

# Toward a Theoretical Model of Women's Body Image Resilience

Laura Hensley Choate

Despite the call for an increased emphasis on mental health and resilience, there is a dearth of research that examines the protective factors that can buffer women from the development of body image concerns. This article reviews literature related to the development of body image in girls and women, explores a proposed theoretical model of body image resilience based on factors that protect women from body image dissatisfaction, and discusses the model's implications for counseling practice.

Body image dissatisfaction is prevalent among girls and women. Girls as young as 6 years old experience negative body image, and there is evidence that women struggle with body concerns throughout the life cycle (Lewis & Cachelin, 2001; Smolak, 2002; Striegel-Moore & Franko, 2002). In fact, women in midlife and as older adults report dissatisfaction with their body and are dieting to lose weight (Whitbourne & Skultety, 2002). It is becoming increasingly clear that there is a normative discontent (Rodin, Silberstein, & Striegel-Moore, 1985) that women experience with regard to their body.

Body image experiences can adversely affect a woman's quality of life, because the amount of time, energy, and money she spends on beauty enhancement can restrict her opportunities to develop other aspects of her identity (Strachan & Cash, 2002; Striegel-Moore & Franko, 2002). There is a relationship between negative body image and a variety of psychosocial problems. First, body image dissatisfaction is among the most empirically supported risk factors for maladaptive eating practices (Cooley & Toray, 2001). Second, negative body image is associated with poor self-esteem, anxiety about social evaluation, public self-consciousness, depression, and sexual inhibition (Ackard, Kearney-Cooke, & Peterson, 2000; Lavin & Cash, 2000; Wiederman & Pryor, 2000). Finally, body image dissatisfaction is the primary precursor for the development of eating disorders such as anorexia nervosa and bulimia (Polivy & Herman, 2002).

Although considerable research has been dedicated to the study of eating disorders, there is less literature available for counselors regarding the daily, lived experiences of millions of women who struggle with body image concerns (Striegel-Moore & Cachelin, 1999). There is also a dearth of research that has examined the protective factors that buffer some women from the development of negative body image (Cash, 2002; Striegel-Moore & Cachelin, 1999; Taylor & Altman, 1997). If approximately half of all women are dissatisfied with their weight and overall appearance (Cash, 2002; Muth & Cash, 1997), then questions remain regarding

the other half of women who do not develop concerns with their body. Cash (2002) argued for a paradigm shift away from the study of body image as pathology and proposed a move toward understanding "the trajectories whereby people create fulfilling experiences of embodiment" (p. 45). This shift should examine the role of protective factors and resilience by exploring the life experiences and personality traits that build resistance to strong cultural pressures that influence women to be dissatisfied with their body (Cash & Pruzinsky, 2002). Specialists in the prevention field have also called for research regarding body image resilience. According to the National Institute of Mental Health (Reiss & Price, 1996; Taylor & Altman, 1997), prevention initiatives in the area of eating disorders should emphasize the ways in which protective factors can be targeted and enhanced in girls and women.

Because counselors possess a prevention focus and an orientation toward normal growth and development, they are well situated to take the lead in designing approaches that strengthen protective factors. The counseling profession's emphasis on wellness and holistic approaches that build on the positive resources of clients (Gale & Austin, 2003; Myers, Sweeney, & White, 2002; Myers, Sweeney, & Witmer, 2000) can also be aligned with research and interventions regarding resilience. By understanding the experiences of the sizeable minority of women who develop a positive body image, counselors can more effectively work to enhance protective factors in their prevention and counseling interventions with all girls and women. The purpose of this article is to first conduct a review of recent literature related to the development of body image in girls and women. I then redirect my focus to explore a proposed theoretical model of body image resilience based on factors that protect some women from body image dissatisfaction and discuss the implications of this model for counselors.

It should be noted that although male body dissatisfaction is also of concern (Corson & Andersen, 2002), there is considerable evidence to demonstrate that boys and men are

**Laura Hensley Choate**, Department of Educational Leadership, Research, and Counseling, College of Education, Louisiana State University in Baton Rouge. Correspondence concerning this article should be addressed to Laura Hensley Choate, Counselor Education, 122 Peabody Hall, College of Education, Louisiana State University, Baton Rouge, LA 70803 (e-mail: lhensley@lsu.edu).

more generally satisfied with their body than are girls and women (Cash, 2002; Feingold & Mazella, 1998; Smith, Thompson, Raczynski, & Hilner, 1999). Girls and women experience greater social pressure to be thin than do boys and men, and these differences emerge in children at a young age (Polce-Lynch, Myers, Kilmartin, Forssmann-Falck, & Kliewer, 1998). Furthermore, although both men and women may be dissatisfied with their physical appearance, men's evaluation of their body is less likely to affect their overall self-esteem in the way that it does for women (Polce-Lynch et al., 1998). For the purposes of this article, therefore, I focus only on body image in girls and women.

## Women's Body Image Development

Sociocultural theories of body image posit that contemporary Western societies have emphasized thinness as a central aspect of beauty for women (Mussell, Binford, & Fulkerson, 2000). Even as women have advanced in terms of education and career in the past several decades, there have been increasing sociocultural pressures for women to focus their energies on achieving a largely unattainable ideal of beauty and thinness (Bordo, 1995; Wolf, 1991). In recent years the "thin ideal" (i.e., the notion of the ideal body shape and size espoused by the media) has become increasingly impossible for the vast majority of women to achieve. To possess the characteristics of ideal feminine beauty a woman must be White, young, tall, firm but not excessively muscular, and simultaneously curvaceous, full-breasted, and extremely thin (Barber, 1998; Levine & Smolak, 2002). This description does not fit most women in the United States, where the average height and weight for women is 5'4" and 142 pounds (National Eating Disorders Association, 2003).

### Media, Family, and Peer Influences

The mass media shapes and transmits images of the sociocultural ideal of beauty and thinness. Recent research supports a relationship between the images presented in the media and women's body satisfaction (Cusumano & Thompson, 2000; Tiggeman, 2002). Pervasive media images powerfully convey the message that women's happiness can be found only through the attainment of an unrealistic standard of beauty (Levine & Smolak, 2002; Thomsen, Weber, & Brown, 2001; Tiggeman, 2002). Many girls in early adolescence rely on magazine and television advertisements for information on weight loss and appearance, and the girls who highly value these sources possess the most negative body image (Levine & Smolak, 2002). Thomsen et al. found that high school girls who reported frequent reading of women's health and fitness magazines were the most likely to engage in maladaptive dietary practices (such as taking laxatives and appetite suppressants, engaging in intentional vomiting, and restricting calories) when compared with girls who were moderate or infrequent readers of this literature.

