce. The women in this study discussed the increasing representation of curvy bodies in the media. Jordan shared her perception of a few celebrities that the media now portray as sexy.

Jordan: I *love* the way that they give Jennifer Lopez and Beyoncé attention and talk about how they have hot bodies 'cause those women have got hips. Like even Shakira, I mean *hello* she's got, you know. (She laughs.) Like they have really *curvy* bodies. And for *me*, as a woman who has a curvy body, that makes me feel better. I *personally* love that they get a lot of attention. And they're healthy. You can tell they take care of themselves.

At one point, many of the women in this study strived to fit the thin ideal, which often meant defying their natural body type. Now that the women were in recovery and saw more curvaceous body types positively represented in the media, they felt more comfortable embracing their natural body shape and size.

Jordan's comments illustrate how celebrities with diverse body types can contribute to a more expansive view of female attractiveness. She described how her perception of the ideal female body image and of her *own* body changed over time.

Jordan: I *like* having curves. I've embraced that side of my genetic build, and actually I feel more sultry *now* than I did. I'm like, 'Wow, I got a little bit of T and a little bit of A.' It's kind of nice. (She laughs.) You know, it's funny. I never would have imagined that I would have more confidence now than when I was a size *zero*. And I have *so* much more confidence now than I did back then.

Many participants expressed admiration for celebrities who challenged the traditional Hollywood standards. The celebrity that the participants mentioned most often was Tyra Banks, possibly because at the time, she was receiving a great deal of publicity.

Faith: I like the whole thing with Tyra Banks and how she's handling the media. When she was a model, she was actually one of the heavier models, one of the curvier models....Now, she's like, 'Look, I'm not on a runway. I don't have to meet those standards. I'm healthy. I'm happy....She wants girls to know that being anything other than extremely thin is ok, as long as you're healthy. What a great role model for girls and women!

In addition to Tyra, several participants discussed other celebrities that challenged the portrayal of the dominant thin ideal. For example, Lindsay discussed how she admired Kate Winslet for directly challenging the media's use of airbrushing

Lindsay: Kate Winslet always says that she's proud of being kind of fuller, even though I think she still has a really great body. I just remember the one time - I don't know if it was a photo shoot or somethin' - that she got a picture taken, and they reshaped her legs to make them look much smaller than they actually were. And she made a big deal about that those weren't her legs, that they sent the wrong message out to young girls and stuff. Hopefully maybe more people will do stuff like her - just so it's not such a norm to think that you have to be tall and skinny.

Overall, the women in this study tended to admire celebrities who respected their natural bodies and provided the public with a positive, healthy representation. The participants also indicated respect for women who were more "realistic looking" and "did not starve themselves for a movie role."

Along the same lines, several participants admired celebrities who did not try to alter their body with surgical procedures. Molly described how she admired a celebrity who refused to have breast augmentation.

Molly: I read an interview with Debra Messing that said that the producers of *Will and Grace* wanted her to have breast implants put in - and she refused! She said that she was the way she was, and they could use it as material for the show, but she was not going to have surgery!

Dove Campaign for Real Beauty

Many of the women expressed support for the Dove Campaign for Real Beauty, known for its diverse representation of female beauty. The campaign Web site explains the goal of the

Campaign for Real Beauty, offering hope for a transformation in the limited portrayal of the ideal female body image.

For too long, beauty has been defined by narrow, stifling stereotypes. Women have told us it's time to change all that. Dove agrees. We believe real beauty comes in many shapes, sizes and ages. That is why Dove is launching the Campaign for Real Beauty.

Dove's global Campaign for Real Beauty aims to change the status quo and offer in its place a broader, healthier, more democratic view of beauty. A view of beauty that all women can own and enjoy everyday. (<http://www.campaignforrealbeauty.com/>)

Several participants said they respected the Dove ads because they showed real women, not just stick thin models. In addition, the participants like that the Dove models *had* flaws and were not representations of perfection.

Jordan discussed how the Dove campaign was celebrating diverse body shapes and sizes. She also had noticed that different hair styles and other physical characteristics were now starting to be represented.

Jordan: In my opinion, I'm seeing more of - a healthier representation, like the Dove commercials that they've started doing, the real women Dove commercials. I *love* those. Just gotten into so many more, you know, average women, plus size women, skinny women, I mean *any* kind of representation. Freckles, no freckles, curly hair, straight hair, just all the way around. And they're, they're making that their thing. I don't know what the word is, not their motto, but they're making that their image now, which I think is cool.

The participants' interpretation of the Dove campaign and the extent to which it provided hope for a transformation in body ideal seems to have been tempered by their personal life experiences. For example, in her media journal, Rylie indicated that she liked the portrayal of women with "normal" bodies in mainstream advertising, but she did not have hope that the thin ideal would change.

Rylie: *Thursday, July 14, 2005 @ 8:15 a.m. - Today Show - Getting ready for class, breakfast.* On the *Today Show* are these women who did an ad campaign for Dove. They are in just bras and underwear. These women are 'normal' women. Katie Couric keeps mentioning how it's a good thing and that she hopes it spread. I agree. These women are a

more “normal” body weight than your average campaign ad women. I don’t think this will catch on, but it’s nice to see one company using women who are not supermodels.

Media Ideals Fluctuate

Attractiveness has not always been equated with thinness, as body standards and perceptions have changed over time (Bordo, 1993; Seid, 1989). The media-propagated construction of thin as attractive and fat as ugly is so prevalent and normalized that it “often appears to be an unquestionable prescription of some law of natural aesthetics; that fat *is* ugly and thin *is* beautiful” (Malson, 1998, p. 106). However, the notion of what constitutes a beautiful female body is an historical and cultural construction that has transformed over time since the Rubenesque era (Bordo, 1993; Malson, 1992; Orbach, 1986; Seid, 1994). While the participants did not discuss body ideals dating back to the Rubenesque era, they did talk about “the Twiggy ideal,” which started around the 1960s.

Historical context

Women in this study who were able to place the current ideal body image into an historical context were more likely to resist the dominant body ideal perpetuated in the media. They understood how the culturally-constructed notion of what constitutes an attractive woman, has changed over time.

Jordan discussed her hope for a transition to a healthier, naturally curvy woman shape as the ideal body image. She noted historical trends of the 1960s, 1990s and current times.

Jordan: I think the media’s gotten better. Today, they seem to embrace the curvy body types of Jennifer Lopez and Beyonce more. But back in - I mean I can remember when I was a teenager - like in the 90’s it really was people like Fiona Apple and Kate Moss, really were the, I guess they really were kind of like the equivalent to what Twiggy was, when my parents were growing up. You know, it really was cooler to have like the waif, dark circles under your eyes kind of a look and I’m seeing, in my opinion I’m seeing more of like a healthier representation, like the Dove commercials.

Several participants discussed Marilyn Monroe as an example of how beauty standards have changed over time. Knowledge of Marilyn's size allowed Eliza to challenge the dominant notion that a woman needs to be thin to be sexy.

Eliza: I like Marilyn Monroe. She's this really great figure for women. And she's a size 14. I love that! I think that's great. She's kind of a sex symbol. And I like the fact that she's a size 14 *and* a sex symbol. Like, you *can* be both. (sarcasm)

Many of the participants discussed how they had seen a shift from the sick thin look of Kate Moss in the early 1990s to a healthier-looking skinny. For instance, Sunshell described the transformation.

Sunshell: As a teenager I grew up in the Calvin Klein heroin chic era. Scary skinny seemed to be portrayed everywhere. I think nowadays a *healthy* thin is more the ideal. Although the little sick, scary skinny socialites such as Lohan, Richie, and Olsen, are portrayed everywhere, the media coverage has been somewhat negative.

Most of the participants had a clear distinction in their minds between thin and "sick thin." For example, Sunshell described the distinction in her mind: "I would say sick thin – or scary skinny – is below a normal BMI. Normal skinny would be having a healthy BMI. Like, I consider myself normal skinny. I'm thin, but I have a normal BMI."

Athletic and toned ideal

The participants also discussed another relatively recent shift in the ideal female body image, a woman who was "not overly muscular, but toned," "someone who works out." For example, Kerry described her perception of the current ideal.

Kerry: The media's portraying more women who are in shape - and not necessarily just *thin*. I don't know exactly when it changed. But I think that the media now place more of an emphasis of having toned, athletic bodies. Whereas previously, women were just supposed to look skinny.

Many of the women in this study were able to oppose the dominant readings of thinness in media and possibly create a divergent view. However, they still were enticed by the

athletic/toned ideal, a relatively new media portrayal. For instance, Enchantment's perception of the ideal seems to have shifted along with the ideal itself.

Enchantment: Before anorexia, my ideal image was more curvy. It was like Britney Spears. 'Cause I mean she's not too thin, but then she's curvy. And I don't know - that's probably what I thought. I always wanted to look like her and stuff. Then during the anorexia, I guess it started out with just looking like a supermodel or something, and then it was just like where I just wanted to be stick thin, like a little girl or something. More like - I guess Mary-Kate and Ashley. Like then, I didn't even wanna have boobs or anything. And now, it's probably like the images you see on like *Shape* magazines. Like I wanna be thin, but I wanna be in shape and toned.

In contrast to Enchantment, many participants engaged in self-protective oppositional readings of the athletic/toned ideal. Several women discussed how they would counteract media messages by telling themselves that this type of look only could be achieved if someone devoted their entire life to working out. As Jamie said, "They only look like that because they're paid to look good. They can spend their days in the gym working on their abs."

Nearly all of the participants discussed how they felt insecure about their stomach, especially when they saw images of women with clothing that flaunted their strong abdominal muscles. With some rare genetic exceptions, to achieve this type of sculptured look, a woman would have to devote several hours a day to creating and maintaining that type of body.

Many participants were able to oppose the thin ideal, but they still felt the need to "look really fit" and have "well-defined muscle definition or abs." To resist feeling badly about her body, when she saw images of extremely fit woman, Christina engaged a self-protective strategy. During her interview, Christina questioned the effectiveness of a product featured in an ad.

Christina: The commercial had an image of this *woman*, and she had *abs* and she was all muscular and toned, and I was just like, 'Whoah!' But then I was like, (she laughs) you can't. The diet pills don't *really* make her look like that. But it *got* to me though. There were several participants who perceived the thin and athletic/toned ideal to be unrealistic, impractical, or outright absurd. This perception allowed them to engage in more

oppositional readings. For instance, Noah described her perception of the athletic component of the current ideal female body image.

Noah: It's [the ideal] also, athletic. So not only do you have to be really thin, but you have to be muscular as well. And have big boobs, so. Yeah, it really pisses me off. It's not like they stopped the incredibly *thin* person. Now they've got the very toned, athletic look, which is also difficult to get to. And it takes up a lot of time. And it makes me *really* mad. To think, that would be *fine* if it was my full-time job. But it's not. I mean, you just think, on top of having my Ph.D., I'm supposed to suddenly think that I need to have the body of a *fitness trainer*.

Other participants did not find the athletic look to be attractive or appealing. For example, Eliza described why she was able to resist messages promoting a more athletic-looking ideal.

Eliza: I think that there's a lot of hype about exercise and being really fit. The media are kind of obsessed with being fit. But I've never found that rock hard stomach appealing. I don't think that's attractive. And I wouldn't ever strive to have that kind of look.

Media Awareness and Critical Media Literacy

In their initial stages of recovery, the participants merely had awareness of media techniques. With this newly found media awareness, the women realized that they needed to avoid unhealthy media messages and, if they were unavoidable, not to take the media messages at face value.

As the women progressed in their recovery process, they did not find the need to place media imagery "off limits" because they had developed a strong enough sense of media literacy to know that the thin ideal was not healthy, and they were able to engage in oppositional decoding. Like many of the participants, Lulu became literate through her battle with and recovery from an eating disorder.

Lulu: I think I'm more *aware* of the media – having lived through my eating disorder. I mean, I never paid attention to the media and how it portrayed women's bodies. Then, after living with an eating disorder, I pay much more attention now 'cause I see it and it's like, 'Gosh, it's *terrible* that they're portraying women this way. That they're *encouraging* them to starve themselves to be a certain way.'

The women who were most advanced in their recovery transformed their awareness into anger as they realized just how powerful the media are as an institution in American society. The more the participants felt that the media were wielding their power to victimize an unwitting audience, the more irate they became. This was particularly true when the participants recognized significant contradictions in media messages. For Molly, evidence of rampant contradictions in magazine messages allowed her to discredit the entire source as credible or sincere.

Molly: It makes me really mad when magazines will have some really stupid diet that you'd have to starve yourself to follow, and then right after that, they tell you how to accept yourself or boost your self-esteem. When they pull that kind of crap, it just all seems so artificial.

Definition of Hegemony

This dissertation draws on Foucault's (1973, 1979, 1980) concept of the exercise of power and Gramsci's (1971) concept of hegemony to examine how women used the knowledge they gained in recovery from anorexia to exercise power and free choice over their bodies and lives. Foucault (1979, 1980) has argued that the conceptualization of power is incomplete, and that a more comprehensive approach to understanding power would be to move beyond the focus on *who* has power to how power functions and the consequences of its management. Gramsci saw the mass media as tools the ruling class used in this process of ideological hegemony to "perpetuate their power, wealth and status" (Barr, 2000, p. 17).

The participants cultivated an effective resistance against the hegemonic constructions of the ideal female body, which attempt to fix ideas about what constitutes a socially acceptable physical appearance. Hegemony is the idea that a capitalist culture's most powerful economic groups obtain consent for their leadership through the use of ideological and social "norms"

(Altheide, 1984; Condit, 1994; Croteau & Hoynes, 2000; Gramsci, 1971; Hall, 2001; Holtzman, 2000).

In Western culture, women are socialized to believe that femininity affords women acceptability and respect (Bordo, 1993). The privileged, or hegemonic, form of femininity is constructed within a White, heterosexual, and class-based structure, and it has strong associations with heterosexual attraction (Ussher, 1997). Women who meet the social expectation to adhere to hegemonic femininity are afforded privilege and concomitant power in social realms and within the workplace. Conversely, there are social retributions for women who do not, suggesting that if a woman wants to garner social acceptance, then the only “choice” is conformity with the ideal (Bordo, 1993; Butler, 1990).

As a powerful industry, the media are the driving force behind the collective societal understanding of what constitutes female beauty. By limiting the representation of the female body to the thin ideal, the media privilege a single body type, while affording differential value to alternative bodies in comparison to the dominant mediated ideal (Bordo, 1993, Goodman, 1995; Maine, 2000). The standard and value of the thin ideal is built into the foundation of our societal structure, which serves to aid the powerful (i.e., diet, fashion and beauty industries), while placing others (females seeking social acceptance) at a disadvantage.

Hegemony is a “commonsense” understanding of the world, established through a “set of meanings and values” (Williams, 2001, p. 157). Through mass media channels, hegemonic notions are instilled in the public by repeated exposure to ideas. Mainstream media are powerful institutions, which have the ability to instill hegemonic ideas by exposing individuals to values and beliefs presented as unquestionable, universal norms (Croteau & Hoynes, 2000). Magazines in particular are a “powerful ideological force” in society (McRobbie, 2000, p. 69), especially for

young girls who are seeking information about what they need to do and look like in order to be liked and accepted by their peers.

Because of the subtle nature of media, the general public does not necessarily see the hegemonic power of the mass media. As Lull (2000) has contended, “The victims of hegemony don’t realize they are being repressed through ideology” (p. 73). Several researchers have contended that mass media are instrumental to culturally-constructed hegemony, particularly in the United States (Croteau & Hoynes, 2000; Herman & Chomsky, 1988; Holtzman, 2000). By internalizing the thin ideal, these women had become victims of a false consciousness to adhere to the hegemonic construction of attractiveness and social acceptability.

Media No Longer Trusted Friends

The participants used to consider the media to be trusted friends. They also used to view media sources as experts, with valuable information about topics of interest to them. Alexandra described her perception of beauty and fashion magazines when she was 15.

Alexandra: I actually looked at some of those magazines as my ‘bible.’ I know that sounds extremely stupid now. But I believed everything I read. And well, if it was in one of those magazines it had to be true! I got a lot of tips from the magazines when it came to dieting, exercising, and what creams work and so on.

Once the participants were in recovery, not only were they less interested in primarily appearance-related content, but they also no longer granted the media the authority they once had. The women had learned that mediated messages, particularly those in beauty and fashion magazines, were fueled by capitalism and offered a skewed view of reality, pushing an ideal that was not achievable. As Michelle said, “I think it’s sad that people feel the need to look that way or want to look that way.”

Choate (2007) has argued that adolescent girls need strong internal resources (such as gender role satisfaction, strong physical self-concept, and coping skills) as well as external

support from family members and peers to develop what she refers to as “body image resilience” (p. 317). Furthermore, research has indicated that teenage girls who place too much importance on physical appearance may neglect to develop critical, healthy coping mechanisms and supportive, nurturing relationships to navigate the challenges of adolescence (Striegel-Moore & Cachelin, 1999).

While the participants previously had fallen victim to the insidious mediated ideal, increased media literacy gained during their recovery process allowed them to become active consumers, rather than passive casualties of potentially-damaging media influence. For example, Alexandra no longer read magazines, but as a teenager, she loved them because “they were about everything - fashion, beauty, love, men - just about everything women are interested in.”

Critical Media Literacy

The participants’ discourse indicated that media literacy was a key component to an oppositional reading of the mediated thin ideal. This finding reflects what some of the pre-existing research has indicated—that “critical thinking about the media can produce behavior change” (Irving, 2000, p. 86) and affect one’s thought processes. Furthermore, Irving and Berel (2001) have found that increased media literacy can result in increased skepticism about media images, reduced beliefs that models are realistic and reduced desire to be as thin as models.

Broad definition

Media literacy will be broadly defined as the ability to access, understand, analyze, and evaluate various media messages. In addition, media literacy is the ability to use critical thinking skills to transform media consumption from a passive to an active process. According to Potter (2001), media literacy is “a perspective that we actively use when exposing ourselves to the media in order to interpret the meaning of messages we encounter” (p. 4).

By becoming more media literate, people gain greater awareness of the potential for misrepresentation, manipulation and bias in the media. Media literacy is about learning to ask important questions about imagery and messages that are there, and noticing what's not. It's also about gaining the instinct to question the motives for a media message and how those motives influence the content. As such, part of media literacy involves analyzing the production and consumption of media products as ideological texts (Sholle & Denski, 1995).

Specific definition

More specifically, media literacy will be defined as the ability to be a critical consumer of appearance-related media. Participants in this study who have a high degree of media literacy have the tools to critically evaluate and deconstruct media images of women, becoming critical consumers of appearance-related media. These participants also have visual literacy, which will be defined as an understanding of the various ways that “visual media can misinform, distort, and manipulate” (Messaris, 1994, p. 2), as well as the powerful effect of cumulative exposure to such media.

Research on the effectiveness of media literacy in the prevention of eating disorders and internalization of the thin ideal is still in the preliminary stages of investigation. However, several researchers have found that comprehension of socio-cultural messages regarding weight and shape provides some buffer from potentially negative effects (Henderson-King et al., 2001). Furthermore, awareness of such pressures must be combined with critical thinking skills that allow women to deconstruct social influences that define and promote the thin ideal (Striegel-Moore & Cachelin, 1999). Research also has suggested that women who have critical awareness are less likely to try to conform to narrow definitions of beauty as defined by the thin ideal (Cooley & Toray, 2001; Guinn, Semper, & Jorgensen, 1997).

According to Celio, Zabinski, and Wilfley (2002), all women can and should adopt broad, flexible definitions of beauty that any individual could attain. As Peterson (2000) has contended women who are capable of identifying culturally-constructed gender roles and who are able to use their own voice to define themselves are more resilient to social pressures. Furthermore, McKinley (2002) has contended that many women are not able to separate their own needs and desires from those espoused by the media, their family, and their peers because they have internalized socio-cultural pressures. Some researchers have developed successful media literacy programs (Irving, 1999; Levine & Piran, 2001) to teach young women how to identify and resist harmful socio-cultural pressures by critically evaluate media messages.

To resist socio-cultural pressures, the women needed to develop tools that enabled them to challenge dominant pervasive media messages promoting the thin ideal. While this dissertation does not make concrete claims about cause and effect relationships, the results of this study suggest that media literacy may be an effective preliminary strategy for reducing the internalization of the mediated thin ideal. For example, Nicole discussed how her overall perception of the mediated ideal transformed as she progressed in her recovery process. The more recovered she was, the more critical and oppositional her perspective.

Nicole: My perception of the media's portrayal of the ideal body has changed over time in the sense that I've become more *critical* of it. More so in the last couple of years, I'm much more critical of the way that the media portray people.

Overall, these women suggested that they became increasingly resistant to the mediated thin ideal as they developed a sense of media literacy. Participants who maintained consistent oppositional readings also tended to be the most critical of the media and advertising industries as a whole.

No Interest in Mainstream Media

Many of the participants rejected most mainstream media, not as a self-protective strategy, but rather because they found the messages worthless. As Kristin said, “I do really avoid the media. But it’s not necessarily like ‘Oh God, media! I can’t do it!’ It’s just not a part of my life.”

Molly’s comments illustrate the type of internal perspective that enabled her to resist the mediated ideal more than most women in this study, and she stood firm in her position. Molly described her perception of the ideal body image over time: “I think that I saw the ideal the same. What changed was how important it was in my life, how important it was to me, and deciding for myself what I’m willing and not willing to buy into.”

Media Promoting the Thin Ideal are Worthless

As the participants progressed in their recovery process and un-internalized the thin ideal, media messages promoting the thin ideal became increasingly less likely to tug at their emotions. Diamond described how her reaction to fashion and beauty magazines changed over time.

Diamond: I definitely boycotted *Cosmo* and *Elle* because of really skinny runway models and killing animals for fur. I boycotted a lot of those magazines for a while. I was really extreme, but I mellowed out. So now, it’s not like, ‘Ugh! They’re awful!’ I mean, it just, it doesn’t affect me the way it used to.

The participants also considered media sources promoting the thin ideal to be a waste of time. For instance, Barbara had no interest in magazines. The only time she saw them was at the hospital where she worked. She described their magazine selections as “the typical hospital-type subscriptions like *People* and *Vogue* and *Newsweek*.” When she did pick up a magazine, she was interested in reading an article, not looking at the ads. She described one time when she picked up a *Vogue* magazine at work during her night shift.

Barbara: I was really bored. Nothing to do. So I picked up *Vogue* ‘cause it was that *bad*. (We laugh.) And I thought I’d find some material to read. But I was all ticked off because it’s all advertisements. It’s all girls with *weird* makeup. Like *extreme*. And then you have like 1,000 pages, and there’s maybe one interesting article.

D: I've never looked through one.

Barbara: Don't bother. (We laugh.)

Several participants found little value in women's magazines because they offered the same material month after month. As Jamie said, "I stopped buying magazines a long time ago. I remember one year when I was looking at an old, leftover pile I had, and I realized that I could just change the date on the issues, and I'd get the same information as buying new ones!"

Participants who were further along in their recovery process, and who had progressed further in terms of un-internalizing the thin ideal, avoided mediated diet messages, but not as a self-protective mechanism. Rather, these participants had more of an oppositional reading based on the notion that the media no longer were trusted friends that provided reliable information to them. They had come to view mediated diets as "ridiculous" and not worth their time.

When I interviewed Nicole, she had just completed her B.S. in nutrition. She opposed diets suggested in mainstream health and fitness publication because she knew that the information was "totally wrong."

Grace was completely committed to her recovery process, and she never wanted to return to her eating disorder. This commitment allowed her to resist messages about dieting.

Grace: I am stronger. I know who I am. I don't want to throw up. I don't want to diet. I don't read like *Cosmopolitan*, or *Glamour*, or *Bazaar*. I might look at the pictures in there? Like the fashion things? Or the makeup? But I will *not* read the articles because they're *so* body, diet focused. And I don't have any interest in that.

Many women in this study discussed how they saw magazines as a waste of money. Some participants truly saw the magazines themselves as useless, while others gained some enjoyment from magazines, but just did not want to spend money on them. Participants in the latter category tended to decode messages about the thin ideal in a self-protective oppositional manner. For

example, Ramona said that she did not subscribe to magazines anymore, but that she enjoyed reading them while she was in checkout lines.

Ramona: I'm fairly cheap. So I usually I try to go to like a long line - so I can actually read through the majority of a magazine, or at least flip through it. (We laugh.) Ya' know how most people go to the short lines? Well, sometimes I go to the long line just so I can read the magazine for free. (We laugh.)

Many participants expressed regret about the amount of time and money they had spent supporting their eating disorder. As Alexandra said, "I wasted so much money on magazines while I had my eating disorder. I also wasted so much money on things promoted *in* the magazines, like diet pills, diuretics, laxatives and binge food, gym memberships, slimming cream. You name it, I bought it."

Once Alexandra was in recovery, she no longer read magazines unless she was in a waiting room for a hair appointment or in a doctor's office. Alexandra described why she no longer purchased magazines: "Magazines are too expensive, first of all. I mean they are not worth the price. You are kind of paying money to look at ads."

As the participants progressed in their recovery process, their overall media usage declined. Participants who were furthest along on the recovery continuum tended to find TV to be a waste of time. For example, Barbara had been recovered for several years, and during her interview, she described how she considered herself to be recovered, not in recovery: "I *know* that I won't go back." Barbara had a television at home, but she did not have cable: "I don't miss it. I don't care for TV." She described her media diet as limited primarily to online news sites and movies.

Most of the participants used to watch "a lot of adolescent type television shows," such as *90210* and shows on the WB, like *Dawson's Creek* and *Felicity*. However, for the most part, they no longer watched much TV, if any. For example, Nicole had not had a television since she

moved out of her parents' house, about six years prior to her interview: "I think it's a time suckage. And it also just makes me feel yucky. It's more than just the images. It just makes me feel, I don't know, like I'm wasting my time."

Selective Exposure to Mainstream Media: A Self-Protective Perspective

To minimize exposure to extremely thin models and celebrities, several women in this study preferred media sources with imagery of healthy women. While the participants with more oppositional readings of the thin ideal avoided mainstream media altogether, the women who had more self-protective oppositional readings tended to substitute media options that were still mainstream, but were slightly less conventional in the portrayal of extremely thin bodies. For example, Grace described two magazines she enjoyed reading.

Grace: I like *Self* and *Runner's World* because they're more realistic than the fashion magazines that are showing these anorexic models. Like *Bazaar* and *Glamour*, ya' know, the advertising with these *anorexic* models. And some of them are *definitely* thin in these [*Self* and *Runner's World*], but generally, they're just *healthy*, fit women. And I like seeing *real* women and not anorexic standards to live up to.

Enchantment had just started subscribed to *Fitness* and *Prevention* when I interviewed her. She explained why she preferred those two magazines over others, such as *Cosmopolitan*, *Glamour*, and *Cosmo Girl*: "I like them because they have a lot of health tips and lot of tips on working out and how to get in shape, but I feel like they have less pressure to be super small."

While most participants avoided all reality shows, a few women in this study said they enjoyed reality programs that did not focus primarily on the thin ideal. For example, Alexandra enjoyed watching *What Not to Wear* because she thought the show promoted the idea that all body types can look attractive with the right clothing.

Alexandra: I find this show very inspiring. The people on the show have all kinds of body types. They celebrate your body no matter how it looks like and make it look pretty. You see people who don't look like models and have normal or overweight bodies getting a makeover.

The participants also tended to watch television shows that did not focus primarily on appearance. For example, Lindsay described why she liked ER: “I like a show that is not all about vanity and looking good, but about people with real problems and how to get through them. The relationships remind me of the impact people have on one another and how important close relationships are.”

Ideal is Not Natural

It seemed to be extremely important to the women I interviewed *not* to view an unrealistic comparison target as achievable, or they were likely to unravel the progress they had made in their recovery. What allowed women to resist the mediated thin ideal was an understanding that perfection was not possible. The participants’ thought process with regard to the *reality* of achieving a perfect body transformed over time. Several participants described how they *used* to think that they *should* be able to look like the representations of the models and celebrities in the media when they were in the midst of their eating disorder. During their recovery process, however, they had a more *realistic* and less distorted view of what their body’s natural shape and size was, and whether striving to attain a perfect body truly was reasonable, or possible.

Not Everyone Can Look Like a Model

These women used to conform to the dominant ideology suggesting the egalitarian nature of thinness, that all women are capable of beauty because the sole requirement is thinness. The media promote the false notion that body shape and size are completely under a person’s own control (Seid, 1989). Furthermore, research has indicated that people who subscribe to this notion and are unable to reduce the gap between expectations and reality are likely to experience psychological and physical consequences such as shame, failure, nutritional deprivation, and long-term yo-yo dieting (Mishkind et al., 1986).

Several participants debunked the media-promoted myth that everyone can achieve the ideal body because the only requirement is weight loss. Courtney's comments illustrate how she truly had believed that she could look just like a model. However, in recovery, her interpretation of media messages transformed.

Courtney: I guess my perception has changed a little bit. Whenever I first started with my eating disorder, I would always look at, like females and stuff in the media, and I would say, 'She's got the *perfect* body. She looks *great!*' And before, I would tell myself, 'Okay I should look like that. I should be able to look like that too. I should be able to work out and eat healthy and stuff and be able to look *just* like that.' And *now*, I mean - I still look at people or women in the media, and I'm like, 'Oh wow she looks great!' But I don't have that distorted thought of, 'Well I can look *exactly* like that.' 'Cause now I know I can't. My body type is a certain way. I can eat healthy and work out a regular amount. But I can only look just to what my body will allow me. And so, that's definitely a major change.

Social comparison theory has evolved over time, and one of the factors that has been incorporated into the theory was who the woman compares herself to, or the "target comparison." The target might be particularistic (a peer or family member) or universalistic (fashion model or celebrity). The results of this study indicate that universalistic comparisons no longer held meaning for many of the participants because they now perceived fashion models and celebrities as belonging to a completely different category.

Often, the participants discussed how they had learned that modeling was a profession, and that models had a certain body type, not one that everyone should strive for. Many participants learned to distinguish between the criteria for themselves and the criteria for supermodels or celebrities.

Amanda: I can separate things in my mind. Like, media images are how we get our perception of what's attractive. I mean I think that's obviously a contributing factor. And I even though I think being thin is attractive, now I think I definitely can say, 'They're famous. They have personal trainers, and their *job* is to look this way. She's a supermodel. She's the skinniest person in the world, and that's why she has this job.' I can separate that. Like, I don't see a celebrity and think, 'Oh my gosh, I want to be thin.' I think, 'They work out six hours a day' or whatever. It doesn't *bother* me as much that way. But I'm sure that standard is where I've gotten my definition of what it is [the ideal].

Understanding of Image Manipulation

Women, especially those who are in recovery from anorexia, need to learn that media messages can't be taken at face value, that most women on television and in magazines do *not* reflect what can be achieved naturally, without airbrushing or other image manipulation techniques. Comparison against such imagery is likely to make women to feel inadequate, particularly if they lack knowledge about computer-enhanced imagery. Courtney described a helpful strategy she used to avoid feeling worse about herself, the women needed to reduce their level of comparison with celebrities and models.

Courtney: In most ads in magazines, I tell myself, 'Well this has *gotta* be airbrushed. Oh, she doesn't really look all that great. She's just in this perfect setting. They can do *so* many things with the camera these days.' And I *used* to be like, 'Gosh, she's so skinny! Why can't I be like that?' But *now*, it's not as distorted that I can look like that.

An understanding of airbrushing was not only useful for magazine images. Ramona described how her knowledge of digital manipulation prevented her from engaging in an unrealistic comparison.

Ramona: I was shopping at the mall with my sister. And they were probably like, 10 foot tall, like five of 'em in a row. It was a *Victoria's Secret* ad. She didn't have *anything* on. It was just a *naked* woman, with her hand over the front of her. Then, right next to it was one with - she had lacy underwear on. But they're *so* perfectly manicured. And that's not what a *human* looks like! Not what a *real* woman looks like. And I consciously have to tell myself, 'No. That person is *not* healthy. The ad is computer *generated*. Little nips and tucks, and it's only showing one little tiny part of her body. She probably has like fat toes or something for all I know.

Charlotte described how she felt better knowing that images were manipulated, but the nature of her thought process and comparison to models was different. She still subscribed to the dominant ideology of the thin ideal and flat abs, but she used her knowledge of airbrushing and lighting techniques to realize that she might be capable of looking like the images if she had all the image manipulation tips and tricks at her disposal.

Charlotte: I'll be like, 'Oh, at that angle, it doesn't look *that* flat!' (She laughs.) Or I'm like, 'Well, it's just airbrushed.' Or 'If *I* was wearing that and had *that* light or reflection on me that way - or this or that, then *I'd* look like that *too*.' There's always *something* they do to the image.

Kerry was able to oppose the media's portrayal of the ideal body image by realizing that the women shown in ads were not real people, but images. This allowed her to avoid engaging in potentially harmful comparisons.

Kerry: I realized when I did this journal that I *used* to look at all these ads and just compare myself. I used to - just, that was the first thing I did when I looked at them. I'd be like, 'What does their body *look* like? What does - how does my leg look like, compared to them?' But those thoughts are completely absent now. And I think that there was a period of time when I was consciously saying to myself, '*That's* a person too. It's a person, and she does *real* things and she has a *real* life.' But now, it's like, 'It's just a *picture*. So there's no point in comparing yourself to something that doesn't exist. Doing this media journal, I realized that I didn't do that anymore - think that she's a real person.

One of most effective ways for the women to understand what airbrushing truly could do to a photograph was to actually see the alteration done in a program like Adobe Photoshop. Having the opportunity to see the before and after imagery allowed the participants to have a concrete vision of the extent to which an image can be altered.

Alexandra: I did not really believe it at first. It is hard to imagine that what we are looking at is not *real*. It's hard to imagine because I did not have a *before* picture to compare it too, I only saw the *after* picture. I also *really* underestimated those professional retouchers. In the beginning - for the first couple of years - I did not know that there is so *much* they can do. I thought they do some *minor* changes. Now I am finding out more and more about this [airbrushing] - that they make breasts *way* bigger and hips *way smaller* - and that they can change your hair color and so on. I had *no* idea about all that. My husband is a pro when it comes to playing around in Photoshop and he showed me what is possible.

As the women in the study progressed in their recovery, much of their knowledge of image manipulation became more oppositional, rejecting the whole concept of digital manipulation. Typically these participants expressed outrage at the unrealistic nature of the images, or they viewed the whole modeling industry as absurd. Faith expressed her frustration with an ideal that she felt was forced upon people, despite its unrealistic nature.

Faith: I think that society pushes what women should look like. How long have we been aware that those pictures [referring to a cover of *Shape*] are *not* what that camera took? I mean, even *that* one. *Something* is fixed on there. There's just no way. It's just not real. They're *all* airbrushed. *All* of them.

In general, the participants perceived the ideal female body to be unrealistic, at least without surgical intervention or digital manipulation. As Eda said, "Right now, the ideal is skinny with big boobs, which rarely happens naturally."

During her interview, Courtney said that she was "constantly comparing" herself to other women, in real life and in the media. She described her thoughts about Angelina Jolie, whom she perceived to be "drop dead gorgeous."

Courtney: If I had to choose a woman's body, it would definitely be Angelina Jolie's. And every time I see her on TV, I'm just like, 'God, she's got the perfect body.' Just - she's not too skinny, she's not big. I remember that one day I saw her on an interview, and she was wearin' something,' and her waist was super tiny, and then she had on - I don't know if it was the top she had on or *what*, but her boobs looked *humongous*. (She laughs.) And I was like, 'How can somebody be that little have such big boobs? 'Cause that's just not *normal*. Little people have little *boobs*.' (We laugh.)

Courtney knew that it was important not to feel badly about her own body. She discussed a strategy that was helpful for her.

Courtney: And so, I was thinking, 'Hmm, I wonder if she got plastic surgery.' Stuff like that always goes through my mind. When I see people like that on television, I'm like, 'They probably just got plastic surgery.' (She laughs.) You know, or a boob job or whatever. I would actually feel better if I *did* know. I wish I could. You know how you can see ads in magazines sometimes? Or with the whole Britney Spears thing. Everyone said she got a boob job and stuff like that. It *does* makes me feel better when I see stuff like that because I'm like, 'Oh okay, they're not just naturally perfect.' 'Cause I'm constantly telling myself, 'No one's perfect.' And so when I see somebody who I think is drop dead gorgeous, and I consider them to have the perfect body or whatever, I'm just like, 'Gosh, you know, that's *unnatural*.' (We laugh.) So it *does*. It makes me *feel* better.

Media Imagery Does Not Reflect Mature Women's Bodies

One of the most visible changes for an adolescent girl is her body. During adolescence, females are supposed to develop wider hips, and develop fat in their breasts, thighs and buttocks (Dubas & Peterson, 1993). However, such weight gains are inconsistent with the thin beauty

ideal espoused in Western cultures (Levine & Smolak, 2002). Changes at this time cause young women to become increasingly aware of and concerned about their physical bodies (Pipher, 1994). Unfortunately, right when young women are experiencing these bodily changes, they get bombarded with powerful cultural messages that a thin and fat-free body is beautiful, even imperative (Pipher, 1994).

Christina discussed how she initially developed her eating disorder shortly after she started her period at age 13: “That’s when you start developing, and I was just developing - getting hips and breasts. And I thought that was *fat*, and my clothes were getting tighter. I would have felt better if there weren’t all those stick thin models.” Christina’s comments illustrate the need for the media to portray more accurate representations of young women, ones that reflect the natural body transformations that young teenagers experience.

Christina: I have to say to myself, ‘This is *me* becoming a woman. I have to become a woman. I have to have hips. And buttocks.’ Even though I hate it. I *hate* it so much. I don’t want to even walk. I feel like I’m bouncing all over. I have a *butt* now. And it’s *hard* for me.

Along with the physical changes of adolescence, girls also experience psychological changes as they seek to understand who they are and how they fit into society (Dubas & Peterson, 1993; Erikson, 1968). Adolescence is a time for integrating childhood identity with the development of one’s adult self. Adolescents seek to find their true identity by trying out different roles they learn from their peers and from the media (Erikson, 1968; Miller, 1993).

