
Images and Ideals: Counselling Women and Girls in a “Thin-is-in” Culture

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ABSTRACT

Two well-cited studies (Garner, Garfinkel, Schwartz & Thompson, 1980; Wiseman, Gray, Mosimann, & Ahrens, 1992) examined the changing body shape of *Playboy* centrefolds from 1959 to 1988 and noted that their body weights were significantly lower than those of the average female. The current study updates and examines changes in body measurements and weight across four decades using a multivariate one-way Analysis of Variance. Chi-square analysis of the models' expected weight and actual body mass index (BMI) indicates that the female body weight standard has become increasingly restrictive. Implications for counselling girls and women are discussed within the feminist therapeutic context.

RÉSUMÉ

Deux études abondamment citées (Garner, Garfinkel, Schwartz, & Thompson, 1980; Wiseman, Gray, Mosimann, & Ahrens, 1992) ont étudié les changements de la forme du corps féminin dans les photos de double page centrale de *Playboy* de 1959 à 1988, en constatant que le poids corporel des modèles y était beaucoup moindre que chez la femme moyenne. La présente étude met à jour ces données et étudie l'évolution des mensurations et du poids corporel pendant quatre décennies en utilisant une analyse de la variance multivariée à un critère de classification. Une analyse du khi carré du poids attendu des modèles et de l'indice réel de masse corporelle (IMC) indique que la norme relative au poids corporel féminin devient de plus en plus restrictive. Des répercussions sur le counseling des filles et des femmes sont discutées dans un contexte de thérapie féministe.

The purpose of this research is to determine whether there has been a definite shift in the idealized standard toward excessive thinness as portrayed in the media by analyzing *Playboy* centrefold body measurements and weight expectancies across four decades. There is little doubt that the media play a role in promoting current sociocultural standards of physical attractiveness (Levine & Smolak, 1996), and these standards currently emphasize thinness as the most significant determinant of female beauty (Heinberg, Thompson, & Stormer, 1995; Hesse-Biber, 1997). One of the biggest problems with this, however, is that the media present a standard of female beauty that is often distorted due to the use of ultra-thin models and the application of artificial media enhancements. Young people are often unaware that digital technology and manipulation in the fashion industry use airbrush and digital enhancement to portray the “ideal” female body.

For many adolescent girls and women, exposure to media that portray thin idealized female images is associated with body dissatisfaction, dieting, and unhealthy eating behaviours (Bissell & Zhou, 2004; Field et al., 1999; Hargreaves &

Tiggemann, 2003; Moore, 2004). Research indicates that direct media exposure to images of ultra-thin portrayals of women subsequently lead women to feel unhappy and dissatisfied in regard to their bodies (Harrison & Cantor, 1997; Posavac, Posavac, & Posavac, 1998; Stice & Shaw, 1994). Further research has linked society's portrayal of the thin female ideal to increased rates of dieting, weight preoccupation, and clinical eating disorders (Harrison & Cantor; Levine & Smolak, 1996). These images promote unrealistic standards that are impossible to achieve (Morris & Katzman, 2003). Milkie (1999) indicates that women and girls make comparisons with models in fashion magazines and that such social comparisons have been found to be highly correlated with body dissatisfaction (Heinberg & Thompson, 1992).

One very important study measured indicators of disordered eating in a "media naive population" of Fijian schoolgirls after the introduction of Western television (Becker, 2004). The key indicators of disordered eating and increased body dissatisfaction were found to be significantly more prevalent following the introduction of Western television into this traditional culture. This offers a compelling demonstration of the power of media effects. Among the narrative data was the frequent theme of subjects reporting an interest in weight loss as a means of modelling themselves after television characters. Social comparison theory offers some explanation as to how idealized mediated messages contribute to the relationship women have with their bodies.

