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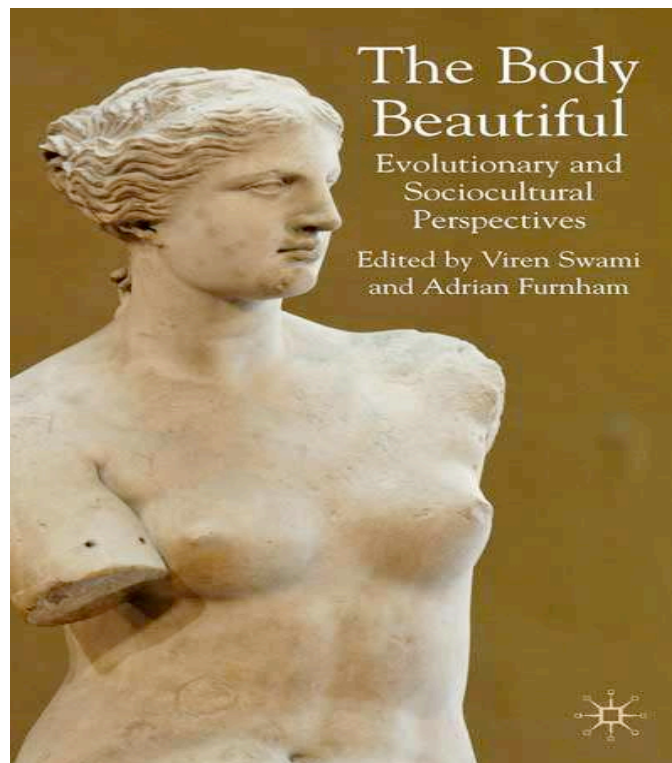
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**The impact of Western beauty ideals on the lives of women and men:  
A sociocultural perspective**

Rachel M. Calogero, Michael Boroughs & J. Kevin Thompson

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**The impact of Western beauty ideals on the lives of women and men:**

**A sociocultural perspective**

Rachel M. Calogero, Michael Boroughs & J. Kevin Thompson

*I'm tired of all this nonsense about beauty being only skin-deep. That's deep enough. What do you want – an adorable pancreas?*

(Jean Kerr)

*It is amazing how complete is the delusion that beauty is goodness.*

(Leo Tolstoy)

*I wanted to get rid of my stomach, but [I have] no money...[I] asked my doctor, 'Don't you have a pill to give me bulimia?'*

(Dillaway, 2005: 13)

According to a recent survey of 3,300 girls and women across 10 countries, 90 per cent of all women aged 15 to 64 worldwide want to change at least one aspect of their physical appearance, with body weight ranking the highest (Etcoff, Orbach, Scott & D'Agostino, 2005). This finding suggests that women's anxiety about their appearance is a global phenomenon, observed in every country studied from Saudi Arabia to the United States. Beyond body dissatisfaction, a stunning 67 per cent of all women 15 to 64 worldwide reported that they actually withdraw from life-engaging, life-sustaining activities due to

feeling badly about their looks. These activities include giving an opinion, meeting friends, exercising, going to work, going to school, dating, and going to the doctor.

Body dissatisfaction is considered ‘normative’ in the experience of girls and women in Western cultures (Rodin, Silberstein & Streigel-Moore, 1984; Smolak, 2006). Children as young as 6 to 9 years old express body dissatisfaction and concerns about their weight (Flannery-Schroeder & Chrisler, 1996; Schur, Sanders & Steiner, 2000; Smolak & Levine, 1994). Drawing on a sociocultural theoretical model, considerable research has demonstrated the powerful influence of societal factors on these disturbances in girls’ and women’s lives (Hesse-Biber, Leavy, Quinn & Zoino, 2006; Levine & Smolak, 1996; Thompson, 1992; Thompson, Heinberg, Altabe & Tantleff-Dunn, 1999). In particular, ample empirical research is available documenting associations between idealised images of female beauty and negative effects on women’s physical, psychological, and social well-being (Thompson, et al., 1999).

A variety of perspectives have been offered to explain the nature of female beauty ideals. For example, female beauty ideals may provide information about fertility (Buss, 1989), reflect the distribution of economic and political power in society (Hesse-Biber, 1996), and/or negotiate gender role identity (Nagel & Jones, 1992). Consistent with a sociocultural approach, the common element among these various perspectives is the idea that beauty ideals contain information about more than mere external appearance. However, where individual perspectives may be limited in their capacity to explain the unrealistic nature of beauty ideals and their negative consequences for individuals, groups, and societies, applying a sociocultural framework offers a more comprehensive account for the systematic and significant reductions in the physical, mental, and social well-being of girls and women (Heinberg, 1996; Thompson, et al., 1999).

In the following sections, we review the variation in beauty ideals over time and the consequences of these ideals on the lives of women and men within a sociocultural framework. Although the focus will be primarily on ideals for body weight and shape in Western culture, examples of beauty ideals that go beyond weight and shape and represent other cultures will be included where appropriate. Particular attention is given to the effects of the promotion and pursuit of these cultural beauty ideals on the lives of women, and increasingly men, across the world. We begin with an in-depth analysis of women because the great majority of research over the years has involved an examination of women.

### **A history of beauty ideals**

*The ideal beauty is a fugitive which is never found.*

(Joan Rivers)

External appearance is extremely important in Western cultures (Bartky, 2003; Bordo, 1993). The external body has been described as a ‘text of culture: it is a symbolic form upon which the norms and practices of a society are inscribed’ (Lee, 2003: 82). Broadly defined, beauty ideals represent culturally prescribed and endorsed ‘looks’ that incorporate various features of the human face and body, and thus define the standards for physical attractiveness within a culture. According to Zines (2000: 87), at any given time and place, there are fairly ‘uniform and widely understood models of how particular groups of individuals “should” look.’

A review of the history of beauty ideals provides the clearest demonstration of the importance of beauty and appearance in the lives of women. Surviving texts, artifacts, and images from ancient Egypt showcase the immense amount of time and effort women invested toward the perfection of their bodies (Watterson, 1991). The following review provides

considerable evidence that this crusade for thinness, beauty, and youth among ancient Egyptian women continues 5,000 years later among modern Western women.

Between 1400 and 1700, the ideal for female beauty was fat and full. This is best exemplified in the popular art of this era. For example, in Botticelli's *The Birth of Venus*, the goddess of beauty was endomorphic in shape, with a round face and pear-shaped body (see Swami, 2007). In the 19<sup>th</sup> century, we see a shift toward restricting women's fullness. In fact, this period seems to represent the early stages of the mass 'standardising' of female beauty in Western culture, and the promotion of unrealistic, unnatural body ideals. Corsets, the restrictive garment of choice, actually originated much earlier and were compulsory for aristocratic women around the 16<sup>th</sup> century; however, by the 19<sup>th</sup> century they had become a hallmark of fashion for women of nearly all classes. Corseted waistlines gave the illusion of voluptuousness by propping up, pushing out, and holding in the fuller features of women's bodies, whittling some women down to a 15 inch waist (Kunzle, 2004). This idealised hourglass figure was not possible without special garments, and thus required women to 'work' at making their bodies conform to unnatural measurements.

The sheer extremity of corseting must be underscored. *The Lancet*, a preeminent British medical journal, published more than an article a year on the medical dangers of corseting from the late 1860s to the early 1890s. Late 19<sup>th</sup> century woman's corseting practices included sleeping and bathing in corsets (using steel bolts to flatten the waist at the sides) to permanently reduce and maintain smaller waists (between 14 and 20 inches if possible) (Kunzle, 2004). Corseting is not an arcane beauty practice relegated to particular historical contexts, however. Even within the last decade, there are notable examples of women adhering to these beauty practices. Born in 1937, Cathie Jung has worn a corset for virtually every hour of the day and night since 1983. The only time that she is not wearing a corset is for the hour it takes her to shower and dry herself thoroughly. Her waist was 26

inches when she began serious ‘waist training,’ 23 hours a day every day of the week. Today, at a height of 5 feet, 6 inches and a weight of 135 pounds, Cathie’s uncorseted waist is 21 inches around, and she wears a 15-inch corset (*Guinness World Records*, 2006).