Another study examined the direct effects of fashion magazines on women's body satisfaction. In a sample of college

women, Turner, Hamilton, Jacobs, Angood, and Dwyer (1997) randomly assigned women to two experimental conditions: The control group read news magazines, and the other group read fashion magazines prior to completing body image satisfaction assessments. Although there were no statistically significant differences between the groups in their weight or height, the women who viewed the fashion magazines reported a lower ideal body weight and had greater body dissatisfaction than did women who read news magazines. The authors concluded that even brief exposure to media images portraying the sociocultural ideal directly shapes perceptions of the ideal body type expected for women.

According to Haworth-Hoepfner (2000), pervasive media images are key influences on the development of body image, but these cultural pressures are mediated through the family. An important factor in the development of body image is the extent to which family members convey sociocultural pressures regarding the importance of thinness and beauty. Family characteristics that contribute to negative body image include the following: (a) negative family attitudes and behaviors regarding food, including parental modeling of the importance of thinness, weight, and shape issues (Haworth-Hoepfner, 2000; Mussell et al., 2000); (b) critical comments about an individual's weight, shape, or eating behaviors (Haworth-Hoepfner, 2000), including teasing by family members in general and brothers in particular (Levine & Smolak, 2002); (c) parental history of being overweight or dieting; (d) perceived parental pressure to be slender and to control weight and shape (Kichler & Crowther, 2001; Striegel-Moore & Cachelin, 1999); and (e) general family dysfunction, competitive family attitudes, and negative family communication (Haworth-Hoepfner, 2000; Kichler & Crowther, 2001).

Peers can also have a pronounced impact on the development of body image, particularly during adolescence. There is evidence that peer modeling influences body dissatisfaction in adolescent girls. Girls who are part of friendship groups share comparable levels of dieting behavior, drive for thinness, and overall body image concerns (Paxton, Schutz, Wertheim, & Muir, 1999). It is not surprising that peer teasing is also related to body image dissatisfaction and dieting behavior. Although male and female peers tease one another, boys are more likely to make critical comments about a girl's weight and shape than are other girls (Levine & Smolak, 2002). If girls place great importance on the opinions of others, particularly on the approval of boys (Striegel-Moore & Cachelin, 1999), it is not surprising that male peer teasing would result in body dissatisfaction and a focus on thinness as the key to social approval. Influenced by media messages and family or peer modeling of the importance of thinness, an adolescent girl is likely to engage in maladaptive weight control behaviors in an effort to lose weight (Stice, Presnell, & Spangler, 2002).

### Individual Differences in Body Image Development

All girls and women in Western societies are exposed, to some extent, to sociocultural pressures for thinness and

beauty. Some girls and women are able to resist pressures to attain the thin ideal. However, many others develop negative body image but not disordered eating; others engage in unhealthy dieting and eating practices, such as chronic dieting and purging; and a minority of girls and women develop clinical eating disorder syndromes. To understand the diverse ways in which girls and women interpret sociocultural pressures, it is helpful to conceptualize body image as a multidimensional construct that includes three aspects, as defined by Cash (1994): *evaluation*, *affect*, and *investment*. Evaluation involves one's satisfaction or dissatisfaction with overall physical attributes. Body image affect refers to the emotional experiences that these self-evaluations may elicit. Investment is the extent to which one views appearance as a measure of overall self-worth, and this also refers to the behaviors that involve the enhancement and management of appearance (Cash, 2002; Muth & Cash, 1997).

There are two primary methods of body image evaluation that lead to body dissatisfaction and negative affect: women's comparisons of themselves with the cultural ideal and their comparisons of themselves with other women. When women are bombarded with images of beauty and thinness, many internalize the cultural ideal as the standard against which they evaluate themselves. For these women, there exists a discrepancy between their mental representation of their own body and their image of the ideal. When they do not measure up to the culturally defined standard, they evaluate themselves negatively. Because the ideal is unattainable for the majority of women, it is not surprising that the extent to which women internalize societal standards for thinness is a strong predictor of body dissatisfaction, tendency to overestimate body size, negative affect, depression, and disordered eating behaviors (Levine & Smolak, 2002; Monteath & McCabe, 1997; Mussell et al., 2000; Polivy & Herman, 2002; Tsiantas & King, 2001).

Women who have internalized the thin ideal are highly influenced not only by media images and family and peer messages but also by self-comparisons with other women. This practice may reinforce body dissatisfaction. Women with negative body image engage in the process of body surveillance (McKinley, 2002), constantly watching themselves as though they are being observed, evaluating themselves against other women, and paying a great deal of attention to others' perceptions of and reactions to their appearance. Tantleff-Dunn and Gokee (2002) concluded that a woman who is vigilant in comparing herself with others will be more vulnerable to the influences of cultural pressures and will have greater difficulties with body dissatisfaction.

If a woman has internalized the thin ideal as the standard against which she evaluates herself, she may also subscribe to cultural messages conveying that thinness and beauty are to be the primary determinants of her self-worth. Women who overvalue weight and shape as the basis for their sense of self tend to be heavily invested in their appearances and

spend a great deal of time and effort in the pursuit of thinness. Many women believe that despite their biological predispositions, with enough work and effort they can control their appearance (McKinley, 2002) and achieve the culturally defined ideal weight and shape.

Many of these women also believe the "myth of transformation" (Mussell et al., 2000), the idea that high levels of investment in achieving the thin ideal will result in social approval and success in all areas of life. A cursory glance at current media images indicates the promise that beauty and extreme thinness will bring happiness, success, and popularity. There is evidence that women are invested in these belief systems. In one study, a majority of college women in the sample believed that thinness is associated with greater attractiveness, social success, and acceptance (Brazelton, Greene, Gynther, & O'Mell, 1998). Another study that examined the weight loss expectancies of college women found that those who had the highest expectations for the effects of weight loss (i.e., increased social confidence and sense of self-worth, positive performance, and social approval) were more likely to binge, purge, have body image concerns, and experience a perceived lack of control of eating (Thombs, Rosenberg, Mahoney, & Daniel, 1996).

For many women and girls in contemporary Western cultures, the process of body evaluation, affect, and investment results in body dissatisfaction. However, the perceptions and experiences of women who do not develop negative body image can provide valuable information regarding protective factors that can serve to buffer women against societal pressures to attain the thin ideal. In the paragraphs that follow, I explore resilience and identify a theoretical model of body image protective factors.

## ■ Cross-Cultural Contributions to Understanding Resilience

Because body image development is highly influenced by lived experience, cross-cultural literature is helpful in understanding the effects of cultural influences on resilience. Although body dissatisfaction and its correlates were initially considered to primarily affect Caucasian women, research has indicated that this problem has developed in any culture or ethnic group in which the Western thin ideal is adopted as the standard of beauty (Levine & Smolak, 2002). The extensive acceptance of the ideal means that no racial/ethnic or cultural group is immune to body image dissatisfaction or to the development of eating disorders. For example, recent studies have indicated that there are no significant differences between Caucasian, Asian American, and Hispanic American female adolescents and women in terms of their levels of body dissatisfaction (Levine & Smolak, 2002; Striegel-Moore & Franko, 2002). In their reviews of literature, authors have also found few differences in the rates of eating disorders when comparing Caucasian and

African American women (Celio, Zabinski, & Wilfley, 2002), and other researchers explain any differences in eating disorder rates in terms of socioeconomic status or variability in body mass index (Polivy & Herman, 2002).