SOCIAL COMPARISON THEORY

Social comparison theory (Festinger, 1954; Goethals, 1986), as applied to body image disturbance, suggests that people look to images that they perceive to be attainable and realistic, and subsequently make comparisons among themselves, others, and the idealized images. The theory further suggests that people make automatic comparisons after seeing these images without full awareness. Wood and Taylor (1999) suggest that when women make comparisons between themselves and idealized images, their beliefs about the importance of being thin are confirmed, and they become motivated to meet that goal after comparison. For example, as women see idealized images, they compare their appearance to that of the model or television character, and when they deem themselves as coming up short in their comparison, they become extremely motivated to narrow the gap between their own image and the idealized image (Goethals). It has been suggested that exposure to idealized thin images could account for an increased motivation to perform eating-disordered behaviours and an increased drive for thinness (Botta, 1999).

PREVIOUS RESEARCH

Two widely cited studies investigating Western society's depiction of the female ideal suggest that between 1959 and 1988, there had been a gradual but definite shift in the ideal standard toward excessive thinness for women (Garner, Garfinkel, Schwartz, & Thompson, 1980; Wiseman, Mosimann, & Ahrens, 1992). Garner

et al. analyzed the weight changes of *Playboy* centrefold models between 1959 and 1978 and found a significant decrease in the weights of *Playboy* centrefolds as a percentage of their expected weight based on Society of Actuaries norms for 1959. Wiseman et al. extended this research by analyzing weights of *Playboy* centrefolds from 1979 to 1988 and confirmed that models maintained the low weight reported by Garner et al.

Garner et al. (1980) and Wiseman et al. (1992) both made body size and weight comparisons with population norms but employed actuarial data from statistics published in different years. Because population weights increased over this time span, the 1979 norms used by Wiseman et al. were higher than the 1959 norms used by Garner et al. Therefore, a model would appear thinner relative to the 1979 norms than to the 1959 norms (Nemeroff, Stein, Diehl, & Smilack, 1994).

It is important to note that both Garner et al. (1980) and Wiseman et al. (1992) calculated "expected weights" by evaluating the degree of departure of actual *Playboy* centrefold weights from average weights as determined by actuarial tables using height and age data. This number was then multiplied by 100 to obtain a calculation called "percent of expected weight." The current standard of defining "overweight" or "underweight" is based on the body mass index (BMI) (Sarafino, 2002). Because BMI is a more conservative estimate of desirable weight, it is hypothesized that even a greater percentage of the models in the previous studies would have been found to be underweight had this current system of evaluating healthy weights been used.

CURRENT STUDY

This current study partially replicates the previous studies by investigating the change in body measurements and percent of expected weights of *Playboy* centrefolds from January 1960 to December 1999, using the exact methodology employed in Wiseman et al. (1992). In addition to making comparisons with population norms, this study has the advantage of distinguishing between body measurements and weight change over four decades. Some of the limitations within the previous research are addressed by using raw weight data and using the actuarial data from only one of the years: 1979, the more recent and current actuarial data. The current study also updates the prior research by comparing *percentage of average weights* using BMI, as it is the current standard for weight measurements.

METHOD

Body Measurements

Body measurements including bust size, hip size, waist size, height, weight, and age were obtained for *Playboy* centrefolds from January 1960 to December 1999. This information is publicly available via the Internet on a website sponsored by *Playboy* magazine (www.playboy.com/playmates/directory/). Data for each *Playboy* centrefold are accessible by conducting a search using both year and month as the

search categories. Although ample personal information is available at this site, no individual names of *Playboy* centrefolds were included in this research. The data were input into the SPSS statistical software package according to “year.” A variable called “decade” was created in order to structure body measurement comparisons across decades.

Percent of Expected Weights

Using the same method employed in Wiseman et al. (1992), *percent of expected weights* were obtained by dividing the actual weights of each *Playboy* centrefold by average weights. Average weights were obtained using height and age data as determined by actuarial body size statistics gathered in 1979 by the Society of Actuaries Build and Blood Pressure Study (Society of Actuaries, 1980). Three grouping variables were created, using expected weights based on age and height, that meet criteria for anorexia nervosa as specified by the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (American Psychiatric Association [APA], 1994): (a) anorexic, (b) underweight, and (c) normal weight. The anorexic group was defined as those weights equal to or less than 85% of expected weight; the underweight group was defined as weights between 86% and 99% of expected weight; and the normal group was defined as weights equal to or greater than 100% of expected weight.

