



Dis/Embodied Voices: What Late-Adolescent Girls Can Teach Us About Objectification and Sexuality

Celeste Hirschman, Emily A. Impett, Deborah Schooler

Abstract: This mixed-method study explored the relationship between self-objectification and sexuality in a small sample of late-adolescent girls. Based on their responses to a survey measure of body objectification, the authors chose six 12th-grade girls' semistructured interviews from a larger pool of interviews to examine what girls who scored low on the measure (less self-objectified) and girls who scored high on the measure (more self-objectified) said about their sexuality. Using thematic analysis, the authors identified themes such as communication of sexual desires and boundaries. This study found that less self-objectified girls expressed positive attitudes about sexuality, evidenced more comfort talking about sexuality, and engaged in sexual experimentation, whereas more self-objectified girls were less comfortable talking about sex and expressed regret at having had sex. Teaching embodied practices that disrupt girls' self-objectification and promote positive body image may help girls experience greater sexual health, agency, sexual satisfaction, and partner communication.

Key words: sexual development; body objectification; embodiment; high-risk sexual behavior; sexual communication

Erica, a 12th-grade girl from a midsize New England public school, has this to say about her friends' encounters with casual sex:

It's like seeing a piece of cheesecake, you know, you're like, "Oh, I want it," and then after you have a piece you're like, "Well, I didn't really want that," you know, calories or whatever. I don't know . . . it's like once you have it, you don't want it anymore.

In this passage, Erica narrated an ambivalence common among adolescent girls who learn to silence their hungers for sexuality just as they silence their hungers for food (Tolman & Debold, 1993). Growing up in a culture that sexually objectifies women, many girls learn that giving in to embodied desires is unfeminine, unattractive, and unacceptable (Tolman, 2002). This article explores the different ways in which girls recognize or ignore, approach or avoid, and silence or communicate

their own embodied sexual experiences within the context of an objectifying culture.

For more than half a decade, feminist theorists have argued that girls and women are sexually objectified in Western cultures (Bartky, 1990; de Beauvoir, 1961). *Sexual objectification* involves being treated as a body or collection of body parts to be evaluated, possessed, or consumed by others (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996). Empirical research (see reviews by Fredrickson & Roberts; Ward, 2002) has shown that women are sexually objectified more often than men in such visual mass-media outlets as mainstream films, advertisements, television programming, and music videos. For example, on prime-time television programs, sexual comments are made more frequently about women's than men's bodies or body parts (Grauerholz & King, 1997); in music videos, women are most often the

Address correspondence concerning this article to Celeste Hirschman, Center for Research on Gender and Sexuality, San Francisco State University, 2017 Mission Street, Suite 300, San Francisco, CA 94110. E-mail: celeste@celesteanddanielle.com; Emily A. Impett, Center for Research on Gender and Sexuality, San Francisco State University, 2017 Mission Street, Suite 300, San Francisco, CA 94110. E-mail: eimpett@sfsu.edu; Deborah Schooler, Center for Research on Gender and Sexuality, San Francisco State University, 2017 Mission Street, Suite 300, San Francisco, CA 94110. E-mail: dschooler@gmail.com

recipients of sexual advances (Sommers-Flanagan, Sommers-Flanagan, & Davis, 1993); and women are presented as sexual objects more frequently in television commercials than are men (Lin, 1998). In contrast to the growing body of research (see review by Fredrickson & Roberts) that focuses on the potentially negative effects of objectification on girls' and women's body image (e.g., disordered eating) and mental health (e.g., depression), less research has examined how objectification is linked with female sexuality. This omission is surprising, given that the objectification of girls and women is sexual in nature (Fredrickson & Roberts; McKinley & Hyde). Indeed, as Fredrickson, Roberts, Noll, Quinn, and Twenge (1998) pointed out, "When objectified, individuals are treated as sexualized bodies and, in particular, as *bodies that exist for the use and pleasure of others* [italics added]" (p. 269). Believing that the second clause in this definition is too often ignored in research, we explored it in greater depth and propose the concept of *embodiment* as a healthy alternative to objectification. Embodiment involves experiencing one's body holistically from an internal perspective, having an awareness of bodily sensations, and controlling who interacts with one's body and in what ways.

Objectification Theory

Objectification theory (Fredrickson & Roberts, 1997) attempts to understand the consequences of being female in a society that sexually objectifies the female body. Of central importance to the theory is the idea that girls and women are socialized to treat themselves as objects to be viewed and evaluated by others. As numerous feminist theorists such as de Beauvoir (1961) have articulated, women become targets of the *male gaze* (Berger, 1972), whereby they are viewed as sexual objects instead of as active individuals. Over time, women internalize this observer's perspective on the self, a phenomenon referred to as *self-objectification* (Fredrickson & Roberts). Self-objectification can lead to a form of self-consciousness characterized by habitual monitoring of the body's outward appearance (as opposed to its health or feelings). Although girls' behaviors, activities, social contacts, and bodily movements may be monitored for gender appropriateness from birth, many girls experience a steep increase in sexual objectification at puberty (Brown & Gilligan, 1992). During puberty, girls realize that others evaluate them as bodies or body parts, not as whole beings. Research with adolescent girls has shown that girls' changing bodies are increasingly looked at, commented on, and evaluated by others; targeted for sexual advances, harassment, and abuse; and guarded and subject to restriction

by parents and teachers (Fredrickson & Roberts; McKinley & Hyde, 1996). In short, with the onset of puberty, girls become more fully initiated into the culture of sexual objectification.

