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Tanjare' McKay  
Eastern Michigan University, Tmckay2@emich.edu

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# FEMALE SELF-OBJECTIFICATION: CAUSES, CONSEQUENCES AND PREVENTION

*Tanjaré McKay*  
*Dr. Karen Saules, Mentor*

## ABSTRACT

Traditionally, social norms have dictated certain gender roles for men and women. Men have generally been regarded as dominant, masculine, and independent, whereas women are often depicted as weak, sensitive and dependent (Basow, 1986). In contemporary society, however, women are free to adopt more flexible gender roles, ranging from those traditionally regarded as “masculine,” to those considered more “androgynous,” to the more stereotypical female gender roles. Some women, nonetheless, continue to adopt traditional gender roles in which self-objectification may persist. According to Calogero (2013), “self-objectification occurs when the objectifying gaze is turned inward, such that women view themselves through the perspective of an observer and engage in chronic self-surveillance” (p. 312). The literature suggests that certain factors may support women’s ability to adopt more varied gender roles and avoid self-objectification. This paper will review the literature on the factors that cause, prevent and protect women from self-objectification.

## INTRODUCTION

Female self-objectification can best be defined as “regular exposure to objectifying experiences that socialize girls and women to engage in self-objectification, whereby they come to internalize this view of themselves as an object or collection of body parts” (Kroon & Perez, 2013, p. 16). In her book *Femininity and Domination: Studies in the phenomenology of oppres-*

sion, Sandra Bartky (1990) describes a time where she was made a victim of objectification:

It is a fine spring day, and with an utter lack of self-consciousness, I am bouncing down the street. Suddenly I hear men's vices. Catcalls and whistles fill the air. These noises are clearly sexual in intent and they are meant for me; they come from across the street. I freeze. As Sartre would say, I have been petrified by the gaze of the Other. My face flushes and my motions become stiff and self-conscious. The body which only a moment before I inhabited with such ease now floods my consciousness. I have been made into an object. While it is true that for these men I am nothing but, let us say, a "nice piece of ass," there is more involved in this encounter than this mere fragmented perception of me. They could, after all, have enjoyed me in silence...I could have passed by without having been turned to stone. But I must be made to know that I am a "nice piece of ass": I must be made to see myself as they see me (p. 27)

According to Fredrickson and Roberts (1997), the cultural practice of sexual objectification leads to self-objectification, which turns into self-surveillance, causing psychological consequences and mental health risks in victims. Sexual objectification means that women are widely seen as sex objects for male sexual pleasure. This objectification occurs in two areas: (1) interpersonal or social encounters, and (2) media exposure. "Interpersonal or social encounters include catcalls, checking out/ staring at, or gazing at women's bodies, sexual comments, and harassment. Media exposure spotlights women's bodies and body parts while depicting women as the target of a non-reciprocated male gaze" (Calogero, Tantleff-Dunn, & Thompson, 2011, p. 6). According to the Britannica Encyclopedia (2013), living in a *patriarchal* social system in which the father is the primary authority and central figure to social

organizations over women and children, makes female self-objectification “normal.” Calogero, Tantleff-Dunn, and Thompson (2011) have written that “western societies tend to objectify people in general, treating them as if they are things, or commodities, because westernized societies are saturated with heterosexuality, whereby gender acts as a pervasive organizer of culture” (p. 4).

Growing up, women are socialized to act and respond to situations in certain ways, defined by gender roles. These roles help shape a woman’s characteristics so she can be accepted as “normal” by the society in which she lives. Women are then socialized to accept the less invasive forms of sexualization as normal and perhaps even desirable, indicators that they are fulfilling expected social norms (Smolak and Murnen, 2011). According to MacKinnon (1989), “Men have been conditioned to find women’s subordination sexy, and women have been conditioned to find a particular male version of female sexuality as erotic — one in which they are defined from a male point of view” (p. 140). Being defined from a male point of view can lead to consequences that lead to self-objectification.

Female self-objectification has many consequences, including eating disorders, which are associated with depression. According to *National Anorexia Nervosa and Associated Disorders* (2013), up to 24 million people of all ages and genders suffer from an eating disorder. This site also reports that 5% of American females believe in a body type ideal, commonly described as “petite” (Eating, 2013). While this might not seem like a large enough number to create concern, data show that 47% of girls in the 5<sup>th</sup>-12<sup>th</sup> grade report wanting to lose weight because they compare themselves to idealized magazine photographs, and 69% of girls in the 5<sup>th</sup>-12<sup>th</sup> grade report that such images influence their idea of a “perfect” body shape (Eating, 2013). This paper will address the ways that women are objectified, the negative consequences of self-objectification and ways to prevent it.

