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Peer Weight Teasing and Body Image in Adolescent Girls: Self-Objectification as a Moderator

Sierra Hill

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Peer Weight Teasing and Body Image in Adolescent Girls: Self-Objectification as a Moderator

Abstract
The study expands body image research to examine how weight teasing and self-objectification might be related to body image disturbances among adolescent girls (n=100). We conceptualize this relationship using a stress-diathesis model. Through this, a stressful event (e.g., peer weight teasing) would interact with preexisting vulnerabilities (e.g., self-objectification) to increase body related distress. We examine the girls' reports of peer weight-teasing, self-objectification, eating attitudes and body dissatisfaction and establish relationships between these variables with a regression analysis. Results indicated that greater self-objectification is related to greater body dissatisfaction. No moderating effect of self-objectification was found for the effect of peer weight teasing on either body dissatisfaction or eating pathology.

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First Advisor
Chong Man Chow

Second Advisor
Stephen D. Jefferson

Third Advisor
Carol Freedman-Doan

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PEER WEIGHT TEASING AND BODY IMAGE IN ADOLESCENT GIRLS: SELF-OBJECTIFICATION AS A MODERATOR

By

Sierra Hill

A Senior Thesis Submitted to the

Eastern Michigan University

Honors College

in Partial Fulfillment of the Requirements for Graduation

with Honors in Psychology

Approved at Ypsilanti, Michigan, on this date May 7, 2018
Peer Weight Teasing and Body Image in Adolescent Girls: Self-Objectification as a Moderator

Sierra Hill

Eastern Michigan University
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Abstract

The study expands body image research to examine how weight teasing and self-objectification might be related to body image disturbances among adolescent girls (n=100). We conceptualize this relationship using a stress-diathesis model. Through this, a stressful event (e.g., peer weight-teasing) would interact preexisting vulnerabilities (e.g., self-objectification) to increase body-related distress. We examine the girls' reports of peer weight-teasing, self-objectification, eating attitudes and body dissatisfaction and establish relationships between these variables with a regression analysis. Results indicated that greater self-objectification is related to greater body dissatisfaction. No moderating effect of self-objectification was found for the effect of peer weight teasing on either body dissatisfaction or eating pathology.
Peer Weight Teasing and Body Image in Adolescent Girls: Self-Objectification as a Moderator

Adolescents' weight status can become a major source of body dissatisfaction, specifically if they are overweight (Neumark-Sztainer, 2006). Being overweight may lead to weight teasing by peers and in turn, body dissatisfaction and disordered eating behaviors (Hayden-Wade et al., 2005). In fact, previous research on weight teasing and disordered eating has indicated that both overweight males (58%) and females (63%) are subject to weight related teasing by their peers (Neumark-Sztainer et al., 2002). It was also reported that among teased children, 29% of girls and 18% of boys engaged in disordered eating through binge-eating and unhealthy weight control methods (Neumark-Sztainer et al., 2002). Additional research focused on young adults also indicated that there is a relationship between weight teasing by peers and disordered eating behaviors. For example, disordered eating behaviors exhibited in young adulthood were correlated with both weight teasing by family members and partners (Eisenberg, Berge, Fulkerson & Neumark-Sztainer, 2011). While teasing is never a positive event, some individuals may be more susceptible or resilient to its effects. Self-objectification may play an important role in the association between the experience of weight teasing and eating pathology (Fredrickson & Roberts, 1997). Self-objectification can be described as when an individual internalizes "an observer's perspective as a primary view of their physical selves" (Fredrickson & Roberts, 1997, p. 173). The proposed study will examine weight teasing in adolescent girls and how it is related to body dissatisfaction and eating pathology, and how self-objectification may function as a moderator.