During the mid-19<sup>th</sup> century there was an additional conflict in the portrayal of ideal female beauty. Banner (1983) identified two, distinct (but both corseted) beauty ideals. On the one hand, there was the image of the ‘steel engraving lady,’ so named for the illustrative process used to create her by Currier and Ives. This image embodied frailty by accentuating a slight shape, sloped shoulders, small waist, tapered fingers, and tiny, delicate feet. In short, she was anything but ‘steel,’ and instead depicted a vision of ill health and weakness. This delicate image was associated not only with beauty, but with high social status and moral values. On the other hand, there was the image of the ‘voluptuous woman,’ which gained popularity toward the end of the century. This image embodied a full-figured, fleshy female that was consonant with European nude art during this period (Renoir bathers) and the body shapes of popular American theatre performers such as Lillian Russell. In contrast to the unhealthy appearance described above, this image of beauty depicted a vision of good health, with broadened bottoms and large-boned figures.

At the end of the 19<sup>th</sup> century and into the early 20<sup>th</sup> century, these conflicting images seemed to morph into a new ideal, which is best known as the ‘Gibson Girl.’ Appearing about 1890, this new beauty ideal contained features from the ‘steel engraving lady’ and the ‘voluptuous woman,’ and added a few of her own. The Gibson Girl was slender in the waist and legs, but still curvy with wide hips and large breasts. Corseting and padding were still used to obtain this image, and in particular to form the breast into a ‘monobosom’ (Mazur, 1986). This ideal embodied athletic features as well, as depicted by the rounded calves, erect posture, and sports attire.

At the end of World War I, waistlines were loosened and skirts were shortened. The 1920s saw the exchange of padding and corsets for different undergarments that bound the breasts to create a flat-chested, boy-like appearance (Caldwell, 1981). Referred to as the ‘flapper’ era, the beauty ideal of this period had shifted to an almost exclusive focus on a cosmetically decorated face and slender legs. Miss America pageants emerged in 1921. Mary Campbell, who was Miss America in 1922-23, was 5 feet, 7 inches and weighed 140 pounds, which was thin for this era. Without the adulation of curves, and with the unveiling of the legs, women of this era embarked on a quest to reduce any signs of secondary sex characteristics. According to Silverstein, Peterson and Purdue (1986), this required the use of rolling machines, iodine, starvation diets, and strenuous exercise to lose weight. Interestingly, in 1926, the New York Academy of Science convened to study the ‘outbreak’ of eating disorders (Fallon, 1990).

The proliferation of mass media in the 1920s, and throughout the 20<sup>th</sup> century, ensured the perpetuation of standardised beauty ideals, and the homogenisation of Western culture. Motion pictures, magazines, and singular Hollywood stars informed women and men about what was beautiful. The period of the Great Depression saw a return to longer hemlines and narrow waist, and a resurging emphasis on secondary sex characteristics. While a slender figure was still ideal, a flat stomach was emphasised as well as long legs. Moving into the 1940s, legs were the focal point of ideal beauty, as depicted in the popular World War II pinup of Betty Grable and her ‘million dollar legs’ and rear end. Legs were enhanced and emphasised with hemmed stockings, garters, and high heeled shoes. In addition, bust size was growing in the 1940s, and eventually breasts would assert themselves as the dominant feature of the female beauty ideal.

This trend toward larger busts and an hourglass figure can be observed throughout the 1940s, ’50s, and ’60s in the Hollywood and fashion industry. During this period waist size



declined so that the body exhibited conspicuous curves, with measurements of 36-23-36. *Playboy* magazine glorified full-breasted women (Garner, Garfinkel, Schwartz, & Thompson, 1980), with Hollywood stars such as Marilyn Monroe and Jane Mansfield exemplifying the proper bust to waist to hip ratios. Since 1950, almost all Miss America winners have had bust-hip symmetry. The beauty ideal of the 1950s and '60s seemed to exemplify the same slender but voluptuous figure of the 19<sup>th</sup> century. During this period, researchers reported that women desired smaller ideal body sizes and larger ideal breast sizes compared to their actual self-rated body and breast sizes (Jourard & Secord, 1955). Notably, DuPont introduced Lycra in 1960, which made the use of whalebone or metal frames used in corsets obsolete, but not the corset itself. In effect, the corset became the girdle.

Then came Twiggy. Debuting in the United States in 1966, the 17-year old model was spread across the pages of *Seventeen* and *Vogue*, with skeletal measurements of 31-22-32. She was described by Newsweek as 'four straight limbs in search of a woman's body' (Fallon, 1990). Twiggy's flat-chested, hipless, anorexic image peaked in popularity in 1976, but never completely dominated the female beauty ideal. However, the trend toward increasingly slender bodies had taken hold. Although the movement toward a thinner ideal body shape was obvious merely by scanning fashion magazines, researchers quantified and confirmed this change in shape. Garner et al. (1980) revealed similar trends in the body measurements of *Playboy* centerfold models and Miss America pageant contestants. Specifically, between 1959 and 1978, average weights (based on age and height), bust measurements, and hip size decreased whereas height and waist size increased. Other research has confirmed this slenderization trend. The body shapes of English fashion models showed similar decreases in bust and hip measurements with corresponding increases in waist size and height between 1967 and 1987 (Morris, Cooper, & Cooper, 1989). This particular combination of measurements was described as creating a 'tubular' body shape. By comparison, the body

measurements of average women during this time period were significantly higher than the body measurements of models and pageant winners.

In the 1970s, the focus shifted more explicitly from breasts to buttocks, and small buttocks were preferred over large breasts by both men and women (Fallon, 1990). In the 1980s, a more muscular image of female beauty had emerged, as depicted by celebrities such as Jane Fonda and Victoria Principal. Jane Fonda, feminine and attractive, became the prototype of the fit American woman with her fitness videos that first came out in 1982. Broad shoulders were in vogue, and shoulder pads were everywhere. However, the focus remained on a thin, slender body shape. Silverstein, Perdue, Peterson and Kelly (1986) demonstrated significant decreases in the bust to waist ratios of models portrayed in *Ladies Home Journal* and *Vogue* magazines between the 1970s and 1990s. An update of Garner et al. (1980) showed that the trend in women's body size did not reverse itself between 1979 and 1988, but either stabilised at a below average weight as observed for *Playboy* centerfold models or continued to decrease as observed for Miss America contestants (Wiseman, Gray, Mosimann, & Ahrens, 1992). Wiseman et al. (1992) demonstrated that 69 per cent of *Playboy* centerfold models and 60 per cent of Miss American contestants were 15 per cent or more below their expected weight for their height, indicating that these 'ideals' of female beauty met one of the central criteria for anorexia nervosa based on the *Diagnostic and Statistical Manual for Mental Disorders – Fourth Edition* (American Psychiatric Association, 1994). The high percentage of these ideal images displaying below normal weights corresponded with an increase in magazine articles focused on weight loss (diet-for-weight-loss, exercise, diet-exercise) in popular women's magazines during this period, with exercise articles surpassing the prevalence of diet articles after 1983 (Wiseman, et al., 1992).

By the 1990s, the female beauty ideal was synonymous with the ‘thin ideal’ (Owen & Laurel-Seller, 2000). Spitzer, Henderson and Zivian (1999) updated and extended the research by Garner et al. (1980) and Wiseman et al. (1992), demonstrating that the body sizes (based on measures of BMI) of Miss America pageant contestants continued to decrease throughout the 1990s, whereas *Playboy* centerfold models remained below average weight. Recently, Seifert (2005) confirmed this trend toward increased thinness in *Playboy* centerfold models over the last 50 years (1953-2003); however, based on analyses of anthropometric measurements, WHR did not vary over time, suggesting that the models did not become less curvaceous over this period. According to Sypeck et al. (2006), there were fewer *Playboy* centerfold models below normal weight between 1989 and 1999 (10-15 per cent) compared to between 1979 and 1988 (13-19 per cent). These researchers suggest that the downward trend in the weights of the models may have stabilised as indicated by Wiseman et al. (1992), and possibly begun to reverse itself. In addition, they did not confirm Seifert’s findings regarding WHR, and rather supported the increased prevalence of a ‘tubular’ shape.