## **LITERATURE REVIEW**

### **Self-Objectification: Definition and Theory**

Self-Objectification refers to the process by which women come to internalize and accept the beliefs that society projects

upon them. Fredrickson and Roberts (1997) suggest that to some degree girls and women come to view themselves as sexual objects, leading them to “form a self-consciousness characterized by habitual monitoring of the body’s outward appearance” (p.180). Fredrick and Roberts write that “as many girls and women internalize the culture’s practices of objectification and habitually monitor their bodies’ appearance...a disruption in the flow of consciousness permeates a host of emotional, motivational and attentional states” (p. 196).

Franzoi (1995) writes that “there are two basic ways of thinking about one’s body that have a particular relevance to a discussion of gender differences in body esteem. One way is to view the body as an object of discrete parts that others aesthetically evaluate, and the other is to conceptualize it as a dynamic process where function is of greater consequence” (Franzoi, 1995, p. 417). The vast majority of people tend to view the female body in terms of its form, rather than function, and “it is this aspect of the physical self that influences people’s first impressions and forms the basis for the physical attractiveness stereotype” (Franzoi, 1995, p. 417).

### **Objectification**

According to the philosopher Immanuel Kant (1797), objectification involves the lowering of a person, a being with humanity, to the status of an object. Kant (1797) explains that objectification begins once sexuality is exercised outside of a monogamous marriage because “Sexual love makes of the loved person an object of appetite; as soon as that appetite has been stilled, the person is cast aside as one casts away a lemon which has been sucked dry” (p. 163).

Nussbaum (1995) identifies seven features of objectification: (1) *instrumentality*, (2) *denial of autonomy*, (3) *inertness*, (4) *fungibility*, (5) *violability*, (6) *ownership* and (7) *denial of subjectivity*. Nussbaum (1995) describes *Instrumentality* as the treatment of a person as a tool for the objectifier’s purpose; *denial of autonomy* is the treatment of a person as lacking in autonomy and self-determination; *inertness* involves the treatment of a person as

lacking in agency and perhaps also in activity; *fungibility* occurs when a person is interchangeable with other objects, and *violability* is the treatment of a person as lacking in boundary-integrity. *Ownership* is the treatment of a person as something that is owned by another which can be bought or sold and *denial of subjectivity* takes place when a person's experiences and feelings are not taken into account (p. 257). Three more factors have been added by Langton (2009): *reduction to body*, *reduction to appearance* and *silencing*. To *reduce someone to their body* involves identifying a person with their body or body parts; *reduction to appearance* occurs when a person is judged by physical appearance, and *silencing* a person is just that — treating a person as if he or she lacks the capacity to speak.

## **Gender Roles**

Objectifying women is taught in our society through gender roles. According to Susan Basow, gender roles are “society's evaluation of behavior as either masculine or feminine” (p. 2). Sinnott and Shifren (2001) identify two processes by which gender roles develop: *cognitive* and *learning*. The *cognitive approach* asserts that gender roles develop because a child's perception of identification precedes role-appropriate behavior (Sinnott & Shifren, 2001). A child discovers its gender, and repeats socially reinforced behavior in accordance with expected gender roles. Thereafter, the roles are kept consistent over the person's lifespan. The *learning approach* states that the individual comes to understand, and to accept, behaviors that lead to survival and success in society (Sinnott & Shifren, 2001, p. 468). Gender roles form the basis of stereotypes about the personal attributes of women and men. Basow (1986) notes that “we acquire stereotypes as we acquire information about the world and our roles in it; they exist on a cultural and personal level” (p. 3).

Fernández, Quiroga, Olmo, Aróztegui, and Martin (2011) conducted a study that asked 78 participants to complete a questionnaire that began by asking respondents to choose a gender (“male,” “female,” or “neither”). The respondents then identified the selected gender with 36 activities, such as which gender would

be best suited to “hang a picture,” “come up with an idea,” “walk a dog,” “clean a shop,” “put a car in the garage,” etc. (Fernández et al., 2011). The results indicated that people believe that certain tasks are best suited to a particular gender. Many respondents, for example, felt that a woman would be better suited to “clean a shop,” while a man would be better to “put a car in the garage” (2011).