Although emerging research indicates that rates of eating disorders may be more similar among African Americans and Caucasians than previously thought, it is also true that membership in African American culture, wherein there is less emphasis on thinness, can provide protection from the development of negative body image (Levine & Smolak, 2002; Mussell et al., 2000; Striegel-Moore & Cachelin, 1999). In discussing these findings in the paragraphs that follow, it is also important to note that cultural factors do not necessarily lead to body satisfaction for all individuals of a specific group. Examining individual difference variables within cultural groups helps provide nuanced distinctions among those factors that influence body image satisfaction (Falconer & Neville, 2000).

### African American Women and Resilience

Within the African American community, the reduced cultural emphasis on weight appears to translate into more positive body image for Black women. Petersen (2000) argued that because Black women are not part of mainstream culture, they are in a position to objectively view, evaluate, and then interpret the messages of the dominant culture regarding definitions of beauty. Because of their vantage point outside the mainstream culture, Black women are able to question the thin ideal and are often able to resist the internalization of negative stereotypes. In general, Black women report higher levels of self-esteem (Celio et al., 2002) and more body satisfaction, even at higher weights (Harris, 1995; Molloy & Herzberger, 1998; Smolak, 2002), and are more satisfied with their overall appearance than are White women (Smith et al., 1999). In one study comparing Black and White adolescent girls, 40% of Black girls considered themselves to be attractive or very attractive, whereas only 9.1% of the White girls in the sample rated themselves positively (Jaffee & Lutter, 1995).

There are several specific cultural factors that have been identified as contributing to body image resilience and high self-esteem in Black women. First, these women do not limit their view of ideal body types to a narrow range of weights and shapes but often report larger ideal body shapes (Mussell et al., 2000). In addition, they rate images of large, more buxom women more positively than do White women (Celio et al., 2002). One reason for these preferences may be their belief that Black men prefer larger women, and these perceptions appear to be accurate: Black men tend to prefer heavier women than do White men, reporting preferences for women with wide hips and round buttocks (Celio et al., 2002). It is interesting that Levine and Smolak (2002) reported that many Black women and girls say that they want to gain weight so that they will have bigger hips, thighs, and buttocks.

Second, family support contributes to the development of positive body image in Black women. According to Celio

et al. (2002), Black mothers convey messages to their daughters to be independent, strong, and to rely on themselves. These expectations are often supported in Black families through assigning daughters the responsibilities of household duties and caring for younger siblings or through the expectation that daughters will make financial contributions to the family. Such responsibilities can provide Black girls with an enhanced sense of competence and independence (Petersen, 2000). Girls who adopt these qualities are less vulnerable to low self-esteem and negative body image. In one study by Molloy and Herzberger (1998), Black college women who believed that Black men prefer larger body types and who had higher scores on measures of independence and assertiveness had higher levels of self-esteem and body satisfaction. The authors described these protective factors as being less often present in White women, who are often encouraged to conform to stereotypical female gender roles (e.g., to be passive, nurturing, self-sacrificing, and dependent).

A third factor in the development of African American body image resilience is the presence of supportive peer and community relationships. Compared with White women, Black girls and women experience less pressure to achieve thinness and receive more support for resisting negative mainstream cultural images from their peers and significant others (Lovejoy, 2001). Rather than acting in a competitive manner, Black adolescent girls and women tend to compliment one another on their appearance (Celio et al., 2002). There is also a tendency for Black girls and women to eschew beauty trends and to value instead the creation of a distinctive, individual style. Beauty is therefore viewed as far more than thinness, encompassing other factors such as personal style, confidence, attitude, grooming, fit of clothes, hairstyle, skin tone/color satisfaction, and ethnic pride (Celio et al., 2002). According to Lovejoy, these qualities lead to “a more egalitarian standard—one that is attainable by anyone with the use of imagination and self knowledge” (p. 250).

In sum, these three attitudes and behaviors that are often present in the African American community seem to promote body satisfaction in women. However, it is important to note that some of these values can also lead to obesity, binge eating disorder, and other health-related problems such as diabetes and high blood pressure (Levine & Smolak, 2002; Lovejoy, 2001; Mussell et al., 2000). In working to improve body image satisfaction in all women, counselors can emphasize the enhancement of qualities found in Black women that contribute to positive body image (e.g., self-esteem, family and peer support, fluid definitions of beauty, individual style) while also promoting overall health and wellness.

### Toward a Model of Resilience: Body Image Protective Factors

The reviewed cross-cultural factors that contribute to body satisfaction in Black women are important to counselors'

understanding of how such protective factors can be enhanced for all women. By exploring the experiences of women who possess positive body image, counselors can work with girls and women in building resistance to the strong cultural pressures that influence women to be dissatisfied with their body (Cash & Pruzinsky, 2002). In the following section, I provide an analysis of five protective factors as components of a model of body image resilience: (a) family-of-origin support, (b) gender role satisfaction, (c) positive physical self-concept, (d) effective coping strategies, and (e) sense of holistic balance and wellness. I then outline suggestions for how counselors in a variety of settings can use these factors in their prevention and counseling work with girls and women. In the following discussion, unless otherwise noted, the term *women* applies to girls and women across the life span.

### Protective Factor 1: Family-of-Origin Support

Good parenting and supportive parental relationships in a woman's family of origin play a critical role in the development of positive body image. Girls who develop secure attachments (Striegel-Moore & Cachelin, 1999) and who receive affirming reactions to their body from parents throughout their childhood tend to develop body satisfaction (Kearney-Cooke, 2002). Although body image is an aspect of a girl's developing sense of identity, the emphasis that parents place on beauty and thinness influences the importance she relegates to appearance as just one aspect of her overall self-concept. Instead of emphasizing appearance alone, parents of daughters with a positive body image provide them with positive comments regarding achievements in all areas of their life (Jaffee & Lutter, 1995).

Kichler and Crowther (2001) recently found that maternal modeling of eating attitudes and behaviors was a significant predictor in the development of girls' body image. Because girls and their mothers receive similar pressures from the media and other sources to conform to the thin ideal, girls may look to their mother to observe how she copes with these pervasive messages. If mothers are able to resist such pressures, then the importance of the thin ideal will be de-emphasized for their daughters. Kearney-Cooke (2002) argued that mothers should become more aware of their influence on their daughters' body image and should model positive attitudes regarding their own weight and shape. This can begin with maintaining a weight within a realistic and medically sound range and by adhering to healthful eating and exercise routines. Conversely, observing their mother engaging in chronic dieting, excessive exercise regimens, and centering family discourse around the importance of thinness for success can have a negative effect on girls' body image development (Haworth-Hoepfner, 2000).