The *Psychology Today* surveys have documented an increasing shift toward a more muscular female body ideal over the last three decades (Garner, 1997). Women’s dissatisfaction with their muscle tone has increased over time, rising from 30 per cent in 1972, to 45 per cent in 1985, and to 57 per cent in 1997. In the 1997 survey, 43 per cent of the entire sample, and 67 per cent of the women in the sample with pre-existing body dissatisfaction, reported that ‘very thin or muscular models’ made them feel insecure. Recent research indicates a discrepancy between women’s actual and ideal level of muscularity, with women wishing to be more muscular than they actually are (Cafri & Thompson, 2004). When making social comparisons with specific celebrities, college women selected Brittany Spears most frequently, followed by Christina Aguilera and Angelina Jolie (Strahan, Wilson, Cressman, & Buote, 2006). Thus, while the current Western ideal for female beauty

continues to glorify thinness, this ultra lean figure also includes a flat stomach, thin waist, boyish hips, long legs, well-developed breasts, well-defined muscles, and flawless skin (Groesz, Levine, & Murnen, 2002; Harrison, 2003).

### **Negative consequences of promoting and pursuing cultural beauty ideals**

*No object is so beautiful that, under certain conditions, it will not look ugly.*

(Oscar Wilde).

#### *Exposure to beauty ideals*

Virtually every form of media exposes individuals to information about thinness and ideal female beauty (Levine & Harrison, 2004), including magazines (Englis, Solomon & Ashmore, 1994), TV shows (Harrison & Cantor, 1997), TV advertisements (Richins, 1991), music television (Tiggemann & Slater, 2003), popular films (Silverstein, Perdue et al., 1986), children's fairy tales (Baker-Sperry & Grauerholz, 2003), and children's videos (Herbozo, Tantleff-Dunn, Gokee-Larose & Thompson, 2004). A meta-analytic review of the immediate impact of experimental exposure to the thin beauty ideal revealed a significant association between exposure to media images of the thin ideal and negative body image in girls and women (Groesz et al., 2002). Other evidence indicates that exposure to non-media-based messages about the thin beauty ideal also produces adverse effects on women. For example, college women reported higher body dissatisfaction after exposure to 'fat talk' among peers (Stice, Maxfield, & Wells, 2003) and after *in vivo* exposure to an attractive peer who typified the thin beauty ideal (Krones, Stice, Batres & Orjada, 2005). These associations between exposure to idealised images of women and increased body image disturbances have been well-established across research designs, including correlational (e.g., Harrison & Cantor, 1997), quasi-experimental (e.g., Turner, Hamilton, Jacobs, Angood & Dwyer, 1997),

experimental (e.g., Irving, 1990), longitudinal (Hargreaves & Tiggemann, 2003a), prospective (e.g., Stice & Whitenton, 2002), and meta-analytic studies (Stice, 2002).

In addition to body image variables, exposure to media images has also been linked to the disproportionate prevalence among women of disordered eating attitudes (e.g., McCarthy, 1990), dieting and bulimic pathology (e.g., Stice, 2002), and actual eating behaviours (e.g., Strauss, Doyle & Kreipe, 1994; Harrison, Taylor & Marske, 2006; but see Jansen & de Vries, 2002, for non-significant effects with subliminal primes). For example, Harrison et al. (2006) exposed women and men to overt media images that were presented with congruent text or incongruent text. Results revealed significant reductions in the actual eating behaviour of women and men when images were presented alone or with congruent text, but not when presented with incongruent text, and only in the presence of high body-related self-discrepancies between how they see themselves and what they believe their peers expect of them. Thus, the accumulated evidence indicates that exposure to idealised images of female beauty is a causal risk factor for body image and eating disturbances among women in Western cultures (Cusumano & Thompson, 1997; Polivy & Herman, 2004; Thompson et al., 1999).

Even for individuals who do not purposely expose themselves to media sources of these beauty ideals, the negative impact of these sources still seems virtually unavoidable. For example, exposure to ideal-body television images was associated with preferences for thinness and approval of plastic surgery even for individuals who expressed no interest in viewing TV shows with topics such as dieting, nutrition, fitness, and exercise (Harrison, 2003). In other research, high school boys who reported a mid-range level of appearance schematicity (extent of investment in appearance as basis for self-evaluation) rated attractiveness as significantly more important in a potential girlfriend after viewing appearance-based vs. non-appearance-based commercials (Hargreaves & Tiggemann, 2003b).

Thus, direct and indirect exposure to cultural beauty ideals does have serious negative consequences for women, although as discussed next, not all women are equally affected.

### *Internalisation of thin ideal*

Researchers have established that people associate beauty with goodness: ‘What is beautiful is good’ (Dion, Berscheid, & Walster, 1972; Seid, 1989). Attractive people are assumed to be better liked, more sociable, independent, exciting, less deviant, and less stigmatized (e.g., Eagly, Ashmore, Makhijani, & Longo, 1991). Dellinger and Williams (1997) found that American women who adhere to cultural standards of female attractiveness (e.g., wearing make-up to work) are more likely to be viewed as heterosexual, healthy, and competent. This research is consistent with Wolf’s (1991: 14) writings, which assert that beauty ideals are ‘always actually prescribing behaviour rather than appearance.’ These associations between beauty and goodness and beauty and behaviour is well illustrated in a recent advertisement for *Shape* magazine, which offers a free guide with each new magazine subscription focused on how to perfect the abdominal area entitled, *Absolution* (Shape, 2006). People’s chronic exposure to these idealised images reinforces the associations among thinness, beauty and social rewards (Cash, 1990; Eagly et al., 1991; Evans, 2003). For example, women reported that they expected their lives would change in important and positive ways if they looked like the ideal portrayals of women in the media (Engeln-Maddox, 2006), such as being happier, better adjusted, more socially competent, romantically successful, and improving job opportunities.

Such an emphasis on idealised images and their associated rewards can lead to a personal acceptance or internalisation of cultural beauty ideals (Heinberg, Thompson, & Stormer, 1995; but see Engeln-Maddox, 2006, for slightly different interpretation). *Thin-ideal internalisation* refers to the extent to which individuals cognitively accept the thin societal standard of attractiveness as their own personal standard

and engage in behaviors designed to help them meet that standard (Thompson et al., 1999). Women who have internalised cultural beauty ideals are more vulnerable to experiencing the negative outcomes associated with exposure to beauty ideals than women who have not internalized these ideals. For example, while all women exposed to appearance-based images (versus non-appearance based) reported higher levels of anger, anxiety, depression, and overall appearance dissatisfaction (Cattarin, Thompson, Thomas & Williams, 2000), these effects were stronger for women who reported pre-existing thin-ideal internalization, high body dissatisfaction, and interest in appearance-based television programs. Dittmar and Howard (2004a) found that adult, professional women who reported higher levels of thin-ideal internalisation experienced more body anxiety following exposure to thin-ideal media than women with lower levels of internalisation. In addition, women working in secondary schools reported less body-focused anxiety when exposed to average-size models compared to no models whereas women working in fashion advertising reported no such benefits (Dittmar & Howard, 2004b).