Basow (1986) describes working class men as physically aggressive and more likely to settle disagreements with a show of physical strength. In a middle or upper class family, males are likely to be verbally and intellectually aggressive and to settle disagreements through the use of reasoning (Basow, 1986, p. 3). Masculinity is associated with competence, instrumentality and activity; men should be strong, rational and aggressive (Basow, 1986, p. 1). They are also expected to be providers, secure and provide resources, protect and defend others and their territory (Gregor, 1985).

Ten positive traits, or strengths, associated with traditional concepts of masculinity, according to Kiselica and Englar-Carson (2010) include (1) *relational styles*, (2) *ways of caring*, (3) *generative fathering*, (4) *self-reliance*, (5) *being a worker/provider*, (6) *group orientation*, (7) *courage*, (8) *humanitarian service*, (9) *use of humor*, and (10) *heroism*. Kiselica and Englar-Carson (2010) suggest that for a man to have a *relational style* he must develop friendships and intimacy through shared activities; *ways of caring* include taking care of his family and friends and being able to see things from others’ point of view. A *generative father* responds to his child’s development and consistently needs to help improve the life prospects of the next generation. *Self-reliance* is characteristic of men when they face life’s challenges autonomously. Being a *worker/provider* is central component of male-identity and self-esteem, because it provides a sense of purpose and meaning along with achievement (Kiselica & Englar-Carson, 2010).

Men who group together and achieve a common purpose are fulfilling the trait called *group orientation*, and *courage* refers to the daring, risk-taking behavior they may engage in. *Involvement in humanitarian service* provides opportunities and experi-

ences for men to develop social interests, which bring a sense of belonging, while using *humor* helps as a healing and coping tool and a way to reduce tension. The tenth positive trait associated with masculinity is *heroism*, which involves having the ability to demonstrate nobility and overcome great obstacles (Kiselica and Englar-Carson, 2010, p. 277 & 278). Other traits associated with the traditional masculine role, according to David & Brannon (1992), include distancing oneself from femininity, avoiding emotions, striving for achievement and success, focusing on competition, avoiding vulnerability, staying composed and in control, being tough, and acting aggressively to become dominant.

In the early 70's, women were still socialized into subordinate social roles, presumably because of problems with over-adherence to gendered behavior, meaning they learned to be passive, docile, emotional helpmates for men (Millett, 1971). Basow (1986) describes femininity as being associated with warmth, expressiveness and nurturance; women are socialized to be weak, emotionally submissive. Other social roles for women include being dependent, passive, easily influenced, home-oriented, talkative, gentle, religious, neat in habits and enjoying the arts and literature.

Sandra Bem (1974) coined the word *androgyny*, which refers to “a person displaying both masculine and feminine characteristics, both assertive and yielding, instrumental and expressive, depending on the situational appropriateness of the various behaviors” (p. 155). This marked a turning point in history for women's gender roles. “Neutral” characteristics identified with an “androgynous” person include adaptability, conceit, being happy, jealous, likable, moody, sincere, theatrical, truthful, unpredictable, conventional (Bem, 1974, p. 156). Gershaw (1995) states that androgynous individuals are usually

creative and they tend to adapt to new situations. Depending on the situation, they may present as either masculine or feminine; they can be aggressive or yielding, forceful or genuine, sensitive or assertive. Relative to their more feminine coun-

terparts, androgynous women are more assertive and independent, and androgynous men are more nurturing and more comfortable holding, touching and playing with babies showing empathy and offering support to others, (Gershaw, 1995, p. 1).

According to Basow (1986), androgynous women are “more competent socially, have strong cognitive defenses, have little tolerance for ambiguity, blend expressive and instrumental behaviors, and rate themselves as adjusted and ‘happy’ ” (Basow, 1986, p. 184). To be androgynous means not adhering to stereotypical gender roles, and this may lead to less female self-objectification.