### Protective Factor 2: Gender Role Satisfaction

A second protective factor relates to women's perceptions of normative femininity and masculinity. Many studies (e.g., Molloy & Herzberger, 1998) have indicated that women who

possess more traditionally masculine characteristics (including independence and assertiveness) have greater body satisfaction. However, findings in this area are inconsistent (Striegel-Moore & Cachelin, 1999). For example, Cash (2002) reported that when compared with women who subscribe to nontraditional gender roles, women who endorse traditionally feminine attitudes in their relationships with men had lower body satisfaction, were more invested in their appearances, and had internalized sociocultural pressures to attain the thin ideal. Ludwig and Brownell (1999) examined within-group differences in the body image of lesbians and found that lesbians who rated their gender role orientation and appearance as feminine had lower body satisfaction when compared with lesbians who endorsed traits identified as androgynous or masculine. These results were similar to those found by Meyer, Blisset, and Oldfield (2001), who found that lesbian women with traditionally feminine gender role orientations were more likely to engage in disordered eating practices than were those who were more masculine in orientation.

Conversely, studies have also indicated that women with more nontraditional views of gender roles are not necessarily protected from accepting and internalizing cultural messages about appearance and weight. In a 1997 study, Cash, Ancis, and Strachan found that women who upheld a feminist ideology were no less likely to possess appearance-based criteria for self-evaluation or to have a more favorable body image than were women who possessed more traditional gender role beliefs. The authors concluded that cultural messages that emphasize appearance are so deeply ingrained that even the development of a feminist ideology or nontraditional beliefs regarding gender roles does not prevent their impact (Cash et al., 1997). It remains unclear whether possessing traditionally masculine traits or holding nontraditional gender role attitudes is a unique protective factor for body image concerns.

Instead of a focus on traditionally defined masculine or feminine traits, therefore, perhaps it is more beneficial to examine how women cope with gender role conflicts and how the resolution of these conflicts can enhance their resilience. In contemporary culture, the female gender role is characterized by contradictory expectations and demands. Many women experience extreme pressures to fulfill traditional gender role expectations while also encountering additional pressures to exhibit independence and success in academic and career arenas. They are expected to be physically attractive, passive, nurturing, cooperative, and to deny their own needs while simultaneously valuing achievement in the workplace, intelligence, assertiveness, self-reliance, and separation from parents and other significant relationships (Brazelton et al., 1998; Hart & Kenny, 1997; Lovejoy, 2001). Women who internalize these pressures and believe that they must meet these contradictory expectations adhere to what Steiner-Adair (1986) termed the *superwoman myth*, and it is these women who

also experience body dissatisfaction and vulnerability to the onset of eating disorders.

Gender role conflicts seem to manifest themselves somatically in many women. When women experience tension between these expectations and are unable to negotiate a balance between them, they often refocus energies on one area in which they believe they have control—their body. By focusing on restrictive eating practices, their attention is distracted away from conflictual feelings (Polivy & Herman, 2002; Striegel-Moore & Cachelin, 1999). When other alternatives for coping with these feelings seem confusing and ambiguous, women believe that striving to achieve the thin ideal is a concrete, tangible strategy for attaining social approval and a sense of positive identity (Mussell et al., 2000).

Women function most optimally in the context of emotionally supportive relationships through which they can express these conflicted feelings. Most women cannot thrive while being separate from or dependent upon others; rather, the hallmark of adaptive development for women is interdependence (Gilligan, 1982; Hart & Kenny, 1997). Therefore, women who experience supportive networks that encourage them in their pursuits will be less likely to be confused by gender role conflicts and to develop negative body image. They can interpret contradictory cultural messages and define for themselves what it means to live an authentic life as a woman who is comfortable with her gender role and with her body. In following the example of African American women, who generally derive a greater sense of comfort, power, and prestige from their role as women than do Caucasian women (Lovejoy, 2001), all women can learn to develop a greater sense of strength and more positive body image.

It seems that the relationship between gender roles and body image is not about merely encouraging women to be less “feminine” and to be more “masculine” or even asking them to add traditionally masculine traits to their repertoire of attitudes and behaviors. Rather, resilience may emerge for women who can first acknowledge contradictory cultural expectations and, rather than internalizing their feelings, address these conflicts directly within the context of supportive relationships (Hensley, 2003). Women who can distinguish aspects of self-expression that are natural for them from those that are prescribed by others will feel a greater sense of comfort with their unique roles as individuals and as women.

#### Protective Factor 3: Positive Physical Self-Concept

Another protective factor in body image development is positive physical self-concept, defined as one's attitudes regarding physical fitness, agility, general health, and athleticism (James, Phelps, & Bross, 2001). Exercise, the central component of positive physical self-concept, can help women become more aware of their physical strengths and focus less on their weight and shape. Specifically, when women exercise to improve fitness and health (versus exercising to burn calories or to improve their appearance), they

are more likely to experience satisfaction with their body. When women begin an exercise program, they are often motivated to exercise by a desire to alter their physical appearance. According to Martin and Lichtenberger (2002), women who persist in physical activities often change these appearance-related reasons for exercise over time. Instead, it seems that long-term participation in physical activities can redirect women's attention away from weight and shape and toward the broader goal of physical and mental health.

Because athleticism is an important component of physical self-concept, it is also beneficial to understand the relationship between body satisfaction and women's participation in sports. Recent literature shows that women's participation in organized athletic activities is positively associated with self-esteem and positive body image (Mussell et al., 2000). For example, Jaffee and Lutter (1995) found a strong positive association between levels of sports participation and levels of body satisfaction in adolescent girls. Previous research, however, indicated that women's participation in sports was a risk factor for eating disorders. To clarify this discrepancy, Mussell et al. argued that women's participation in sports is a risk factor only for those who participate in competitive sports that emphasize leanness (e.g., gymnastics, figure skating, running). Furthermore, women who possess high levels of perfectionism and beliefs that lower body fat and weight will enhance performance are particularly vulnerable to negative body image and the development of eating disorders (Mussell et al., 2000).

Zucker, Womble, Williamson, and Perrin (1999) also examined the relationship between girls' and women's participation in sports and body satisfaction and found that girls and women who participated in refereed sports experienced fewer concerns about their body size and shape compared with athletes in judged sports. For girls and women, participation in refereed sports that do not emphasize leanness may serve as a protective factor for the development of positive body image. Overall, positive physical self-concept, including athletic confidence, agility, physical fitness, and health, seems to enhance girls' and women's ability to appreciate rather than devalue their bodies' strengths and capabilities.