Many of these women described the tremendous pressure they felt to be accepted and well-liked by their peers, and part of being accepted was conforming to the “right look.” As Eda said, “When I was a teen, women were supposed to look like boys.”

At some level, they had known that women should be more developed than young girls, but this was not the message they saw represented in the media images. For instance, Nicole

discussed how she felt pressure as a teenager to look like the young models, who had not yet developed characteristics of a woman's body.

Nicole: When I was 11, I felt *good* about my body, and I was one of the first girls to develop. And then I remember there was a shift, and my confidence just went down the tube, 'cause I was just was growing as an adolescent. And I didn't see those types of images around.

Once the participants were in recovery, they recognized how celebrities and models tended to be extremely thin, and that this body type usually was only natural for young girls, not young adults or women. For example, Kerry described how it wasn't until recently that she realized how young the models actually are.

Kerry: Lately, like even doing this media journal, I've noticed that they [fashion models] were *very* skinny - just really young-looking models. Maybe it's just because I'm getting older that I notice how they're actually *really* young.

Many participants were able to resist "ideal" media imagery because they learned that the media misrepresent the ideal with extremely young or young-looking models who have not developed (or who have inhibited) natural characteristics of a woman's body. Alexandra discussed her frustration with female models that looked more like boys than women.

Alexandra: All the models don't have hips, but real women do, and so I would like to see curves. Women should not have to hate their hips. I hated my hips for years and wanted to look like a boy in a way. Women are trying so hard to escape their bodies and look like guys. Women have to realize that they are women and that is why they have curves.

The participants indicated that the media need to be more responsible about showing age-appropriate models, ones that reflect the natural development of women's bodies. Charlotte expressed frustration with the fact that the media use young women to advertise women's products.

Charlotte: I think a lot of the models or ads - they always have these young people....They're teenagers, 13/14 years old....I mean *hell*, when I was 14, I was skinny and in shape, and nothing was sagging....It just keeps getting younger and younger. I'm like 'When you're 17, are you really gonna' look like that?...Aren't they still growing?...

Your whole body's changing. I don't understand why they have these 15-year-old girls as models advertising *women's* products.

Media promote products and procedures to eliminate all cellulite

When the women had been anorexic, they were terrified of fat, equating any cellulite on their body with *being* fat. As Featherstone (1991) has contended, "Advertising thus helped create a world in which individuals are made to feel emotionally vulnerable, constantly monitoring themselves for bodily imperfections which could no longer be regarded as natural" (p. 175).

Diamond discussed how she thought that her butt was "different than everyone else's," in her personal life as well as the representations she saw in the media. Because most of the media figures were "too thin to have a butt," she thought hers was "wrong" because it was round and had cellulite.

During their recovery process, the participants learned that cellulite was a natural part of being a woman. Charlotte expressed her frustration with media messages suggesting that women should eliminate all cellulite with products or procedures.

Charlotte: This whole thing with the liposuction, or the cellulite, stuff. I'm like everybody's got it - like even Cindy Crawford said she has cellulite. I mean even the skinniest people have this 'cause that's how you're scientifically, that's how you're built - women's skin fibers *grow* like that. Fibers attach like that - women's criss-cross, and that's why you get cellulite. So if everybody has it, or it's normal, then why do we all need to have creams? Like *why?* I don't understand.

Charlotte discussed how was thankful that she had reached an age where these types of ads no longer affected her. However, she expressed concern for young girls today: "It definitely is worse now. It just makes me concerned for the young kids. I'm like, 'Gosh these poor girls, like they have so much more to worry about now.'"

These women no longer engaged in dieting behaviors, but a few of them expressed interest in cellulite treatments. Based on Courtney's comments, it appears as if Charlotte's concerns may be warranted. For example, Courtney wrote about endermologie in her media journal.

Courtney: *6/10/05 Friday - 10:30 a.m. - Atlanta Journal Constitution - Living Room - Talking with sister.* Read an article & became interested in endermologie - a new cellulite procedure. I started thinking I could do that when I get older.

During her interview, Courtney discussed how she was influenced, not only by ads, but also by media content. I asked her about her media journal entry, and she clarified her thoughts about treatments for cellulite.

Courtney: Yeah, I did write about it in my journal. I was interested – well, I mean not really seriously because it's not like I went and looked up prices or anything on it. (She laughs.) But I was just thinkin' in the back of my head, 'Oh well if I have a problem with that later on, maybe I might consider that.'

Reinterpreting Fashion Messages

Understanding the participants' interpretation of fashion when they were in recovery sheds some light on how they consumed the same media imagery in a new way. A common theme in this study was the participants' former belief in the importance of being extremely thin in order to fit into society. As they progressed in their recovery, most of the participants still subscribed to the dominant ideology that appearance is important, but they no longer had a primary focus on altering their natural body shape and size in an unhealthy way. These participants found strategies that allowed them to engage in self-protective oppositional readings. Other participants found little value in fashion, and these women tended to engage in more oppositional readings.

One of the surprising findings of this research was that many of the participants in this study said that they used magazines as a source of information about fashion trends. Despite the fact that all the participants steered clear of magazines with diet-related content, and very few participants looked to magazines for exercise tips, many of the women still maintained an interest in fashion.

Several of the participants discussed how they were interested in fashion so they would know what was in style, and they would not "violate" fashion rules. For example, Ramona

stated, “I try not to spend *too* much time reading magazines. I like to glance through ‘em fast, just so people don’t look at me and be like, ‘Did she realize that the 1970s are over?’” Similarly, Charlotte said, “I don’t wanna be out of style or totally nerdy.” In general, the participants discussed how their interest in fashion *now* was channeled specifically to the clothing itself rather than the body of the fashion model.

Self-Protective Opposition Readings: Informed by Social Comparison Theory

Social comparison theory (Festinger, 1957) may provide some insight into a common theme that emerged from this study, that fashion seemed to be something the participants remained interested in, despite their avoidance in general of mainstream fashion and beauty magazines. Researchers have used social comparison theory to explain why women might feel badly about themselves when they do not compare favorably with thin models.

Social comparison theory posits that in order to enhance their motivation to improve on a particular dimension (in this case, appearance), people may compare themselves with others who are slightly better on that dimension, an upward comparison. The difference may be related to which type of comparison a person engages in, self-evaluative or self-improvement. Self-evaluative comparisons focus on direct comparisons of specific attributes, traits, or characteristics and are more likely to produce negative effects on self-esteem and physical self-concept (Martin & Gentry, 1997; Wood, 1989). Self-improvement comparisons are more general and are often used to inspire or motivate (Wood, 1989).

It may be possible that health and fitness magazine reading tends to be associated with self-evaluative comparisons, particularly by with those who place a high personal relevance on specific physical attributes being compared. However, following fashion may cause more general self-improvement comparisons based on standards of attractiveness solely based on the clothing itself. Most of the participants looked at fashion magazines only to get creative ideas,

which may have helped them to feel more positively about their appearance. Many of the participants still had a focus on appearance, but it was not related to trying to alter their body in an unnatural, unhealthy way.

According to Martin and Gentry (1997) the motive behind the comparison may mediate the level of appearance-related dissatisfaction. For example, if a woman compares herself to idealized media images of other women with the intent of self-evaluation, she is more likely to feel dissatisfied with her appearance. Jane was watching a fashion show on TV one morning, and in her media journal, she wrote: “I could never wear those outfits those models are wearing. I’m tooooooo fat.”

Jane was not inspired by fashion magazines; rather, she tended to feel much more negative about her own appearance after viewing fashion shows on television or looking at images in magazines. This seems to be because she was engaging in self-evaluative comparisons.

Jane: I definitely take in all the images in magazines. Just any ads. Pretty much anything with a body. I’m just *always* assessing [myself] when they’re advertising new clothes. I’ve been watching CBS in the morning, and they have - something on a shoestring. They have models come out and different magazines will - talk about it - or have something that costs like \$1,300, and then something that’s like \$300. And the hosts of the show have to guess which is the bargain and which one is the steal, or, whatever. Which one is the steal vs. the splurge I guess, it is. So I look at these clothes, and I would *never* wear anything like that because I just wouldn’t feel comfortable. So I mean, I’m always comparing. And I guess that’s the same thing in magazines. I’ll see outfits, and I’m like, well, I’ll just stick to my - whatever I have. My T-shirts and things because I just *never* would feel comfortable wearing something like that - a strapless little top or something like that.

According to Martin and Gentry (1997), if a woman engages in the same type of social comparison, but with the intent of self-improvement or self-enhancement, she may not experience the same level of dissatisfaction with her appearance. Many of the participants discussed how they still enjoyed fashion, but that their focus on fashion was more for self-

improvement purposes. Ramona actually referred to herself as a “self-improver,” and unlike Jane, fashion magazines seemed to inspire her.

Ramona: I like to read fashion magazines because - when I read them, well. I’m always kind of a self improver. (She laughs.) So I think that I just really wanna be cool. I wanna know what hairstyles are new. And what styles - of jeans or shoes, or dresses or whatever is the coolest, newest thing. And if I read this magazine, I’ll be able to get an idea.

Changing Their Focus

The participants’ discourse indicated that *what* they focus on when they see media images affects their interpretation. Botta (2003) has found that young women who focused on models’ bodies had significantly increased body image dissatisfaction, even if the observer was critical of the biased representation of women.

Jane tended to feel worse about herself after looking at fashion imagery. A portion from her media journal serves as a good illustration of the difference between participants who focused on model’s bodies and those who focused on the clothing itself. Jane was looking at a clothing catalog one Sunday afternoon in Florida when she was at a friend’s pool. In her media journal, she wrote: “I’d never look good in any of these outfits. These women are so beautiful.”

Several participants were able to engage in self-protective oppositional readings because their focus was on the clothing itself, and they did not engage in social comparison with the models’ bodies. Altering their focus to the clothing seemed to prevent the women from feeling worse about their own bodies when they looked at fashion images.

Kerry: I think that having an interest in fashion is also pretty helpful. ‘Cause it takes me focused off of those *bodies*. But it’s weird. Okay, here’s something that I almost made a note of. I feel like I still sort of look at media with kind of an obsessive *eye*. But just not about the body. Like, I’ll still like read magazines and I’ll be like, ‘Oh, I wish I had more *money*. (She laughs.) ‘Cause then I could buy those *clothes*, ya’ know? And so it’s different from when I used to think, ‘I wish I was thinner like her.’ Now, it’s more like, ‘I wish I could *dress* like her.’ It seems less harmful.

As a strategy to protect herself from engaging in unhealthy comparisons, Jamie also reminded herself that the women in fashion magazines were “just models.” During her interview, she shared a scene from a movie that was helpful.

Jamie: One thing I think of is that movie *13 Going on 30*. It’s a lighthearted film, not too deep or anything. Anyway, I *love* the part where the daughter is upset about how she looks, and she thinks she needs to be prettier to be popular. Her mom says something like, ‘Honey, you’re beautiful in your own way. And the daughter’s looking at a magazine or something, and she’s like, ‘But mom, I don’t want to be beautiful. I want to look like these people.’ And her mom’s like, ‘Oh honey, those aren’t real people. They’re models.’ I just *love* that scene. It’s so funny and true in a way, and the mom just says that so matter of factly.

Several of the participants now viewed fashion magazines as playful, artistic, and expressive. As Noah progressed in her recovery process, she redefined her perception of the magazines. They no longer provided her with things she “must have,” but rather with creative, fun inspirations.

Noah: Now I don’t *worry* about that stuff, but I *still* think I kind of have fun playing. I think part of it is just the artistic *expression*. I still think of it as sort of a game. Like, it’s still *fun* when I bring home, like a curling iron. And it’s like *play*. It feels very different than anything else I do in my life. And so, I try not to put so much, place so much *importance* on it. But I can still have *fun* with it.

Ramona described how her use of magazines transformed over time. When she was anorexic, she used to read magazines to try to achieve a perfect body. At that time, she was comparing herself to the models, and she did not feel like she measured up. However, in recovery, she learned to view advertising in general and fashion ads in particular from an artistic perspective. Ramona viewed the portrayal of the women in the *Victoria’s Secret* catalog as an art form to be admired.

D: What were your thoughts when you were looking through the *Victoria’s Secret* catalog? [She had perused through a friend’s catalog on the way to my hotel.]

Ramona: It’s kind of weird. It’s almost - I don’t really know. The human body? Like, just in general. Just like animals. Is *so* beautiful. And *so* interesting. I *love* looking at other women’s bodies. Not in a sexual way. Like, an artist’s perspective. I *love* looking at like

art of, like *about* women. I just, I love looking at art. When I was looking at the *Victoria's Secret* catalogue, I was just looking at it like art.

Eda watched fashion shows on television, and she subscribed to several fashion catalogs.

Her interest in fashion now was more for the creative outlet; she no longer compared herself to the extremely thin models.

Eda: I am pretty vain and like to look good, but it is for myself. I like the *Style* network, and sometimes watch it before I go to sleep. I read fashion catalogues a lot. I really like the creative aspect of it. I like to wear different clothes. I also sell clothes online so I need to know what is in style. I have always liked fashion, even as a child.

Resisting the Fashion Industry

In contrast to the self-protective strategies the participants engaged in to reinterpret fashion imagery, there were several participants who had completely oppositional readings. These women tended to reject the fashion industry as a whole or merely had a casual interest in fashion. In addition, one woman described how she came to find the fashion industry a bit absurd.

Kristin provided some insight into the fashion industry itself because she had participated in a fashion designer drawing workshop through the National Art Honors Society Conference. During the workshop, Kristin learned about the disconnection in the fashion industry between designers and models. The workshop solidified what she was learning as part of her recovery process, that models should not serve as a realistic source of comparison: “When I was younger, I would flip through dance catalogs and only see the bodies....And my perception has kind of changed from, ‘I’m not good enough’ to a little bit more, ‘Why are they doing this?’”

Kristin explained how the workshop altered her perception of the entire fashion industry. She now viewed it as absurd, a perspective that allowed her to have an oppositional reading of fashion imagery.

Kristin: The teacher kept emphasizing, ‘Don’t think of this as a person. She’s an alien - it’s an alien. Don’t think that you’re drawing a human because otherwise you’d look at it and be like - These proportions aren’t right.’ Even the teacher of the class, she was like,

'It's kind of ridiculous that we do it this way because it causes problems since it's not humanly proportional.' Like it's not at all proportional, and it causes problems when designers try to go see fabric makers and the actual producers of the outfit. A lot of times, there's problems in translation because it's not proportional in terms of the production of the outfit because it has to be translated from this alien figure to a human being. And it's so stupid that they do it that way.

A few of the participants had no interest in the fashion industry. Molly's perception of the fashion industry as placing too much focus on appearance informed her opposition reading of fashion-related media messages.

Molly: *Mon. 7/18 @ 4:00 PM - Oprah - My living room - Getting my Oprah fix.* OK, I love Oprah, but today she has these 2 [sic] British chicks on who I guess are the 'fashion police.' She's dedicated an entire hour to 'How to dress for your body type.' I'll admit that the women they've 'made over' do look awesome, but what if they were comfortable with the way they looked before? What right does anyone have to brazenly come up to you and tell you that you are dressing wrong? I don't have time to learn all these fashion rules. Truly, I could care less which type of sandal I need to wear if I wear a skirt that hits mid calf! Besides, my wardrobe consists mainly of jeans and shirts or sweaters! Comfort is my #1 priority when it comes to clothes and dressing!

Coverage of Celebrity Lives

Research has indicated that women's interpersonal attraction and comparison to thin media celebrities is mediated by how important they considered celebrities to be. Harrison and Cantor (1997) have found that women who were attracted to thin/provocative media personalities had an increase in their eating disorder symptomology, including a drive for thinness, anorexia, and perfectionism. The findings in this study reflect those of the literature. More interestingly, the results from this study also indicate that the inverse to be true. The less the participants cared about celebrities, the more likely they were to have an oppositional reading of the mediated thin ideal. This study also indicates that social comparison mediated the effect on women's body image. The less women engaged in upward social comparisons to celebrities, the more satisfied they were with their body image.

What this study illuminates is the power the media may have to tempt young women into thinking that they can *attain* an appearance similar to a celebrity. Television programs and magazines that promote and depict thinness have been found to have a strongest influence on young women in terms of perpetuating unrealistic beliefs about the importance of the thin ideal (Harrison & Cantor, 1997; Stice et al., 1994; Silverstein et al., 1986).

Wanting to Look Like Thin Celebrities

Many of the participants had used imagery of thin celebrities as a source for comparison. Alexandra used to purchase magazines that focused specifically on celebrity diets and fitness programs. In addition, several of her comments describe how *attached* she was to the celebrities. In her mind, the celebrities were not universalistic targets of comparison, but rather were somewhat particularistic in nature. This perception appears to have contributed to her belief, when she had an eating disorder, that the representation of the celebrities in the magazine reflected *reality*, and that it was reasonable to think that she could attain her goal of looking like them, if she just followed the diet and exercise plans suggested in the magazines.

Alexandra: There was one British magazine I just absolutely loved. It came out four times a year, and it was only available in places where they sold foreign magazines. I bought this magazine also in Austria. It was called *Celebrity Diet*, and I read it like a bible.

During the midst of her eating disorder, when Alexandra's primary focus was losing weight and maintaining a thin body, she truly had immersed herself in the lives of celebrities. Not only did she read magazines about their diet and fitness programs, but she also watched celebrity news programs, such as *The Insider*.

As she progressed through her recovery and realized how unhealthy it was for her to follow celebrity lives so closely, she eliminated celebrity news from her media diet. Alexandra described her attachment to the celebrities via media channels to the extent that she now sees it as a former obsession.

Alexandra: I used to watch celebrity news and all that. But I don't anymore. It was hard in the beginning because I felt so attached to the celebrities, like I knew so much about them. Well, this is how it felt to me anyways. And to give that up was hard. Now, I have reached a point where I don't care anymore. And I actually do stay away from certain shows - like celebrity news - just in case my old obsession is coming back.

Limiting Media Exposure

Alexandra made concerted efforts to curb any behaviors that might trigger her former obsession with celebrities. The process Alexandra went through to stop following the lives of celebrities was similar to recovery from her eating disorder. She gradually found that other things in life were more important, and she no longer had a desire to follow celebrities' lives.

D: Do you still get 'cravings' for magazines?

Alexandra: No, I don't actually. In the beginning it was hard since I think I was addicted to them. Well, yes I *was*. And I had some setbacks - like I would not buy one for a couple of weeks and then something caught my attention, and I *had* to buy it. Now, I don't anymore. I personally don't care anymore. The only reason why I know certain things about celebrities is because I have to wait in line at the store. Other than that, I would not know anything about them.

The self-described nature of Alexandra's obsessive tendencies to follow the lives of celebrities in magazines and on television programs speaks volumes about the power of the influence the mediated thin ideal had on her.

What this study has revealed is the challenge that women in recovery from anorexia have in overcoming their fascination and perceived connection with the lives of celebrities. I chose to share Alexandra's story because it was the most vividly described, but many of the participants described similar scenarios.

With today's new coverage, even if people do not watch *celebrity* news, they are still likely to be exposed to news about celebrities, even on networks such as CNN. However, some participants viewed celebrity coverage as light entertainment, rather than a resource for comparison. For instance, Eda no longer was triggered by imagery of the thin ideal, she came to find humor in the salaciousness of celebrity coverage.

Eda: I read it maybe every two weeks or when I get my nails done. It is really trashy and voyeuristic. I like reading about the rich and famous and shallow. It's funny. I am able to see most of it for what it is mostly. It doesn't really have much emotional charge anymore.

Being Critical of Unwarranted Celebrity Coverage

Many of the participants had completely oppositional readings of media coverage of celebrities. For example, Nicole said, "The celebrity stuff is crap, so I stay away from that."

Several other participants expressed their annoyance with media coverage of celebrities that seemed to lack merit or substance. For these participants, universalistic comparisons were pointless because they did not perceive the celebrities to have any redeeming characteristics. For instance, Jamie indicated that she was aggravated with the media's presumption that people would be interested in such coverage.

Jamie: Why do they plaster these stick thin celebrities all over the magazines? They're just abusing their bodies, and that's not what should be celebrated. Plus, most of them probably couldn't carry on an intelligent conversation without their PR consultant or whatever feeding them lines. Why are they famous in the first place?

As Harrison (1997) has contended, repeated exposure to images of celebrities probably has little effect other than annoyance on media consumers who find such media figures repellent to begin with. Kerry's comments illustrate this type of annoyance.

Kerry: Like, interviews with celebrities, I'm not that interested in because I don't really *care*. I'm not that very interested in their personal lives. Mostly, I'm not interested in any of them. It kind of *annoys* me that the magazine *assumes* that everyone is *so* interested in celebrities. That they want to hear about their lives or whatever.

Noah's negotiated reading contrasts with Kerry's more oppositional interpretation of the media coverage of celebrities. During her interview, Noah discussed how she wished she could be completely disinterested in celebrity lives.

Noah: I noticed when I got here for the wedding, and I was with my girlfriends. We were at Walgreens, and I picked up this magazine about Angelina Jolie's adopted child. I read the whole thing about *her* and Zahara and all that. And I noticed *that* was capturing my attention a lot. I kind of just get mad at myself when I even *care* about that sort of thing and what she looks like too.

Jordan had conflicted feelings about following media coverage of celebrities' lives: "There's something about those stupid tabloids that I've gotten sucked into, and I hate it." Jordan was against Hollywood in principle, yet she was drawn into the celebrity narratives just as much as others who keep newsstand magazines in business. In general, the American public is fascinated by the lives of people elevated to celebrity status, and the media feed their addiction.

Despite the comfort Jordan found in the humanness of celebrities, she also realized at some level that following such media coverage sometimes served as a trigger for negative thoughts about her body. She described how she sometimes compared herself to celebrities in the media.

Jordan: It's so sick and demented and catty and shallow, but when I see really thin people, in real life or in those magazines, I'll catch myself thinking, 'I'm a little too average now. I need to step it up a little, or I've gotten a little lazy. Like I'll catch myself having these thoughts. I'm like, 'God, I'm 25, I'm supposed to be in my prime.' (She laughs.) Like Heidi Klum was back on the runway three days after her baby was born and I'm like, 'How in the hell do you people *do* this?'

Contrast Illustrates Benefits of *No* Interpersonal Attraction to Celebrities

Harrison (1997) found that young women's disordered eating attitudes and behaviors are related not only to the types of media they expose themselves to, but also to the way they perceive and respond to specific mass media characters. Harrison (1997) also found that a media consumer's perceptions of these models in relation to herself were an especially important moderating variable, increasing the likelihood of potentially damaging attitudes or behaviors.

As Harrison (1997) has contended, women who perceive media personalities to be interpersonally attractive are at greatest risk for "enabling media exposure to do its damage more efficiently" (p. 484). Unlike, Jordan and Noah (discussed above), participants who sincerely faulted the media for its abhorrent, unwarranted celebrity coverage, avoided this danger and were able to have more oppositional readings of the mediated thin ideal.

Understanding of Diet Industry

“It began as an innocent diet. I just wanted to lose a little weight, be more healthy. I mean it wasn’t like a big deal or anything huge.”

Rylie made these comments, but nearly all of the participants described the same type of scenario. Across the board, the participants discussed how they had dieted prior to developing anorexia. Diets do not *cause* eating disorders. If they did, eating disorders would be much higher than their already chilling proportions, given that approximately 95% of women dieting at some point in their lives (Gaesser, 2002; Ogden, 1992).

Eating Disorders Start with Diets

Research has indicated that dieting is a high risk factor for the development of eating disorders (Neumark-Sztainer et al., 2006; Patton et al., 1999), particularly with certain biological and environmental factors (Groesz et al., 2001; Stice, 1994). The findings of this study indicate that the normative nature of dieting combined with the media-perpetuated value of extreme thinness can be a dangerous combination. Many participants said the sense of accomplishment and control they experienced upon their initial weight loss encouraged them to lose more weight. As Bordo (1995) has noted:

Usually, the anorexic syndrome emerges, not as a conscious decision to get as thin as possible, but as the result of her having begun a diet fairly casually, often at the suggestion of a parent, having succeeded splendidly in taking off five or ten pounds, and then having gotten hooked on the intoxicating feeling of accomplishment and control. (p. 149)

For all of the participants, the transition only was visible in hindsight. None of the women indicated that there was any clear turning point when they switched from dieting to diagnosable anorexia. As Eda said, “I don’t remember exactly when that line was crossed. It’s a thin one.” Unfortunately, “the transition was just very, very subtle,” said Jordan.

During their recovery process, the women gained an understanding of the connection between dieting and the development of their eating disorder. As Britta said, “I think it started as a diet. That’s what everybody says. It started like a diet. I started losing weight, and I did that for a *long* time until my mother thought, ‘Hmmm. I don’t think it’s a diet anymore.’”

Nearly all of the participants had believed they were just dieting, and they continued to lose weight until the disease took over. In fact, Rylie thought she was just following what the media portray as a healthy lifestyle: “I thought it was just a mixed up diet. Just a diet gone too far.” Similarly, Kerry said, “It took me a *really* long to understand that I had a problem. I thought I was just doing what I was supposed to do. I just had very rigid exercise and eating routines.”

For all of the participants, it was extremely important not to engage in weight loss behaviors because dieting had served as a gateway for them to the development of anorexia. This knowledge, combined with their desire to maintain their recovery, allowed the participants to become more resistant to media messages promoting diets.

The women who had more oppositional readings did not allow the inescapable nature of diet messages to serve as an obstacle in their recovery. Armed with knowledge from their personal experience, these women tended to be extremely resistant to the overwhelming number of diet messages they were exposed to on a regular basis, regardless of the choices they had made to disregard most mainstream media.

Diets Gone Wild: Media Messages Promoting Weight Loss are Too Prevalent

Overall, the research has indicated that women have been presented with increasing numbers of messages to diet. Any woman who shops in a grocery store, casually picks up a magazine while in a doctor’s waiting room, or flips on a television will be blasted with media messages about weight loss. For example, Rylie discussed how the media encourage people in our society to focus on weight loss.

Rylie: If you pick up any fitness magazine like *Shape*, and even on the cover of *Women's Digests*, 'So and so lost 25 pounds by walking!' I mean, it's just *all over*. And it's like, you *know* people are buying this crap. And it's frustrating 'cause it's if they subscribe to it, what are they gonna do? Lose weight all the time? You know, go join a gym for \$40 a month?

As Maine (2000) has stated, "The diet industry is a capitalist dream come true, with it's self-generating market, widespread target audience, and high failure rate. Check the bestseller list to see the latest fad diet books. Entire sections of bookstores and even greeting cards are dedicated to weight loss" (p. 44).

Molly seemed to be particularly attuned to the widespread societal focus on weight loss. In her media journal, she noted the prevalence of diet messages on television, on the Internet, in gas stations, and in bookstores.

Molly: Sun. 7/17 @ 4:00 PM - Diet/Exercise/Self-help books - Barnes and Noble Bookstore - Looking for a good book to read and enjoying the atmosphere. There are more books on diet, exercise, and weight loss than there are classic novels and books of poetry!!! And when did psychology become solely about weight?!! Where are the books on the theories and practices of psychology? Not to mention educational books on depression/anxiety/PTSD/trauma, etc.? There are even books on how to use God to help you lose weight! This is out of control! I need to get out of here before I start screaming and throw a huge temper tantrum!!!

Similarly, Eliza wrote an entry in her media journal criticizing the diet industry. Her comments reflected an understanding of how broadly diets are promoted in American society.

Eliza: June 29 - at the grocery store. I am looking at foods in the 'organic' section and come across a lot of diet foods like cookies. How can it be there's such a thing as 'diet cookies?' Cookies with very thin people on the package eating them. Then I notice as I'm picking out the rest of my groceries that every food has a diet counterpart. But the calories and fat don't change that much. Only flavor. I noticed while I was overseas that this doesn't exist. People just eat what they want - cake, cookies, etc. and as much as they like and never gain an ounce from it because they're not so obsessed with the idea of losing.

Molly wrote in her media journal about a weight loss ad she saw on television. She criticized the commercial for making an absurd claim, one that often goes unnoticed by the general public.

Molly: Mon. 7/18 @ midnight - LipoDissolve Center commercial - My living room - Picking up before I go to bed. They can't be serious! If I wasn't about to climb into bed, I would have to call them up and ask them exactly how they 'dissolve' fat away?! And their slogan is, 'It doesn't suck!' What is happening to our society?

Not Everyone Needs to Diet

Dieting has become so prevalent in some countries that it is rarely questioned. Orbach (1993) described the normative nature of dieting.

No one is much disturbed by statistics that show that 80 % of women in countries like the USA, the UK, New Zealand and Australia are dieting at any given moment. The anguish and distress behind these figures are concealed behind an attitude that accepts this as the norm and sees the need for no further questions. Women like to diet. Women expect to diet. Women are accustomed to diet. Women have a tendency to fat. Women are vain. Women are always so self-involved. (p. xxiii)

A portion of Americans are overweight to a degree that will impact their health, but many more people diet than need to do so, and most diet for aesthetic reasons as opposed to those relating to health (Grogan, 1999). A few participants expressed anger about the implication of a preponderance of weight loss messages. As Amanda stated, "I don't think it's good that the health magazines are trying to get people to follow those diets. I mean it is good to eat healthy, but at the same time, not *everyone* needs to diet." The participants indicated that they thought diets were too normalized, to the point where people don't even question if they *need* to diet.

During her interview, Eliza challenged the whole concept of dieting, noting that diets are a relatively recent concept: "There is such a thing as, ya' know, eating normally. I mean, if you think about it, like 100 years ago they didn't have any diets, but people lived normally, and were normal weight. And so, I kind of want to get back to that."

Molly had an oppositional reading of a diet ad. She deconstructed the underlying message of the ad and expressed anger at the advertising industry.

Molly: Last night I saw this commercial for some stupid diet pill. There are a million out there so I couldn't figure out why this one bothered me so much. It said that stress causes cortisol to rise in your blood, which increases your body fat. But then they said, 'You Need

Relacore!' And I realized that it was that *phrase* - that *one* sentence that sent me over the edge. They don't know who is seeing this commercial yet they can declare that apparently *everyone* needs to lose weight! For an advertisement to say that I *NEED* that product - advertising drives me crazy!

Diets Are Perceived to be A Rite of Passage

The media may be not only the most influential communicator of the thin-ideal, but also one of the most effective due to its pervasiveness (Thompson et al., 2004). A few participants described how they saw dieting as a rite of passage of sorts, a way to feel a sense of belonging in a diet-obsessed culture. Like many participants, Rylie's eating disorder started with a diet. She started dieting at age 15 as a way to cope with her stepfather's recent death, and within a year, she was diagnosed with anorexia. She described the initial stages of her development of anorexia: "I started a diet that summer - of 2002 and well, I kind of like you know, you see stuff on TV and in magazines, and I was like, oh it's *cool* to lose weight. And so I did." Similarly, Emma described how she came to believe that dieting was the mature and grown-up thing to do.

Emma: I learned some from media, some from everyday life. I saw women characters on television and in books dieting and dieting was the message of every woman's magazine. In real life, all the older girls seem to watch their weight. It seemed like a rite of passage to me, that it was inevitable that you grow up, you diet.

Christina described why she used to like women's magazines. She used to see diets as the key to self-improvement.

Christina: Oh, I would *love* to hear, what was the new diet. Like, 'What should I do?' This diet that they claimed on the front would make you lose weight or how you should eat. I was always trying to find things - 'Oh, how can I make myself better?' That's why I would read [magazines]- how can I make myself better?

Media Promote False Association Between Dieting and Health

The participants had learned from magazines that dieting was the key to self improvement and a healthy lifestyle, an association that many Americans have absorbed with incessant exposure to media messages touting the health benefits of diets and weight loss. The multi-

billion dollar diet industry has flourished and continues to grow (Bordo, 1993; Gaesser, 2002; Schroader, 1991; Seid, 1994). As Ralph Waldo Emerson once said, “The first wealth is health,” and the diet industry has gained a significant amount of wealth from the blanket association of dieting with health.

In fact, the participants indicated that the concepts of health and healing seem to have become enmeshed with dieting. Several participants discussed how the diet industry continually introduces weight loss fads that perpetuated this connection. Even while driving, women are subjected to diet ads suggesting health benefits. A few participants discussed how the alcoholic beverage industry had jumped on the low carbohydrate craze. For example, Christina discussed a Bacardi billboard she had seen.

Christina: It said *zero* carbs. It was supposed to be that she’s thin and beautiful because she drank Bacardi, which had *zero carbs*. (She laughs.) It was really *misleading* ‘cause you *know* it has all those calories. (sarcastic)

She also expressed her frustration with the inextricable link between health and weight loss: “Magazines that supposedly focus on health, natural healing, and even yoga still *always* have several articles about losing weight and diet plans, so I don’t buy magazines anymore!”

Similarly, Sarah described how she saw the promotion of dieting to be a false panacea for what people *really* should be concerned about, their health.

Sarah: I would rather *not* see weight loss, but see *healthy* weight advertised as a *health* benefit. There are such a variety of health problems – like diabetes, heart disease, and some cancers that come as a result of people being overweight or obese. They should focus on a *healthy* body weight as treatment, prevention, and relief from these issues. *That* would be a more accurate portrayal. Even those who do not have a weight problem still may suffer from some of these issues, so a focus on a *healthy* body vs. a thin and sexy body would prevent a lot of pressure on women.

By reframing their focus to health, the participants were able to alter their perception of the thin ideal from an image that was appealing to something they rejected. Once in recovery, the

participants' overall health was much more important than the potential results of any diet promoted in the media. These women came to realize that our society produces and cultivates the normalcy of dieting and that this notion is not only faulty, but also often unnecessary and unsafe.

During her interview, Amanda discussed how she used to believe that magazines offered healthy solutions for weight loss.

Amanda: We'd get *Health* magazine, *Self* magazine, all those workout magazines. And you know how they have the diets in 'em and stuff like that. They're ridiculous. I mean they're like 1,300 calories a day, eating something like that. And so we would like try to eat like that and everything. And we thought they were just like the greatest things. We thought it was healthy - they were promoting healthy things.

Amanda had followed the diets in health and exercise magazines, and she lost "a pound a day" for a few months. After fainting one day, she went to a doctor on campus, and she was surprised by her diagnosis.

Amanda: They took my BMI or whatever, and they were like, 'you have anorexia' because your BMI's so low. And I was just like 'what?!' I just thought, 'There's no way. How can that be?' Like I thought I might have some sort of eating problem, but I did not know they would diagnose it as anorexia 'cause when you think about it, what I was eating is like what they might recommend in one of those magazines. It was not extreme.

Amanda had believed everything she read in magazines because she used to view them as a trusted resource: "My roommate and I just thought fitness magazines were like the greatest things. *Self* and *Fitness* - We bought every single one. I read them all the time. We thought they were healthy."

Now that Amanda was in recovery, she was much more critical of any diets promoted in women's health magazines: "After my eating disorder, I would *never* read those magazines and think, 'This is what I should eat.' Never. I would not buy one." Amanda also expressed concern for young girls who might follow the advice in magazines without question, as she once had.

Amanda: But *now*, I never would follow what they suggest. It's just so easy to keep following them and keep losing weight. Like, I lost a pound a day, and I kept losing. And

that's not healthy. I hate thinking that other girls might do the same thing. Like, I didn't know any better back then. I never even thought I had anorexia because I was eating what those magazines recommended and doing the workouts.

Many of the participants used the terms “unrealistic” and “unhealthy” together when describing their perception of diets promoted in women's magazines. These participants applied the knowledge they had gained through their personal experience to challenge mediated diet messages. For instance, when she was anorexic, Enchantment's ultimate goal was to be as thin as possible. In recovery, her primary focus was on her health, a lens through which she interpreted diet messages.

Enchantment: Sometimes it helps to read magazines like *Fitness* and *Health* and stuff because it's usually like about being healthy. But I mean sometimes it does talk about like diets, and it'll say you know, 'eat like less than like 1,200 calories a day.' And so it's like you know they're not really talking about being *healthy*.

When the participants were anorexic, many of them did damage their body, and in some cases, the damage was irreversible. For example, some participants suffered with osteoporosis or long-term heart issues. In addition, the participants discussed how the effects of their eating disorder had been painful for their families and friends. As Molly stated, “Now my perception of the media's ideal is that it is unrealistic and harmful. I do not want to diet to look that way to fit the ideal because not only is it dangerous for myself, it hurts others as well.”

Media Prey on Desperation to Lose Weight

The participants in this study followed the media's most common prescription for achieving happiness, success, and popularity—weight loss. Yet, they learned through their battle with an eating disorder, and usually hitting “rock bottom,” that the media-promoted notion that being thin makes you happy, successful, and popular was false. This realization made them more attune to media messages touting the infallible benefits of dieting. These women now realized

how harmful it could be to take diet messages at face value, and they were concerned for others who might do so.

The participants saw the media as a collective opportunist industry, willing to take advantage of the culturally-constructed desire to attain the thin ideal. Sarah said she now perceived magazines to be callous, showing no regard for the potentially unwitting audience.

Sarah: Who knows what someone's goin' through - what they're battling in their mind - on the inside. And then they just pick it up. 'Cause it's to sell a magazine. Ya' know, they're not necessarily concerned about the - potential person out there. My heart just sinks for the potential person out there. It drops - because the torment in their minds. You *know* what it feels like....And it's like hearing myself and seeing myself all over again. When I think about all the people that could be affected by those messages, it just breaks my heart. It really breaks my heart.

According to MacInnis (1993), many people are willing to place their health in harm's way to avoid being ostracized because they are at a weight that does not conform to the thin ideal. In her media journal, Molly reacted to a commercial for LipoDissolve Center on television: "I know if my best friend saw this she would do it in a heartbeat! Despite the dangers including death!" During her interview, Molly discussed her concerns about weight loss ads in general, especially those that promoted diet pills.

Molly: Last night I saw this commercial for some stupid diet pill. It made me angry because there are a lot of people out there who will believe them and they will get this diet drug that could be harmful and take it out of desperation. Who knows what's in those diet pills! They could give someone a heart attack! The sad thing is that most people are willing to take that risk because they are so desperate to lose weight and be accepted!

