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Application of a racially expanded model of objectification theory to Asian and Asian American women

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**Application of a racially expanded model of objectification theory to Asian and Asian
American women**

by

Stacy Ko

A dissertation submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of
DOCTOR OF PHILOSOPHY

Major: Psychology (Counseling Psychology)

Program of Study Committee:
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The student author, whose presentation of the scholarship herein was approved by the program of study committee, is solely responsible for the content of this dissertation. The Graduate College will ensure this dissertation is globally accessible and will not permit alterations after a degree is conferred.

Iowa State University

Ames, Iowa

2019

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ABSTRACT

The current study sought to find support for a racially expanded model of objectification theory for Asian and Asian American women by including culturally relevant components of body image concerns, per Moradi's (2010) recommendations. Specifically, socialization experiences were included in the model to represent sexual objectification experiences for Asian and Asian American women (i.e., racial teasing and appearance-focused social pressure), and both dominant (U.S.) and culturally specific (Asian) modifications in the model were considered for several of the mediator and outcome variables.

Positive associations between socialization experiences (i.e., racial teasing and appearance-focused social pressure) and the outcome variables (i.e., social physique anxiety and consideration of cosmetic surgery) were hypothesized to be mediated by self-objectification processes (i.e., internalization of beauty standards, body surveillance, and lower body esteem). Additionally, appearance-contingent self-worth was hypothesized to moderate the association between socialization experiences and self-objectification processes (i.e., internalization of beauty standards and body surveillance).

Results using path analysis showed that both dominant (U.S.) and culturally specific (Asian) body surveillance were significant mediators between socialization experiences and the outcome variables. However, internalization of both dominant (U.S.) and culturally specific (Asian) beauty standards were not significant mediators for this association, demonstrating partial support for the mediation hypotheses. Results did not support the moderation hypothesis, in that appearance-contingent self-worth was not a significant moderator for the association between socialization experiences and self-objectification processes (i.e., internalization of beauty standards and body surveillance). Multiple groups analysis results showed that the

associations among the proposed variables in the model were equivalent for Asian international and Asian American female students, indicating that the model is equally applicable to both populations. Lastly, post hoc results demonstrated support for separating some of the variables in the model into their culturally specific components.

The current study applies a well-validated theoretical model that has mostly been studied with European Americans to an understudied population, challenging common misconceptions that Asian women do not struggle with body image issues. Results show that self-objectification processes for Asian and Asian American women may unfold in ways unique from their European American counterparts, with distinct contributions from both dominant and culturally specific beauty standards that extend beyond the Western “thin ideal.”

CHAPTER 1. INTRODUCTION

It is of no surprise that the objectification of women and girls has been a long-standing phenomenon of universal proportions. One would not be hard-pressed to find instances of the female body being displayed in overtly sexual and suggestive ways in mass media portrayals of women. Additionally, high numbers of women report daily experience with male-initiated sexual gazes and harassment (Kaschak, 1992; Swim, Hyers, Cohen & Ferguson, 2001), indicating a movement toward an engrained, misogynistic culture that is normalizing of the objectification of women. Objectification theory posits that women's gender socialization and experiences of sexual objectification are key players in an insidious process of *self-objectification*, wherein women and girls begin to internalize an observer's perspective of their own bodies and treat themselves as objects to be looked upon and evaluated based on bodily appearance (Frederickson & Roberts, 1997). According to this theoretical framework, the internalization of imposed standards becomes associated with a host of negative mental health outcomes, such as eating disorders, depression, and sexual dysfunction. While this model has mostly been tested with European American samples, relatively less is known about the applicability of objectification theory to ethnic minority women's body image concerns (Moradi, 2010; Moradi & Huang, 2008), a concern that also parallels the relative dearth of body image research in general with women of non-European American descent.

The body image literature with regard to Asians and Asian Americans has shown a clinical picture that is mixed and fraught with contradictory findings. For example, some studies suggest that Asian and Asian American women have less body dissatisfaction than their European American counterparts (e.g., Nouri, Hill, & Orrell-Valente, 2011), while others report that they have more (e.g., Forbes & Frederick, 2008) or the same (e.g., Gluck & Geliebter,

2002). These discrepancies may be due to unaddressed issues with research methodology, such as small sample sizes and measurements that are not validated for use with Asian populations, as well as a general failure to consider culturally specific phenomena that may contribute to Asian experiences with body dissatisfaction (Cummins, Simmons, & Zane, 2005). Notwithstanding these mixed findings, some empirical studies have found that body image concerns do indeed impact Asian populations (e.g., Forbes & Frederick, 2008; Iyer & Haslam, 2003; Koff, Benavage, & Wong, 2001; Lau, Lum, Chronister, & Forrest, 2006; Nouri, Hill, & Orrell-Valente, 2011), indicating a further need to establish what factors contribute to the contrasting conclusions that are drawn from research within this population. While there are a number of studies that focus on body image issues with Asians in their home country (Hong, Jung, Kim, Lee, et al., 2015; Jung & Forbes, 2006; Kim, 2009; Kim & Kim, 2005; Wen, Chia, & Hao, 2017), there are few published studies that address body dissatisfaction or disordered eating with Asians in the U.S. This disparity is interesting in light of the fact that research with native Asian populations has shown that Asian women place greater importance on appearance and are more critical of their bodies than U.S. women (Jung & Lee, 2006). For example, South Korea has seen the widespread use of cosmetic surgery (e.g., double-eyelid surgery) among Korean women (Ko, 2002), speaking to the growing emphasis on physical appearance in Korean society. Given that Asian women in the U.S. are in a unique position at the intersection of Asian and American cultures, important empirical questions emerge with respect to how body image issues present themselves in this population. Asian and Asian American women in the U.S. may face unique pressures in that they face demands from both their culture of origin and the dominant culture with respect to body image and appearance. They are immersed in both a mainstream culture that is well-known for its emphasis on thinness, as well as a collectivistic Asian culture that demands

conformance to group norms, namely, an appearance consistent with beauty ideals unique to Asian culture (e.g., pale skin, “small” face). Additionally, as a racial minority group, Asian and Asian American women may be subject to unique socialization experiences that put them at heightened risk for body image concerns in ways different from their European American counterparts.

A Culturally Expanded Model of Objectification Theory

Given the relative lack of research with regard to Asians in the U.S. and the development of body image concerns, objectification theory (Frederickson & Roberts, 1997) may serve as a useful sociocultural framework that elucidates how culture can operate in the objectification and marginalization of this group of women. Objectification theory (Frederickson & Roberts, 1997) originally posited that sexual objectification leads directly to mental health issues such as depression and eating disorders, as well as indirectly to mental health concerns by way of self-objectification processes such as body monitoring and body shame. However, Moradi (2010) expanded the original model to accommodate for the various *socialization experiences* of lesser-studied minority populations by including racism, heterosexism, cultural conflicts, and other forms of oppression within the realm of sexual objectification events. In other words, Moradi’s (2010) expanded model reconceptualized sexual objectification experiences to also include forms of socialization that contribute to self-objectification processes in minority populations. In addition to the sexually objectifying messages upheld by the dominant culture, then, Asian and Asian American women may be subjected to socialization experiences that include oppressive treatment based on their race, as well as unique forms of oppression based on family and peer pressures to maintain high standards of appearance. These socialization experiences of *racial teasing* and *appearance-focused social pressure* from parents and peers may represent contexts that predict tendencies to engage in processes of self-objectification.

With regard to racial teasing, Asians and Asian Americans have been shown to be the targets of racial microaggressions and discrimination that involve the denigration of Asian racial physical attributes (Cheng, 2014). Due to their unique phenotypical features that differ from what is considered “beautiful” in the dominant culture, Asians and Asian Americans may be particularly prone to racial teasing. For instance, Asian women may be teased for having narrower, monolid eyes or a wider nose, drawing attention to those physical attributes that do not align with “acceptable” standards. This may in turn perpetuate self-objectification processes (e.g., internalization of beauty norms, body surveillance) that highlight Asian women’s attempts to “escape” their racial identities (Zane, 1998).

Additionally, research has also linked appearance-focused social pressure from parents and peers with increased body image dissatisfaction in Asian and Asian American women (Brady et al., 2017; Lee, Taniguchi, Modica, & Park, 2013). This may be because Asians are likely to adopt an external frame of reference, such that their behavior is guided less by internal attributes and more by cues from social contexts (e.g., family and peers) (Heine, 2001). In particular, familial influence may be especially important in the unfolding of self-objectification processes among Asian and Asian American women, given that the family is the central reference group in many Asian cultures (Smart, Tsong, Mejia, Hayashino, & Braaten, 2011). Additionally, Asians have been shown to be more influenced by appearance-related messages from peers than their U.S. counterparts, conceivably due to their collectivistic cultural orientation that values social comparison in an effort to align with group norms (Lee et al., 2013). For Asian and Asian American women, then, exposure to racial teasing and appearance-focused social pressure from parents and peers may constitute socialization experiences that are positively

associated with self-objectification processes, as they begin to internalize an observer's perspective of their bodies and monitor their bodies to keep up with externally imposed norms.

In incorporating advances to objectification theory expounded upon by Moradi (2010), the current study empirically examines a racially-expanded model of objectification theory, where racial teasing and appearance-related social pressure are cited as socialization experiences that also constitute experiences of sexual objectification. Socialization experiences are proposed to be associated with self-objectification processes and lower body esteem, which in turn are hypothesized to be linked to negative mental health outcomes that reflect both an internal emotional response to objectification experiences (i.e., social physique anxiety) and an endorsement of procedures to compensate for what is deemed lacking in appearance (i.e., consideration of cosmetic surgery).

Mediating Variables: Self-Objectification Processes (Internalization of Beauty Standards, Body Surveillance, and Lower Body Esteem)

Objectification theory (Frederickson & Roberts, 1997) posits that women face a variety of negative mental health consequences as a result of residing within a culture that objectifies their bodies. This exposure to persistent objectification may lead women to become preoccupied with their physical appearance and to view themselves as objects, putting exclusive emphasis on their bodies at the expense of other important attributes and using physical appearance as a sole measure of their worth. Thus, not only are women seen as a collection of body parts for consumption by others (Frederickson & Roberts, 1997), but they also come to see themselves as much the same, reflecting the insidious process of self-objectification that hinders women from treating themselves as whole human beings.

In the current study, the socialization experiences of Asian and Asian American women (i.e., racial teasing and appearance-focused social pressure) are purported to be linked to negative

mental health outcomes (i.e., social physique anxiety and consideration of cosmetic surgery) through a variety of *self-objectification processes* (see Figure 1, Paths A1, A2, B, C1 and C2). As Asian and Asian American women are exposed to socialization experiences that represent unattainable standards of worth and success, these external messages can become internalized to the extent that the individual adopts the message to be true for herself. In other words, she is adopting societal mandates on her physical self as her own and attempting to attain congruence between her own body and the impossible standards imposed by both dominant (U.S.) and culturally specific (Asian) beauty standards (see Figure 1, Path A1). Additionally, socialization experiences and internalization of beauty ideals can make it such that Asian and Asian American women feel the need to survey their bodies to align with what they perceive as mandates on their appearance (see Figure 1, Paths A2 and B). Thus, the first two components of self-objectification involve the *internalization of beauty standards* (Moradi, 2011), wherein the woman begins to internalize sociocultural beauty ideals that further perpetuate her own objectification, as well as *body surveillance*, which entails a pervasive monitoring of one's own body and how it may be evaluated by others (McKinley & Hyde, 1996).

Lau et al. (2006) found that Asian American women face a two-dimensional comparison with regard to attractiveness, such that for Asian and Asian American women, comparisons to both U.S. and Asian cultural ideals may require internalization of two standards of beauty, as well as an increased need to survey the body for conformance to both sets of ideals. Despite the importance of considering both sets of ideals, Moradi and Huang (2008) argue that current conceptions of appearance-related concerns do not account for those that may be specific to particular groups, such as skin tone, hair texture, and facial features. Thus, as a result of being immersed at the intersection of two cultures, Asian women in the U.S. may not only internalize

European American body ideals that are found in mainstream media (e.g., thinness), but also beauty standards found in Asian media that emphasize facial features or skin tone. In a parallel fashion, they may show body surveillance behaviors that span both general (body image-related) and specific (race-related) concerns, monitoring their bodies for adherence to the thin ideal as well as racially-specific attributes such as the size of the face or eyes. While most previous applications of objectification theory incorporate only mainstream (i.e., White) beauty ideals, the current study uniquely accounts for the possibility of both general (U.S.) and culturally specific (Asian) standards of beauty, as well as general (U.S.) and culturally specific (Asian) body surveillance concerns. This addition accounts for the fact that beauty may be defined in nuanced ways for Asians residing in the U.S., who may be dually influenced by both mainstream ideals and those specific to Asian culture.

Lastly, the third component of the self-objectification process stipulates that if the woman imposes impossibly high standards of beauty on herself that she cannot attain and is constantly scanning her body for how it measures up to these standards, she may then have a negative affective experience reflective of her failure to achieve these standards. That is, she may experience *lower body esteem* (see Figure 1, Paths C1 and C2), or a lower self-evaluation of her physical appearance (Mendelson, White, & Mendelson, 1996). While objectification theory has frequently used body shame (rather than body esteem) to represent the negative affective experience that results from the aforementioned self-objectification processes (i.e., internalization of beauty standards and body surveillance), this construct (in its operationalized form) is restricted solely to concerns with one's weight (McKinley & Hyde, 1996). On the other hand, body esteem encompasses a broader range of concerns that include not only those with weight but also with one's general appearance. Thus, to ensure the relevance of this negative

affective experience to both general, weight-related concerns as well as to culturally specific attributes (e.g., face size and shape), body esteem was deemed the more appropriate construct within the context of a racially-expanded model of objectification theory. This represents another unique contribution of this study, in that it addresses findings from previous studies that suggest that U.S.-residing Asian women may exhibit more dissatisfaction with physical features related to their race in addition to their weight (Mintz & Kashubeck, 1999; Sabik, Cole, & Ward, & 2010). Thus, it is proposed that internalization of beauty ideals and body surveillance will be positively associated with lower body esteem (see Figure 1, Paths C1 and C2).

Outcome Variables: Social Physique Anxiety and Consideration of Cosmetic Surgery

As a result of the above self-objectification processes, Asian and Asian American women may experience culturally relevant negative mental health outcomes. Specifically, they may experience social physique anxiety, or a fear of negative evaluation of one's physique by others (Hart, Leary, & Rejeski, 1989), and consider cosmetic surgery in order to "correct" for their flaws (see Figure 1, Paths D1 and D2). While the relationship between self-objectification experiences (e.g., internalization of beauty standards, body surveillance) and depression as an outcome variable has been adequately demonstrated in numerous studies (e.g., Choma, Shove, Busseri, Sadava, & Hosker, 2009; Muehlenkamp, Swanson, & Brausch, 2005; Jones and Griffiths, 2014), social physique anxiety is a culturally relevant but new construct that has yet to be applied within the context of objectification theory, and has been studied almost exclusively with White samples. The current study represents a unique contribution to the literature in that it applies social physique anxiety to Asian and Asian American women within the context of objectification theory. There has been only one study to date that examined social physique anxiety with Asian women, where it was found that Korean participants scored second highest on social physique anxiety after Japanese women, followed by Chinese and Taiwanese women

(Isogai, Brewer, Cornelius, & Tokushima, 2001). While the literature in this area as applied to Asian and Asian American women is rather sparse, there is reason to believe that socialization experiences and self-objectification processes will be positively associated with social physique anxiety. For one, many Asian cultures adhere to the values of a collectivistic society, where values such as cooperation, conformity, and compliance with social or group norms are emphasized (Triandis, 2001). As such, Asian and Asian American women may be sensitive about making a good impression and strive to obtain social recognition and approval by others (Choi & Kim, 2000), experiencing anxiety about how their physical appearance will be evaluated by others within an interpersonal context. Thus, socialization experiences and self-objectification processes that call into question one's alignment with appearance norms may make it such that Asian and Asian American women experience social physique anxiety. This is especially the case given that the opinions of others matter strongly within the Asian cultural context.

There is also preliminary evidence to suggest that objectification theory predicts attitudes toward cosmetic surgery. While socialization experiences take the place of sexual objectification in the current study to align with a racially-expanded model of objectification theory (Moradi, 2010), Calogero, Pina, and Park (2010) found that sexual objectification, self-surveillance, and body shame predicted greater consideration of having cosmetic surgery in the future among a predominantly White, college women sample. Results from a study with Australian female undergraduate students also found that sexual objectification, self-objectification, self-surveillance, and body shame predicted increased acceptance as well as consideration of cosmetic surgery (Vaughan-Turnbull & Lewis, 2015), further demonstrating objectification theory's utility in explaining propensity for cosmetic surgery as an outcome of self-objectification processes. While the relationship between objectification theory and consideration

of cosmetic surgery has been unexamined with Asian and Asian American women, their connection seems likely. Individuals from Asian countries have shown favorable attitudes toward cosmetic surgery (Wen, Chia, & Hao, 2017), with countries such as South Korea having one of the highest rates of cosmetic surgery in the world (White, 2005). One study with Asian American women showed that a surgical procedure called blepharoplasty was used to change their eyelids to “double-eyelids,” thereby changing a part of the body (i.e., the eyes) associated with prejudice and helping women to escape their racial identity (Kaw, 1993). Karupiah (2013) also suggested that Asian (Korean) women may undergo cosmetic surgery as a result of socialization, social acceptance, and values, where surgical beauty procedures are seen as a normal part of growing up and are widely accepted by Korean families. As Asian and Asian American women are socialized to internalize particular societal standards for appearance and engage in other self-objectification processes, they may feel stronger pressures to alter their physical appearance to alleviate the distress of misalignment with imposed cultural norms.

In sum, it is hypothesized that: a) socialization experiences (i.e., racial teasing and appearance-focused social pressure) will be positively associated with self-objectification processes (i.e., internalization of beauty standards, body surveillance and lower body esteem), and that in turn, b) lower body esteem will be positively associated with social physique anxiety and consideration of cosmetic surgery.

Appearance-Contingent Self-Worth as a Moderator

In addition to the proposed relationships between socialization experiences and self-objectification, it may also be the case that a culturally relevant moderating variable can specify the nature of these relationships among Asian and Asian American women in a more nuanced manner. One study showed that the parameters of objectification theory may be circumscribed by race/ethnicity (Grabe & Jackson, 2009), such that exploration of the theory with specific racial

groups (e.g., Asian) and relevant moderating variables may be worth undertaking to explore for whom these relationships exist more or less strongly. The current study examines appearance-contingent self-worth as a possible variable that moderates the relationship between socialization experiences and internalization of beauty standards, as well as socialization experiences and body surveillance (see Figure 1, Paths E1 and E2).

Contingencies of self-worth are defined as personal beliefs about what one must be or do in order to derive a sense of self-worth (Crocker & Wolfe, 2001). While Crocker and Wolfe (2001) cite several contingencies that individuals may rely on to feel good about themselves (e.g., God's love), derivation of self-worth from appearance may be associated with engagement in more self-objectification processes (i.e., internalization of beauty standards, body surveillance, and lower body esteem). Grossbard, Lee, Neighbors, and Larimer (2009) found that basing self-worth on appearance was associated with concerns about one's weight and body shape for female college students. Results from another study showed that investing self-worth in appearance was associated with increased body surveillance among Black and White college women (Overstreet & Quinn, 2012). While these studies demonstrated the consequences of appearance-contingent self-worth for non-Asian women, the current study conceptualizes that contingencies of self-worth based on appearance may be particularly salient for Asian women residing in the U.S., as many Asian cultures place great importance on appearance management in the evaluation of the self and others (Jung & Lee, 2006; Park & Choi, 2008). For those who have higher appearance-contingent self-worth, socialization experiences (i.e., racial teasing and appearance-focused social pressure) may make it such that one will engage in more self-objectification processes, as attention is drawn to those physical aspects of self that are not deemed worthy. On the other hand, those who rely less on their appearance to maintain their self-

worth may be less likely to engage in self-objectification processes even in the presence of powerful socialization experiences, as other, non-appearance aspects of their identity may be more salient in maintaining their self-worth (see Paths A1, A2, E1, and E2, Figure 1). Thus, it is hypothesized that Asians and Asian Americans who have higher appearance-contingent self-worth will show a stronger positive association between socialization experiences (i.e., racial teasing and appearance-focused social pressure) and self-objectification processes (i.e., internalization of beauty standards and body surveillance), while those with lower appearance-contingent self-worth will show a weaker positive association between these constructs (see Figures 2 and 3).