#### Protective Factor 4: Effective Coping Strategies

To resist cultural pressures, a woman must possess qualities that enable her to challenge pervasive messages regarding the thin ideal. Many women internalize sociocultural pressures to the extent that they are not able to separate their own needs and desires from those espoused by the media, family, and peers (McKinley, 2002). Women who show resilience to social pressures are able to identify and distinguish cultural dictates for women and are able to use their own voices in defining themselves (Petersen, 2000). There is evidence that women who have conscious awareness of sociocultural messages regarding weight and shape are more likely to be buffered from their potentially negative effects

(Henderson-King, Henderson-King, & Hoffman, 2001). After gaining awareness of these pressures, girls and women must use critical thinking skills in order to deconstruct social influences that define the thin ideal (Striegel-Moore & Cachelin, 1999). For example, successful media literacy programs have been designed to teach adolescent girls how to identify and resist harmful cultural stereotypes through critically evaluating media content (Irving, 1999; Levine & Piran, 2001). Women with critical awareness are less likely to conform to limiting definitions of beauty and are more likely to hold favorable attitudes toward women whose bodies do not conform to the thin ideal (Cooley & Toray, 2001; Guinn, Semper, & Jorgensen, 1997). Just as African American women emphasize style, confidence, and attitude in their evaluations of appearance, all women can adopt flexible definitions of beauty that are attainable for any individual (Celio et al., 2002).

In addition to critical thinking skills, women must also possess strong coping strategies for successfully dealing with developmental transitions and life stressors (Mussell et al., 2000; Striegel-Moore & Cachelin, 1999). When adolescent girls and women experience conflicts in a variety of life areas—family, academics, relationships, or gender roles—they need the internal resources necessary for resolving these tensions. As previously discussed, instead of confronting these conflicts directly, many women may try to reestablish a sense of control by focusing on their weight and shape. A potential protective factor in body image development, therefore, is for women to possess the coping skills to deal successfully with stressors and to resolve developmental transitions. Life skills such as self-esteem enhancement, stress management, and assertiveness (McVey & Davis, 2002) are particularly important for girls and women as they confront normative life challenges.

#### Protective Factor 5: Sense of Holistic Balance and Wellness

The previously described protective factors (support from family of origin, gender role satisfaction, positive physical self-concept, and the development of effective coping strategies)

are related to and necessary for the development of holistic life balance and wellness, which contribute to positive body image (see Figure 1). Body image resilience emerges from achieving a balance among all life arenas: spiritual, emotional, intellectual, and physical. Women who emphasize all aspects of themselves in determining self-worth are far less vulnerable to sociocultural pressures, and women are most protected from negative body image when they do not attribute excessive importance to weight and shape in determining their self-esteem (McFarlane, McCabe, Jarry, Olmsted, & Polivy, 2001).

The importance of holism and balance in life is illustrated through the Wheel of Wellness model (Myers et al., 2000), which defines wellness as “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community” (p. 252). The model encompasses five life tasks represented by interrelated spokes on a wheel, indicating that changes in one area of wellness affect all other areas in both positive and negative directions. At the center of the wheel is spirituality, surrounded by the life tasks of self-direction, work and leisure, love, and friendship.

Spirituality, the “core characteristic of healthy people” (Myers et al., 2000, p. 253), may be conceptualized as one’s “awareness of a being or force that transcends the material aspects of life and gives a deep sense of wholeness or connectedness to the universe” (p. 252). There exists a positive relationship between spirituality, mental and physical health, life satisfaction, and wellness. It follows that if a woman draws her sense of meaning from a spiritual force that goes beyond herself and that provides coherence and purpose to the universe, she will find less need to focus on her weight, shape, and appearance in an attempt to find happiness or life satisfaction. Spirituality can therefore serve as a buffer against sociocultural values espousing thinness as the only avenue through which happiness may be achieved.

The second life task in the Wheel of Wellness model is self-direction, defined as an individual’s sense of mindfulness and intentionality in meeting major life goals (Myers et al., 2000).

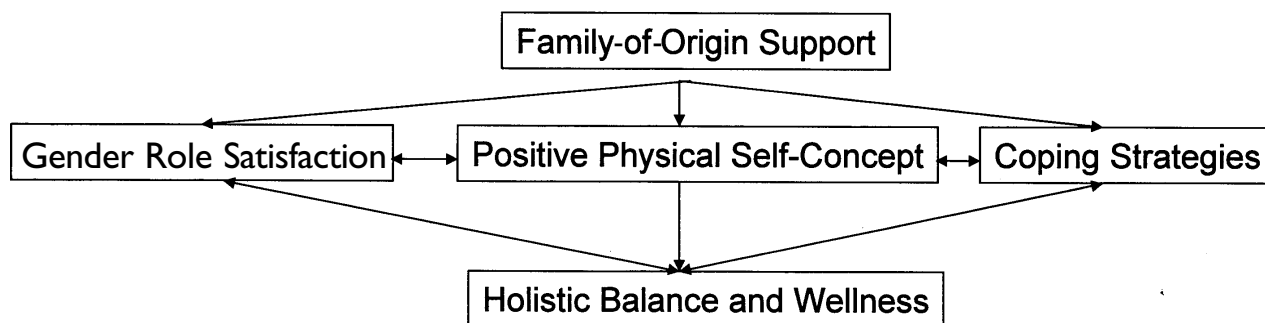


FIGURE 1

#### Protective Factors Contributing to Positive Body Image

This dimension encompasses 12 subtasks: (a) sense of worth, (b) sense of control, (c) realistic beliefs, (d) emotional awareness and coping, (e) problem solving and creativity, (f) sense of humor, (g) nutrition, (h) exercise, (i) self-care, (j) stress management, (k) gender identity, and (l) cultural identity (p. 252). Each of these 12 subtasks contributes to body image resilience, because women who have mastered these tasks feel empowered to take control of all aspects of their lives.

For a woman to experience optimal life satisfaction, she must address the third life task: work and leisure. According to Myers et al. (2000), an individual's life should have occasions for positive experiences that bring intrinsic satisfaction and that result in a sense of accomplishment. Women who are satisfied with work commitments that are balanced with time for quality relationships and leisure activities have higher levels of self-esteem and wellness. Because they derive satisfaction and success from other life arenas, these women will experience less of a drive to achieve appearance-based goals derived from cultural ideals.

Love and friendship are the fourth and fifth tasks in the Wheel of Wellness. To feel loved and valued by significant others with whom one has "intimate, trusting, self-disclosing, cooperative, and compassionate" (Myers et al., 2000, p. 266) relationships results in a greater sense of well-being. Quality friendships are also necessary to meet individuals' basic needs for connection and social support. Striegel-Moore and Cachelin (1999) argued that social support from friends and family is a predictor of recovery from eating disorders and might, therefore, serve as a protective factor against negative body image development. Social support has also been found to provide protection against negative affect, a risk factor for negative body image (Stice et al., 2002). In sum, holistic wellness may be found through a balance among essential life tasks. If women learn to experience fulfillment in all life dimensions, they will place less importance on weight, shape, and appearance, thus strengthening body image resilience.