Molly's opposition to diet messages was informed by her personal experience. Once in recovery, she could clearly see that the media do not convey responsible messages to consumers. During her recovery process, Molly had gained an understanding of marketing techniques, but she was concerned about others who did not have the same level of knowledge: "It makes me

livid that there are people who prey on people's desperation and society's insane attitude about size! They should be ashamed of themselves!!!!”

Feminism Informs Critical Media Literacy

Prior to the development of their anorexia, the participants subscribed to the notion that thinness was attractive, and that an attractive appearance was of primary importance for females. While the women were in the midst of their eating disorder and in the initial stages of their recovery, many of the participants described the ubiquitous, inescapable nature of media messages propagating the importance of appearance. This tended to leave them with a feeling of helplessness, of being a victim of cultural domination by a global media machine impervious to resistance.

For many of the participants in this study, feminism provided a filtering lens through which cultural messages about women could be interpreted. A feminist perspective allowed several women in this study to reject the notion that women should be defined primarily by their appearance. As Faith said, “I’ve learned that, unfortunately the hard way, that your worth is more than your appearance. Your worth isn’t – or shouldn’t be based on your appearance.”

Feminism Learned in Women’s Studies Courses

Several women had learned about feminism through women’s studies courses in college. These courses seemed to be a gateway to an understanding and adoption of feminist ideology, which in turn allowed the participants to learn tools for resisting the importance of appearance for women. As Emma stated, “I’ve become a lot more articulate about my dissatisfaction and anger over the years, thanks to women’s studies and sociology courses.”

Similarly, Diamond had taken several women’s studies courses, which allowed her to become more critical in her readings of media messages. She described how her perception of

mediated messages about gender roles changed over time: “I see media differently now. I’m very aware of body image and appearances and the role that they cast women in.”

Diamond described how women’s studies courses informed her decision to stop reading health and beauty magazines: “I was like, ‘I’m not paying for this. I’m not learning from this. I’m not gonna look at these magazines because it will put a kink in my mind.’”

Many participants made comments indicating that they found the progress of feminism to be incongruous with the consistent media message that a woman’s worth is defined by her appearance. As Jamie said, “In a world where women are in high positions of power now - We might even have a female president in the future. It is absurd that there’s so many media messages telling women to judge our worth by our looks.”

Objectification Theory

Several researchers have contended that in a cultural climate in which a woman’s physical appearance is constantly a primary source of evaluation, she will increasingly feel objectified, shameful, and anxious (Fredrickson & Roberts, 1997; Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; Hyde & McKinley; Noll & Fredrickson, 1998). Furthermore, appearance-related dissatisfaction also has been linked to decreased social self-esteem and increased social anxiety (Cash & Fleming, 2002).

Objectification theory (Fredrickson & Roberts, 1997) posits that objectification of the female body in Western culture produces a multitude of negative consequences for women. Primary among these consequences is the internalization of a “viewer’s perspective as a primary view of their physical selves” (p. 173), a tendency called self-objectification.

According to objectification theory (Fredrickson & Roberts, 1997), women react to societal objectification by taking on an observer’s perspective of their own bodies (self-objectification) and tying their self-worth to their physical appearance. Women’s self-worth

becomes dependent on their evaluation of their appearance, and they begin to view their bodies as objects to be evaluated (Fredrickson & Roberts, 1997). A primary way that an objectifying culture is propagated is through the media, and Fredrickson and Roberts (1997) have argued that the “objectifying gaze infuses American culture” (p. 176). However, Myers and Crowther (2007) have suggested that women with higher levels of feminist beliefs may have a more balanced view of themselves, which enables them to look more critically at appearance-related evaluations, thus reducing self-objectification and body dissatisfaction.

Portrayal of Perfection Renders Women as Objects to Be Admired

Females learn that appearance is more valuable for women than it is for men (Bordo, 1993, 2000; Bruch, 1973; Brumberg, 1997; Kilbourne, 1994, 2000; Pipher, 1994; Steiner-Adair, 1994; Wolf, 1991). As Frost (1999) has suggested, Women are the “most clearly trapped in the narcissistic, self-surveillance world of images” (Featherstone, 1991, p. 179).

Men act and women appear. Men look at women. Women watch themselves being looked at. This determines not only most relations between men and women but also the relation of women to themselves....Thus she turns herself into an object—and most particularly an object of vision: as sight. (Berger, 1972, p. 47)

During her interview, Faith shared an example of a television ad that put a woman’s body on a pedestal quite literally. She described an ad Nutrisystem that had caught her attention.

Faith: This woman said, ‘I haven’t had this smoking hot body since college.’ And she said that her husband jokingly calls her his trophy wife. I think of a trophy as a reward of something that you’ve accomplished. *But* I think when you refer to a person as a trophy, what else can you be referring to besides the way they look? Who you *are* - it’s just more than appearance, and for someone to say that you’re a trophy – I mean that’s kind of insulting, I think. One relationship I was in, I felt like I was his trophy. If I was starving myself or eating basically nothing, what some women consider *normal* eating, (sarcastic) then I was considered a polished trophy - one that was intended to be showed off.

When women are not presented as whole, they are reduced to parts, not people.

Furthermore, the portrayal of women as mere body parts renders women as sexual objects. As Fredrickson and Roberts (1997) have contended, sexual objectification is when “a woman’s

body, body parts, or sexual functions are separated out from her person, reduced to the status of a mere instrument, or regarded as if they were capable of representing her” (p. 175).

The virtually unavoidable exposure to sexualized depictions of female bodies and body parts in the media are a major contributor to self-objectification. Self-objectifying individuals view themselves as objects or “sights” to be appreciated by others, and they tend to define the self in terms of how it appears to others, rather than what it can do or how it feels (Fredrickson & Roberts, 1997). Research also has indicated that reading contemporary woman’s magazines for appearance-related and gender role advice was positively related to objectifying one’s own body and accepting the content of the messages (Kim & Ward, 2004).

Several participants expressed their discontent with the mainstream media’s reinforcement of women’s bodies as just a sum of their parts, instead of a whole person. This concept has been explored in award-winning films about gender representation in advertising (Kilbourne & Jhally, 2000; Kilbourne & Lazarus, 1987; Kilbourne & Wunderlich, 1979). In addition, research has indicated that magazine advertisements tend to portray women’s bodies or body parts, rather than their faces, sometimes eliminating their heads altogether (Rudman & Verdi, 1993; Sullivan & O’Conner, 1988; Unger & Crawford, 1996).

Self-objectification is exactly what women in recovery from eating disorders are working on reversing. These women had focused on their external appearance primarily through weight loss, and they had ignored their internal self and their feelings. As part of their recovery process, they tended to reject media messages that portrayed women as anything less than a whole person.

Emma: Girls look to who to emulate and it’s just body parts. It’s like this whole ‘bump watch’ which I hate. I know the impetus behind all of this stalking is scoop, which equals prestige and money for the magazines, but it turns women into these maps to be deciphered. Female celebrities are dissected into parts - her bump, her fat legs, her too-skinny arms. In the media, females don’t get to be whole. They’re constantly reduced to parts.

Veronica had taken several women's studies courses, and she learned about the feminist perspective of the widespread portrayal of women as body parts. This knowledge allowed her to reframe her perception of media imagery of the ideal female and avoid comparison to specific body parts. Veronica described how her perception of the media's portrayal of the ideal female body image changed over time.

Veronica: Before, I would look at this detail or that detail. I would look at how large the woman's chest was, or just look at her thighs. I used to look at women's thighs, like ads in magazines or something, and wonder why mine aren't shaped like that. 'Cause I wasn't looking at the whole person. I was just looking at the thighs. Whereas now, I can just look at it as just the whole person.

Most of the participants in this study resisted imagery of women that served merely as decoration. They rejected the portrayal of women who were reduced to being body parts rather than whole people with intelligence, personality, and feelings. As Brumberg (1997) has contended, the media's "elaboration of ideal beauty" (p. 108) has increased the anxiety that young girls feel about their body overall, as well as their specific body parts.

Concept of Ideal Woman is Absurd

Media messages suggest that women can and should have it all, promoting the superwoman myth (Steiner-Adair, 1986). As Wolf (1991) has contended, today's women work three shifts: working, taking care of their home and family, and trying to meet our culture's standards for beauty. Women who internalize these pressures and believe they are required to meet such standards tend to experience body dissatisfaction, and they are more vulnerable to eating disorders.

Emma pointed to the absurdity of the concept of the ideal woman. Her comments reflect the pressure on women, not only to adhere to an acceptable ideal body image, but also to serve in multiple roles while holding everything together: "I guess the closest thing to an ideal body

image is for a woman to be everything - to give birth in the morning and then do her own action stunts in the afternoon and be home in time to cook dinner in heels.”

Emma’s sarcasm indicates her understanding of the unrealistic expectations places on women not only to fulfill the traditional female gender roles as mom and wife, but also to pursue an independent, successful career. This widely accepted message that women can have it all often leads to a feelings of inadequacy, confusion, and frustration for young women resulting in the manifestation of body image dissatisfaction (Thompson et al., 1999).

Smolak and Murnen (2001) have suggested that thinness is valued in most of the roles to which young women are encouraged to aspire, in the domestic and career realms. Furthermore, research has indicated that women who strive to be “superwomen” typically find they need to sacrifice relationships, which may leave them feeling disconnected from social networks. To gain a sense of control and manage their feelings of confusion, many young women learn to define themselves solely in terms of their appearance and channel their energy toward the attainment of a perfect body (Friedman, 1999; Hensley, 2003).

Critical of Media Emphasis on Appearance

Media messages encourage women to seek positive attention from others for their appearance, rather than fostering self-esteem and confidence. Despite the media’s repetitive messages about the value of appearance, primarily defined by the thin ideal, the participants in this study learned to question the importance that the media place on appearance for women. For example, Emma described her frustration with the media coverage of Britney Spears’ performance for the video music awards.

Emma: What bothered me so much about her performance was that she was just going through the motions. She looked empty. That's what people should be outraged about. That should have been the headlines, not comments that she was a cow.

Nearly all of the participants chose not to watch reality shows that judged women primarily on their appearance or weight. However, there was a distinct difference in the reasons why the participants did not watch these types of shows. In order to strengthen their resistance to the ideology of the thin ideal, participants who were in the early stages of their recovery needed to avoid programs like *American Idol* and *America's Next Top Model*, which they perceived to involve judgment or rejection based on appearance and weight. For example, Grace described why she did not watch *America's Next Top Model*.

Grace: It's looking at skinny, pretty people, and then I go look in the mirror, and I'm like, 'Damn! I got *screwed* over!' So I just don't *go* there. And then I can celebrate what is good and unique about me. And just focus my attention on that.

While the participants in the beginning stages of recovery tended to avoid media that might cause them to engage in unhealthy comparisons, those who were further along on the recovery continuum and who had adopted a feminist ideology had more resistant readings to programs that encourage women to place appearance as the most salient factor in their self worth. Many of the participants in this study avoided programs that focused primarily on celebrities (which they perceived to have an inherent focus on appearance). As Emma stated, "I don't watch many reality shows because they're contrived and ridiculous and further the cult of celebrity."

A feminist perspective allowed the women to reframe their focus on media messages that place women's appearance as a primary concern. The participants who had more oppositional reading of reality shows tended to *refuse* to watch the programs, as opposed to *avoiding* them so they would not feel worse about themselves. Many of the participants refused to watch reality shows because they perceived them to be a waste of time. As Sunshell said, "I think they're just poor tasteless concepts....I guess they are all just tasteless and shallow."

Many of the participants described reality shows as repulsive. For instance, as Molly progressed in her recovery process, she became increasingly critical of media that perpetuated the notion of judgment based on appearance.

Molly: *American Idol* and now the shows that have spun from that - I *refuse* to watch them. I don't find them that interesting in the first place. Plus, I don't like it when people are being judged! Who is anyone to say that there can be only *one* person in all the hundreds that season that is 'good enough.' It makes me kind of angry! I also *refuse* to watch beauty pageants! They make me sick and I don't know if I can control my anger over them! *The Biggest Loser* and *America's Next Top Model* come to mind as shows that I *do not* watch - ever! All reality shows. Pretty much for the same reasons.

The literature has indicated that the more women subscribe to feminist attitudes the less they evaluate themselves solely on physical appearance (Affleck, 1999; Dionne et al., 1995; Doninger, Enders, & Burnett, 2003; Martz, Handley, & Eisler, 1995; Tiggemann & Stevens, 1999). Some participants' resistance to *The Swan* was informed by feminist ideology, which emphasizes that women's self-worth should not be determined by their physical appearance (Orbach, 1978; Wolf, 1991). For instance, Jordan rejected the notion that women should constantly be focused on attending to their bodies. She also deconstructed the underlying ideology of most makeover television shows, that appearance is a measure of a person's worth.

Jordan: This one show I've seen – *Swan*. The transformations that people undergo - I guess plastic surgery. I think I saw a couple episodes of that. First, they do a nutrition and fitness routine. Usually it's someone that wants to lose weight. And then on top of that, they want, you know, their boobs bigger and their nose smaller or whatever the case is. They give them a doctor, a psychologist, and a couple other counselors and trainers, and then they go through this whole process. I think they just work on building their self-esteem. And then they give them a new outfit, and they give 'em surgery. You know, someone does their make-up and hair. And then they come out and shock their family and friends, and talk about how they feel like they can be better people in society now that they have more confidence and a smaller butt. (sarcastic and laughing) It's like, 'Oh come on, did you really have to do all *that* to be a better person?'

Adopting alternative media

Exposure to feminism seemed to encourage several participants to seek alternatives to mainstream women's magazines, which tend to focus primarily on appearance and attaining the

thin ideal. For example, Nicole discussed how did not enjoy the traditional women's magazines, ones that were solely focused on fashion, beauty, or fitness. Instead, she preferred to read magazines that informed her about her career field, or her interests in women's studies and environmental issues.

Nicole: Right now I subscribe to things like *Ms.* and things that are a little more political, I'd say. Like, *Utne*. And I know the midwifery magazines that I read that I'm into are all full figured. (She laughs.) Pregnant women and stuff.

A couple of the participants enjoyed reading *Bust*, an alternative feminist magazine. Eliza described how she found the lack of focus on appearance and less mainstream perspective to be refreshing.

Eliza: It's kind of a feminist magazine, but it's really geared mostly towards people in their 20s or 30s. And it always features a celebrity that is inspirational in some way - that has nothing to do with the way they *look*. A lot of times they have actresses that are kind of underground—actresses that nobody knows about. And they just have a lot of funky stuff in there. I just *love* the articles that they have. There's always *something* really interesting for a *smart* reader. It's not like - they don't talk about makeup or anything that's really surface stuff. They have *really* great interviews with inspirational women.

Eliza also discussed how she preferred *Bust* over other women's magazines because the models were not extremely skinny. As she said, "All the models in *this* magazine are just normal people. And some of them are even like big boned. They're curvy. So that's nice, that's kind of refreshing."

Kerry read *Bust* magazine, as well as *Teen Voices*, an "alternative to the typical magazines for teens." I visited the Web site for *Teen Voices*. The mission of the publication reflects feminist ideology—that traditional teen magazines are too focused on appearance, and they lack information that would fuel girls' abilities to be productive and contributing members to society in ways that are more intellectually-based. *Teen Voices* is written by and for teenage girls, and the goal of the online publication is to "encourage teen girls around the world to use their skills

to speak out on issues, create positive and powerful media, and lead change in their communities” (<http://www.teenvoices.com/AboutTV/abouttv.shtml>, 2005).

Overall, the participants expressed that they wanted more substance in their life—in their interactions with people, as well as in their media consumption. In general, the participants avoided magazines and television shows that they felt were too superficial. They wanted to be exposed to things that were more inspirational in nature.

Reading books for self-growth

Some participants had reached their saturation point with magazines solely focused on more surface-oriented, appearance-related issues. Several women in this study described how they replaced their mainstream magazine reading, which was primarily appearance focused, with sources that fueled their *inner* self. Diamond described how she preferred reading books that allowed for personal growth, which in turn allowed her to progress in her recovery process.

Diamond: I’m so fascinated by, you know, reading books about the Dali Lama, and going through excavations and reading journals about women. And just focusing more on my *inner* being than my outer being. Definitely more focus on that.

D: Can you explain what you mean by excavating?

Diamond: Yeah. Excavating, discovering like my authentic self. So it was a term that was used in one of the journals that I was reading on a daily basis. They just used like excavating, like learning what makes you really happy and knowing who you are. Like, What do you enjoy? What do you like? Who are you?

Many of the participants expressed how they preferred movies with some depth to them, and several participants tended to watch mostly independent films or older, classic movies.

In general, they were looking for something meaningful, not superficial, appearance-oriented films. As Kristin stated, “I generally like movies that have a strong message or meaning, or are artistically done.”

Other participants enjoyed films that did not limit women's body representations to the thin ideal. Eliza described why she preferred classic black and white films: "I find that the older films, people are just *healthier* looking than with the newer movies."

Several other participants mentioned that they enjoyed *Little Miss Sunshine* because they thought the film portrayed the absurdity of our culture's obsession with beauty and the thin ideal. One participant even recalled a specific line in the movie that she particularly enjoyed: "You know what? Fuck beauty contests. Life is one fucking beauty contest after another. School, then college, then work. Fuck that."

Discount Sexist Media Messages

According to LaTour and Henthorne (2003), "Feminist consciousness-raising is easily facilitated by exposure to the issues. In a sense, women with a raised consciousness see the same things, but see them differently" (p. 102). Feminism may help women to develop a critical perspective, which allows for resistance to the normative representations of women.

The concept of attaining the ideal body and Western concept of beauty seems to be closely tied with the goal of attracting a man (Harris, 1990). For instance, Jordan described how valuable magazines were to her when she was a teenager.

Jordan: When I was in junior high and high school, it [a magazine] had to have stuff about boys. (She laughs.) And it had to have advice, whether it's girly advice on you know, what feminine hygiene products you're using, or what make-up you're using, or where to get your prom dress, it had, it was just a lot of social frou-frou stuff that you go through when you're a teenager.

Many of these women learned to resist patriarchal constructions of femininity as represented in mass media. The participants saw the media as sources for transmitting the message that something was wrong with them, that they needed to fix something about themselves to attract a man. Michelle discussed why she chose not to read women's fashion and beauty magazines.

Michelle: I don't tend to like as much of the magazines like *Marie Claire* or *Cosmopolitan* or whatever. Because they're just - I don't really think that there's really good images in there of women. And I think it's all about how to please men. (She laughs.) And some of them just annoy me. I don't really think they really empower women. I think it's more about, 'Oh - how can you get rid of your - fat thighs?' And 'How can you please your man?' Just these things that - as opposed to just really being empowering articles about anything, it's, 'How can you look good at any size?'

Research has indicated that females who read women's magazines for beauty advice were likely to identify with a more traditional female role—valuing passivity, acquiescence, and harmony as essential qualities for maintaining successful sexual relationships (Kim & Ward, 2004). Mainstream women's magazines tend to encourage women to conform to stereotypical requirements for an attractive appearance, while isolating and denigrating those who do not.

Women who adopted a more feminist ideology had a better understanding of how media messages reflect and shape what constitutes femininity. As Nicole progress in her recovery process, she became increasingly aware of how women's magazines had informed her of the cultural expectations for women. She challenged the dominant social norms underlying beauty messages in women's magazines.

Nicole: In guy's magazines, there aren't those *same* things, about how to please women. And I think I would feel differently if there were. And the fact that - girls - adolescent girls are *brought* up learning that *role*, to please men, whereas *guys* are brought up learning that - they're *deserving* of that treatment. That really bothers me.

Media Need to Make Image Unattainable

Many participants realized that the media engage in relentless efforts to encourage women to believe that they are never good enough. One of the keys to minimizing the media's contribution to low self-esteem, which fuels eating disorders, is in the decoding process. If people are taught at a young age (middle school perhaps) that the goal of advertising is to sell a product, then they might be less likely "buy into" the ideal body image portrayed in advertising.

The imagery presented in magazines is *intended* to be unattainable. If the ideal body image was easily attainable, then there would be no need for people to consume products to fix all of their “faults.”

Noah: The magazine industry is *built* around trying to make people get to something *better*. And if you make it *so* difficult to attain that, then they’ve got a mass readership that will continue to buy something that says you *can* get there. You know, if it [the goal for the ideal woman] was the 135 pounds, and well-educated, then who would buy their magazine on how to get perfect abs? So I mean, I know that’s what they’ve gotta *do* - is continue to make it *more* - more *hard* - to get to. More hard. (She laughs at herself.)

All of the women used to look to the media for ways to improve themselves. During their recovery process, they learned that no matter how much they worked toward trying to attain the media’s portrayal of the ideal woman, it was always beyond their reach.

Nicole: The messages that are sent, especially to adolescent girls, *really* gets on my nerves. Where it didn’t before. Where I *sucked* those messages in and internalized them before as more normal. My sisters are 16 and 20, and my youngest one is especially just - *completely* caught up in all of that, and it’s just. It’s *sad* to see that. When you internalize so many messages that you’re not *good* enough and that you need to do this, this, and this to make yourself *better*, or to match some unrealistic concept of perfection, your confidence is *awful*. And when you enter your adult life with that, to me, you’re just not starting on the right foot. It’s just sad. It really breaks my heart.

Like Nicole, nearly all of the participants discussed how they had internalized media messages that they were not good enough. During her interview, Isabel described herself as a young woman who lacked an identity or sense of self. She also discussed her low self-esteem, a characteristic that made her even more susceptible to media messages suggesting that she was not good enough, and that she need to improve herself. The following material is an excerpt from a research paper she had shared with me.

- I was the dumpster...Maybe I was born with a sign on my forehead: “I’m where you put the garbage.”
- Starving yourself is an excellent way to follow the rules.
- You are truly, unequivocally obese – do something about it, because obesity represents and shows all of your evil.
- The only thing you can do right now to fix everything is to lose all the weight you have.

- Look, you're one of a mob – a litter – and you're important when you conform, a nuisance when you don't.
- You're a worthless piece of crap – you should starve yourself, because the only way you'll ever be able to come anywhere near being as special, important, or unique as other people is to be skin and bones, and even then, you'll never compare.

Isabel's writings clearly indicate just how damaged her confidence already was, primarily from her family life, as well as physical and sexual abuse she had suffered as a young girl. As she indicated in her writing, she was looking for instructions on how to become a better person. She had internalized the blame for the abuse she had endured, which made her feel like she was an inherently bad person, deserving of starvation. As Isabel has indicated, the void she felt from her nearly negligible self-esteem became the perfect breeding ground for anorexia. Furthermore, on the Internet, she found all the tools necessary to provide her with the confidence she so desperately needed.

Isabel discussed how when she was in the midst of her anorexia, the Internet had served as a source of support: "It didn't *cause* my eating disorder. *However*, it really helped *sustain* it, and keep it going. And *fed* it." The pro-ana sites she visited provided just the confirmation that she needed that it was good to be extremely thin.

Isabel: When I discovered pro-anorexic Internet sites, I thought I had found 'support.' If anything in society exacerbated my eating disorder, it was the Web. I thought, 'I'm fat, I'm gross, I'm disgusting,' and the Internet said, 'Don't eat.' If you want to eat food, look in the mirror at your thighs. If it tastes good, it's trying to kill you. Happy or sad, rich or poor, it's better being thin. Thin is a skill. Nothing tastes as good as thin feels. Calories can't make you happy. Craving is only a feeling.' These were things I read on BlueDragonfly.org. And with those lines running through my head, I felt power, confidence, and determination.

What is also noteworthy about Isabel's comments is that one of the phrases that Isabel remembers from the pro-ana sites is the same thinspiration that Kristin adopted as her mantra after visiting a pro-ana site while she was anorexic: "Nothing tastes as good as thin feels." It was not until Kristin recovered that she developed a strong opposition to pro-ana sites, which take the

support of the dominant ideology of the thin ideal to an extreme. As discussed in several sections of this dissertation, the message that being thin will make you feel good is one that the participants most strongly resist, and one that is nearly unavoidable in American society.

Media Demand Elusive Perfection

Several participants noted how powerful the media are in terms of conveying an elusive ideal. For instance, Nicole shared her perception of the media's contribution to women's desire for perfection.

Nicole: I think the media just create these expectations that women's bodies should look a certain way just by always showing them as perfect. I mean, the models and celebrities always look thin and perfect, well not perfect to *me*. But perfect from the media's perspective, which kind of drives what most people think is perfect.

As the participants' comments have indicated, recognition of the unrealistic nature of the thin ideal allowed for a more oppositional reading. Faith challenged the nature of the term ideal.

Faith: I still think that the media's pushing an unrealistic body type or body ideal or typical - or normal. You know they use all these words that – what's normal anyway? I think that the body images – I think that they portray more of the unrealistic, unhealthy pictures of perfection. Ya' know, where there is airbrushing and stuff like that going on – on *top* of already going to major extremes – plastic surgery, diets, starvation. I think it's negative because it's false – it's pushing something that's not even attainable.

The participants indicated that women receive the message that they should aim for perfection, yet the media present this concept as elusive. Emma noted that there is no individual woman who represents the ideal. Though we have had beauty icons in the past, Emma was unable to recall someone who serves in that role today.

Emma: There isn't *the* iconic woman anymore. And *that* was problematic, don't get me wrong. There are problems with idolizing Marilyn Monroe or Twiggy of course. It's not like those times were *better*. But there is no longer some shared concept of beauty. I mean, it's bad to be fat, it's bad to be short but media aren't espousing some perfect measurements. Every female body has *some* flaw, which magazines always point out. So-and-so is worst dressed. Here's Julia Roberts without make-up. Nicole Richie is too thin. No matter what women look like, it isn't enough. There is this weird catch-22 in media. The ideal is to be Super Woman, to have an infallible body, but the minute the tabloids pick an It girl, they tear her to shreds. The media like women to be inhuman, and flaws

show their humanness. So the audience feels better because Cameron Diaz is having a bad hair day, while at the same time, the underlying message seems to be: What a failure. She can't keep it all together either.

One of the strategies that women in this study used to un-internalize the thin ideal was to see the absurdity of the media messages. Emma's comments reflect the idea that the media spew out multiple criticisms for what is not acceptable, but lacks a realistic representation of what is: "The media just tell you what you should *not* look like. They always find some flaw – even with women who seem to look like the ideal."

Contradictory Messages in Magazines

Several participants in this study found all media sources to be fraught with ideological contradictions, sending confusing messages to young women about the thin ideal. According to Gauntlett (2002), popular culture and its transmission via media present "inescapable levels of contradiction" (p. 255). In some cases, the contradictions are what enabled some of the participants in this study to navigate through the ubiquitous media messages promoting the thin ideal. As Enchantment wrote in her media journal, "This magazine tells you to stop worrying about your body when they put anorexic models all in it! How can they tell girls to love their body, when there's nothing but skinny models?"

Several women in this study discussed how women's magazines in particular were extremely contradictory, offering inconsistent and conflicting messages about the value of appearance and the thin ideal with a discrepancy between the textual and visual media messages. In particular, they noticed that advertisements tended to consistently portray extremely skinny women, despite occasional articles challenging this ideal.

This dichotomy provided evidence for some participants to question the sincerity of media messages. Jamie's comments illustrate what many of the participants noted, that magazines do a disservice to women when they "pretend to care."

Jamie: There's so many contradictory messages. It's hard to believe anything in magazines. They don't genuinely want you to feel better about yourself, or accept yourself the way you are. If they did, why would they plaster an entire magazine with all these sickly-thin models, and include one little article about how you should feel good about your body. How do they expect women to feel good, or especially young girls, if all they really *see* are super skinny models.

According to Kotsopoulos (2001), several feminist scholars have contended that "exposure to ideological contradiction results in an oppositional, feminist stance" (p. 44). Molly used these contradictions to deconstruct and oppose magazine messages promoting the thin ideal. As she said, "they'll print up some stupid starvation diet...and then three pages later is an article on how to accept yourself...I just think it's a lot of superficial crap!"

As Hensley (2003) has suggested, women are better able to resist media messages if they recognize and acknowledge contradictory cultural expectations, and, rather than internalizing their feelings, articulate these conflicts directly. These women also are better able to interpret contradictory cultural messages and define for themselves "what it means to live an authentic life as a woman who is comfortable with her gender role and with her body" (p. 325).

Media Promote Diets as a Mechanism for Control

Preoccupation with fat, diet, and slenderness are not abnormal. Indeed, such preoccupation may function as one of the most powerful normalizing mechanisms of our century, insuring the production of self-monitoring and self-disciplining 'docile bodies' sensitive to any departure from social norms and habituated to self-improvement and self-transformation in the service of those norms (Bordo, 1993, p. 186).

Garner and Garfinkel (1982) have contended that media and the dieting industry capitalize on the desire for the thin ideal, which has "become associated with self control and success" (p. 106). Dieting is valued in our society, and people tend to perceive women who lose weight as successful and in control (Bordo, 1993).

Metkit described how she thought dieting would allow her to regain control over her body, and thus, her life. Her initial diet led her to develop both anorexia and bulimia.

Metkit: I didn't really gain that much weight. But I got to the highest weight I've ever been in my life. I remember that spring when I was 15 just feeling *really* out of control and just feeling like, 'God, I need to lose this weight. What is *wrong* with me? I'm *fat* and I'm out of control.' I was reading Cosmo and that kind of stuff, even though my mom thought it was trash." (She laughs.) And I just thought I was really fat. So I kind of went on this kick. I think my dad was doing weight watchers at that time. My dad has always struggled with his weight. And I remember picking up that book and tracking my points with food. That turned into calorie counting. And I lost like 30 pounds in four months.

Initially, the participants perceived dieting to be a weight control mechanism, but at some point, the diet took over, and eventually the obsession with being thin controlled the person. This transfer of control was expressed by all of the participants, and they all discussed how a turning point for them, in terms of sincerely wanting to recover, was when they truly realized they no longer could manage their eating disorder or their life.

These women initially had felt like starving their body was an accomplishment. They had defied the nutritional needs of their body for some time, but eventually the eating disorder mentality and behaviors that enabled them to maintain an extremely thin body became miserable and oppressive. As the women were drawn more deeply into attaining the ideal body via anorexia, they became increasingly self-loathing, fearful of deviating from their "achievement" of thinness, and increasingly objectified themselves, losing sight of any sense of self worth.

Femininity is associated with a "perfect" diet

Diet ads promote the freedom of weight loss, but constraints about calorie intake are inherent in the diet process, creating a focus on internal constraints and restriction, not freedom. As Brown and Jasper (1993) have suggested, we live in a patriarchal culture that promotes a focus on weight control through rigid, restrictive, calorie counting.

These women described how they felt enslaved by anorexia. They became relentless in their pursuit of perpetual weight loss with an infinite series of calorie and weight charts. Many of

the participants knew exactly how much they ate each day, and they often kept records of their “progress.”

The participants indicated that women’s magazines perpetuate the idea that there are perfect measurements for different parts of women’s bodies, promoting the idea that women are quantifiable commodities, with a narrow range of acceptability. Several participants discussed how they had turned to mainstream women’s magazines when they were anorexic to learn about diets and calories. During her interview, Isabel discussed how she used to think that magazines offered a prescription for attaining the thin ideal.

	Wt.	Bmi	Daily Kcal	Daily X-rsice	Waist	Hips	Thighs
6-1	108	18.8	350	3hrs.	26.5	35.5	26
6-8	104	18.1	350	2.5hrs.	26.0	35	19.5
6-15	101	17.6	350	2.5hrs.	25.5	34.75	19
6-22	98	17.1	300	2.5hrs.	25.25	34.5	18.75
6-29	95	16.5	250	2hrs.	24.5	34.25	18.5
7-6	93	16.2	250	2hrs.	24	34	18.5
7-13	92	16.0	200	1.5hrs.	22.5	33	18.25
7-20	91	15.8	200	1hr.	22	33	18
7-27	91	15.8	200	1hr.	21.5	32.75	17.75
8-3	90	15.7	200	.5hrs.	21	32.5	17.5
	<u>78</u>	<u>15.7</u>			<u>21</u>	<u>32.5</u>	<u>17.5</u>
		<u>15.7</u>			<u>21</u>	<u>32.5</u>	<u>17.5</u>

Figure 4-2. During her interview, Isabel shared an index card with me that she had kept when she was anorexic to record measurements of her body.

The participants discussed how calorie counting forces people to aim for perfection, as if there was a perfect number of calories to consume. Women who were able to deconstruct media messages that promote an unrealistic image of perfect eating had more oppositional readings of diet and weight loss messages. Emma discussed her frustration with health magazines.

Emma: Health magazines are not *about* health. They’re about perfection. They never say, ‘Hey do the best you can do, and having a cheeseburger won’t kill you.’ They’re like, ‘Eat five almonds but for the love of God don’t eat more than five because if you do you’ll become obese and you’ll turn into an almond and all you’ll think about are almonds and if you eat too many almonds you won’t be well-nourished, which means by tomorrow, you will be dead and it will be ALL YOUR FAULT.’

Recovery is freedom from obsessive, restrictive thoughts

Peterson et al. (2008) found that empowerment is an important protective factor in reducing self-objectification and body image and eating disturbance. Knowledge of feminist ideology empowered many of the participants in this study. With an increased sense of critical media literacy, the participants became more resistant to media messages, particularly those placing appearance as the most salient factor for a woman's self worth. Several participants also described how they saw their recovery process as empowering, at least in part because they no longer felt victimized by the media-suggested need to engage in the relentless pursuit of the thin ideal. Several women described a profound sense of freedom and empowerment they had felt in their recovery process. This feeling emerged as they shed their obsession with weight loss.

Kristin: Recovery from an eating disorder means no longer having an obsession. Being free from *that* obsession so *other* things can take up the majority of your time, rather than spending time and energy thinking about what you've consumed that day or anything tied to that.

Once women in this study had tasted the freedom of recovery, their resolve to remain in recovery was strengthened. Molly described what recovery meant to her.

Molly: A freedom like you've never known! It's hard to describe, especially to a person who hasn't dealt with an eating disorder. It's like 10,000 pounds being lifted off your shoulder. Being able to take a deep breath and feel the air fill your lungs. I don't know - it's just a freedom like you've never known!

Over time, the participants who embraced feminist ideology resisted magazines messages that they now perceived to "foster insecurities about women's bodies" and their overall appearance (Gough-Yates, 2003; Korinek, 2000, p. 10). The participants came to believe that femininity through beautification was not a choice, but a patriarchal construction imposed on them, but for the benefit and satisfaction of a male gaze.

Media Promote False Associations with the Thin Ideal

The mass media exert extraordinary influence through cultural hegemony, which Lull (2000) has summarized as “the power or dominance that one social group holds over others” gained through “a tacit willingness by people to be governed by principles, rules and laws which they believe operate in their best interests, even though in actual practice they may not” (p. 51).

During adolescence, girls struggle with the development of their own, unique identity. In American society, girls are socialized from birth to place the primary source of their personal value and identity on their appearance. As they reach adolescence, they increasingly tend to evaluate their appearance in relationship to others—their peers *and* celebrities that they view as role models. As Amanda discussed, media sources set the standard for what’s attractive.

Amanda: Media images are definitely how we get our perception of what’s attractive. I guess it’s just being so exposed to it - just seeing the people that are so thin and everything. I mean there’s just so much of it. They obviously contribute to people thinking that being thin is attractive.

Through the powerful force of the media, women repeatedly receive the message that the “ideal” is the only acceptable body shape and size (Fallon et al., 1994). Furthermore, many women have internalized the importance of *achieving* thinness, a goal associated with reaping significant personal and professional rewards (Bordo, 1993; Butler, 1990; Malson, 1994).

Rather than representing a diversity of female body types, the media consistently limit their portrayal to the thin ideal, which has come to symbolize (or represent) a collective unified understanding of what is attractive. The participants confirmed the seemingly universal acceptance of this ideal when they were praised for their weight loss.

In fact, nearly all of the participants described how their initial weight loss led to compliments, which fed their self-esteem and encouraged them to continue losing weight even when they progressed beyond a healthy amount of weight loss. As Jordan said, “I just got all this

really positive attention.” To this day, she still remembers when she “became one of the beautiful people.”

The media cultivate unrealistic standards of beauty that can be detrimental to one’s body image and may contribute to the development of eating disorders (Guillen & Barr, 1994; Hamilton & Waller, 1993; Levine & Smolak, 1996; Levine et al., 1994; Pinhas et al., 1999; Shaw, 1995; Stice et al., 1994). Teenagers use women’s beauty and fashion magazines for self-evaluation and self-improvement, and as several researchers have contended, these types of magazines emphasize physical beautification, which reinforces the socio-cultural preference for thinness (Festinger, 1954; Martin & Gentry, 1997; Shaw & Waller, 1995; Thomsen et al., 2001).

Furthermore, several researchers have found that women’s magazines propagate the perception that happiness, popularity, and success are linked to attractiveness, as defined by extreme thinness. Female happiness and success are tied to physical appearance, with ultra-thinness being the preferred state of health and beauty as well as the most important form of self-improvement (Evans et al., 1991; Guillen & Barr, 1994; Silverstein, Peterson, & Kelly, 1986).

Thinness Will *Not* Make You Happy

Many of the women had used media imagery to inspire them to lose weight. Grace discussed why she used to cut out “thinspirations” from women’s magazines.

Grace: Looking around at the images in magazines, I felt such a void. And so unacceptable - that, everybody likes the pretty people. They’re putting them on these magazines, and they look so happy, and if I could just look like *that*, then it would hide all of my inadequacies and all my faults. And I’d be happy. I remember thinking, I just have to lose weight to feel okay.

Through her battle against anorexia, Grace had learned that being thin did not provide her with health or happiness, but she still was tempted by imagery of the thin ideal. She was in the early stages of her recovery process, and she shared a strategy that was helpful to her:

“Remembering where I *was* helps me to stay on track because my life was *not* anything worth living for. And I don’t want it back.”

As the participants progressed in their recovery process, they realized they had been looking for happiness in the wrong place—that the media-promoted idea that weight loss was the key to happiness was false. Emma described a strategy she now used to resist diet messages.

Emma: What keeps me motivated is that any despair I feel now does not compare to the despair I felt then. I have moments of peace and happiness now, where my heart feels warm and full, and while my eating disorder promised me that, it never gave that to me. And now I finally know that dieting and anorexia is not the way to get it.