Summary of Present Study

The present study seeks to examine an integrated, racially-expanded model of objectification theory that posits socialization experiences as predictors of self-objectification processes, which are in turn associated with social physique anxiety and consideration of cosmetic surgery (see Figure 1). It is hypothesized that the positive associations between socialization experiences (i.e., racial teasing, appearance-focused social pressure) and the outcome variables (i.e., social physique anxiety, consideration of cosmetic surgery) will be mediated by self-objectification processes (i.e., internalization of beauty standards, body surveillance and lower body esteem) (see Figure 1, Paths A1-D2). Specifically, the following six mediation hypotheses are hypothesized (see Figure 1):

1. Socialization Experiences → Internalization of Beauty Standards (Dominant and Culturally Specific) → Lower Body Esteem → Social Physique Anxiety (Paths A1→C1→ D1)

2. Socialization Experiences → Internalization of Beauty Standards (Dominant and Culturally Specific) → Lower Body Esteem → Consideration of Cosmetic Surgery (Paths A1 → C1 → D2)
3. Socialization Experiences → Internalization of Beauty Standards (Dominant and Culturally Specific) → Body Surveillance (General and Culturally Specific) → Lower Body Esteem → Social Physique Anxiety (Paths A1 → B → C2 → D1)
4. Socialization Experiences → Internalization of Beauty Standards (Dominant and Culturally Specific) → Body Surveillance (General and Culturally Specific) → Lower Body Esteem → Consideration of Cosmetic Surgery (Paths A1 → B → C2 → D2)
5. Socialization Experiences → Body Surveillance (General and Culturally Specific) → Lower Body Esteem → Social Physique Anxiety (Paths A2 → C2 → D1)
6. Socialization Experiences → Body Surveillance (General and Culturally Specific) → Lower Body Esteem → Consideration of Cosmetic Surgery (Paths A2 → C2 → D2)

Additionally, the current study is the first of its kind to incorporate a moderating variable in the examination of objectification theory, helping to delineate for whom these objectification experiences are the most salient. It is hypothesized that appearance-contingent self-worth will moderate the association between socialization experiences and internalization of beauty standards, as well as socialization experiences and body surveillance (see Figure 1, Paths E1 and E2). Specifically, those with higher appearance-contingent self-worth are hypothesized to show a stronger positive association between socialization experiences (i.e., racial teasing and appearance-focused social pressure) and self-objectification processes (i.e., internalization of beauty standards and body surveillance), while those with lower appearance-contingent self-

worth are predicted to show a weaker positive association between these constructs (see Figures 2 and 3).

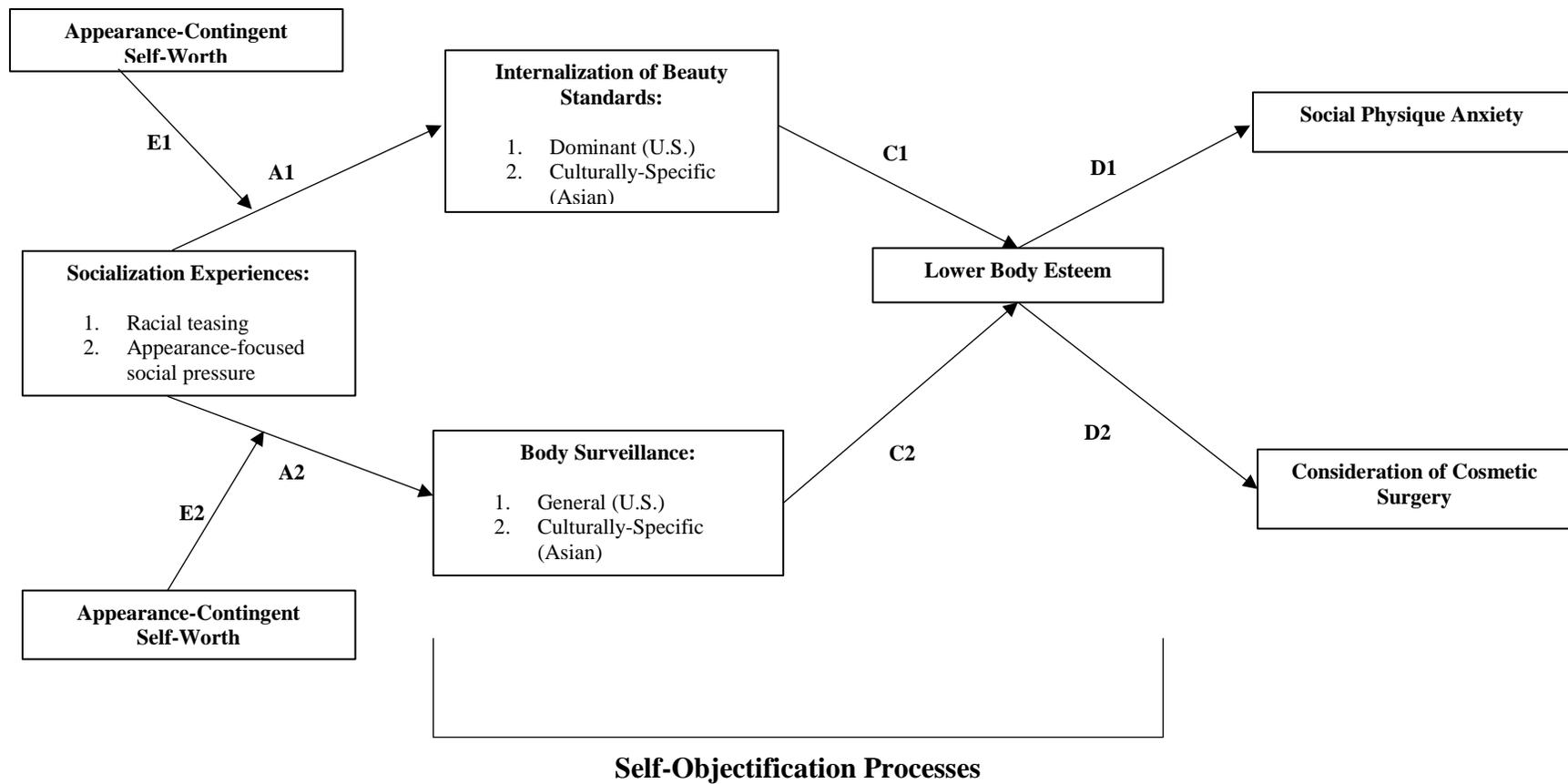


Figure 1. *The Proposed Conceptual Model.*

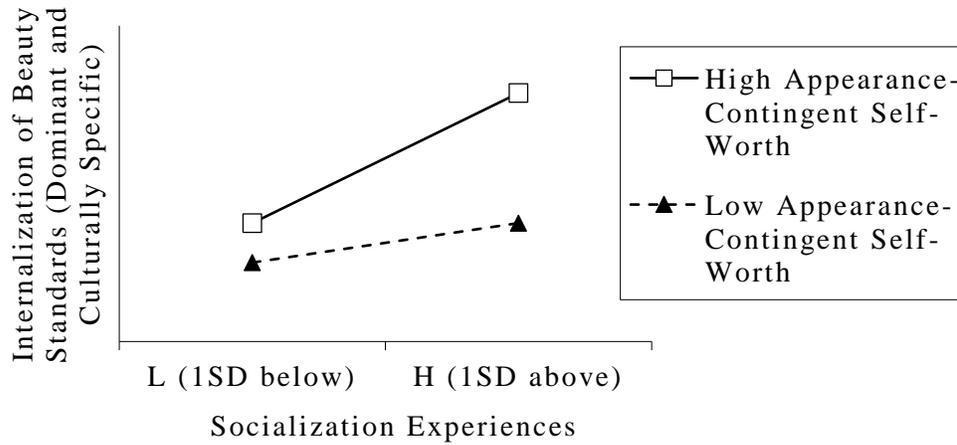


Figure 2. *Hypothesized Moderation Effects for Socialization Experiences on Internalization of Beauty Standards (Dominant and Culturally Specific).*

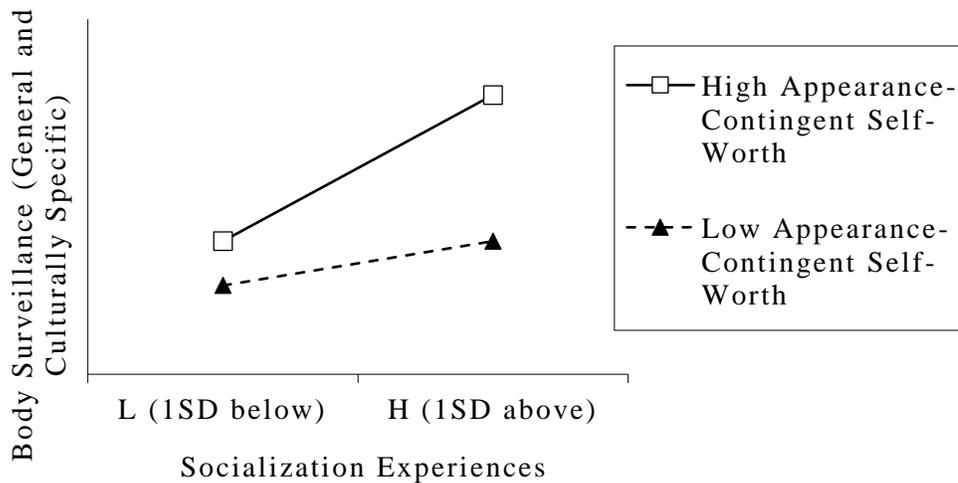


Figure 3. *Hypothesized Moderation Effects for Socialization Experiences on Body Surveillance (General and Culturally Specific).*

CHAPTER 2. LITERATURE REVIEW

This literature review will consist of four major sections: a) a presentation of objectification theory (Frederickson & Roberts, 1997) and its culturally expanded counterpart (Moradi, 2010), b) examination of the mediation model and relationships between each of the variables, c) overview of the moderation effect in the proposed model, and d) summary of the hypotheses. In the first section, I will present a thorough overview of Frederickson and Roberts' (1997) objectification theory in its original form, as well as Moradi's (2010) amended model for how the theory can be adapted in culturally relevant ways for ethnic minority populations. In the second and third sections, I will more thoroughly examine the variables in the mediation model and briefly review the literature with regard to the moderating variable (i.e., appearance-contingent self-worth), presenting rationale for its inclusion in the model. Finally, the review will conclude with a summary of the proposed theoretical model and reiterate the hypothesized relationships between the variables.

Frederickson and Roberts' (1997) Objectification Theory

Objectification theory (Frederickson & Roberts, 1997) represents an integrative framework that helps to understand how sociocultural pressures are translated into psychological risk factors and body image concerns. This theory posits that, although the biological construction of the body is traditionally the focal point that distinguishes between the sexes, bodies also exist within social and cultural contexts that infuse the body with social meaning and shape the experiences of women in specific ways. That is, female bodies do not reside in a vacuum, but rather, within a sociocultural context that is rife with experiences of sexual objectification. In this process, women are treated as a collection of body parts predominantly for

use or consumption by others, with their bodies separated out from their person as if they are capable of representing the woman as an entire being.

Frederickson and Roberts (1997) argue that the most ubiquitous way in which sexualized evaluation is enacted is through gaze, or visual inspection of the body. Objectifying gaze is universally present within interpersonal and social encounters, where women are gazed at and feel more “looked at” than men, and more focus is given to their bodies and sexual parts rather than their faces (Kozee, Tylka, Augustus-Horvath, & Denchik, 2007). While men may unconsciously gaze at women and their body parts without the intent of harassment, the subtlety and high frequency with which this behavior occurs may constitute a form of gender microaggression that feels comparably demeaning to more overt cases of groping or assault. The existence of words in the English language that describe the male gaze, such as “ogle,” “leer,” “gape,” and “gawk,” further signifies the pervasive nature of the objectifying gaze (Henley, 1977). It has also been empirically shown that women who anticipate a male gaze report greater shame about their bodies and anxiety about their appearance than those who anticipate a woman’s gaze (Calogero, 2004). Additionally, men’s gazing is often accompanied by sexually evaluative commentary, tending to be the most derogatory with regard to women of color (Allen, 1984).

Objectifying gaze also plays out in various forms of media where males are often depicted looking directly at their female counterpart in a non-reciprocated manner (Frederickson & Roberts, 1997). For instance, advertisements frequently show a male staring at or monitoring a female who is looking off into the distance or daydreaming, almost as if she is not mentally present as the object of the gaze. Other media depictions focus solely on the woman’s body, where her head may be mostly dismembered or eliminated altogether with exclusive emphasis on

the body or body parts. Men, on the other hand, are usually portrayed in print media with emphasis on the head or face, and with greater facial detail (Frederickson & Roberts, 1997). Furthermore, objectifying images are often infused with racial stereotypes for women of color, with Asian American women often portrayed as providers of an exotic or subservient sexuality (Root, 1995). The aforementioned interpersonal encounters (i.e., objectifying gaze) and media depictions form the foundation of objectification experiences that can then set off a stream of negative mental health consequences. As such, women (and particularly women of color) are thought to exist in a sociocultural context where bodies will always be looked at, evaluated, and potentially objectified.

What renders objectification experiences so powerful is the strong potential they have to impact women's views of themselves. Frederickson and Roberts (1997) contend that sexual objectification acts to socialize women to then treat *themselves* as objects to be looked at and evaluated. In other words, what starts as an external pressure to conform may, in essence, actually turn into individuals claiming ownership of these socialized values and attitudes as they incorporate them into their sense of self. With repeated exposure to this subtle feedback and external pressure to appear a certain way, women come to experience their efforts to improve their appearance as freely chosen, or even natural (Costanzo, 1992). This internalization may also lead to a habitual monitoring of one's appearance that is less about women being vain or self-absorbed than a strategy that helps women align with norms to improve her treatment by others. Thus, to be objectified by others means that women may then be on the path toward what Frederickson and Roberts (1997) term *self-objectification*. As women engage in self-objectification processes, a further cascade of psychological and experiential consequences may follow, such as increased body shame and appearance anxiety, decreased "flow"

(Csikszentmihalyi, 1982, 1990), and lower awareness of internal bodily states (e.g., hunger cues, sexual arousal). These experiences act as intermediary psychological factors that themselves accumulate and finally contribute to mental health risks, such as depression, sexual dysfunction, and eating disorders (Frederickson & Roberts, 1997; see Figure 4).

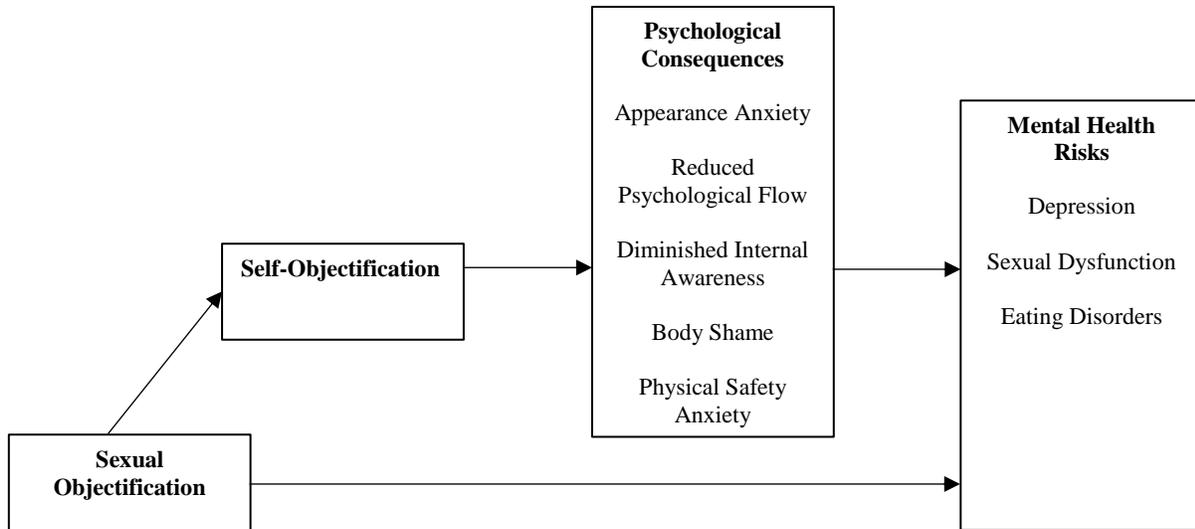


Figure 4. *Key Components of Objectification Theory in its Original Form (Frederickson & Roberts, 1997).*

While Frederickson and Roberts (1997) reference the experiences of women of color in their formulation of objectification theory wherever possible, they also acknowledge that this theoretical framework has largely been formulated on the experiences of European American girls and women. Specifically, they emphasize that not all women experience and respond to sexual objectification in the same way, with unique combinations of ethnicity, class, sexuality, age, and other physical and personal attributes contributing to these differential experiences. Thus, while the basic tenets of the model may hold across different groups of women, the specific ways in which the variables manifest themselves may be culturally distinct. For example, while the model in its original form focuses mainly on ideals of thinness (i.e., the

European American ideal for beauty), it has been found that more culturally specific pressures (e.g., skin tone) may distinctly shape the experiencing of objectification theory constructs for racial or ethnic minority women (e.g., Buchanan, Fischer, Tokar, & Yoder, 2008; Overstreet, Quinn, & Agocha, 2010). Thus, group-specific experiences that highlight the salience of culturally relevant factors must be considered in applying objectification theory to diverse populations.

Moradi's (2010) Culturally Expanded Objectification Theory

In conducting a thorough review of the extant literature on applications of objectification theory, Moradi and Huang (2008) concluded with a list of fifteen recommendations that included suggestions for extending objectification theory to diverse populations that vary on racial/ethnic identity, sexual orientation, age, socioeconomic status, relationship status, and other background variables. Of particular relevance to the current study, they commented on the need for the utility of the theory to be tested with racial/ethnic minority women, especially given that current conceptualizations of objectification theory largely do not capture the importance of culturally salient factors such as skin tone, hair texture, and facial features. Other group-specific variables (e.g., racism, prejudice) were also highlighted as areas that need to be integrated into the theory's framework to extend its utility across diverse groups of women.

In line with her recommendations, Moradi (2010) proposed an expanded objectification theory model that highlights the flexibility of the model and its potential to accommodate for the presence of various socialization experiences that are relevant to specific populations (see Figure 5). First, she expanded the first predictor variable in the model (i.e., sexual objectification) to include additional socialization experiences that might also contribute to body image concerns, such as racism, heterosexism, cultural conflicts, and gender norm pressures. Additionally, while sexual objectification events were largely considered to take the form of interpersonal encounters

or media depictions in the original model (Frederickson & Roberts, 1997), Moradi (2010) argued that other forms of socialization, such as perceived pressures for thinness and family and peer influences, could also constitute experiences on par with sexual objectification in its original form. Thus, sexual objectification was expanded to also encompass a variety of relevant socialization experiences in the amended model.