Recent studies have differentiated the use of media as an informational source for how to be attractive from the internalization of media ideals, with the former demonstrating weaker, albeit significant, associations with measures of body dissatisfaction in non-clinical and eating disorders samples (Calogero, Davis & Thompson, 2004; Thompson, van den Berg, Roehrig, Guarda & Heinberg, 2004). Empirical evidence has linked thin-ideal internalization to experiences of self-objectification, negative affect, negative body image, and disordered eating in young girls, college women, and women with eating disorders (e.g., Calogero, Davis & Thompson, 2005; Heinberg et al., 1995; Sands & Wardle, 2003; Stice, Schupak-Neuberg, Shaw & Stein, 1994), and it is considered a causal risk factor for body image and eating disturbances (Stice, 2002; Thompson & Stice, 2001).

Recent longitudinal research suggests that thin-ideal internalisation may not stem directly or exclusively from media influences (e.g., television and magazine exposure). In a one-year study of prepubescent girls, television viewing at Time 1 was associated with the desire for a thin body as an adult and disordered eating at Time 2, but did not predict a current desire for a thin body at Time 2 (Harrison & Hefner, 2006). These researchers note that the girls' current preferences for thin body shape were already quite thin, which suggests that a thin ideal had already been internalised. These findings are consistent with other research on body and eating-related disturbances in preadolescent samples. For example, parental feedback has been identified as an important source for conveying sociocultural ideals and attitudes about appearance to preadolescent girls (Levine & Smolak, 1996; McCabe & Ricciardelli, 2003). Smolak, Levine and Schermer (1999) demonstrated that the body esteem scores of elementary school girls were related to both maternal dieting and parental complaints about their own weight. McKinley (1999) provided further evidence that mothers' experiences with their own bodies may influence daughters' experiences with their own bodies in a sample of 151 undergraduate women and their middle-aged mothers. Specifically, McKinley demonstrated significant, positive relationships between mothers' and daughters' body esteem and body surveillance. In addition, higher body shame in mothers was associated with lower body esteem in daughters, and daughters' perceptions that her family approved of her appearance significantly predicted her body esteem. Phares, Steinberg and Thompson (2004) found that, compared to boys, girls exhibited greater body image concern, received more information regarding weight and dieting from their parents, and tried more actively to stay thin. Thus, it is clear that the thin ideal is not promoted exclusively by the media as the role of parents and peers appear to be powerful contributing factors to thin-ideal internalisation in preadolescent girls. However, family and peer groups live in the same cultural context, and therefore are not immune to the exposure, pressures, and internalisation



of female beauty ideals. An important area of future research is to investigate thin-ideal internalization within family and peer-based groups to improve knowledge about how beauty ideals are indirectly transmitted to young girls.

### **Broader societal patterns: Discrepancy and objectification**

Two broader societal patterns can be gleaned from this historical evidence regarding the evolution, prevalence, and internalisation of beauty ideals: cultural beauty ideals perpetuate chronic discrepancies in women and the chronic objectification of women. These patterns are interrelated, and each of these patterns promotes and produces negative effects for women's lives, which will be delineated in the sections below.

#### *Chronic Discrepancy*

Considerable evidence highlights the *discrepancy* that is concomitant with striving toward ideal beauty standards. The majority of women's bodies have always been, and will continue to be, discrepant from the contemporary ideals of female beauty. Between the 19<sup>th</sup> and 21<sup>st</sup> century, women have tried to have no waist but large hips, to be full-figured but thin, to have no breasts but lower body curves, and today, to have sizable breasts and muscle, but no body fat. Female beauty ideals have almost always promoted the attainment of physically incompatible body attributes. Indeed, the current beauty ideal may represent the ultimate in unrealistic and unnatural attributes for female beauty: ultra thinness and large breasts (Thompson & Tantleff, 1992). This 'curvaceously thin' ideal for women is virtually impossible to achieve without some form of surgical modification, which makes the current standards of female beauty particularly dangerous (Harrison, 2003).

The obvious biological reality is that breasts are composed of fat tissue (Sherwood, 1993), and therefore breast fat is positively correlated with total body fat (Katch, et al., 1980).

It is impossible to lose body fat (in attempt to meet the thin standard) and maintain breast size (in attempt to meet the bust size standard) because as fat disappears, so does breast tissue. In addition, some bodies are just not compatible with current ideals because of their particular somatotype, or body shape (Brownell, 1991). In short, the beauty ideals themselves contain obvious biological discrepancies for most female bodies, and thus culture and physiology are in perpetual conflict. As Harrison (2003) describes, to meet the current ‘curvaceously thin’ ideal, women are at risk for doing ‘double damage’ to their bodies as they try to reduce and reshape the lower half through disordered eating and exercise practices while trying to enlarge and reshape the upper half through surgical practices and drug use (e.g., herbal supplements). In fact, Harrison’s research demonstrates that body image and eating disturbances are not the only potential adverse outcomes of exposure to contemporary standards for female beauty: Both women and men were more likely to express approval for body-altering surgical procedures after exposure to ideal body television images. Considering these patterns of behaviour, it could be argued that the corset and the girdle have been replaced with diet, exercise, and plastic surgery. Considering this perpetual conflict between culture and physiology, Thompson, et al. (1999) observed that, ‘culture appears to be winning.’

As early as 6 years old, children report discrepancies between how they actually look and how they wished they looked, and this discrepancy increases over time with children preferring smaller ideal body sizes as they get older, especially girls (Gardner, Sorter & Friedman, 1997). When asked to rate different figures representing varying sizes of women’s bodies, 72 per cent of 1,056 adolescent girls defined their ideal body as smaller than their actual body (Wertheim, Paxton & Tilgner, 2004). The average American woman is 5 feet, 4 inches tall and weighs 140 pounds whereas the average American model is 5 feet, 11 inches tall and weighs 117 pounds (National Eating Disorders Association [NEDA], 2002). NEDA

also reports that fashion models are thinner than 98 per cent of American women. If the infamous Barbie doll's measurements were extrapolated to that of an average woman, she would lack the necessary 17-22 per cent body fat for menstruation, and her measurements would be 39-21-33, which is dangerously unattainable (Turkel, 1998). The probability of a woman attaining Barbie's measurements is less than 1 in 100,000 (Norton, Olds, Olive, & Dank, 1996). Researchers have consistently acknowledged that only 5-10 per cent of women can actually acquire and easily maintain the desired fat-free body, which means 90 to 95 per cent of women cannot naturally acquire it.

Despite this reality, girls are socialised to believe that they can manipulate and change their bodies if they try hard enough (Becker & Hamburg, 1996). Repeated exposure to the sheer prevalence of these idealised images of women, and media's blurred boundaries between fictitious and real women, fosters the belief that these images are actually attainable and realistic (Freedman, 1984; Holstrom, 2004). Evidence exists documenting that health, beauty, and fashion products are strategically marketed to create an awareness of a 'gap' between the consumer and the ideal, and then to provide the solution in a product (see Becker, 2004). Evidence also exists documenting that media images of women are often computer-merged images of different models, and require a tremendous investment of time and finances from multiple professionals/trainers (e.g., agent, clothing, make-up, hair, and exercise/diet) to control and manipulate appearance, which is unrealistic for the average woman; however, many women still consider these images to be appropriate comparisons for what they should look like (Heinberg, 1996; Wolf, 1991).

According to social comparison theory (Festinger, 1954), people tend to make downward social comparisons with relevant comparison targets to enhance their self-image. That is, people prefer to compare themselves to social others who may be worse off or rated more negatively on some variable in order to feel better about themselves. However, many

women report that they make upward social comparisons with media-presented models as comparative targets when evaluating their physical appearance (e.g., Irving, 1990; Wertheim, Paxton, Schutz, & Muir, 1997). These patterns run counter to the literature on self-enhancement and social comparison theory.

A recent experimental investigation offers some explanation for this phenomenon (Strahan et al., 2006). First, compared to men, women demonstrated more spontaneous irrelevant, upward social comparisons and evaluated themselves more negatively, but only for appearance and not other domains, such as social skills. Second, when beauty ideals were made salient, both women and men evaluated their appearance more negatively and made upward social comparisons with irrelevant (professional models) versus relevant (peers) targets. The salience of the beauty ideals alone, and not necessarily their personal endorsement of them, was enough to influence participants' self-appraisal processes. These researchers suggest that women chronically engage in upward social comparisons with irrelevant targets such as fashion models and celebrities because the cultural norms for appearance imply that these standards are attainable, relevant, and appropriate by all women.