### **Self-Objectification: Contributing Factors**

**Media Influences.** With respect to how self-objectification is influenced by media, Aubrey (2006) states that, “the relationship between the body and sex is unambiguously portrayed in contemporary media, and conforming to a thin body ideal is crucial to sexual attractiveness” (p. 366). Tolman and Debold (1994) agree, stating that a thin female body is associated with success and power. All of this communicates to women that their bodies are important commodities that can influence life experiences (Muehlenkamp & Saris-Baglama, 2002). The thin body ideal refers to the European concept of a slender female with a small physique and little body fat. “Thin-body ideal occurs as a result of social pressure to attain a lean figure, placed on individuals by the media, family, peers, and interpersonal encounters” (Stice & Shaw, 1994, p. 289). The media displays this through messages in popular magazines, films, and television. For example, “in magazines, weight loss messages are often placed next to messages about one’s sex life, implying that weight loss will lead to a better sex life,” while “on television shows, women are judged as romantic or sexual partners based on their appearance” (Aubrey, 2006, p. 366-367). In a longitudinal study, Aubrey (2006) examined the long-term relationship between media habits and self-objectification, and whether media exposure increases self-objectification, or whether self-objectification drives the selection of

sexually objectifying media. She found that “exposure to sexually objectifying television programs is associated with an increase in viewers’ definition of their physical selves in terms of how the body appears, rather than what it can do” (Aubrey, 2006, p. 381). This occurs through frequent and repeated exposure to television programs, soap operas, talk shows, music videos, and advertising. From this study, Aubrey (2006) concluded that how long someone is exposed to sexually objectifying messages is less damaging than how frequently such messages are viewed over time.

Becker, Burwell, Herzog, Hamburg and Gilman (2002) conducted an experiment that involved evaluation of the effects of exposure to television on disordered eating attitudes and behaviors among Fijian adolescent girls. The traditional Fijian culture emphasized robust body shape, but girls were socialized to value not only their body, but also their family, community and relationships. The methodology involved two samples of adolescent girls, one recruited in 1995, when television was first introduced, and the second recruited in 1998, after the girls had been exposed to television for three years. This study was the first known investigation of television’s impact upon disordered eating attitudes and behaviors in a traditional society. Results revealed that 77% of young women reported that television influenced their body image, and that they developed a desire to lose weight or reshape their bodies to resemble characters in western society, by self-induced vomiting (Becker et al. 2002)

***Relationships.*** Zurbriggen, Ramsey and Jaworski (2011) found that men reported high levels of partner objectification, and women reported high levels of self-objectification. Based on their hypotheses, the emphasis of appearance and physical attraction in romantic relationships increases the probability that people will objectify their romantic partner. They did an experiment on personal and partner objectification based on the hypotheses that (1) partner objectification will be associated with lower levels of relationship and sexual satisfaction, (2) consumption of objectifying media will predict self and partner objectification, and (3) levels of partner objectification will be higher in men while self-

objectification will be higher in women (2011). Their hypotheses were supported by data indicating that men reported higher levels of partner objectification, and women reported higher levels of self-objectification. Partner objectification was associated with lower levels of relationship and sexual satisfaction for men, and the consumption of objectifying media was positively correlated with partner objectification, but not self-objectification (Zurbriggen et al., 2011). What this means is that men who view objectifying media were more likely to compare their partner to the media, while women viewing objectifying images tend to self-objectify.

***Societal Influences.*** Franzoi (1995) writes that “starting at a young age, from Barbie dolls and toy makeup cases, girls are encouraged to play with, to the close attention given to clothing fashion and other bodily adornments, females are taught that their body as object is a significant factor in how others will judge their overall value” (p. 418). These messages are conveyed by important socializing agents such as parents, peers, and teachers. Typically, gender role socialization includes heavy emphasis on how girls/women should look, and if this is overemphasized, girls may continually seek reassurance about their appearance to make sure they are socially accepted and not subject to ridicule or rejection. Franzoi (1995) suggests that a woman’s attitude toward her body is influenced to the extent to which she possesses masculine and feminine personality traits. Women who take on a traditional role and adopt feminine personality traits generally hold more negative attitudes toward their body, unlike women who have more masculine traits.

### **Self-Objectification: Adverse Consequences**

It is important that we advance our understanding of self-objectification, not only because it is theoretically and socio-culturally interesting, but also in light of its association with myriad adverse effects. For example, Meuhlenkamp and Saris-Baglama (2002) suggest that self-objectification can lead to depression, noting that “The relationship between self-objectification and

depression can be explained by the anxiety and powerlessness women may experience as a result of not knowing when or where they will encounter objectification. These feelings may increase women's vulnerability to depressive symptoms" (p. 377).