BMI and Expected Weight

The BMI for each *Playboy* centrefold was calculated by multiplying individual weight in pounds by 705 and dividing twice by height in inches (Sarafino, 2002). Three grouping variables were calculated, using BMI based on age and height, that meet criteria for anorexia nervosa as specified by the *DSM-IV* (APA, 1994): (a) anorexic, (b) underweight, and (c) normal weight. The anorexic group was defined as those BMIs equal to or less than 17.4 kg/m²; the underweight group was defined as those BMIs between 17.5 and 19.9 kg/m²; and the normal group was defined as those BMIs between 20 kg/m² and 30 kg/m².

Data Analysis

First, changes in bust, waist, and hip size, weight, and height were examined across four decades using a multivariate one-way Analysis of Variance (ANOVA). Second, using actuarial body size statistics (Society of Actuaries, 1980), the percentage of *Playboy* centrefolds that would meet the weight criteria for anorexia nervosa as defined by the *DSM-IV* (APA, 1994) were analyzed across four decades using chi-square analysis. Third, using BMI, the percentage of *Playboy* centrefolds that would meet the criteria for anorexia nervosa as defined by the *DSM-IV* (APA) were analyzed across four decades using chi-square analysis.

RESULTS

A multivariate one-way ANOVA was performed on body measurements by four decades and revealed a significant overall effect of decade, $F(15,1220) = 27.19$,

$p < .0004$. The five bust, waist, hip, weight, and height univariate results were also statistically significant: bust, $F(3,446) = 16.81$, $p < .05$; waist, $F(3,446) = 20.38$, $p < .05$; hips, $F(3,446) = 18.72$, $p < .05$; weight, $F(3,446) = 4.49$, $p < .05$; and height, $F(3,446) = 39.03$, $p < .05$.

Post Hoc Comparisons

Bust. Post hoc analyses using the Tukey post hoc criterion for significance indicated that average bust size was significantly larger in the 1960s ($M = 36.04$, $SD = 1.56$) than in the 1970s ($M = 35.53$, $SD = 1.17$), 1980s ($M = 35.33$, $SD = 1.24$), and 1990s ($M = 34.82$, $SD = 1.16$). Similarly, average bust size was significantly larger in the 1970s than in the 1990s ($M = 34.82$, $SD = 1.16$), but did not differ from that in the 1980s.

Waist. Post hoc analyses using the Tukey post hoc criterion for significance indicated that the average waist size was significantly smaller in the 1960s ($M = 22.62$, $SD = 1.30$) than in the 1970s ($M = 23.60$, $SD = .95$), 1980s ($M = 23.29$, $SD = 1.17$), and 1990s ($M = 23.64$, $SD = .97$). Average waist size in the 1970s did not differ significantly from average waist size in the 1980s or the 1990s. Similarly, average waist size in the 1980s did not differ significantly from the average in the 1990s.

Hips. Post hoc analyses using the Tukey post hoc criterion for significance indicated that the average hip size was significantly larger in the 1960s ($M = 35.21$, $SD = 1.02$) than in the 1980s ($M = 34.36$, $SD = 1.16$) and 1990s ($M = 34.46$, $SD = .93$), but did not differ significantly from the average 1970s hip size ($M = 35.06$, $SD = 1.03$). Hip size in the 1970s was significantly larger than in the 1980s and 1990s, but the 1980s hip size did not differ significantly from the 1990s.

