

Body Image and Celebrity Worship

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ABSTRACT

We surveyed college students to determine the relationship between body image and celebrity admiration. We administered the Celebrity Attitude Scale (CAS), the Self-Objectification Questionnaire (SOQ), the Eating Attitudes Test (EAT), and a slightly modified version of the (ESS,) to 279 participants from three universities and one college. We hypothesized that, as the tendency to worship celebrities increased, so would self-objectification, enjoyment of sexualization, and eating pathology. We thought that this would be particularly true for women and those whose favorite celebrity was perceived as being physically attractive. Results confirmed that men (but not women) who tend to worship celebrities are more likely to show eating disorders and enjoy being sexualized. Our modified version of the ESS has good reliability, and we showed that men are just as likely to enjoy being sexualized as women are. Further, the correlation between ESS and EAT scores was stronger for men than for women. Implications for the further study of attitudes toward celebrities and the need to include males in research on enjoyment of being sexualized were discussed.

Keywords

Celebrity Attitudes, Celebrity Worship, Eating Attitudes, Self-Objectification, Sexualization

Body image and celebrity worship

There is a growing body of research on persons who are enthralled with celebrities—persons who have been termed “celebrity worshippers.” Celebrity worshippers are similar to devoutly religious worshippers in that their favorites are highly revered, and their shortcomings and inconsistencies are ignored or “explained away.” Furthermore, celebrities with large

fan bases sometimes hold conventions or other social gatherings that have ritualistic, worshipful, almost church-like qualities (Maltby *et al.* 2002).

The research on celebrity worship was facilitated by development of the *Celebrity Attitude Scale* (CAS) which has been shown to have strong reliability (Griffith *et al.* 2013) and validity (Maltby *et al.* 2003), across several studies (see McCutcheon *et al.* 2004, for a review). For the purpose of the present study we are defining a celebrity worshipper as one who scores “high” on the CAS. More than two dozen studies using the CAS have appeared in print, and we now know that celebrity worshipers tend to have several maladaptive qualities, including depression, anxiety, and neuroticism (Maltby *et al.* 2003; Maltby *et al.* 2001). However, there has been little research to date on the relationship between celebrity worship and attitudes toward one’s body.

Media consumption has been consistently associated with body dissatisfaction and eating disorders (see Spettigue and Henderson 2004 for a review). Similarly, celebrity worship might relate to attitudes about one’s body. The popular media often encourage people to objectify celebrities, with women being common targets of objectification (Fredrickson and Roberts 1997). That is, viewers tend to value celebrities largely based on their physical attributes (e.g., beauty, thinness) rather than their knowledge or unobservable features. The most commonly valued celebrities achieve their fame from music and acting (McCutcheon *et al.*, 2004), professions in which bodies are frequently objectified and the standards of beauty are extremely high and narrow in scope.

Self-objectification occurs when people get so accustomed to media objectification that they start to objectify themselves (Fredrickson *et al.* 1998). They begin to evaluate their bodies as if through the eyes of an observer. Self-objectification is associated with body shame and dissatisfaction (Noll and Fredrickson 2006), high appearance monitoring, and eating pathology (Greenleaf and McGreer 2006). People who engage in celebrity worship may idealize the bodies of their favorite celebrities, especially if the celebrity is primarily adored for his or her appearance. Objectification of the celebrity’s body may be associated with habitually objectifying one’s own body.

Self-objectification is related to the construct of sexualization. Sexualization occurs when people value themselves and others primarily based on their physical and sexual characteristics rather than other characteristics (APA, Task Force on the Sexualization of Girls 2007). In spite of evidence showing negative correlates of engagement in sexualization (Liss,

Erchull and Ramsey 2011), sexualization seems to be deeply embedded in American society. The media depicts a consistent parade of young, attractive people who are depicted as perpetually sexually ready (Gill 2003). One study showed a positive relationship between the amount of sexualizing media viewed and the extent to which women enjoyed displaying their bodies in tight t-shirts and revealing clothes (Nowatzki and Morry 2009). We expect that celebrity worship will be related to sexualization. That is, people who worship celebrities may value sexiness in themselves and others, especially if the adoration of the celebrity is largely based upon appearance.