The participants discussed how they felt betrayed by the media messages perpetuated in the media—that losing weight would make them happy. They also expressed concern that *so* many people *still* were being exposed to the same messages that had served as such a negative influence on them.

Noah: There’s that part of me that thinks, ‘Oh pretty,’ ‘cause you’re socialized the same way. But there’s that other part of me that says, it’s *sad* because this is so *fleeting*. We’ve been sent a false message. And it’s upsetting to see so many people told that something’s gonna bring them happiness. And they’re gonna grow *up* one day and go - ya’ know, *I* believed it. And I wasted all this time and energy, and I could’ve been into things that really, truly *would* bring me happiness. And instead I’ve created this person that’s gonna *constantly* be worried about her *weight*. And that’s the only thing I’ve built up that I think I have any *value* for.

Weight Loss Does *Not* Solve Problems

For these women, it was not until they were in recovery and gained some media literacy that they were able to look back and realize that they had fallen for the media implication that being thin would solve all of their problems. Lulu described how women might be tempted to focus their energy on weight loss.

Lulu: We all want to be beautiful on the outside, especially if you don’t feel so beautiful on the inside. I think that’s probably why eating disorders happen. You’re either not happy with how your life is or the choices you’ve made. You’re not happy about what has happened to you - whether that’s abuse or whatever. So you don’t feel so great about yourself. And you don’t know how to fix that. So *dammit*, I’m going to fix what’s on the

outside! And if that means controlling what I eat, controlling how I look, controlling what I weigh - everything on the outside's going to be *perfect*, 'cause the inside's not so good. I know that's kind of how I felt when I was sick. I couldn't control anything, as far as medical school was goin'. My grades weren't the straight As that I'd been used to having all my life. I was away from family and home, and it was like, 'Okay, well let me start controlling something else then.' (She laughs.) And the media kind of send the message that being thin is all that. Before I knew it, that's all my life was. Eating. Getting rid of it. Trying to lose weight, and it was *ridiculous*.

Armed with an increased sense of media literacy, several women in this study criticized any media messages overtly or indirectly promoting the thin ideal. These participants also learned to question the underlying hegemonic notion that the thin ideal is the only means for gaining social approval and success.

Metkit: What I find very irritating about things, like *Glamour* and *Cosmopolitan*, all that crap – is that magazines suggest that being thin, or eating certain food, or appearance, or anything superficial so to speak will provide you with the ultimate happiness.

Attaining the Thin Ideal Does *Not* Make You Popular

As agents of socialization, media influence young women (Ferguson, 1983) by teaching them about norms and social expectations (Bandura, 1977). The media provide illustrations of the social rewards that females can gain from being thin, such as love, happiness, acceptance, and success (Bordo, 1995; Seid, 1989).

The women in this study were attuned to such media implications, and nearly all of the them had started a diet because they viewed the attainment of the thin ideal as a mechanism for gaining social rewards of happiness and acceptability. For example, Barbara described what set the stage for her eventual development of anorexia.

Barbara: It started like a diet. I was chubby as kid, but back when it started, I don't think I was fat. But I thought, 'I'm not popular because I'm not skinny. *So* - if I get skinny, maybe I can be popular.' So I started losing weight.

Barbara continued to lose weight, and eventually her obsession with continual weight loss precluded her ability to maintain friendships: "And I stopped having friends. I lost contact with

everybody. I didn't go out with my friends anymore. I didn't hang out with anybody anymore. I always went home and did my own stuff."

As an eating disorder progresses, so does the isolation that tends to accompany it. The participants all described being lonely and miserable when they were in the midst of their eating disorder. Christina described how specific media messages she internalized had conflicted with maintaining a healthy social life: "I would only eat fat free things. I think it's because I was trying to fit in more, and magazines always gave off this image that everybody should eat fat free, and everyone likes the thin, beautiful people."

Over time, Christina developed an intense fear of *any* food with fat in it. She described how her restrictive eating behaviors influenced her life.

Christina: I would avoid *all* social situations. Like, I wouldn't eat pizza. I wouldn't go anywhere to eat with friends, which kept me really isolated. I really lost a lot of friends because of what I was doing. Eventually, I had no friends. Especially when I started with the exercise from magazines. I would just exercise all day long. I would avoid *everything*.

Focus on Appearance Diverts from Other Activities

When women spend their time continually trying to attain the idealized version of femininity, they do not have time to devote to other, more meaningful activities.

According to Buetow and Jutel (2007), "Appearance is a powerful tool in social control ...Seeing, being seen, or simply being at risk of being seen creates an internalized form of constraint that makes people adhere to social rules" (p. 426). This concept is based on Foucault's (1977) theory of control through a Panopticon, an 18th-century prison design designed to allow concealed guards to view inmates at any time. The potential of being seen at any time constrains one's behavior and serves to moderate how one would like to look and be perceived.

From a young age, females are sent powerful media messages that their bodies are commodities. Women also learn that attractiveness is a primary form of "currency" (Fredrickson

& Roberts, 1997, p. 178), which encourages a preoccupation with physical appearance. From a feminist perspective, when females focus excessively on appearance-related issues, their cognitive and monetary resources are diverted away from more empowering activities (Kilbourne, 1994).

Today's perfection-driven, appearance-focused society has produced a rise in eating disorders and a generation of women who waste hours obsessing about their body image. Several researchers have contended that too much focus on body image can adversely affect a woman's quality of life because the time, money and energy she spends on her appearance impedes opportunities to focus on other aspects of her self (Strachan & Cash, 2002; Striegel-Moore & Franko, 2002; Wolf, 1991). As Noah said, "If we waste *so* much energy thinking about the size of our bodies and our clothing, how are we ever going to excel in other things in life?"

Product Associations are Profit Driven

Advertisements typically associate the products they're trying to sell with the ability to transform our life style, appearance and achievement of personal and professional goals (Jhally, 1987; Kellner, 1990; Leiss, Kline & Jhally, 1986; Williamson, 1978). Many of the women used to believe that purchasing certain products would allow them to be more attractive and popular. For example, Ramona shared how TV commercials used to affect her.

Ramona: Watching commercials always made me feel like I needed something. Whatever they were advertising. Like watching a face cream commercial. I'd see the commercial, and I think, 'Wow, she's got perfect, skin. I *need* that. I'll be - better liked, better appreciated. Everything I need will come to me as long as I have skin like that.'

Once in recovery, most of the women *no* longer subscribed to this notion. They had placed their trust in media messages, yet as the participants learned that media messages are heavily influenced by the motivation for profit, they realized the extent to which attractive women are used to sell products. For example, Amanda shared what she had learned in recovery.

Amanda: It's like, 'If you use this you'll look like this.' They're not even exactly saying that, it's just implied. I mean, the images of the people aren't always real. But we're exposed to thin, attractive women *so* much. So if you see that image and you think they're attractive, you just feel worse about yourself. And basically they use these attractive people, who aren't even always real to try to get you to buy their products.

As consumers of mediated messages, we are taught to view our bodies as matter that we can shape and change at will. According to Freedman (1986), female beauty in the media "is packaged and peddled as an illusion that anyone can cultivate" (p. 5). During her interview, Amanda described how the media promote the idea that perfection is attainable: "I used to really think, when I was in high school and college, that you could look just like the women in the magazines if you did the things they said, or bought whatever. (She laughs.) And *now* I know that's definitely not true."

Belief in Attainability

The participants in this study had thought they could achieve the ideal represented in the media. Mainstream, popular women's health and beauty magazines are saturated with images of the ideal female body, often accompanied with advice on how viewers can achieve a body that resembles the imagery of models. Alexandra's comments indicate how easily a woman seeking to be thin might believe that the magazines might offer a simple solution.

Alexandra: I used to read *Shape* and other fitness magazines on a regular basis. I liked having a look at their suggested exercise programs. And then they had skinny models doing those exercises. And when I was younger - well, while I had my eating disorder - I thought, 'So this is what I have to do to look like that.'

Magazines were not the only source of comparison for these women. As teenagers, several participants used to admire characters on TV shows. For example, Nicole described why said that she liked shows such as *90210*, *Dawson's Creek*, and *Felicity*: "It was just kind of a nice fantasy world to be in, just a nice, perfect world that I - wish my world was like."

Several participants said that they used to enjoy watching *90210* when they were in high school and college. Charlotte described why she no longer thought highly of the show: “I’ve watched it a few times since then, and it’s definitely a show that bugs me ‘cause there’s all these young, pretty, thin girls, and I know I used to think that I could look just like them.”

According to Milkie (1999), social comparison theory allows for the notion that people can choose to avoid or discount media images that they know are not an accurate basis for social comparison. For these participants, the pervasiveness of media imagery about the thin ideal and more importantly their lack of knowledge about the unrealistic nature had not allowed them the freedom to select an accurate, realistic source for comparison prior to onset of and during their eating disorder. They had lacked sufficient media literacy and knowledge about the unattainable nature of the representations of women in the media.

Celebrities are happy and perfect. Celebrities are thin. Weight loss is key to happiness and perfection. When presented with an ideal body image, repeatedly illustrated in the media, women who are prone to perfectionism are more likely to internalize this ideal and strive to achieve it, especially given the media messages that suggest there is a formula. Some of the most pervasive advertising messages are portrayals of the ideal female body, with detailed how to guides of how to achieve perfection in terms of appearance.

Many of the participants discussed how they felt the need to be perfect when they were children to keep the peace at home. For example, Molly said that her parents divorced when she was 5, and she discussed how this contributed to her desire to be perfect.

Molly: My mother has several mental problems and was truly unable to take care of two children. She wasn’t shy about her feelings - she let us know that she wished we were never born. So I started believing that I could make things better one of two ways - I could disappear or I could be perfect and never cause any problems. Disappearing didn’t work quite well, so I became perfect. And one of the ways I tried to be perfect was with my

appearance. I'd occasionally buy a *Cosmo* or *Seventeen* when I had my eating disorder. I thought the celebrities were perfect, so I would follow their diets to try to lose weight.

Sarah described how she used to think that she could achieve the perfect life if she became thin. She attributed the perceived perfection of the celebrities to the thin ideal.

Sarah: The media, I wouldn't say is the *cause* of the drive to diet, but it certainly doesn't *help*. Ya' know because you *do* see those images of like a model or a movie star or whatever. And you see the perfect life or whatever that they *seem* to have. And you strive to achieve something like that.

Perfection is *Not* Possible

Once the women were in recovery, many of them worked to reduce their level of comparison, some with more success than others. Regardless, nearly all the participants expressed concern for others who might engage in unrealistic comparisons and head down a path similar to the one that had led these women to anorexia.

Participants who tended to engage in more oppositional decoding targeted their anger at the media as vehicles for dispersing negative, inaccurate messages to people who were unaware of the potential damage of embracing the ideal body. Now Charlotte saw the mediated ideal as unattainable, but she expressed concern for young people who might lack the knowledge that she had gained in her recovery process.

Charlotte: It kills me that one of the characteristics [of the ideal] is the perfection. When they talk about, 'Oh celebrities have perfect bodies. And I'm like, 'It's *not* perfect. It's just a *show*.' It just bugs me when I see little girls, *little* girls, younger girls or teenagers, who are like that - thinking celebrities have perfect bodies, and they could look like that.

These women used to believe that a perfect body was easily attainable, but now they knew this was not the case. Through their personal experience, they knew that they had the will power to achieve the thin ideal, but in doing so, they had sacrificed their health and well-being. They also knew that maintaining the "perfect body" took a great deal of effort and sacrifice, often inhibiting their ability to function in any other realm of their life.

This knowledge allowed the women to question the underlying messages of media images. For example, Jane was watching *Will & Grace* one evening, and she noted how thin and attractive all the characters in the show were. In her media journal, she wrote, “I wonder if they’re happy.” Similarly, Courtney was in line at Wal-Mart one day, and a picture on the cover of *In Touch* caught her eye. The thought she recorded in her media journal was “Jessica Simpson has the perfect body; I wonder how hard it is to keep it like that.”

These types of interpretations indicate that the participants now saw the media implications of appearance-related perfection as a façade because they knew that achieving that type of look was all-consuming. The participants also had learned that the consequences of focusing their energy in this way outweighed any potential benefits.

An important part of recovery for these women involved a journey of self-discovery that involved learning to value who they were on the inside, so they did not have as much of a need to focus on “fixing their outsides.” Lulu shared the following thoughts during our interview. Her comments reflect the realization that she had been working toward an unrealistic goal of attaining elusive perfection portrayed in the media.

Lulu: I realized that I’m not perfect at *all*. And that’s okay (high pitched)! Once I started seeing that I’m not perfect, and neither is anyone else, and started watching how the media portray perfection, and how they portray this unattainable perfection really, then I wasn’t so interested in focusing on my outside so much anymore. (She laughs.)

Overall, relinquishing the desire to be perfect also seemed to be a key component for resisting the dominant mediated ideal. Several participants described how letting go of perfection was an integral part of their recovery process. For example, Jamie said jokingly, “Sometimes I feel like I’m doing a 12-step program for perfectionism!” Emma discussed what she thought would be helpful in terms of preventing the prevalence of eating disorders today.

Emma: In general, the media not equating body image with adulthood. And raising girls' self-esteem. Stop shoving perfectionism down their throats. It seems like girls need to be good at everything - school, friends, sports, the right body. They just need to be *themselves*. Stop focusing on a perfect outcome, especially for their body.

Media Promote a Dangerously Unhealthy Ideal

Across the board, the participants indicated that the ideal female body as portrayed in the media is unhealthy for women to emulate. All of the women said that the mediated ideal female body was not only thin, but *too* thin.

Many of the participants discussed how they now perceived models and celebrities who fit the *media's* ideal to be unhealthy, sickly, and malnourished, which was contradictory to what they perceived that the term "ideal" should signify. Barbara worked in a hospital, and her comments during her interview illustrate this perspective.

Barbara: The media do *not* portray an ideal, in *my* opinion. Medically, they don't show healthy people. They show many people who look like they are ill. If somebody like that came into the hospital as a patient, and let's say they weren't rich or anything. They would probably send them up for a social worker. They would help them get food stamps and things like that.

Media Equate Thinness with Health

The thin-equals-beauty discourse is the most flagrant example of the contemporary media's conflation of appearance with health. As the participants progressed in their recovery, they learned to reconstruct the concept of healthy, and they deconstructed media messages that equated health with the thin ideal.

Many participants now had adverse reactions to overly thin women on magazine covers. For instance, Amanda described why she disliked magazines such as *Cosmopolitan* or *Vogue*: "The thing about magazines that is *frustrating* to me is that they try to portray this unrealistic, unhealthy thinness as healthy."

Laden with sponsors from the diet industry, the fitness industry has shifted its focus to weight loss, rather than fitness for health. According to Jordan (1995), more than 80% of sensational headlines on the cover of fitness magazines equated fitness with thinness.

Charlotte used to read fitness magazines when she was anorexic. However, she discussed why she no longer read them.

Charlotte: It just bugs me that they have those fitness magazines. And then they have this anorexic girl on the front. Like, she's supposed to be in shape 'cause you can see her abs. But you can also see like all her hips bones - and I mean every other bone in her body. And you're like, 'That's not fitness.' You know, 'That's *not* healthy. That's not *healthy* fitness.'

Media Have a Responsibility to Portray a Healthier Ideal

The more media literate the participants had become, the more they realized how much the media contribute to a dangerously unhealthy thin ideal. Furthermore, the women believed the media have a responsibility to present a healthier representation, especially to young girls who are more susceptible to media messages and are likely to take them at face value.

Molly: I thought that what actresses looked like was what the normal person looked like. In high school I started to notice a difference between my body and the media's image. Although I was still thin - I did not see that because my perception changed a bit. I think that's when I also decided that I had to be very tiny in order to be acceptable. And I fell head first into the eating disorder. This continued throughout college and while I continued to struggle to reach recovery. Towards the end of my battle - I was so low, I think I could have given up the desire to fit the ideal, but I was in too deep. Now, that ideal just seems really unrealistic, and I think it's harmful for young girls to see all the time.

Female adolescents tend to consume media as resources for learning how to become a woman, especially at an age where they are trying to develop some level of independence from their parents. Studies have indicated that adolescent females turn to television and magazines as sources for information on what is socially acceptable. Research also has shown that young females often read magazines and compare themselves to the images of fashion models they see (Bordo, 1993; Harrison, 1997, 2000, 2001; Harrison & Cantor, 1997; Martin & Gentry, 1997;

Martin & Kennedy, 1993; Nichter & Nichter, 1991). This is especially true if the girls do not have other sources for this information.

Alexandra had regularly purchased fitness magazines from the age of 15. She truly had thought that magazines portrayed reality and if she followed their suggestions, she could look just like the models.

Alexandra: I loved the ads - they were my inspiration. I loved how the women looked and how they were dressed and their make up. They always looked so pretty! And I wanted to look like them, just like them. My room was actually full of ads from the magazines - on my walls. That was my wallpaper. It looked kind of cool actually - but it was unhealthy for my body image.

Righteous anger seems to have fueled oppositional readings for several participants.

Molly's oppositional interpretation of shows on television now. Her media journal entry suggests that she perceives the media to be guilty of some injustice for planting unrealistic ideas in young women's minds.

Molly: Sat. 7/16 @ 10:30 PM - CSI re-runs- My living room - Hanging out - getting ready for bed. I love CSI! I feel good that no one on the show is extremely thin, but they are still thinner than the average person. That's what sucks about TV and movies! When I was little, I literally believed that what the actresses looked like was "normal" and that is what I should look like! It makes me livid when I think about what this might be doing to our children now!

As Amanda progressed in her recovery, she became more critical of media messages promoting the thin ideal. In her media journal, she expressed concern for people who could be negatively affected by watching *America's Next Top Model*: "I HATE this show- it is damaging the self-esteem of women everywhere!"

Amanda had believed that the thin ideal was healthy when she was young. Once in recovery, she expressed concern for young people who might lack the knowledge that she had gained in her recovery process.

Amanda: I just don't think it's good for people to watch it - especially younger people that don't realize that it's not good to watch it. 'Cause they don't know that this is not healthy. I mean there's probably teenagers sitting at home watching it thinking, 'I'm gonna be one of these people or something.' Like I could have been watching that my freshman year of college – and, it wasn't on then. But I probably would have watched it and thought, 'Oh!' you know, 'I wanna look like that.'

Many participants realized that celebrities and models also are victims of the thin ideal and have unhealthy standards imposed on them. As Molly said, "It makes me sad that they are hurting their bodies and can't have much confidence or assertiveness to stand up against the industry of films and models, things like that."

Models Meet Diagnostic Criterion for Anorexia

Due to increasing concerns about eating disorders, there has been global interest in developing weight requirements for models, and several European countries already have instituted requirements or are considering doing so. Several of the women supported the requirements that countries like Spain and Germany already have established. For example, Kristin said, "In Spain, runway models have to be a certain requirement. I think that's good, and we should do it here." Faith expressed similar sentiments in one of her media journal entries.

Faith: *Friday – 4 p.m. – Internet AOL Pop up – My family room – looking at AOL stuff.* It is sad that there are so many people in the media with eating disorders. These women are so thin. It is sad that the media pushes that ideal. I am glad that Spain has started to regulate their requirements. They have banned overly skinny models from the catwalks. Italian fashion houses have signed a pact not to use under-16-year-olds or stick-thin adult models. I hope that the rest of this industry follows in their footsteps.

The participants felt strongly that the fashion industry should require models to be healthy so people would not strive to look like an image that qualifies for anorexia. As Metkit said, "The models look like death warmed over to me....I mean you *often* see rail thin models."

Several researchers have found that the typical fashion model actually would meet one of the primary diagnostic criteria for anorexia—being 15% below what would be considered a healthy weight for one's age and height (Cusumano & Thompson, 1997; Groesz et al., 1999;

Wiles, Wiles, & Tjernkud, 1996). Kristin had done research papers on media representations of women. She expressed her concern that most American models met the criteria for anorexia.

Kristin: Society idolizes thinness and displays beauty as the models on television and in magazines. And many of these models even meet the criteria for anorexia. From what I've read, female models in magazines read by adolescents are under average recommended weight. I also remember something like that over half *Playboy* cover models are below their recommended body mass number.

During their interviews, the participants were asked to describe the ideal female body image that the media portray. Several of the women described an image that might fit a description of a woman with anorexia. Abigail noted that the women "needed more meat on their bones." Part of Enchantment's description was "she's so skinny that you can almost see her ribs." Grace described the ideal as "Tall and very, very skinny. *Really* skinny. Ribs showing. Hip bones poking out. Not really a lot of anything." Similarly, Sarah said, "Hipbones sticking out a little bit. You always see that. Because they always wear those little cut bathing suits - or jeans or whatever. And maybe the ribs poking through just a little bit."

Extremely Thin Models Suggest There's No Such Thing As Thin Enough

Some researchers have found that social comparisons with fashion models are most dangerous for women who already have developed eating disorder symptoms, particularly if they are competitive in nature (Burkle et al., 1999;). According to Thomsen et al. (2000) magazines served to reinforce the cultural thin ideal, even when the women were at an unhealthy weight and were urged by family, friends and physicians to gain weight. For the women with anorexia, magazines helped to rectify cognitive dissonance they experienced, confirming that being extremely thin was a positive achievement. As Lager and McGee (2003) have argued:

One of the most frustrating and contradictory messages the woman learns from popular magazines and from articles about anorexia is that the low weight of models in the media are the 'normal' and 'natural' state of the female body. It simply shows that even the women our society idealizes as icons of feminine beauty have internalized the lesson that there is no such thing as thin enough. (p. 283)

Not only were these participants trying to achieve the size portrayed in the magazines, but as their disease progressed, they tried to become even thinner than the models, not perceiving them to be too thin or unhealthy. Michelle discussed how she used the extremely thin models to justify, to herself and others, that there was nothing wrong with her.

Michelle: When I was anorexic, I just compared myself to those women that were smaller. It probably just reinforced the idea that ‘Oh, I’m not too thin. I’m still okay. I’m still healthy.’ And, when you can look in a magazine and see all these people who look the same, then, you can rationalize whatever you want. (She laughs.) I don’t think that now.

Once in recovery, Michelle expressed concern for young girls who might engage in the type of comparisons she had: “I *don’t* like all the ads. Or all the fashion models that are *stick* thin. I do think that’s bad, especially if they’re role models for younger people.”

Attribute Responsibility to Individual Celebrities

Through their recovery process, all of the participants came to believe that the media collectively have played a significant role in our culture’s body-image obsession. The women also learned to attribute some responsibility to individual celebrities for contributing to the perpetuation of an unhealthy, unrealistic thin ideal. As Rylie said, “It’s exploiting that whole image of what beautiful is supposed to be.”

Many of the participants discussed how some celebrities had looked better prior to recent weight loss. Lindsay Lohan was the celebrity most commonly discussed in this regard. For instance, Rylie shared her perspective in her media journal about the media coverage of Lindsay.

Rylie: *Saturday, July 9, 2005 @ 3:00 p.m. - Magazine: US Weekly - Waiting to get waxed.* I’m flipping through a recent copy of *US Weekly*. This article is about Lindsay Lohan. She used to be so gorgeous. When she had her full figure and red hair, I thought she was the prettiest girl. I wanted to look like her. In the video *Over*, she was thin and so beautiful. Now, she’s hideous.

During her interview, Rylie elaborated on her thoughts: “She looks *horrible*.’ I didn’t want to even see *Herbie Fully Loaded* ‘cause she looks so horrible. She looks really bad, like this skinny little image.”

Rylie actually had colored her hair red because she admired how it looked on Lindsay Lohan: “I loved her body when she was at her normal weight - with the red hair. I actually had red hair up until a couple months ago. Not anymore.” Rylie changed her own hair back to her natural color when she lost respect for Lindsay because of her extreme weight loss. Rylie had looked to celebrities as role models in her life, so she expressed concern for young girls who might do the same.

Rylie: I liked Lindsay before she lost the weight and dyed her hair blonde. I always found her to be beautiful. I used to think, ‘She’s so pretty. She has the best body.’ In *Over*, I was just sitting there like, ‘Wow that is gorgeous.’ I saw *Mean Girls* and *Freaky Friday*, and I always thought she was *so* pretty. With her hair and everything, she was so naturally pretty. It was very *weird* in Hollywood, because red hair is not the typical blonde, and she was not the typical skinny, I mean she was thin, she had a very nice body, but she wasn’t extremely thin. I used to be like, ‘Wow, that’s a good role model for a young girl.’ Not anymore. It really bugs me.

Several participants also discussed how Christina Ricci had lost too much weight. For example, Kerry thought that Christina Ricci was healthier-looking in the movie *Pumpkin* before her extreme weight loss: “I like Christina Ricci’s body in this movie - when she was still curvy.”

Ironically enough, my interview with Kerry was about one month after Christina Ricci was featured in the May 2005 issue of *Jane* magazine, in which she discussed her battle with anorexia and bulimia. This article is discussed in further detail in the next section *Media promote Misconceptions about Anorexia*.

In recovery, the participants tended to be much more critical of people who were extremely thin, especially those who were in the public eye. Many of the participants were critical of Nicole

Richie's "stick thin" appearance. For example, Molly reacted to online media coverage in her media journal.

Molly: Fri. 7/14 @ 11:00 - People magazine - online - My bedroom. Checking my email and starting homework - Pictures of Lindsey Lohan and Nicole Richie. They look disgustingly thin!!! Don't they realize how many young people they are affecting negatively?

With wealth and fame comes power. The participants were most concerned with the power today's celebrities wield over young people, particularly with regard to body image.

Rylie: It's funny 'cause we'll be all like, 'They're super stars, and they have their own lives, blah, blah, blah.' But at the same time they're getting paid to be almost role models for us, and it's like I understand that it's human. (She laughs.) They make mistakes just like I made a mistake and everyone makes mistakes. But that's just not right.

Most of the participants believed that with the inherent power of celebrity status comes responsibility and the obligation to be healthy role models for young women, and they disdained celebrities who were irresponsible about serving as a respectable role models. The participants criticized celebrities who took drastic weight loss measures with the same fervor that they applauded celebrities who challenged the mediated thin ideal. For example, Jordan described why the portrayals of Nicole Richie made her concerned for young women.

Jordan: Nicole Richie drives me insane 'cause I just think she's way too skinny and it just irritates the crap out of me to see her like waif thin walking around. I cannot *stand* - I know and I understand that she wanted to lose a little bit of weight to be healthier, but she's just gotten to this far *extreme*. And I just I can't *stand* anyone who is in the public eye that much. Not that Nicole Richie's gonna be necessarily a *role* model, but it just drives me *crazy* seeing her. Even like Mary-Kate and Ashley Olsen - like they had such a *great* following. And I'm kind of like the Reese Witherspoon. I guess if I was a Hollywood personality, I think that's what I would be like - just because I feel like these people have a social *responsibility* -especially with *young* girls to just show them that they don't need to be that *small*, like I just don't think it's healthy.

The participants used to view thin celebrities as sources of inspiration. Once in recovery, they tended to be disappointed in celebrities who were too thin. For instance, Enchantment described how her perception of Jessica Simpson changed over time.

Enchantment: I saw her in concert for my 15th birthday. I used to like her a lot, and I used to watch her show *Newlyweds*. Now it seems like - I guess just recently when she started filming her movie *Daisy Duke* (actual name of movie is *The Dukes of Hazard*) I was kind of disappointed 'cause she was doing all this hard core diet and working out stuff.

When these women had been in the midst of their eating disorder, they admired celebrities who were extremely thin. Once in recovery, however, the participants were more interested in seeing healthy women who respected their natural body type. During the time that I was conducting the interviews for this study, Jessica Simpson had lost a significant amount of weight, which caught the participants' attention. Faith described her perspective.

Faith: Jessica Simpson had a normal, healthy, proportioned body. And then, she went on this crash course diet, or whatever she did to become stick thin and make her body look like the way it wasn't built to look. I can't say that it looked bad. It's not like she looked like she was going to fall over, but you could tell it wasn't healthy. And it wasn't normal for her body type. It was something that she had to *make* happen. It wasn't natural. So *that* really bothered me.

The participants indicated that celebrities who defied their natural body weight set unhealthy examples for young women who look to young celebrities as role models. Some of the participants indicated that they were more "forgiving" of celebrities who seemed to be naturally thin, even if they lost an unhealthy amount of weight.

Rylie's conflicting perspectives about two celebrities who had received media coverage for their extremely thin appearance may be helpful in this regard. As discussed above, Rylie had been critical of Lindsay's extreme weight loss, a reaction that serves as a stark contrast to her perception of Mary-Kate Olsen, who still triggered her desire to be thin.

Rylie: *Thursday, July 7, 2005 @ 12:00 p.m. - Full House - My dorm room - Eating lunch.* As I sit here, eating, all I can think about is how I should not eat so much. Also, watching *Full House* reminds me of how pretty Mary Kate and Ashley Olsen are. Mary Kate is so pretty, and now she's amazingly thin. It reminds me of how bad I want to be thin again.

The Olsen twins had been role models for Rylie, and she seemed to identify with them. Of all the participants, Rylie had followed the Olsen's lives most closely, prior to and during the time when Mary-Kate was diagnosed with anorexia.

Rylie: In the *Full House*, I didn't think she looked bad. (She laughs.) I just thought she was gorgeous. I thought she was gorgeous when she weighed 90. She was never normal weight though. She was always a very thin girl who's never been heavy. When she did *So Little Time*, I followed those. I mean, (laughing) I was always in love with them. They were always my role models. So when they went to NYU then I was like, 'I love NYU anyways. I want to go to NYU and meet them!' They were just great role models for me.

Rylie's comments also indicate that she perceived Mary-Kate's weight loss to be much less drastic than Lindsay's, which partly may explain why she was less critical of Mary-Kate. As Rylie said, "She was *always* tiny though. It wasn't extreme."

By the time there was extensive media coverage of Mary-Kate's eating disorder, Rylie had returned to what she perceived to be a "normal weight." She was in her initial stages of recovery, and she missed the identity she used to have as a thin person. Rylie's mother had forced her to gain weight, but Rylie had not yet committed to the *process* of recovery: "I had just started really putting back the weight, and it [the coverage about Mary-Kate] caught my attention. I was like, 'Man, she looks good even now, thin.' And it almost hurt to see her 'cause I had wanted to be that way."

Media Promote Misconceptions about Eating Disorders

I was always so hungry. I was always dizzy. I couldn't concentrate.
I had horrible headaches. I had the worst insomnia. My hair was falling out. I fell down. I passed out. I started losing my eyesight. I was constantly throwing up blood. I was cold all the time. I started getting facial hair. My skin had turned gray. I hated myself.
I was having heart problems. I had palpitations. My heart was ready to stop.
I had a heart attack. I started vomiting. My throat was raw and burning.
My teeth were destroyed. I started taking laxatives. I had to withdraw from college.
I lost my job. I was miserable. I lost all my friends. It tore my family apart.
I wanted to die. I couldn't afford treatment. I wanted to stop. I couldn't stop.

These statements are from the women in this study. Through personal experience, they truly understood the horrifying reality of what it is like to live with an eating disorder, a reality that they strongly believed the media did not portray accurately. Across the board, the participants in this study had oppositional readings of the media coverage of celebrities with eating disorders.

The participants discussed how media messages leave the public with the impression that anorexia is equivalent to an extreme diet, and that it is a “lifestyle choice” that easily can be jumped into and out of, which is *not* the case. As Molly said, “There’s just so much misconception out there. And the media make it seem like, ‘Oh, I wish I could be anorexic for five days.’ If they had any idea what living like that is like.”

According to O’Hara and Smith (2007), print news articles simplify and sensationalize eating disorders, as opposed to presenting them as complex medical phenomena. “The news media both reflect and perpetuate public beliefs about EDs that can impede diagnosis and treatment of these conditions” (p. 49).

Media Focus on Appearance and Weight, Not Underlying Issues

By focusing solely on a woman’s appearance, the media’s coverage of celebrities with anorexia ignores a tremendously important component of anorexia, the underlying issues. During her interview, Charlotte discussed how she truly had believed that anorexia was all about body image and just wanting to be thin. She described how she had to learn to work on her underlying issues to progress in her recovery process.

Charlotte: They [therapists at her treatment center] would say, ‘There’s always something, it’s not about food. It’s about your feelings. And I was like, ‘Whatever. No it’s not. Up my butt! It’s about me being skinny, or how I see myself – like my body or whatever.’ But it really *does* have a lot to do with underlying issues, and it’s not all about how you look, like the media make you think it is.

Noah also discussed how it took her some time to realize that her eating disorder was not all about vanity: “I’ve only recently realized that this is a coping mechanism. I didn’t really understand. For the longest time, I just thought it had to do with weight and body image.”

Many of the participants in this study were frustrated with the media’s limited focus on the *appearance* of anorexia. Molly’s media journal entries strongly expressing her level of anger with bolded capital letters and exclamation marks. In her interview, she was equally as animated, as she expressed her frustration with the media’s portrayal of celebrities.

Molly: Celebrities’ weights are something that strikes a nerve with me. Even if a magazine article is saying that they are too thin, the media are still focusing on people’s weight and size, which should *not* matter at *all!* They are glorifying a sickness and the cycle just continues! If they want to write an article about these shrinking stars then they should find explore their emotional and mental state and not solely focus on their weight!

The participants discussed how the media’s limited portrayal to the visual emaciation of women with anorexia contributed to misconceptions about the nature of recovery. By focusing solely on the celebrities’ weight, the participants indicated that the implied message was that the solution to anorexia was simply to eat. As Jamie said, “They make it seem like you can get over anorexia if you just eat a cheeseburger!”

Many of the participants discussed how anorexia is portrayed in the media as an extreme diet with vain motives. This type of depiction suggests that recovery from an eating disorder is simple, which *all* of the participants now knew was *not* true. Amanda was doing work on the Internet one afternoon, and she described a segment of a movie that caught her attention.

Amanda: I heard a man in the movie yell, ‘Why don’t you just go eat something!?’ ...He was making fun of his anorexic supermodel girlfriend....They were in a fight, and he told her to go eat. And my roommate was just like, ‘Oh that’s funny.’ And I was like, ‘No. I don’t really think that’s funny. It’s not that easy.’

Publishing Celebrities' Weights

The participants indicated that many magazines publish celebrities' weights. For people who use the media as an informational source of comparison, knowing the weight of a celebrity could be problematic. As Rodin et al. (1985) have contended, "For many women, weight is a quick and concrete barometer by which to measure oneself and one's worth—how well one is doing as a woman" (p. 290). By publishing the weight of a woman with anorexia, the media reinforce a patriarchal focus on weight as a measure of self-worth. More importantly, this study has suggested that these numbers may serve as an indicator for some women of how successful they are (or were) at being anorexic. For instance, Rylie described her reaction to knowing Mary-Kate Olsen's weight: "I was never their weight. I was never 97 pounds. So I guess that's part of why I felt like I was never anorexic enough. They were lower than I was."

Rylie's comments illustrated the potential for the media to define what weight "qualifies" someone to be anorexic. During her interview, Rylie said that she had seen Mary-Kate and Ashley Olsen's weights published in magazines a few times. Her recollection of the twins' weights may explain why many of the participants seemed to believe that weighing less than 100 pounds was one of the qualifications for anorexia: "I think it was like oh – 100, maybe like 105. Actually I think Mary-Kate went down to 80s. That's what I think it was - like high 80s and her sister - like 100. Ashley was always thin."

The 100-pound mark held significant meaning as a measure of being a successful anorexic for the participants. For some women, *not* achieving the 100-pound mark served as evidence that they were not anorexic. For example, Molly described her reaction when her high school guidance counselor first confronted her: "I was extremely defensive. Even then I questioned it because I felt that I wasn't thin enough to have anorexia. I truly believed I didn't have anorexia."

And I confirmed that belief with my weight.” Molly continued to lose weight, and it wasn’t until she became extremely physical sick and afraid to eat an ice cube that she realized she needed to get help.

When the media print the weight of a woman with anorexia, they contribute to the public’s perception of the criteria, and there is not a specific weight that defines anorexia. Rather, *one* of the criteria is being 85% less than an expected weight for an individual’s age and height. Thus, it is possible for a woman to be more than 100 pounds, and still meet all four of the criteria for anorexia, only one of which is related to the *number* of an individual’s weight.

Celebrity Coverage Contributes to Fine Line

Rylie’s comments point to another critical issue that the participants discussed. She described her perception of the media coverage of Mary-Kate when she had anorexia.

Rylie: It’s kind of funny because it was all so comical. Like, ‘Look how small Mary-Kate’s ankles are.’ And then you look at Ashley’s, and they’re not that much bigger. They’re like, maybe a tiny bit. So it was funny. Well, not really funny. You could see she was anorexic, anyone could. But at the same time, she was always thin, so it wasn’t such a dramatic change.

The participants indicated that the media present contradictory representations of emaciated female body types, blurring the distinction among conspicuously thin celebrities, bone-thin models, and images of women with anorexia. The issue is further obscured by the fact that the average model is now more than 20% underweight, which meets one of the diagnostic criteria for anorexia (Tiggemann & McGill, 2004).

Molly’s comments illustrate how fine that line really is. In her media journal, she expressed outrage at the media’s portrayal of actresses with anorexia.

Molly: *Tues. 7/19 @2:00 PM - AOL top news stories -My bedroom - Procrastinating doing my homework.* Finally, there’s an article about how much thinner the actresses have gotten over the years. OK, There are 6 actresses profiled with current photos and photos from a few years ago and the difference is frightening!! However, the “before” photos are

just as sickening!!! As for the after photos, they all need to be checked into a hospital ASAP!!!

During her interview, Molly elaborated on the thoughts in her media journal. She described why the *People* magazine article “was a huge thing” for her: “Of *course*, they are too thin - they were too thin before and they are disgustingly thin now!”

Celebrity Denials Blur the Line

The participants indicated that when emaciated celebrities deny that they have an eating disorder, they further blur the distinction between “acceptable” skinniness and anorexia. For instance, Sarah discussed an article about Lindsay Lohan that had caught her attention.

Sarah: They were accusing her of having an eating disorder ‘cause she’s dropped tons of weight. And Lindsay was saying that she didn’t have one. She had some quotes saying something about she’s been on a strict diet, and she’s lost her baby fat, or whatever.