Weight in pounds. Post hoc analyses using the Tukey post hoc criterion for significance indicated that the average *Playboy* centrefold model weighed about the same in the 1960s ($M = 114.41$, $SD = 9.10$) as she did in the 1970s ($M = 114.19$, $SD = 7.64$), the 1980s ($M = 112.49$, $SD = 8.26$), and the 1990s ($M = 116.52$, $SD = 8.11$). The only decades where average weights differed significantly were between the 1980s and 1990s (the average 1980s weight was significantly less than the average 1990s weight).

Height in inches. Post hoc analyses using the Tukey post hoc criterion for significance indicated that the average *Playboy* centrefold model was significantly shorter in the 1960s ($M = 64.45$, $SD = 2.14$) than in the 1970s ($M = 65.85$, $SD = 1.77$), the 1980s ($M = 66.45$, $SD = 2.07$), and the 1990s ($M = 67.21$, $SD = 1.95$). Average heights in the 1970s were significantly shorter than average heights in the 1990s, but did not differ from average heights in the 1980s. As well, average heights in the 1980s did not differ from those in the 1990s.

Changes in Playboy Centrefold Body Sizes using Actuarial Statistics

Descriptive results. To determine the percentage of *Playboy* centrefolds that would meet the weight criteria for anorexia nervosa in each of the four decades,

the frequencies of observations that fall into each of the four categories, or in this case decades, were calculated. Chi-square analysis is a test that is often used for analyzing categorical data (Howell, 1999), or in this case, frequency data. Means and standard deviations of the percentage of expected weight across decades for *Playboy* centrefolds are shown in Table 1. The percent of expected weight was highest in the 1960s and lowest in the 1980s.

The percentage of *Playboy* centrefolds with weights less than 85% of expected weight in the 1960s was 12.1%, compared with 39.0% in the 1970s, 70.3% in the 1980s, and 59.2% in the 1990s. The percentage of *Playboy* centrefolds with weights between 85% and 99% of expected weight was 87.9% in the 1960s, 61.0% in the 1970s, 29.7% in the 1980s, and 40.8% in the 1990s. No *Playboy* centrefolds were found to have weights at or above 100% of expected.

Chi-square results. Using actuarial body size statistics, a chi-square test was performed to examine the frequencies of *Playboy* centrefolds that would meet the criteria for anorexia in each of the four decades. The variable “decade” comprised four groups (1960s, 1970s, 1980s, and 1990s) and the variable “weight” comprised two groups (anorexic and underweight). The eight subgroups ranged in their number of cases from 14 to 102 (see Table 2) with a total $N = 472$. Findings revealed significantly different frequencies, $\chi^2 (3, N = 472) = 92.75, p < .01$.

Table 1
Playboy Centrefold Percent of Expected Weight Means and Standard Deviations

Decade	Mean	Standard deviation	Cases (N)
1960s	.89	.042	116
1970s	.86	.047	118
1980s	.83	.038	118
1990s	.84	.040	120
Total	.86	.048	472

Table 2
Actuarial Body Size Frequencies of Anorexic and Underweight Playboy Centrefolds by Decade

Decade	Anorexic		Underweight		Total
	N	%	N	%	
1960s	14	12.1	102	87.9	116
1970s	46	39.0	72	61.0	118
1980s	83	70.3	35	29.7	118
1990s	71	59.2	49	40.8	120
Total	214		258		472

Changes in Playboy Centrefold Body Sizes using BMI

Descriptive results. In addition to actuarial body size measures, BMI standards were used to determine the percentage of *Playboy* centrefolds that would meet the weight criteria for anorexia nervosa. BMI means and standard deviations of *Playboy* centrefolds across decades are shown in Table 3. The average BMI was highest in the 1960s and lowest in the 1980s. The standard deviations have dropped over time, indicating more variation among BMI scores in the 1960s and 1970s than in the 1980s and 1990s.