Fredrickson and Roberts (1997) find that self-objectification can lead not only to depression, but also to body shame and eating disorders. They state that "women's ongoing efforts to change their body and appearance through diet, exercise, fashion, beauty products, and perhaps most dangerously, surgery and eating disorders, reveal what may be a perpetual and hardly adaptive body-based shame, which results from a fusion of negative self-evaluation with the potential for social exposure" (p. 181). Fredrickson and Roberts (1997) find that body shame arises from "not knowing exactly when and how one's body will be looked at and evaluated can create anxiety about potential exposure. Data further show that women's appearance anxiety may have roots in negative early life social experiences, including histories of receiving negative appearance-related comments" (Fredrickson & Roberts, 1997, p. 182). Lastly, they state that "eating disorders are passive, pathological strategies, reflecting girls' and women's lack of power to more directly control the objectification of their bodies" (Fredrickson & Roberts, 1997, p. 192). Two feminist thoughts that support this are that women's concerns with dieting and weight control reflect their normative discontent toward their bodies, and that women view eating disorders as a political statement of protest against the patriarchal system (Fredrickson & Roberts, 1997, p. 192).

Once a woman starts to self-objectify and compare her body to others she may eventually stop doing certain things such as meeting with friends, dating, going to school/ work, etc., which may lead to a point where she is not capable of enjoying her life. Calogero, Tantleff-Dunn and Thompson (2011) call this "opting out" (p. 228). They found that 67% of women aged 15 to 64 years withdraw from life-engaging, life-sustaining activities because they feel bad about their appearance (Calogero et al., 2011, p. 228).

Sinclair and Mayers (2004) suggest that the difficulty in achieving cultural body standards may be a risk factor for holistic

human functioning, and may also lead to impairment in multiple life tasks, such as forming meaningful interpersonal relationships and achieving academic success. Consistent with this suggestion that self-objectification can lead to academic impairment, Fredrickson, Roberts, Noll, Quinn and Twenge (1998) did an experiment in which they asked their participants to wear either a swimsuit or sweater. Results indicated that women in the swimsuit felt more body shame than those in the sweater, and body shame was associated with restrained eating and poor math performance. The authors suggested that “attentional” resources might have been drained by the stressful experience of putting on the swimsuit, so much so that cognitive performance was impaired on the subsequent math test (Fredrickson et al., 1998, p. 269).

Female self-objectification can also lead to sexual dysfunction, because engaging in sexual activity involves another person focusing attention on one’s body. During sexual relations a woman can be distracted by thoughts about her body rather than experiencing sexual pleasure (Tiggemann, 2011). Wiederman (2000) found that during sexual intercourse one third of college women experienced problematic body image self-consciousness.

Another adverse consequence associated with female self-objectification is *self-harming*. “*Self-harming* includes cutting, burning, hitting or biting, head banging, excessive scratching, hair pulling, interfering with wound care, breaking bones, ingestion or insertion of toxic or sharp objects, and unnecessary surgeries” (Calogero, Tantleff-Dunn and Thompson, 2011, p. 226). Such extreme behavior is tied to the low self-esteem that can arrive from objectification.

### **Self-Objectification: Protective Factors**

Muehlenkamp and Saris-Baglama (2002) write that “girls’ understanding of the importance of appearance for women in a patriarchal culture may contribute to feelings of fear, shame, and disgust that some experience during the transition from girlhood to womanhood, because they sense that they are becoming more visible to society as sexual objects” (p. 371).

Ways to mitigate self-objectification, or “antidotes,” as Tracee Sioux (2008, p. 1) calls them, include the development of

media literacy, opportunities to participate in athletics and other extracurricular activities, comprehensive sexuality education, co-viewing media with parents, religion, spirituality and mediation, activism by parents and families, girl-positive media, confronting body issues, and becoming “empowered women” (Sioux, 2008, p. 1). Other solutions include teaching women the benefits of having a low level of self-objectification. These studies prove how important a parent’s role is when it comes to preventing female self-objectification.

According to Sioux (2008) *media literacy* refers to the ability to analyze, access, evaluate and communicate media messages. She finds that parents can help girls learn to question the images to which they are exposed, for example, by explaining how images/photographs are “photo-shopped” in order to sell products (Sioux, 2008). According to Tylka and Augustus-Horvath (2011), ways to promote media literacy include

- (1) exploring how body size is portrayed in the media,
- (2) collaborating to actively protest offensive media images and messages,
- (3) encouraging girls to advocate for positive body image by the media and retailers,
- (4) helping parents limit the time children spend viewing media emphasizing the thin ideal,
- (5) discussing the impossibility of the thin ideal with their children, and
- (6) promoting healthy eating in lieu of rigid dieting” (p. 188).