Peer Weight Teasing, Body Dissatisfaction, and Eating Pathology in Adolescence

Numerous studies have found an association between peer weight teasing and body dissatisfaction in women and girls (e.g., Lampard, et al., 2014; Lunner, et al., 2000; Libbey,
WEIGHT TEASING

Story, Neumark-Sztainer & Boutelle, 2008; Quinlan, Hoy & Constanzo, 2009; Liang, Jackson & McKenzie, 2011). Among middle school girls, the experience of peer weight teasing was associated with lower self-esteem and body dissatisfaction with fat and body build (Lampard et al., 2014). In the same study, peer weight teasing was found to be related to the internalization of beliefs about socially accepted and desired body weight and shape. Cross-cultural examinations of Sweden and Australia also showed a relationship between peer weight teasing and body dissatisfaction in middle school age girls, suggesting that this is a prevalent issue that spans across regions (Lunner et al., 2000). Among adolescent girls who experienced weight teasing, the degree of body dissatisfaction they experienced was further associated with how much they were bothered by the weight teasing comments (Libbey, Story, Neumark-Sztainer & Boutelle, 2008). In addition to body image dissatisfaction, lower self-esteem has been exhibited in female adolescent victims of peer weight teasing, no matter the frequency of teasing (Quinlan, Hoy & Constanzo, 2009). Yet, another study found that the frequency of weight teasing by peers led to lower appearance/body satisfaction and overweight preoccupation in college women, even when controlling for their frequency of appearance teasing (Liang, Jackson & McKenzie, 2011).

Research on adolescent girls and women suggests that there is an association between peer weight teasing and eating pathology (Ata, Ludden & Lally, 2007; Gerke, et al., 2013; Neumark-Sztainer et al., 2002; Libbey, Story, Neumark-Sztainer & Boutelle, 2008; Fairweather-Schmidt & Wade, 2015; Hayden-Wade et al., 2005; Salwen, Hymowitz, Bannon & O’Leary, 2015). Researchers suggest that these attitudes developed through distress caused by a perceived lack of support by peers about weight status (Ata et al., 2007; Gerke et al., 2013). When weight teasing occurs in a peer group setting, it may cause overweight children to isolate themselves socially, an experience that was seen as a risk factor for the development of eating pathology.
such as bulimic tendencies (Hayden-Wade et al., 2005). In adolescent girls, weight teasing was associated with negative eating attitudes and behaviors pertaining to anorexia/bulimia (Ata et al., 2007; Gerke et al., 2013; Neumark-Sztainer et al., 2002). Other studies have found similar results of peer weight teasing in adolescent girls resulting in unhealthy weight loss behaviors (Libbey, Story, Neumark-Sztainer & Boutelle, 2008) and disordered eating behaviors such as binge eating and bulimic weight control methods (Neumark-Sztainer et al, 2007). These bulimic symptoms, brought on by peer weight teasing, are expected to increase with time (Wertheim, Koerner & Paxton, 2001). College age women who experienced peer weight teasing have also been subject to the development of binge eating, emotional eating, night eating and unhealthy weight control (Salwen, Hymowitz, Bannon & O’Lcary, 2015). A study conducted in Spain indicated that peer weight teasing was correlated with eating pathology among adolescent girls, which again shows that this is not an issue solely in the US (Rojo-Moreno et al., 2012). In a longitudinal study, weight related teasing by peers in early to mid-adolescence was a predictor for disordered eating later in adolescence, suggesting that the experiences of peer relationships at this age are particularly important for later development (Fairwcather-Schmidt & Wade, 2015).

**Objectification Theory**

Objectification theory argues that the wide gender gap in psychological adjustment, especially the high prevalence of body image dissatisfaction and eating pathology observed in women compared to men, is mainly attributable to the self-objectification process (Fredrickson & Roberts, 1997). Self-objectification refers to women’s tendency to view their bodies as their only asset, to be used for the enjoyment of others. The self-objectification process occurs when women view themselves from an observer standpoint, establishing their self-worth by determining if others will view them as attractive and desirable (Fredrickson & Roberts, 1997).
Not surprisingly, women are more likely to be objectified and subject to self-objectification than men. Girls and women have been socialized since a young age, often through interaction with families, peers, and media, that those who are attractive have greater privilege and receive more benefits than others. As a result, girls and women accept their "role" as objects meant to be viewed, approved of, and admired based on appearances. It does not help that society has made it clear that there are benefits to being more physically attractive, with obese and/or "unattractive" women having less educational, social, and economic success, being subject to job discrimination, and having fewer dating and marriage opportunities (Fredrickson & Roberts, 1997). Self-objectification may cause the individuals experiencing it to feel ashamed or anxious about how their body looks, as they are constantly monitoring their body's appearance (Fredrickson & Roberts, 1997). This can lead to life-changing mental health issues such as eating disorders. Eating disorders brought on by self-objectification may be related to women's efforts to meet or reject the ideals of society (Fredrickson & Roberts, 1997). By trying to meet the ideals, they attempt to diminish the negative feelings they have towards their own bodies and by attempting to reject the ideals, they are trying to control the objectification (Fredrickson & Roberts, 1997).