Table 3
Playboy Centrefold Body Mass Index Means and Standard Deviations

Decade	Mean	Standard deviation	Cases (<i>N</i>)
1960s	19.38	.93	116
1970s	18.58	1.07	115
1980s	17.96	.84	118
1990s	18.20	.85	119

The percentage of *Playboy* centrefolds with BMIs below 17.5 kg/m² (anorexic) in the 1960s was 2.6%, compared with 13.9% in the 1970s, 25.4% in the 1980s, and 19.3% in the 1990s. The percentage of *Playboy* centrefolds with BMIs between 17.5 and 20 kg/m² (underweight) was 68.1% in the 1960s, 77.4% in the 1970s, 72.9% in the 1980s, and 78.2% in the 1990s. The percentage of *Playboy* centrefolds with BMIs greater than 20kg/m² (normal) was 29.3% in the 1960s, 8.7% in the 1970s, 1.7% in the 1980s, and 2.5% in the 1990s.

Chi-square results. Using BMI, a chi-square test was performed to examine the frequencies of *Playboy* centrefolds that would meet the criteria for anorexia in each of the four decades. The variable “decade” comprised four groups (1960s, 1970s, 1980s, and 1990s), and the variable “BMI” comprised three groups (anorexic, underweight, and normal). The 12 subgroups ranged in their number of cases from 2 to 93 (see Table 4) with a total *N* = 468. Findings revealed significantly different frequencies, χ^2 (6, *N* = 468) = 77.99, *p* < .01.

DISCUSSION

The results of this study support and extend the previous work of the Garner et al. (1980) and Wiseman et al. (1992) studies, and provide support for the outlook that the expected cultural ideal for women’s body proportions is now more tubular in shape. *Playboy* centrefold bust and hip sizes have decreased substantially since the 1960s, while waist size proportions have continued to increase. Importantly, even though body weights have remained relatively constant throughout the decades, heights have not; the average *Playboy* model weighed the same in the 1990s as she did in the 1960s, but is now three inches

Table 4
BMI Frequencies of Anorexic, Underweight, and Normal Weight Playboy Centrefolds by Decade

Decade	Anorexic		Underweight		Normal weight		Total
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	
1960s	3	2.59	79	68.10	34	29.31	116
1970s	16	13.91	89	77.39	10	8.70	115
1980s	30	25.42	86	72.88	2	1.69	118
1990s	23	19.33	93	78.15	3	2.52	119
Total	72		347		49		468

taller. The findings of this study are consistent with those of Morris, Cooper, and Cooper (1989) who studied body shapes of cohorts of fashion models between 1967 and 1987. Morris et al. found that models had become taller and, although waist size had increased, there was no corresponding increase in hip measurement. Bust and hip size were found to have decreased relative to waist size, producing a more tubular shape.

Although research has continued to show women's ideal body shape shifting from a full hourglass figure to one that is now more tubular (Davis & Oswalt, 1992; Morris et al., 1989; Wiseman et al., 1992), the current research expands upon this by considering the standard deviations of average BMI within each decade. Employing BMI analysis provided valuable insight into the variations of body sizes across decades; this was not possible using the overly standardized "percent of expected weight" used in Garner et al. (1980) and Wiseman et al. This is important because it substantiates the fact there is less and less variability amongst *Playboy* centrefolds body shape as time goes on. The means by which percent of expected weight were calculated resulted in an overly standardized value. Percent of expected weights were calculated by dividing actual *Playboy* centrefold weights by average weights, which were obtained using average height and age data as determined by actuarial body size statistics. Because the values used in the calculation are already standardized, they result in data that are not as revealing as the data derived from BMI analysis. When analyzing the standard deviations of *Playboy* centrefolds' percent of expected weight, there is little variability across decades, however, standard deviations using BMI calculations reveal a far different picture. For example, the standard deviations using BMI varies greatly in the 1960s ($SD = .93$) and 1970s ($SD = 1.07$) compared to the 1980s ($SD = .84$) and the 1990s ($SD = .85$). From this, it could be suggested that a greater variability in body weight was more acceptable in the 1960s and 1970s than it has been in recent decades, and consequently, the ideal body weight standard is now far more restrictive than in previous years.