Co-viewing media with a parent is a way for parents to comment on the messages being displayed. Co-viewing also brings a sense of closeness and positive emotions, because children look to the parent to provide input, guidance and perspective on what they are seeing (Nathanson, 2012). Religion, spirituality and mediation helps by teaching children who they are and make them feel valuable beyond their sexuality or gender role (Sioux, 2008).

Athletics and extracurricular activities that focus on competency, ability and action can protect against self-objectification, perhaps because of the pronounced mind-body interaction (Sioux,

2008). On the other hand, sports that focus on appearance, sexiness and thinness (e.g, cheerleading and dance) can heighten self-objectification. Both Sioux (2008) and Noll (1997) recommend that parents should encourage and assist young women in non-appearance related activities such as school achievement and community activism, and teach them to value their bodies for strength and effectiveness, not only appearance.

Comprehensive sexual education also helps to build communication skills, and promotes a notion of sexual responsibility that includes respect for oneself (Sioux, 2008). Confronting body issues and becoming an empowered woman are possible when parents model positive behavior. In the end, Sioux (2008) explains how influential a parent, especially a mother, can be when it comes to female self-objectification. Parents play an important role in reinforcing young women's efforts and accomplishments in non-appearance related domains, rather than focusing on physical appearance (Noll, 1997).

Fredrickson and Roberts (1997) also take aim at our cultural practices and at the visual media in particular, in order to transform our educational efforts:

Steps to achieve this would be making girls and women aware of the range of adverse psychological effects that objectifying images and treatment can have, and by encouraging sports participation and related forms of physical risk taking, starting when girls are in early childhood and continuing through their adolescent years (1997).

Sinclair and Mayers (2004) found that college-aged women who reported low self-objectification scores had an overall better health and wellness. Wellness scores were based on factors such as a sense of control, humor, stress management, self-worth, gender identity, friendships and self-care (as cited in Lambert, 2010).

Menzel and Levine (2011) describe *embodiment* as becoming "part of the body, to unite into one body or to incorporate,"

(p.170), or another way to promote a positive body image. Ways to provide embodied experiences include promoting a functional view of the body and body appreciation, using guided mediation and body scan activities, using bioenergetic punches (an exercise wherein girls stand up for themselves with confidence by imagining themselves anchored to the ground and punching into the air), and offering Hatha yoga to increase embodiment and empowerment (Tylka & Augustus-Horvath, 2011).

Also according to Tylka and Augustus-Horvath (2011), another way to prevent self-objectification is to promote a *contextualization schema* that articulates and clarifies the ill effects of sexual objectification, while also discussing how sexual objectification results from a maladaptive society, not a personal inadequacy.

### **Self-Objectification: Treatment**

Professional therapy can assist women in placing self-objectification in context, managing triggers, critiquing the thin ideal, respecting their body, eating to honor the body, and identifying and coping with emotions (Tylka & Augustus-Horvath, 2011). To place self-objectification in context means to talk about the positive, yet short-lived and superficial benefits awarded to those in society who engage in self-objectification. Managing triggers occurs by finding what situations or environmental contexts trigger one to self-objectify. To critique the thin ideal is to take a stance against previous thinking that being thin is the desirable body type. Respecting one's body involves appreciating and honoring the body by participating in healthy behaviors, turning negative thoughts into positive, such as changing "my thighs are huge" into "my thighs are strong and allow me to enjoy dancing" (Tylka & Augustus-Horvath, 2011, p. 199). In order to eat to honor the body, one must respect and appreciate her body rather than abusing it or feeling shameful towards it. By identifying and coping with emotions, a woman can challenge the content of her irrational beliefs and replace them with rational ones (Tylka & Augustus-Horvath, 2011).

## CONCLUSIONS

Female self-objectification is something most women experience at some point in life because society sends many such messages in many ways, offering an idealized version of the perfectly shaped woman that is, for most, unattainable or inadvisable to seek. Preventing and treating self-objectification in girls and women will lead to increased societal rewards and social powers (Breines, Crocker and Garcia, 2008). The paper offers explanations for how and why female self-objectification occurs and what can do to counter its negative consequences in our society.

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