Second, with regard to self-objectification, Moradi (2010) cited the importance of operationalizing this broad theoretical construct by explicitly measuring the internalization of dominant beauty standards, given the increased number of studies using this construct to explain differences in body image attitudes (e.g., Jung, Forbes, & Chan, 2010; Phan & Tylka, 2006; Tolaymat & Moradi, 2011). Additionally, she recommended that body surveillance be used as a means of measuring the habitual body monitoring referenced by Frederickson and Roberts (1997), as it has also been a frequently used and empirically supported manifestation of self-objectification. Moradi (2010) also highlighted the importance of addressing cultural variability in conceptualizations of these key constructs. For instance, she cited Overstreet et al., (2010), whose operationalization of body image ideals and body dissatisfaction went beyond weight and slimness to include curvaceous body ideals for Black and White women, as well as Jung et al., (2010), who considered the differential relevance of muscularity ideals between Hong Kong and U.S. men. These studies demonstrate the need for research in non-Eurocentric cultures that examines how body image is constructed in culturally specific ways. Doing so accounts for the fact that diverse populations reside at the intersection of multiple converging influences that can shape body image attitudes, rather than presuming that all populations are solely at the whim of dominant cultural beauty ideals.

Third, Moradi (2010) also suggested that self-objectification itself be conceptualized as a process rather than as a distinct entity. That is, she proposed that self-objectification encompasses internalization of beauty standards, body surveillance, *and* their links to the intermediary variables outlined by Frederickson and Roberts (1997) (i.e., body shame, anxiety, reduced motivational flow, and lower internal bodily awareness), with these latter variables being both potential psychological consequences of self-objectification *and* a part of its process. This differs from Frederickson and Roberts' (1997) original conceptualization, where self-objectification was viewed as a distinct entity that then led directly to the intermediary psychological factors (see Figure 4). Moradi's (2010) framing of self-objectification as a process indicates that it cannot be cleanly separated out from the psychological consequences that follow, as these consequences in and of themselves represent components of the self-objectification process.

Lastly, while the original objectification theory framework focused solely on mental health issues (i.e., depression, sexual dysfunction, eating disorders) as outcomes of objectification processes, Moradi (2010) expanded the outcome variables in her amended model to also include body modifications such as cosmetic surgery, use of anti-aging products, and steroid use. These new examples of symptomatology highlight behavioral symptoms that are not solely limited to discrete mental health conditions, per say, but nonetheless represent significant aberrations in behavior that reflect culturally-rooted body image concerns.

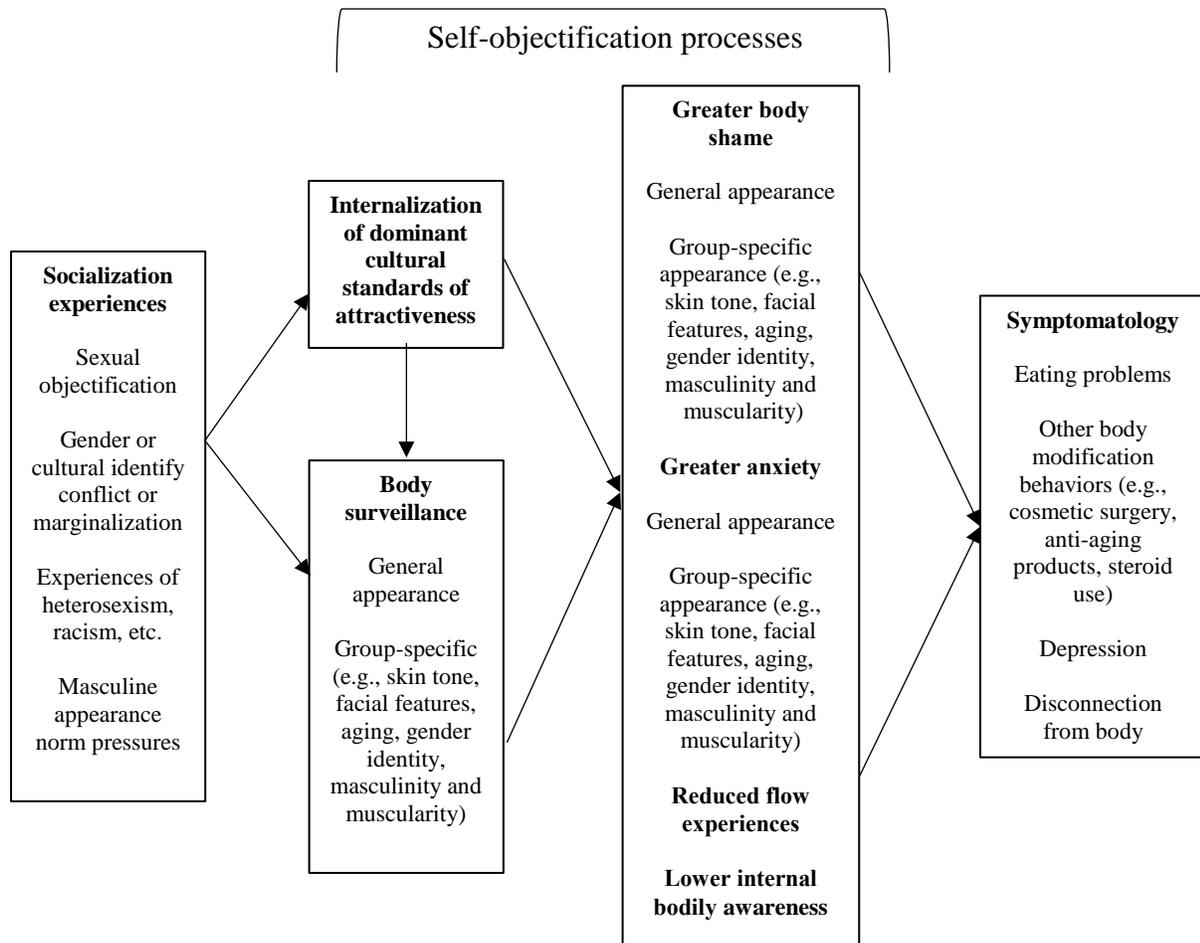


Figure 5. Moradi's (2010) Culturally Expanded Objectification Theory Model.

Applying a Racially Expanded Model of Objectification Theory to Asians and Asian Americans

In incorporating advances to objectification theory as outlined by Moradi (2010), the current study presents a racially expanded model of objectification theory as applied to Asian and Asian American women. First, as Moradi (2010) contends that minority populations may undergo socialization experiences that represent events of sexual objectification, the current model identifies *racial teasing* and *appearance-focused social pressure* as socialization experiences that fall under this realm with specific relevance to Asians and Asian Americans.

This predictor variable is then purported to be positively associated with the mediating variables of *internalization of beauty standards* and *body surveillance*. In considering these self-objectification processes, the model incorporates both dominant (U.S.) and culturally specific (Asian) considerations to account for Moradi's (2010) suggestion that culturally relevant manifestations of objectification need to be considered.

The current study conceptualizes socialization experiences as a predictor of self-objectification processes, namely, internalization of beauty standards, body surveillance, and lower body esteem. While Moradi (2010) cites body shame rather than body esteem as a negative affective experience within self-objectification processes, body esteem in its operationalized form is more inclusive of culturally relevant concerns beyond weight and size, and is hence used as a close counterpart to body shame in the current study. Lower body esteem is then purported to be associated with culturally relevant outcome variables, namely, *social physique anxiety* and *consideration of cosmetic surgery*. The examination of these outcome variables aligns with Moradi's (2010) recommendations in two ways: first, it considers a culturally salient mental health variable (i.e., social physique anxiety) that is being empirically examined with Asian and Asian American women for the first time, and second, it includes the consideration of body modification procedures (i.e., consideration of cosmetic surgery) as a behavioral symptom of specific relevance to this population. Henceforth, I will present a thorough review of each of the variables and their relationships to one another within this racially expanded model.

Racial Teasing as a Predictor of Internalization of Beauty Standards and Body Surveillance

Frederickson and Roberts (1997) made the claim that culture can operate to objectify and marginalize individuals. In turn, Moradi (2010) offered a culturally expanded model of objectification theory to conceptually account for racism as a powerful socialization experience

that can set off the objectification process for racial/ethnic minority women. While racism may initially appear to be somewhat removed from the development of body image concerns at its broadest level, racial teasing is a more proximal, interpersonal encounter that directly denigrates racial physical features, thereby devaluing the dignity of racial minority women. (Armenta et al., 2013, Moradi, 2010). Racial teasing may involve explicit or subtle social derision of physical characteristics and cultural practices (e.g., skin color, facial features, cultural dress) associated with racial/ethnic minority culture (Reddy & Crowther, 2007), the experience itself serving as a form of self-objectification wherein women begin to adopt an outsider's perspective on their appearance. This may create a context in which further self-objectification processes may occur, as the individual internalizes these imposed standards for beauty and monitors her body to align with mainstream expectations, becoming a caricature of an entire culture rather than being seen as a unique individual.

Empirically, Asian Americans have been shown to be the targets of race-related teasing that marginalizes and denigrates race-related features (e.g., eye size, skin tone), with research suggesting that frequency and exposure to race-related or ethnic teasing intensifies body shape concerns and maladaptive eating attitudes (Cummins & Lehman, 2007, Iyer & Haslam, 2003). Additionally, it has also been demonstrated that specific racialized features (e.g., eye shape) influences how Asian American women perceive their bodies and evaluate their appearance (Brady et al., 2017). This indicates that racial teasing may act as an externally imposed standard by which women begin to measure themselves against. For instance, one Korean-American woman in a qualitative intersectional study reported that she was teased for having “chinky” eyes (Brady et al., 2017, p. 487), which implies a perception that something was “wrong” with the way her eyes currently appeared. Thus, Asian and Asian American women who are teased about

particular racialized features may be more likely to internalize dominant beauty standards and monitor their bodies for adherence to these norms (see Figure 1, Paths A1 and A2). In fact, Cheng (2014) found that perceived discrimination, (i.e., of which racial teasing is one form), was associated with greater endorsement of media beauty ideals (i.e., internalization of beauty standards), and Reddy and Crowther (2007) similarly found that a history of racial/ethnic teasing was associated with higher levels of media internalization. Brady et al., (2017) also found that race-related teasing made it more likely that women engaged in body surveillance, perhaps as they became more aware of something being “wrong” with their appearance and potentially needing to change it. Thus, being teased for their racial features may lead Asian and Asian American women to feel insecure about their appearance, question their own norms for beauty, and adopt Western appearance ideals to gain approval from mainstream society.

Racial teasing may also make it such that Asian and Asian American women internalize culture-specific (i.e., Asian) beauty standards. Racial teasing and stereotyping that involve commentary about being “doll-like” or having porcelain-like features with a smooth complexion and skinny physique (Brady et al., 2017) are actually aligned with Asian beauty norms. Thus, in addition to being influenced by dominant norms, Asian and Asian American women may also strive toward fulfilling Asian appearance norms that are rooted in experiences of racial teasing or stereotyping (e.g., resembling a porcelain doll), such as having double eyelids to make the eyes appear larger or “better skin like those Korean stars” (Brady et al., 2017, p. 485). In this way, Asian and Asian American women may come to internalize these stereotypes as being representative of their race and monitor their bodies to “match” the racialized characteristics expected by the mainstream culture. Racial teasing may thus lead Asian and Asian American women to internalize both dominant (U.S.) and culturally specific (Asian) beauty standards and

engage in increased levels of body surveillance for conformance to both general (U.S.) and culturally specific (Asian) beauty standards (see Figure 1, Paths A1 and A2).

Appearance-Focused Social Pressure as a Predictor of Internalization of Beauty Standards and Body Surveillance

Appearance-focused pressures from parents and peers constitute additional socialization experiences that may serve as both a form of self-objectification and a predictor of further self-objectification processes (i.e., internalization of beauty standards and body surveillance) for Asian and Asian American women. Feedback from close others may play a particularly important role in the self-objectification process for Asian and Asian American women, as collectivistic values are often prized in Asian countries. These values include harmonious relationships among people and interpersonal concern for others (Triandis, 2001), which contrasts with individualistic (i.e., U.S.) values of personal autonomy, self-fulfillment, and personal uniqueness (Oyserman, Coon, & Kemmelmeier, 2002). Furthermore, those from collectivistic cultures tend to have an interdependent self-construal, in which they organize their behavior in reference to others' feedback (Markus & Kitayama, 1991). This may potentially place more importance on social information in the construction of one's own self-perceptions and identity. That is to say, the opinions of parents and peers likely matter to a high degree for Asian and Asian American women.

First, the family is viewed as a collective unit that gains pride through a family member's appearance in Asian culture (Smart et al., 2011). For instance, it is not uncommon for Asian parents to "gift" their children with plastic surgery to increase their chances of success in the "real world" after graduation (Karupiah, 2013). For Asian and Asian American women, then, maintaining appearances may be necessary to maintain the reputation of the family as a whole. A study with women in Singapore (Kim, Yang, Atkinson, Wolfe, & Hong, 2001) showed that

higher levels of parental comments were associated with an increased desire for appearance ideals around body shape and weight (Chng & Fassnacht, 2015). Additionally, Asian American women have been shown to receive unsolicited feedback and criticism from family members about their body shape and features (Brady et al., 2017), providing initial evidence that comments from parents about appearance may constitute objectifying experiences in and of themselves. As such, parental commentary may create a context in which Asian and Asian American women begin to adopt the perspective of their parents (i.e., self-objectify) and view themselves as a collection of body parts to be groomed and maintained for the reputation of the family.

While some Asian American women note that parental commentary may constitute a “normal” cultural practice of commenting on perceived flaws in appearance as a method of self-improvement, they have also reported feelings of resentment, aggravation, embarrassment, helplessness and powerlessness with regard to this criticism (Brady et al., 2017). This indicates that there is likely a gap between what is attainable and what is being attained. Parents may be encouraging their daughters to abide by unrealistic, dominant beauty norms as a marker of fitting in and succeeding in American society, or on the other hand, to abide by similarly stringent Asian beauty norms to maintain the family’s reputation in their ethnic community. Due to these high pressures to reflect well on the family, appearance-related social pressure from parents may promote alignment with both dominant (U.S.) and culturally specific (Asian) beauty standards, as well as body monitoring in general (U.S.) and culturally specific (Asian) ways for any aberrance from these norms (i.e., internalization of beauty standards and body surveillance).

Peers constitute another external frame of reference from which important self-construal information can be sought, and there is some initial evidence to suggest that peer influence may

represent an experience of self-objectification for Asian and Asian American women. Korean women have been shown to engage in “fat talk” with their peers (i.e., conversations that include positive and negative comments about appearance, dieting techniques, and the need to lose weight; Ousley, Cordero, & White, 2008), with an underweight peer’s fat talk resulting in lower body satisfaction than that from an overweight peer (Lee et al., 2013). This is in contrast to U.S women, for whom peer body size did not affect body satisfaction. Thus, social pressure from peers (e.g., “fat talk”) in and of itself likely represents a context in which self-objectification occurs, as women come to construe their bodies as simply “things” to be talked about and dissected. Social pressure from peers may make it such that women begin to see their bodies as objects to be molded around externally imposed norms, thus predicting further instances of self-objectification (i.e., internalization of beauty standards and body surveillance; see Figure 1).

With regard to internalization of beauty standards, Koreans who witness social media messages discouraging weight loss have been shown to report greater psychological well-being than those who see messages promoting weight loss, whereas peers’ comments did not influence U.S. women (Lee et al., 2013). Furthermore, peer influence has also been shown to be positively associated with thin-ideal internalization (i.e., internalization of beauty standards) for Asian Americans, which partially mediated the association between peer influence and body dissatisfaction. Thus, Asian and Asian American women may tend to internalize the beauty standards they observe amongst their peers to a great degree, as peers represent a core frame of reference that helps to guide appropriate behavior with regard to appearance. In turn, they may use these internalized standards as a basis from which to engage in body surveillance behaviors. Body image comparisons with peers have been shown to motivate further appearance checking behaviors (i.e., body surveillance) among Asian Americans (Brady et al., 2017), indicating that

peer influence has the potential not only to promote internalization of beauty standards, but also body monitoring to ensure alignment with these norms (see Figure 1, Paths A1 and A2).

While the literature has been relatively sparse with regard to peer influence and objectification theory constructs for Asian and Asian American women, it is likely that their experiences with peers will lie at the intersection of both mainstream (U.S.) and ethnic (Asian) cultures. For instance, Asian American college women have been shown to engage in peer commentary about other's bodies that fuels body image comparisons with both Asian and White peers, resulting in increased self-objectification of disliked body parts (Brady et al., 2017). This provides initial evidence that, for Asian and Asian American women, peer influence may be associated with internalizing beauty standards and engaging in body surveillance behaviors of both American and Asian cultures.

Internalization of Beauty Standards as a Predictor of Body Surveillance

In aligning with a racially expanded model of objectification theory, it is important to account for both dominant (U.S.) and culturally specific (Asian) beauty ideals. The thin ideal has been at the forefront of Western (U.S.) beauty standards, with internalization of the thin ideal repeatedly showing associations with heightened risk for eating disordered behaviors and body dissatisfaction (e.g., Cachelin, Veisel, Barzegarnazari, & Striegel-Moore, 2000; Cattarin, Thompson, Thomas, & Williams, 2000; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). However, other studies have shown that non-White populations may internalize culturally specific beauty standards that do not fit mainstream conceptions of beauty. For instance, Tolaymat and Moradi (2011) found that the unique role of the hijab played a significant role in objectification experiences for Muslim American women, while Buchanan et al., (2008) found that skin tone constituted a unique dimension of body image concerns for African American women. This demonstrates that Asian women in the U.S. may be impacted more heavily by

beauty standards in their country of origin than Western norms for beauty, making it important to consider culturally specific beauty standards that extend beyond U.S. beauty ideals (i.e., the thin ideal). That is, Asian beauty ideals may intersect with more dominant beauty messages to shape the experiences of Asian and Asian American women, who are likely exposed to and influenced by both sets of ideals.

For example, South Korea has traditionally emphasized mild plumpness as an ideal of female beauty, with a cultural emphasis on modesty and inner beauty (Jung & Lee, 2009; Lippincott & Hwang, 1999). However, Korea has experienced dramatic socioeconomic change in the past several decades that has sparked a revolution in terms of its ideal standards of beauty, as women find increasing freedom and opportunities to express themselves in a variety of contexts. Thus, Asian and Asian American women may be inculcated to value both European American body ideals as well as features that are more valued by Asian populations, such as a petite frame, a dainty figure, and pale skin (Lau et al., 2006). Additionally, as Asian countries veer toward industrialization and liberalization, Asian cultures have come to value such Westernized physical characteristics as big eyes with double eyelids (contrary to the vast majority of Asian women who have monolid eyes), a perfectly angled nose, a small chin, and being tall and thin (Jung & Lee, 2009). Other studies have found that face size and shape are key indicators of attractiveness, where ideal female beauty is more often focused on the face rather than the body (Kim, Seo, & Baek, 2014; Park & Suh, 2009). Interestingly, while these physical characteristics seem to be derived from Western media and role models at their core (i.e., spurning creaseless eyelids and flat noses as being unattractive), these features also seem to constitute a distinctly “Asian” beauty ideal that is removed from a conscious desire to be “White” (Kaw, 1993). Thus, they can be considered Asian beauty standards that are distinct from

U.S. standards, the latter of which have traditionally focused more on the thin-ideal and body shape and weight.