Fredrickson and Roberts (1997) have proposed that the constant monitoring of one's appearance has a number of negative behavioral and experiential consequences for girls and women. In particular, internalizing an observer's perspective on the self can lead to increased levels of body shame and appearance anxiety, in large part because it is nearly impossible for women to match current ideal images of beauty. Furthermore, habitual monitoring of one's outward appearance may reduce the ability to attend to internal body experiences, thereby resulting in a diminished awareness of internal body states. Both of these effects—increased body shame and decreased body awareness—can lead to patterns of disordered eating (Fredrickson & Roberts).

In addition to associations with body shame, body awareness, and disordered eating, research has also explored the associations between self-objectification and more general measures of mental health, such as self-esteem and depression. Two studies (Muelenkamp & Saris-Baglama, 2002; Tiggemann & Kuring, 2004) of undergraduate women found that body objectification correlated with heightened depressive symptoms, and body awareness was an important mediator of this association. Strong associations between body objectification and levels of both self-esteem and depression have also been documented in a sample of early-adolescent girls (Tolman, Impett, Tracy, & Michael, 2006). Other research has shown that body image is correlated with global self-esteem for both adolescent boys and girls (e.g., DuBois, Tevendale, Burk-Braxton, Swenson, & Hardesty, 2000), and body image has also been associated with depression among female adolescents (e.g., Stice, Hayward, Cameron, Killen, & Taylor, 2000).

Despite the sexual nature of objectification, considerably less research has examined links between self-objectification and sexuality. The process of constantly surveilling one's own body from another's perspective may have important implications for women's sexuality. A girl or woman who has a diminished awareness of her own internal bodily feelings may find it difficult to assert (or even know) her own desires and instead may act based on her partner's interests and desires (Tolman, 2002). Acting on her partner's desires could make her more vulnerable to taking part in behaviors for which she is not ready or that she may not enjoy, and she may be less likely to assert or protect herself. Indeed, in research with college women (Dove & Wiederman, 2000; Wiederman, 2000),

body image self-consciousness (i.e., a heightened concern about how one's body looks to a partner during sex) was associated with poorer sexual self-esteem and sexual assertiveness. Research has also shown an association between body objectification and overall levels of sexual experience and sexual health. Two studies—one with college women (Schooler, Ward, Merriwether, & Caruthers, 2005) and the other with high school seniors (Impett, Schooler, & Tolman, 2006)—showed that body image self-consciousness or objectification was associated with less sexual experience but also with less frequent use of condoms and contraception. Thus, girls and women who objectify their own bodies may not act in accordance with or even be aware of their own sexual desires and, as a result, may either avoid sexual activity or engage in risky behaviors that pose a threat to their sexual health and well-being.

The Current Study

Previous research on self-objectification and sexuality has mainly focused on negative outcomes for girls' and women's sexuality, including self-consciousness during sex (Wiederman, 2000) and sexual risk taking (Impett et al., 2006; Schooler et al., 2005). Research that focuses instead on the positive aspects of female sexuality has the potential to expand our understanding of the variety of ways that internalizing society's body ideals might affect a broad array of sexual experiences. For example, how does self-objectification relate to other aspects of women's sexual experiences such as sexual desire, pleasure, and agency? Qualitative methods, approaches to collecting data that focus on the attitudes, experiences, beliefs, and knowledge of an individual or a group, can afford an important step in expanding the scope of the literature on female sexuality because they allow new and unexpected themes to emerge from the data (Tolman, Hirschman, & Impett, 2005). Furthermore, examining what girls who are either more or less self-objectified say about such topics as sexual experiences, communication, and protection requires that researchers listen to girls' voices and respect them as (sexual) subjects.

Method

Participants and Procedure

The data for this mixed-method study came from a larger parent study of adolescent girls and boys that included both survey and interview data. Research involving mixed methodologies will often use quantitative data to distinguish and compare qualitative data (Tashakkori & Teddlie, 1998). The entire 12th grade in a northeastern

United States urban school district was recruited as part of a longitudinal study of adolescent sexual health (collaboration with administrators and teachers produced 93% compliance for the district; see Tolman & Porche, 2000). A total of 116 girls ages 16 to 19 ($M = 17.3$) participated in this panel of data collection. The sample was ethnically diverse: 59.5% White, 27.6% Latina, 6.9% multiethnic, 2.6% African American, and 1.7% Asian or Pacific Islander; 1.7% did not provide a description of their ethnicity. The sample was also diverse in terms of socioeconomic status, with 23% reporting that their mothers did not finish high school, 30% reporting that their mothers finished high school, and 47% reporting their mothers' education as college or better. Maternal education has been shown to be an adequate general index of socioeconomic status (Entwisle & Astone, 1994).

In addition to providing survey data, a subset of the 12th-grade girls ($n = 25$) participated in individual, semistructured 1- to 2-hour interviews conducted by female project staff. The interviews took place in a private room and were taped, transcribed, and verified. Participants supplied a pseudonym to be used throughout the interview. The interviewers asked questions based on a protocol and also asked on-the-spot follow-up questions. Questions focused on relationships with friends and family, dating relationships, sexuality, and intimacy (e.g., "How do people start dating at this school?" and "What about physical stuff, like holding hands or kissing—who typically makes the first move?"). Although no protocol questions directly assessed body objectification, some interviewers asked follow-up questions having to do with girls' bodily sensations and how the girls felt about their bodies.