It is important to note that all participants in this study were exposed to only three advertisements reflecting gender-specific cultural beauty ideals. Being exposed to the same number of images related to cultural beauty standards seemed to equalise the effects of exposure to these ideals on men and women. However, we know that women are bombarded with messages about their appearance whereas the same messages are not as ubiquitous for men, and thus we can imagine the effects on women in the real world (Andersen & DiDomenico, 1992). On the basis of this cumulative evidence, then, it is not surprising that appearance-related comparisons occur regularly in the lives of women, and they are associated with sizable self-discrepancies that contribute to depression, anxiety, body

dissatisfaction, body shame, and eating disordered behaviors (Markham, Thompson & Bowling, 2005; Durkin & Paxton, 2002; Stormer & Thompson, 1996).

### *Chronic Objectification*

The prevalence of idealised images of women's bodies throughout history and across media provides the clearest evidence of the pervasive objectification of women. As defined by Bartky (1990: 26), 'a person is sexually objectified when her sexual parts or sexual functions are separated out from the rest of her personality and reduced to the status of mere instruments or else regarded as if they were capable of representing her.' Reducing women's bodies to the status of objects renders them available for visual inspection, measurement, evaluation, and manipulation. Examples of this pervasive sexual objectification include catcalls, 'checking out' or gazing at women's bodies, sexual comments about appearance, sexualised visual depictions across media, pornography, sexual harassment and sexual violence (e.g., Fredrickson & Roberts, 1997; Lin, 1998; Rudman & Verdi, 1993; Swim, Hyers, Cohen & Ferguson, 2001; Thompson, et al., 1999). Murnen and Smolak (2000) demonstrated that a remarkable 75 per cent of elementary school girls (3<sup>rd</sup> through 5<sup>th</sup> grade) reported experiences of sexual harassment. In recent qualitative research, Eck (2003) illustrated the differential responses of women and men to viewing nude media images of women and men, confirming that familiar cultural scripts exist for viewing, evaluating, and commenting on women's bodies, but not for men's bodies. Among grade-school girls and boys between the ages of 6 and 12, girls are already demonstrating more consistent responses to objectified images of women that relate to how they feel about their bodies whereas boys are not displaying these response patterns (Murnen, Smolak, Mills & Good, 2003). In a recent study of 52,677

heterosexual adults aged 18 to 65 based on survey data collected by *Elle* magazine, women reported greater dissatisfaction with their appearance and were more likely to avoid situations where their bodies were on display, such as wearing a swimsuit in public, compared to men (Frederick, Peplau, & Lever, 2006). This study also found that while men felt better about their bodies than women across most of the weight span, among underweight individuals the women felt better than men, reflecting the difference in cultural standards for female and male beauty.

The societal emphasis on women's appearance and its association with women's achievement has contributed to women valuing how they look more than how they feel or what they can do. As early as the 1950s, adolescent girls were listing 'good looks' as a top aspiration when asked to write essays on the sort of person they would like to be when they grow up (Crane, 1956). Indeed, 'women are encouraged to...feel pleasure through their own bodily objectification, especially being looked at and identified as objects of male desire' (Lee, 2003: 88). Researchers have consistently observed stronger links among weight satisfaction, appearance, and general self-worth in girls compared to boys (e.g., Bowker, Gadbois, & Cornock, 2003; Tiggemann & Rothblum, 1997). More recently, Tiggemann (2005) demonstrated that adolescent women who were not overweight, but perceived themselves as overweight or felt dissatisfied with their current weight, reported lower self-esteem over a two-year period.

Theories of objectification and objectified body consciousness have articulated the pervasive nature of women's objectification and delineated many of the negative psychological consequences it brings to women (Berger, 1972; Fredrickson & Roberts, 1997; McKinley & Hyde, 1996; Moradi, Dirks, & Matteson, 2005; Roberts & Gettman, 2004). Chronic exposure to objectified images of women and personal experiences of objectification encourage women to internalise the objectifying gaze of others, and to turn

this gaze on themselves, referred to as self-objectification (Fredrickson & Roberts, 1997). Watching the self as an object requires a psychic distancing between the self and the body, which may explain how so many women are able to break and bruise skin, cut to shape themselves, rearrange or amputate body parts, and/or starve their bodies continuously in an effort to meet the current standards of beauty. Little empirical research is available that examines the influence of sexual and self-objectification on the type and degree of women's behavioral adherence to beauty ideals. The severity of these practices described above underscores the importance of investigating these relationships in future research.

Considerable evidence indicates that women who chronically self-objectify, or women who experience self-objectifying situations (i.e., where their bodies are on display), are vulnerable to a variety of negative consequences: These consequences include increased levels of body shame, physique anxiety, depression, disordered eating and decreased levels of intrinsic motivation, self-efficacy, and cognitive performance in women across age, ethnic, and clinical groups (e.g., Calogero, 2004; Calogero et al., 2005; Fredrickson et al., 1998; Gapinski, Brownell & LaFrance, 2003; Hebl, King, & Lin, 2004; McKinley & Hyde, 1996; Miner-Rubino, Twenge & Fredrickson, 2002; Noll & Fredrickson, 1998; Slater & Tiggeman, 2002; Tiggemann & Kuring, 2004; Tiggemann & Lynch, 2001).

Particularly insidious are the effects of self-objectification on cognitive performance, indicating that the emphasis on how one looks affects more than body dissatisfaction, or even disordered eating; it affects how well women will perform and meet their potential across a multitude of personal, academic, and social contexts. For example, Fredrickson et al. (1998) demonstrated that women wearing a swimsuit reported more negative affect, performed worse on a math test, and ate less food compared to women wearing a sweater and men wearing either type of clothing, with these effects even more pronounced in women reporting high trait levels of self-objectification. A similar induced state of self-objectification

disrupted the attentional focus of undergraduate women when performing a standard Stroop-coloring name task (Quinn, Kallen, Twenge, & Fredrickson, 2006). Researchers have also demonstrated that body-related thoughts persist after women are removed from self-objectifying situations, and the amount of shame experienced mediates the relationship between self-objectification and subsequent body-related thoughts (Quinn, Kallen, & Cathey, 2006). These findings suggest that rumination about the body continues to tap cognitive resources for some period of time even when women are removed from the self-objectifying situation. The real-world implications of this research are underscored by Puwar's (2004) interviews conducted with women members of the British parliament, which revealed that the legitimacy of these women in the legislature required suffering constant sexual remarks, being sexually objectified, and chronically monitoring their appearance to convey the right amount of femininity; thereby making it difficult to be effective in government. As Hesse-Biber (1996: 14) points out, 'Even a woman with a successful and lucrative career may fear that her success comes at the expense of her femininity.' If we imagine the multitude of seemingly innocuous environments in which girls and women may be exposed to objectifying experiences, the effects on women's achievement and potential are far-reaching.

### **Beyond weight and shape: The most beautiful bodies are unchanged**

There are aspects to the female beauty ideal that have not been explicitly articulated, but are clearly associated with Westernized female beauty: Contemporary standards of female beauty incorporate the attributes of youth, Whiteness, and flawlessness (Zones, 2000). Historically, research on the effects of exposure to and internalisation of Western beauty ideals has predominantly focused on young, non-disabled, White, European American women. Research that examines other populations will be reviewed here.