When celebrities attribute an emaciated body to losing baby fat, they further confuse young women, especially in a culture with an inflated value of the thin ideal. In her media journal, Molly expressed her indignation with celebrities who deny that they have a problem.

Molly: *Fri. 7/14 @ 11:00 - People magazine - online - My bedroom. Checking my e-mail and starting homework - Pictures of Lindsay Lohan and Nicole Richie. They look disgustingly thin!!! How can they say they have gained weight and don’t have an eating disorder when they look exactly the same and can not be healthy!*

Be Skinny, Get Famous

The issue is compounded when celebrities gain media attention and publicity for weight loss. For these women, media imagery promoting the thin ideal had served as a set of cultural codes or rules, which set the stage for their initial desire to lose weight and their eventual development of anorexia. Like many of the participants, Jane expressed her concern about the effect of the thin ideal on young women.

Jane: Unfortunately, more and more of the young actresses are really losing weight and looking extremely thin nowadays which does not set a good standard for young girl, or any

female for that matter....People get too much publicity when they lose weight and are thin, so the media just adds to the glamour of it.

Many of the participants had oppositional readings of the extensive media coverage of celebrity weight loss. The most commonly mentioned celebrities were Nicole Richie and Lindsay Lohan, who even made headline news on TV stations such as CNN. As Eliza said, “There’s something wrong with that picture.” (She laughs.)

Faith was online one evening on ncnlocal.com, and she saw something that caught her eye. She recorded it in her media journal, and she brought a copy of the blog to her interview.

Nicole Richie and Lindsay Lohan used to be considered trashy famous-for-nothings. Now that each has turned up her nose at the ‘healthy’ body image and embraced the waste-away silhouette, the pair’s fame has skyrocketed. The smaller a star’s dress size, the more attention she receives. What kind of message are we sending to girls? Be skinny, get famous?

Drawing Visual Attention to the Issue Sends Contradictory Messages

Nearly all of the participants discussed the danger of the duality of the media’s portrayal of thin celebrities. Eliza had a self-protective oppositional reading of the media’s seemingly positive portrayal of celebrities with anorexia. She was in her therapist’s office and she had seen five pages of “Hollywood Diets” with before and after shots of dramatic weight loss.

Eliza: The article says nothing about being unhealthy or sick, but rather glorifies the feat these celebs. [sic] have achieved. Included are snapshots of the gaunt-looking Mary-Kate Olsen, the diminishing body of Lindsay Lohan, and a sickly thin Jessica Simpson next to an old photo of her former curvaceous body. The pics of Mary-Kate are disturbing. She’s standing on the red carpet looking like death but somehow happy and surrounded by fans, beaming. Her supposed bout with anorexia appears to be unnoticed....As I’m flipping the page, Anorexia rears her nasty head and says, ‘Wow, she looks great! Damn, I miss being so thin.’ While my recovered self says, ‘How screwed up is that?’ I know the truth behind the pictures, but I can’t help but be affected. I don’t care the least bit about these popular celebs, but somehow their image speaks loudly, even to me.

All the participants expressed opposition to the media’s portrayal of celebrities with eating disorders because the nature of the portrayal did not serve as a disincentive for them when they

were young women. As Jane said, “*Now*, I think that so many celebrities really look sickly. But when I was anorexic, I truly believed this looked good.”

Faith discussed how she used to view the media coverage of celebrities’ extreme weight loss. She had brought several media examples with her to the interview, one of which was a *Life & Style* magazine with coverage of increasingly thin celebrities, such as Lindsay Lohan and Nicole Richie.

Faith: A magazine with *Skinny 911*, I would have bought four years ago and been like, ‘Oh MAN, what can I do to look like that?’ And Nicole Richie is like skin and bones on the front of the magazine. And it’s just a different mentality now. Now, if I buy a magazine like that, it’s to get Hollywood’s side of the story. To figure out what images they are trying to promote.

The participants were concerned about the media portrayals of celebrities with anorexia because there was no indication that anorexia is a serious disorder with life-threatening consequences. Rather, the participants perceived the media to contribute to rampant “social anorexia” by providing imagery that idealizes emaciated-looking bodies. As Eliza’s journal entry indicates, she was able to disengage from her desire for the thin ideal by reasoning with her lingering “Ana voice.” But like all the participants, Eliza knew how long it had taken her to develop skills to negotiate such imagery, and she was concerned for young girls.

During her interview, Sarah described why she was concerned for others: “I’ve been there, and you don’t want anyone else going through that. Just because personally I know what it’s like, and I wouldn’t *ever* wish that on anybody. I *hate* to see that people are going through it.”

Many participants discussed how media coverage of celebrities who are “too thin” could be problematic. Rylie shared her thoughts in a media journal entry.

Rylie: *Monday, July 11, 2005 @ 4:00 p.m. - TV: VH1’s ‘How Thin is Too Thin’ - Working out.* As I do my cardio in the gym, they have the show ‘How Thin is too thin?’ on VH1. I didn’t listen to it, but I could see it. I’ve seen this show before. The ironic part about this show is it is supposed to be showing how ‘unhealthy’ it is to be thin and how Hollywood

pushes thinness to an extreme, and yet they are at the same time, inevitably, pushing that image on people. VH1 shows Britney Spears and Lindsay Lohan all the time, then they go around saying they are 'too thin.' The truth is, as someone watches that show, they are going to want to be thin, because 'thin is in.' It's horrible that they do this, they make a program to show the unhealthy side of Hollywood and yet they have the opposite effect on many different people.

During her interview, Rylie elaborated on her journal entry. Her comments reflect what many of the participants in this study had indicated.

Rylie: In some part of my mind it's like, with media, exposing it as a bad thing, and yet what it teaches girls is she's gorgeous even thin and, and look how much attention she gets because of it. So it's kind of a double-edged sword almost. Like we can expose it as a bad thing, but it doesn't mean that's the way people are gonna take it.

Several participants also were frustrated that the media, primarily magazines in grocery store aisles, will print headlines indicating that extreme weight loss is negative, yet photographs of sickly thin celebrities are "plastered" all over publications. In general, the participants' perception was that the media did draw attention to the issue of eating disorders, but not in a manner that was helpful. For instance, Eliza discussed her perception of the media coverage of Mary-Kate Olsen and Lindsay Lohan.

Eliza: Kind of does more damage, I think, than it helps. It was just before and after - dramatic weight loss. And it seemed like they were glorifying it. I mean, like they did make statements like, 'Lindsay Lohan's fading away.' (sarcastic) And it was all dramatic. But it was more like it was glorifying it, because it had all these photographs. So that kind of bothered me. It just talked about how women are bombarded with this stuff, but yet they were *showing* it.

Overall, the participants were opposed to the focus on the photographs themselves. Across the board, they thought that the media drew too much *visual* attention to the issue.

Molly: Pretty much *any* pictures of Lindsey Lohan or Nicole Richie just send chills up my spine and makes me want to scream! They [the media] write these stories and think they are educating the public, but in *reality* - they're giving attention to something that already has *too* much attention. It made me angry because they glorify these actresses' weight while putting these images out there for everyone to see.

Even if the media have only one photograph of a celebrity, it's likely that the same image will be plastered all over several publications. Images tend to stick in people's minds, and the participants described the imagery of anorexic celebrities as inescapable, much like the diet messages they could never completely avoid. Most of the participants noted that magazines are placed in prominent locations where the audience is somewhat captive. Courtney talked about the media coverage of Lindsay Lohan's weight loss that caught her attention in a grocery store checkout line.

Courtney: Nearly all the magazines were covering it, and there was this one picture, the same picture of her, in this silver dress or something, and she looked super, super skinny. And gosh, I think I saw that picture maybe two or three times.

The participants expressed anger about media messages implying that a celebrity looks good, even *with* an eating disorder. For example, Charlotte described a magazine article she had seen about Nicole Richie.

Charlotte: She's got a real bad eating disorder, she's *real* small. I mean they were even talking about it in the magazine. You know, there was like an article about like, 'Does she have an eating disorder? blah, blah, blah, blah' But then every other page is her at this premiere here, and her *there* and 'Look how great she looks. Look how pretty she is.' And I'm like, 'Well, that's not right.'

One of Rylie's friends was anorexic, and the two of them were talking about magazine photographs they had seen of Lohan: "My friend was like, 'Have you seen Lindsay? She looks so good! She's lost all this weight. She's anorexic, blah, blah blah.'" During her interview, Rylie discussed her anger about magazine coverage of Lohan: "They were saying that she never looked better. It's no secret that she has an eating disorder, so by saying that it is setting young girls up to say that they too want to be thin."

Soft News Coverage of Celebrities with Anorexia is Not Taken Seriously

Research has indicated that the high representation of celebrities with eating disorders in magazines actually encourages eating disorder behavior (Levitt, 1997). O'Hara and Smith (2007)

have found a connection between eating disorders and the entertainment industry, with nearly half the stories that mentioned eating disorders placed in entertainment-related newspaper sections. Entertainment stories are generally seen as “soft” news: personality-driven and lightweight (Patterson, 2000). As O’Hara and Smith (2007) have contended:

The pattern of ED article placement thus raises the possibility that newspaper writers are more attuned to EDs as a source of titillation – a soft topic that belongs on the gossip page along with celebrity divorces and other scandals – than as an issue that deserves serious consideration and possibly societal response. The placement of many articles discussing anorexia and bulimia in the entertainment pages suggests that EDs are only newsworthy in the context of famous people who suffer from them. (p. 48)

When the media publish a story about a life-threatening illness in the context of entertainment, it suggests that anorexia does not warrant serious concern. As Rylie said, “It’s sad because I know the media just publishes these stories about celebrities with anorexia to sell magazines. They don’t take the issue seriously.”

Some participants were outraged at the media’s lack of concern or compassion for young girls who are more vulnerable to media messages. Molly shared her thoughts.

Molly: The *People* magazine article about whether certain actors are getting too thin made me angry because they print these stories without thinking about how they are affecting others - young girls, people struggling with eating disorders, even people who struggle with their weight! I mean, do they realize how they’re affecting young girls? Do they know that some of these girls post their pictures in their closets, lockers and even in their bathrooms? What’s worse is that this is one story in one magazine and tomorrow it will be forgotten! These insane ideals will continue.

Celebrities do a disservice to women when the manner in which the nature of the representation of their battle with anorexia appeals to the inherent fascination that people have with unusual human behavior. As Emma said, “I think magazines glamorize eating disorders not necessarily because the person is thin, but because it exemplifies their inhumanness - her ability to push past normal limits - and we as a culture are fascinated by that.”

The participants thought the media portrayed celebrities with anorexia in almost a positive light, portraying extreme weight loss and even anorexia as something to strive for, a feat to be accomplished. For some women, particularly those who tend to be competitive, this type of portrayal may serve as an incentive to challenge their body with extreme dieting or starvation.

Barbara: You read all these stories about these girls who get put in hospitals and who get sick, 'cause they're not eating anymore. And there was this certain kind of sick glamour attached to it. And then, there was this insane thing that you ask yourself, 'I wonder if *I* be like this?' And then it turns out that you *can* be like that. I don't know if it's like self-imposed, because you ask yourself, if you *could* do it. But then it just happens and it takes its own course from then. And you can't think straight anymore. So I probably realized what was going on when I couldn't stop it anymore.

For Abigail, informational Web sites about anorexia just served to encourage her to test the limits of her body. She discussed how the sites provided her with benchmarks she would try to meet to become "anorexic."

Abigail: I remember there were sites that had the criteria for anorexia. When I was down to 105 pounds, I was like, 'I wonder if I could get below 100.' It seemed like the sites focused on being under 100. But it became a numbers game for me. And then, I was *way* below the 100 pound level. And then I was like, I wonder how far I can go before somebody says something. The Web just – it fed into the whole disease. It was like putting fuel on the fire.

***Lifetime* Movies Served as a Learning Resource or Trigger**

Many of the participants discussed how they had perceived women with anorexia as being special. This perception was in part due to *Lifetime* movies they had seen when they were younger. For women who have low self-esteem and are seeking love and attention, these types of portrayals may make anorexia look enticing.

Isabel: Just in general - they *glamorize* them. I mean, from *my* perspective. For someone who *hasn't* had an eating disorder, it might be different. But from *my* perspective, they do. Like, I can remember being 10, and watching some movie about anorexia. Like, Tracey Gold having anorexia or whatever. She was in the movie. And I remember thinking, she's *so* special. This is so cool. Stuff like that.

Several women discussed how *Lifetime* movies actually served as resources for learning tips about eating disorder behaviors. Diamond said she learned to use laxatives from watching a *Lifetime* movie starring Tracey Gold.

Diamond: I was always fascinated by the *Lifetime* movies about, you know, like Tracey Gold or just different females that I knew had eating disorders. I was kind of like ‘Oh wow!’ Like ‘How’d they hide it?’ you know, ‘What’d they do?’ (laughing) ‘What were their tricks?’

Other participants adopted new eating disorder behaviors after seeing *Lifetime* movies.

Isabel shared her reaction to a *Lifetime* movie she had seen in the initial stages of her recovery process, when she was not yet committed to getting better.

Isabel: When the movie came on, I was all into it. It was about a girl who had bulimia. And then after I watched it, I purged. It was kind of weird.

D: Can you remember your thought process at all?

Isabel: Oh, yeah. I mean, every now and then, I’d get into this thing where I *decided* that I was going to be anorexic again. It lasted like a *day*. (She laughs.) I was like, ‘I’m *going to do that*.’ So at *that* point, I was in that mindset, and that movie happened to come on, and I was like, ‘Oh great! I can throw up everything I eat. And I’ll only eat a little bit at the same time.’ It was like, ‘Great! A new *tool!*’

Sarah was the only participant who remembered the specific names of some of the movies:

“One was *For the Love of Nancy*. She’s a recovering anorexic, and it takes you into her mind.

Her family tries to get a court order to put her in treatment. And then there was *Dying to be*

Perfect.” Once Sarah was completely committed to her recovery process, she had to force herself to avoid movies of this nature.

Sarah: Sometimes when I still had my eating disorder, I would watch them anyway, just because they *were* triggers. Watching those movies - it reinforces the behavior I think. Or even put within me a greater desire to even be smaller. ‘Cause I felt like - watching *them* at times, I felt like I wasn’t doing enough. I wasn’t starving myself enough, or I wasn’t exercising enough. Or whatever.

Overall, the participants indicated that the *Lifetime* movies focused too much on the behaviors of an eating disorder, which in their minds, created more of a fascination with eating

disorders. Even purging behaviors became intriguing because there was no indication of long-term health consequences such as heart attacks or irreversible tooth damage that many of these women had suffered.

Jamie: Those *Lifetime* movies where they just show all the really unhealthy behaviors – those kind of movies just send a bad message, when it would be better to tell people how to stay healthy. Not focus on the sickness and show all that stuff. I know that Tracey Gold had an eating disorder too, and I think it's good to create awareness, but it seems like it can't really help for people to see all the behaviors. Some of my friends from treatment even said they learned new behaviors from that movie.

Many of the participants now had oppositional readings of *Lifetime* movies, especially in recovery, when they could see the potentially damaging effects. During her interview, Faith discussed her perception of *Lifetime* movies.

Faith: *For the Love of Nancy* with Traci Gold. *Moment of Truth*, a secret between friends, *really* gets me because it shows a girl teaching a girl how to be bulimic, which is disgusting to me. But it's still interesting to me to watch because I could never. I would never go out and teach someone how to do that. I mean, that's just crazy. Why would you do that? Why would you ever want anyone else to go through something like that?

Faith's comments point to one of the issues that emerged from this study. Several participants discussed how they had learned eating disorder behavior either from a friend or from the media. As Jamie said, "When a movie shows a friend teaching a girl to throw up, that kind of says, it's okay. There's nothing bad about this."

Isabel shared her thoughts about how *Lifetime* movies might serve as a more preventive measure for eating disorders as opposed to a learning tool or trigger: "People are always interested in the extreme and the unusual. If they focused more on the *devastation* of it, the *reality* of it. Like, no one does that with *cancer*. Ya' know? But with eating disorders it's okay."

Even some celebrities have said that they learned new eating disorder techniques from *Lifetime* movies. For example, in the May 2005 issue of *Jane* magazine, Christina Ricci shared

how media played a factor in the development of her eating disorder. Her comments illustrate how the nature of the portrayal appeals to human fascination with unusual behavior.

Filming the movie with Gaby was the best time but also the worst time, because that's when I became anorexic for a year.' What triggered it? 'I don't know,' she answers laughing, 'but I did get all my tips from a Tracey Gold Lifetime movie on anorexia. It taught me what to do. There was also one on HBO, starring Calista Flockhart when she was really young. She was bulimic and anorexic. She'd vomit into Tupperware containers and keep them in her closet. It was so crazy to me that for some reason it was appealing... But I didn't keep my own vomit.' (p. 138)

Tracey Gold suffered from an eating disorder herself, and it is likely that the intention of the *Lifetime* movies was to create awareness about eating disorders and prevent young women from engaging in such behavior. But the women in this study described how they had the opposite effect. As the participants have indicated, the message they decoded at the time was *not* that eating disorders were something to take steer clear of, like alcoholism, or something to take preventative measures against, like cancer. Rather, they viewed eating disorders as something to experiment with, and they learned new techniques for becoming a better anorexic or bulimic.

The participants discussed how it was important that the public understand that eating disorders are *not* about the behaviors, that symptoms and behaviors are just that, symptoms of a bigger problem. These women suggested that if media portrayals of eating disorders focused on the depression and worthlessness that underlie most eating disorders, women who be less likely to view media portrayals of anorexia as an incentive to "experiment" with eating disorder symptoms.

Pro-Ana Sites

For these participants, the hegemonic construction of the thin ideal had provided fertile soil for the development of anorexia. They had consented to the culturally constructed value of thinness, and as they embarked on their quest for the mediated ideal, they learned to ignore their

natural body signals and embrace mantras reinforcing the ultimate superiority of a thin body. Many of these mantras can be learned on pro-ana sites, which reinforce this idea.

Research has suggested that approximately two-thirds of adolescent girls seek health information online (Rideout, 2002). Furthermore, Roberts, Foehr, Rideout, & Brodie (1999) have found that nearly half of young girls looking for health information online are searching for weight loss techniques, and almost 25% are seeking information about eating disorders. Some Web sites are merely informational in nature, but others are pro-anorexia sites, offering communities of individuals who engage in and promote the benefits of disordered eating practices. Most of these sites include images of anorexic women, as well as tips and techniques for avoiding detection by health care providers, friends, and family members (Chesley, Alberts, Klein, & Kreipe, 2003)

The Internet has emerged as a powerful source of imagery, and according to Bardone-Cone & Cass (2007), the increasing prevalence of pro-anorexia Web sites has the potential to have “profoundly detrimental effects on women’s body image and eating attitudes/behaviors” (p. 537). Estimates have indicated that there are about 500 operating pro-anorexia sites (Bennett & Catan, 2007; Byrne, 2007), which are viewed most frequently by young females between the ages of 13 and 25 (Fox, Ward, & O’Rourke, 2005; Udovitch, 2002).

During her interview, Enchantment said that she used to visit pro-ana sites every day when she was anorexic. She described what she had liked about them.

Enchantment: I felt like I was in some club or something, and I had this secret, and I was special, and everybody else wasn’t. And it gave me advice and just encouraged what I was doing and said it was good and it was okay. And so I was happy about it. It just made me feel like I had a secret that no one was part of.

According to Bardone-Cone and Cass (2007), Pro-anorexia sites offer a “controversial yet flourishing, underground community of individuals who advocate anorexia as a life style choice,

rather than a psychological disorder” (p. 537). Several of the participants discussed how the media portrayal of eating disorders as a life style choice, rather than a diagnosable disorder, makes light of the serious nature of anorexia.

Kristin: When I was still anorexic. My motto was, ‘nothing tastes as good as being thin feels.’ And I wrote it down. I put it on my mirror. When I was still struggling - because I wanted to lose weight. It ruled my existence, from the time I woke up until I went to bed, and even into my few dreams.

Kristin’s reading of pro-ana sites during her anorexia and while in recovery truly reflect her transformation from thinspiration to opposition. She now strongly opposes pro-ana sites and thinks of them as a contributing factor to the prevalence of eating disorders today. Kristin had done a research project on pro-ana sites, and she shared a portion of it with me.

Kristin: A big problem is pro-ana websites. With these sites promoting anorexia as a way of life rather than a disease, it’s no surprise that eating disorder cases have over doubled since 1970. These sites also offer a place where anorexics can share tips, thinspiration pictures, talk in chat rooms, give encouragement to one another, and condemn each other for being weak. I can’t believe they’re allowed to exist. The media definitely promotes eating disorders through magazines, television, and now the Internet.

Several participants discussed how they had learned about pro-ana sites from the news. They also indicated that rather than discouraging them from visiting the sites, the nature of the coverage merely incited their curiosity. As Sunshell said, “I did go a few times simply because it was all over the news and I was curious and wanted to see what the hoopla was all about.”

Many of the participants had visited pro-ana sites for the first time after they were in recovery, and *all* of them who did so said that they were thankful that such sites did not exist when they were anorexic. The participants indicated that pro-ana sites just would have reinforced their dangerously unhealthy perceptions about the value of starvation. As Sunshell said, “It’s sad that they are presented in a way that attracts wanaabees....I’m glad they [pro-ana sites] weren’t around in my day.”

The participants said that pro-ana sites would have been appealing to them in their initial stages of recovery, either to provide them with tips about how to continue to lose weight, or to reinforce that anorexia was not such a horrible disease. Jordan learned about pro-ana sites when she *was* anorexic, and she described her reaction.

Jordan: You know it's funny, I heard that those sites existed on a news show or something, and I would frantically try to find them. (She laughs.) 'Cause I was like 'Oh how cool! I can get support on this, and I can learn new tricks of the trade - like tricking my body into thinking that I'm not hungry at one o'clock in the morning when I want a box of raisins.' I could never find them, and it pissed me off 'cause I wanted to find them so badly, and I never did. (She laughs.)

Lulu had not ever visited a pro-ana site, but she had heard of them. During our interview she expressed her concern about Web sites promoting a dangerous disease.

Lulu: They shouldn't do that. They should be illegal. Kind of like the Web sites with child pornography. That's illegal. They should *not* be able to do that. I mean, we're a free country, and we have freedoms, but that's just not right. To promote disease like that. 'Cause if little girls read it. That's the thing; young girls can go on these sites.

Coverage of Extremes Can Prevent Detection

One of the significant themes that emerged from this study is that the media portray women with anorexia as bone thin. This portrayal is problematic because if a woman does not lose enough weight to meet her media-induced perspective of the "requirement" to look skeletal, she may not even realize that she has developed anorexia. Not one woman in this study ever felt like she was "anorexic enough."

The participants had seen images of what anorexia looked like in the media, but the examples portrayed were extreme, usually showing "women's bones and ribs sticking out." So even when the participants developed anorexia and fit the criteria as defined by the DSM-IV TR, they didn't think they 'qualified' because they did not measure up to the visuals they had seen in the media. As Sarah said, "Magazine covers with pictures of celebrities on them - they just reinforced that I wasn't anorexic enough. The pictures on the front of 'em."

Like all of the participants, Faith never felt like she had “achieved” the type of body that she had associated with anorexia. During her interview, she described what her perception was of someone who “truly looks like an anorexic.”

Faith: In *my* mind, I was not the typical anorexic because I never made it to actually looking like a skeleton.... I mean because some anorexics take it *so* far that they literally look like they’ve almost decayed, like there’s nothing left but bones. But *my* body was never capable of appearing that way, even when it *was* that way. Because my frame is just – I’m not petite at *all*. So I was like, ‘I don’t get it. This sucks!’ (She laughs.)

Faith discussed how the media provided her with a vision of “a typical anorexic body.”

She also described her personal battle with anorexia had altered her perception.

Faith: I *really* think media play into all of that. ‘Cause where *else* would those ideas come from? Like, what I need to look like to be considered anorexic. I *now* know that there is no such thing as a typical anorexic. You don’t have to look like a skeleton for it to kill you. And there’s no exact size that will determine when it will take that toll on a person.

Similarly, Molly discussed how the imagery she had seen in the media prevented her from believing that she was anorexic. As she said, “I think the media’s definition of anorexia and the extreme images they showed defined a ‘thin enough’ for me. I had to look skeletal, which I never thought I did, especially compared to those images.”

Abigail did a Google search for anorexia when she was in the midst of her eating disorder. During the interview, she explained how the images of the women and the information provided on the pro-ana sites caused her to think that she was not anorexic enough.

Abigail: I just did a search for anorexia on Google, and it pulled up a bunch of sites. You could go to them and pull up all these pictures. And I was *comparing* myself. I was like, ‘Oh mi gosh, you have a long ways to go, ya’ know, I mean - to get to where *they* were.’ I was like, ‘My collarbones don’t stick out like *that*. Or poke out like that. My *ribs*! You can pinch my sides and not get my *ribs*.’ I mean, the Internet is *huge*. I can still see these pictures of these women, and I’m just like, ‘I was never like that.’

Women who visited sites on the Internet not only were exposed to extremely emaciated imagery, but they also learned about behaviors that women who had acute cases of anorexia

engaged in. For example, Rylie had visited a pro-ana site, and she described her reaction: “I never *did* what these girls did....I just didn’t see myself as the typical anorexic.”

Amanda had thought that women with anorexia did not eat at *all*. During her interview, she explained how this misconception prevented her from realizing that she was anorexic.

Amanda: Until the end, when I passed out and was diagnosed, I never actually thought it was anorexia. I mean I never thought it was anorexia because I ate. I ate three meals a day. I *never* skipped a meal the whole time. When you hear about anorexia in the media, it’s people that don’t eat, right? Like, they starve themselves.

The participants now knew that limiting the portrayal of anorexia to severe cases could have a dangerous effect. As Molly said, “Now I don’t think there is a thin enough to have anorexia. I’ve known people who were starving themselves, but didn’t look skeletal, and they died from heart attacks!”

Bulimia More Recognizable Than Anorexia

Because of the media-induced fine line between the “acceptable” thin ideal and “sickly thin,” the women in this study often did not recognize when they had developed anorexia. However, bingeing and purging seemed to be concrete actions that they *knew* indicated that they had a serious problem.

Molly: There were moments at night when I was painfully hungry that I would think, ‘Maybe something’s wrong with me - maybe I need some help.’ And of course, I knew the desire to vomit and taking laxatives was not normal behavior.

Alexandra described how her mom only became aware of Alexandra’s eating disorder because of her bingeing. Like many of the participants, Alexandra initially developed anorexia, and her eating disorder transformed into bulimia.

Alexandra: My mom did not know in the beginning. She found out about three years later when I was about 19 and had bulimia. She noticed that I bingeed. But she did not notice when I starved - because I was never extremely skinny. I was thin, but not sick thin.

Metkit was 39 when I interviewed her, and she had developed anorexia in 1984, when she was 16. She said there was not much coverage about eating disorders at the time: “It was *so* new. Or at least the publicity or awareness of it was so new.” When she was anorexic, she knew that she had some sort of problem because her clothing size had decreased to a size 0, but she did not acknowledge that she had an eating disorder until she developed bulimia, six years later.

Metkit: I knew I needed help ‘cause I was eating and throwing up. That’s not normal. I would spend all the extra money I had on food, and I would go to lots of different restaurants and eat lots of different things until I could literally hold no more and throw it up. It wasn’t really the anorexia that got me to seek treatment. It was the bulimia.

Metkit’s comments illustrate how normalized excessive thinness is American culture. Metkit engaged in self-starvation for six years, yet she did not perceive that to be a problem because she viewed dieting and the attainment of the thin ideal as an achievement. However, when her body had been deprived of essential nutrients for six years, and she turned to bingeing and purging behavior, it was more evident to her that she had an eating disorder and needed help. Metkit realized that she was thin because she fit into size 0 pants, but as she said, “I didn’t see that I had a problem until I bottomed out,” which for her, involved engaging in socially unacceptable binge/purge behaviors. Isabel said, “For me, the bulimia was a *lot* more of an issue than anorexia.”

Treatment is Not Accurately Portrayed

Research has indicated that found that people tend to overestimate the ease of “curing” eating disorders (Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000) and that news stories present oversimplified solutions to eating disorders, indicating that individuals can merely snap out of their eating disorder into long-term recovery (O’Hara & Smith, 2007). The findings from this study suggest that the media’s portrayal in the media of women with eating disorders contributes

to this dangerously false presumption. As Ramona said, “I remember thinking, ‘I always thought I could stop whenever I wanted to.’ Here I am, years later!”

Like many of the participants, Emma’s comments indicate her frustration with the nature of the media coverage about eating disorders. During her interview, she described a magazine cover that caught her eye.

Emma: *This* week has Angelina looking healthier and holding her daughter with the headlines saying something like ‘How Zahara’s Operation Saved Angelina.’ And it really pissed me off. I feel like that is an idea that the media perpetuate. You just need to find the right guy or have children or go on a retreat and you’ll just snap out of it.

The participants expressed how the media’s inaccurate portrayal of eating disorders minimized their experience. In a survey of public opinion about eating disorders, Crisp (2005) has found that the public often feels that eating disorder patients “are to blame” for their disease should just “pull themselves together” (p. 147). However, all of these women described how the recovery process was extremely challenging and did not happen overnight. As Kristin said, “I don’t think I even knew when I stopped because it’s too fuzzy. It’s not just like, ‘Okay, great!’ The road to recovery was gradual. There was never a single moment when things began to be different.” Along the same lines, Emma described her frustration with the media coverage.

Emma: They make eating disorders into this conscious lifestyle choice where you can wake up one day and say, ‘I don’t think I’ll be anorexic anymore because so-and-so needs me.’ It trivializes our experiences and it makes us appear selfish. Oh, if you really loved your family, you would choose to be better, stuff like that.

Many of the participants were outraged at the complete absence of coverage regarding treatment for eating disorders, especially when they perceived the media to suggest that celebrities can be anorexic one week but not another. For instance, Jamie commented on the media coverage of Mary-Kate’s treatment: “It was like, she went to treatment for a week or

whatever amount of time, and she came back all magically healed! I don't know *anyone* who recovers that easily. But the media make it seem like you can."

Research has indicated that treatment for eating disorders is expensive, complex, and often involves inpatient hospitalization, intensive therapy, and psychotropic medications. Furthermore, long-term recovery studies with the most positive outlook indicate that only about 50% of anorexia patients recover fully, 30% recover partially, and 20% struggle with a chronic eating disorder, managing to avoid becoming a statistic of the disorder with the highest premature mortality rate (Staresinic, 2004), ranging from 5.1% to 19% (Crisp et al., 1992; Herzog, 2004; Sullivan et al., 1998).

All of the participants in this study discussed how challenging recovery is. As Jordan said, "Recovery is a bitch." Other participants said that "it's an exhausting process," or "it's a continuous journey."

With one of the highest fatality rates (Herzog, 2004; Sullivan et al., 1998), anorexia is also one of the most challenging disorders to treat (Maj, 2003). Nearly all of the participants suffered for years before they sought help, and many participants had to go to several inpatient treatment centers, spending thousands and thousands of dollars before they even started their road to recovery. For example, Grace described her recovery process.

Grace: Recovery is *slow* and *hard!* It was over a lot of years. It took a *lot* of time. It wasn't like an instant, 'Oh, I'm not afraid of food. Oh, I can handle this weight gain. Oh, by the way, I was assaulted. I'll just get over it.' All of those painful wounds. I had to walk *through* all the underlying stuff that created my eating disorder in the first place, like my assault. All of that. And with that, comes ups and downs. Some days, the best I could be was maybe to throw up five times, but, I didn't throw up the *other* five times that I *wanted* to. I mean it was two steps forward, one step back. And the last two times at treatment programs, I was pretty desperate....It finally stuck the last time.

Despite medical studies that have shown there are serious health consequences from eating disorders, including heart failure, decreased bone density, kidney failure and dental erosion

(Walsh & Klein, 2003) as well as high premature mortality (Staresinicm, 2004), only 3% of respondents perceived anorexia and bulimia to have physical consequences (Murray et al., 1990). In a more recent study, O'Hara and Smith (2007) found that most of the news coverage they analyzed did not communicate the message that eating disorders can have severe physical effects and typically require professional treatment.

When the media portray a serious disease so lightly, it trivializes the experience of someone who has suffered, or *is* suffering with an eating disorder. For example, Courtney shared an experience she had while on a trip with her family to San Diego

Courtney: I went on a trip with my parents to San Diego - me and my twin sister and my parents. We were out one night, and I had - let's see - a skirt on and a top. And it made me look really small. I mean, there were some outfits that I could have hidden it better, you know, me bein' so skinny. But I looked really skinny in the outfit. Anyway, we went to a piano bar. And the people at this piano bar were very, *really* outspoken. They would pick people out of the audience and crack on 'em or whatever. So we were in that piano bar, and they were just pickin', people out of the audience and just jokin' on 'em or whatever. And so they noticed me and my sister, I guess because we're twins or whatever - and they told us to stand up. And they were like, 'Hey. You two right there, y'all stand up.' And this bar was crowded. It was packed to the max with people. And the guy said, 'Are y'all twins?' And we're like, 'Yeah.' And he was like, 'Oh okay. Hey! We got some twins in here. Yeah, as a matter of fact, they look a little bit like the Olsen twins, don't they?' This was when all the stuff was going around about the one Olsen twin with the eating disorder. He was like, 'Yeah they do, they do. Yeah, uh, eat something.' And just like really, really loud. And I was like, 'Oh god.' And everybody was just laughin' and stuff. And he was like, 'Okay y'all can sit down now,' or whatever. And so, my parents knew then that I wanted to leave. So I went back to the hotel room, and I just cried.

The horror and humiliation that Courtney felt may be better understood if one of the Olsen twins had been battling with terminal cancer. The participants indicated that the media need to portray eating disorders as serious illnesses with specific diagnostic criteria, not merely as temporary lifestyle choices to be joked about.

Many of the participants discussed how the media portrayals of celebrities with eating disorders do a disservice to those who have suffered from eating disorders and to the public in

general. The public is unaware of what it really means to have an eating disorder because the *reality* of what it's like to have an eating disorder is absent from the media coverage.

Emma: I read the headlines in the checkout line in the grocery store. I've been following the whole thing with Angelina. I saw her on Jon Stewart several months ago and she looked really unhealthily skinny then. So I've been reading that she's been struggling with an eating disorder and Brad is at his wits end, stuff like that. This is so bad of me to say but I thought, 'I hope she really does have an eating disorder because then she'll give attention to this cause.' Isn't that terrible? But I really wish there were celebrities out there advocating for eating disorder survivors and research and treatment and telling it like it is.

Anorexia a very serious and often deadly disease, yet it has become wrongfully trivialized and synonymous with skinny. By making light of such a devastating illness, the media demonstrate their ignorance and perpetuate damaging misconceptions about anorexia. In order prevent increasing numbers of young women developing anorexia, the media must stop trivializing and mocking anorexia and begin to approach it with the same sensitivity that would be granted to other life threatening illnesses. Perhaps if young women knew about the *reality* of the inner turmoil of anorexia, there would be more of a deterrent and less of an appeal for young women to flirt with extreme dieting, which led the women in this study to develop anorexia.

Resisting the Dominant Ideology

As Foucault (1990) has suggested, power and meaning are continually shifting in discourse, and "where there is power, there is resistance" (p. 94). Notions of health are routinely challenged, resisted, and negotiated by women, in light of social and cultural values, time, and individual circumstances (Bunton, 1997; Crawford, 1980). Armed with the undeniable knowledge of the health risks of extreme thinness, these women no longer were willing to voluntarily discipline themselves in the interest of attaining a thin ideal that they now perceived to be flagrantly conflated with health. As the participants became more media literate, their *awareness* transformed into *anger* directed at toward the source of the media messages. Molly described how passionate she was about actively resisting potentially damaging media messages.

Molly: Many people are unaware of how they are contributing to our society’s unrealistic views—that we can be, or should try to be perfect. But when approached in the right way, they are actually open and can see how damaging most of our culture is.

Empowerment Fuels Anger Channeled at the Media

The extent to which the participants held the media accountable for creating and perpetuating the thin body ideal mediated their degree of opposition. The more the participants held the media accountable, the more oppositional their readings were. Molly consistently had oppositional readings informed by outrage that the media could promote such insidious ideals. As she said, “It pisses me off so much!”

Empowerment, an important aspect of feminism, may prove to be a key ingredient for reducing societal and self-objectification. For many of the participants, critical media literacy fueled their desire to take action to affect social change. Engaging in activism was empowering for these women because it brought their personal experience into the public realm.

Through their battle with anorexia, these women learned on a personal level not to subscribe or aspire to the unrealistic ideal body image that the media prescribe. Over time, many of the women developed a strong enough sense of self to reject the media’s more destructive messages. They also learned that others would benefit from the knowledge they gained when they suffered with anorexia and from their recovery process.

An important part of the recovery process is finding a healthy avenue that allows one’s voice to be heard. This section of the dissertation illustrates how the women in this study used their personal battle against anorexia to fight the dominant ideology that had provided fertile soil for their development of anorexia.

Three Stages for Challenging Body Wars

Maine (2000) has contended that there are three stages that can serve as strategies for challenging and changing the current “Body Wars.” These stages can serve as a useful

framework through which to understand the participants' responses, their level of oppositional decoding, and the likelihood that they may one day engage in radical actions to transform society notions of the importance of appearance in general and thinness in particular.

First Stage: Individual Level

According to Maine (2000), the first level of change is at the individual level. Each individual needs to first learn how much she has personally absorbed the dominant ideology and begin to challenge her thoughts and behaviors to spend more time cultivating her inner self and less time submitting to the pressure to meet the consistently altering, arbitrary, and unrealistic beauty standards. All of the participants had reached at least this initial level of change, examining how they had been personally affected by the pervasive notion of appearance being the most salient representation of self.