Body Objectification Measure

Individual differences are evident in the extent to which girls and women self-objectify. In the past decade, several survey measures have been developed to assess individual differences in self-objectification. For the current study, we used the 10-item Objectified Relationship with Body (ORB) subscale of the Adolescent Femininity Ideology Scale (Tolman & Porche, 2000). Similar to other measures of objectification (McKinley & Hyde, 1996; Noll & Fredrickson, 1998), the ORB includes items pertaining to body surveillance, internalization of cultural standards of thinness, and the value of appearance versus the value of health. This measure was specifically designed for use with adolescent samples. Girls responded to such statements as "I am more concerned about how my body looks than how my body feels" and "I think a girl has to be thin to feel beautiful" using a scale of 1 (*strongly disagree*) to

6 (*strongly agree*). Several items were reverse-scored. A mean score was computed for each girl, with higher scores reflecting greater body objectification. The overall mean for the sample was 2.70 ($SD = 0.82$; range = 1.1 to 5.5). Cronbach's alpha for the measure was .81.

Data Analyses

Based on responses to the body objectification measure, we chose six 12th-grade girls' semistructured interview transcripts for analysis. Across the entire sample, Latina girls had higher body objectification scores ($M = 3.13$) than White girls ($M = 2.57$), $t(101) = 3.27$, $p < .01$. The three highest scores were obtained by Latina girls, and, unfortunately, the White girls with high objectification scores did not participate in the interview. Because we felt it would be inappropriate to compare high-scoring Latina girls with low-scoring White girls, we chose to focus this research on the similarities and differences among low-scoring and above-average-scoring girls. We chose the two lowest-scoring White girls and the one lowest-scoring Latina girl and compared them with the two highest-scoring White girls and a Latina girl with a similarly high score. The two lowest-scoring White girls were Kerri (age 17, ORB = 1.7) and Shelley (age 18, ORB = 1.9). The lowest-scoring Latina girl was Shorty (age 18, ORB = 2.3). The two highest-scoring White girls were Janet (age 17, ORB = 3.3) and Blondi (age 17, ORB = 3.0). The Latina girl with the closest score was Carla (age 16, ORB = 4.0). We will refer to the low-scoring girls as *less self-objectified* and the high-scoring girls as *more self-objectified*.

We used thematic analysis (Ryan & Bernard, 2000; Smith, 1992) to explore what the less self-objectified and more self-objectified girls said about their sexuality, identifying related parts of each of the interviews and organizing them into themes (Taylor & Bogdan, 1984). Two of the authors independently read through each of the six interview transcripts and identified themes about girls' sexuality and sexuality development that recurred across interviews. We discussed each theme, combining themes that overlapped. Once we identified an agreed-upon set of themes, the same two authors read the interview transcripts and coded for the presence of each of the themes. The two authors then discussed all coded portions of the transcripts until any discrepancies were resolved. Once agreement was reached, the first author compiled the coded material and wrote initial findings for each of the themes. As is often the case in qualitative research, the themes were revised based on the relevant data (Ryan & Bernard). For example, the main forms of communication about sexuality involved talking about sexual desires and boundaries; furthermore, sometimes

these conversations were with a partner but they also took place with friends. In response, we changed the theme "communication with partner(s)" to "communication of sexual desires and boundaries." The final set of themes consisted of (a) sexual attitudes and experimentation, (b) communication of sexual desires and boundaries, (c) attitudes toward protection, and (d) family communication and messages about sexuality.

Results

Results are organized moving from a more individual to a more social perspective. We begin with themes that are directly associated with individual sexuality, including behaviors, cognitions, and emotions, and then move to relational aspects, including interactions with partners and parents. We begin each section with the results from the more self-objectified girls, followed by a focus on those of the less self-objectified girls.

Sexual Attitudes and Experimentation

The more self-objectified girls described their sexual experiences with regret, concern, or vagueness and rarely described experiences of sexual pleasure or subjectivity. Janet's description of her first experience of intercourse with her boyfriend (with whom she lost her virginity) is told with a marked lack of detail: "Just one day he was like, 'Hey,' you know? So I was like, 'All right, I guess.'" Throughout the interview, Janet gives no substantive description of her own sexual feelings. Blondi's discussion of first sex with her boyfriend focuses not on her desire but on her ambivalent feelings about the appropriateness of having sex with her boyfriend at that stage: "It seemed like everything went so fast, like, we should have waited, and, like, I don't know. I think if we waited, we might still be together, and, like, it's like, wait and see what happened." Blondi also conveyed some embarrassment about being drunk during all of the sexual experiences she described in the interview, from kissing to intercourse. At one point she said, self-consciously, "It sounds like I drink all the time. I really don't." For Carla, a sense of safety and security distinguished whether she felt good or bad about her sexual experiences. She said that if she did not feel "safe and secure" with her partner, she felt "really bad, and . . . um, dirtied and, like, emotionally destroyed, basically."

Whereas the more self-objectified girls were vague or remorseful, the less self-objectified girls unequivocally described experiences in which they felt sexual desire and sexual pleasure. Kerri described sexual experiences that felt good and said that she was feeling more comfortable asking for what she wanted sexually as she got older. She also said that her sexual pleasure depended on whether her

partner was concerned primarily about his own pleasure or also tried to “take care of [her] as well.” Kerri described her own experiences of sexual intercourse as “sometimes it’s good, and sometimes it’s not. It depends.” Like Kerri, Shelley acknowledged that she and other girls could and did experience sexual desire even if they did not want to admit it. For instance, when the interviewer asked her what turned her on, Shelley replied, “My boyfriend’s really muscular. That turns me on. He works out. Because he works in construction, he’s always fit.” When asked whether she thought boys just wanted sex whereas girls just wanted relationships, she disagreed with the stereotype, saying, “I think girls say that they want relationships so they don’t have to say they want sex.” Shorty described feelings of desire and anticipation to hug and kiss her boyfriend when she was on her way to see him, especially when they had been apart for long periods of time. When asked what her body felt like when she experienced sexual desire, she said,

Um. My stomach starts to, like, not hurt but [feel] really funny. I just—like, I just think about him. . . . Like—you know when you get a chill and you just go like (makes motion). It’s kind of like a mild version of that.