*Non-White Populations.* Increasing attention has been given to the responses and experiences of ethnic minority women to cultural beauty ideals (Altabe, 1998; Parker et al., 1995). Research has demonstrated that African American women have more flexible conceptions of beauty and reject white ideals, which is linked to higher levels of body image and self-esteem and less guilt about body size, despite their objectively higher body weights (Bond & Cash, 1992; Lovejoy, 2001; Makkar & Strube, 1995; Molloy & Herzberger, 1998; Stevens, Kumanyika & Keil, 1994). More recently, experimental research extended the effects of state self-objectification to other ethnic groups (Hebl, King & Lin, 2004), demonstrating that wearing a swimsuit versus a sweater negatively affects women across ethnic groups (African American, Hispanic, Asian American) and men (although not to the same degree), not only European American women. State self-objectification increased body shame and reduced self-esteem and math performance across all ethnic groups, with Hispanic women reporting the highest level of body shame and the lowest level of self-esteem when wearing a swimsuit. Although still negatively affected by state self-objectification, this research demonstrated that African American women are least likely to internalize culturally objectifying gazes, and thus may be least vulnerable to the negative effects of trait and state self-objectification

Differences between Euro-American and Latina women in the effects of beauty ideals may be less pronounced. This may be due to the fact that Latinos are the largest ethnic minority in the United States, and therefore they are exposed to the same socialisation practices related to body weight and shape. In fact, research has indicated that Latina women born in the United States endorse an even thinner ideal body size than European American women whereas Latina women who immigrated to the United States endorsed a larger body ideal (Lopez, Blix & Blix, 1995). This is consistent with research demonstrating that children of immigrants in the United States may utilise the media as a 'cultural guide' to negotiate

social strategies (Suarez-Orozco & Suarez-Orozco 2001). Both Latina and White women have reported that bodily self-control is their primary means to exert control in the social world (Goodman, 2002).

Recent research has identified ‘the whiter the better’ ideal of beauty as increasingly problematic for Latin American women in Latin American countries (Casanova, 2004), where female beauty is equated with whiteness, delicate features, straight, light hair, and light eyes. Qualitative interviews and quantitative assessments of young, Ecuadorian women in rural and urban settings revealed that the dominant ideal for female beauty is white, although they do apply more flexible criteria to real Ecuadorian people who reflect a continuum of blackness. Despite the acknowledged acceptance of this white ideal, 65 per cent of participants from two different samples did not report that they compare themselves to idealised versions of white or Latina beauty. However, the majority of participants reported that it was compulsory to look good because it affected job and romantic opportunities, and this was associated with lower body and self-esteem scores in the rural sample. In addition, there was considerable preoccupation with appearance, with young women reporting, ‘You always have to think about what others will think of you’ (Casanova, 2004: 300). Casanova states that women chronically anticipate reactions to their appearance by the *los demás*, which refers to all the people, known and unknown, with whom a person comes into contact on a daily basis, as well as people who may know of her or hear something about her. With the increasing emphasis on idealized images of Latina women such as Jennifer Lopez, Latina models in swimsuit issues of *Sports Illustrated*, and the winners of Miss Universe contests from Puerto Rico (reigning) and the Dominican Republic (former), this pervasive self-objectification among Latin American women can be expected to increase, and should continue to be investigated in future research.

The cross-cultural work of Ann Becker and colleagues demonstrates the impact of Westernised media imagery on adolescent girls in Fiji. Since the introduction of television in 1995, young Fijian girls have expressed an increased desire to be thin. Between 1995 and 1998, a cross-sectional, two-wave cohort study revealed increased eating disordered attitudes and behaviors among ethnic Fijian adolescents (Becker, Burwell, Gilman, Herzog & Hamburg, 2002). This is remarkable considering that the traditionally revered body in Fiji is large and robust; yet, there is no corresponding preoccupation with attaining this robust ideal and an almost explicit disinterest in reshaping the body (Becker, 1995). The narrative responses of adolescent Fijian girls reveal that young girls admire and accept Western ideals of beauty portrayed in the media, and they associate thinness with success and social mobility (Becker, 2004). In addition, these young girls report increased identification with television characters as role models, preoccupation with weight loss, greater motivation to reshape their bodies through dieting and exercise, and disordered eating behaviours. According to Becker (2004: 553), 'Fijian self-presentation has absorbed new dimensions related to buying into Western styles of appearance and the ethos of work on the body.'

Western beauty ideals have not pervaded every part of the globe, however. Recent cross-cultural research provides evidence for the adverse effects of internalising beauty ideals that do not embody thinness, but rather fatness. Utilising a figural rating scale, a sample of 249 Moroccan Sahraoui women rated their ideal body size as significantly *larger* than their rating of a healthy body size (Rguibi & Belahsen, 2006). The desire to lose weight was very low, even among the majority of obese women, and educational level did not affect desire to lose weight. Women who reported dissatisfaction with their body size were more likely to report trying to gain weight. Consistent with the literature on thin-ideal internalization, the internalisation of a fat-ideal was associated with maternal feedback, men's approval, and culturally prescribed clothing, and it is implicated in the prevalence of obesity among women.

Similar results have been reported in samples of Samoans (Brewis, McGarvey, Jones, & Swinburn, 1998), Malaysians (Swami & Tovee, 2005), and many African societies (Tovee, Swami, Furnham, & Mangalparsad, 2006; Treloar et al., 1999).

The cross-cultural differences in perceptions of female beauty described above are consistent with prior research that has documented differential associations between socioeconomic status (SES) and perceptions of physical attractiveness in developing vs. developed countries. In a review of 144 studies across several continents, Sobal and Stunkard (1989) observed a positive association between obesity and SES for women in developing countries, with similar associations observed for men and children as well. These results support the idea that obesity is often viewed positively as the feminine beauty ideal in developing countries (Anderson, Crawford, Nadeua, & Lindberg, 1992; Brown & Konner, 1987). In contrast, a negative association was observed between obesity and SES for women in developed countries (Sobal & Stunkard, 1989). Specifically, obesity was six times more prevalent in women of lower SES compared to women of higher SES. This reverse pattern in developed countries was not demonstrated for men or children, confirming the unique association between thinness and beauty for women in developed countries, and the corresponding association between obesity and stigma, especially for women with the resources to manipulate weight. Researchers have suggested that thinner, less curvaceous body types are highly valued in societies where women are in competition with men for the same resources, mainly jobs (Barber, 1998). This view suggests that in societies where economic opportunities are not available to women, a more curvaceous ideal is dominant in order to secure economic resources by attracting men.

The cross-cultural differences in perceptions of female beauty described above are also challenge the idea that WHR is a universal indicator of female beauty. Some researchers have suggested that women's mean waist-to-hip ratio (WHR; calculated by dividing the

circumference of the waist by the circumference of the hips) is the universal indicator of ideal female beauty because particular distributions of body fat reflect a women's ability to produce healthy, abundant offspring (Buss, 1989; Singh, 1993). However, other researchers suggest that WHR may not vary with fertility to the same degree that body mass index (BMI) varies with fertility (Swami & Tovée, 2005). For example, comparisons of amenorrheic women with anorexia and healthy women have shown little distinction in terms of WHR, which demonstrates that women with effectively zero fertility can have the same WHR as women with effectively normal fertility (Tovée, Maisey, Emery, & Cornelissen, 1999). In addition, as WHR increases there is a corresponding increase in BMI, which suggests that this emphasis on WHR in women may be confounded by variations in body mass index (BMI). Swami and Tovée recently demonstrated that BMI, and not WHR, is the primary predictor of female attractiveness across samples of British and Malaysian subgroups, accounting for 75 per cent of the variance in attractiveness ratings. Thus, while body shape cues do seem to be associated with perceived male attractiveness (Maisey, Vale, Cornelissen & Tovée, 1999), female attractiveness is apparently judged based on fatness across cultures (Furnham, Tan & McManus, 1997; Puhl & Boland, 2001; Tovée & Cornelissen, 2001).