IMPLICATIONS FOR GIRLS AND WOMEN

Although the trend toward thinness started in the 1960s, variations of body image existed. For example, some *Playboy* centrefolds in the 1960s and 1970s were ultra-thin, but many had BMIs in the normal range as well. This suggests that different variations of the ideal female body were likely more available and acceptable than in later decades. It was not until the 1980s and 1990s that *Playboy* centrefolds with normal BMIs became less typical. The 1980s and 1990s represented the start of female body images that were more resemblant of young males with narrow hips. In the 1980s, a fitness craze swept Western culture, and an obsession with health, beauty, youthfulness, and sex appeal had profound effects (Manning, 2000). Perhaps this emphasis on exercise that began in the 1980s, and continued into the 1990s, contributed greatly to the decreased BMI variability in these years. Average BMIs of *Playboy* centrefolds in the 1960s and 1970s were indeed thin, but *Playboy* centrefolds in the 1980s and 1990s were excessively so.

This decreased range in what is deemed acceptable by society's standards implies that there may be less societal tolerance for female bodies that deviate from the cultural ideal. Using the BMI, the majority of *Playboy* centrefolds are in the anorexic and underweight categories. Furthermore, it can be argued that in comparison to runway models, *Playboy* centrefolds are among some of the larger and more variable female ideals. Some writers and researchers believe that the mass media promote and normalize unrealistically thin images in order to create an unattainable urge that can drive product consumption (Cusumano & Thompson, 1997; Hesse-Biber, Leavy, Quinn, & Zoino, 2006; Kilbourne, 1994; Wolf, 1990). By presenting a narrow body image range that is unattainable by most women, the media preserves a market for frustration and disappointment (Grodin, 1996). Many of the mediated messages targeting women suggest that a woman's value is dependent on her physical appearance. Clearly, the problem with being required to adhere to a set weight or body standard is the presumption that women can or should completely control their body size.

IMPLICATIONS FOR COUNSELLING GIRLS AND WOMEN

Research has explored the process of social comparison as a possible mechanism by which exposure to ideal body images induces potential risk factors for eating disorders and body image concerns (Cusumano & Thompson, 1997; Heinberg et al., 1995; Thompson & Stice, 2001). Although some studies have explored the role of "motive" in making social comparisons (Martin & Kennedy, 1994; Wood, 1989), potential moderators of the internalization-body dissatisfaction relationship may be more important to understanding why some girls and women may be more impacted by mediated messages. The extent to which individuals engage in social comparisons might therefore provide valuable insight into who might be more susceptible to the negative effects of comparisons with idealized female images.

Bessenoff (2006) investigated body image "self-discrepancy" as a moderator in social comparison processes and found that women with high body image

self-discrepancy were at greater risk for negative consequences from exposure to thin-ideal images. Additionally, women with high body image self-discrepancy were twice as likely to engage in social comparisons as women with low body image self-discrepancy, and were more likely to think about weight-reduction behaviours from exposure to thin-ideal images. This study substantiates that factors exist that might help to identify girls and women who would be more likely to engage in comparisons, and therefore are at risk for dangerous weight reduction behaviours.

Other research examining social comparison behaviours revealed that women with eating disorder symptoms have a greater tendency to socially compare (Corning, Krumm, & Smitham, 2006) than do women without eating disorder symptoms. Further, this study found that when women make body comparisons in everyday situations, frequent self-defeating appraisals are more likely to predict engagement in eating disorder behaviour. Corning et al. also noted a significant mediating effect of self-esteem, whereby self-defeating body-related social comparisons predicted low self-esteem. In a study of adolescent girls (aged 11–16), Clay, Vignoles, and Dittmar (2005) found substantially lower body satisfaction and self-esteem among older (aged 15–16) than younger adolescents (aged 11–12), which was fully accounted for by correspondingly higher levels of awareness and internalization of sociocultural attitudes toward appearance, and of social comparison with media models. This is noteworthy because low self-esteem is common amongst women with eating disorder symptoms (Stice, 1994) and may increase the possibility that ultra-thin female images will be internalized (Stice).