Eating attitudes have been related to self-objectification and enjoyment of feeling sexualized. Presumably, people who self-objectify and enjoy feeling sexualized may feel the need to change their bodies to become closer to the ideal body-images that popular media holds in high esteem. Liss *et al.* (2011) showed that women who enjoy being sexualized by others and engage in self-objectification also report more negative eating attitudes (e.g., self-reported preoccupation with weight loss). If celebrity worship is associated with self-objectification and enjoyment of sexualization, it is also likely to be associated with eating attitudes. Celebrity worshippers might have a tendency to compare their bodies with celebrities. They may perceive themselves to be less attractive than their favorite celebrities. Finding dissatisfaction with their own bodies, they may be inclined to “fix” their bodies by trying to lose weight.

Evidence links the celebrity worshiper with self-objectification and enjoyment of sexualization. For example, women who accepted the possibility of getting cosmetic surgery scored higher on the CAS than those who rejected the idea of getting cosmetic surgery (Swami, Taylor and Carvalho 2009). In other words, those who worshiped celebrities were more likely to consider taking extreme measures to look more attractive, perhaps because of a mediating effect of self-objectification or enjoyment of sexualization. Maltby *et al.* (2005) studied the relationship between body image and the tendency to worship celebrities in a large sample of teens and adults. They found that “intense-personal” celebrity worship, a factor associated with neuroticism (Maltby *et al.* 2003), predicted having a poor body image in teenage girls. Poor body image is often associated with eating pathology and self objectification (Calogero, Tantleff-Dunn and Thompson 2011). Celebrity worshippers might compare their bodies with that of the celebrity and make efforts to correct what they consider to be unsatisfactory. However, the idealized celebrity sets a high, if not unattain-

able, standard for body fitness. Therefore, the celebrity worshipper may be unable to correct the problem and might continue in a cognitive loop of poor body image and preoccupation with body alteration.

Based on our review of the literature we hypothesized that as the tendency to self-objectify, to have disordered eating attitudes, and to enjoy being sexualized, increases, so would the tendency to adore celebrities (operationalized as high scores on the CAS). We also hypothesized that women would show the effect even more than men since women's bodies tend to be on display more in the media. Finally, we hypothesized that these relationships would be even stronger for a subset of participants whose favorite celebrity was perceived by the participant as very physically attractive.

Method

Participants

The sample consisted of 279 college students (189 females, 90 males) from four institutions, ranging in age from 17 to 53 years ($M = 20.9$; $SD = 4.3$). The universities are located in Missouri, North Carolina, and Pennsylvania, and the college is in California. A meta-analysis by Peterson (2001) that included more than 650,000 subjects indicated no systematic patterns of difference in response homogeneity by college students and nonstudent samples.

The majority of participants reported being Caucasian (61%), the second most frequent category was African-American (11%) and Hispanic/Latino (11%), followed by Asian (10%) and other (5%). There were 2% of respondents who did not indicate their ethnicities. The sample is probably best described as one of convenience. The fact that it was taken from four institutions in different parts of the United States increases the likelihood that it is representative of US college students. The fact that we obtained more females than males reflects a fact of life in contemporary higher education in the US ("Race, Ethnicity" 2012). The percentages listed above for African-Americans and Hispanic/Latinos are a close approximation of their percentages in the US college population ("Race, Ethnicity"). The slight over-representation of Caucasians is likely caused in part by the fact that college education is expensive and Caucasians tend to have more income (Schaefer 2006).