Second Stage: Cultivate Personal Value System

The participants were at various levels in terms of challenging the dominant ideology and learning to develop a sense of their true self, valuing some sense of an identity defined beyond their eating disorder, and maintaining an extremely thin body. According to Maine (2000), the second step toward effecting change is to cultivate a personal value system that does not place appearance as the most salient factor in determining self worth and value. This stage also involves honoring one's body as a precious vessel that enables us to live each day to our fullest potential, *not* as an object that represents who we are. Women who were able to shed their identity as a woman with an eating disorder and adopt a new identity as a woman in recovery (or recovered) from an eating disorder had more oppositional readings. Part of what allowed these women to shed their eating disorder identity was to engage in activist efforts that involved being more public about their eating disorder history. Kristin's perspective illustrates this point.

Kristin: I wouldn't say I'm on the path of recovery. I would say that I am recovered.... I would say definitely - establishing L.U.L.A. has really helped. Like I can't start an organization combating eating disorders and *have* one. (She laughs.) So through activism I've become more recovered.

For these women, the other key component of cultivating a personal value system was establishing a sense of self *beyond* one's appearance. Noah's comments illustrate the process these women had to go through to let go of their primary focus on appearance.

Noah: I was so focused on my appearance and my weight. And I really believed that was the only thing I had built up that I had any *value* for. I think that at some level, I thought everything's going to be lost if I don't stay this thin person. And, what I found is that, you almost had to *live* it - to really at your *core* believe that you're loved for - *not* for these superficial things that you think you're loved for.

Third Stage: Activism

Several of the women in this study had achieved enough self-awareness and comprehension of the larger socio-cultural system to take the third step toward social change by engaging in varying degrees of activist strategies. The participants drew from their struggle with anorexia and their recovery process, using the knowledge they gained from their experience as a tool for effecting change at some level beyond the personal. They expressed not only a desire, but also a *need* to effect societal change. Once the women understood how the media try to target them, they were more able to carefully decipher the messages they saw and take a stand against the negative effects that the media may have on their body image. Engaging in resistant action was part of the process of recovery and un-internalizing the media-perpetuated thin ideal.

From Private to Public: Levels of Participant Activism

The women in recovery recognized the potential for activism in several capacities— intrapersonal, small group, and public settings. In addition, some women took part in activities through a pre-existing non-profit organization, and one woman started her own prevention organization in her high school.

Some women even discussed how they saw participating in my dissertation as a mechanism for helping others. For example, Sunshell said, “One reason I wanted to do this interview because when I was recovering, I had no role models who were recovered. I swore that when I recovered, I wouldn’t just ‘disappear.’”

Several women discussed how they wanted to share their stories so that others might learn from their experience. As Faith said, “I feel blessed to have opportunities like this interview. I’m *so* thankful that my struggle was not in vain.”

Using Their Voice

It seemed to be important to these women to have their voice heard because as they became more fully entrenched in their anorexia, the disease itself served as their voice and part of their recovery process involved recovering (or finding) their voice and learning to express their thoughts and feeling in a healthy way.

The participants’ need to speak out appears to stem from a desire to contribute their perspective so the dominant ideology would not subjugate others. The participants in this study expressed the need to help dispel the myths about eating disorders, including the notion that anorexia is merely a diet or a short-term weight-loss technique. Given the horror of Molly’s battle with anorexia, she had a need to inform people about the *reality* of eating disorders.

Molly: I don’t go out and broadcast that I had anorexia. It’s not something I’m proud of. If you had any idea what living that is like. That’s something that I would love to be able to do - educate people like that - and give them hope too. I want people to know - this is what I overcame. This is how horrible it was.

Historically, the work of Carol Gilligan (1982, 1991) and others points to the crucial role of women’s relationships with other women in their constructions of social reality. These women found strength in connecting with others, and they were eager to use their personal experience to educate others and contribute to prevention efforts. They also felt an obligation to share with

others what they had learned through from their battle against anorexia. In doing so, they empowered others with valuable knowledge that these women wish they had earlier in life.

Supporting Others and Creating Awareness

Many participants spoke about how it would be more helpful if they had support groups similar to those that are available for alcoholics—groups that are easily accessible in various locations and during convenient times. Toward the end of the interview, I asked Michelle what she thought would be helpful to prevent eating disorders.

Michelle: Let it be something that's talked about. And not something's that's so much a hush, hush kind of a thing. I *do* think there should be more support groups besides. I know there's ANAD, but I don't know of a lot of ANAD meetings. Whereas, alcoholics, they have A.A., and they can go any time, any day. Or, they can find friends that struggle with the same thing. I haven't found that with the eating disorder community. I think it would help if there were more support groups.

These women did not allow lack of support groups to prevent them from gaining support and providing hope to others. Part of the reason I had difficulty recruiting participants at first was because it is extremely challenging to find women who have recovered from anorexia. As previously discussed in this dissertation, anorexia has a high mortality rates, and those who survive often deal with varying degrees of relapse.

Many of the people in these women's lives completely had given up hope on them. These women are survivors in many senses of the word, and their stories truly are inspirational. What is most amazing is their desire to help others. For example, after an initial e-mail contact with Molly, we set up a time to talk on the phone so that I could describe the study in further detail to her, and this was her response: "I look forward to speaking with you and would love to use my experiences to help in any way!"

Providing Support Online

While there is no 24-hour support group such as A.A., there are several online support sites for women who are committed to recovery from an eating disorder. Several of the women discussed that this type of interaction had been helpful to them, and interacting with others served to strengthen their commitment to recovery. Molly described what had been helpful to her in her initial stages of recovery: “Hearing others’ recovery stories. Meeting people that have achieved complete recovery. It would be like an injection of energy propelling me towards my goal - knowing it is possible.”

One of the Web sites that came up often in the interviews was Something Fishy. After several participants had made reference to that site, I incorporated a question specifically asking the participants if they had ever visited Something Fishy. Sunshell used Something Fishy to provide support to others through their online bulletin boards.

Sunshell: Yeah, I think Something Fishy is a great site. It’s *huge*. It’s recovery oriented. It has tons of new research on it, and is just very thorough. I don’t really post about myself, but I pop in to give support and hope to others.

Sunshell provided an example of someone who offered help to others on Something Fishy. Other participants described how they had used the site for support. Michelle described why she found the site helpful: “People’s individual stories helped. There were a couple of really sick people who had gotten better, and it just gave me some hope.”

Eliza also said the site was extremely helpful to her in her recovery process. What she found most helpful about the site was that it was available 24 hours a day, so she was able to use the people who visited the Web site, rather than waking up a friend to support her in the middle of the night.

Eliza: I *love* that Web site. When I first started recovering, I used that *all* the time. It was *great* because it was a way to meet people, and get support, even though I wasn’t actually physically meeting them. The bulletin board that they have - you can go literally *any* time.

It could be 2:30 in the morning, and you just feel crappy, and you want to write something, and you're always gonna get a response, like within an hour, usually.

For most of the women, another way to effect positive change was to help others in some way. Eda had recovered from anorexia, alcoholism, and drug addiction, and she credited her recovery to both Alcoholics Anonymous and Overeaters Anonymous. She remained active in both organizations as a commitment to her recovery, and she often served as a sponsor for those who were struggling with food, alcohol, or drug addictions.

Grace became very open about her recovery process, and during the interview, she said that serving as a role model for others in recovery really helped her to stay on track with her *own* recovery. She offered help to others in several ways. She started a support group in her church, and the Sunday after our interview, she actually was directing a play about recovery from eating disorders. Grace also had formed a support group online through e-mail. Every morning, she would send the members some inspiration quotations as well as her thoughts for the day.

Grace also was a Resident Assistant in her dormitory, and because she was open about her recovery, she had some residents who would come and talk to her about their struggles with eating disorders. Helping others served to keep Grace on track in her recovery because she felt a commitment to serve as a positive role model to others.

Grace: *Saturday – 10:45 p.m. – DVD – Friends – Bedroom – Talking on my blog.* I want to lose 20 pounds. But too many people count on me. I can't go back. Ate too many cookies at Dianna's.

During her interview, Grace elaborated on her journal entry. Making her eating disorder and recovery process public kept her accountable.

Grace: I think because it's out there, and there are other people suffering in ways I used to - there are other women looking at me saying, 'If you can do it, I can do it.' And, I feel like *that* keeps me motivated. On days like Thursday. Where *I* wanted to binge and purge so bad, I cried. But I knew there are people counting on me. My life isn't just *mine*. It's other

people's. I share it, and we're in community. And, to do that - to *me* is hurting other people. And that really keeps me motivated - knowing that people are depending on me.

When I visited Grace in Illinois, I took my camera with me to document my traveling experience. I also used the camera to capture anything that I thought might relate to the dissertation. Figure 4-4 is a photograph of a bulletin board that Grace had put together in the dormitory laundry facility about eating disorders. Unfortunately, the photograph did not come out as clearly as I would have liked it to, but the basic message is captured.

One of the most interesting portions on the bulletin board was the section labeled "It's Not Your Fault." Grace had included brochures about the various causes of eating disorders, including the media and the power it wields in terms of promoting dieting and the thin ideal.



Figure 4-3. I traveled to several locations around the country to interview women for this study. This photograph shows some of the efforts these women engaged in to contribute to the prevention of eating disorders. Grace was a Resident Assistant at a Midwestern university. She posted this bulletin board in the laundry facility on campus.

By speaking to others about their recovery process, either privately or in a more public setting, the participants were able to shed their identity as someone with an eating disorder and to solidify their identity as a recovered person. The women found a new ways to see themselves, not as a person *defined* by their eating disorder, but as someone who had *overcome* a horrible disorder. Sharing their experience with others strengthened their own recovery because it served

as a reminder of how awful it is to live with an eating disorder, which prevented them from relapse.

For the most part, these women felt that the challenge presented in overcoming their battle with anorexia had allowed them to build their character and become a stronger person. Emma described how she was working on utilizing what she learned from her eating disorder, “Now I am at the point where I am trying to completely let go of my eating disorder identity yet integrate the experiences I had and lessons I learned into my current life a healthy productive way.” Faith used the knowledge she gained in her battle with eating disorders to support others.

Faith: I wouldn't trade everything that I've *learned* and everything that I've *gained* from – well, I'd trade the weight, but (laughing) I wouldn't trade everything that I've *learned*. And the parts of my personality and character and the ability to reach others and share with others and comfort others and encourage others. You know – it's really important. And, it's something that I really wish that I would have had a long time ago that I *didn't* have.

The women in this study had learned the power of to resist the dominant media messages about the thin ideal, and they had a need to benefit others by sharing their knowledge. They had suffered from a horrible disorder, and they expressed that they would not wish their experience on anyone.

Once the participants recovered, they had a need to talk to others who were struggling and let them know that they are not alone and that recovery is possible. Several participants used pre-existing websites, but Alexandra actually built her own Web site.

Alexandra: I wanted to reach out and educate other people. I have experienced so much pain and I know what other sufferers are going through. I want to give them hope, let them know that they are not alone, that they can get through this. I want to let them know that recovery is possible. I want to share my stories and empower and inspire people to continue fighting.

Maine (2000) has contended that women need to overcome their socialization of silence and become radical and vocalize their concerns. “Anger, correctly and consistently channeled,

can lead to constructive cultural change. Share your outrage, your worries, your concerns with others. Challenge your friends or family members if they say or do things that promote Body Wars” (p. 13).

Some of the participants challenged statements made by friends or family members in an effort to hinder the propagation of the thin ideal. They had reached a point in their life where they felt empowered to make oppositional statements to others, and they could not allow others to perpetuate the dominant norms without at least verbally challenging the underlying ideology.

For the participants in this study, part of the recovery process was being open and honest about their eating disorder and their recovery process. They wanted to share their experience in a helpful, responsible way, usually starting with a place that felt safe. For some women, that meant sharing their story with their family or a friend. Others took more gradual steps in recovering their voice.

Writing to Educate Others and Create Awareness

Isabel had been in therapy for several years, and she had been a member of a few support groups on campus. After learning that she truly was not alone in her experience with anorexia, she chose to “use her voice” in an independent study research paper for one of her college courses. Through her research paper, Isabel was able to educate a social psychology professor about the reality of eating disorders, which he would not have learned from the literature or from the mainstream media.

In her paper, Isabel described the underlying causes of her anorexia in detail, what her *feelings* and *emotions* were, as opposed to focusing on her physical starvation. Like many of the participants expressed, Isabel found that it is these underlying issues that the media leave absent in their portrayal of anorexia. By writing her paper, she hoped to dispel the myth that the simple solution to treating someone with anorexia is to feed them, to just force them to eat.

Isabel's approach in her research paper straddled the line between a personal and public form of activism because she shared the reality of eating disorders, the horror and devastation of being anorexic. Her paper serves as a strong contrast to the manner in which the media portray women with anorexia. She did focus on her personal experience, but in writing with the audience of a social psychology professor, her goal was to shed some light on an eating disorder that is misconceived by many, at *least* in part due to the media's coverage of women with eating disorders. By sharing her paper with me and encouraging me to use excerpts from it, Isabel also sought to reach a larger audience, one that might benefit from her portrayal of the reality of anorexia. As she said at the end of her paper:

Anorexia is not just about food. It is about a desperate attempt to tell someone that something is dreadfully wrong. I am so thankful that I have been able to 'air my dirty laundry,' and by doing so, perhaps shed some light on a devastating disorder.

Writing to Effect Social Change

Over time, some of the participants realized that mass media are an institution with some degree of social power, and that they might be capable of using their experience and knowledge to challenge media messages about the value of the thin ideal and to prevent others from succumbing to the oppression of extreme dieting and weight loss. They found that their recovery process itself was empowering, and they became mobilized them to take social action.

Some women in this study engage in a level of activism that could affect social change at a societal level. As Kellner (1995) has suggested:

When individuals learn to perceive how media culture transmits oppressive representations of class, race, gender, sexuality, and so on that influence thought and behavior, they are able to develop critical distance from the works of media culture and thus gain power over their culture. Such empowerment can help promote a more general questioning of the organization of society and can help induce individuals to join and participate in radical political movements struggling for social transformation. (pp. 60-61)

Some women engaged in activism through writing, with the goal of educating others about the reality of eating disorders. The type of writing they did varied. The participants wrote informative articles for their student newspaper, admission essays about how they overcame anorexia, and protest letters to individuals or organizations that perpetuate unhealthy notions about the thin ideal.

Many of the participants expressed extreme frustration with the media's unrealistic portrayal of eating disorders. They felt like they needed to let others know that there is nothing glamorous or desirable about developing the disease. This frustration was a driving force behind their need to engage in activist endeavors.

Jordan published an article about her battle with an eating disorder to inform others about the potential dangers of dieting in college and the more long-term consequences of eating disorders, something that the media rarely cover. Her article was the lead story on the front page of the student newspaper, and it covered nearly two pages, including imagery that celebrated women of varying sizes and some "staggering statistics," specifically relating to college students. The article's lead might incite the interest of any female college student because it described an experience common to many young female college students, gaining the "freshman 15."

It began as a seemingly innocent diet.

[university] senior, Cara Persleo (name has been changed) had gained a few extras pounds from her beer and pizza over the past few months and wanted to fit into her new swimsuit by Spring Break. As Cara lost the weight, however, she became increasingly obsessed with losing more. Soon, Cara was obsessed with diet and exercise.

In the article, Jordan attributed some of the blame for eating disorders on the media and the diet industry. Her comments reflect an oppositional reading informed by concern for others.

In a society centered on waif-thin models and TV stars like Kate Moss and Ally McBeal [sic], it is easy for young women to be influenced into thinking skeletons are more attractive than curves. Add to Western culture the millions of dollars spent and made on

fad diets and gadgets promising the ability to ‘eat what you want and not exercise’ and you have yet more negative messages being sent to impressionable women about their bodies.

In the article, Jordan described Cara’s transformation from a simple diet to the development of anorexia with purging tendencies, primarily through exercise. Jordan also noted how 20% of the 2,000 students seen at the [university’s] counseling center were suffering from eating disorders. She did not glamorize the disorder; rather, she spent time describing how miserable the experience is, how easy it is to slip into anorexia, and how challenging it is to recover. She also touched upon various potentially contributing causes, as well as tips on how to be helpful to a friend who might be suffering from an eating disorder.

For Jordan, writing the article and having it published allowed her to use her voice to portray the reality of eating disorders in the hopes of preventing others from developing anorexia or bulimia. During her interview, Jordan described her need to take *some* action after she began to recover.

Jordan: I wasn’t ready to tell the world that it was *me* who had had anorexia. In fact, many of my friends, or at least acquaintances, never really knew what I had gone through. But I had this need to let others know what a miserable experience it was for me. And, I wanted to use my experience in a beneficial way.

When these women recovered, many of them needed to turn their negative experience with an eating disorder into something useful for others. Like Jordan, Grace also wrote an article for her student newspaper during National Eating Disorders Week to illuminate the reality of eating disorders for others.

The headline of her article, *The horrors of having an eating disorder*, served as an effort to dispel the myth of any glamour associated with eating disorders. As she wrote in part of her article, “It was out of control for many years before I acknowledged it, and many more years after which I had to battle to recover.” Grace’s goal was to reach out to others who may be

suffering from an eating disorder, educate them, and let them know that recovery is possible and worthwhile.

Now that I'm in recovery, I look forward to it [National Eating Disorders Week] each year. February is no longer a time for me to fear being found out, instead it's a time for me to celebrate how far I have come....I suffered with my eating disorder for more than 20 years but am now happily in recovery. It was the hardest thing I have ever done but also the most worthwhile....I share my story for one reason: To bring hope to those who suffer. Being free from the obsessive thoughts and compulsive behaviors is possible.

In sharing her story, Grace's goal was to prevent others from falling for the empty promises of the thin ideal promoted in the media. She also wanted to educate people about the underlying issues that might make someone prone to developing an eating disorder, such as control issues and a lack of sense of self.

I know that I'm eating to fill a void food will never fill and that **thinness won't either**....If I can't control anything, at least I can control what goes in my mouth. I feel worthless, unlovable, stressed, ugly, insignificant....and for me, all of those feelings equal FAT! I just want to lose weight.

Grace's intent was to illustrate how negative emotions usually cause her to "feel fat," but as any woman in recovery from an eating disorder can tell you, fat is not a feeling. An important part of the recovery process is to learn to identify one's feelings so that the real issue can be resolved, as opposed to using eating disorder symptoms to numb oneself from feeling painful emotions. Part of Grace's article points to this issue.

I claim it's all about my size and weight as much as I try. It's not....The truth is, in addition to hating my body, I am afraid....[sic] I'm afraid of the future, my feelings and failure. It's too hard to face those things, so I focus on my body.

If a woman stays caught up in "feeling fat," and does not identify underlying emotions that contribute to her overall negative affect, then she will continue to turn to her eating disorder as a coping mechanism. The media promotion of dieting and weight loss as the key to happiness and success remains a tempting offer, until she realizes that no matter how much weight she loses,

her eating disorder will not resolve her internal issues. Part of Grace's article addresses this issue: "The challenge losing weight presents is that I eagerly await "one day" when I reach my low weight, but that day and that weight never come."

Throughout the article, Grace describes in vivid detail the horrible reality of living with an eating disorder. Her goal in doing so is to dispel the media-promoted myth that an eating disorder is in any way glamorous, or merely about vanity.

I want to share with you the hell that an eating disorder inevitably brings by sharing with you a day in the life of someone with an eating disorder....It's not really a way to live, but it is a way to die and I am well on my way. If I don't die physically I'm dying in every other way. I am throwing my life away, down the toilet....I don't want to do it, but I just can't stop myself. I HATE IT!...I hate myself. Life with anorexia and bulimia is not life—it's hell.

Grace also illustrates how challenging it is to dig out of an eating disorder. As this study has illustrated, none of these women recognized they had a problem until their eating disorder had taken over their life, and they no longer had control. As Grace said, "I guess I realized it when I wanted to stop, and I couldn't stop." In part of her article, Grace illustrates how challenging it is to escape the powerful grip of an eating disorder. For all of these women, what started as a diet to control their weight turned into a disease that controlled them.

Every night I tell myself tomorrow is a new day and that I will do better. After every binge and every purge, I promise myself and my body it's the last time, that I'll do better and try harder. I have almost died from my eating disorders too many times to count...

I wish I could view food and my body in a healthy way. I wish I could eat and enjoy it without obsessing...

Despite the suffering that Grace endured, she wanted to share with the readings that she had been able to free herself from her eating disorder, and that recovery was possible. She also wanted to convey that she was on the road to recovery and was hopeful about her future.

That is where I used to live. That was the battle raging within every minute of every day. Today, my life is completely different. I no longer fear the future or my feelings. I am not

consumed every minute with thoughts of food or my body. I eat and I don't vomit. My life is far from perfect but it is so much better than it ever was. If I can do it, anyone can.

Speaking Publicly to Educate Others

Some participants gave public talks about their experience in an effort to educate others about the media's association of certain foods with instant obesity and morality. As discussed in *Eating Disorders and Dichotomous Thinking*, several women in this study described how they had internalized the media-perpetuated notion that eating certain foods might instantly make them obese. For example, Molly described the first time she had cheesecake when she was in recovery: "I really believed that I was not gonna get out of bed the next day—that they were going to have to roll me down the hall 'cause I'd be so fat."

In the midst of her eating disorder, Molly had internalized the media-perpetuated notion that eating certain foods, such as desserts, would make a person bad or sinful. With increased media literacy and self-confidence, Molly learned to decode media messages in increasingly oppositional ways. She became more confident, and she started to speak publicly about eating disorders. She educated others about how eating disorders are *not* just about being skinny, but instead, about underlying issues, a concept rarely discussed in the media. She also tried to dispel the media-perpetuated notion that a person's self-worth should be measured by the type of food they consume or by their weight. Initially, Molly only shared her opinions with family and friends, but over time, she began to express herself to people in more public realms.

Molly: I've spoken publicly at a sorority at the University of Kansas. I spoke mostly about the signs of eating disorders, how the symptoms/behaviors are just that - symptoms of a bigger problem. And I talked about how best to approach a friend or loved one who might have a problem. Other than that, it's just personal lectures. Someone at work might say, 'I was bad this weekend because I went to a birthday party and had pizza and cake!' Well, then I would *have* to spend the next 20 minutes lecturing them on how food is not good or bad. It is an inanimate object. It can *not* make a person good or bad! I used to draw blood at our local blood center, and we always had to ask the donor for their weight. Most of them would respond with the same 'I'm bad because I weigh blah, blah blah.' The more I

learned about the media messages, and the more I realized how much people let a weight or a piece of food determine their self-worth, the more I felt compelled to redirect them.

Contacting the Media Directly

Several scholars have suggested the importance of young women becoming actively resistant to the media. For example, Choate (2007) has argued that writing letters to protest advertisements or other media messages that contribute to the perpetuation of the thin ideal can empower young women to believe that her voice can be heard, that she *can* make a difference in altering socio-cultural norms.

Women can engage in media activism to challenge the socio-cultural status quo and contribute to shaping healthier cultural norms. According to Levine and Piran (2001), females can feel empowered if they recognize and harness their ability to actively protest harmful media messages. There are several activist strategies women in this study incorporated into their everyday lives. Orenstein (1994) has suggested that young women should target the “overarching institutions, policies and cultural attitudes (p. xviii)” rather than feeling like a victim of media messages intended to make women feel like they are never good enough.

As many of the participants became more media literate, their *awareness* transformed into *anger* directed at toward the source of the media messages. Molly described how passionate she was about actively resisting potentially damaging media messages.

Molly: I think part of it for me is realizing how ignorant and uneducated people are. Many people are unaware of how they are contributing to our society’s unrealistic views—that we can be, or should try to be perfect. But when approached in the right way, they are actually open and can see how damaging most of our culture is.

For Molly, voicing her opinions on e-mail allowed her to channel her energy in a healthy and productive way. As she stated in her interview, “I think it’s probably one of the healthiest ways I deal with anger and my feelings.” Molly used e-mail as a resource for directly challenging the *source* of potentially damaging messages.

Molly: I really only tend to read the stories that pop up online. Most of the time - about 85 % - I try to ignore them, but once in a while I can't resist the urge! It's mainly the stories about weight or suggestions that someone might have an eating disorder or drug addiction that I end up reading. They always infuriate me - and I know that going into them, but my curiosity about how stupid the media and journalists can be gets the best of me. Then I get all worked up and end up sending nasty e-mails to them.

Molly discussed the types of actions she took when media sources contributed to the misconceptions about eating disorders. As Pipher (1994) has suggested, "Once girls understand the effects of the culture on their lives, they can fight back. They learn that they have conscious choices to make and ultimate responsibility for those choices. Intelligent resistance keeps the true self alive" (p. 44).

Molly: My biggest example is probably over the sitcom that was out last year called *Starved*. It was a sitcom that was on FX about four people who had eating disorders and belonged to a *very* dysfunctional support group. I tried to watch it once, but only made it through about 10 minutes. I wrote e-mails to the sponsors of the show - Toyota and a couple other companies. I also wrote e-mails to the producers and writers of the show. The sponsors actually responded to me, but I never heard from the network. The show is off the air now, so I'm happy!

Molly described how she wanted to make certain that *everyone* was held accountable to the same standards—not perpetuating the dominant ideology of the thin ideal. As she became stronger in her oppositional beliefs, Molly wrote several protest letters to media figures, including Oprah: "If Oprah makes a comment about weight or dieting that I think is inappropriate, out goes an e-mail! And I love Oprah!"

Forming Preventive Programs

Choate (2007) has contended that because body image dissatisfaction is such a pervasive problem in adolescent girls, there should be effective prevention programs in place. Prevention programs can serve as one of several protective factors that contribute to young women's abilities to resist socio-cultural pressures regarding thinness.

Margaret Mead once said, “Never underestimate the ability of a small, dedicated group of people to change the world; indeed it’s the only thing that ever has changed the world” (Mead, 1992, p. iv). Kristin started a prevention program on a small scale at her high school. The organization, L.U.L.A. (Love Ur Life Always), grew to be a model program for other high schools in the area. In addition, Kristin is now using some of the concepts from her original high school program to form a new program that is dedicated to the prevention of eating disorders at her college. During her interview, she described her desire to harness what she learned from her experience with a life-threatening disease to educate people and help to prevent other young women from slipping into the destructive path of anorexia.

Kristin: When I had my anorexia, I was isolated and depressed. But when I was in recovery, I slowly started to change my thoughts and appreciate my life a little more. I started to have more of a connection with others – and it gave me more confidence in myself - in my ability to face challenges without my anorexia. And, then, the more I faced challenges, the more I felt, and saw, a better way to live. As horrible as my eating disorder was, it helped me to shape who I am today, and all the activities I’m involved with. My eating disorder helped me to feel empowered to take action.

Kristin also discussed an incident that contributed to her need to take some action. She was talking to a 9-year-old girl, who confided in her that she didn’t like wearing her bathing suit because of her shape: “It crushed me. I couldn’t stand to think about her facing the hell I had gone through, especially so young. I guess having had my eating disorder made me realize that I had to do something to help girls like her.”

About a month after this conversation, one of Kristin’s teachers announced that the Eating Disorders Information Network (EDIN) was looking for someone to spearhead an outreach program. As Kristin said, “It was exactly what I was looking for.” Kristin shared her story with her teacher, and she began to attend EDIN’s regional meetings.

As part of Kristin's involvement with L.U.L.A., she also took part in several media-related activities. She was filmed in an EDIN documentary about eating disorders, and she was interviewed on television (Fox news) and Star 94, one of the largest radio stations in Atlanta.

Through EDIN, Kristin was able to start an organization that not only helped to prevent eating disorders, but also was personally rewarding to her. In addition to helping her stay committed to her recovery, being involved with L.U.L.A. provided Kristin with an outlet to combat some of the harmful messages that the media disseminate to young people about their body image. In fact, one of the first activities that Kristin organized was a day when L.U.L.A. members passed out positive body affirmations to the entire student body.

Kristin: It kind of made me feel good, especially when the eating disorder had made me feel so bad. And when I met that little girl, I just knew I had to do something to help in some way – I didn't want others to go through the hell I went through. My life was just fear and depression, and I wouldn't want anyone to go through all the awful stuff I did.

Nearly all of the participants in this study talked about the disproportional importance the scale *weighed* in their lives. As Jamie said, "I was a prisoner to the scale." Kristin initiated a scale-smashing event at her school to bring attention to the potentially damaging affects of our culture's obsessive focus on weight. Organized through L.U.L.A., the event was part of EDIN's Love Your Body Week, and it was a success, with high school males and females participating.

Kristin also helped to write the L.U.L.A. Handbook, a regional publication with contributions from several national scholars, professionals, and organizations. On page 29 of the handbook is a letter from Kristin. In the letter, she shared suggestions from her leadership experience, both in the school and in the community.

Before L.U.L.A., Kristin's school did not have a forum for discussing eating disorders and body image issues. Kristin discussed the positive impact that L.U.L.A. had in just one year.



Figure 4-4. Photo of Kristin at the February 2008 L.U.L.A. scale smashing event, organized to protest the excessive value placed on women's weight. Kristin is wearing a L.U.L.A. bracelet to increase awareness about eating disorders.

Kristin: The most important thing is that no one every talked about eating disorders at our school before, even though they were really prevalent. And now, L.U.L.A. has created an awareness - and what I call "positive peer pressure" (she puts her fingers in quotes) that is making a difference. And, it's spreading to other schools - it's growing. It's kind of like something really powerful has been created and there's more awareness that hopefully will stop some people from developing these life-threatening diseases before they start.

Empowerment through Counter-Hegemonic Activity

This section has detailed some activist strategies the participants used to move beyond the hegemonic obsession with control over their body to achieve an unnatural and unrealistic body type. By sharing the potential dangers of the thin ideal and the reality of life with an eating disorder, the participants challenged the dominant discourse and introduced an alternative, more accurate framework.

The participants used activism to cement their own recovery, and to contribute to the prevention of eating disorders. In a very real sense, these women also were engaging in counter-hegemonic activity, using the media as tools to resist the types of messages that once had consented to. As Watkins and Emerson (2000) have suggested, "feminist perspectives on media reception have revealed the ways in which women appropriate the media [sic] as a site of

meaning construction, actively engaging and, occasionally, contesting images and themes of gender domination” (p. 157).

Hegemony is not fixed, but rather can be challenged by alternative or oppositional forces (Condit, 1994; Lewis, 1992; Williams, 2001). As the women in this study have illustrated, mass media, particularly college campus newspapers and the Internet, offer fertile ground for contesting the dominant ideology (Condit, 1994; Hargreaves, 1994; Kellner, 1990).

Gramsci (1971) has argued that hegemony is exercised in multiple domains, and that it is fluid and mutable as conditions change. In a hegemonic system, the interests of one group exert power and control over others through a system of consent and coercion.

As obsequious adolescents with little self-esteem or sense of self, these women fully had consented to the media-perpetuated formula for social acceptability. Furthermore, with the socially-constructed fear of fat ingrained in the participants’ young minds, media messages touting the value of the thin ideal appeared more coercive than suggestive, leading them to believe that the attainment of the thin ideal was imperative.

As a fundamental aspect of hegemony, consent typically is gained by providing sufficient rewards to individuals who adhere to the dominant ideology so that the benefits outweigh potential consequences of coercion. These women *had* consented to the dominant ideology of the thin ideal, and after the initial compliments faded, they gradually continued to lose weight until they lost the cognitive ability to see that they had taken their initial diet too far.

This chapter has presented the main categories that emerged during the analysis phase of the grounded theory process. As Chapter 4 has demonstrated, the women in this study engaged in readings of the thin ideal that were diverse, complex, and sometimes contradictory. In order to

illuminate the most the most significant and meaningful aspects of the data, I developed a theoretically grounded typology that will be discussed in detail in Chapter 5.

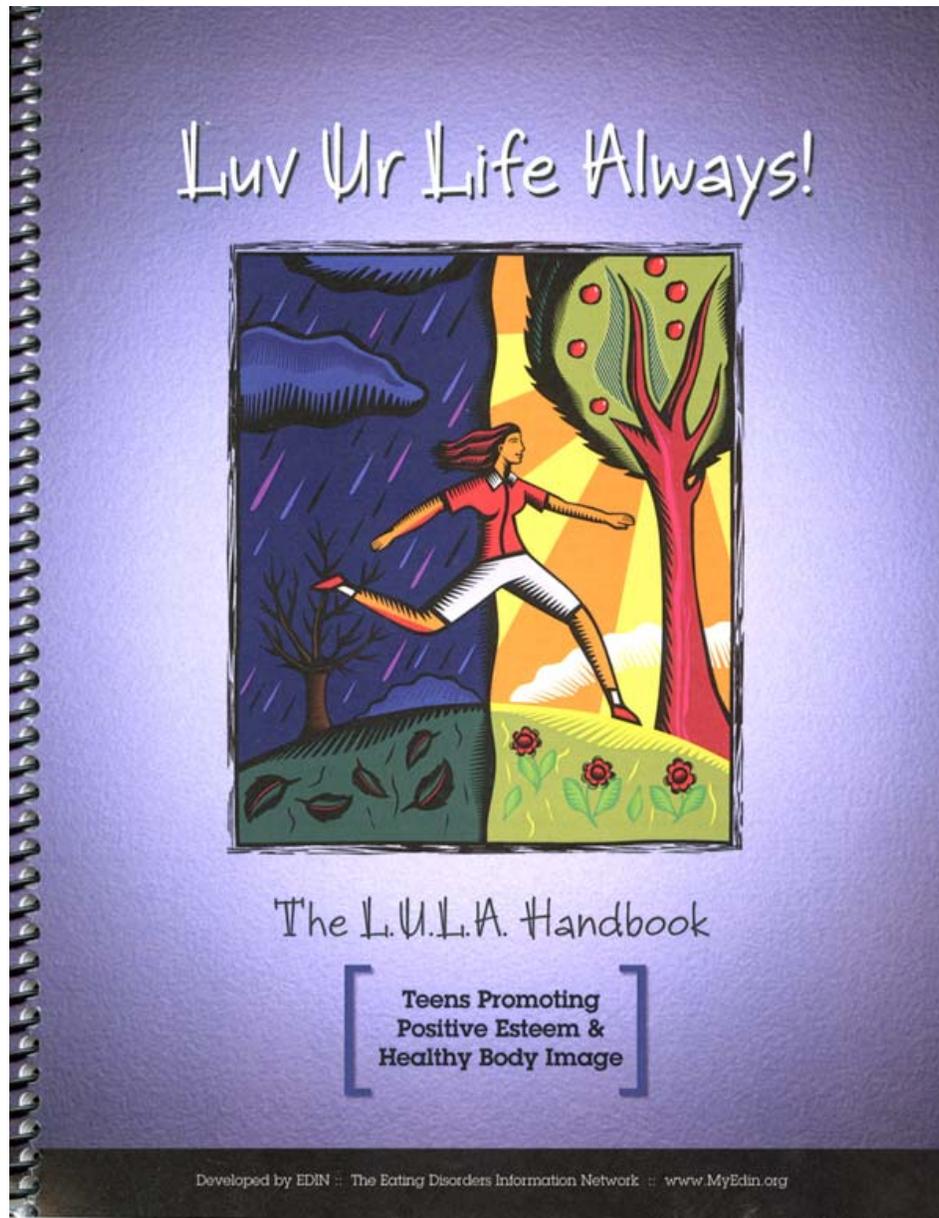


Figure 4-5. The L.U.L.A. (Love 'Ur Life Always) Handbook

A Letter From A Friend

Dear LULA President,

Well, I feel like there is so much to write... I am a little overwhelmed and will probably forget things. This is not going to be structured because I am not structured.

I started LULA at [redacted] this year (2007) because I knew it was needed. Thank you for being the incredible soul to carry it on. As president, always remember the effect you are having on people, even when it may not be visible. If you get stressed, remember that. It will make you feel so much better.

The task of being president of a completely student run club is intimidating. But if it blossoms and grows, you are the one who helped create it! That means that while it is scary, it is so rewarding. And completely worth it.

What makes the position of president different? I would say the amount of responsibility. You really really need to be on top of things! You definitely need to split responsibilities among the other officers, but make sure to check in on them that "assignments" are being completed. You are the only one you can count on to make sure things get done and the club runs effectively.

To be the most effective LULA president (and leader in general) you need to keep your goals in mind at all times. That means leading by example through the way you live. If you need to write out a little affirmation/ reminder, you could do that. I have a little sign next to my bed that says simply "To help others everyday." That is my personal mission and LULA is a part of that. That may just be a silly [redacted] thing. But it is a nice idea I will throw out there.

Speaking of nice ideas, LULA needs to be fun and happy. That feeling must start from the officers and work its way down. The President is primarily the one that creates that feeling. If you are having an "off" day during a meeting, you will be surprised how off the entire club can feel. Please don't think that you need to hide yucky feelings, but realize that you need to be aware of how you interact with other people. Make the officer meetings efficient, but fun. The member meetings will then follow in a similar way.

Don't be afraid to ask your fellow officers for help. I randomly will ask various officers to update the website when they had forgotten. Or type up a sheet we needed to give out at the next meeting. Or whatever it may be. You aren't running the club by yourself. They are there to help you! Ideally, you should form a really solid (and happy) team. This reflects the dynamics of the rest of the club.

Each month, I draft the officer meeting agendas, which form the basis of the member meetings and all that we do. Because there are so many small details to remember, I start writing the agenda a week or so before the officer's meeting and add things to it as I remember them. I have found if I don't write it down, it won't happen. I may just be weird though. Hehe.

Another important thing: reach out to the community! I have found that at times, the community can be more accepting of LULA than students at the school. And it is through the community that we get support and fulfill the mission of spreading awareness. A local hospital gave us \$1,000 when they heard about what we were doing, the Johns Creek Optimist Club donated bracelets, and Fox5 news featured us in an on-camera report! These things are important not because of their flashiness, but because through them we are able to help more people. So don't be afraid to call up the paper and ask for an interview or to invite them to come to the next meeting to take pictures. You can always e-mail the folks at EDIN (www.MyEdin.org) if you are looking for support but don't know where to turn or how to make it happen. Ask, and you shall receive: it really is true! Get the school paper involved. Think of organizations that can help you, and you will help them in return by giving them positive publicity and making them smile.

It is VERY important that any time a person or an organization helps the club, whether it be through a donation, or speaking, or offering guidance, that you thank them with a note. Verbally is nice too, but it alone doesn't cut it. You must show appreciation to those who are kind and help. I cannot stress the importance of this enough.