Later, she added that she “kind of get[s] the same feeling but, like, times 10” when she and her boyfriend touch each other. Each of these girls voiced experiences of desire or pleasure, and, on occasion, they were able to describe the antecedents of pleasure or the steps that they or other girls take in the service of their pleasure.

The less self-objectified girls talked about sex as a normal, natural part of their lives and evidenced a comfort with sexual experimentation that did not emerge in the interviews with more self-objectified girls. Kerri said that she had been sexually active since age 13 and implied that she had a lot of sexual experience. When asked how she discovered her sexual likes and dislikes, she replied, “By trying everything.” She also identified as bisexual and said that sex is better with girls because “they know what they’re doing a little better” and because “they’re familiar with the area.” Shelley said, seemingly without embarrassment or shame, that she and her group of friends all tried experimenting sexually with each other. She said, “It was weird, but after that we were, like, whatever. And we went our own separate ways. It was still fun, though.” Shelley also talked about having a variety of sexual experiences with her boyfriend. When asked what she had tried sexually with her boyfriend, she said “everything,” because they had been seeing each other for so long. In contrast to Kerri and Shelley, Shorty did not describe any sexual experimentation, although she did say that it was

OK for girls to do “whatever they feel comfortable with” sexually.

Although differences were apparent between the more and less self-objectified girls in their attitudes toward and experimentation with sexuality, both groups of girls had difficulty or expressed discomfort describing their feelings and desires about sexual experiences, or chose to keep their sexual experiences private. Carla had difficulty articulating her sexual feelings. When asked about her most pleasurable sexual experience, she said: “I don’t know, everything! I wouldn’t know how to explain things like that. I wouldn’t.” When asked if she could talk about a time when she had sexual feelings in her body or felt turned on, Janet said, “I can’t think of anything. . . . Yeah, I just can’t think of anything off the top of my head. Like, I don’t think of a story out of the top of my head.”

Blondi had a hard time describing her sexual feelings and seemed to feel comfortable or able to discuss them only in an indirect manner. For instance, when the interviewer asked her how she knew she was experiencing sexual desire for someone, she said, “Well, like when we first started going out, like even when I see him coming down the hall, like I’ll be walking with my friends, I’ll be like, ‘Oh, there he is!’ Like, I don’t know.” Here her sexual feeling was expressed indirectly in the exclamation “Oh, there he is!” However, when the interviewer asked for more detail, Blondi closed down, resorting to a refrain of “I don’t know” and indicating to the interviewer that she perhaps did not want to continue with this line of questioning: “Um, I don’t know. Like we’ll be sitting there, laying together, and . . . I don’t know, stuff just, like, happens, and I don’t know. I don’t really want to . . . like, I know, but . . .”

Of the less self-objectified girls, Kerri refused to describe the kinds of sexual experiences she enjoyed, saying, “No. I don’t want to describe that.” She said that she had had “lots” of sexual experiences with boys that have been pleasurable. However, when asked if any experiences came to mind, she replied, “Some’s good and some’s bad. It all depends.” Shelley also avoided directly answering questions about embodied desire. When the interviewer asked, “Do you know what your body does? Have you noticed things?” Shelley replied, “Not really. You know, whatever happens, happens.” Shorty admitted that she occasionally had a desire to tell her friends about her sexual experiences, but she chose to not share her experiences in order to keep sex “just between me and him.” When referring to potential conversations with her friends about sexuality, Shorty said clearly and assertively, “I just tell them, ‘That’s none of your business.’” All of these girls, even those who stated clearly that they experienced

desire and pleasure, resisted discussing their desire with their friends or with the interviewers.

Communication of Sexual Desires and Boundaries

The more self-objectified girls expressed trouble communicating with their partners in general, and when it came to discussing sexuality in particular, they were much better at communicating their sexual boundaries than their desires. Carla was not as comfortable with expressing her sexual needs as she was in setting sexual limits. For instance, she reported telling her boyfriend when she does not want to have sex or engage in particular sexual behaviors. She explained confidently, "I just tell him, seriously. I just go up to him and I tell him. And he better be OK with it. That's all I tell him: 'You better be OK with it.'" When asked if she ever discussed what she did like with her boyfriend, she laughed and said that she let "him figure it out." She added that she gave him positive feedback if he did something she liked but that she did not make any suggestions about what he could do to give her more pleasure. She indicated that their communication had gotten better over time, saying, "Yeah, we talk way more about it. And if he feels like I need to do something to him, he will tell me, and if I feel he has to do something, I will definitely tell him." However, when the interviewer asked if they talked about how they liked their bodies to be touched, Carla laughed and said, "I don't really talk to him about that."

Although Janet said that her boyfriend was her best friend and she could talk to him about anything, she did not talk directly with her boyfriend about sexual matters, such as how far they each wanted to go sexually. In regard to sexual communication, Janet said, "It's hard to talk about that stuff face to face." Instead, she and her boyfriend figured out a way to circumvent direct communication—they discussed their sexual decisions with their mutual friends, who all know each other, and then eventually news got back to each of them via the friends' grapevine about what the other was thinking:

Yeah, I've talked to his friend a little bit about [how far to go sexually], and his friend tells me, like, everything he says. He talks to my friend Christine. . . . Christine and Andrew talk, so everything goes back and forth between all of us. So, it's pretty much him and me talking, but it goes to them two instead.