Asian and Asian American women may face a two-dimensional comparison with regard to attractiveness, in that they may be dually exposed to both U.S. and Asian cultural ideals and subsequently internalize two standards of beauty (Lau et al., 2006). In fact, Guan, Lee, and Cole (2012) argued that bicultural individuals (specifically, Asian Americans) can identify with and participate in both their home/ethnic culture and their host/mainstream culture, such that body ideals are likely to be shaped by culture. Furthermore, one study showed that, although the average body mass index of Korean women ($M = 19.3$) is lower than that of American women ($M = 22.6$), they reported greater body dissatisfaction and eating disordered behaviors than those of their American counterparts (Jung & Forbes, 2007). This shows that their dissatisfaction may have more to do with physical features related to their race, such as eyes, nose, or height (Mintz & Kashubeck, 1999; Sabik et al., 2010), rather than just their bodies.

The relationship between internalization of beauty standards and body surveillance has been cited frequently in the literature, as these constructs represent a core component of objectification theory, and more specifically, self-objectification. Several studies have pointed to sexual objectification experiences being associated with greater internalization of sociocultural standards of beauty, and this internalization in turn promoting body surveillance (e.g., Calogero, Davis, & Thompson, 2005; McKinley & Hyde, 1996; Moradi, Dirks, & Matteson, 2005; Morry & Staska, 2001; Tylka & Hill, 2004). This central tenet of objectification theory has been tested with a wide range of minority populations, including deaf women, U.S. Muslim women, sexual minority men, and bisexual women (Brewster et al., 2014; Tolaymat & Moradi, 2011; Wiseman & Moradi, 2010). To the author's knowledge, however, there has been only one study that tests

this relationship specifically with Asian women, in which Kim et al., (2014) found that internalization of beauty ideals was positively associated with both body size/shape surveillance and face size/shape surveillance for Korean women. This indicates that internalizing an outsider's perspective on one's body likely promotes body monitoring for conformance to these expectations, particularly within a collectivistic cultural orientation where straying from the norm is frowned upon. Thus, internalization of beauty standards is thought to be positively associated with body surveillance (see Figure 1, Path B).

Internalization of Beauty Standards as a Mediator between Socialization Experiences and Lower Body Esteem

As Asian and Asian American women are exposed to socialization experiences (i.e., racial teasing and appearance-related social pressure) that constitute painful sources of feedback, these experiences may become internalized to the extent that women begin to adopt an outsider's perspective on their bodies and experience less body esteem. That is, internalization of beauty standards may mediate the association between socialization experiences and lower body esteem. Several reviews of the literature have found that internalization of the thin ideal is a key social-cognitive variable that mediates the relationship between experiences of objectification and body dissatisfaction (e.g., Grabe, Ward, & Hyde, 2008; Groesz, Levine, & Murnen, 2002; Thompson et al., 1999). While these reviews have primarily focused on studies that do not include objectifying socialization experiences and other culturally specific forms of internalization (i.e., components of a racially expanded model of objectification theory), it is likely that these relationships will hold with the inclusion of culturally salient constructs. That is, Asian and Asian American women who undergo objectifying socialization experiences (i.e., racial teasing and appearance-focused social pressure) are likely to internalize both dominant (U.S.) and

culturally specific (Asian) standards of beauty, which will then be associated with lower body esteem (see Figure 1, Paths, A1 and C1).

There is some initial evidence to support this hypothesis. You, Shin, and Kim (2017) found that thin-ideal internalization mediated between sociocultural pressure (i.e., parental, peer, and media) and exercise frequency to body esteem for Korean middle school students. In fact, media pressure, peer pressure, and exercise frequency were only indirectly, but not directly, related to body esteem through thin-ideal internalization, highlighting the salience of internalization as a necessary mediator in connecting these variables. Kim et al., (2014) also found that internalization of cultural standards of beauty mediated between media exposure and body shame (i.e., a construct closely related to body esteem) for Korean women. Internalization of beauty standards, then, may reflect the extent to which an individual attempts to adhere to societal ideals of attractiveness, in the process discovering that these ideals are “ideal” for a reason—they are largely unattainable. Thus, socialization experiences may create beauty standards that have the potential to be internalized, which then contributes to lower body esteem as individuals come to terms with the fact that there will likely always be a gap between ideal and realistic appearance standards. In other words, internalization of beauty standards is purported to act as a mediating variable between socialization experiences and lower body esteem (see Figure 1, Paths A1 and C1).

Body Surveillance as a Mediator between Socialization Experiences and Lower Body Esteem

Objectification theory posits that women are socialized to see themselves as objects to be viewed and evaluated for their attractiveness to others, with the internalization of this objectifying perspective referred to as self-objectification (Frederickson & Roberts, 1997). Body surveillance, or the habitual monitoring of how one’s body physically appears, has been a

frequently used and empirically supported indicator of self-objectification in several studies (e.g., Calogero et al., 2010; Rolnik, Engeln-Maddox, & Miller, 2010; Slater & Tiggemann, 2010; Tolaymat & Moradi, 2011; Tylka & Sabik, 2010). However, Moradi (2010) speaks to the importance of conceptualizing self-objectification as a process rather than as a distinct, one-time occurrence, recommending that body surveillance be seen as one part of self-objectification rather than encompassing its whole existence. Thus, in the current study, body surveillance is seen as part of the self-objectification process, in tandem with internalization of beauty standards and lower body esteem.

The rationale for including both general (U.S.) and culturally specific (Asian) forms of body surveillance largely parallels the reasoning behind including both dominant (U.S.) and culturally specific (Asian) internalization of beauty standards. It is presumed that if Asian and Asian American women are internalizing both dominant and culturally specific standards of beauty, they will also monitor their bodies in a parallel fashion so as to match both ideals of beauty. As objectification theory has largely been applied to the experiences of European American girls and women (Frederick & Roberts, 1997), body surveillance has traditionally focused solely on the habitual self-checking of the body for its alignment with the thin ideal. However, Moradi (2010) contended that culturally specific forms of body monitoring must be considered in extending objectification theory to racial/ethnic minority populations, as dominant forms of body surveillance (i.e., focused on the thin ideal) may not be inclusive of the experiences of non-White groups. Of relevance to the current study, Kim et al., (2014) included body and face size and shape surveillance for Korean college women, citing the fact that Asian women often consider their face size and shape (e.g., a “small” face) to be of central importance in evaluating attractiveness. Additionally, Korean women have also been shown to place value

on physical features such as fair skin, double eyelids, an angular (rather than “button”) nose, a small chin, and being tall and thin (Jung & Lee, 2009). Thus, it is likely that in addition to monitoring their bodies for alignment with dominant standards (i.e., thinness), Asian and Asian American women will engage in culturally specific forms of body surveillance to see how their physical attributes “measure up” to features valued in Asian culture.

In terms of its relationship with other constructs, body surveillance is hypothesized to be positively associated with socialization experiences and lower body esteem, acting as a mediator between these two variables (see Figure 1, Paths A2 and C2). While no studies to date have examined body surveillance as a mediator between these specific variables (i.e., socialization experiences and body esteem), it has very recently been explored as a mediator between socialization experiences (i.e., racial discrimination, perpetual foreigner racism, and racial/ethnic teasing) and body shame for Asian American women (Cheng, Tran, Miyake, & Kim, 2017), the latter of which constitutes an affective experience of shame tied to the body’s lack of conformance to cultural standards of beauty (Lindberg, Grabe, & Hyde, 2007; McKinley & Hyde, 1996). Kim et al., (2014) also found that body surveillance and face surveillance played a mediating role between media exposure (i.e., an objectifying socialization experience) and body shame for Korean college women. While body surveillance has yet to be explored as a mediating variable with body esteem, it has been shown to be negatively correlated with body esteem, with this relationship being stronger for women in particular (McKinley, 1998; Mills & Fuller-Tyszkiewicz, 2016). Thus, there is preliminary evidence to suggest that body surveillance may play a mediating role between socialization experiences and lower body esteem.

Lower Body Esteem as a Mediator Between Self-Objectification Processes, Social Physique Anxiety, and Consideration of Cosmetic Surgery

Body esteem is defined as the self-evaluation of physical appearance (Mendelson et al., 1996), taking a wider stance on appearance-related feelings than its closely related counterpart, body shame. While the latter constitutes a feeling of shame specifically related to the body not meeting cultural ideals of beauty, body esteem encompasses evaluative feelings about one's appearance in general rather than just one's weight or shape. Body shame has primarily been the construct of choice in objectification theory research, especially as it has been considered an affective component of self-objectification itself. However, the rationale behind choosing body esteem in the current study is that it mirrors Moradi's (2010) recommendations that objectification theory be amended to fit the experiences of non-majority groups (e.g., Asians and Asian Americans). For instance, Jackson and Chen (2015) found that culturally-salient appearance concerns, rather than general body dissatisfaction, accounted for variability in willingness to consider cosmetic surgery with Chinese men and women. This indicates that the broader construct of body esteem, as opposed to the body/weight-specific body shame, may be more appropriate in its application to Asian and Asian American populations, whose appearance concerns may not revolve solely around weight. Thus, body esteem was chosen for its inclusion of affective experiences and self-perceptions that are not solely related to body size and shape. With regard to its relationship with other variables in the model, lower body esteem is hypothesized to mediate the association between self-objectification processes (i.e., internalization of beauty standards and body surveillance) and the outcome variables (i.e., social physique anxiety and consideration of cosmetic surgery, see details below) (see Figure 1, Paths C1, C2, D1, and D2).

Exploration of lower body esteem within the context of objectification theory is a relatively understudied area, and has yet to be explored with Asian and Asian American women. However, self-objectification was shown to be negatively related to body esteem in a sample of Australian women (Strelan, Mehaffey, & Tiggemann, 2003), lending initial support to Paths C1 and C2 (see Figure 1) in the current model. Body esteem was also a partial mediator between internalization of the thin ideal and disordered eating for Canadian adolescents (Flament et al., 2012), highlighting its relevance as a potential pathway by which self-objectification processes may contribute to negative mental health outcomes. This initial empirical evidence suggests that body esteem may be a mediator between self-objectification processes and negative body image outcomes for Asian and Asian American women, as they come to see their bodies as objects to be looked at and evaluated, experience lower body esteem, and subsequently experience heightened social physique anxiety and consideration of cosmetic surgery.

Outcome Variable: Social Physique Anxiety

Social physique anxiety is defined as the anxiety that people experience in response to others' evaluations of their physiques (Hart et al., 1989). This construct represents an almost entirely new area of research with respect to Asian and Asian American women, as it has largely been explored with White populations within the context of exercise and athletic performance. However, it appears to be a construct of relevance for Asian populations, who retain the values of a collectivistic society where cooperation, conformity, and compliance with social or group norms are emphasized (Triandis, 2001). Asians and Asian Americans are likely to be sensitive about making a good impression and strive to obtain social recognition and approval by others (Choi & Kim, 2000). Thus, those who have negative evaluations of their own appearance (i.e., lower body esteem) may experience anxiety about how their physical appearance will be evaluated by others within an interpersonal context. Thus, it is hypothesized that lower body

esteem will be positively associated with social physique anxiety (see Figure 1, Path D1), such that those who have lower body esteem will be more likely to experience anxiety about how others evaluate their bodies.

There has been only one study to date that examined social physique anxiety with Asian women, where it was found that Korean participants scored second highest on social physique anxiety after Japanese women, followed by Chinese and Taiwanese women (Isogai et al., 2001). This study constitutes initial evidence that social physique anxiety may be a construct of relevance for Asian populations, for whom appearance within a social context is value-laden and important in the maintenance of one's reputation. Furthermore, social physique anxiety has been negatively associated with body esteem for U.S. college women (Gregus, Rummell, Rankin, & Levant, 2014) and positively associated with body shame (i.e., a construct similar to body esteem; Calogero, 2004), providing initial support for the link between lower body esteem and social physique anxiety in the current model. Thus, it is predicted that lower body esteem will be positively associated with social physique anxiety (see Figure 1, Path D1).

Outcome Variable: Consideration of Cosmetic Surgery

The popularity of cosmetic surgery in Asian countries is a phenomenon well-known on a global scale (Holliday, Bell, Cheung, Jones, & Probyn, 2014), with one Asian country in particular (South Korea) having one of the highest rates of cosmetic surgery in the world (White, 2005). Astonishingly, 13% of the general public in Korea has undergone cosmetic surgery, whereas the rate in the United States is just 3% (Kim, 2003). One qualitative study showed that most Korean women interviewed expressed a desire to change their eyelids to “double-eyelids” (Karupiah, 2013), a procedure known as blepharoplasty and very common among East Asian women who do not have supratarsal folds (i.e., “double eyelids;” Kang, Koo, Choi, & Park, 2001). The Korean women in the Karupiah (2013) study expressed that they had many friends

who had undergone cosmetic surgery in early adulthood, particularly with respect to reconstruction of the eyes and creating a “sharper” nose. These procedures may represent efforts to escape one’s racial identity (Kaw, 1993), as Westernized features increasingly interface with Asian beauty norms to create an optimal standard for beauty. Moreover, maintaining an attractive and appropriate physical appearance is considered extremely important in contemporary Korean culture. Karupiah (2013) suggested that Korean women may undergo cosmetic surgery as a result of socialization, social acceptance, and values, where surgical beauty procedures are seen as a normal part of growing up and are widely accepted by Korean families. It may be the case that for Asian and Asian American women, these cultural values have been passed down from more traditional Asian parents who hold onto the appearance-centric norms of their country.

Parallel to predictions for social physique anxiety, lower body esteem is expected to be positively associated with consideration of cosmetic surgery. On a theoretical level, Haiken (1997) suggested that individuals consider cosmetic surgery in order to repair a damaged self-concept, with surgery essentially acting as a tool to maintain or enhance self-esteem. In line with this proposition, acceptance of cosmetic surgery has been shown to be negatively related to satisfaction with physical appearance (i.e., body esteem) amongst university employees (Henderson-King & Henderson-King, 2005). Body shame has also been shown to mediate between self-objectification and intentions to have cosmetic surgery in a sample of undergraduate women (Calogero, Pina, & Sutton, 2014). This indicates that self-objectification may contribute to lower positive feelings about one’s body (i.e., lower body esteem), which may then be associated with considering cosmetic surgery to alleviate this distress. Thus, it is likely that Asian and Asian American women with lower body esteem will be more likely to consider

cosmetic surgery to “correct” for their insecurities, in line with appearance-centric norms in Asian culture that push individuals toward cosmetic procedures to increase confidence about one’s appearance.

Overview of the Moderation Effect: Appearance-Contingent Self-Worth

The final manner in which the current study extends Moradi’s (2010) recommendations for an expanded model of objectification theory is in the inclusion of a culturally salient moderating variable, which has yet to be done within objectification theory research. Contingencies of self-worth are personal beliefs about what one must be or do in order to derive a sense of self-worth (Crocker & Wolfe, 2001), such that appearance-contingent self-worth involves staking one’s overall self-evaluation in physical appearance. While it has been shown that appearance-contingent self-worth is positively associated with self-objectification (Adams, Tyler, Calogero, & Lee, 2017) and body surveillance (Noser & Zeigler-Hill, 2014), it has yet to be explored as a moderator within body image research. It is hypothesized that appearance-contingent self-worth may act as a moderating variable that specifies the nature of the relationship between socialization experiences (i.e., racial teasing and appearance-focused social pressure) and self-objectification processes (i.e., internalization of beauty standards and body surveillance).

Many Asian countries are characterized by very rapid sociocultural change and westernization in a short period of time, placing great importance on appearance management (Park & Choi, 2008). Asian and Asian American women may still hold some of these cultural values despite living in the United States, perhaps retaining these values from their country of origin or having other personal connections to Asian values (e.g., having parents who hold traditional values). Appearance may also be considered highly important in the evaluation of the self and others for Asian and Asian American women, possibly because women from

collectivistic cultures are more often evaluated by their physical appearance than their abilities or skills (Jung & Lee, 2006). These studies suggest that appearance-centric cultures may deem appearance a necessary component of positive evaluation, such that for Asian and Asian American women, maintaining their physical appearance may be a critical piece of preserving their self-worth. For those who have higher appearance-contingent self-worth, painful socialization experiences (i.e., racial teasing and appearance-focused social pressure) may make it such that one will engage in more self-objectification processes. Specifically, racial teasing and appearance-focused social pressure are likely to draw attention to those physical aspects of self that are not deemed worthy and that are subsequently “deserving” of criticism or teasing. Thus, upon encountering these socialization experiences, those with high appearance-contingent self-worth may be more likely to internalize beauty standards and engage in more body surveillance (see Paths A1, A2, E1, and E2, Figure 1), with the rationale that those who rely more on appearance to derive self-worth will have a higher investment in aligning with social norms, albeit at the expense of objectifying their own bodies. On the other hand, those who rely less on their appearance to maintain their self-worth may feel less need to align with cultural standards of beauty or to monitor their bodies even in the presence of powerful socialization experiences, as other, non-appearance aspects of their identity may be more salient in maintaining their self-worth. Thus, it is hypothesized that Asian and Asian American women who have higher appearance-contingent self-worth will show a stronger positive association between socialization experiences (i.e., racial teasing and appearance-focused social pressure) and self-objectification processes (i.e., internalization of beauty standards and body surveillance), while those with lower appearance-contingent self-worth will show a weaker positive association between these constructs (see Figures 2 and 3).

Summary and Hypotheses of Present Study

The present study uses Moradi's (2010) culturally expanded model of objectification theory as its basis to apply an objectification theory framework to the experiences of Asian and Asian American women. The current model posits socialization experiences as predictors of self-objectification processes, social physique anxiety, and consideration of cosmetic surgery (see Figure 1), and represents unique contributions to the existing literature. First, the current model holds that Asian and Asian American women can dually internalize both dominant (U.S.) and culturally specific (Asian) standards of beauty, as well as monitor their bodies in both general (U.S.) and culturally specific (Asian) ways for adherence to beauty norms. Second, this is the first study of its kind to incorporate a moderating variable (i.e., appearance-contingent self-worth) in the examination of objectification theory, helping to delineate for whom objectification experiences are the most salient.

It is predicted that the positive associations between socialization experiences (i.e., racial teasing, appearance-focused social pressure) and the outcome variables (i.e., social physique anxiety, consideration of cosmetic surgery) will be mediated by self-objectification processes (i.e., internalization of beauty standards, body surveillance, and lower body esteem) (see Figure 1, Paths A1-D2). Specifically, the following six mediation hypotheses are expected to hold true:

1. Socialization Experiences → Internalization of Beauty Standards (Dominant and Culturally Specific) → Lower Body Esteem → Social Physique Anxiety (Paths A1→C1→ D1)
2. Socialization Experiences → Internalization of Beauty Standards (Dominant and Culturally Specific) → Lower Body Esteem → Consideration of Cosmetic Surgery (Paths A1→ C1→ D2)

3. Socialization Experiences → Internalization of Beauty Standards (Dominant and Culturally Specific) → Body Surveillance (General and Culturally Specific) → Lower Body Esteem → Social Physique Anxiety (Paths A1 → B → C2 → D1)
4. Socialization Experiences → Internalization of Beauty Standards (Dominant and Culturally Specific) → Body Surveillance (General and Culturally Specific) → Lower Body Esteem → Consideration of Cosmetic Surgery (Paths A1 → B → C2 → D2)
5. Socialization Experiences → Body Surveillance (General and Culturally Specific) → Lower Body Esteem → Social Physique Anxiety (Paths A2 → C2 → D1)
6. Socialization Experiences → Body Surveillance (General and Culturally Specific) → Lower Body Esteem → Consideration of Cosmetic Surgery (Paths A2 → C2 → D2)

As for the moderation hypothesis, it is predicted that appearance-contingent self-worth will moderate the association between socialization experiences and internalization of beauty standards, as well as socialization experiences and body surveillance (see Figure 1, Paths E1 and E2). Specifically, those with higher appearance-contingent self-worth are hypothesized to show a stronger positive association between socialization experiences (i.e., racial teasing and appearance-focused social pressure) and self-objectification processes (i.e., internalization of beauty standards and body surveillance), while those with lower appearance-contingent self-worth are predicted to show a weaker positive association between these constructs (see Figures 2 and 3).