Past research has found that self-objectification was related to both body dissatisfaction as well as disordered eating, such as binge eating and dietary restraint, in college aged women (Brownlow, 1998; Jones, Crowther & Ciesla, 2014; Strelan & Hargreaves, 2005) as well as teen girls (Dakanalis et al., 2015; Mcconnell, 2001). In a study of 6th and 7th grade girls, researchers found that girls' self-objectification was linked to media exposure and appearance related conversations with friends. Additionally, self-objectification brought on body shame which resulted in dieting and symptoms of depression. The results clearly reflect how modern society
has socialized young girls to objectify their bodies to the point that they are ashamed of and
depressed about their appearance (Tiggemann & Slater, 2015). Body surveillance, where the
individual “behaviorally invests in the body as an object”, and dissatisfaction associated to self-
objectification and the internalization of Western beauty ideals has also been found among
adolescent girls (Vandenbosch & Eggermont, 2012, p. 871). It has been predicted that even mild
forms of self-objectification in adolescence may increase with time and become an even greater
issue for body satisfaction (Vandenbosch & Eggermont, 2012). Internalized sexualization, as
described in one study, is similar to self-objectification as both rely on the idea that appearance
and attractiveness are important parts of a girl’s identity (McKenney & Bigler, 2016). It was
found that the adolescent girls with higher levels of internalized sexualization had increased
body surveillance and body dissatisfaction than the girls who had lower levels of internalized
sexualization (McKenney & Bigler, 2016). Another study that examined self-objectification in
adolescent female classical ballet dancers as well as non-dancers found that while there was no
difference in the level of self-objectification between the two groups, links were found between
self-objectification, body shame and disordered eating (Slater & Tiggemann, 2002). A study with
Australian adolescent girls further indicated that self-objectification and related body
surveillance lead to body dissatisfaction as well as disordered eating (Slater & Tiggemann,
2010). Disordered eating in the form of binge eating, along with body shame and appearance
anxiety, appeared to be a consequence of self-objectification among 14 and 15-year-old
adolescent girls (Dakanalis et al., 2015). The body dissatisfaction of these adolescent girls
brought on by self-objectification lead them to engage in dietary restraint as well as binge eating
(Dakanalis et al., 2015).
The Current Study

While previous studies have examined the relationship between body image disturbances and peer weight teasing (Ala, Ludden & Lally, 2007; Gerke, et al., 2013; Lampard, et al., 2014; Lunncr, et al., 2000; Libbey, Story, Ncumark-Sztainer & Boutelle, 2008; Ncumark-Sztaincr et al., 2002; Quinlan, Hoy & Constanzo, 2009) as well as self-objectification (Brownlow, 1998; Dakanalis et al., 2015; Jones, Crowther & Ciesla, 2014; Mcconnell, 2001; Strelan &Hargreaves, 2005), there is a lack of overlap between these bodies of literatures. Based on the stress-diathesis model (Contrada & Baum, 2010), the proposed study will investigate how peer weight teasing is related to body dissatisfaction and eating pathology in adolescent girls, using self-objectification as a moderator.