Janet said that she and her boyfriend did not talk about what did and did not feel good sexually. She believed that if she brought up this issue, her boyfriend would laugh as if it were a joke and then he would avoid the question completely. She said, "That's, like, the kind of stuff that

he doesn't like talking about." When asked how they decided to have sex, Janet said, "Usually he'll say something. He'll ask, 'Do you want to or do you not want to?'" Janet talked about how she responded when she did not want it: "You know, sometimes I won't want to and I will be like, 'No.'" Although Janet did not communicate about her own desires, she was usually able to set boundaries when there was something that she did not want to do. She said she was easily able to tell her boyfriend when she did not want sex and said that she had never done anything sexually that she did not want to do.

Blondi communicated face to face with her boyfriend about sex, but her explanation of their conversation during her first experience of intercourse seemed very round-about:

Yeah, I don't know. 'Cause he—'cause I don't know, it was just, we were laying there, and then, he's like—he asked me—I don't know if he asked me what I was thinking or something. And then I was like, "Well, what are you thinking?" He's like, "You know what I'm thinking about," or whatever. And then I'm like, "Oh God." And then he's like, he's like, "But we don't have to if you don't want to." He's like, "We can wait." And, like, he wasn't pushy at all. Like, like if I said no, he'd be like, "OK."

Blondi never talked about how she consented to engage in sex, but she did iterate that her boundaries would have been respected if she had said no to having sex. She also indicated that she continued to set sexual boundaries if she was not interested in being sexual, saying,

I'm just, like, "No. Get away from me." 'Cause I don't have a problem telling boys that. It's just, like, "Just get away from me." It's like, "I don't like you like that." Like, I don't have a problem telling boys that, so.

The less self-objectified girls expressed comfort communicating both sexual desires and boundaries. Kerri noted that other girls are often embarrassed to communicate their sexual desires but said that she had "no shame" and is "a very straightforward person." Kerri said that when she was younger, she used to do things that she did not want to do sexually; she talked about a history of abuse from a boyfriend that included sexual abuse. However, after leaving her abusive boyfriend, she gained the confidence and the opportunity to express both what she wants and what she does not want sexually. She said that she was able to communicate her sexual desires to her current boyfriend, indicating that "communication definitely makes a difference in any kind of relationship, don't you think?" Shelley also talked with her partner about both desires and boundaries. She said that she and

her boyfriend both talked about when they were in the mood for sex and respected each other's decisions about their desires: "I want to have sex, we have sex. I don't want to have sex, we don't have sex. So, if he doesn't want to have sex, we don't have sex." Shelley communicated her readiness for each new level of sexual intimacy and identified herself as the initiator in relationships. She claimed that she always told her partners "what I want to do" because it "makes it easier in a relationship." Shelley also said that she set boundaries and had never done anything sexually that she did not feel ready for or did not want to do: "I always tell them, 'No, I don't want to do this. Go away.'"

Shorty's sexual relationship with her boyfriend was based on open communication starting with the first kiss: "We said—if—obviously things were going to change after we kissed. Get closer, you know? So, we talked about that, and he asked me if I was fine with it. And I said, 'Yeah.'" When asked how they decided they were ready for sex, Shorty said:

I don't know how it came up. It was just in the conversation. It was, like, well—it was, like—"Well, do you think we'd be ready to do it?" . . . We talked about if—if we would do it and then, like, what would happen—what would happen if I got pregnant. And so if we wanted it, we would just have to be real careful about it and watch out for that. . . . It wasn't like we just talked about it once. It was just, like, you know, a long time.

Shorty said that she and her boyfriend talked openly about what they liked and what they did not like sexually: "Yeah. That is one thing we talk about." She valued their open communication, indicating that "I don't wanna be doing something and have him not like it. Or he doesn't wanna be doing something and have me not like it. So, he'll tell me and I'll tell him." Shorty answered "Yeah" when asked if she was comfortable talking about things that she liked to do sexually but did not give any examples of telling her boyfriend what she enjoyed.

Attitudes Toward Protection

Both the more and less self-objectified girls described using protection during most of their sexual interactions. When the more self-objectified girls talked about using protection, they described hiding their sexual experiences and use of protection from their parents and did not describe open conversations with their sexual partners about the use of protection during sexual intercourse. Janet said that she used "spermicide condoms" but planned on getting "put on the Pill" at 18, "just because it's easier. Now, like, my mom doesn't have to know about it.

I can just go to my insurance company and just have them pay for it [with] my own insurance."

The girls seemed concerned about pregnancy, and one was in the middle of a pregnancy scare at the time of the interview. When asked if she and her boyfriend ever talked about birth control, Blondi launched into a story about currently being in the middle of a pregnancy scare, having just had a condom break when she and her boyfriend had sex while drinking:

OK, we had sex one night. We were—we were both drunk. . . . We were at my friend Nicole's house, and he told me he didn't have a condom or whatever. I was like—and my friend's sister's older. So I asked her for one. . . . And then we go back to his house, whatever, and we had sex and then the condom broke.

She did not realize what had happened until she found pieces of the condom inside of her the next week. She went to the clinic and had a negative pregnancy test; however, at the time of the interview, she still had not gotten her period.

Carla was emphatic about having safe sex, saying that she got checked for sexual diseases every year and used condoms consistently. Although Carla had never had a pregnancy scare, she seemed to have a pronounced fear of pregnancy. This fear may have stemmed both from witnessing a friend's pregnancy scare and from the anticipated responses of her parents and partner:

My friend, oh my God, she went all crazy. She's like, "I need to take a test, I need to take a test—I need, I need to go to the doctor!" Like, it's difficult for a girl, 'cause your family would definitely be upset with you. You don't know if they are going to kick you out of the house. . . . You don't know if your boyfriend is going to stay with you or whatever . . . it's really hard for a girl to know, or maybe think that she is pregnant, 'cause there's a million things going through her head. There is a million "Oh my God! What am I going to do? Should I have an abortion?"