## Counseling Issues

### Body Image Resilience Model

The five identified protective factors described in this article can serve as the foundation for a model of body image resilience (see Figure 1). Support from family of origin, gender role satisfaction, positive physical self-concept, and the development of effective coping strategies are related to and necessary for a woman to develop a sense of holistic balance and wellness, which are related to positive body image. Although the present model has not been empirically validated to date, it can serve as the basis for future research in this area. Studies are needed that confirm these constructs and that examine relationships among factors. As currently conceptualized, however, I propose that the model can provide initial directions for counselors in the assessment, prevention, and treatment of body image concerns.

It is clear that counselors must address body image dissatisfaction through a comprehensive approach. By conceptualizing body image according to this five-factor model, counselors can more effectively assess client strengths and determine which protective factors need to be enhanced. When launching prevention initiatives, counselors can also target these five factors as they design curricula to strengthen body image resilience in all girls and women. Future research should examine this model using both quantitative and qualitative methodologies, exploring the relationships between and among the factors and how they specifically affect body image resilience. Studies with children, adolescents, and adults can provide a life span perspective in understanding the diverse ways in which some women are able to develop a positive relationship with their bodies.

### Enhancing Protective Factors: Recommendations for Counselors

The identified model suggests the following specific prevention and intervention strategies for counselors.

1. *Family-of-origin support.* Counselors can assist girls and women in developing strong social support networks. Counselors working with parents of both younger girls and adolescent girls should promote the family as the foundation of their daughter's social support. This might mean changing family discourse to include a decreased emphasis on the importance of shape and weight as well as displaying low tolerance for teasing among family members related to appearance. Mothers, in particular, can learn effective ways to teach their daughters to appreciate their body through modeling positive body image.

2. *Gender role satisfaction.* Recognizing the powerful influence of peers during adolescence, counselors can encourage girls to develop groups of peers who share values that do not promote restrictive eating practices or pursuit of the thin ideal. Instead of a focus on competitiveness, counselors can promote girls' and women's personal development within the context of relationships. Rather than comparing themselves with other girls or women and viewing them as competitors in the area of physical appearance, through the help of counselors, girls and women can learn to recognize the importance of supportive relationships in their lives and strengthen their connections with other girls and women.

3. *Positive physical self-concept.* Counselors can assist girls and women in developing an affirming, positive relationship with their body. As part of this process, they can encourage girls and women to set realistic, attainable goals for weight and shape. Furthermore, they can help ensure that clients' physical fitness goals emphasize an appreciation of the body's capabilities, agility, athleticism, and overall health rather than a focus on weight loss. Counselors can also help girls and women practice body affirmations and undertake beauty routines for pleasure rather than as a way to camou-



flage naturally occurring variations in weight, shape, and appearance (Strachan & Cash, 2002).

School and college counselors can play a particularly important role as they work to discourage “diet talk” among faculty, staff, and students. Girls and women may need to learn about the negative long-term effects of excessive dieting (e.g., slowed metabolism, increased proneness for binge eating, eventual weight gain) to counteract the diet myths that are so pervasive in Western culture. Finally, counselors can work with girls and women in helping them to embrace more fluid, flexible definitions of beauty. As was highlighted in the literature on African American women, a broader definition of what is considered attractive leads to fewer problems with body image. Recent popular media (e.g., *Mode, More*) and Internet resources (e.g., Real Women Project.com, Body Talk Magazine.com, Body Positive.com) have been developed to support a broader view of beauty. Counselors can direct girls and women to such supportive literature as a means to help them develop a positive relationship with their body.

4. *Effective coping strategies.* Counselors need to teach girls and women to counteract sociocultural messages and to critique fashion, health, and fitness magazines; advertisements; television; movies; and other forms of media. Beginning at an early age, counselors can teach girls about the social construction of beauty and how it is limiting to women in contemporary Western societies; how the thin ideal is perpetuated through media, family, and peers; and the impact of these messages on women. (For a description of two psychoeducational programs that use this approach, see Springer, Winzelberg, Perkins, & Barr Taylor, 1999; and Winzelberg, Abascal, & Barr Taylor, 2002.)

Counselors can use techniques to help girls and women recognize the restrictive nature of the thin ideal. Once women perceive cultural pressures as narrow, limiting prescriptions for their attitudes and behaviors, they may perceive that their personal sense of freedom is being threatened and experience an uncomfortable psychological state that has been termed *reactance* (Brehm & Brehm, 1981). To restore their sense of freedom, women may actively work to resist these pressures. To use this psychological principle as a prevention and intervention technique, counselors can encourage women to ask themselves the following questions: Who benefits from my pursuit of the thin ideal? What are the costs to me? Counselors can also ask women to describe how they would dissuade someone from pursuing the thin ideal and to list recommendations that might help younger girls accept their own bodies. (For a review of a reactance-based prevention program for women, see Stice, Chase, Stormer, & Appel, 2001.)

5. *Sense of holistic balance and wellness.* Counselors can also assist girls and women to recognize that pursuit of the thin ideal will not bring them the meaning and purpose for which they are searching. Strachan and Cash (2002)

demonstrated the effective use of cognitive-behavioral techniques in targeting maladaptive weight loss expectancies (e.g., “If I lose enough weight so that I look like the women in fashion magazines, I would be much happier” or “If I became ultra-thin, I wouldn’t have the disappointments and difficulties that I do now”). Counselors can help girls and women to learn to question and refute these assumptions and to replace them with realistic, self-affirming beliefs.

Finally, girls and women can strengthen body image resilience through optimal development of all life dimensions. As suggested in the Wheel of Wellness model, they can focus less on weight, shape, and attractiveness as a means for finding purpose in life and emphasize the life areas of spirituality, self-direction, work and leisure, friendship, and love. (Specific counseling interventions based on the Wellness model are reviewed in Myers et al., 2000.) By striving for balance in life rather than for a specific number on a scale, all girls and women will be better protected against sociocultural pressures that espouse the thin ideal.