*Age.* As a symbolic marker of bodily change and loss of reproduction, it has been argued that aging women find themselves in contradiction with contemporary beauty ideals (Dillaway, 2005; Markson, 2003). Little systematic research has examined how older women respond to contemporary beauty ideals (Pliner, Chaiken, & Flett, 1990). Among a sample of women aged 61 to 92, Hurd Clarke (2002a) reported that weight and appearance are still central to women's identity and their perceived social value. The majority of women reported some degree of body dissatisfaction, a desire to lose weight for appearance reasons, and varying degrees of dieting behaviour. However, in samples of older women, appearance concerns seem to stem more from socialization practices and pervasive social norms for

female beauty than media messages per se; and they appear to reject extreme thin ideals, preferring more rounded female bodies and emphasize inner beauty (Hurd Clarke, 2002b). Managing appearance concerns is difficult for older women because they have internalised the importance of looking good, but a focus on appearance is considered vain later in life, and thus appearance concerns become embedded in weight and health discourse. According to Pliner et al. (1990), ‘The need outwardly to deny the importance of appearance, and instead to emphasize the health benefits of staying slim, undoubtedly reinforce existing cultural norms about the relationship between women's appearances and their social value’ (770).

*Disfigurement and disability.* Little research is available that examines the impact of cultural beauty ideals on individuals with varying types of disfigurement or disability. As with aging bodies, disfigured or disabled bodies contradict contemporary standards of beauty. Scholars have discussed the perpetuation of negative perceptions of disfigurement or disability across various media (Bowman & Jaeger, 2004). Evil characters in children’s stories are portrayed as ugly or disfigured (e.g., evil queens and stepmothers; Scar in *The Lion King*) whereas good characters are portrayed as beautiful (e.g., Snow White), and these messages continue in adult stories and films (e.g., Freddy Kruger in *Nightmare on Elm Street*; Partridge, 1990; Smith, McIntosh & Bazzini, 1999). Quite often when characters in films become ugly, they are often turning bad or evil (e.g., *The Fly*, *The Exorcist*). Individuals who contradict the norms of beauty are often viewed as societal deviants and experience dehumanizing treatment by others (e.g., Solomon, 1998). For example, adults with visible burns are perceived as significantly less attractive, less sociable, and lacking a sense of humour compared to adults without visible burns (Franks & Goodrick-Meech, 1997). The recent development of measures to assess the perceptions of stigma among adult burn victims highlights the importance of addressing societal effects on populations who are unable to meet cultural beauty ideals (Lawrence, Fauerbach, Heinberg, Doctor & Thombs, 2006).

*Pregnancy.* Pregnant women in Western cultures are not immune to the pressures of attaining contemporary standards of beauty. Indeed, medical and cultural pressures encourage women to gain minimal weight during pregnancy in order to regain their pre-pregnancy shape/weight as quickly as possible (Dworkin & Wachs, 2004). Leifer (1977) found that body image changes during pregnancy evoked negative feelings in women regardless of how satisfied women were with their body prior to pregnancy. Similarly, Fairburn and Welch (1990) found that 40 per cent of the pregnant women in their sample expressed fear of weight gain in pregnancy and 72 per cent expressed a fear that they would not be able to return to their pre-pregnancy body weight. In a sample of healthy pregnant women, Skouteris, Carr, Wertheim, Paxton & Duncombe (2005) reported that most women do adapt to the changes in their bodies; however, sociocultural pressures to be thin and appearance comparisons with other people were significant predictors of body image disturbance over the course of the pregnancy.

Robin Wallace (2003), journalist for Fox News, offered her experience while sitting in her doctor's office when she was 8 and ½ months pregnant. She was flipping through a fashion magazine and saw a full-page nude picture of a 5-month pregnant model:

As if women were not already held to an impossible standard of media-defined beauty, now there is a pregnant ideal that we're expected to achieve, and it is an image of Cindy or Demi with their barely-there bumps. It may be the cruellest standard of all. As impossible as it will ever be for my body to resemble Cindy's under normal circumstances, it's a thousand times less likely-truly beyond impossible-in our respective pregnant forms...I can relate to pregnant Cindy about as much as I can when she's on the cover of *Vogue*.

### **Beauty ideals as oppressive practices**

*The beauty practices that women engage in, and which men find so exciting, are those of political subordinates...The fact that some women say that they take pleasure in the practices is not inconsistent with their role in the subordination of women.*

(Jeffreys, 2005: 26-27).

We would be remiss if we did not acknowledge what these detrimental beauty practices are ultimately conveying about the conditions of the social world within which women live (Hesse-Biber et al., 2006; Katzman & Lee, 1997; Thompson et al, 1999). It has been argued that the most powerful, and most devastating, impact of these narrow, unrealistic, and ever changing beauty ideals on women is oppression. In applying a sociocultural approach to examine dangerous beauty-related practices, it seems critical to consider the effects of the promotion and adherence to these beauty ideals on the legitimation of gender inequality (Baker-Sperry & Grauerholz, 2003; Lorber, 1994).

According to Dworkin (1974: 112, emphasis in original):

Standards of beauty describe in precise terms the relationship that an individual will have to her own body. They prescribe her mobility, spontaneity, posture, gait, the uses to which she can put her body. *They define precisely the dimensions of her physical freedom.*

Indeed, the promotion and pursuit of beauty ideals is considered oppressive because of ‘the guise of free will and choice’ that is created by the media with regard to women’s appearance (Callaghan, 1994). A survey by *Glamour* magazine in 1995 uncovered this guise (Haiken, 1997). *Glamour* asked men, ‘If it were painless, safe, and free, would you encourage your



wife or girlfriend to get breast implants?’ More than half of the men sampled (55 per cent) answered ‘yes.’ The pressure to meet current beauty ideals, by surgically altering one’s body, is clearly present and supported within the culture, and raises the question of women’s *choice*.

Internalized beauty ideals and objectified gazes create a context in which women are vulnerable to the ubiquitous cultural messages regarding female beauty. The beauty industry renders women even more vulnerable by portraying real women’s bodies as deficient and in constant need of alteration. According to Wolf (1991), over 20 billion dollars are spent in America each year on beauty products. Wolf demonstrated that an alternative use of this incredible sum over one year could fund 400,000 four-year university scholarships, 20 million airline tickets around the world, one million well-paid home health aides for homebound elderly, 75,000 women’s music, art, or film festivals, and 33,000 battered women’s shelters. This chronic emphasis and valuing of appearance in women not only usurps and wastes precious cognitive and physical resources (e.g., time, physical energy, cognitive capacity) that could be utilized for achievement-based activities, but it requires a considerable financial investment that can drain the average woman’s economic resources, and thus become disempowering over time. As noted by Tiggemann and Rothblum (1997: 592):

Given that billions of dollars are spent annually on diets, diet foods, and weight-loss surgery, there would be a considerable economic impact (and backlash against women) should women cease to be focused on thinness. The economy has much to gain to keep women blaming themselves (and other women) for their weight.

Cross-cultural evidence exists supporting this association between the subordination of women and adherence to beauty ideals. The Karen women of upland Burma are known in

Europe as ‘giraffe-necked’ women. This is because the females of this group are required by local beauty norms to start wearing brass neck rings from an early age. Initially, five brass rings are fixed around the neck, and this number is increased gradually each year to a total of 24 rings. Brass rings are also put on the arms and legs, so that a woman might carry between 50 to 60 pounds of brass while walking long distances and working in the fields. In an attempt to artificially lengthen the neck, this custom stretches the cervical muscles in the neck and pulls apart the neck vertebrae to such a degree that women’s necks cannot support their own heads if the rings are removed (Fallon, 1990; Morris, 1985).

The practice of foot binding in China dates back to at least 900 AD, and continued until the 20<sup>th</sup> century (Fallon, 1990; Jeffreys, 2005). From as early as age 2, girls were forced to bind their toes to the soles of their feet. A wide bandage was wrapped around the four small toes, bending them back on themselves, and then woven tightly around the heel to pull the toes and heel together. Large stones were placed on the top of the foot to crush the arch. Girls were required to walk on their bound feet in order to force the feet into their new, buckled shape. Smaller pairs of shoes were worn every few days. By the time these girls were adults they were permanently crippled, unable to walk normally – they had to be carried or crawl to move. A Chinese woman whose feet had not been bound would not be married. Bound feet were considered the most beautiful and erotic feature of a woman. Writer Jung Chang (1992) describes the experience of her grandmother in China whose feet were bound at the age of two by her mother. Chang explains that when the feet were bound and the bones were crushed:

My grandmother screamed in agony and begged her [mother] to stop. Her mother had to stick a cloth into her mouth to gag her... For years my grandmother lived in relentless, excruciating pain. When she pleaded with her mother to untie the bindings,

her mother would weep and tell her that unbound feet would ruin her entire life, and that she was doing it for her own future happiness. (p.24).