The less self-objectified girls also expressed concerns about pregnancy, but they also said that they discussed protection with family members and partners. Kerri communicated assertively with her partners about the importance of using condoms:

Like, if [guys]—if they say no, I'll be like—you know—I'll tell them what's up . . . I'll ask them. I'll be like, "Do you want to have a kid?" (laughs) Are you ready to pay for that? I don't think so.

Shelley talked to her mother about going on the Pill, and, as noted above, Shorty said that she and her boyfriend

had many conversations about sex and pregnancy before having intercourse.

Family Communication and Messages About Sexuality

The more self-objectified girls had very little direct communication with their parents about sexuality. Janet described her family communication dynamic around dating and sex as “don’t ask, don’t want to know.” She went to great lengths to keep her sexual relationship with her boyfriend a secret and did not talk to her parents about birth control. Blondi said that she did not talk about sex with her mother even though she felt that she could if there were a problem: “I don’t really, like, talk about my, like, talk about sex with my mom or anything. But, like, I know I could, but I don’t know, I just don’t. Like, she doesn’t know I’ve had sex before.” She did have a sense that her mother “doesn’t see anything wrong with it, I guess.” Blondi said that she did not talk to her father about sex because “that’d be weird” and because he lives in Florida. Carla talked about arguing with her mother over her relationships with boys and keeping quiet about her current relationship with her boyfriend, saying, “I just don’t let them know and keep it to myself.”

In the absence of overt conversations about sexuality, two of the more self-objectified girls seemed to fear that their families would be upset if faced with their daughters’ sexuality. Although Janet never talked directly about messages she received from her family regarding sex, Janet’s behavior indicated that she believed her family would be disappointed in her decision to become sexually active. She said she was going to wait until she was 18 and could use her insurance through her job to get on the Pill to avoid having her mother know that she was sexually active. Janet expressed particular concern about making sure that she did not use the same doctor as her parents. Carla said that her parents did not talk to her about their feelings about her being sexual. However, she indicated that she received strong, indirect messages via her parents’ strict curfew enforcement and rules about dating. She said her parents think “you have to be in the house at this time or I will think you were doing something bad.” When asked what “bad” would be, Carla said, “Um . . . having sex, probably.” At the time of the interview, she indicated that her mother had become more tolerant but that the rest of her family remained extremely judgmental:

It’s not to the point that my mom will not listen to me. And most of my family wouldn’t, but my mom will listen to me. And that’s what matters, you know. But, basically, if you go out with a guy and you come home late, oh, that’s big trouble. Big-time trouble.

She elaborated further, saying that they “would kill me (laughs) if they think that I was sexually active!” She thought her parents would react either with heartbreak or by “throw[ing] you out of the house and be like, ‘Who cares about you. You dishonored my family.’” Because of these potentially realistic fears, the more self-objectified girls avoided seeking support and guidance from their parents as well as talking to them about sex or following their advice, all of which are practices that the less self-objectified girls described frequently.

Blondi’s experience differed from that of the other more self-objectified girls. She conveyed the impression that her mother was fairly permissive about dating. She said that her mother was happy when Blondi started seeing her boyfriend and did not care when she started spending every day at his house. She reported that her mother’s only rule was that she be home by 10:30 p.m. Blondi suggested that her mother’s permissiveness may have indicated a lack of care when she said, “Like, she didn’t care that I wasn’t, like, home where she could see me, or, I don’t know. She didn’t care.” At the same time, Blondi seemed happy about her mother’s flexibility and tolerance, saying, “She’s cool with that too; she doesn’t care. So, she’s pretty cool.”

In contrast to the lack of communication that some of the more self-objectified girls experienced, the less self-objectified girls talked about having open communication with their parents, and this openness often extended to conversations about sexuality. These girls indicated that although their parents often recommended that they remain abstinent, they were still generally tolerant of their daughters’ decisions to be sexual and encouraged responsible sexual decision making. Shelley indicated that her mother suggested that she wait to have sex: “When I was growing up, Mom was always telling me, ‘Wait till you get married to have sex.’ You know. You always want to be in the same, like, sexual area as your partner.” At age 15, Shelley told her mom that she wanted to go on the Pill:

I told my mom when I thought I was ready to have sex. And she flipped out for about 2 days, and then I was like, “I want to get put on the Pill.” And she’s like, “OK, at least you’re being responsible.” She took me to the doctor’s. I got put on the Pill. I tell my mom everything.

Kerri also indicated that her mother was not judgmental or restrictive when it came to dealing with her sexuality. Kerri had gotten pregnant with an earlier boyfriend and had a miscarriage. She said of her mother’s response: “I lost a baby, like, last year. . . . I just told my mom, and she took care of it. Just—I don’t know. She’s been all through that, and she won’t overreact or anything.”

Even though they described their mothers as open to conversations about sexuality, the less self-objectified girls still reported some discomfort in discussing sexual issues with their parents. Although both of her parents tried to talk to her about sex, Shorty felt uncomfortable during these conversations. When asked if her mother had ever talked to her about sex, Shorty said, "She tried, but I ran away." When the interviewer asked her if there were any things she could not talk to her mother about, Shorty said, "I can't talk about . . . sex. That's a big thing (laughs). I can't do it! . . . It's just weird talking to your mom about sex." Kerri expressed a similar discomfort talking about sexuality with her dad. When asked if she could talk to her father about things related to her sexuality, she said, "Not really. That's something I—I kind of have to talk to my mom about, if I need to." Moreover, Kerri avoided talking to her parents about sex, saying she does not "really feel a need to share" information about her sex life with them.