## References

- Ackard, D. M., Kearney-Cooke, A., & Peterson, C. B. (2000). Effect of body image and self-image on women’s sexual behaviors. *International Journal of Eating Disorders, 28*, 422–429.
- Barber, N. (1998). The slender ideal and eating disorders: An interdisciplinary “telescope” model. *International Journal of Eating Disorders, 23*, 295–307.
- Bordo, S. (1995). *Unbearable weight: Feminism, Western culture, and the body*. Los Angeles: University of California Press.
- Brazelton, E. W., Greene, K. S., Gynther, M., & O’Mell, J. (1998). Femininity, bulimia, and distress in college women. *Psychological Reports, 83*, 355–363.
- Brehm, S. S., & Brehm, J. W. (1981). *Psychological reactance: A theory of freedom and control*. New York: Academic Press.
- Cash, T. F. (1994). The situational inventory of body image dysphoria: Contextual assessment of a negative body image. *The Behavior Therapist, 17*, 133–134.
- Cash, T. F. (2002). Cognitive-behavioral perspectives on body image. In T. F. Cash & T. Pruzinsky (Eds.), *Body image* (pp. 38–46). New York: Guilford Press.
- Cash, T. F., Ancis, J. R., & Strachan, M. D. (1997). Gender attitudes, feminist identity, and body images among college women. *Sex Roles: A Journal of Research, 36*, 433–448.
- Cash, T. F., & Pruzinsky, T. (2002). Future challenges for body image theory, research, and clinical practice. In T. F. Cash & T. Pruzinsky (Eds.), *Body image* (pp. 509–516). New York: Guilford Press.
- Celio, A. A., Zabinski, M. F., & Wilfley, D. E. (2002). African American body images. In T. F. Cash & T. Pruzinsky (Eds.), *Body image* (pp. 234–242). New York: Guilford Press.
- Cooley, E. J., & Toray, T. (2001). Disordered eating in college freshman women: A prospective study. *Journal of American College Health, 49*, 229–235.

- Corson, P. W., & Andersen, A. E. (2002). Body image issues among boys and men. In T. F. Cash & T. Pruzinsky (Eds.), *Body image* (pp. 192–199). New York: Guilford Press.
- Cusumano, D. L., & Thompson, J. K. (2000). Media influence and body image in 8-11-year old boys and girls: A preliminary report on the Multidimensional Media Influence Scale. *International Journal of Eating Disorders, 29*, 37–44.
- Falconer, J. W., & Neville, H. A. (2000). African American college women's body image: An examination of body mass, African self-consciousness, and skin color satisfaction. *Psychology of Women Quarterly, 24*, 236–243.
- Feingold, A., & Mazella, R. (1998). Gender differences in body image are increasing. *Psychological Science, 9*, 190–196.
- Gale, A. U., & Austin, B. D. (2003). Professionalism's challenges to professional counselors' collective identity. *Journal of Counseling & Development, 81*, 3–9.
- Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.
- Guinn, B., Semper, T., & Jorgensen, L. (1997). Body image perception in female Mexican-American adolescents. *The Journal of School Health, 67*, 112–115.
- Harris, S. M. (1995). Family, self, and sociocultural contributions to body image attitudes of African American women. *Psychology of Women Quarterly, 19*, 129–145.
- Hart, K., & Kenny, M. E. (1997). Adherence to the superwoman ideal and eating disorder symptoms among college women. *Sex Roles: A Journal of Research, 36*, 461–479.
- Haworth-Hoepfner, S. (2000). The critical shapes of body image: The role of culture and family in the production of eating disorders. *Journal of Marriage and the Family, 62*, 212–227.
- Henderson-King, D., Henderson-King, E., & Hoffman, L. (2001). Media images and women's self-evaluations: Social context and importance of attractiveness as moderators. *Personality and Social Psychology Bulletin, 27*, 1407–1416.
- Hensley, L. G. (2003). Stepping off the scale. In B. Ropers-Huilman (Ed.), *Gendered futures in higher education: Critical perspectives for change* (pp. 55–76). New York: State University of New York Press.
- Irving, L. M. (1999). A bolder model of prevention: Science, practice, and activism. In N. Piran, M. Levine, & C. Steiner-Adair (Eds.), *Preventing eating disorders: A handbook of interventions and special challenges* (pp. 63–84). New York: Brunner-Routledge.
- Jaffee, L., & Lutter, J. M. (1995). Adolescent girls: Factors influencing low and high body image. *Melpomene Journal, 14*, 14–22.
- James, K. A., Phelps, L., & Bross, A. L. (2001). Body dissatisfaction, drive for thinness, and self-esteem in African American college females. *Psychology in the Schools, 38*, 491–496.
- Kearney-Cooke, A. (2002). Familial influences on body image development. In T. F. Cash & T. Pruzinsky (Eds.), *Body image* (pp. 99–107). New York: Guilford Press.
- Kichler, J. C., & Crowther, J. H. (2001). The effects of maternal modeling and negative familial communication on women's eating attitudes and body image. *Behavior Therapy, 32*, 443–457.
- Lavin, M. A., & Cash, T. F. (2000). Effects of exposure to information about appearance stereotyping and discrimination on women's body images. *International Journal of Eating Disorders, 29*, 51–58.
- Levine, M. P., & Piran, N. (2001). The prevention of eating disorders: Toward a participatory ecology of knowledge, action, and advocacy. In R. Striegel-Moore & L. Smolak (Eds.), *Eating disorders: Innovative directions in research and practice* (pp. 233–254). Washington, DC: American Psychological Association.
- Levine, M. P., & Smolak, L. (2002). Body image development in adolescence. In T. F. Cash & T. Pruzinsky (Eds.), *Body image* (pp. 74–82). New York: Guilford Press.
- Lewis, D. M., & Cachelin, F. M. (2001). Body image, body dissatisfaction, and eating attitudes in midlife and elderly women. *Eating Disorders, 9*, 29–39.
- Lovejoy, M. (2001). Disturbances in the social body: Differences in body image and eating problems among African American and White women. *Gender and Society, 15*, 239–261.
- Ludwig, M. R., & Brownell, K. D. (1999). Lesbians, bisexual women, and body image: An investigation of gender roles and social group affiliation. *International Journal of Eating Disorders, 25*, 89–97.
- Martin, K. A., & Lichtenberger, C. M. (2002). In T. F. Cash & T. Pruzinsky (Eds.), *Body image* (pp. 414–421). New York: Guilford Press.
- McFarlane, T., McCabe, R. E., Jarry, J., Olmsted, M. P., & Polivy, J. (2001). Weight-related and shape-related self-evaluation in eating-disordered and non-eating disordered women. *International Journal of Eating Disorders, 29*, 328–335.
- McKinley, N. M. (2002). Feminist perspectives and objectified body consciousness. In T. F. Cash & T. Pruzinsky (Eds.), *Body image* (pp. 55–64). New York: Guilford Press.
- McVey, G. L., & Davis, R. (2002). A program to promote positive body image: A 1-year follow-up evaluation. *Journal of Early Adolescence, 22*, 96–108.
- Meyer, C., Blisset, J., & Oldfield, C. (2001). Sexual orientation and eating psychopathology: Role of masculinity and femininity. *International Journal of Eating Disorders, 29*, 314–318.
- Molloy, B. L., & Herzberger, S. D. (1998). Body image and self-esteem: A comparison of African-American and Caucasian women. *Sex Roles: A Journal of Research, 38*, 631–644.
- Monteath, S. A., & McCabe, M. P. (1997). The influence of societal factors on female body image. *Journal of Social Psychology, 137*, 708–728.
- Mussell, M. P., Binford, R. B., & Fulkerson, J. A. (2000). Eating disorders: Summary of risk factors, prevention programming, and prevention research. *The Counseling Psychologist, 28*, 764–796.
- Muth, J. L., & Cash, T. F. (1997). Body image attitudes: What difference does gender make? *Journal of Applied Social Psychology, 27*, 1438–1452.
- Myers, J. E., Sweeney, T. J., & White, V. E. (2002). Advocacy for counseling and counselors: A professional imperative. *Journal of Counseling & Development, 80*, 394–402.
- Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). Wheel of Wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development, 78*, 251–266.