Berel and Irving (1998) also highlighted the internalization of appearance-related standards as an important variable that may influence the ways women use and respond to the media for the purpose of self-evaluation, self-enhancement, and self-improvement. They found that individuals who read magazines for the purpose of self-evaluation and self-improvement were more likely to make an upward comparison with advertising models. In other words, they compared themselves to models who they internalized as superior in physical attractiveness. Berel and Irving also stated that individuals who engage in upward social comparisons report more disturbed eating behaviour, which may suggest that media may be most hazardous to women who use it as a mechanism for self-evaluation and measuring self-worth.

Internalization of the current portrayal of ultra-thin women involves the acceptance of society's promotion of thinness and mediated messages about beauty standards. Studies have shown that the internalization of the thin ideal mediates the relationship between media exposure and body dissatisfaction (Keery, van den Berg, & Thompson, 2004) as well as between media influences and eating pathology (Keery et al.; Stice, Schupak-Neubert, Shaw, & Stein, 1994). Importantly, decreasing the internalization of societal standards of thinness may be a critical component in stopping the development of eating disorders (Stice & Hoffman, 2004).

Media Literacy

Media literacy approaches have proved promising as a preventative approach to decreasing media internalization and consequently reducing the risk factors for eating disorders. Aware of the association between media and body image and eating practices, a number of investigators have implemented programs to help girls and women critically process mediated messages (Berel & Irving, 1998; Irving & Berel, 2001; Levine, Piran, & Stoddard, 1999; Levine & Smolak, 1998; Wade, Davidson, & O'Dea, 2003; Wilksch, Tiggemann, & Wade, 2006). These investigators argue that educating girls and women about media that endorse thinness allows them to think critically about and actively understand the messages they consume. Research shows that media education fosters critical thinking skills and facilitates "greater media skepticism" in participants (Irving & Berel).

There are specific interventions available that teach individuals to evaluate media critically, and to reduce the credibility and persuasive influence of mediated messages. For example, GO GIRLS!TM (Eating Disorders Awareness and Prevention [EDAP], 1999) works to prevent the development of eating disorders among high school students through media literacy education, media activism, and media advocacy. The media activism component of the program relates to changing the media through protesting or praising certain media products (Piran, Levine, & Irving, 2000). Unrealistic mediated portrayals of women that create pressures for women to alter their bodies into unified, idealized, yet unattainable standards of beauty are addressed in this program by giving participants tools to protest, alter, and communicate their own alternative messages.

Efficacy of media literacy. To date, research on the efficacy of media literacy education is limited. However, the few studies that have assessed media literacy as an intervention have found that media literacy has a greater impact on internalization of the thin ideal than on body dissatisfaction itself (Levine & Smolak, 2002). In a recent study, Coughlin and Kalodner (2006) analyzed a two-session media literacy intervention program with college women and found that women who were at high risk for eating disorders reported significant reductions in body dissatisfaction, drive for thinness, feelings of ineffectiveness, and internalization of beauty ideals after participating in the program as compared to the high-risk control participants. In another study, Wade et al. (2003) examined the impact of media literacy adapted from the GO GIRLS! program on eighth-grade students and reported reductions in "weight concerns" immediately following the intervention. Students who participated in a self-esteem study and the control group did not experience reductions.

Consideration of the Context: Incorporating Feminist Ideas

Feminist therapy emphasizes the need for therapy to be based within a socio-political context and works to identify the root causes of distress. Feminist therapy singles out oppression as the cause of most distress and works to help people uncover and identify the oppression that exists in their lives (McLellan, 1999). The results

of this study have direct implications with regard to counselling and preventative strategies for girls and women who struggle with negative body image and eating disorders. An important concern in developing preventative strategies for eating disorders in particular is that they may unintentionally strengthen the very behaviours they are trying to eliminate (Berel & Irving, 1998; Russell & Ryder, 2001). For example, education strategies that focus on teaching girls and women about eating disorders may actually provide information on ways to engage in unhealthy eating practices. Preventative efforts that focus on the media's effects may be a relatively effective alternative to programs that focus on education about normal and disordered eating (Killen et al., 1993). Feminist therapy principles could also be applied to prevent negative body image by shifting women's focus from appearance to internal factors such as personal effectiveness (Berel & Irving; Srebnik & Saltzberg, 1994). The means by which this can be achieved is through strategies that focus on consciousness raising, media education, and activism.