Discussion and Policy Implications

To summarize, the three girls with higher objectification scores expressed difficulties being open and honest with their parents and received few messages about sexuality. Their stories of sexual experience focused on regret, worries about safety, and fear of feeling dirty. Their narratives showed little evidence of sexual experimentation, and the girls felt more comfortable communicating sexual boundaries than sexual desires. The three girls who had lower objectification scores described a relationship with at least one of their parents marked by open communication, although, like the girls with higher scores, they still experienced some discomfort when talking to their parents about sexuality. They expressed positive attitudes about sexuality, seemed comfortable talking about sexuality with partners, and engaged in sexual experimentation. They felt comfortable communicating both sexual desires and sexual boundaries. They talked about protection from pregnancy and sexually transmitted infections (STIs) in an open way that conveyed a sense of awareness and proficiency. The two groups of girls also had quite a few similarities, including the fact that all of them used protection regularly and had difficulty talking specifically about their embodied experiences of desire.

Although we cannot draw causal conclusions from this cross-sectional study, our research findings do suggest several reasons why helping girls feel less self-objectified may promote healthy sexuality development. First, experiencing one's body holistically from an internal perspective and having an awareness of bodily sensations may enable girls to be in touch with positive sensations and

feelings about their bodies and engage in healthy sexual interactions. Second, feeling comfortable communicating with parents and partners may lead to more self-protective behaviors, including working to prevent STIs and pregnancy and setting boundaries for sexual interactions.

The reverse causal path, however, is also possible: Having positive sexual interactions characterized by feelings of safety and pleasure may help girls overcome the objectification by others and the self-objectification that is part of their daily lives. In short, the direction of causal relations remains to be determined, and it is possible that the relationship between objectification and sexuality eventually becomes reciprocal, whereby objectification influences girls' sexuality and particular experiences lead girls to evaluate, judge, and criticize their bodies even more. Longitudinal research would be particularly helpful in exploring the complex and potentially directional associations between objectification and aspects of adolescent girls' sexuality.

A third conceptual model posits that a history of trauma or social disempowerment may explain the differences found between more and less self-objectified girls and may affect both sexual experiences and experiences of objectification. Policymakers should attend to the ways that sexuality development and objectification interact and should also consider other potential antecedents when aiming to address these intersections through educational programs that are already in place.

Strengths, Limitations, and Future Directions

This study begins to advance our understanding of the ways in which growing up in an objectifying society and internalizing an observer's perspective on the self coincide with various aspects of adolescent girls' sexuality. As such, our results support a growing body of research (Frederickson & Roberts, 1997) documenting the harmful effects of self-objectification for girls and women. This study also extends previous research on objectification theory in several important ways. First, whereas previous research has focused on understanding the links between body objectification and girls' satisfaction with their bodies, this study concentrated specifically on girls' sexuality. Second, previous research on objectification and sexuality (e.g., Schooler et al., 2005; Wiederman, 2000) has focused primarily on negative outcomes for women's sexuality, including self-consciousness during sex and sexual risk taking, thereby limiting our understanding of how internalizing society's body ideals is associated with a broad array of sexual experiences. Third, this study is the first to take a qualitative and specifically phenomenological approach to this topic, enabling us to identify salient

aspects of girls' sexualities that pertain to objectification. For example, while the quantitative data enabled us to identify girls who were less or more self-objectified, the qualitative data revealed some of the ways that these differing scores were borne out in the girls' daily lives. For example, the more self-objectified girls were comfortable with setting boundaries but had difficulty communicating their own desires, whereas the less self-objectified girls could express both their boundaries and their desires.

An important strength of this research is the identification of themes that represent positive aspects of adolescent girls' sexuality (Diamond, 2006; Russell, 2005). The development of healthy sexuality during adolescence is a critical developmental task (Tolman, 2002). However, because much of the research on adolescent sexuality is organized around diminishing risks and negative outcomes (Ehrhardt, 1996), we know very little about the positive dimensions of adolescents' sexual experiences, particularly those of adolescent girls. Sexual agency and desire, assumed to be inherent in adolescent male sexuality, are glaringly absent from conceptualization of adolescent girls' sexuality (e.g., Fine, 1988; Holland, Ramazanoglu, Sharpe, & Thomson, 1998). In this study, we found that less self-objectified girls talked about their sexuality as normal and natural, engaged in experimentation, and were able to express both boundaries and desires, all of which may contribute to greater sexual satisfaction for girls and women.

Several limitations of this research deserve comment. First, this analysis was based on a small sample. While focusing on only 6 girls enabled us to describe and interpret their sexual and relational experiences with detail and complexity, future research should extend to a larger sample, preferably one that could account for ethnic differences. Second, the lower-scoring girls were slightly older, on average ($M =$ roughly 17.5 years), than the higher-scoring girls ($M =$ roughly 16.5 years). It may be that girls' relationship with objectification changes in the latter stages of adolescence and that this 1-year difference in age results in changes in older girls' understanding of themselves as subjects rather than objects.

Third, this research focused on the sexual experiences of White and Latina girls with low and above-average body objectification; however, in the sample as a whole, the highest-scoring girls were exclusively Latina. Future research should include larger and more diverse samples to specifically investigate the intersecting influences of objectification and culture. Fourth, an implicit assumption guiding this research was that growing up in an objectifying culture affects girls' sexual attitudes, experiences, and behaviors. However, it is possible that sexual messages

from their families or sexual experiences with partners influence the extent to which girls develop an objectified relationship with their own bodies. For example, in their day-to-day interactions at school and in the world, girls are often treated like objects; these experiences, girls' own responses to such experiences, and whether adults around them are expressing messages about sexuality as subjective and embodied or as objectified may all contribute to whether girls objectify themselves.