CHAPTER 3. METHODS

Participants

A total of 409 participants entered the survey. Sixty-eight individuals did not complete any measures and were removed from the dataset, and an additional 58 participants were removed from the analyses due to incorrect responses on at least half of the six checking items that were included in the survey. Thus, the final set of participants included 283 Asian and Asian American undergraduate and graduate female students over the age of 18 recruited from universities across the United States. Participants' ages ranged from 18 to 52 ($M = 23.45$, $SD = 5.17$). Seventy-three (25.8%) participants identified as Chinese or Chinese American, 34 (12.0%) as Indian or Indian American, 32 (11.3%) as Vietnamese or Vietnamese-American, 24 (8.5%) as Malaysian or Malaysian American, 19 (6.7%) as Korean or Korean American, 12 (4.2%) as Filipina or Filipina American, 12 (4.2%) as Taiwanese or Taiwanese American, 8 (2.8%) as Japanese or Japanese American, 7 (2.5%) as Thai or Thai American, 2 (0.7%) as Hmong or Hmong American, 2 (0.7%) as Cambodian or Cambodian American, and 1 (0.4%) as Singaporean or Singaporean American. Thirty-one (11%) participants indicated their ethnicity as Other, and 26 (9.2%) participants left this item blank. With regard to generational status, 28 (10.2%) participants identified as first-generation, 65 (23.0%) as 1.5-generation, 105 (37.1%) as second-generation, 4 (0.15%) as third-generation or above, and 79 (27.9%) as international students. One individual (0.4%) left this item blank. Forty-four (15.5%) participants identified as an adoptee, and 239 (84.5%) did not. Additionally, 10 (3.5%) participants in the sample had had cosmetic surgery.

Measures

Racial Teasing

The Measure of Ethnic Teasing (MET; Reddy & Crowther, 2007) is a scale that was initially developed to measure teasing related to racial/ethnic physical attributes (e.g., facial features, hair) among South Asian women in the United States. The original, 26-item MET measures the frequency of teasing events, distress at the time when teasing occurred, and current level of distress related to teasing. Cheng (2014) developed a 7-item ethnic teasing measure derived from the original MET, using only the 7 items that measure the frequency of lifetime teasing events. In turn, the current study used the Cheng (2014) measure as its basis with some slight alterations in wording (see Appendix B). For example, whereas the Cheng (2014) measure asks, “When you were a child [aged 5-16], how often did people make fun of the size or shape of your eyes, nose, mouth, or lips because of your race or ethnicity?” the altered version for this study read, “When you were a child and/or adolescent, how often did people make fun of the size or shape of your eyes, nose, mouth, or lips because of your race or ethnicity?” This was done to capture the current study’s interest in examining childhood and adolescence as a formative time period in which major socialization events (i.e., racial teasing) occurred without necessarily imposing restrictions on age. Items were rated on a 5-point scale ranging from 1 (*never*) to 5 (*frequently*), with higher scores representing more experience with the specified type of racial/ethnic teasing. Reddy and Crowther (2007) reported an internal consistency reliability of .91 for the MET among South Asian American women, and Cheng (2014) reported an internal consistency of .85 among Asian American college women for the 7-item measure. The coefficient alpha was .83 in the current study. Validity was evidenced by a moderate correlation between ethnic teasing and self-esteem (Cheng, 2014).

The Cheng (2014) measure was selected for its high relevance to the current study, as other scales that were considered appeared to measure broader examples of teasing that may be less salient in the creation of objectification experiences for Asian and Asian American women. For instance, the Physical Appearance Related Teasing Scale (PARTS; Thompson, Fabian, Moulton, Dunn, & Altabe, 1991) is a measure of general appearance teasing and weight/shape-related teasing. However, it was normed on a predominantly White group of women and lacks the component of racialized features that the Cheng (2014) measure provides. The Racial Teasing Scale (RTS; Iyer & Haslam, 2003), modeled after the more general Perception of Teasing Scale (Thompson, Cattarin, Fowler, & Fisher, 1995), was also considered. This is a measure assessing perceived frequency and impact of teasing on the basis of one's race or ethnicity. While one of the components it measures is appearance-related teasing, (e.g., "People made fun of your appearance because you look Indian"), this represents only one part of the scale, with other items addressing such examples of racial teasing as name-calling, behavior-related teasing, and social exclusion. On the other hand, the Cheng (2014) measure has a unique emphasis on racialized features of Asian individuals that are likely to be directly aligned with objectification experiences. Thus, the Cheng (2014) measure, with some modification in wording, was selected for the present study.

Appearance-Focused Social Pressure

The Appearance-Related Social Pressure Questionnaire (Helfert & Warschburger, 2013) is a 32-item measure used to assess appearance-related social pressure from peers and parents. The measure was created for adolescents 11-18 years of age and consists of two second-order factors, Peer and Parent, which themselves consist of four subscales each: Peer Depreciation, Exclusion, School and Class Norms, and Modeling by Friends for the Peer factor, and Parental Depreciation, Injustice and Ignorance, Parental Encouragement, and Parental Norms and

Modeling for the Parent factor. A sample item from the Peer factor is, “There are always teenagers who gossip about my figure.” A sample item from the Parent factor is, “I get more approval from my parents if I look good.” Items are rated on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*), with higher scores representing more appearance-related social pressure. In the current study, participants were asked to answer the questions as they relate to their adolescence, with survey items revised to reflect the past tense (e.g., “[When I was an adolescent], I got more approval from my parents if I looked good.”) (see Appendix C). Coefficient alphas between .65 and .83 were obtained for the eight subscales with a sample of German high school students (Helfert & Warschburger, 2009). The overall coefficient alpha (with both subscales combined) was .93 in the current study. Validity was evidenced by positive correlations with disordered eating, internalization of the thin ideal, social comparison, and body dissatisfaction (Helfert & Warschburger, 2009).

Various other scales that measure family and peer influence in the development of body image concerns were considered. For instance, the Family Influence Scale (FIS; Young, Clopton, & Bleckley, 2004) measures the family’s focus on appearance and attitudes toward eating. However, this measure focuses solely on family influence having to do with weight rather than appearance more broadly, and does not adequately capture socialization experiences where culturally specific forms of appearance concerns might be commented on by family members. The parent and peer subscales of the Tripartite Influence Scale (Keery, van den Berg, & Thompson, 2004) were also considered as measures of family and peer influence. However, this measure faces the same issues as the FIS (Young et al., 2004), in that the majority of items tap family and peer influence around weight and thinness. As these measures focus more on Western norms of beauty (i.e., thinness), the Appearance-Related Social Pressure Questionnaire (Helfert

& Warschburger, 2009) was selected for its ability to capture experiences of social pressure that may also include non-weight related appearance concerns. An additional benefit was that the measure was written with the experiences of children and adolescents in mind, as the current study seeks to examine how socialization experiences (i.e., past experiences that were formative in building the current self) contribute to self-objectification processes.

Internalization of Beauty Standards (Dominant and Culturally Specific)

The 9-item Internalization – General subscale of the Sociocultural Attitudes Toward Appearance Questionnaire (SATAQ-3; Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004) assesses the extent to which an individual identifies with and internalizes societal standards of beauty. A sample item is, “I would like my body to look like the models who appear in magazines.” Items are rated on a 5-point scale, ranging from 1 (*definitely disagree*) to 5 (*definitely agree*), with higher scores indicating greater adoption of beauty standards. A coefficient alpha of .92 was found among Asian American college women (Cheng, 2014). The coefficient alpha was .94 in the current study. Validity was evidenced by positive correlations of internalization of beauty standards with body dissatisfaction and eating disorders (Thompson et al., 2004).

To differentiate between dominant and culturally specific beauty standards, the 9-item subscale was modified to include the qualifiers “American” or “Asian” to each of the items to reference dominant and culturally specific beauty standards, respectively (see Appendices D and E). For instance, an item on the dominant version read, “I would like my body to look like the models who appear in American magazines,” while the culturally specific version read, “I would like my body to look like the models who appear in Asian magazines.” This accounted for the fact that participants may internalize beauty standards from both dominant (U.S.) and culturally specific (Asian) sources. The coefficient alpha for the culturally specific (Asian) version of the

scale was .95 in the current study. The overall coefficient alpha for the dominant (U.S.) and culturally specific (Asian) versions combined was .93.

The Internalization subscales of the SATAQ-4 (Schaefer et al., 2011) were considered as potential measures of the internalization of beauty standards, as the SATAQ-4 represents the most updated version of the scale that was ultimately selected (i.e., Internalization – General subscale of the SATAQ-3). However, the SATAQ-4 internalization items are separated into Internalization –Thin/Low Body Fat and Internalization – Muscular/Athletic subscales, and thus do not lend themselves well to reflecting both U.S. and Asian cultural standards of beauty. On the other hand, the SATAQ-3 Internalization subscale items were able to be edited to tap how much participants are internalizing both U.S. *and* Asian cultural standards of beauty, as opposed to focusing solely on figure or weight concerns. Other internalization scales, such as the Ideal Body Stereotype Scale – Revised (Stice & Agras, 1998), also focus solely on the thin-ideal or body shape concerns, making it difficult to measure internalization of other (i.e., Asian) standards of beauty. Thus, the SATAQ-3 Internalization – General (Thompson et al., 2004) subscale was selected for use in this study.

Body Surveillance (General and Culturally Specific)

The 8-item Body Surveillance subscale of the Objectified Body Consciousness Scale (OBCS-Surveillance; McKinley & Hyde, 1996) measures persistent body monitoring and preoccupation with how the body looks rather than how the body feels or functions (see Appendix F). A sample item is, “I rarely think about how I look” (reverse scored item). Items are rated on a 7-point Likert-type scale, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), with higher scores indicating higher levels of habitual body monitoring. A coefficient alpha of .80 was found with a sample of Korean college women (Kim et al., 2014), and the coefficient alpha was .84 in the current study. Validity has been evidenced by significant positive

correlations with body shame and public self-consciousness among South Korean college women (Kim, Ryu, & Park, 2006). As this scale is the only existing measure that assesses for body surveillance (to the author's knowledge), and has also demonstrated good psychometric properties with Asian (Korean) populations, it was selected for use in the current study.

To assess for culturally specific (i.e., Asian) forms of body surveillance, I used an 8-item measure developed by Kim et al., (2014) that assesses for body monitoring with regard to face size and shape. This measure appears to be the first of its kind to measure body surveillance concerns specific to Asians, and was thus selected for use in this study with some added modifications. The items on this measure were modeled after those on the Skin-Tone-Specific Surveillance scale (Buchanan et al., 2008) to assess for African American women's body monitoring regarding skin tone. A sample item is, "I often wonder whether or not my face size and shape is attractive to other people." Items are rated on a 7-point Likert-type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores indicate greater surveillance with regard to face size and shape. A coefficient alpha of .94 was obtained for a sample of Korean college women (Kim et al., 2014), and the coefficient alpha was .83 in the current study.

In addition to the original 8 items, I added several additional items to this measure with regard to other culturally specific forms of body monitoring that may be relevant to Asians and Asian Americans (see Appendix G). This was done to address Kim et al.'s (2014) stipulation that no clear empirical evidence exists as to which facial features are considered most important in defining beauty for, specifically in this case, Korean women. As the Kim et al., (2014) measure focuses solely on face shape and size, I expanded this measure to include specific features of the face (i.e., eyes and nose) that are highly valued by Asian populations (e.g., eyes, nose; Karupiah, 2013), as well as other culturally relevant physical indicators, such as skin color/quality (Jang et

al., 2013) and height (Cho, 2009). The wording of the items was derived from the original 8-item measure to maintain consistency, and four new items were added for each domain (i.e., eyes, nose, skin color/quality, and height). Sample items include, “I often think about how my eye size and shape affect my looks,” “I often feel conscious of how my nose looks to other people,” “I often think about how much lighter or darker my skin is than other people’s,” and “I often compare my height with that of other people.” Items 1-8 reflect the items from the original Kim et al., (2014) measure, while items 9-24 represent the new items that were added for the current study (see Appendix G). The coefficient alpha was .94 in the current study, and the overall coefficient alpha for the general (U.S.) and culturally specific (Asian) versions combined was also .94.

Body Esteem

The Body Esteem Scale (BES; Mendelson, Mendelson, & White 2001) is a 23-item measure that assesses participants’ attitudes and feelings about their bodies and appearance (see Appendix H). The BES includes three subscales: Appearance (i.e., general feelings about appearance), Weight (i.e., weight satisfaction), and Attribution (i.e., others’ evaluations about one’s body and appearance). Sample items are, “I like what I look like in pictures” (Appearance), “I am satisfied with my weight” (Weight), and “My looks help me to get dates” (Attribution). Items are rated on a scale from 0 (*never*) to 4 (*always*), with higher scores indicative of more positive self-evaluations of one’s body or appearance. Due to the “positive” connotation of this construct, items were reverse scored for ease of reporting its associations with the other variables in a consistent direction. Thus, this construct represented *lower* body esteem in this study. Coefficient alphas were .75 for Appearance, .83 for Weight, and .85 for Attribution with a sample including Korean college women (Jung & Forbes, 2006), and .90 for the overall measure with a sample of Korean college women (Ko, Wei, Park, & Wang, 2018). The coefficient alpha

was .93 in the current study. Construct validity was established through positive correlations between BES-Appearance and global self-esteem, BES-Weight and actual weight, and BES-Attribution and social self-esteem in a sample including college women (Mendelson et al., 2001).

Culturally specific items were added to the BES (Mendelson et al., 2001) to parallel the culturally specific items that were added to the body surveillance (Asian) scale. Six items were added to tap body esteem related to culturally specific components of appearance, such as, “I’m pretty happy about the way my eyes look.” The same rating scale as the BES (Mendelson et al., 2001) was used. A coefficient alpha of .66 was found for the culturally specific items on this scale, and an overall coefficient alpha of .93 was found for the general and culturally specific items combined together.

The Body Shame subscale of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996) was also considered as a possible measure in this study, as body shame is an affective experience that results from self-objectification processes and has been studied widely in objectification theory research. However, as referenced previously, body shame focuses almost exclusively on shame related to weight and size rather than one’s appearance more broadly (e.g., “I would be ashamed for people to know what I really weigh.”). As this study examines both dominant, weight-related concerns as well as concerns related to culturally-specific features, the Body Esteem Scale (Mendelson et al., 2001) was deemed the most parallel measure within the context of the other variables in the model, as it examines a wider scope of attitudes and feelings about appearance that are not restricted to weight and size.

Social Physique Anxiety

The Social Physique Anxiety Scale (SPAS; Hart, Leary, & Rejeski, 1989) is a 12-item measure that assesses the degree to which people become anxious when others observe or evaluate their physiques (see Appendix I). A sample item is, “There are times when I am

bothered by thoughts that other people are evaluating my weight or muscular development negatively.” Items are rated on a scale from 1 (*not at all characteristic of me*) to 5 (*extremely characteristic of me*), with higher scores indicative of greater social physique anxiety. A coefficient alpha of .92 was found with a sample of college women (Fitzsimmons-Craft, Harney, Brownstone, Higgins, & Bardone-Cone, 2012), and the coefficient alpha was .88 in the current study. Additionally, Isogai et al., (2001) found that a reduced 7-item version of the measure was a better fit for Korean college women, finding a coefficient alpha of .74 on this cross-culturally validated version of the SPAS. Validity was evidenced through positive correlations of the 7-item SPAS with BMI, perceived physique (i.e., reports of being “fat”), and weight control orientation (i.e., increased reports of wanting to lose weight) among Korean college women (Isogai et al., 2001).

Culturally specific items were added to the SPAS (Hart et al., 1989) to parallel the culturally specific items that were added to the BES (Mendelson et al., 2001). Six items were added to tap social physique anxiety related to culturally specific components of appearance, such as, “There are times when I am bothered by thoughts that other people are evaluating the shape of my eyes.” The same rating scale as the SPAS (Hart et al., 1989) was used. A coefficient alpha of .63 was found for the culturally specific items on this scale, and an overall coefficient alpha of .88 was found for the general and culturally specific items combined together.

Consideration of Cosmetic Surgery

The Acceptance of Cosmetic Surgery Scale – Consider subscale (ACSS – Consider; Henderson-King & Henderson-King, 2005) is a 5-item measure that assesses the degree to which people are willing to consider future cosmetic surgery (see Appendix J). A sample item is, “I have sometimes thought about having cosmetic surgery.” Items are rated on a scale from 0 (*strongly disagree*) to 6 (*strongly agree*), with higher scores indicating more likelihood of

considering cosmetic surgery. A coefficient alpha of .86 was obtained for a sample of Chinese college women (Jackson & Chen, 2015), and a coefficient alpha of .91 was found in the current study. While the measure has yet to be widely validated with Asian samples, a Malaysian version of the scale demonstrated significant negative correlations with general body appreciation, self-esteem, and body mass index, and significant positive correlations with pressure to strive for cultural ideals of beauty and endorsement of those ideals (Swami, 2010).

The Cosmetic Surgery Attitudes Questionnaire (CSAQ; Sarwer et al., 2005) was also considered as a possible measure. However, this scale focuses on attitudes toward cosmetic surgery more broadly (e.g., “I approve of a person’s undergoing cosmetic surgery to increase their self-esteem”) rather than one’s personal stance on whether they would pursue surgery themselves. As this study sought to examine how objectification experiences are associated with one’s likelihood of considering cosmetic surgery rather than just broad attitudes toward surgery, the ACSS – Consider subscale (Henderson-King & Henderson-King, 2005) was selected as the more appropriate measure for the current study.

Appearance-Contingent Self-Worth

The Contingencies of Self-Worth Scale – Appearance subscale (Crocker, Luhtanen, Cooper, & Bouvrette, 2003) was used to measure the extent to which one bases self-worth on appearance (see Appendix K). The 5 items on the Appearance subscale are rated on a scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). A sample item is, “My self-esteem is influenced by how attractive I think my face or facial features are.” Coefficient alphas of .88 and .85 were reported among Asian American and Asian college women, respectively (Crocker & Wolfe, 2001). The coefficient alpha was .75 in the current study. The validity of the subscale was evidenced by positive associations with neuroticism and conscientiousness among Asian and Asian American college students (Crocker et al., 2003). As no other scales exist that measure

appearance-contingent self-worth (to the author's knowledge), no other scales were considered in the measurement of this construct.

Procedure

A variety of sources were used for recruitment. First, I obtained approval for my study from the Institutional Review Board (IRB) at Iowa State University (see Appendix L) to collect data from Asian and Asian American participants. I then utilized the Office of the Registrar at Iowa State University to obtain a list of names and email addresses of self-identified Asian international students and Asian American women over the age of 18 who I invited to participate in the study. I sent these individuals an email invitation with a study description, in which I conveyed that my study examines body image concerns among Asians and Asian Americans. I also contacted the IRB at other universities across the United States to inquire as to whether approval was needed to recruit at their respective institutions. After seeking any approval needed, a similar procedure was used, wherein I contacted the Office of the Registrar, student groups, professors of Asian/Asian Studies classes, and multicultural student affairs offices and sent potential participants an email invitation to the study. In addition to recruiting participants from universities, I also used email listservs for the American Psychological Association Divisions 17 (Counseling; specifically, Ethnic & Racial Diversity and International sections) and 45 (Culture, Ethnicity, and Race), the Asian American Psychological Association, and other Asian psychology organizations to recruit additional participants. The same email template with a study description and link to the survey were disseminated

Interested participants clicked a link in the email that took them to a survey hosted by qualtrics.com. They then read through an informed consent page that explained the nature of the study, potential risks and benefits, costs and compensation, and their rights as participants.