Both of these examples clearly reflect the absolute rejection of women's natural body parts and sizes, and the eroticization of artificially modified (mutilated) body parts which become necessary to obtain in order to attain social and economic rewards. The perpetuation of extreme beauty practices is evident across Western cultures as well. Indeed, scholars have articulated the similarities between contemporary beauty practices for women in the West (e.g., labiaplasty) and the mutilation and subordination of women's bodies in non-Western cultures (e.g., female genital mutilation; see Jeffreys, 2005). For example, in earlier centuries, small feet had been a dominant feature of Western female beauty, and some women did have their small toes amputated to fit their feet into smaller, more pointed shoes (Brownmiller, 1984). Wearing high-heeled, pointed shoes creates opportunities for short and long-term deformity, increases the risks of twisted ankles, strained backs, shortened tendons, and torn ligaments, and requires increased vigilance and energy to avoid uneven paths, pavement cracks, elevator grids, and sidewalk gratings. The bound foot and the high-heeled foot impose problems of grace and self-consciousness 'on what would otherwise be a simple art of locomotion, and in this artful handicap lies its subjugation and supposed charm' (Brownmiller, 1984: 186).

Body modification in the form of plastic surgery is an estimated \$8 billion-dollar per year industry in the United States. Based on reports from the American Society for Aesthetic Plastic Surgery (2004), a remarkable 1.8 million elective surgical procedures and a little over 7 million minimally invasive procedures (e.g., Botox injections, chemical peels) were performed in 2003, with 80 per cent performed on women. Breast augmentation increased 114 per cent between 1997 and 2001, and 80 per cent of these surgeries were done on healthy

women to change their breast size – not as part of a postmastectomy. Over one billion dollars was spent on silicone breast enlargement in 2004 (Hesse-Biber et al., 2006). Between 2001 and 2003, buttock lifts increased by 78 per cent, tummy tucks by 61 per cent, and Botox injections by 267 per cent.

These remarkable increases in plastic surgery resonate with Morgan's (1991) assertion that the severity of pressure experienced by women to be 'perfect' will eventually render women who refuse to have plastic surgery as deviant. Indeed, the normalisation of plastic surgery is most clearly evident in mainstream television shows, such as *Extreme Makeover* and *The Swan*, which have large prime-time audiences. People on these shows compete to undergo large numbers of surgical procedures to modify their appearance to make it more acceptable and closer to cultural beauty ideals. This normalised practice of surgically modifying the body to meet beauty standards has caused deadly infections, gangrene, nerve damage, loss of sensation, loss of body parts, mutilated body parts, and death: These deleterious effects of plastic surgery on women's physical health and psychological well-being have been reported for decades (Haiken, 1997).

### **Future trends and shifting focus**

Recent research has identified a shifting trend in the responses of over 3,000 college women and men between 1983 and 2001 across multiple dimensions of body image (Cash, Morrow, Habrosky & Perry, 2004). Specifically, whereas body image dissatisfaction increased among non-Black women between 1983 and the early to mid-1990s, body-image dissatisfaction, overweight preoccupation, and investment in appearance decreased among non-Black and Black women from the mid 1990s onward. Men's body image remained relatively stable over this time period. Perhaps paradoxically, these apparent improvements in body image have coincided with actual increases in body weight during this period (Flegal,

Carroll, Ogden & Johnson, 2002). As of yet, it is unclear whether these trends will continue and how they can be understood within the current cultural climate of increasingly extreme pressures and methods to meet unrealistic beauty ideals.

It is possible that societal awareness and public consciousness of body image and eating disturbances is growing, and programmatic efforts to enhance media literacy may empower women to reject unrealistic beauty ideals and the dangerous behaviors required to meet them (Irving & Berel, 2001; Levine & Piran, 2004; Levine & Smolak, 2001, 2002). Meta-analytic and literature reviews have indicated that some types of interventions that target internalization of cultural beauty ideals, such as dissonance-based models, produce marked improvements in body dissatisfaction (Stice & Shaw, 2004; Thompson & Stice, 2001). However, not all intervention studies have demonstrated positive effects. Irving, DuPen and Berel (1998) found that a media literacy-based intervention decreased thin-ideal internalization and perceived realism of media images, but there was no corresponding reduction for body dissatisfaction or the desire to look like the media images. In fact, some researchers have demonstrated that critically viewing idealized media images may increase the extent to which they are processed, thereby increasing body dissatisfaction (Botta, 2003; Milkie, 1999; Nathanson & Botta, 2003).

It seems clear that women are quite capable of critiquing the current standards for beauty and the images portraying these standards, but they continue to feel bound by them and motivated to attain them. This may not be surprising when we consider that there is no evidence of a reduction in the cultural messages conveying contemporary standards of female beauty at the societal level (Tiggemann, 2002). Many women continue to engage in beauty practices and perceive being 'beautiful' as empowering; this is despite the widely held view that female beauty ideals are oppressive and contribute to the objectification, devaluation, and subordination of women. According to the United Nations (1995), harmful cultural practices

against women are identified as: (1) being harmful to the health of women and girls; (2) arising from the material power differences between the sexes; (3) being for the benefit of men; (4) creating stereotyped masculinity and femininity which damage the opportunities of women and girls, and; (5) being justified by tradition. Thus, it can be argued that beauty practices in Western culture represent harmful, cultural practices against girls and women.

Furthermore, the World Health Organization [WHO] (2006) defines human health as ‘a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.’ Based on the evidence reviewed in this chapter, a considerable number of women in Western culture, and increasingly other cultures, are not meeting the WHO’s definition of human health; that is, many women do not embody a state of complete physical, mental, and social well-being because of these harmful, cultural beauty practices. The evidence reviewed in this chapter stands as a stark call to action for researchers, practitioners, and community members to systematically identify the negative effects of cultural beauty ideals and eliminate detrimental beauty practices from the lives of girls and women.

### **Men’s body image: The emergence of the muscular ideal, and beyond**

Men’s body image has emerged in recent years as a focus of empirical inquiry on a par with women’s body image (Thompson & Cafri, 2007). Over the past three decades, increasing body dissatisfaction among men has been documented (see Thompson & Cafri, 2007; Thompson et al., 1999), with the focus on a drive for muscularity (Cafri, Blevins & Thompson, in press). Researchers have demonstrated marked increases in the presentation of muscular male physiques in Playgirl centerfolds (Leit, Pope, & Gray, 2000) and male action figures (Pope, Olivardia, Gruber & Borowiecki, 1999) over the past 25 to 30 years. Indeed, a casual scan of magazine shelves at bookstores, grocery and convenience stores reveals a wealth of magazines with numerous images of hyper-muscular male bodies. Similar to

research on female beauty ideals, Thompson and Cafri (2007) demonstrated that men exposed to ads illustrating the male body ideal (a mesomorphic physique) reported greater body dissatisfaction than men exposed to neutral ads. Other beauty practices among men are becoming popularized including body depilation (Boroughs, Cafri & Thompson, 2005; Boroughs & Thompson, 2002), which is the removal of hair in rather non-traditional places for men such as arms, legs, or genital area. Cosmetic procedures for men have increased 44 per cent between 2000 and 2005 (American Society of Plastic Surgeons, 2006). As is the case for women, this exacting male beauty ideal has required men to spend a great deal more money in recent years on a variety of appearance enhancing and modification strategies. Now that men's attractiveness issues receive almost as much research attention as women's, it will be fascinating to track the trends of the two sexes in the coming years.

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