- National Eating Disorders Association. (2003). Statistics: Eating disorders and their precursors. Retrieved May 5, 2005, from [http://www.nationaleatingdisorders.org/p.asp?WebPage\\_ID=320&Profile\\_ID=41138](http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=320&Profile_ID=41138)
- Paxton, S. J., Schutz, H. K., Wertheim, E. H., & Muir, S. L. (1999). Friendship clique and peer influences on body image concerns, dietary restraint, extreme weight loss behaviors, and binge eating in adolescent girls. *Journal of Abnormal Psychology, 108*, 255–266.
- Petersen, S. (2000). Multicultural perspective on middle-class women's identity development. *Journal of Counseling & Development, 78*, 63–71.
- Polce-Lynch, M., Myers, B. J., Kilmartin, C. T., Forssmann-Falck, R., & Kliewer, W. (1998). Gender and age patterns in emotional expression, body image, and self-esteem: A qualitative analysis. *Sex Roles: A Journal of Research, 38*, 1025–1049.
- Polivy, J., & Herman, C. P. (2002). Causes of eating disorders. *Annual Review of Psychology, 53*, 187–213.
- Reiss, D., & Price, R. H. (1996). National research agenda for prevention research: The National Institute of Mental Health report. *American Psychologist, 51*, 1109–1115.
- Rodin, J., Silberstein, L. R., & Striegel-Moore, R. H. (1985). Women and weight: A normative discontent. In T. B. Sonderegger (Ed.), *Psychology and gender: Nebraska symposium on motivation* (pp. 267–307). Lincoln: University of Nebraska Press.
- Smith, D. E., Thompson, J. K., Raczynski, J. M., & Hilner, J. E. (1999). Body image among men and women in a biracial cohort: The CARDIA study. *International Journal of Eating Disorders, 25*, 71–82.
- Smolak, L. (2002). Body image development in children. In T. F. Cash & T. Pruzinsky (Eds.), *Body image* (pp. 65–73). New York: Guilford Press.
- Springer, E. A., Winzelberg, A. J., Perkins, R., & Barr Taylor, C. (1999). Effects of a body image curriculum for college students on improved body image. *International Journal of Eating Disorders, 26*, 12–20.
- Steiner-Adair, C. (1986). The body politic: Normative female adolescent development and the development of eating disorders. *Journal of the American Academy of Psychoanalysis, 14*, 95–114.
- Stice, E., Chase, A., Stormer, S., & Appel, A. (2001). A randomized trial of a dissonance-based eating disorder prevention program. *International Journal of Eating Disorders, 29*, 247–262.
- Stice, E., Presnell, K., & Spangler, D. (2002). Risk factors for binge eating onset in adolescent girls: A 2-year prospective investigation. *Health Psychology, 21*, 131–138.
- Strachan, M. D., & Cash, T. F. (2002). Self-help for a negative body image: A comparison of components of a cognitive-behavioral program. *Behavior Therapy, 33*, 235–251.
- Striegel-Moore, R. H., & Cachelin, F. M. (1999). Body image concerns and disordered eating in adolescent girls: Risk and protective factors. In N. Johnson, M. Roberts, & J. Worell (Eds.), *Beyond appearance: A new look at adolescent girls* (pp. 85–108). Washington, DC: American Psychological Association.
- Striegel-Moore, R. H., & Franko, D. L. (2002). Body image issues among girls and women. In T. F. Cash & T. Pruzinsky (Eds.), *Body image* (pp. 183–191). New York: Guilford Press.
- Tantleff-Dunn, S., & Gokee, J. L. (2002). Interpersonal influences on body image development. In T. F. Cash & T. Pruzinsky (Eds.), *Body image* (pp. 108–116). New York: Guilford Press.
- Taylor, C. B., & Altman, T. (1997). Priorities in prevention research for eating disorders. *Psychopharmacology Bulletin, 33*, 413–417.
- Thombs, D. L., Rosenberg, J., Mahoney, C. A., & Daniel, E. L. (1996). Weight-loss expectancies, relative weight, and symptoms of bulimia in young women. *Journal of College Student Development, 37*, 405–413.
- Thomsen, S. R., Weber, M. M., & Brown, L. B. (2001). The relationship between health and fitness magazine reading and eating-disordered weight-loss methods among high school girls. *American Journal of Health Education, 32*, 133–138.
- Tiggeman, M. (2002). Media influences on body image development. In T. F. Cash & T. Pruzinsky (Eds.), *Body image* (pp. 91–98). New York: Guilford Press.
- Tsiantas, G., & King, R. M. (2001). Similarities in body image in sisters: The role of sociocultural internalization and social comparison. *Eating Disorders, 9*, 141–158.
- Turner, S. L., Hamilton, H., Jacobs, M., Angood, L. M., & Dwyer, D. H. (1997). The influence of fashion magazines on the body image satisfaction of college women: An exploratory analysis. *Adolescence, 32*, 603–615.
- Whitbourne, S. K., & Skultety, K. M. (2002). Body image development: Adulthood and aging. In T. F. Cash & T. Pruzinsky (Eds.), *Body image* (pp. 83–90). New York: Guilford Press.
- Wiederman, M. W., & Pryor, T. L. (2000). Body dissatisfaction, bulimia, and depression among women: The mediating role of drive for thinness. *International Journal of Eating Disorders, 27*, 90–95.
- Winzelberg, A. J., Abascal, L., & Barr Taylor, C. (2002). Psychoeducational approaches to the prevention and change of negative body image. In T. F. Cash & T. Pruzinsky (Eds.), *Body image* (pp. 497–508). New York: Guilford Press.
- Wolf, N. (1991). *The beauty myth*. New York: Morrow.
- Zucker, N. L., Womble, L. G., Williamson, D. A., & Perrin, L. A. (1999). Protective factors for eating disorders in college female athletes. *Eating Disorders, 7*, 207–218.

Copyright of Journal of Counseling & Development is the property of American Counseling Association. The copyright in an individual article may be maintained by the author in certain cases. Content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.