Participants were informed that the survey would take about 10-20 minutes to complete, and that

they could be entered into a drawing to win one of two \$25 gift cards or one \$50 gift card at the conclusion of data collection. After they confirmed that they fit the inclusion criteria (i.e., female, Asian or Asian American, over the age of 18, undergraduate or graduate student) and consented to participate in the study, they were able to access the actual survey. Six validity checking items were scattered randomly throughout the survey to help filter out random responders whose data may not be valid. At the end of the survey, participants were thanked for their time and provided with a second link where they could submit their contact information (i.e., name and email) to be entered into the random drawing for a gift card. Winning participants will be notified via email at the conclusion of the dissertation defense.

CHAPTER 4. RESULTS

Preliminary Statistics

Missing data were analyzed first. For missing data at the item level, I used the mean replacement method in SPSS, in which missing responses were replaced with a participant's mean score for the items they completed on the rest of the scale (Parent, 2013). For missing data at the scale level, I used the full information maximum-likelihood estimation (FIML) method in Mplus based on Schlomer, Bauman, and Card's (2010) recommendations.

Means, standard deviations, and zero-order correlations among the nine measured variables are shown in Table 1. It was noted that means for appearance-contingent self-worth ($M = 5.02$, $SD = 1.13$, scale range from 1-7) and internalization of dominant (U.S.) beauty standards ($M = 4.18$, $SD = 1.11$, scale range from 1-5) were fairly high, while means for all other variables were mostly in the midrange.

According to Cohen (1992), the magnitude of correlations can be described in terms of small ($r = .10$), medium ($r = .30$) and large ($r = .50$) effect sizes. Socialization experiences were correlated with self-objectification variables (i.e., internalization of beauty standards and body surveillance) with small to medium effect sizes ($r_s = .23 - .48$, $p < .01$). Appearance-contingent self-worth (i.e., the moderator) was associated with the self-objectification variables with small ($r = .25$, $p < .01$ for internalization of Asian beauty standards) to large effect sizes ($r_s = .51 - .62$, $p < .01$ for all other self-objectification variables). The self-objectification variables were correlated with lower body esteem, social physique anxiety, and consideration of cosmetic surgery with small to medium effect sizes ($r_s = .22 - .48$, $p < .01$), with the exception of culturally specific (Asian) body surveillance. This variable was correlated with social physique anxiety ($r = .70$, $p < .01$) and lower body esteem ($r = .59$, $p < .01$) with a large effect size. In turn, lower

body esteem was correlated with social physique anxiety with a large effect size ($r = .84, p < .01$) and consideration of cosmetic surgery with a medium effect size ($r = .44, p < .01$).

An independent samples t -test was conducted to see whether there were any significant differences between Asian international students and Asian American students on the measured variables. Significant differences were found on four of the nine measured variables (see Table 2) after applying a Bonferroni correction (i.e., $.05/9 = .0056$). Asian international students reported significantly less racial teasing than Asian American students, as well as significantly less internalization of U.S. beauty standards, general (U.S.) body surveillance, and consideration of cosmetic surgery. A Cohen's d of 1.15 indicated a large effect size ($r = .50$) for racial teasing, while a Cohen's d between 0.39 to 0.56 indicated between a small and moderate effect size ($r = .19 - .27$) for all other significantly different variables. It is important to note that, while there were differences in mean scores on four out of the nine variables between these two groups, it was unknown whether the path coefficients in the model (see Figure 6) were equivalent or not between Asian international students and Asian American students. Therefore, I also conducted a multiple groups analysis to examine the equivalency of each path for these two groups (see below after Path Analysis section).

Path Analysis

The Mplus program (Muthén & Muthén, 2010) was used to determine whether the path model presented in Figure 6 provides a good fit to the data. The comparative fit index (CFI), the standardized-root-mean-square residual (SRMR), and the root-mean-square error of approximation (RMSEA) were used to estimate the fit of the model to the data. As recommended by Hu and Bentler (1999), CFI values equal to or greater than .95, SRMR values equal to or less than .08, and RMSEA values equal to or less than .06 were used to indicate an adequate fit to the data. However, it is important to note that if the path model is a fully recursive model (i.e., every

path is estimated), the fit will be perfect. Therefore, it was more important to see whether the path coefficients were significant or not.

Before the path model was analyzed, a composite score for socialization experiences as a predictor was created (see Figure 6) by averaging the standardized scores for racial teasing and appearance-focused social pressure. The moderator was also standardized, and then one interaction term was created by calculating the product of socialization experiences (i.e., the predictor) and the standardized moderator (i.e., appearance-contingent self-worth; see Figure 6).

To examine the significance level of the indirect (mediation) effects, a bootstrap method with 5,000 random samples was used. The bootstrap method was recommended by Shrout and Bolger (2002) as a more powerful and rigorous approach, and involves generating confidence intervals (CI) for the indirect effects. The 95% confidence interval (CI) was used to examine the significance levels of indirect effect estimates. If the 95% CI did not include zero, the estimates were considered significant at the .05 level.

Moreover, for testing moderation effects, if the paths from the interaction term to internalization of dominant and culturally specific beauty standards and general and culturally specific body surveillance were significant (see Figure 6), this would constitute evidence for the moderation effect. The simple main effects would then be examined to see whether the simple slopes were significant at the .05 level, consistent with Figures 2 and 3.

As seen in Figure 7, the result for the path model was, $\chi^2(42, N = 283) = 0.00, p < .001$, CFI = 1.00, SRMR = .00, and RMSEA = .00 (90% CI: .00, .00). Paths from the predictor variable (i.e., socialization experiences) and moderator variable (i.e., appearance-contingent self-worth) to all internalization and body surveillance variables were significant. Additionally, while paths from the body surveillance variables to lower body esteem were significant, paths from the

internalization variables to lower body esteem were not. Lastly, the paths from lower body esteem to the outcome variables (i.e., social physique anxiety and consideration of cosmetic surgery) were significant.

Mediation Effects

As described above, eight mean indirect effects were tested (e.g., Socialization Experiences → Internalization (U.S.) → Body Esteem → Social Physique Anxiety; see Table 4 for all eight indirect effects). Results in Table 4 show that the 95% CI for four out of eight indirect effects did not include zero. Specifically, all indirect effects with internalization of beauty standards as a mediator were not significant, while all indirect effects with body surveillance as a mediating variable were statistically significant. This provides partial support for the mediating hypothesis that self-objectification processes would mediate the association between socialization experiences and the outcome variables.

Moderation Effects

As seen in Figure 7, the paths from the interaction term to internalization of U.S. standards ($B = 0.07$), internalization of Asian standards ($B = 0.05$), general body surveillance ($B = -0.02$), and culturally specific body surveillance ($B = -0.06$) were not significant, $ps > .05$. Thus, the moderation hypotheses were surprisingly unsupported.

Multiple Groups Analysis

A multiple groups analysis was conducted in Mplus (Muthén & Muthén, 2010) to examine whether the structural paths were equivalent between Asian international students and Asian American students. The two models were tested for structure invariance with a freely estimated model (i.e., freely estimated structural paths) and an equally estimated model (i.e., constrained structural paths to be equal). The result for the freely estimated model was $\chi^2(0, N = 283) = 0.00, p < .001, CFI = 1.00, SRMR = .00, and RMSEA = .00 [90\% CI: .00, .00]$. The result

for the equally estimated model was $\chi^2 (35, N = 283) = 40.70, p = .23, CFI = .99, SRMR = .04,$ and $RMSEA = .03$ [90% CI: .00, .07]. When a chi-square difference test was used to compare these two models, a non-significant result showed that these structural paths were invariant between Asian international students and Asian American students, $\chi^2 (35, N = 283) = 40.70, p = .23.$

Post Hoc Exploratory Analysis

In addition to the main analyses, additional post hoc exploratory analyses were used to examine the indirect effects after separating body esteem and social physique anxiety into their culturally specific components. Means, standard deviations, and zero-order correlations among the variables used in the post hoc analyses are shown in Table 3. I ran analyses with general (U.S.) and culturally specific (Asian) body esteem and general (U.S.) and culturally specific (Asian) social physique anxiety to see whether there were any unique contributions from the culturally specific components. Results in Table 5 show that the 95% CI for seven out of 24 indirect effects did not include zero, indicating statistical significance. Specifically, all links from body surveillance (U.S.) to lower body esteem (U.S.) to the outcome variables were significant, although the path to social physique anxiety (Asian) was only marginally significant (see bolded paths in Table 5). Additionally, links from body surveillance (Asian) to lower body esteem (U.S.) to the outcome variables were significant, with the exception of social physique anxiety (Asian) as an outcome variable. For this outcome variable, the significant path went from body surveillance (Asian) to body esteem (Asian) to social physique anxiety (Asian). Interestingly, while none of the internalization links were significant in the main analyses, the link from internalization of Asian beauty standards to body esteem (U.S.) to social physique anxiety

(Asian) was significant in the post hoc analysis. However, it was noted that this path was only marginally significant.

CHAPTER 5. DISCUSSION

Objectification theory posits that the sexual objectification of women is a key player in setting off an insidious process of *self-objectification*, wherein women and girls begin to internalize an observer's perspective of their own bodies and treat themselves as objects to be looked upon and evaluated based on bodily appearance (Frederickson & Roberts, 1997). This study sought to find support for a racially expanded model of objectification theory for Asian and Asian American women, wherein positive associations between socialization experiences (i.e., racial teasing, appearance-focused social pressure) and the outcome variables (i.e., social physique anxiety, consideration of cosmetic surgery) would be mediated by self-objectification processes (i.e., internalization of beauty standards, body surveillance, and lower body esteem). Both dominant (U.S.) and culturally specific (Asian) body surveillance were significant mediators between socialization experiences and the outcome variables. However, internalization of both dominant (U.S.) and culturally specific (Asian) beauty standards were not significant mediators for this association, demonstrating partial support for the mediation hypotheses. Results also did not support the moderation hypothesis, in that appearance-contingent self-worth was not a significant moderator for the association between socialization experiences and self-objectification processes (i.e., internalization of beauty standards and body surveillance).

This study represents a substantive contribution to the literature by examining objectification theory with Asian and Asian American women, a population that has received little attention in body image research and conceptualizations of prevention and intervention (Lee-Winn, Mendelson, & Mojtabei, 2014; Talleyrand, 2012). While objectification theory in its original form utilized a Western frame of reference in its theorizing about how self-objectification unfolds, Moradi's (2010) recommendations were used to expand the model and

include culturally relevant components of body image concerns for Asian and Asian American women. Thus, rather than focusing on sexual objectification as the primary precipitant of self-objectification processes, the culturally expanded version of the model included socialization experiences that represented sexual objectification experiences for Asian and Asian American women (i.e., racial teasing and appearance-focused social pressure). Subsequently, both dominant (U.S.) and culturally specific (Asian) modifications were included in the model for internalization of beauty standards, body surveillance, body esteem, and social physique anxiety. The results lend empirical support to Moradi's (2010) theoretical suppositions that a culturally expanded iteration of the objectification theory framework is warranted for lesser-studied minority populations. In particular, results from multiple groups analysis showed that the associations among the proposed variables in the model were equivalent for Asian international and Asian American female students, indicating that the model is equally applicable to both populations.

The significance of body surveillance as a mediator in the current study is consistent with prior research that has found body surveillance more broadly to be a mediator between socialization experiences and eating disorder symptomatology for Asian American women (Cheng et al., 2017), as well as studies showing that race-specific body surveillance variables mediate between objectification experiences and negative psychological consequences (Buchanan et al., 2008; Kim et al., 2014). In particular, the significance of both dominant (U.S.) and culturally specific (Asian) forms of body surveillance as mediators speaks to the importance of considering the bicultural intersection of identities for Asian women in the U.S. and how this may shape body image concerns. This also parallels prior research, which has found that Asian American women face a two-dimensional comparison with regard to attractiveness (Lau et al.,

2006), such that for Asian and Asian American women, there may be an increased need to survey the body for conformance to both U.S. and Asian cultural ideals. Furthermore, the unique significance of body surveillance (and *not* internalization of beauty standards) as a mediator mirrors results from studies in which internalization was not a necessary link between experiencing objectifying events and engaging in the self-objectification process (Kim, 2014) for Asian American women or in predicting body dissatisfaction (Du, 2017) for Chinese women in China. Thus, the current study supports the notion that body surveillance may be more proximal than internalization in initiating further sequelae in the self-objectification process, and that both general (U.S.) and culturally specific (Asian) body surveillance must be considered in understanding the self-objectification process for Asian and Asian American women.

Efforts to further break down self-objectification and outcome variables into their culturally specific components also represents a further contribution of this study. While past objectification theory research has primarily used body shame to represent the negative affective experience associated with body image concerns, both general (U.S.) and culturally specific (Asian) body esteem were included in the post hoc analyses to encompass appearance concerns that extend beyond weight. In a parallel fashion, a new component to the social physique anxiety outcome variable was included to capture both general (U.S.) and culturally specific (Asian) aspects of this experience. Separating these variables into their component parts was consistent with prior findings that U.S.-residing Asian women may exhibit more dissatisfaction with physical features related to their race in addition to their weight (Mintz & Kashubeck, 1999; Sabik, Cole, & Ward, & 2010), as well as one study that emphasized the importance of delineating between general (U.S.) and specific (Asian) body satisfaction in understanding self-objectification processes for Asian American women (Kim, 2014). Supporting the inclusion of

these culturally specific components, the post hoc results showed that body surveillance (Asian) predicted lower body esteem (Asian), which then predicted social physique anxiety (Asian). Similarly, internalization of Asian beauty standards predicted lower body esteem (U.S.), which then predicted social physique anxiety (Asian), although this indirect effect was only marginally significant. In demonstration of the fact that dominant (U.S.) standards also represent salient constructs in the self-objectification process, links from body surveillance (U.S.) to lower body esteem (U.S.) to the outcome variables were all significant. Additionally, links from body surveillance (Asian) to lower body esteem (U.S.) to two of the three outcome variables (i.e., social physique anxiety [U.S.] and consideration of cosmetic surgery) were significant.

The mediation results with regard to internalization of beauty standards were somewhat surprising, given that internalization constitutes a core component of objectification theory and has been shown to be a source through which social culture exerts its influence on body image concerns (Keery et al., 2004; Wertheim, Paxton, & Blaney, 2004). That being said, one study found that internalization was a significant but weak mediator between sociocultural influence and body image concerns for Chinese females (Chen, Gao, & Jackson, 2007), while another study found that internalization was not a significant mediator for Chinese female college students (Du, 2017). Another more recent study found that, while media internalization was an initial mediator linking socialization experiences to other objectification theory constructs, it was primarily body surveillance that was responsible for cascading the associations of socialization experiences to body shame and other variables further down the line (Cheng et al., 2017). It may be the case that body surveillance constitutes a more proximal factor in the unfolding of body image concerns, as it involves a concrete behavior (i.e., surveillance) rather than the more abstract nature of internalization. Alternatively, perhaps by focusing exclusively on particular

forms of media, the measure of internalization did not adequately capture the multiple sources from which women might internalize ideal standards of beauty. For example, because the family is the central reference group in many Asian cultures (Smart et al., 2011), standards of beauty may be internalized from the comments of family members. The American Psychological Association (2007) also noted in a review of studies that sexual images of women were included in commercials, music lyrics, advertising, sports media, video games, and Internet sites. Future research could examine whether internalization would be better captured by reference to family or other more specific forms of media.

The lack of significant results with regard to the moderation hypotheses is also worth exploring. While it was predicted that appearance-contingent self-worth would be a significant moderator for the association between socialization experiences and self-objectification processes, I did not find evidence to support this hypothesis. Perhaps it is the case that socialization experiences in and of themselves are powerful enough to override any potential contribution of appearance-contingent self-worth. That is, regardless of whether one's self-worth is centered around appearance or not, socialization experiences may be powerful enough to set off a subsequent cascade of body image concerns. Alternatively, it may be the case that appearance-contingent self-worth is a significant moderator only for specific ethnic groups. For example, Korean college women have been shown to have a high appearance self-schema (i.e., a high preoccupation with appearance in evaluation of the self; Jung & Lee, 2006) within a culture that is extremely oriented to physical appearance as a measure of worth. It is possible that combining several Asian ethnicities in the analyses obscured any potential ethnic differences in this moderating relationship.

Limitations

Several limitations should be noted with regard to the results of the current study. First, this study asked participants to reflect back on their earlier years to answer questions about socialization experiences. While this was done in an effort to see how past socialization would be associated with current body image-related concerns, this still constitutes a cross-sectional design, and causality cannot be implicated. This also has implications for other associations in the model, as it is plausible, for instance, that lower body esteem would predict internalization of beauty standards and body surveillance rather than the other way around.

Second, it is important to note that all measures relied on self-report data, which, by its very nature, is not reflective of objective reality. Given the sensitive nature of many of the questions asked, it is plausible that there was a social desirability component that contributed to inaccurate self-reporting. For example, for questions like, “My sense of self-worth suffers whenever I think I don’t look good” on the Contingencies of Self-Worth – Appearance Subscale (Crocker et al., 2003), it is possible that participants gave themselves a lower score because admitting to such a statement would connote a flaw or weakness in oneself. On the other hand, it is also possible that participants simply did not have the self-awareness to be able to answer the questions accurately. For the statement above, it is easy to see how one might not consciously believe it to be true despite the insidious effects appearance can have on one’s sense of self-worth. Thus, there were limitations to knowing the accuracy of the data collected.

Third, due to the limited sample size, I was not able to run analyses to establish equivalency of the path model for different ethnicities. For example, it may be the case that the model holds differently for Chinese versus Korean individuals, given past research that has shown that Korean women have higher levels of body dissatisfaction and disordered eating than their Chinese counterparts (Jung & Forbes, 2007). Thus, cultural differences in body image

concerns may exist even among countries with shared values and in close geographic proximity to one another, with Western stereotypes obscuring the differences among these cultures. Given that this study grouped different Asian ethnic groups together, it would be important for future studies to clarify ethnic differences in the unfolding of body image concerns.

Lastly, due to the lack of adequate existing measures for culturally specific body surveillance, body esteem, and social physique anxiety, items were added to existing scales to fill this gap in the literature. However, it was noted that the internal reliabilities for the culturally specific items that were added to the body esteem and social physique anxiety measures were fairly low. Thus, the post-hoc analyses incorporating these measures should be interpreted with caution. Future measurement of these constructs should apply stringent factor analysis procedures to create more psychometrically sound measures, thus increasing confidence in the current findings.

Future Research Directions

First, given the fact that this study constituted a cross-sectional design, future studies could use a prospective or longitudinal design to ascertain cause and effect relationships between the variables more clearly. Body image concerns likely develop over time, and the study would be strengthened by measuring socialization experiences as they occur in childhood and adolescence, as well as measuring the self-objectification variables and outcome variables at later time points. This would increase confidence in the current findings that early socialization experiences play an important role in the development of body image concerns over time.

Second, given that a moderation effect for appearance-contingent self-worth was not found, it may be the case that another variable such as self-compassion (Neff, 2003) may be at play in the relationships between socialization experiences, internalization of beauty standards, and body surveillance. Body surveillance has been shown to be lower in those with high self-

compassion (Daye, Webb, & Jafari, 2014; Liss & Erchull, 2015), and self-compassion has also demonstrated a moderating role in the association between restrictive/critical caregiver eating messages (i.e., a socialization experience) and both body surveillance and body shame (Daye et al., 2014). While internalization of beauty standards was not explicitly examined in the Daye et al., (2014) study, body shame constitutes an experience that occurs when one has not lived up to internalized, culturally-proscribed norms of body size or weight (McKinley & Hyde, 1996). Thus, internalization of beauty standards could presumably be thought to have relevance in considering self-compassion as a moderating variable. Future studies could look at self-compassion as a potential moderating variable, as it may be more relevant to the component of shame that internalization of beauty standards and body surveillance may evoke.