Measures

We measured attitudes toward celebrities using the 23-item version of the CAS, which has been shown to have good psychometric properties in

several studies (for a review see McCutcheon *et al.* 2004). The response format is a 5-point Likert scale with “strongly agree” being equal to 5 and “strongly disagree” being equal to 1. The scale measures three aspects of celebrity worship that were identified through factor analysis (McCutcheon *et al.* 2004). These three subscales address *Entertainment-Social* (CAS-ES; 10 items; e.g., “My friends and I like to discuss what my favorite celebrity has done”), *Intense-Personal* (CAS-IP; 9 items; e.g., “I have frequent thoughts about my favorite celebrity, even when I don’t want to”), and *Borderline Pathological* (CAS-BP; 4 items; e.g., “I often feel compelled to learn the personal habits of my favorite celebrity”). Across several studies total scale Cronbach alphas ranged from .84 to .94 (McCutcheon *et al.* 2004). In the present study, the Cronbach’s alphas were .92 for the total scale, .87 for entertainment-social, .83 for intense-personal, and .59 for borderline pathological.

The *Enjoyment of Sexualization Scale* (ESS; Liss *et al.* 2011) is an eight-item, Likert-type scale, with response options ranging from 1 (disagree strongly) to 6 (agree strongly). The scale was originally developed for use with female participants. Women who score high on the ESS are those who enjoy perceiving themselves as attractive or sexy. Sample items include (item 1) “It is important to me that men are attracted to me,” (item 3) “I want men to look at me,” (item 5) “I like showing off my body,” and (item 8) “I feel empowered when I look beautiful.” These eight items resulted from an exploratory factor analysis, and yielded a Cronbach’s alpha of .85, .86, and .86 in three studies (Liss *et al.* 2011).

We created a unisex version of the ESS for our study by changing a few key words in some of the items. For example, “men” was changed to “the opposite sex” in items 1, 2, 3, and 6, and “beautiful” was changed to “sexy” in item 8. While “beautiful” is sometimes used to describe men, in our judgment “sexy” is a more gender-neutral word. Cronbach’s alpha for females on our unisex version of the ESS in the present study was .86, and for males it was .84.

The *Self-Objectification Questionnaire* (SOQ; Noll and Fredrickson 1998) asks participants to rank order 10 attributes by the importance of each to their physical self-concept. Five of the attributes are appearance-based (e.g., weight) and five are competence-based (e.g., physical coordination). Scoring requires subtracting the sum of the competence-based items from the sum of the appearance-based items. Higher resulting scores indicate a greater emphasis on appearance, which is interpreted as higher self-objectification. The measure has been shown to have sufficient convergent valid-

ity and high test-retest reliability (Miner-Rubino *et al.* 2002). There were 62 participants in our study who did not follow directions on this measure, and were therefore excluded from analyses involving this variable.

The *Eating Attitudes Test* (EAT-26; Garner *et al.* 1982) measures typical symptoms of eating disorders (e.g. “I am terrified about being overweight”). Each item has six response options ranging from “never” to “always.” Items are scored on a 6-point scale (“sometimes,” “rarely,” and “never,” are scored as zero; Garner *et al.* 1982). High scores are indicative of possible eating disorders. In the present study, Cronbach’s alpha was .80 for the total scale.

The first page of our survey contained demographic questions and asked participants to identify their favorite celebrity and asked, “How physically attractive is your favorite celebrity?,” as well as, “How physically attractive are you?,” measured on a 7-point Likert scale with “very attractive” = 7 and “very unattractive” = 1. The second, third and fourth pages contained either the CAS, EAT, SOQ, or the unisex version of the ESS, randomly ordered to reduce the likelihood of a systematic order effect.

Procedure

After obtaining IRB approval from all four institutions, students were recruited by offering extra credit in psychology classes for participation in the study. Students reported to designated classrooms where they participated in groups ranging in size from 13 to 30. The experimenter handed each participant the survey described above, and remained in the room to answer questions and to check to make sure all items were answered before surveys were handed back to the experimenter. Participants were debriefed after all of them had completed the study at each site.

Results

Means, standard deviations, and range of values for the measures used in the study are provided in Table 1. When indicating their favorite celebrity, the three most common categories of celebrities indicated were from the acting (46.9%), music (29.4%), and sports (12.9%) industries.