The last thing I want to recommend is just being receptive to members and students. Notice how people act at the meetings. If someone seems bothered by the topic of eating disorders and you feel comfortable, ask them if everything is OK. Each situation is different, but trust in yourself to know what to do. You may not have a direct instance with this, but other people in the club could and may ask you for guidance. Always remember you to consult with the school counselor or a teacher or parents when you have questions about that sort of thing. Eating disorders are complex and you are not in this position to FIX everyone! This issue may not arise, but be aware of how people act and be prepared by knowing supportive adults if it does.

Well, this is rather disjointed and unstructured, but hopefully it gets the point across. You are a special person for taking this on. I truly thank you. Through you, what we have built this year will live on. How incredible! Remember to Love Ur Life Always and everything else will follow. Keep the spirit and look to others for support when you need it. I am here if you EVER have any questions. I will actually be sad if you don't give me a call or email me [redacted].

Sincerely and with gratitude,

[redacted]
Class of 2007
[redacted]

www.MyEdin.org

Figure 4-6. A letter that was included in EDIN's *L.U.L.A. Handbook*, which is distributed to several Atlanta high schools. Kristin wrote this letter her senior year, right before she left for college.

CHAPTER 5 DISCUSSION

This chapter discusses the implications of the findings in Chapter 4. It also addresses the limitations of this dissertation and suggests areas for future research.

This study is the first to explore how women who are in recovery (or recovered) from anorexia navigate the media landscape, one that is saturated with dominant ideologies defining cultural ideals of female beauty. In investigating this research question, I used socio-cultural theory and feminist ideology as the supporting theoretical frameworks.

The essence of socio-cultural theory is that there are a number of social, cultural, political, and economical factors that influence a woman's body image and the likelihood that she may develop an eating disorder. While the media do not act in isolation, they do serve as a powerful socio-cultural force because of their omnipresent nature. As the findings have illustrated, it is difficult to escape media messages pervasively transmitting the importance of appearance and adherence to the thin ideal.

Women in recovery from anorexia may not be able to completely avoid imagery of the thin ideal, but through their recovery process, they gained various tools to resist media messages. One of those tools was the adoption of a feminist ideology, which primarily afforded the women in this study with some resiliency and resistance to media messages that contribute to women's subordination through a primary focus on appearance.

Five Types of Readings

The study revealed five types of readings, three of which already have been proposed in the literature: dominant/hegemonic, negotiated, and oppositional. The other two categories emerged as part of the grounded theory approach employed in this dissertation, and they are

subsets of oppositional readings: self-protective opposition and opposition informed by concern for others.

Known for developing reception studies, Hall (1980) proposed that there is an encoding and decoding process with media messages. While the media disseminate a dominant ideology constituting the “preferred reading” encoded in a message, Hall argued that readers do not automatically adopt this dominant perspective. Rather, they may produce “negotiated” or “oppositional” readings. A viewer adopting the negotiated position approaches a message recognizing the encoded ideology, but decides to partially accept it with some alterations. The third position of Hall’s model is the “oppositional” perspective, in which the viewer recognizes the encoded dominant ideology, but decodes the message with a framework directly opposite of what the message sender, thereby rejecting the preferred reading.

Participants Previously Had Dominant Readings of the Thin Ideal

The media collectively serve as a dominant institution, which portrays and perpetuates a powerful cultural message that women should strive to attain the thin ideal. Many young women have dominant readings of the media, agreeing with and accepting ideology of the messages and the subjectivity that they produce. The women in this study were no exception. Previously, the women in this study *had* subscribed to that ideal, viewing media, particularly magazines, as a reliable resource for information about relationships, beauty, and fashion advice. In fact, many of the participants described how they used to view magazines as a “bible,” “a how-to guide,” or even “an instruction manual for life.”

The women in this study had worked so hard to attain mediated ideals of femininity that they sacrificed their physical, mental, and emotional health. Once these women were in recovery, the nature of their media interpretations altered. As they came to understand how the media were

implicated in their obsession with the attainment of the thin ideal, and to the widespread body dissatisfaction in women, they no longer engaged in dominant readings of the mediated ideal.

This dissertation is based on the premise that individuals are able to negotiate meaning from media messages. “Negotiation” is a term generally associated with reception studies and Stuart Hall’s article *Encoding/Decoding* (1980) in which he has contended that all readings are negotiated to some degree as opposed to passive acceptance of the preferred meaning. The women in this study no longer passively accepted the mediated ideal, but they had varying degrees of resistance informed by their personal life experience.

Predominant Participant Readings: Self-Protective and Concern for Others

The most predominant forms of opposition in this study were the two categories that emerged in this dissertation: self-protective opposition and opposition informed by concern for others. Nearly all of the participants engaged in self-protective opposition. They had a *desire* to decode the mediated ideal in an oppositional way, but their own internal conflicts prohibited them from doing so without significant “self-talk,” a negotiation within *themselves*. Self-protective readings initially appeared to be oppositional in nature, but closer examination revealed that the participants were using statements of opposition as a tactic or strategy to protect themselves from accepting the dominant code, which might lead to unhealthy thoughts or behaviors.

In addition, nearly all of the women in this study had oppositional readings informed by concern for young girls, regardless of how capable they were of resisting such messages themselves. These women knew how easy it was to fall victim to insidious media messages offering valuable solutions to issues of concern to female adolescents. Once the women were in recovery, they realized how harmful it could be to take media messages at face value, and they

expressed concerned for others who might do so. Their concern for others was informed by the knowledge they had of what they used to take from media messages.

Typology Provides Abstract Conceptual Understanding

To date, no studies have explored how women in recovery from anorexia develop oppositional readings to the mediated ideal. Consequently, the findings presented in Chapter 4 provided a broad overview of the main categories that emerged from the data. This chapter will discuss the typology I developed to clarify central relationships among the various types of participant readings.

In a qualitative study, there are many different ways to find, depict, and present the results. Further analysis of the findings allowed me to develop a typology (or matrix) that provided a more abstract conceptual understanding of the range and diversity of the various participant readings. Constructing this typology facilitated a higher level of analysis and enabled me to have novel insights about the various ways that women in recovery from anorexia negotiate the mediated ideal.

The first step for developing the typology involved identifying the two key dimensions, or continua, grounded in the data that influenced the participants' readings. In order for these women to develop true oppositional readings, it was critical for them to un-internalize the thin ideal. Therefore, the most important dimension was the participants' level of thin ideal internalization. The other critical dimension was the continuum of private to public realm, which emerged from constant comparative analysis, as well as the use of the theoretical sensitivity.

According to Strauss and Corbin (1990), "theoretical sensitivity refers to a personal quality of the researcher," indicating an "awareness of the subtleties of meaning of data" (p. 41). Theoretical sensitivity is conceptual in nature, and it is informed by one's personal experience and knowledge of an area of study. It also can be further developed as the research progresses.

As Strauss and Corbin (1990) have contended, “it is theoretical sensitivity that allows one to develop a theory that is grounded, conceptually dense, and well integrated” (p. 41).

What are Typologies?

According to Patton (2002), “Typologies are classification systems made up of categories that divide some aspect of the world into parts along a continuum” (p. 457). Unlike taxonomies, a typology is not intended to classify phenomenon into discreet, mutually exclusive, and exhaustive categories. Rather, a typology is constructed based on ideal types and illustrative endpoints on a continuum, and it is intended to describe or explain the way that phenomena can be characterized (Patton, 2002; Spencer, Ritchie, & O’Connor, 2003). In addition, for the purposes of this study, I was not interested in the power of a typology to explain through differentiation (Ritchie, Spencer, & O’Connor, 2003).

Typologies may be used for different purposes, but most commonly they are used to clarify thinking as opposed to providing a rigid structure that is universally applicable (Macduff, 2007). As such, in developing this typology, I did not seek to uniquely assign each individual participant to a single discrete and independent category. However, *most* of the participants tended to fit clearly into one category.

How Are Typologies Constructed?

According to MacDuff (2007), there are three different ways that typologies are constructed. The first method derives material primarily through theory or concepts reflected in the literature (Hart & Bond, 1996). The second method combines a theoretically-informed approach with qualitative data, such as interviews (Roberts-Davis, Nolan, Read, & Gilbert, 1998). And, the third method, which is the most common, approaches typology construction using Glaser and Strauss’ (1967) constant comparison method (Wimpenny, 2002).

The typology for this study is an example of what Patton (2002) would call an analyst-constructed typology, developed through inductive analysis, in which the researcher identifies “explicit patterns that appear to exist but remain unperceived by the people studied.” One of the inherent risks of an analyst-constructed typology, as opposed to one more directly based on the language of the participants is that the researcher may impose “a world of meaning on the participants that better reflects the observer's world than the world under study” (p. 460). However, Patton (2002) also has suggested presenting the typology to participants to see if the constructions make sense to them is a method for ensuring that the researcher avoids this risk.

Consequently, after developing the typology for this study, I presented it to a handful of the participants, and their responses allowed me to feel confident that the patterns discussed in the typology accurately reflected their experiences. As Lofland (1971) has contended:

The best and most stringent test of observer constructions is their recognizability to the participants themselves. When participants themselves say, ‘yes, that is there, I’d simply never noticed it before,’ the observer can be reasonably confident that he [sic] has tapped into extant patterns of participation. (p. 34)

Overview of the Typology for the Participants’ Readings of the Mediated Ideal

The typology (or matrix) for the participants’ readings of the mediated ideal is illustrated in Figure 5-1. The nine categories are based on the two most important dimensions of this study, the degree of thin ideal internalization and nature of the participants’ perspective, with regard to the private or public realm.

Thin Ideal Continuum

Before describing each category of the typology, it is important to discuss the characteristics that defined the endpoints of the two continua that were used to construct the typology. The first continuum is the level of thin ideal internalization (Figure 5-2).

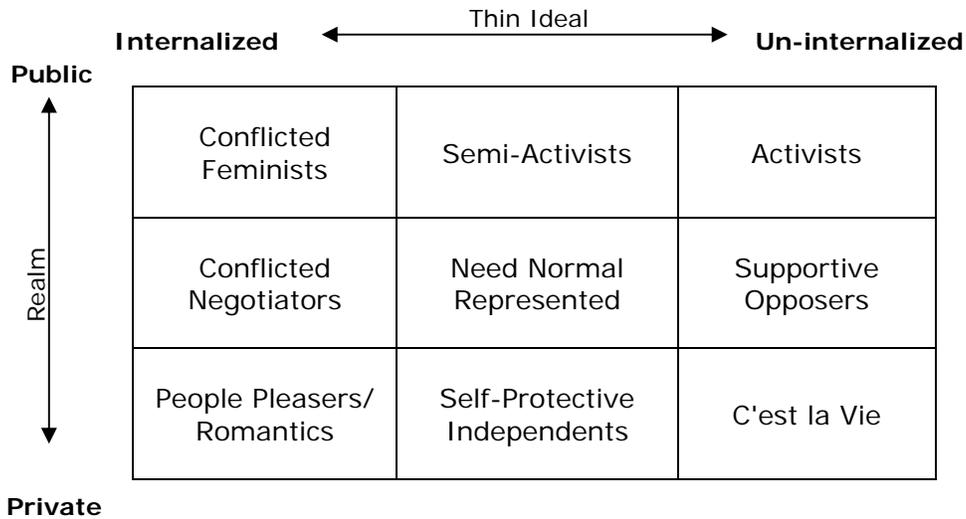


Figure 5-1. Nine categories with descriptive labels for the typology

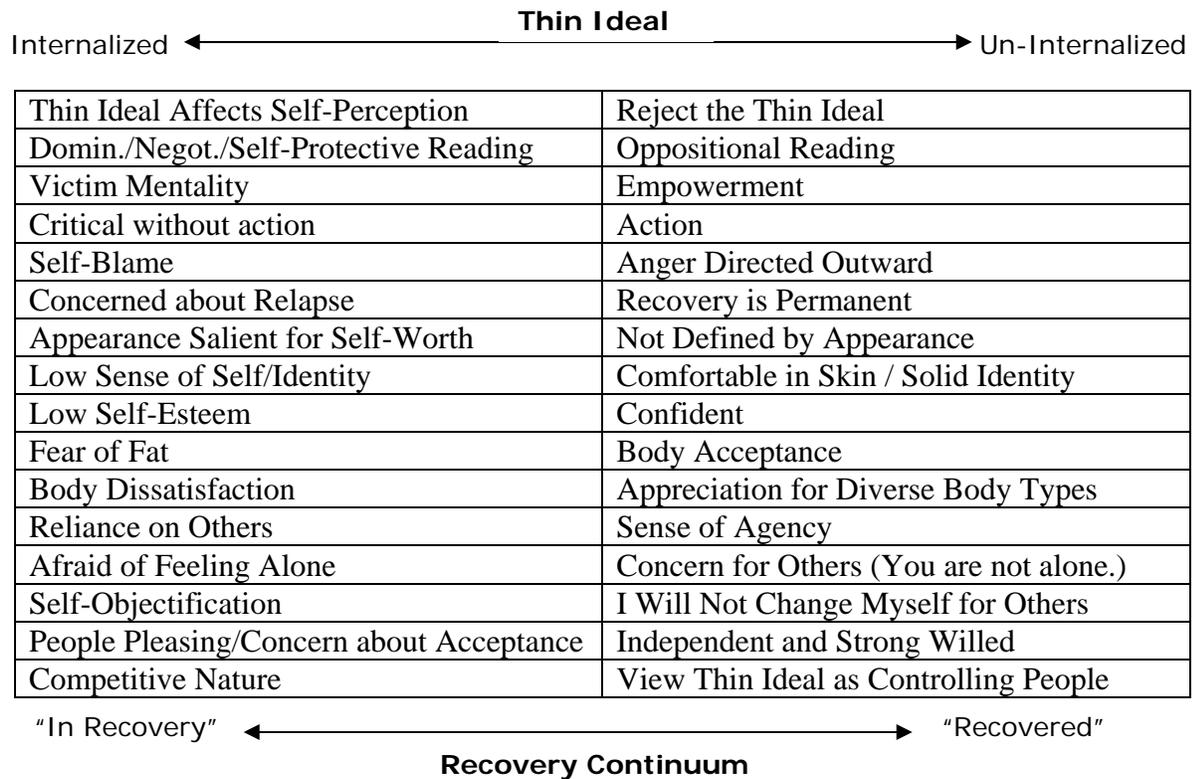


Figure 5-2. Description of the two endpoints of the thin ideal internalization continuum

As the women progressed in their recovery process, all of them worked toward the un-internalization of the thin ideal. In Figure 5-2, this transition would involve a shift in perspective described in the left column to those in the right. Un-internalizing the thin ideal also allows for

progression from the left categories to those on the right-hand side of the matrix illustrated in Figure 5-1.

It is important to note, however, that most women in recovery from anorexia have setbacks in their recovery process. Some of the most challenging times for these women were transition points in their life, such as a breakup, a divorce, college, or a pregnancy. Consequently, the progression toward un-internalization of the thin ideal is not always in one direction, as the women may slip in their recovery process at various points in their life. This is why Figure 5-2 has a double arrow, indicating that it's *possible* for the women to move in both directions.

However, nearly all of the women in this study shifted from left to right as they progressed in their recovery process. Un-internalizing the thin ideal also was the most significant factor indicating the likelihood of oppositional readings of the mediated ideal. Furthermore, the only women who considered themselves to be “recovered,” as opposed to “in recovery,” were the women in the right-hand categories. So, to achieve full recovery and a truly oppositional reading, it was critical for these women to un-internalize the thin ideal.

Private Realm to Public Realm

The second continuum illustrates the nature of the participants' perspective, in terms of the private or public realm. Women with a public perspective perceived eating disorders and body dissatisfaction to be a societal issue. In contrast, women with a more private perspective were more focused on an individual level, and their readings were informed by how they personally were affected by media messages. Participants who tended to have a private perspective had minimal to no concern for others; whereas those with a more public view had more oppositional readings informed by concern for others.

One of the key factors that contributed to a shift from an individual perspective to a more societal view was the development of critical media literacy. Critical media literacy allowed the women to question the legitimacy of media messages, which increased the likelihood of oppositional readings.

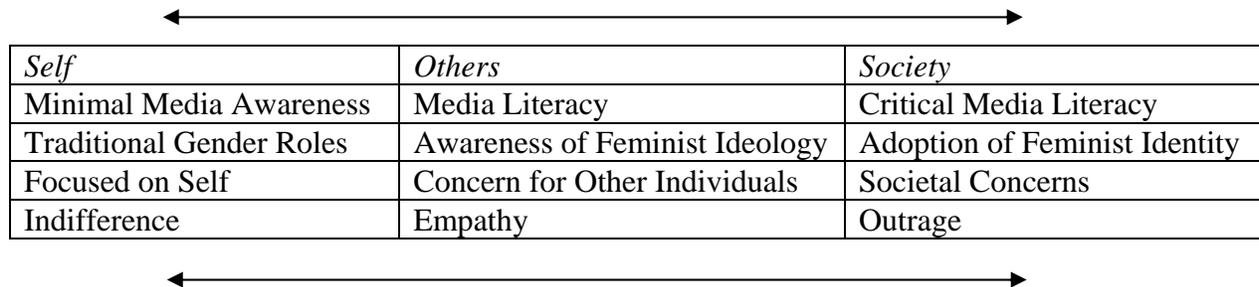


Figure 5-3. Second key dimension, the private to public continuum

Feminism contributed to a better understanding of the role of capitalism in the beauty industry. Women who adopted a feminist ideology had an increased resistance to media messages encouraging women to continually improve themselves with beauty products and rituals.

Nearly all of the women in this study expressed concern for others. However, the underlying degree of opposition was mediated by the extent to which the participant truly had *un*-internalized the thin ideal for themselves. Women who still had high thin ideal internalization found it easier to make oppositional statements out of concern for *others* than internalizing that same opposition for themselves. Overall, these women expressed their concern with less fervor than participants who adopted more oppositional readings of the thin ideal as a whole.

On the other hand, women who had un-internalized the thin ideal for *themselves* were more attune to hegemonic construction of the thin ideal. These women expressed oppositional outrage out of concern for others. These relationships are illustrated in Figure 5-4 on the following page.

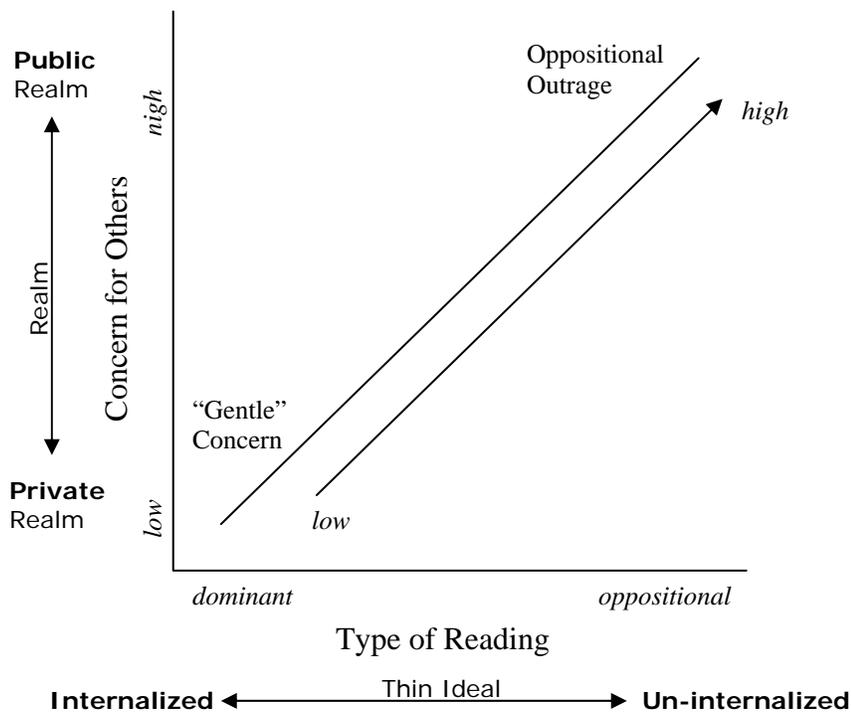


Figure 5-4. Relationships among the public and private realms, degree of concern for others, type of reading, and level of thin ideal internalization. This diagram also demonstrates that the more women attributed responsibility to the media for damaging representations to women, the more outraged their oppositional readings.

As shown in Figure 5-4, the participants had varying degrees of opposition informed by concern for others. Women with a more public perspective attributed a high degree of responsibility to the media, and this resulted in strong opposition, usually expressed with terms like “livid” or “infuriated.” Conversely, women who had a more private perspective had a more mild concern for others, if they expressed concern for others at all.

For these women, the progression from a dominant reading to an oppositional one was not linear in nature. Rather, each woman’s interpretation of the mediated ideal was based on multiple factors, including personal beliefs and circumstances that transformed over time.

How the Typology Will Be Presented

As such, the categories in the typology generally will be presented from the least to the most oppositional perspective. But it is important to bear in mind that the categories in the

typology are not linear in nature, reflecting the fact that each woman's recovery process was linear either. Though there were some common patterns of progression, in terms of recovery and readings, each woman still followed a somewhat individual path.

Ultimately the typology provided a theoretical framework grounded in the data that illustrates the relationships among key concepts that emerged from this study. The typology also highlights the common patterns that existed among the women.

Common Characteristics for Each of the Categories

There were some common characteristics that would describe all of the women in this study. Each characteristic related to the goal of remaining committed to their recovery process.

Health now was more important than the thin ideal, though the balance of this scale varied for each of the categories. In addition, women in some categories relied on the value of their health to negotiate with the mediated ideal more than others.

Part of the participants' recovery process entailed learning how to negotiate or resist pervasive media messages promoting a body type that they now perceived not only to be unrealistic, but also unhealthy. In fact, these two terms, "unrealistic and unhealthy," served as guiding principles for the women in their current readings of media messages. Women who were in the initial stages of recovery reminded themselves of the unrealistic and unhealthy nature of imagery to engage in protective readings, and women who were further along on the recovery continuum, outright rejected the thin ideal based on the same two concepts.

Participants who engaged primarily in negotiated readings had let go of the behavioral aspects of anorexia, but a significant part of them still missed the identity of being thin. For these appearance still was of primary importance, and they still longed for the days when they were thin. A negotiated reading allowed some women in this study to avoid sliding back into their

eating disorder, but they had to remain vigilant. In addition, women who had more negotiated readings tried to avoid potentially triggering media messages as much as possible.

Conversely, women who had developed a stronger sense of personal identity, independent of their appearance, had more oppositional readings. Thus, it was critical for women to cultivate their inner self to progress in their recovery process and to build a strong resistance to the mediated ideal.

Nine Categories

There were several characteristics that defined each category. For each of the nine categories, a summary of the following five items is included.

- Types of readings (and strategies used, if applicable)
- What drives their readings?
- Level and type of concern for others
- Level of thin ideal internalization
- What is their main concern?

People Pleasers/Romantics

People pleasers/romantics have several types of readings. The most predominant reading is self-protective opposition out of fear of relapse. Women in this category use several strategies to avoid engaging in behaviors to achieve the thin ideal, primarily focusing on the unrealistic and unhealthy nature of media imagery. This category also is defined by a dominant or negotiated reading with regard to messages about how to attain a boyfriend, as well as a dominant reading of other “ideals,” such as athletic/toned, tan, or blond hair.

These women have occasional opposition to the media focus on appearance for women, but they still place a high value on their own appearance. They would like to see a world with less focus on appearance, but cannot imagine this reality. Typically, they mimic oppositional language from therapists and nutritionists, but they have not yet internalized such ideas.

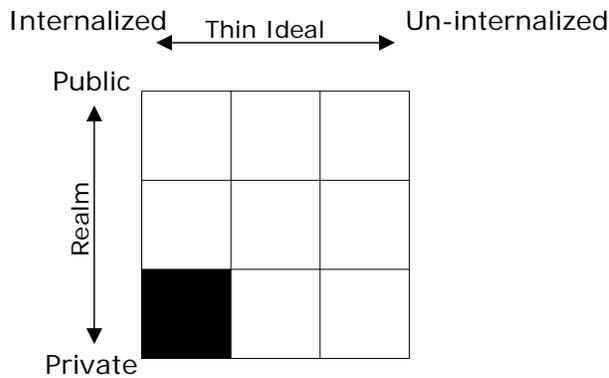


Figure 5-5. People pleasers/romantics

What drives their readings?

- Primarily fear of relapse, slipping back to a low point and needing to go into treatment
- Strong desire for acceptance
- MUST avoid triggers because thin ideal is too strongly internalized
- Gaining media awareness

Level and type of concern for others

None to minimal

Level of thin ideal internalization

- Extremely high, (only barrier preventing them from weight loss is the memory of their misery)
- Perception that they'll *always* want to be thin
- Still find the thin ideal appealing, but have a desire to be healthy, not sick thin

What is their main concern?

“I just want to fit in.”

Conflicted Negotiators

Conflict negotiators are characterized primarily by self-protective opposition to protect their self-esteem and body satisfaction. These women tend to focus on the unrealistic and unhealthy nature of media imagery. Initially, the readings *appear* to be oppositional in nature (especially with regard to extremely skinny celebrities or perfect looking models), but such oppositional comments (expressed as concern for others) really are made out of fear of becoming overweight themselves (and thus, being unacceptable). This category also is characterized by

some opposition to “unfairness” of the thin ideal. These women express anger and frustration that an unhealthy and unrealistic ideal exists.

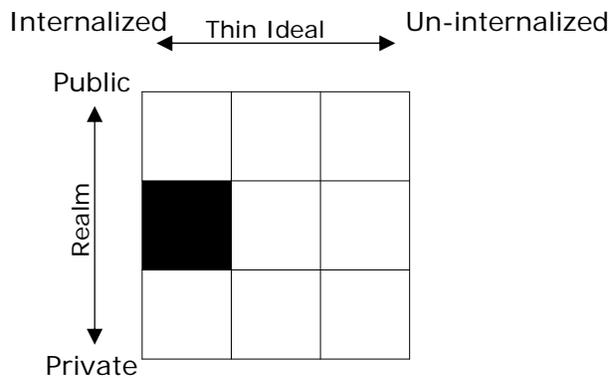


Figure 5-6. Conflicted negotiators

What drives their readings?

- Awareness of media perpetuation of unhealthy thin ideal conflicts with perceived cultural value of thinness based on media and personal life
- Lack of sense of identity (trying to fill a void with media-generated options they *know* won't work, but have not cultivated inner self, no confidence in other aspects of identity)
- Fear of rejection (appearance still most salient factor for self-worth, but their appearance no longer fits the “ideal”)
- Low self-esteem (self-worth attached to attainment of a boyfriend, strong belief that thinness is required to “earn” a boyfriend)
- Low sense of agency (allow others to define them, internalize critical remarks)

Level and type of concern for others

- Used to rely heavily on celebrities as role models (seeing them now still triggers desire for thin ideal, but expressed as concern for others)
- Use their age and “media knowledge” to “justify” why they no longer are affected, but young people would be

Level of thin ideal internalization

- Thin ideal strongly internalized, trouble unraveling its grip
- Still appraise body in relationship to media-defined ideal, results in body dissatisfaction
- Strong attachment to thin=special and unique
- Left feeling uneasy and conflicted about self-concept and perceived need to subscribe to cultural ideals

What is their main concern?

“I know the media is not real life, but it definitely seems like it is.”

Conflicted Feminists

Conflicted feminists have self-protective opposition to the thin ideal, and they perceive the ideal to be unreasonable. These women must rely on cognitive restructuring to reinforce that their self-worth is not based on appearance. This category is characterized by critical opposition to the objectification of women and resistance to the relentless promotion of beauty products fueled by capitalism. Women who exemplify this category have conflicted readings about perfection. They still feel some need to be perfect, despite making oppositional statements to the media creation and promotion of unrealistic standards of perfection.

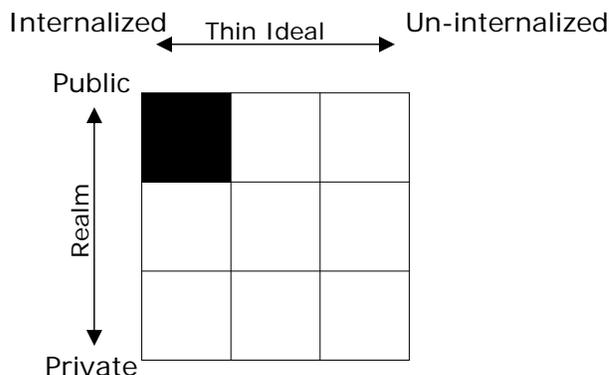


Figure 5-7. Conflicted feminists

What drives their readings?

- Frustration with conflict between degree of media literacy and knowledge of powerful socialization process they have endured
- Increasing frustration as they gain more knowledge (increased knowledge makes them feel like they should know better than to buy into the dominant ideology, leads to guilt and shame)
- Have more well-developed negotiation tools than people pleasers or conflicted negotiators
- Have developed aspects of identity not related to appearance
- Tend to be older than people pleasers and conflicted negotiators and had earned their degree
- Rejection of saliency of appearance for others allows negotiation regarding importance of appearance for self
- Have societal vision, but recovery not protected enough to effect societal change yet

- High level of cognitive restructuring for self-protective opposition allowed for a more permanent internalization of oppositional reading over time
- Sense of freedom from obsessive thoughts and behaviors, but lack *true* freedom from desire for thin ideal
- Fairly early in recovery process

Level and type of concern for others

- Opposition fueled by concern for others, particularly with omnipresent messages to young girls that they're never good enough
- React with empathetic concern for representations that could damage young girls' self-esteem/confidence (reaction based on their personal experience)
- Expressing opposition for others strengthens their resistance
- Oppositional readings of media portrayals of celebrities with eating disorders (concerned young girls will equate being thin with getting attention)
- Concern that young girls will focus too much attention on their appearance and not feel they have any other value

Level of thin ideal internalization

- Still fairly high
- Know they *should* reject the thin ideal, but still want rewards associated with ideal
- Would feel less conflicted if emotional reaction matched their cognitive/intellectual knowledge

What is their main concern?

“It’s easy to get caught up in how I look compared to the celebrities. I get mad at myself when I care about that sort of thing.”

Self-Protective Independents

The self-protective independent category is primarily characterized by self-protective opposition. These women typically perceive thin celebrities as likely to have an eating disorder. Another characteristic of this category is a negotiated reading. Self-protective independents find entertainment in TV programs that others object to or find to be triggering, such as reality shows or *Nip/Tuck*.

What drives their readings?

- View thin ideal from a private perspective, focus energy on what helps them personally
- Tend to attribute their triggers to personal behaviors and interpersonal comparisons, not media
- Minimal media awareness (not much focus on media as an influence in their eating disorder)
- Feel pretty strong in their recovery and have worked toward accepting their body

- Find some empowerment in recovery itself, have learned they will not become fat
- No longer strive for perfection, no longer view ideal as realistic
- Faith in God motivates them to let to stay strong in their recovery and allows them to relinquish some of the desire to “control” their body size

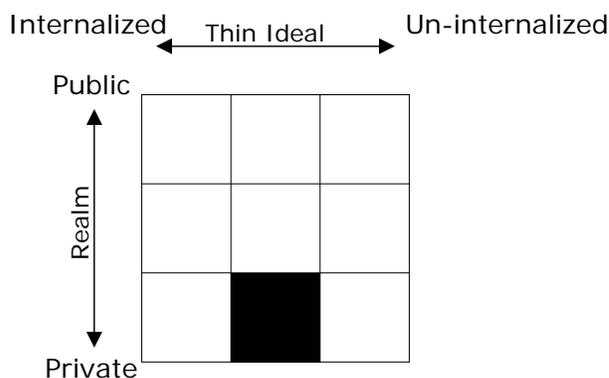


Figure 5-8. Self-protective independents

Level and type of concern for others

- Light concern for others
- Think it's sad that others strive for something unrealistic

Level of thin ideal internalization

- Still have some desire for the thin ideal, but are more concerned with eating healthy
- Working on body acceptance at any size and shape, but still have a limited comfort zone
- Learning to trust their body to regulate itself (feel more comfortable knowing that they eat healthy and stay within a healthy range of calories per day– have some vague idea)

What is their main concern?

“There’s always a potential for relapse. I’ll be dealing with it for the rest of my life.”

Need Normal Represented

The need normal represented category has mostly oppositional readings, expressing concern for others. Women in this category also are characterized by self-protective opposition readings, using the value of their health and happiness to reduce a desire for the thin ideal.

What drives their readings?

- Consequences of seeking the elusive ideal outweigh any potential benefits
- Primarily want normal represented for young girls, would have been helpful to them

- Now see the power that media messages can have on perceptions
- High degree of media literacy provides sense of agency, can choose how to respond (impressionable young girls can't)
- Focus on insidious nature of the thin ideal
- Typically had young children, which provided alternative source of identity and self-worth, not as reliant on appearance

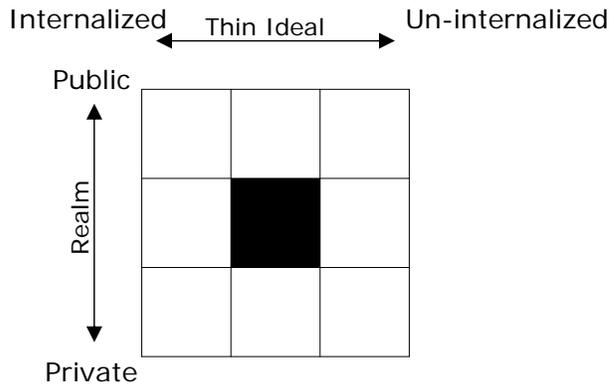


Figure 5-9. Need normal represented

Level and type of concern for others

- Concerned that others will try to emulate an ideal that looks anorexic
- Concerned about the unrealistic portrayal of perfection, others may not know “it’s just a show”
- Young women need to be protected from dangerous representations, desire to shield others

Level of thin ideal internalization

- Wouldn’t mind being thinner, but it’s not a central focus in their lives
- Value of health and faith in God allowed for increased body satisfaction

What is their main concern?

Need normal, healthy representations for themselves and others

“I think it’s a shame they portray such an unhealthy and unrealistic ideal. It contributes to eating disorders.”

Semi-Activists

Semi-activists had mostly oppositional readings. They also engaged in “light activism” out of concern for others.

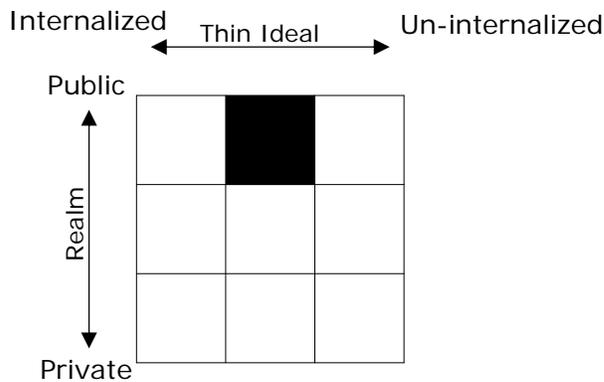


Figure 5-10. Semi-activists

What drives their readings?

- Strong feminist identity, adopt alternative media and reject mainstream media
- High degree of media literacy and adoption of feminist identity, need to have actions reflect their beliefs
- Additional years of recovery under their belt build stronger resistance
- Can afford to expose themselves, but are concerned for others now
- Engage in initial activist efforts to affect social change
(Feminism + Empowerment + Length of Recovery = Activism)
- Have reached a breaking point of critical opposition, built up years of knowledge and some anger, now need to channel energy productively
- Commitment to others at a societal level provides shift in identity from “in recovery” to “mostly recovered”
- As recovery solidifies, can contribute to prevention efforts, not much fear of relapse

Level and type of concern for others

- High concern for future generations of young women
- Focus on broad societal ramifications of potentially damaging portrayals of the ideal

Level of thin ideal internalization

- Still not un-internalized, but significantly reduced
- Some lingering attachment to the weight loss process itself, feelings of success and achievement
 - Have accepted they’ll never fit the ideal, but would like to see alternative acceptable options

What is their main concern?

“I still want to be acceptable, so I don’t want to stray too far from the thin ideal.”
 “Stop shoving perfection down their throats. Let them be girls.”

C'est La Vie

This category is characterized primarily by dismissive oppositional readings. Focusing on the thin ideal is not considered to be worth their time. There were no women in this study who fit into this category.

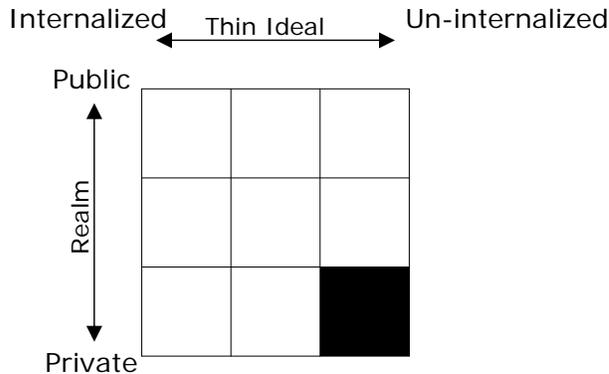


Figure 5-11. C'est la vie

What drives their readings?

- Consider themselves to be fully recovered, have put their eating disorder behind them
- Consequently, no women in this study fit into the C'est La Vie category

Level and type of concern for others

No incentive to participate in this study because they've put it behind them

Level of thin ideal internalization

Not evident

What is their main concern?

"I've moved on. There's not much of a charge anymore."

Supportive Opposers

Supportive opposers are characterized by oppositional readings. However, their opposition is low-key in nature.

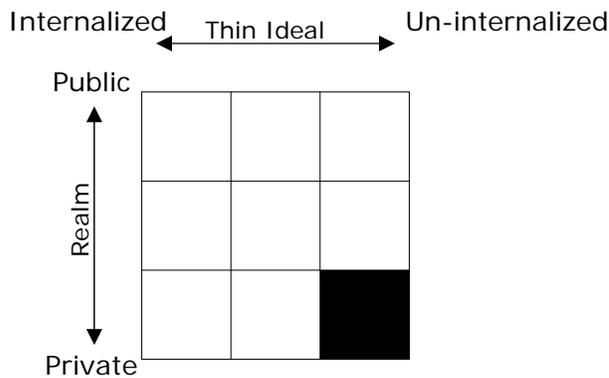


Figure 5-12. Supportive opposers

What drives their readings?