According to the stress-diathesis model, a diathesis is a psychological vulnerability that predisposes some individuals to be more likely to experience negative outcomes when a stressful life event occurs (Kessler, 1997). Individuals’ likelihood of experiencing negative outcomes is dependent on the interaction of personal characteristics (diathesis) and stressful life events. When applying the stress-diathesis model’s ideas to the current study, stressful events of peer-weight teasing would contribute to the difficulties faced by adolescent girls with a preexisting vulnerability of self-objectification. Figure 1 shows the possible combinations of outcomes (captured by risks for body dissatisfaction and eating pathology), depending on high versus low levels of peer weight teasing and self-objectification. For quadrant A, while adolescent girls who are teased may experience body dissatisfaction and eating pathology, her lower self-objectification will likely act as a buffer and provide resilience against the stressful events. For quadrant B, these adolescent girls will display the highest body dissatisfaction and eating pathology due to their predisposition of high self-objectification in combination with experience...
of peer-weight teasing. For quadrant D, even though the adolescent girls may experience less peer-weight teasing, there is some risk for eating pathology and body dissatisfaction due to their higher level of self-objectification. Finally, for quadrant C, adolescent girls who are neither teased nor high in self-objectification may have low risk for body dissatisfaction and eating disorder symptoms.

Method

Procedures

The participants comprised of adolescent girls between the ages of 11 to 18 years who were recruited from a Midwestern metropolitan area. The information about this study was distributed through electronic flyers that were posted on webpages such as Facebook and Craigslist. Physical flyers were also posted in community centers like colleges and schools. Those who were interested in the study contacted the researchers to schedule a lab session and came to the lab in the psychology department to complete the study. The adolescent girls were required to provide written informed consent before participating. Their parents or guardians also gave consent for their participation. As compensation, they received a $40 grocery gift card.

Measures

Peer weight teasing. Adolescent girls completed the Perception of Teasing Scale (Thompson, Cattarin. Fowler & Fisher. 1995), an 11-item measure that assesses how often an individual perceived they were teased and how upset the individual was by perceived teasing. Participants read a list of items, each of which described an experience of peer teasing, and indicated to what extent they were teased on a scale of 1 (Never) to 5 (Very Often) and how upset they were due to the teasing on a scale of 1 (No upset) to 5 (Very Upset). Reliability for this subscale was satisfactory with a Chronbach’s alpha of 0.86.
Eating disorder symptoms. Adolescent girls completed the Eating Attitudes Test (EAT-26; Garner et al., 1982), a 26-item measure that assesses an individual’s symptoms of eating disorders. Participants read a list of items, each describing a different thought or behavior regarding food or eating, and indicated the extent to which that statement applied to them on a 6-point Likert scale. A total score (0-78) was determined by summing the items. The alpha coefficients for the adolescent girl’s EAT-26 score were satisfactory, with Cronbach’s alpha of .75.

Self-objectification. Adolescent girls completed The Objectified Body Consciousness Scale (McKinley & Hyde, 1996), a 24-item measure that assesses objectified body consciousness in women. This questionnaire included the 8-item surveillance subscale (e.g. “I rarely think about how I look”), the 8-item body shame subscale (e.g. “I would be ashamed for people to know what I really weigh”), and the 8-item control subscale (e.g. “The shape you are in depends mostly on your genes”). Participants read a list of items, each a particular way of viewing one’s body, looks, or weight and rated how much they agreed with the statement on a scale of 1 (Strongly Disagree) to 7 (Strongly Agree). The reliability of the Surveillance Scale was a Chronbach’s alpha of .89. For the purpose of this study, only the surveillance subscale was used.

Body dissatisfaction. Adolescent girls completed the Body Dissatisfaction Scale (Garner et al., 1983). For this study, the 9-item questionnaire was used to assess an individual’s perceptions of the size of their body and how their body is shaped. Participants responded on a 6-point Likert scale ranging from “always” to “never”, for example; “I think that my stomach is too big.”. The reliability for this measure has a Chronbach’s alpha of .91.
Results

Participant Characteristics

The current sample included 100 adolescent girls ($M_{age}=14.37$, $SD=2.29$). Through a demographics survey, it was determined that about 48% of the adolescents were Caucasian, 30% African American, 4% Asian, 2% Hispanic, 1% Middle Eastern, and 15% Mixed Race/Other. The participant's parent's median income was reported to be $35,000 or above (79%) and had at least some college education (90%). The marital status of the adolescent girls' mothers was 60% married, 14% single, 17% divorced and 9% widowed or another relationship status that was not listed. BMI percentile for the adolescent girls was an average of 64.96 ($SD=27.41$).