Policy Implications

In this study, we found that body objectification scores helped identify groups of girls who differed in their attitudes toward sexuality, their sexual communication with partners, and their ability to talk with any depth about their sexual experiences, even when they were pleasurable. If lower objectification is indeed related to girls' sexual health and well-being, then policies that aim to support girls in being more embodied may have positive implications for their sexuality development, and policies that promote positive sexuality development may in turn support girls in becoming less self-objectified. Accordingly, we recommend the following strategies, which may simultaneously meet both of these aims. Policies that combat objectification in health education and physical education and that promote the discussion of positive sexuality in sexuality education may support girls in experiencing greater levels of assertiveness, sexual satisfaction, and protection. We conclude the article by addressing the implications of the research findings for policy in these four specific areas.

Health education. Health classes in schools provide one educational environment where young people can learn about the dangers of objectification. Such classes afford an opportunity to focus nutritional lessons on maintaining fitness as opposed to thinness and to teach critical awareness about the diet industry and the ways in which girls and women are expected to control their bodies through food and exercise. Although sexuality education is sometimes given as a part of health classes, it is often taught as a separate unit that does not comment on the particular ways that body objectification (and body image) are connected to sexuality. As noted above, because the objectification of girls and women is most often sexual in nature, the desire to be sexually appealing may be a motivator for girls' development of eating disorders. This study speaks to the importance of drawing connections within health and sexuality education to ameliorate the effects of sexual objectification on girls.

Physical education. Sports and physical education provide an important opportunity for girls to explore their active bodies and develop an embodied sense of themselves. Unfortunately, the potential for girls to derive positive experiences of their body competence and ownership from participation in physical activities and sports remains marred not only by a lack of opportunity (partially due to school budget cuts) but also due to gender stereotypes and homophobia. In addition, pressures to gain and lose weight in particular sports (e.g., wrestling, gymnastics) and physical activities can actually promote body dissatisfaction and increase risk for eating disorders (Smolak, Murnen, & Ruble, 2000). Two recent studies have documented the potential beneficial effects of yoga on body objectification. Daubenmier (2005) found that women who practiced yoga reported lower self-objectification, greater body satisfaction, and fewer disordered eating attitudes than did women who practiced aerobics. Impett, Daubenmier, and Hirschman (2006) documented a reduction in adult women's body objectification over the course of a 2-month yoga immersion program, as well as greater awareness of bodily sensations with more frequent yoga practice. The inclusion of yoga and other noncompetitive, mindful, and embodied practices in physical and health education curricula may enable girls and young women to learn physically beneficial skills that they can practice throughout their lives. Potential benefits to boys, as well, may include more mindfulness and respect for themselves and others, possibly decreasing their objectification of girls. If, as indicated in this article, embodiment and sexuality development are connected, more embodied physical education practices may relate not only to positive body image but also to positive attitudes toward sexuality and enactment of health-enhancing behaviors.

Media literacy. The sexual objectification of women is widespread in North American culture and is certainly not confined to mass-media representations of girls and women. Nevertheless, the media provide a concentrated dose of objectifying images, and exposure to these images has been linked to adolescent body image and sexual attitudes and behavior (Collins et al., 2004; Groesz, Levine, & Murnen, 2002; Ward, 2002). Teaching youth to critically analyze and evaluate media messages provides educators with an opportunity to combat the sexual objectification of women in the media and, accordingly, could relate both to positive body image and to greater sexual health among adolescent girls. Indeed, Schooler, Kim, and Sorsoli (2006) suggested that by watching and discussing television with adolescents, adults may be able to disrupt some of the associations between media use and adolescent body

image and sexual behavior. Currently, some media literacy training is mandatory in most states' K-12 curriculum (Brown, 1998; Kubey & Baker, 1999); the current findings suggest that focusing media literacy trainings on the sexual objectification of women could be important for promoting the health and well-being of adolescent girls.

Sexuality education. In addition to including a media literacy program, sexuality education classes could address the ways that girls' bodies are objectified and sexualized in the media. Tying the issue of body objectification into a discussion of how girls make decisions about protecting themselves might help girls see that valuing themselves and their bodies could be a reason to self-protect, to be aware of and communicate their desires, and to feel entitled to healthy boundary setting. While abstinence-only education remains the only form of sexuality education funded by the federal government, some states, including California, have rejected these funds and continue to teach some form of comprehensive sexuality education. The girls in this study were not sexually abstinent, but all of them were knowledgeable about and consistent in their use of protection. These findings offer further empirical evidence that schools should teach comprehensive sexuality education, providing girls with the information they need to protect themselves from unwanted pregnancies and STIs, as well as to develop a sense of their own sexual health. Because the less self-objectified girls narrated positive experiences with sexual experimentation, it might be helpful to stress the idea of healthy curiosity in comprehensive sexuality education, opening up discussions of the ways that girls and boys experiment sexually and the ways that they can do so safely. Furthermore, the findings that the more self-objectified girls had difficulty communicating their sexual desires, and all of the girls had trouble talking about pleasure, suggest that comprehensive sexuality education might incorporate instruction on communicating both desires and boundaries, as well as introduce the idea of pleasure, in addition to the lessons that such curricula already teach young people about how to protect themselves from STIs and pregnancy. Because of the important link that this research identified between objectification and parental communication, it will be important to help parents understand the importance of open communication with their children around sexuality. Schools could offer education programs that help parents communicate their moral beliefs to their children without focusing on fear, blame, or shame.

Policymakers and researchers should continue to pay attention to the effects of objectification on the

lives and, particularly, the sexuality development of girls. They should research and recommend embodiment practices and lessons that combat objectification and that help young girls experience their sexuality development as a positive, normal part of their overall developmental trajectory. Further research and policy might also pay attention to the relational aspects of objectification, embodiment, and sexuality, including young girls' dating relationships and communication with parents.

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