- Recovered, not in recovery
- Everyone had given up on them, desire to let others know recovery is possible

Level and type of concern for others

- Empathetic concern for other individuals
- Desire to provide hope for women who need support in recovery

Level of thin ideal internalization

Minimal to none

What is their main concern?

“I don’t want anyone to feel alone in their recovery process.”

Activists

Activists express oppositional outrage at the injustice of the media preying on societal weaknesses. They also believe that the media *create* these weaknesses (i.e., desire for beauty as defined by the thin ideal).

What drives their readings?

- Recovered, not in recovery
- High degree of media literacy
- Strong resistance to the hegemonic construction of the ideal female
- High degree of anger about media abuse of power for financial gain, while causing harm to unsuspecting young women and girls

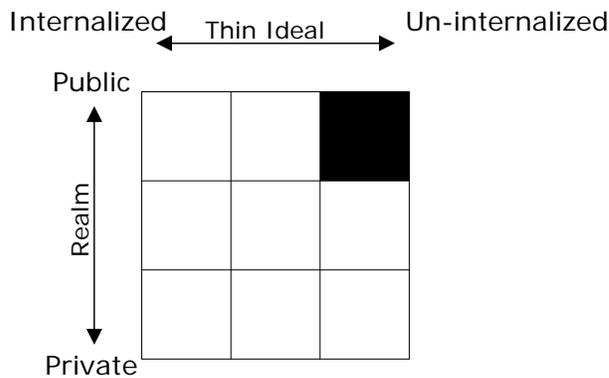


Figure 5-13. Activists

Level and type of concern for others

- Extremely high concern for others, but on a societal level
- Perceive media to have a social responsibility, especially with young girls

Level of thin ideal internalization

Un-internalized, no longer consent to dominant ideology of thin ideal

What is their main concern?

“They should be ashamed of themselves!”

Implications for Treatment

To date, no studies have examined how information about the media consumption of women in recovery from anorexia may contribute to more effective treatment to reduce the high rate of relapse with eating disorders. This study has provided information about strategic tools women in recovery have used to negotiate or resist the mediated ideal, a critical component of the recovery process.

Based on the results of this study, women who are in recovery from anorexia would be well served *not* to engage in upward comparisons, particularly with a universalistic target. This study has indicated that engaging in social comparisons with celebrities or models proved to be one of the most important obstacles to the un-internalization of the thin ideal. Nearly all of the

self-protective opposition strategies that the participants employed served to reduce the level of comparisons that the women engaged in. In fact, the most significant difference between an oppositional reading and a self-protective oppositional reading was the degree to which the participants still engaged in such comparisons.

The results of this study suggest that it was important for the women in this study to reduce, or eliminate, or alter comparisons. Those who failed to do so had dominant or negotiated readings, which tended to be damaging the women's self-esteem and body image, and in some cases, led to potentially harmful weight loss behaviors.

Importance of Media Literacy in Treatment Centers

Given the near impossibility of avoiding imagery of the thin ideal, it is evident that women who are in recovery from anorexia need to learn how to negotiate this type of imagery early on in their recovery process. Inpatient treatment centers might be an appropriate location to initiate this discussion.

Women who spend time at an inpatient treatment center typically are not exposed to potentially triggering media messages. In fact, several participants discussed how treatment centers had regulated their media consumption, not allowing them to subscribe to beauty and fashion magazines, such as *Glamour* or *Cosmopolitan*. The participants also said that they had not been allowed to watch TV during mealtimes at inpatient treatment centers.

Analysis of the media journals revealed that many of the participants ate meals while watching television. This is not unusual behavior; however, it is interesting to note that when the women did watch television while eating, their entries tended to reflect a desire to be thin. The media journals also revealed that some participants read magazines or perused fashion catalogs during dinner.

In order for recovery to be effective in the long run, inpatient treatment centers need to mimic “the real world” as much as possible. Otherwise, patients may only learn how to exist in a protected environment. Based on the nature of the journal entries of these women, it appears as if mealtimes often are accompanied with media consumption.

Several of the women in this study described how they relapsed immediately when they left a treatment center, regardless of how many thousands of dollars they had spent. Often the participants discussed how they knew they were going to relapse when they left because the inpatient treatment environment had felt artificial.

As the women in this study indicated, imagery of the thin ideal is “impossible to escape completely.” Any woman who goes to a grocery store, a bookstore, a doctor’s office, or sits in any waiting room will have some exposure to representations of the thin ideal. Furthermore, this study has illustrated how challenging it is for women in recovery from anorexia to un-internalize the thin ideal.

Given the power of these messages to affect how women feel about themselves, it seems as if teaching “abstinence” may not be the most effective strategy for recovery programs. Even when these women were in treatment, they still secretly purchased magazines because they thought the rules were ridiculous.

Media literacy is not commonly offered in treatment centers for women with eating disorders. There are other offerings, such as therapy, nutrition, writing, dance, body image workshops, and art therapy. Recovery programs need to have at least *some* discussion of media literacy, even if it is not an integral part of the program. However, based on the results of this study, it seems prudent to consider how media literacy could be integrated as a core component of treatment.

Treatment centers do a disservice to their patients by not allowing women to process feelings that might arise when they *do* see imagery of the thin ideal. Rather than eliminating all exposure to magazines or television, it may be helpful to teach women more coping mechanisms for handling inevitable exposure to the pervasive thin ideal. One option might be to encourage women to have discussions about how they could handle thoughts or feelings that can be triggered by the media (that women consciously choose to expose themselves to, or that are more “subtle, fleeting” messages that they had not intended to view).

Using Counter-Attitudinal Reactions to Strengthen Resistance

Another option might be to teach women in recovery from anorexia to use counter-attitudinal verbal or written activities to strengthen their resistance to the mediated ideal. As discussed earlier in Chapter 4, the participants used counter-attitudinal techniques to develop a more positive body image. On days when the women felt badly about their body, they would try to reassure themselves with compliments, like “Wow, you look great!” Even though they did not necessarily *feel* that way, making statements of this nature allowed them to feel better about their appearance.

The participants in the initial stages of recovery discussed how they had a “constant battle” going on in their mind between their “negative mind” and their “recovered rational mind.” They knew that their body was not an accurate measure of their self-worth, but they used counter-attitudinal statements to reinforce this idea in their minds.

Engaging in similar counter-attitudinal activities with regard to media imagery may prove to strengthen women’s resistance to the mediated ideal. As this study has illustrated, once the thin ideal becomes internalized, it is extremely difficult, if not impossible, to *un*-internalize, particularly in a society where the pervasive mediated “ideal” is nearly impossible to escape.

However, a recent study found that counter-attitudinal activities can reduce thin ideal internalization, which has been shown to decrease body dissatisfaction, negative affect, and eating disorder symptoms (Stice, Marti, Spoor, Presnell, & Shaw, 2008). Furthermore, it was critical for women in this study to un-internalize the thin ideal in order to progress in their recovery process and develop oppositional readings of the thin ideal.

In the experimental study by Stice et al. (2008), women with high thin-ideal internalization engaged in counter-attitudinal verbal, written, and behavioral activities in which they critiqued the thin ideal. The intent of these activities was to create psychological discomfort (dissonance) that would motivate the women to reduce internalization of the thin ideal. The dissonance intervention resulted in a 60% reduction in thin ideal internalization.

This study did not include any dissonance intervention, as the goal of the media journal was just to allow me to capture a slice of the participants' typical media exposure and perceptions. However, a media journal activity with a dissonance component may be a useful for therapists to incorporate into the therapeutic process for women in recovery from an eating disorder who need to reduce their thin ideal internalization. In fact, journaling is one of the techniques often recommended to women in recovery to allow them to process their thoughts and feelings.

Critical Media Literacy as a Component of Outpatient Therapy

Overall, women in this study who had less oppositional readings tended to have minimal levels of media literacy that was limited to *awareness*, as opposed to critical media literacy, which is necessary for more oppositional readings. In addition, these women's knowledge seemed to be limited to what they had learned about magazines from their therapist.

The participants who had more oppositional readings had developed a more critical sense of media literacy. These women understood the power of *all* media to disseminate a hegemonic

construction of the ideal female body, and over time, this knowledge allowed them to un-internalize the thin ideal.

Given the influential role that a therapist may play in the recovery process, it seems prudent to educate therapists about the importance of critical media literacy, which could become a component of the outpatient therapeutic process. Incorporating critical media literacy into outpatient therapy also might provide women in recovery from anorexia with a smoother transition from the artificial walls of an inpatient treatment center to the “real world,” which is saturated with inescapable imagery of the thin ideal.

Suggestions for Future Research

This study has provided a wealth of information about how women in recovery from anorexia negotiate the mediated ideal. In addition, more in-depth analysis of the data revealed several interesting avenues for future research.

Media Literacy: TV Versus Magazines

The literature consistently points to media literacy as a critical component for the prevention of eating disorders. Perhaps future studies could explore whether young women are more aware of the effects of magazines on their self-perceptions than they are of television. One of the first stages of developing media literacy involved understanding the power of image manipulation, but this understanding only seemed to translate to print. All of these women had known that fashion and beauty magazines were triggers because they had relied on them so heavily as a “how-to guide” when they were younger. However, not all of the women had the same awareness with television. Consequently, they still were exposed to messages that reinforced the thin ideal, and this exposure further prevented them from un-internalizing the thin ideal. These women tended to have predominantly negotiated or self-protective readings,

primarily because they still had the thin ideal internalized, and they still placed a high value on their appearance.

Media Diary Provided Valuable Information

The media diary can provide a wealth of rich information about people's daily media consumption. In this study, I noticed that some participants tended to have more oppositional readings in their interviews than they did in their media journals, which reflected more dominant or negotiated readings. While this was not true across the board, it may warrant further examination in a future study.

Introducing Feminism at an Early Age May Reduce Self-Objectification

From a young age, females are sent powerful media messages that their bodies are commodities. Women also learn that attractiveness is a primary form of "currency" (Fredrickson & Roberts, 1997, p. 178), which encourages a preoccupation with physical appearance.

A feminist identity afforded the women in this study with some resiliency and resistance to media messages that contribute to women's subordination. Feminism provided the women in this study with an alternative framework for interpreting media messages about women's bodies. Furthermore, adoption of feminist ideology supplied the participants with strategies to resist dominant ideologies about women's appearance on personal and societal levels.

The findings of this study have provided support for the benefits of an egalitarian perspective on gender roles. In particular, this study has indicated that women who perceived the attainment of a boyfriend as a measuring stick for their self-worth had more dominant or negotiated readings. These women also believed that in order to have a boyfriend, it was imperative to adhere to the traditional notions of female beauty, primarily defined by the thin ideal. Conversely, participants who had un-internalized the thin ideal and were more advanced in

their recovery process did *not* view the attainment of a boyfriend as a reflection on their self-worth.

The participants typically learned about feminism through women's studies courses taken at the college level. However, Cash et al. (1997) have suggested that feminist ideology may not reduce the saliency of appearance if that cultural value has been ingrained to the extent that it becomes a core belief. Given the physical changes associated with puberty and the importance of appearance for self-esteem, this study has bolstered an argument not only for critical media literacy education, but also for an increased inclusion of feminism in educational curricula, perhaps even as early as middle school, right when girls are faced with an increasing disconnect between the mediated ideal and the natural development of their adolescent bodies. Future research could examine whether exposure to feminist ideology and other societal pressures at an earlier age could prevent potentially negative consequences of media exposure.

Need for Specific Focus on Empowerment

Feminism provided some participants with an alternative lens through which to interpret and resist dominant cultural ideologies of women's bodies. However, just as Rubin et al. (2004) have found, some participants in this study felt guilt or shame if they claimed to be a feminist, yet still occasionally subscribed to cultural and commercial messages about the beauty ideal.

This study also has suggested that feminism provided the participants with a framework that allowed women to have oppositional readings about the importance of appearance. However, feminism did not necessarily inform oppositional readings of the thin ideal.

Peterson et al. (2007) have found that the construct of empowerment was more predictive of body image and eating disturbance than was feminism. These authors also have suggested that the development of a validated empowerment scale measuring body image and eating disturbance may prove to be an effective tool for future research, prevention, and treatment

efforts. Future research could explore if empowerment, as opposed to the broad ideology of feminism, would be more effective for the un-internalization of the thin ideal.

Limitations of the Study

Qualitative analysis results in a different type of knowledge than does quantitative inquiry. Whereas quantitative researchers seek causal determination, prediction, and generalization of findings, qualitative researchers instead seek illumination, understanding, and extrapolation to similar situations (Strauss & Corbin, 1990).

The goal of this qualitative study was to explore how women who are in recovery (or recovered) from anorexia negotiate the mediated ideal. It did not seek to establish any cause and effect relationships. As such, I did not administer an instrument to measure the women's degree of thin-ideal internalization, so there was no concrete numerical representation available. Rather, I relied on the participants' media journal entries and their comments during the interviews to determine the extent to which they valued the thin ideal.

Secondly, the participants were recruited using several different key informants, and though all of the women in this study were in recovery, it became apparent that the various psychologists who referred participants to my study may have had different notions of what constituted recovery, though all of the women in this study met the criteria I specified at the outset of the research.

For example, one of the criteria I specified was that the women had overcome undue obsession and preoccupation with their weight and had found alternative means to fuel their self-worth. While this was true, the women no longer had an *undue* obsession, I was surprised at how many of their journal entries reflected a dominant or negotiated reading. In most cases, however, the participants tended to have less oppositional readings in the media journal than they expressed in the interviews, and this may be a point of consideration for future research. It could

be that women feel more comfortable expressing opposition when they meet in person with a woman who is studying the media and that this affected how they responded in the interviews.

Overall, however, the range of recovery levels turned out to be beneficial because it provided a broader perspective of the type of transformation in readings the women had as they progressed in their recovery process. Analysis in the later stages of the coding process allowed me to identify and explore patterns that provided insight in the various factors that were likely to have affected the participants' readings.

The women in this study participated on a completely volunteer basis, and they all were motivated by a desire to contribute to this topic and allow their personal experience to benefit others and hopefully contribute to the prevention of eating disorders. This may have some effect on the overall nature of the participants, as it is possible that there are other women in recovery (or who consider themselves to be recovered) who have put their past behind them and would not choose to participate in a study of this nature.

Qualitative research is often characterized by its emergent design (Charmaz, 2006; Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1998), in which the investigator proposes a flexible plan for the study based on concepts generated from the participants as well as the investigator's own evolving thought process. The researcher is free to adapt data-gathering methods and analytic strategies to the emerging themes of the study. This type of design is particularly appropriate for this study because it empowered the participants, allowing them to have a voice in the process and outcome of the research (Fallon et al., 1994).

Qualitative researchers also tend to use inductive analysis of data, meaning that the critical themes emerge out of the data (Charmaz, 2006; Corbin & Strauss, 1990; Daymon & Holloway, 2002; Denzin & Lincoln, 2000; Lindlof & Taylor, 2002; Lincoln & Guba, 1985; Patton, 1990).

The challenge of qualitative analysis lies in the ability of the researcher to put the raw data into logical, meaningful categories; to examine them in a holistic fashion; and to find a way to communicate this interpretation to others.

As this study progressed, I took advantage of the emergent nature of qualitative research and included additional questions to explore areas that appeared to be themes. While this process allowed me to explore important concepts I had not previously considered, it did mean that not everyone in the study answered the same questions. For example, clothing size emerged as a theme that was important to the participants, typically as an obstacle to the un-internalization of the thin ideal. It was not until the later interviews that I made the connection to the media influence on clothing size. Another example is the discussion of Web sites. At some point, I added a question about the participants' use of the Internet because several people had discussed pro-recovery and pro-ana sites.

In addition, it was not until the latter stages of the analysis phase that I realized that *Lifetime* movies about women with eating disorders had served as triggers for the women. Not one woman who discussed these movies said that they had served as a preventative measure; rather, the nature of the portrayal of eating disorders in these movies actually encouraged the women in this study to explore eating disorder "techniques."

Along the same lines, it was not until the later stages of analysis that I recognized one of the most important themes in this study, that the media promote misconceptions about eating disorders. While the media journals and interviews still provided a rich wealth of data, it might have been valuable to focus more closely on this topic in the discussion guide.

Which brings me to another point of discussion that may be a limitation of the study, and that is the length of the discussion guide itself. It was about two pages long, and I found that

often, the women would talk for 20 minutes or so on one question. I had been concerned that there would be awkward moments of silence during the interviews, but the opposite proved to be true. At times, we were so immersed in discussion that the hours flew by.

While the number of questions certainly yielded a wealth of interesting data, it was extremely challenging to sift through the material to find the big “aha” ideas. Each time I analyzed the data, wrote memos, or worked on writing the findings, I would discover new, emerging connections that I had not seen before. As a result, some of the initial themes that evolved as a result of in vivo coding tended to have more prominence than they may have warranted, and the most important findings initially were buried. However, after a thorough editing process, some of the lower level concepts were shortened to allow the more important concepts to become evident.

One of the realizations that I had toward the very end of the analysis was that a primitive form of coding may have worked fairly efficiently. By primitive, I am referring to the notion of using a pair of scissors to cut the concepts out, and a roll of tape to adhere various quotations in the appropriate documents. When working with data of this volume on a computer with cut and paste functions, it becomes extremely challenging to keep tabs on the data, particularly when some codes were re-coded, split apart, or condensed as I progressed using the grounded theory approach.

Overall, I believe that qualitative research was the only effective way to answer the research question posed in this dissertation, and this experience has provided me with faith in the entire grounded theory approach. It never ceased to amaze me how various themes continually were emerging, even on more abstract levels, beyond when I thought I had fully explored every possible connection.

Benefits of an Emic Perspective and Data Triangulation

Max Weber introduced the concept of *verstehen* to the social sciences to underscore the importance of understanding “the motives and feelings of people in a social-cultural context” (Patton, 1990, p. 57). One of the unique strengths of this study is that my personal battle with an eating disorder allowed me to develop an emic perspective, which provided me with an invaluable understanding, or *verstehen*, of the participants’ experiences, feelings, and perceptions (Boyle, 1994; Daymon & Holloway, 2002; Patton, 1990).

This “insider’s perspective” (McCann & Clark, 2003, p. 10) was helpful in terms of allowing the participants to feel connected with me, by having shared a common, personal experience. During all of the interviews, I shared my personal and professional interests in the study, which encouraged the women to be more open about their experiences.

The unique combination of methods in this study provided rich, invaluable insight into the lives of women in recovery from anorexia and how they negotiate the thin ideal. Qualitative researchers seek credible, dependable, quality data (Lindlof & Taylor, 2002; Lincoln & Guba, 1985). To ensure the merit and validity of the data, I used data triangulation (Creswell, 1994; Lindlof, 1995; Lindlof & Taylor, 2002), which included media diaries and in-depth interviews. Some of the participants also provided me with examples of media imagery that they had reacted to in their media journal. In addition, some of the women shared copies of newspaper articles or research papers they had written that provided additional insight about their perspectives with regard to the media’s influence on eating disorders. Lastly, several participants shared personal artwork or other “memorabilia” that added to their discussions in the interviews.

The media journals and interviews were mutually beneficial in several ways. Many of the participants discussed how the media journal had allowed them to see how pervasive media imagery really is, and they described how their sense of media literacy had expanded as a result

of this study. Often, the women discussed how they appreciated the opportunity to think about concepts that they had not previously considered, in terms of their daily interaction with the media. For example, several women had not realized how often they used the value of their health to negotiate media messages.

The topic the women discussed the most often was the extent to which they engaged in social comparison. Several women had known at some level that they compared themselves to models and celebrities, but they described how they had not realized how often they used strategies to prevent themselves from engaging in unhealthy comparisons (typically focusing on the unrealistic and/or unhealthy nature of an image). Other participants discussed how they came to understand that they no longer engaged in such comparisons, or that the nature of the comparisons had altered. For example, Kerry described how she found it valuable to focus on fashion as an artistic interest because it allowed her to take her focus off the overly thin bodies.

The interviews themselves also seemed to serve as an opportunity to strengthen the women's resolve to remain committed to their recovery process. As several of the women have indicated, being open about their eating disorder and their recovery process "kept the women honest." In sharing some of their most humiliating aspects of their eating disorder in a safe environment with no judgment, they were allowed to let go of some of the shame, which contributed to an increased sense of self-esteem and a renewed commitment to long-term recovery.

Revisiting the Place of the Researcher in the Context of the Research

Our journey ends as it began, by revisiting the place of the researcher in the context of the research. And what a journey this has been!

Completing this dissertation has been one of the most arduous tasks I ever have undertaken, but it also has been one of the most rewarding. In choosing to select a dissertation

topic that had both personal and professional relevance, I have had the opportunity to develop a sincere appreciation for the value of qualitative research as a whole, as well as the grounded theory approach in particular. I believe that my personal battle against an eating disorder allowed me to connect in a meaningful way to the participants, which in turn, resulted in a wealth of rich, insightful information.

As I stated at the beginning of this dissertation, the original inspiration for this study was a book about 16 women who have overcome the tyranny of the quest for the thin body ideal. These women were all prominent public speakers, well-respected clinicians, best-selling authors, and directors of national associations.

I knew that I was interested in exploring a topic related to the mediated thin ideal, but I still needed to develop a unique angle. Two days later, an interaction with my medical doctor inspired an approach to my dissertation that I hoped would make a valuable contribution to the field. I was at the doctor's office browsing through a magazine, and when the doctor came in, she glanced at one of the female magazine models and told me that she used to be that thin. She then shared with me that she had battled anorexia several years ago. Although she had no lingering behavioral issues, she said that when she saw imagery of beautiful, slender women in the media, she had a nostalgic longing for the days when she had been that thin. Despite her desire to be thin, she explained what prevented her from engaging in any extreme weight loss behaviors: "I was miserable, and I'd never want to go back to the way I was."

Like my physician, I was aware that the attainment of the thin ideal was not a healthy goal, but it was challenging to continuously battle the nagging desire I had to be thin, particularly when presented with pervasive media imagery defining one acceptable body type. Even with my knowledge of the media industry as a graphic designer and doctoral student in mass

communications, I still had to maintain personal vigilance when negotiating imagery of the mediated ideal.

Armed with knowledge about advertising and marketing strategies, I knew that media messages were profit-driven. I also was aware that media imagery of perfection was intended to tap into my insecurities about my own appearance. While I no longer was willing to “buy into” the mediated ideal, I could not ignore years of socialization that had reinforced the value of the thin ideal in every realm of a woman’s life.

Merging my personal and academic interests, I chose to explore how women in recovery from anorexia negotiate the thin ideal portrayed in the media. Initially, I was hesitant to research a topic that was so personal in nature, particularly because I had never been open about my personal struggle. My eating disorder had been a private issue for me for more than 20 years, and I wasn’t certain that I was ready to take it into the public realm. I still had a fairly high degree of shame associated with my eating disorder, and I feared being judged.

Sharing my personal story in the first chapter of this dissertation was the first step I made in transforming my private experience to one that would become more public. As I adjusted to this transformation, I started to shed my perception of myself as a woman with an eating disorder and I began to adopt a healthier identity as a woman in recovery from an eating disorder. This shift alone allowed me to progress further in my recovery process. For the first time in my life, I realized that something positive might come out of the misery I had endured for years. Much like the women in this study, I began to understand just how important it was to use my personal experience to contribute as much as possible to the prevention of eating disorders.

As I recruited participants for this study, I started to develop professional connections within the community committed to the prevention and treatment of eating disorders. This was a

new and empowering experience because previously I had been a patient to be treated. Professional interactions of this nature allowed me to shed additional layers of my eating disorder identity and strengthen my resolve to remain committed to my own recovery process.

I had mixed emotions going into the first interview. I was excited at the prospect of seeing the vision of my dissertation unfold. However, I was anxious about the role I should assume in the interview. I wanted to maintain the credibility and professional appearance of a researcher, while also allowing the woman to feel comfortable sharing information that was so personal in nature. The first interview went extremely well, and I learned that the most important requirement for me was to be genuine.

The first interview lasted more than three hours, and it was the first time in my life that I had shared my personal story with someone I had just met who was not a therapist. What amazed me was how refreshing it was to be open about something so personal that I had kept hidden in shame for so long. Of course, it helped that the primary focus was on media, but with all of the women in this study, I shared intimate details about my personal battle with an eating disorder as well as my recovery process. Sharing my story with others within the context of a research study about recovery served as an important turning point in my own recovery process.

With each interview, I felt a sense of collective empowerment with other women in recovery who were committed to sharing their experiences to benefit others. Furthermore, hearing the stories of these women and the challenges they had faced to overcome their eating disorder renewed my commitment to ensure that their voices were heard. More importantly, as I started to see themes emerging from the data, I began to feel as though my dissertation would not just gather dust on a shelf or become some meaningless addition to a vast digital archive. I realized that the type of information I was gathering truly could be useful.

When I moved to Atlanta in January 2007, I became involved with EDIN, the non-profit organization that Dr. Dina Zeckhausen, one of my key informants, had founded. Volunteering for an organization like EDIN allowed me to connect with other people who were committed to the prevention of eating disorders. This experience allowed me to see that the collective efforts of individuals dedicated to an important cause truly can effect societal change. Many of the EDIN volunteers had suffered from eating disorders themselves, and it was inspirational to see so many women trade their personal identity as a victim of an eating disorder for a more empowering one as an activist.

This dissertation is dedicated to the 32 courageous and inspirational women whose stories have shed light on one of the most critical issues affecting young women today.

APPENDIX A DIAGNOSTIC CRITERIA

The following diagnostic criteria are taken directly from the following source:
American Psychiatric Association. (2000). *DSM-IV-TR: Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: American Psychiatric Press.

307.1 Anorexia Nervosa

- A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).
- B. Intense fear of gaining weight or becoming fat, even though underweight.
- C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- D. In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration.)

Specify type:

Restricting Type: during the current episode of Anorexia Nervosa, the person has not regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)

Binge-Eating/Purging Type: during the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)

307.51 Bulimia Nervosa

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 - (1) eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
 - (2) a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)
- B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
- C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.
- D. Self-evaluation is unduly influenced by body shape and weight.
- E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Specify type:

Purging Type: during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas

Nonpurging Type: during the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

307.50 Eating Disorder Not Otherwise Specified

The Eating Disorder Not Otherwise Specified category is for disorders of eating that do not meet the criteria for any specific Eating Disorder. Examples include:

1. For females, all of the criteria for Anorexia Nervosa are met except that the individual has regular menses.
2. All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the individual's current weight is in the normal range.
3. All of the criteria for Bulimia Nervosa are met except that the binge Eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or for a duration of less than 3 months.
4. The regular use of inappropriate compensatory behavior by an individual normal body weight after eating small amounts of food (e.g. self-induced vomiting after the consumption of two cookies).
5. Repeatedly chewing and spitting out, but not swallowing, large amounts of food.
6. Binge-eating disorder: recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviors characteristic of Bulimia Nervosa (see p. 729 for suggested research criteria).

APPENDIX B SCRIPT FOR KEY INFORMANTS

A graduate student in the College of Journalism and Mass Communications is conducting a study for her dissertation, and she is looking for volunteers to participate. She has asked me to announce the study to women, like you, who are in recovery (or recovered) from anorexia. The study will explore college-aged women's experiences with anorexia, treatment, and recovery, as well as media perceptions.

She would like to request your participation in the study, which will include a media diary exercise, as well as one 60-90 minute interview.

Even if you agree to participate in the study, you can decide to discontinue your participation in the discussion at any time without prejudice. In addition, you do not have to answer any questions you choose not to answer.

There will be no monetary compensation, and no particular direct benefits are expected, although it is possible that through the interview, you may learn more about yourself and your recovery process.

The researcher is a woman who has recovered from anorexia herself, and has gone through both inpatient and outpatient treatment. She would greatly value your participation, and she will respect and protect your privacy, maintaining confidentiality and anonymity. She also has your best welfare in mind.

Dr. Seldman at University of Florida

If you decide to participate in the study, and at any point you'd like to talk with a therapist, please contact the UF Student Mental Health Services at (352) 392-1171. Their hours are Monday and Friday from 8 to 5 and Tuesday, Wednesday, and Thursday from 8 to 6. An on-call counselor is available during hours when the Student Health Care Center is not open. As you know, the office for UF Student Health Mental Services is located in Room 245 in the Infirmary Building on Fletcher Drive on the UF Campus. You also may call the UF Counseling Center at (352) 392-1575. They're open Monday through Friday from 8 to 5, and they're located in P301 Peabody Hall, also on campus. An additional resource is the Alachua County Crisis Center at (352) 264-6789. Counselors are available 24 hours a day, 7 days a week. All services are confidential.

Dr. Emerson at Georgia Southern University

If you decide to participate in the study, and at any point you'd like to talk with a therapist, please contact the Counseling and Career Development Center (CCDC) at Georgia Southern. In addition to myself, there are seven other full-time psychologists who provide services on an individual and group basis at no cost to students enrolled at Georgia Southern.

Our office hours are 8:30-5:00, Monday to Friday, and appointments can be scheduled by calling 681-5541. As you know, the Counseling and Career Development Center (CCDC) is located on Forest Drive between the Health Services and Forest Drive classroom building.

If you agree to participate in the study, I will provide you with the contact information for the student conducting the research, including her phone numbers and e-mail address. You may contact her at your earliest convenience to express interest in participating in the study. She plans to begin conducting interviews toward the end of March or early April, and she'd like to have women who are interested in participating contact her by March 23. After you contact her, she

will provide additional information about the study for you. Even once you make initial contact, you may discontinue participation at any time.

If you are interested in participating, or would like to learn additional information about the study, please contact Debi Demáre at 912-489-1829 or 912-531-3324. You also can contact her via e-mail, ddemare@nctv.com. The Institutional Review Board at the University of Florida, where she is working on her dissertation, has approved her study, UFIRB #2004-U-1032. If you have additional questions or concerns regarding your rights as a participant, you may contact the UFIRB at PO Box 112250, University of Florida, Gainesville, FL 32611-2250.

The Institutional Review Board at Georgia Southern University also has approved her study. You may contact the board at The Office of Research Services and Sponsored Programs, P.O. Box 8005, Statesboro, GA 30460 or (912) 681-7758.

APPENDIX C INFORMED CONSENT

Dear participant:

I am a graduate student from the University of Florida's College of Journalism and Communications. I am working under the supervision of Dr. Lisa Duke-Cornell and Dr. Debbie Treise, also in the College of Journalism and Communications. I would like to request your participation in a study about your media usage.

If you agree to take part in the study, you will be asked to take a week to complete a "media diary" about your everyday, routine media usage—the television programs you watch, magazines and newspapers you read, radio programs and music you listen to, etc.

After you complete the media diary, I will ask you to participate in one 60-90 minute interview. Even if you agree to participate in the study, you can decide to discontinue your participation at any time without prejudice. In addition, you do not have to answer any questions you choose not to answer.

There will be no monetary compensation, and no particular direct benefits are expected, although it is possible that your participation may allow you to learn more about yourself, your media usage, and your recovery process. Given your level of recovery, no risks are anticipated. I greatly value your participation I will respect your privacy, ensuring confidentiality and anonymity. I also have your best welfare in mind.

Option 1

If you decide to participate in the study, and at any point you'd to talk with a therapist, please contact the UF Student Mental Health Services at (352) 392-1171. Their hours are Monday and Friday from 8 to 5 and Tuesday, Wednesday, and Thursday from 8 to 6. An on-call counselor is available during hours when the Student Health Care Center is not open. As you know, the office for UF Student Health Mental Services is located in Room 245 in the Infirmary Building on Fletcher Drive on the UF Campus. You also may call the UF Counseling Center at (352) 392-1575. They're open Monday through Friday from 8 to 5, and they're located in P301 Peabody Hall, also on campus. An additional resource is the Alachua County Crisis Center at (352) 264-6789. Counselors are available 24 hours a day, 7 days a week. All services are confidential.

Option 2

If you decide to participate in the study, and at any point you'd to talk with a therapist, please contact the Counseling and Career Development Center (CCDC) at Georgia Southern. There are eight full-time psychologists who provide services on an individual and group basis at no cost to students enrolled at Georgia Southern.

The office hours are 8:30-5:00, Monday to Friday, and appointments can be scheduled by calling 681-5541. As you know, the Counseling and Career Development Center (CCDC) is located on Forest Drive between the Health Services and Forest Drive classroom building.

The interview will be audio taped. The audiotapes will be kept in a locked cabinet in my office until they have been transcribed, and then they will be destroyed. You will be identified in the transcriptions by a code name or number; no identifying information will be used in the transcripts (other than your age, race and gender). Only the principal investigator and her supervisors will have access to the transcripts or to information linking the code names or number to participants' identities.

If you have any questions or concerns about the study at any time, please contact Debi Demare at 912-489-1829 or 912-531-3324. You also can contact me via e-mail: ddemare@mail.nctv.com or ddemare@georgiasouthern.edu. Questions or concerns regarding study participants' rights may be directed to: UFIRB, PO Box 112250, University of Florida, Gainesville, FL 32611-2250 or The Office of Research Services and Sponsored Programs, P.O. Box 8005, Statesboro, GA 30460 or (912) 681-7758

I have read the information provided above, and I have received a copy of the study description. I voluntarily agree to participate in an in-depth interview as described. I have been told that the session will be audiotaped.

Participant Signature

Date



Principal Investigator's Signature

Supervisor's Signature

I approve this protocol for submission to the UFIRB:

Dept. Chair/Center Director Date

APPENDIX D MEDIA DIARY

Thank you for agreeing to participate in this study. This “media diary” activity will be followed with a semi-structured interview in one week. Over the next week, please use the journal provided to keep a record of your everyday, routine media usage—the television programs you watch, magazines and newspapers you read, radio programs and music you listen to, etc.

I also am interested in as many of your personal thoughts and observations about the media as you feel comfortable sharing. When I write the dissertation, your responses will remain completely anonymous and confidential. Feel free to be as expressive or straightforward as you’d like. I’m most interested in hearing your own views in your own words.

Bring some examples of “paper” media (magazines, newspapers, ads, mail, posters, flyers, etc.) you saw over the week—some that appealed to you and some that didn’t. You can include the examples in your “media diary” or just bring the entire magazine with you to the interview.

APPENDIX E
DISCUSSION GUIDE

Media Usage

Was this week a “typical” week for you in terms of media usage?

If not, how was it different?

What might a “typical” week look like for you?

Tell me about any media images or stories that caught your attention this week.

Was there anything you found particularly interesting?

What was it about _____ that appealed to you?

Other prompts as applicable.

What television programs do you usually watch?

What is about those programs that you enjoy?

Tell me about one of your favorite television programs.

Tell me about one of your favorite characters on _____.

Tell me about the magazines you read.

What magazines do you subscribe to?

How many

What types?

Tell me about some other places you see magazines (friends’ house, doctor’s office, etc.)

How do you decide which magazines to subscribe to?

What is it about those magazines that appeal to you? OR

What do you like about them?

Content - articles - stories - graphics - ads - anything else?

Any things you don't like about them?

Tell me about those things.

Tell me about one of your favorite magazines.

Which part of the magazine do you most enjoy?

Can you tell me about a recent article/graphic/ad (depending on how they’ve responded)

What about music?

Is there a certain type of music you enjoy listening to?

What is it about that music that you enjoy?

Are there television programs that might be considered popular, but you consciously choose not to watch?

What about magazines? Any you choose not to read?

Tell me about some of your favorite actors and models.

What is it about them you like?

How do you perceive them (ex. as inspiration, entertainment, someone from which to draw style ideas?)

Describe the “ideal” female body image the media portrays.

Has your perception of the media’s portrayal of the ideal body image changed over time?

If so, please describe.

Recovery Questions

(First I tell about myself and why I'm interested in this area.)

Tell me about the eating disorder you've struggled with.

At what age would you say your eating disorder began?

Tell me about when you first realized you had anorexia.

How old are you now?

How long would you say you had anorexia before you started your recovery process?

What initiated your recovery process?

How would you define recovery?

Please describe your recovery process.

What really motivated you to get better?

What has kept/keeps you motivated?

Describe some issues you are still working on (with your eating or body image)

Tell me about some things that have been helpful in your recovery process.

What would you say has been the MOST helpful during your recovery process?

Tell me about some challenges you've faced in your recovery process.

What would you say has been the BIGGEST challenge during your recovery process?

What are some of your "triggers"?

(What causes you to revert to old thinking patterns or behaviors?)

Is there anything you avoid because you know it's a trigger?

Describe some strategies/resources that are helpful for you on challenging days.

Is there anything else you'd like to share?

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BIOGRAPHICAL SKETCH

Deborah Demáre is a teacher, scholar, and graphic designer. Originally from Connecticut, Demáre earned her B.A. in advertising from The Pennsylvania State University and her M.A. in mass communication from the University of Florida. She supplemented her required curricula with coursework in women's and gender studies, as well as visual communication and graphic design. After completing post-baccalaureate courses at Savannah College of Art and Design, Demáre worked as a professional graphic designer for several years in a variety of capacities including corporate, education, and non-profit work.

For eight years, Demáre taught at Georgia Southern University, serving for one year as a temporary, full-time graphic design instructor in the Art Department and the remaining years in a tenure-track position as an assistant professor in the Department of Communication Arts. As a professor, Demáre worked in multiple service capacities, including serving as public relations area coordinator, faculty advisor for the Public Relations Student Society of America, chair and/or member of several search committees, and member of the steering committee for the women's and gender studies program. In addition, she regularly presented research papers at international, national, and regional conferences, in graduate school and while teaching at Georgia Southern. Demáre also served as a supervising professor for several student paper presentations at Southern States Communication conferences, and she was a mentor for two McNair Scholars.

As a doctoral student, Demáre has focused on topics related to creativity, visual communication, and gender portrayals in the media. She also has explored psychological and socio-cultural influences of media messages. This dissertation is the culmination of her undergraduate and graduate work, uniquely combining her seemingly disparate academic interests with her professional and personal experiences.