Preliminary Analyses

Descriptive statistics are presented in Table 1. Correlations between age and the study variables indicate that older participants reported more peer weight teasing, higher levels of self-objectification as well as more body dissatisfaction and eating pathology. Those with higher BMIs also reported more peer weight teasing and higher levels of body dissatisfaction. Peer weight teasing and self-objectification were positively correlated with body dissatisfaction and eating pathology. Finally, body dissatisfaction and eating pathology were positively correlated with each other.

Weight teasing and Body Dissatisfaction: Self-Objectification as a Moderator

Hierachical regression was conducted to examine the moderating role of self-objectification between weight teasing and body dissatisfaction and can be found in Table 2. The predictors and moderators were standardized before analysis in order to account for possible multicollinearity among the predictors and interaction terms. In Step 1, participant's BMI and
age were entered as control variables. In Step 2, weight teasing and objectification were entered, representing a main effect only model. In Step 3, an interaction term was entered.

Results showed that BMI, but not age, was related to levels of body dissatisfaction. As expected, greater self-objectification was a predictor of greater body dissatisfaction. However, the interaction term did not account for a significant amount of incremental variance in body dissatisfaction. The effect of weight teasing on body dissatisfaction was not moderated by self-objectification.

Weight Teasing and Eating Pathology: Self-Objectification as a Moderator

Additionally, hierarchal regression was conducted to examine the moderating role of self-objectification between weight teasing and eating pathology and can be found in Table 3. Predictors and moderators were standardized to account for possible multicollinearity among predictors and interaction terms. For Step 1, the participant’s age and BMI were entered as control variables. Weight teasing and self-objectification were entered in Step 2. Finally, in Step 3, the interaction term was entered.

Results showed that age, but not BMI, was related to eating pathology. Contrary to expectations, self-objectification was not a predictor of eating pathology. In addition, the interaction term did not account for a significant amount of incremental variance in eating pathology either. The effect of weight teasing on eating pathology was not moderated by self-objectification.

Discussion

The current study’s goal was to investigate the relationship between peer weight teasing and body dissatisfaction and eating pathology with self-objectification as a moderator. It was hypothesized that the adolescent girls who displayed the highest body dissatisfaction and eating
pathology would do so due to their predisposition of high self-objectification in combination with experience of peer weight teasing. Specifically, girls who were teased but had lower self-objectification, acting as a buffer to provide resilience, were thought to experience body dissatisfaction and eating pathology at lower levels. Girls who were not teased but had higher levels of self-objectification were also hypothesized to be at some risk for body dissatisfaction and eating pathology. Lastly, girls who were not exposed to peer weight teasing nor predisposed to high self-objectification were hypothesized to be at a very low risk for either body dissatisfaction and eating pathology.

Congruent with the hypothesis, it was found that the effects of peer weight teasing on eating pathology and body dissatisfaction were minimal in adolescent girls with lower levels of self-objectification. This finding is consistent with past research (Lampard et al., 2014; McKenney & Bigler, 2016; Neumark-Sztainer et al., 2007). Additionally, it was found that self-objectification, as a whole, was related to body dissatisfaction. Research suggests that higher levels of self-objectification leads to body dissatisfaction (Slater & Tiggemann, 2010; Dakanalis et al., 2014; Slater & Tiggemann, 2002).

However, the current study found that self-objectification did not moderate the relationship between weight teasing and body dissatisfaction and eating pathology. This goes against the proposed hypothesis that there would be moderating effects from self-objectification on body dissatisfaction and eating pathology when adolescent girls were teased about their weight. These results indicate that there may be other factors that will contribute to body dissatisfaction and eating pathology. As stated above, it was found that self-objectification was related to body dissatisfaction. Because adolescent girls are at a pivotal point in their development, it is possible that self-objectification would have an impact on body dissatisfaction
regardless of the presence of weight teasing. Even those adolescent girls who are not teased about their weight may have high levels of self-objectification, leading to body dissatisfaction.