The first hypothesis examined if people who tended to adore celebrities were more likely to self-objectify, enjoy being sexualized, and show eating pathology. As can be seen in Table 2, two of the measures were significantly but weakly related to celebrity worship in the predicted direction. Specifically, the tendency to worship celebrities was positively related to enjoyment of sexualization and disordered eating attitudes. Surprisingly, these

Table 1. Mean, SD, and Range for All Measures.

| Measure | Mean | SD | Range |
|---------------|-------|-------|-----------|
| CAS-ES | 25.96 | 7.89 | 10-46 |
| CAS-IP | 15.48 | 5.69 | 9-35 |
| CAS-BP | 7.73 | 2.85 | 4-18 |
| CAS- FEMALE | 48.55 | 14.44 | 23-93 |
| CAS- MALE | 50.46 | 15.70 | 23-86 |
| CAS-TOT | 49.17 | 14.86 | 23-93 |
| ESS-FEMALE | 31.38 | 6.58 | 14-48 |
| ESS-MALE | 32.43 | 7.33 | 11-48 |
| ESS-TOT | 31.71 | 6.83 | 11-48 |
| EAT-26 FEMALE | 8.76 | 7.69 | 0-44 |
| EAT-26 MALE | 7.82 | 7.85 | 0-41 |
| EAT-26-TOT | 8.45 | 7.74 | 0-44 |
| SOQ-FEMALE | 10.62 | 6.64 | -3 to +22 |
| SOQ-MALE | 7.92 | 6.53 | -3 to +21 |
| SOQ-TOT | 9.85 | 6.71 | -3 to +22 |

relationships were stronger for men than they were for women (see Table 3).

The ESS was developed rather recently, and, to our knowledge, used only in one publication (Liss *et al.*, 2011). Our unisex version of the ESS has never been used before, so one of our secondary goals was to provide additional information about the descriptive statistics on the instrument. The mean score for men and women in the present study (see Table 1) was not significantly different, $t(275) = 2.20, p = .23$. Table 3 provides correlations

Table 2. Correlation Matrix for All Measures.

| | CAS-ES | CAS-IP | CAS-BP | CAS-Total | ESS | EAT | SOQ |
|-----------|--------|--------|--------|-----------|------|------|-------|
| CAS-ES | — | .72*** | .72*** | .94*** | .13* | .14* | .01 |
| CAS-IP | | — | .66*** | .89*** | .11 | .12* | .00 |
| CAS-BP | | | — | .83*** | .10 | .13* | .08 |
| CAS-Total | | | | — | .13* | .14* | .02 |
| ESS | | | | | — | .21* | .24** |
| EAT | | | | | | — | .26** |
| SOQ | | | | | | | — |

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 3. Correlation Matrix for All Measures (by gender).

| | CAS-ES | CAS-IP | CAS-BP | CAS-Total | ESS | EAT | SOQ |
|-----------|--------|--------|--------|-----------|-------|-----|--------|
| CAS-ES | — | .70*** | .73*** | .94*** | .04 | .13 | .03 |
| CAS-IP | .74*** | — | .67*** | .88*** | .03 | .09 | .06 |
| CAS-BP | .70*** | .64*** | — | .84*** | .08 | .06 | .12 |
| CAS-Total | .95*** | .90*** | .80*** | — | .05 | .12 | .06 |
| ESS | .27* | .23* | .14 | .26* | — | .12 | .29*** |
| EAT | .16 | .19 | .26* | .21* | .38** | — | .32*** |
| SOQ | -.04 | -.19 | .01 | -.08 | .14 | .06 | — |

Note: Correlation coefficients above the dotted lines are those for women, those below for men. *** $p < .001$, ** $p < .01$, * $p < .05$

for all of the measures by gender. For women, the unisex ESS was only positively correlated with self-objectification, whereas for men it was positively correlated with two of the CAS subscales, the CAS total score, and eating pathology. The difference in correlation coefficients between ESS and EAT for females (.12) and ESS and EAT for males (.38) was significant ($z = -2.15, p < .05$), indicating that our unisex version of the ESS actually is a stronger predictor of eating pathology in males than it is for females.