Third, in a further expansion of objectification theory, future studies might consider other outcomes of self-objectification beyond body image-related variables (i.e., social physique anxiety, consideration of cosmetic surgery). For example, reduced psychological flow has been a suggested consequence of objectifying events (Frederickson & Roberts, 1997) that has received limited empirical attention. Future studies might investigate related outcomes such as educational or vocational achievement to consider the broader impact on life functioning that self-objectification processes can have. Additionally, while socialization experiences such as racial teasing were considered as predictors in the current study, it may also be the case that self-objectification processes could contribute to negative outcomes related to one's racial identity. For example, it is easy to see how racial self-hate or internalized racism may come about due to self-denigration related to one's racial features. Future studies could investigate how race-related correlates might not only predict, but constitute outcomes of the self-objectification process.

Lastly, given differences on mean variable scores between Asian international female students and Asian American female students, it would be fruitful to apply the current self-objectification model to populations in Asia to further examine specific variables of interest to Asian populations. Not surprisingly, Asian international students exhibited significantly lower levels of racial teasing, given that they likely come from more homogeneous racial backgrounds where teasing of racially specific features is less salient or not relevant at all. They also exhibited lower internalization of U.S. beauty standards, general (U.S.) body surveillance, and consideration of cosmetic surgery, the latter of which was somewhat surprising given the wide presence of cosmetic surgery norms in several Asian countries (e.g., Ko, 2002). Perhaps Asian international students in the U.S. differ from their home country counterparts, in that they exhibit lower consideration of cosmetic surgery due to factors like education level and heightened exposure to Western norms that deemphasize racially-related cosmetic procedures. That being said, the results show that both U.S. and culturally specific beauty standards likely apply to individuals in Asia, as the path model was equivalent between Asian international students and Asian American students in the current study. Future research could continue to tease apart the similarities and differences between Asians and Asian Americans as it pertains to self-objectification processes.

Implications for Training/Education, Clinical Practice, and Advocacy

Results from the current study can inform training/education efforts, clinical practice, and advocacy in several ways. First, clinicians can be provided with training that focuses special attention on objectification theory as a framework from which to understand the body image concerns of Asian and Asian American women. They can be taught that, contrary to popular assumptions that Asian women do not suffer from body image concerns (e.g., Nouri, Hill, & Orrell-Valente, 2011), Asian and Asian American women in the U.S. reside at a unique

intersection of both Asian and American beauty ideals that extend body image concerns to include other aspects of appearance besides weight, including skin color and facial features. Educating clinicians about the oppressive socialization experiences (i.e., racial teasing and appearance-focused social pressure) that contribute to body image concerns unique to Asian and Asian American women is critical for effective practice with this population. Lack of consideration of these factors could contribute to a narrow, Eurocentric treatment approach that places sole emphasis on a client's intrapsychic conflicts and excludes the presence of external cultural and interpersonal stressors.

Second, with regard to clinical practice, it is critical to consider the contextual background in which Asian and Asian American women come to develop a relationship with their bodies, including early socialization experiences (i.e., racial teasing and appearance-focused social pressure). Asian and Asian American women may benefit from exploration of the racial teasing and appearance-focused social pressure they have experienced to reveal these phenomena as sources of objectification. This may expand insight into how external sociocultural influences can affect internal perceptions of self, and prevent internalization of negative messages received from socialization experiences. Additionally, given the likely importance of early socialization experiences in predicting body surveillance tendencies, it is important to provide psychoeducation and support from a young age.

The mediating role of body surveillance provides other opportunities for intervention. Utilizing mindfulness-based practices may help Asian and Asian American women to decrease surveillance and increase acceptance and nonjudgment of their bodies, expanding their definition of worth to include characteristics beyond the shape of their bodies and facial features. Recent interventions using mindfulness- and acceptance-based therapies have demonstrated significant

improvements in body compassion and body image flexibility (e.g., Altman, Zimmaro, & Woodruff-Borden, 2017), although many of these interventions have been tested primarily with White populations. That being said, the theoretical grounding of mindfulness- and acceptance-based therapies in East Asian philosophies suggests a promising way to provide culturally responsive mental health care to Asians and Asian Americans. (Hall, Hong, Nolan, & Meyer, 2011), and attention to interventions in this area seems warranted.

Third, Asian and Asian American women may benefit from advocacy efforts that encourage new methods of pursuing power and identity and deemphasize the role of appearance in appraising one's self-worth. Body image campaigns held on college campuses can draw public attention to the oppressive socialization experiences Asian and Asian American women face that are complicit in the creation of body image concerns. Images that publicly display both U.S. and Asian beauty standards and the cosmetic surgery procedures Asian women endure to change their markers of racial identity can be powerful in delivering this message. Lectures held on university campuses or in community centers or panels that host Asian and Asian American women who speak about their experiences can also be powerful ways of disseminating this information in a more accessible format to the public. These advocacy efforts can serve to counter the insidious way in which culture tends to operate outside of the public consciousness, thereby giving Asian and Asian American women more power and control in how they navigate culturally specific body image concerns.

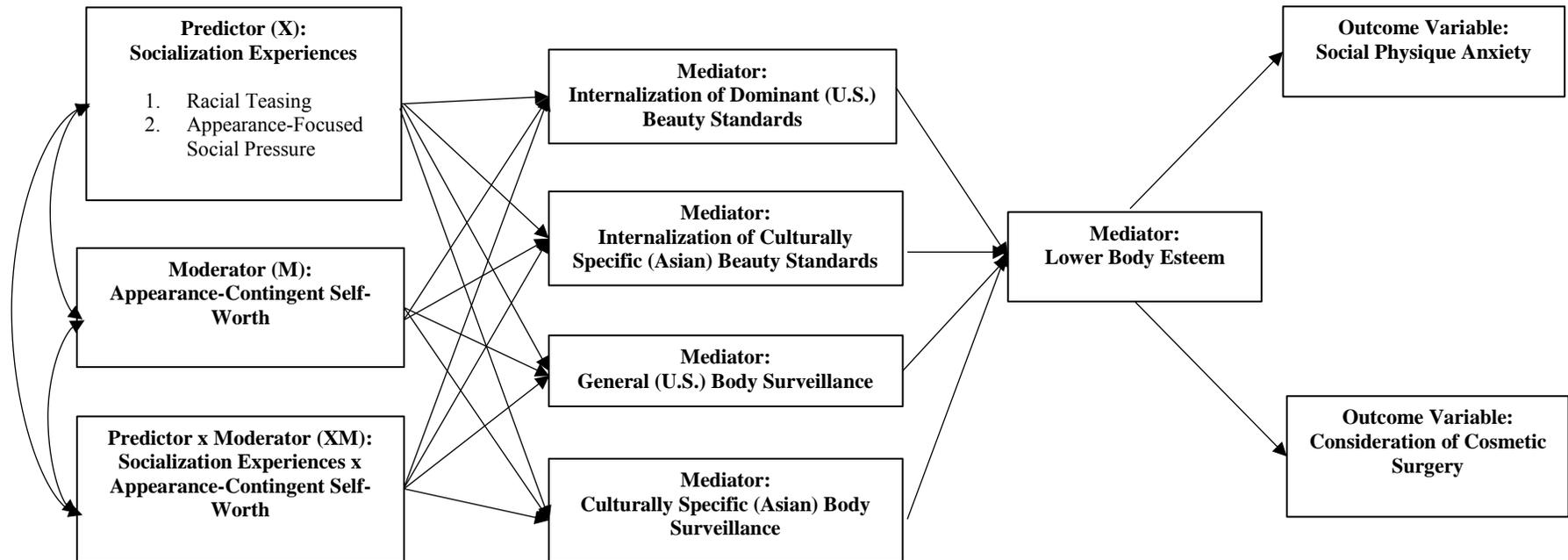


Figure 6. *The Proposed Statistical Model.*

Note. For the sake of clarity, correlations and direct paths between internalization of beauty standards and body surveillance, as well as correlations between internalization of beauty standards/body surveillance and social physique anxiety/consideration of cosmetic surgery, are not pictured.

Table 1. Means, Standard Deviations, and Intercorrelations among Main Variables.

	1	2	3	4	5	6	7	8	9
1. Socialization Experiences	---								
2. Appearance-Contingent Self-Worth	.37**	---							
3. Internalization (U.S.)	.33**	.51**	---						
4. Internalization (Asian)	.23**	.25**	.30**	---					
5. Body Surveillance (U.S.)	.38**	.62**	.59**	.31**	---				
6. Body Surveillance (Asian)	.48**	.53**	.44**	.40**	.49**	---			
7. Lower Body Esteem (Total)	.42**	.35**	.35**	.29**	.44**	.59**	---		
8. Social Physique Anxiety (Total)	.46**	.48**	.40**	.32**	.46**	.70**	.84**	---	
9. Consideration of Cosmetic Surgery	.30**	.31**	.35**	.22**	.43**	.48**	.44**	.43**	---
<i>M</i>	0.00	5.02	4.18	3.74	4.43	3.93	2.82	2.95	3.24
<i>SD</i>	1.65	1.13	1.11	1.32	1.11	1.36	0.65	0.69	1.84
Range of scale	1 – 5	1 – 7	1 – 5	1 – 5	1 – 7	1 – 7	1 – 5	1 – 5	1 – 7

Note. *N* = 283. Socialization experiences variable was standardized.

***p* < .001

Table 2. *Independent Samples T-Test Results for Asian International and Asian American Students*

	Asian International Students	Asian American Students	<i>T</i> -test	Effect Size
	M (SD)	M (SD)		
Racial Teasing	1.47 (0.48)	2.23 (0.80)	7.88*	1.15
Appearance-Focused Social Pressure	3.21 (0.65)	3.40 (0.70)	2.06	--
Appearance-Contingent Self-Worth	4.76 (1.13)	5.12 (1.11)	2.44	--
Internalization (U.S.)	3.75 (1.07)	4.35 (1.09)	4.20*	0.56
Internalization (A)	3.99 (0.99)	3.64 (1.42)	-2.00	--
Body Surveillance (U.S.)	4.10 (1.07)	4.56 (1.09)	3.20*	0.43
Body Surveillance (A)	3.60 (1.30)	4.06 (1.36)	2.58	--
Lower Body Esteem	2.77 (0.72)	2.92 (0.69)	1.52	--
Consideration of Cosmetic Surgery	2.75 (1.70)	3.44 (1.87)	2.81*	0.39

Note. A Bonferroni correction of $p < .05/9 = .0056$ was applied.

* $p < .0056$

Table 3. Means, Standard Deviations, and Intercorrelations among Post-Hoc Variables

	1	2	3	4	5	6	7	8	9	10
1. Socialization Experiences	---									
2. Internalization (U.S.)	.33**	---								
3. Internalization (Asian)	.23**	.30**	---							
4. Body Surveillance (U.S.)	.38**	.59**	.31**	---						
5. Body Surveillance (Asian)	.48**	.44**	.40**	.49**	---					
6. Lower Body Esteem (U.S.)	.40**	.35**	.27**	.43**	.52**	---				
7. Lower Body Esteem (Asian)	.37**	.27**	.29**	.29**	.67**	.57**	---			
8. Social Physique Anxiety (U.S.)	.42**	.38**	.29**	.46**	.59**	.82**	.50**	---		
9. Social Physique Anxiety (Asian)	.39**	.29**	.27**	.33**	.72**	.52**	.77**	.55*	---	
								*		
10. Consideration of Cosmetic Surgery	.30**	.35**	.22**	.43**	.48**	.42**	.35**	.38*	.41*	---
								*	*	
<i>M</i>	0.00	4.18	3.74	4.43	3.93	2.88	2.60	3.20	2.45	3.24
<i>SD</i>	1.65	1.11	1.32	1.11	1.36	0.70	0.69	0.80	0.72	1.84
Range of Scale	1 – 5	1 – 5	1 – 5	1 – 7	1 – 7	1 – 5	1 – 5	1 – 5	1 – 5	1 – 7

Note. *N* = 283. Socialization experiences variable was standardized.

***p* < .001

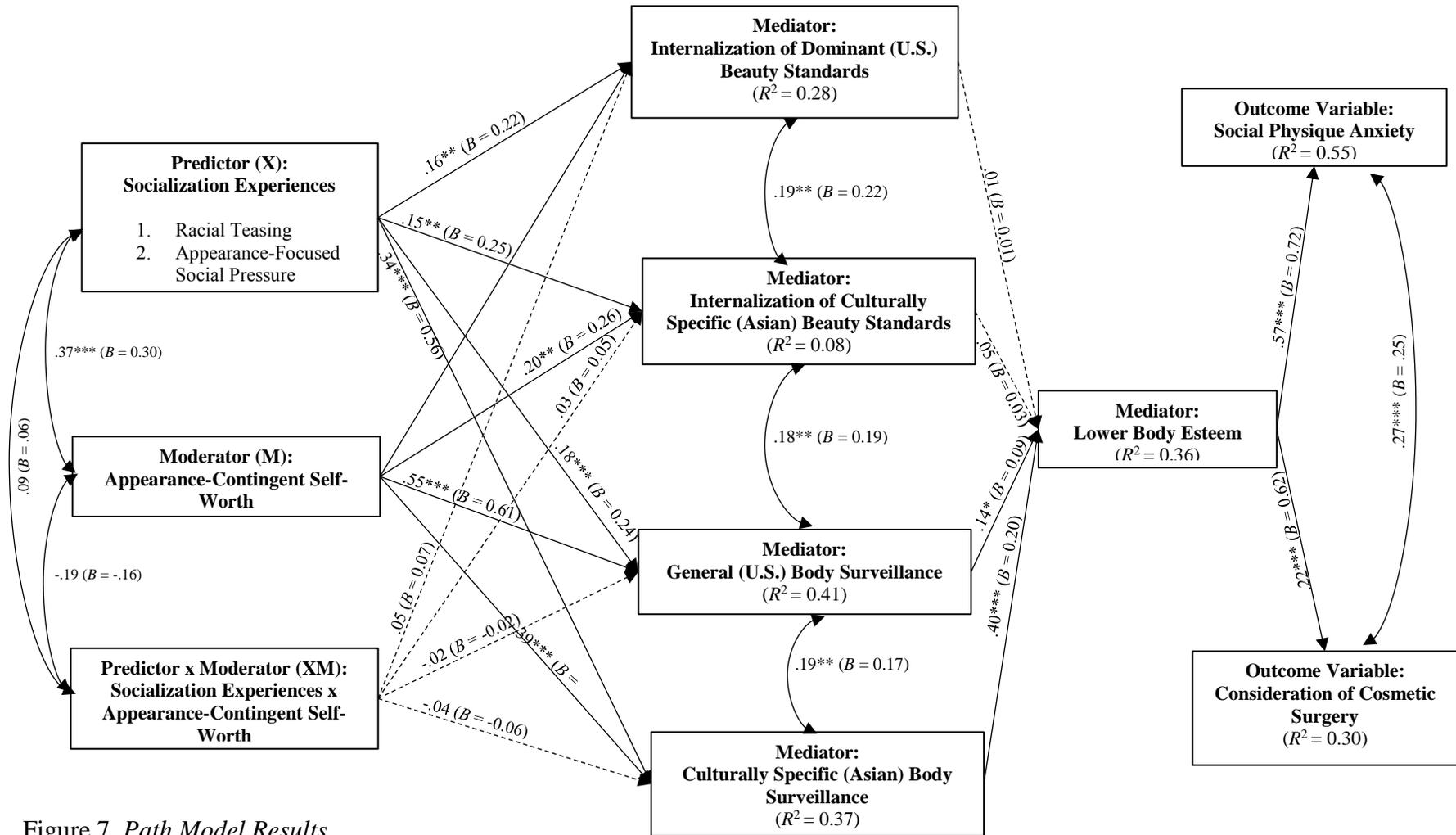


Figure 7. Path Model Results.

Note. Values are in standardized units (B represents unstandardized units). Correlations between internalization (U.S.) and body surveillance (U.S.) (.39** $B = .31$), internalization (U.S.) and body surveillance (Asian) (.19** $B = 0.19$), and internalization (Asian) and body surveillance (Asian) (.29*** $B = 0.28$) are not pictured for purposes of clarity.

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

Table 4. *Bootstrap Analyses of the Magnitude and Statistical Significance of Indirect Effects: Main Results.*

Independent Variable	Mediator Variables	Criterion Variable	β standard ized indirect effect	<i>B</i> mean indirect effect ^a	<i>SE</i> ^a	95% CI mean indirect effect (lower and upper) ^a
Socialization	Internalization (U.S.) → Body Esteem	Social Physique Anxiety	0.001	0.001	0.007	[-0.012, 0.016]
Socialization	Internalization (U.S.) → Body Esteem	Cosmetic Surgery	0.000	0.001	0.006	[-0.010, 0.015]
Socialization	Internalization (A) → Body Esteem	Social Physique Anxiety	0.004	0.005	0.006	[-0.004, 0.02]
Socialization	Internalization (A) → Body Esteem	Cosmetic Surgery	0.002	0.004	0.005	[-0.003, 0.020]
Socialization	Body Surveillance (U.S.) → Body Esteem	Social Physique Anxiety	0.014	0.015	0.008	[0.002, 0.036]
Socialization	Body Surveillance (U.S.) → Body Esteem	Cosmetic Surgery	0.006	0.013	0.008	[0.002, 0.038]
Socialization	Body Surveillance (A) → Body Esteem	Social Physique Anxiety	0.077	0.081	0.018	[0.051, 0.124]
Socialization	Body Surveillance (A) → Body Esteem	Cosmetic Surgery	0.030	0.070	0.025	[0.027, 0.127]

Note. CI = confidence interval. A = Asian.

^a These values are based on unstandardized path coefficients.

Bold paths are significant.