**Limitations and Future Directions**

The study provided information on the implications of self-objectification and weight teasing through examination of the relationships between body dissatisfaction and eating pathology. There are, however, limitations that should be taken into account when interpreting the findings. The correlational nature of the study makes it impossible to determine cause-and-effect relationships between variables. For example, the current study proposed that self-objectification lead to body dissatisfaction; a different view may be that body dissatisfaction leads to self-objectification. Adolescent girls with body dissatisfaction may be more easily influenced by outside sources such as the media or peers and develop levels of self-objectification. Also, the self-report nature of the current study may have altered variables based on reporter-bias. For example, participants may have reported weight teasing, eating pathology or a number of variables differently than they actually experience. Future research may utilize observational methods for capturing actual peer weight teasing that occurs.

**Conclusion**

The current study has important practical implications. Results indicate that self-objectification and body dissatisfaction was related among adolescent girls. In this way, it may be important to focus on self-esteem building and resilience to body image pressures to protect girls from the negative associations of self-objectification.
### Appendix 1

#### Table 1

*Means, standard deviations, and correlations with confidence intervals*

<table>
<thead>
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<th>Variable</th>
<th>$M$</th>
<th>$SD$</th>
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<th>2</th>
<th>3</th>
<th>4</th>
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<td>0.51</td>
<td>0.32**</td>
<td>0.22*</td>
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<td>4.31</td>
<td>1.23</td>
<td>0.19</td>
<td>0.30**</td>
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<td>5. Body Dissatisfaction</td>
<td>2.52</td>
<td>0.99</td>
<td>0.45**</td>
<td>0.26*</td>
<td>0.23*</td>
<td>0.50**</td>
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</tr>
<tr>
<td>6. Eating Pathology</td>
<td>7.15</td>
<td>6.81</td>
<td>0.17</td>
<td>0.31**</td>
<td>0.26*</td>
<td>0.28**</td>
<td>0.49**</td>
</tr>
</tbody>
</table>

*Note. $M$ and $SD$ are used to represent mean and standard deviation, respectively. * indicates $p < .05$. ** indicates $p < .01$.*
Appendix 2

Table 2

*Hierarchal Regression Examining Moderating Effects of Self-Objectification Between Peer Weight-Teasing and Body Dissatisfaction*

<table>
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<tr>
<th>Step</th>
<th>Estimate</th>
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<th>R²</th>
<th>ΔR²</th>
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<tr>
<td>Step 2</td>
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<td>0.372</td>
<td>0.114**</td>
<td>12.19***</td>
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<td>BMI</td>
<td>0.356***</td>
<td>0.089</td>
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<td>Self-Objectification</td>
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<td>0.087</td>
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<tr>
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<td>0.091</td>
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Signif. codes: 0 ‘***’ 0.001 ‘**’ 0.01 ‘*’ 0.05 ‘.’
### Hierarchical Regression Examining Moderating Effects of Self-Objectification Between Peer Weight-Teasing and Eating Pathology

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<th>R²</th>
<th>ΔR²</th>
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<tr>
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<td>4.347**</td>
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<td>0.767</td>
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</tr>
<tr>
<td>Self-Objectification</td>
<td>1.282</td>
<td>0.738</td>
<td></td>
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</tr>
<tr>
<td>Step 3</td>
<td></td>
<td></td>
<td>0.175</td>
<td>0.001</td>
<td>3.452**</td>
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<tr>
<td>BMI</td>
<td>0.67</td>
<td>0.766</td>
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</tr>
<tr>
<td>Age</td>
<td>1.948*</td>
<td>0.879</td>
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<tr>
<td>Weight Teasing</td>
<td>1.031</td>
<td>0.781</td>
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<tr>
<td>Self-Objectification</td>
<td>1.232</td>
<td>0.766</td>
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<tr>
<td>Weight Teasing * Self-Objectification</td>
<td>-0.337</td>
<td>1.292</td>
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</tr>
</tbody>
</table>

Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '. '
Appendix 4

Figure 1

Risk of Body Dissatisfaction and Eating Pathology Due to Levels of Self-Objectification and Peer Weight Teasing

<table>
<thead>
<tr>
<th>Peer Weight Teasing</th>
<th>Low self-objectification</th>
<th>High self-objectification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>A Low Risk</td>
<td>B High Risk</td>
</tr>
<tr>
<td>No</td>
<td>C Low Risk</td>
<td>D Low Risk</td>
</tr>
</tbody>
</table>
References