Consciousness raising. Consciousness raising involves challenging myths about thinness and dieting in our culture, and addressing the ways in which the promotion of unattainable body standards limits power for women. Feminist therapy encourages women to reject cultural norms on both a personal and a political level, and to derive self-worth from things other than through conformity to proscribed attractiveness standards for women. Feminism holds that gender inequity exists and that this is a source of oppression for women. In a culture that bombards women with images of perfect women, women's self-esteem can be severely affected because our society judges women on how they look, rather than on what they can do (Corey, 2000). Consciousness raising therefore seeks to help women understand that the root of their negative body image lies within the social and political context, rather than the individual.

The premise of this study holds the media partially responsible for creating an environment that perpetuates eating disorders. As such, the media can also play a strong role in creating an environment that works to prevent body image dissatisfaction. Although there are only a few empirical studies outlining the efficacy of media education, it must be recognized that this type of education is a process—a process that begins with consciousness raising that can be facilitated via media literacy.

LIMITATIONS

As a replication study, it was important to continue using *Playboy* centrefold models within the current study, in order to preserve the integrity of the replication process. Garner et al. (1980) selected *Playboy* centrefolds because they were thought to epitomize the female body shape standard. As researchers, we acknowledge that this study is not able to account for the substantial difference in the types of models that are marketed toward men versus women through media. Even though *Playboy* centrefolds likely epitomize female beauty, they do not fully represent the typical model that women compare themselves to most. In fact, men's magazines such as

Playboy depict women who are more voluptuous in appearance than models who are presented to sell fashion or cosmetics to women. Consequently, these body standard ideals are even thinner for women than this study is able to substantiate, and thus this study should be considered conservative in its estimates of the lack of variability in body shapes for women. Researchers interested in extending these findings would contribute much to our understanding of the impact of ideal-body media exposure on women by incorporating models that target women as opposed to men.

CONCLUSIONS

The purpose of this study was to examine the changing female ideal as portrayed in the media. Of particular interest was the finding that the average *Playboy* centrefold weighed the same in the 1990s as she did in the 1960s, but is now on average a full three inches taller. Although the percentage of *Playboy* centrefolds that meet criteria for anorexia nervosa has leveled off in the 1990s, this only occurred after a steady increase since the 1960s. It is noteworthy to emphasize that no *Playboy* centrefolds have ever had weights at or above 100% of expected. This provides strong support for the cultural expectation that women's body standards continue to approach unrealistic proportions.

Data derived from BMI calculations update the previous research because this method is not as overly standardized as the "percent of expected weight" calculation. The "percentage of actual weight" calculation revealed little variability between decades; however, standard deviations using BMI varied greatly in the 1960s and 1970s compared to the 1980s and 1990s. From this, it could be suggested that a greater variability in body weight was more acceptable in the 1960s and 1970s than it has been in recent decades. The weight standard for women is far more restrictive today than in previous years and is in fact becoming progressively more narrow. Counsellors need to consider the "thin-is-in" context within which girls and women develop, be aware of media literacy strategies, and engage in conversations that acknowledge the extreme pressures to conform to an unattainable beauty standard.

The overall conclusion of this research indicates that the steady exposure to ultra-thin women portrayed in the media sets an unattainable standard for thinness. This study suggests that exposure to mediated images of unrealistic female ideals places an overvaluation on perfection as the new standard for women. Eliminating body standards completely is unrealistic. However, through media literacy and awareness of the cultural context, perhaps women can enhance the relationships they have toward their bodies so that they may live more meaningful lives.

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