The second hypothesis, which sought to examine gender differences across the predicted relationships, was not supported. This analysis was accomplished using the procedure suggested by Frazier, Tix, and Barron (2004) for testing moderator effects. In this case, we were interested to see if gender moderated the effects of the relationship between the CAS and the unisex ESS, EAT, and SOQ. Using this approach, CAS was the predictor variable and gender was the moderator variable. CAS scores were standardized and product terms of gender and standardized CAS scores were calculated to represent a test of moderation across the three dependent variables (unisex ESS, EAT, and SOQ). None of the product terms were significant (ESS, $\beta = -.36, t = -1.69, p = .09$; EAT, $\beta = -.14, t = -.66, p = .51$; SOQ, $\beta = .24, t = .96, p = .34$), suggesting that the predicted relationships were not more pronounced for women.

Hypothesis three predicted that the relationships between the CAS, ESS, EAT, and SOQ would be stronger for a subset of participants whose favorite celebrity was rated as very physically attractive. It should be noted that participants' rating of the attractiveness of their favorite celebrity was higher ($M = 5.44, SD = 1.69$) than their rating of their own attractiveness ($M = 4.79, SD = 1.18$), $t(278) = -5.91, p < .001$. A moderator approach

was again used to test this hypothesis, which was not supported. The moderator in this case was how physically attractive subjects rated their favorite celebrity. The variable was dichotomized such that those responding with a 6 or 7 represented the high attractive group ($N = 173$) and those responding with a 1 – 5 represented the low attractive group ($N = 104$). None of the product terms were significant (ESS, $\beta = -.36$, $t = -1.67$, $p = .10$; EAT, $\beta = -.15$, $t = -.69$, $p = .49$; SOQ, $\beta = .21$, $t = .83$, $p = .41$) suggesting that the predicted relationships were not more pronounced for subjects who rated their favorite celebrity as more attractive.

Discussion

We hypothesized that persons who tend to worship celebrities would also tend to self-objectify, enjoy being sexualized, and show disordered eating attitudes. Our results found support for the relationship between celebrity worship and the latter two, although the correlation coefficients were relatively low. Ironically, neither coefficient would have been statistically significant had we studied only women. In our sample, men showed stronger relationships between celebrity worship, enjoyment of sexualization, and eating pathology than women did.

Celebrity worship, enjoyment of sexualization, and eating pathology might be causally related. A strong attachment to celebrities, at least for males, might lead to some appearance concerns that manifest themselves as enjoyment of being sexualized and eating pathology. It could also be the case that those with appearance concerns, enjoyment of sexualization, and eating problems are attracted to sexy celebrities.

Previous research with the CAS (Maltby *et al.* 2003; Maltby *et al.* 2001) has shown a significant correlation between CAS scores (particularly CAS-IP) and neuroticism, depression and anxiety. Do neuroticism, depression and anxiety sometimes manifest themselves in eating disorders? Research using the EAT certainly suggests so (Clarke and Palmer 1983; Miller *et al.* 2006). Do some of the same people who exhibit these clinical symptoms also tend to develop both disordered eating behavior and an intensely personal parasocial relationship with celebrities? Our findings suggest that possibility, especially among males. Research with clinical populations could elucidate how depression, anxiety, neuroticism, and eating pathology are related to attitudes about celebrities.

Our unisex version of the ESS appears to be a useful tool for measuring enjoyment of being sexualized in a mixed gender sample. Coefficient alphas for both men and women were adequate. Our results showed that

men were just as likely as women to show enjoyment in being sexualized, and unisex ESS correlated well with EAT scores for men, consistent with prior ESS research, but with an even larger (.38 vs. .23) correlation coefficient (Liss *et al.* 2011). We recommend that future researchers who are interested in enjoyment of sexualization consider validating the unisex version of the ESS.

Our study had several limitations. First, our sample was limited to university students who are homogenous in many respects. We did not measure social desirability and we were therefore unable to check the extent to which people were responding in a way that made them appear favorably. Future research should test the relationships between attitudes toward celebrities, enjoyment of sexualization, and eating pathology, in a more diverse sample. It might be worthwhile to examine ethnic and sexual orientation differences in these measures. Finally, future research might explore whether some types of celebrity fandom might be correlated with healthy behaviors among fans who use the celebrity as a role model for self-improvement.

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