Table 5. *Bootstrap Analyses of the Magnitude and Statistical Significance of Indirect Effects: Post Hoc Analyses.*

Independent Variable	Mediator Variables	Criterion Variable	β standardized indirect effect	<i>B</i> mean indirect effect ^a	<i>SE</i> ^a	95% CI mean indirect effect (lower and upper) ^a
Socialization Experiences	Internalization (U.S.) → Body Esteem (U.S.)	Social Physique Anxiety (U.S.)	0.003	0.003	0.008	[-0.010, 0.024]
Socialization Experiences	Internalization (U.S.) → Body Esteem (U.S.)	Social Physique Anxiety (A)	0.000	0.000	0.001	[-0.001, 0.019]
Socialization Experiences	Internalization (U.S.) → Body Esteem (U.S.)	Cosmetic Surgery	0.001	0.002	0.006	[-0.006, 0.03]
Socialization Experiences	Internalization (U.S.) → Body Esteem (A)	Social Physique Anxiety (U.S.)	0.000	0.000	0.001	[-0.002, 0.002]
Socialization Experiences	Internalization (U.S.) → Body Esteem (A)	Social Physique Anxiety (A)	0.000	0.000	0.005	[-0.010, 0.008]
Socialization Experiences	Internalization (U.S.) → Body Esteem (A)	Cosmetic Surgery	0.000	0.000	0.002	[-0.004, 0.004]
Socialization Experiences	Internalization (A) → Body Esteem (U.S.)	Social Physique Anxiety (U.S.)	0.005	0.005	0.007	[-0.005, 0.024]
Socialization Experiences	Internalization (A) → Body Esteem (U.S.)	Social Physique Anxiety (A)	0.000	0.000	0.001	[0.000, 0.004]
Socialization Experiences	Internalization (A) → Body Esteem (U.S.)	Cosmetic Surgery	0.002	0.004	0.005	[-0.003, 0.021]
Socialization Experiences	Internalization (A) → Body Esteem (A)	Social Physique Anxiety (U.S.)	0.000	0.000	0.001	[-0.004, 0.000]
Socialization Experiences	Internalization (A) → Body Esteem (A)	Social Physique Anxiety (A)	0.003	0.003	0.004	[-0.003, 0.015]
Socialization Experiences	Internalization (A) → Body Esteem (A)	Cosmetic Surgery	0.000	0.000	0.002	[-0.003, 0.007]
Socialization Experiences	Body Surveillance (U.S.) → Body Esteem (U.S.)	Social Physique Anxiety (U.S.)	0.020	0.024	0.011	[0.007, 0.053]
Socialization Experiences	Body Surveillance (U.S.) → Body Esteem (U.S.)	Social Physique Anxiety (A)	0.002	0.002	0.002	[0.000, 0.008]
Socialization Experiences	Body Surveillance (U.S.) → Body Esteem (U.S.)	Cosmetic Surgery	0.007	0.016	0.010	[0.004, 0.046]
Socialization Experiences	Body Surveillance (U.S.) → Body Esteem (A)	Social Physique Anxiety (U.S.)	0.000	0.000	0.001	[-0.001, 0.004]
Socialization Experiences	Body Surveillance (U.S.) → Body Esteem (A)	Social Physique Anxiety (A)	-0.001	-0.001	0.005	[-0.013, 0.008]
Socialization Experiences	Body Surveillance (U.S.) → Body Esteem (A)	Cosmetic Surgery	0.000	0.000	0.002	[-0.006, 0.004]
Socialization Experiences	Body Surveillance (A) → Body Esteem (U.S.)	Social Physique Anxiety (U.S.)	0.066	0.080	0.021	[0.045, 0.129]
Socialization Experiences	Body Surveillance (A) → Body Esteem (U.S.)	Social Physique Anxiety (A)	0.007	0.007	0.006	[-0.002, 0.021]
Socialization Experiences	Body Surveillance (A) → Body Esteem (U.S.)	Cosmetic Surgery	0.022	0.052	0.022	[0.019, 0.112]
Socialization Experiences	Body Surveillance (A) → Body Esteem (A)	Social Physique Anxiety (U.S.)	-0.011	-0.013	0.015	[-0.046, 0.013]

Socialization Experiences	Body Surveillance (A) → Body Esteem (A)	Social Physique Anxiety (A)	0.100	0.102	0.024	[0.063, 0.157]
Socialization Experiences	Body Surveillance (A) → Body Esteem (A)	Cosmetic Surgery	0.003	0.006	0.042	[-0.076, 0.091]

Note. CI = confidence interval. A = Asian

^a These values are based on unstandardized path coefficients.

Bold paths are significant.

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APPENDIX A. DEMOGRAPHIC INFORMATION

1. Sex:
 - 1= Male
 - 2= Female
 - 3 = Intersex
 - 4 = Other: _____
2. Which gender identity do you most identify with?
 - 1 = Man
 - 2 = Woman
 - 3 = Transgender man
 - 4 = Transgender woman
 - 5 = Gender nonconforming
 - 6 = Other: _____
3. Age: _____
4. Year in school:
 - 1 = 1st year undergraduate
 - 2 = 2nd year undergraduate
 - 3 = 3rd year undergraduate
 - 4 = 4th year or higher undergraduate
 - 5 = Graduate student
 - 6 = Exchange student/non-degree
5. Which of the following best describes your family's income per year during your upbringing?
 - 1 = Less than \$5000
 - 2 = \$5000 through \$11,999
 - 3 = \$12,000 through \$15,999
 - 4 = \$16,000 through \$24,999
 - 5 = \$25,000 through 34,999
 - 6 = \$35,000 through \$49,999
 - 7 = \$50,000 through \$74,999
 - 8 = \$75,000 through \$99,999
 - 9 = \$100,000 and greater
 - 10 = Other: _____
 - 11 = Prefer not to answer
6. Which state or country did you live in **predominantly** before pursuing higher education? _____
7. Which of the following **best** describes the community that surrounded you for the majority of your upbringing?
 - 1 = Predominantly White
 - 2 = Predominantly Korean-American
 - 3 = Predominantly Korean
 - 4 = Predominantly other ethnic minority group (e.g., African American,

Hispanic/Latino/a, other Asian/American)

5 = Other: _____

8. Are you an adoptee? If so, from what country? _____
9. Which of the following **best** describes your generational status:
- 1 = 1st generation
(You were born outside of the U.S. and moved to the U.S when you were an adult)
 - 2 = 1.5 generation
(You were NOT born in the U.S. but moved here as a child or adolescent)
 - 3 = 2nd generation
(You were born in the U.S., but one or both of your parents were born in another country)
 - 4 = 3rd generation
(You and both parents were born in the U.S., but all your grandparents were born in another country)
 - 5 = 4th generation
(You and both parents were born in U.S., and at least one of your grandparents was born in another country)
 - 6 = 5th generation
(You, both parents, and all of your grandparents were born in the U.S.)
 - 7 = International student
(You entered the U.S. for educational purposes and you are not a permanent resident of the U.S.)
10. Which language(s) do you have the **most** degree of comfort with?
- 1 = English
 - 2 = Korean
 - 3 = English and Korean
 - 4 = Other: _____
11. Height: Feet _____ Inches _____
12. Current Weight (lbs.): _____
13. Highest Weight (excluding pregnancy): _____
14. Lowest Adult Weight: _____
15. Your Ideal Weight: _____
16. Have you received cosmetic surgery before (e.g., eyelids, nose, jaw)?
- 1 = Yes
 - 2 = No
17. Overall, are you satisfied with your appearance?
- 1 = Not at all
 - 2 = Rarely
 - 3 = Sometimes
 - 4 = Often
 - 5 = Always

APPENDIX B. ETHNIC TEASING SCALE

Instructions: The following questions should be answered with respect to **when you were an adolescent**. Please rate how often you think you have been the object of such behavior.

Never

Frequently

1

2

3

4

5

1. When you were an adolescent, were you made fun of because of your race or ethnicity?

2. When you were an adolescent, did other people make jokes about your hair because of your race or ethnicity?

3a. When you were an adolescent, how often did you dress in traditional ethnic clothes or dress according to cultural traditions? (For example, wearing a *hanbok*.)

3b. If you **did** wear cultural dress or dress according to religious traditions, how often were you made fun of by others? (*Mark "1" if this does not apply to you.*)

4. When you were an adolescent, how often did others make jokes about your skin color because of your race or ethnicity?

5. When you were an adolescent, did kids call you funny looking because of your race or ethnicity?

6. When you were an adolescent, how often did people make fun of the size or shape of your eyes, nose, mouth, or lips because of your race or ethnicity?

7. When you were an adolescent, how often did people make hurtful comments about your height because of your race or ethnicity?

APPENDIX C. APPEARANCE-RELATED SOCIAL PRESSURE QUESTIONNAIRE

Instructions: The following questions are about how others treated you and about their attitudes towards you **when you were an adolescent**. It is important that you mark all questions, even if some of them sound similar.

The first questions focus on the impact that **other young people** had on you, such as classmates, siblings, friends or acquaintances.

N/A	Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree
0	1	2	3	4	5

1. If you didn't look good in our class, you didn't belong.
2. I felt like I belonged, regardless of what I looked like.
3. Many teenagers didn't want anything to do with me, because I didn't look so good.
4. For my friends, it was often all about looks.
5. I felt like teenagers were not interested in me because of my figure.
6. In our class, good looks played an important role.
7. There were always teenagers who gossiped about my figure.
8. If you didn't look good in our school, you were usually an outsider.
9. My friends did a lot to look good.
10. Because of my figure, I got weird looks from teenagers.
11. If I were better looking, other people would have invited me to their gatherings more often.
12. Because I didn't look so good, it rarely happened that somebody fell in love with me.
13. My friends had a clear idea of what constitutes "looking good."
14. My classmates laughed about me during gym class.
15. Other teenagers gave me nicknames because of my figure.
16. Some of my friends dieted in order to look better.

The following statements are about your parents and family in general **when you were an adolescent**. Mark how much you agree with the following statements.

17. My family set great value on having a good figure.
18. My parent(s) gave me hurtful nicknames because of my figure.
19. My parent(s) thought I should stay the way I am.

20. My parent(s) did a lot to stay thin.
21. I got more approval from my parent(s) if I looked good.
22. I felt like I got weird looks from my parent(s) because of my figure.
23. Good looks played an important role for my parent(s).
24. My parent(s) dieted a lot to look better.
25. My parent(s) made fun of my figure.
26. My parent(s) told me to change my figure.
27. My parent(s) took notice of me only if I looked good.
28. My parent(s) bugged me about my figure.
29. My parent(s) were stricter with me because I didn't look so good.
30. My parent(s) thought I should make more of myself.
31. Because I didn't look so good, my parent(s) acted as if I wasn't there.
32. My parent(s) urged me to do something about my figure.

**APPENDIX D. SOCIOCULTURAL ATTITUDES TOWARDS APPEARANCE
QUESTIONNAIRE-3 – INTERNALIZATION SUBSCALE**

Instructions: Please read each of the following items carefully and indicate the number that best reflects your agreement with the statement. Please mark “N/A” if you have never consumed the particular type of American media indicated in the statement.

N/A	Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree
0	1	2	3	4	5

1. I **do not** care if my body looks like the body of people who are on American TV.
2. I compare my body to the bodies of people who are on American TV.
3. I would like my body to look like the models who appear in American magazines.
4. I compare my appearance to the appearance of American TV and movie stars.
5. I would like my body to look like the people who are in American movies.
6. I **do not** compare my body to the bodies of people who appear in American magazines.
7. I wish I looked like the models in American music videos.
8. I compare my appearance to the appearance of people in American magazines.
9. I **do not** try to look like the people on American TV.

**APPENDIX E. SOCIOCULTURAL ATTITUDES TOWARDS APPEARANCE
QUESTIONNAIRE-3 – INTERNALIZATION SUBSCALE (CULTURALLY
SPECIFIC VERSION) (SATAQ-3).**

Instructions: Please read each of the following items carefully and indicate the number that best reflects your agreement with the statement. Please mark “N/A” if you have never consumed the particular type of Korean media indicated in the statement.

N/A	Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree
0	1	2	3	4	5

1. I **do not** care if my body looks like the body of people who are on Asian TV.
2. I compare my body to the bodies of people who are on Asian TV.
3. I would like my body to look like the Asian models who appear in magazines.
4. I compare my appearance to the appearance of Asian TV and movie stars.
5. I would like my body to look like the people who are in Asian movies.
6. I **do not** compare my body to the bodies of people who appear in Asian magazines.
7. I wish I looked like the models in Asian music videos.
8. I compare my appearance to the appearance of people in Asian magazines.
9. I **do not** try to look like the people on Asian TV.

APPENDIX F. OBJECTIFIED BODY CONSCIOUSNESS SCALE – BODY SELF-SURVEILLANCE SUBSCALE

Instructions: Please read each of the following items carefully and indicate the number that best reflects your agreement with the statement.

Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
1	2	3	4	5	6	7

1. I rarely think about how I look.
2. I think it is more important that my clothes are comfortable than whether they look good on me.
3. I think more about how my body feels than how my body looks.
4. I rarely compare how I look with how other people look.
5. During the day, I think about how I look many times.
6. I often worry about whether the clothes I am wearing make me look good.
7. I rarely worry about how I look to other people.
8. I am more concerned with what my body can do than how it looks.

APPENDIX G. BODY MONITORING SCALE

Instructions: Please read each of the following items carefully and indicate the number that best reflects your agreement with the statement.

Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
1	2	3	4	5	6	7

ORIGINAL ITEMS:

1. I often worry about how my face size and shape looks to other people.
2. I often compare my face size and shape with that of other people.
3. I rarely think about how my face size and shape looks.
4. I often think about how much smaller or larger my face is than other people's.
5. I often wonder whether or not my face size and shape is attractive to other people.
6. I often think about how my face size and shape affect my looks.
7. I often feel conscious of how my face size and shape looks to other people.
8. I often worry that my face size and shape is unattractive to other people.

ADDED ITEMS:

9. I often worry about how my eye size and shape looks to other people.
10. I often think about how my eye size and shape affect my looks.
11. I often wonder whether or not my eye size and shape is attractive to other people.
12. I often compare my eye size and shape with that of other people.
13. I rarely think about how my nose looks.
14. I often feel conscious of how my nose looks to other people.
15. I often worry that my nose is unattractive to other people.
16. I often think about how my nose affects my looks.
17. I often think about how much lighter or darker my skin is than other people's.
18. I often worry about how my skin color looks to other people.
19. I often feel conscious of how the quality of my skin looks to other people.
20. I often compare the quality of my skin with that of other people.
21. I often think about how much taller or shorter I am than other people.
22. I often feel conscious of my height in front of other people.

23. I often compare my height with that of other people.
24. I often worry that my height is unattractive to other people.

APPENDIX H. BODY ESTEEM SCALE

Instructions: Indicate how often you agree with the following statements ranging from "never" (0) to "always" (4). Indicate the appropriate number beside each statement.

Never	Seldom	Sometimes	Often	Always
1	2	3	4	5

ORIGINAL ITEMS:

1. I like what I look like in pictures.
2. Other people consider me good looking.
3. I'm proud of my body.
4. I am preoccupied with trying to change my body weight.
5. I think my appearance would help me get a job.
6. I like what I see when I look in the mirror.
7. There are lots of things I'd change about my looks if I could.
8. I am satisfied with my weight.
9. I wish I looked better.
10. I really like what I weigh.
11. I wish I looked like someone else.
12. People my own age like my looks.
13. My looks upset me.
14. I'm as nice looking as most people.
15. I'm pretty happy about the way I look.
16. I feel I weigh the right amount for my height.
17. I feel ashamed of how I look.
18. Weighing myself depresses me.
19. My weight makes me unhappy.
20. My looks help me to get dates.
21. I worry about the way I look.
22. I think I have a good body.
23. I'm looking as nice as I'd like to.

ADDED ITEMS:

24. I'm pretty happy about the way my eyes look.
25. I am satisfied with my nose.
26. I worry about the way my face size or shape looks.
27. I really like my skin color.
28. I'm pretty happy about my height.
29. I am satisfied with the quality of my skin.

APPENDIX I. SOCIAL PHYSIQUE ANXIETY SCALE

Instructions: Read each item carefully and indicate how characteristic it is of you according to the following scale.

Not at all characteristic of me 1	Slightly characteristic of me 2	Moderately characteristic of me 3	Very characteristic of me 4	Extremely characteristic of me 5
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ORIGINAL ITEMS:

1. I am comfortable with the appearance of my physique or figure.
2. I would never worry about wearing clothes that might make me look too thin or overweight.
3. I wish I wasn't so up-tight about my physique or figure.
4. There are times when I am bothered by thoughts that other people are evaluating my weight or muscular development negatively.
5. When I look in the mirror I feel good about my physique or figure.
6. Unattractive features of my physique or figure make me nervous in certain social settings.
7. In the presence of others, I feel apprehensive about my physique or figure.
8. I am comfortable with how fit my body appears to others.
9. It would make me uncomfortable to know others were evaluating my physique or figure.
10. When it comes to displaying my physique or figure to others, I am a shy person.
11. I usually feel relaxed when it's obvious that others are looking at my physique or figure.
12. When in a bathing suit, I often feel nervous about how well-proportioned my body is.

ADDED ITEMS:

13. When I look in the mirror I feel good about my face size and shape.
14. I am comfortable with my height.
15. I wish I wasn't so uptight about the shape of my nose.
16. There are times when I am bothered by thoughts that other people are evaluating the shape of my eyes.
17. The quality of my skin make me nervous in certain social settings.
18. When I look in the mirror I feel good about the color of my skin.

**APPENDIX J. ACCEPTANCE OF COSMETIC SURGERY – CONSIDERATION
SUBSCALE**

Instructions: Please indicate how much you agree or disagree with the following statements using the scale below.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

1. In the future, I could end up having some kind of cosmetic surgery.
2. I have sometimes thought about having cosmetic surgery.
3. I would never have any kind of plastic surgery.
4. If I could have a surgical procedure done for free, I would consider trying cosmetic surgery.
5. If I knew there would be no negative side effects or pain, I would like to try cosmetic surgery.

**APPENDIX K. CONTINGENCIES OF SELF-WORTH – APPEARANCE
SUBSCALE**

Instructions: Please respond to each of the following statements by circling your answer using the scale from "1 = Strongly disagree" to "7 = Strongly agree." If you haven't experienced the situation described in a particular statement, please answer how you think you would feel if that situation occurred.

Strongly Disagree	Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Agree	Strongly Agree
1	2	3	4	5	6	7

1. When I think I look attractive, I feel good about myself.
2. My self-esteem is unrelated to how I feel about the way my body looks.
3. My self-esteem is influenced by how attractive I think my face or facial features are.
4. My sense of self-worth suffers whenever I think I don't look good.
5. My self-esteem does not depend on whether or not I feel attractive.

APPENDIX L. IOWA STATE UNIVERSITY IRB APPROVAL LETTER



Institutional Review Board
Office for Responsible
Research Vice President
for Research 2420 Lincoln
Way, Suite 202 Ames, Iowa
50014 515 294-4566

Date: 05/01/2018
To: Stacy Ko Meifen Wei
From: Office for Responsible Research
Title: Application of a Racially Expanded Model of Objectification Theory to Koreans and Korean-Americans

IRB ID: 18-204

Submission Type: Initial Submission

Review Type: Expedited

Approval Date: 05/01/2018

Date for Continuing Review: 04/30/2020

The project referenced above has received approval from the Institutional Review Board (IRB) at Iowa State University according to the dates shown above. Please refer to the IRB ID number shown above in all correspondence regarding this study.

To ensure compliance with federal regulations (45 CFR 46 & 21 CFR 56), please be sure to:

- **Use only the approved study materials** in your research, including the **recruitment materials and informed consent documents that have the IRB approval stamp.**
- **[Retain signed informed consent documents](#) for 3 years after the close of the study,** when documented consent is required.
- **Obtain IRB approval prior to implementing any changes** to the study.
- **Inform the IRB if the Principal Investigator and/or Supervising Investigator end their role or involvement with the project** with sufficient time to allow an alternate PI/Supervising Investigator to assume oversight responsibility. Projects must have an [eligible PI](#) to remain open.
- **Immediately inform the IRB of (1) all serious and/or unexpected [adverse experiences](#) involving risks to subjects or others; and (2) any other [unanticipated problems](#) involving risks to subjects or others.**

- **Stop all human subjects research activity if IRB approval lapses**, unless continuation is necessary to prevent harm to research participants. Human subjects research activity can resume once IRB approval is re-established.
- **Submit an application for Continuing Review** at least three to four weeks prior to the **date for continuing review** as noted above to provide sufficient time for the IRB to review and approve continuation of the study. We will send a courtesy reminder as this date approaches.
- Please be aware that IRB approval means that you have met the requirements of federal regulations and ISU policies governing human subjects research. **Approval from other entities may also be needed.** For example, access to data from private records (e.g. student, medical, or employment records, etc.) that are protected by FERPA, HIPAA, or other confidentiality policies requires permission from the holders of those records. Similarly, for research conducted in institutions other than ISU (e.g., schools, other colleges or universities, medical facilities, companies, etc.), investigators must obtain permission from the institution(s) as required by their policies. **IRB approval in no way implies or guarantees that permission from these other entities will be granted.**
- Please be advised that your research study may be subject to **post-approval monitoring by Iowa State University's Office for Responsible Research**. In some cases, it may also be subject to formal audit or inspection by federal agencies and study sponsors.
- Upon completion of the project, transfer of IRB oversight to another IRB, or departure of the PI and/or Supervising Investigator, please initiate a Project Closure to officially close the project. For information on instances when a study may be closed, please refer to the [IRB Study Closure Policy](#).

Please don't hesitate to contact us if you have questions or concerns at 515-294-4566 or IRB@iastate.edu.