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J Health Psychol 2011 16: 70 originally published online 13 August 2010

DOI: 10.1177/1359105310367690

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A Qualitative Exploration of Young Women's Attitudes towards the Thin Ideal

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COMPETING INTERESTS: None declared.

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Journal of Health Psychology
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Los Angeles, London, New Delhi,
Singapore and Washington DC
www.sagepublications.com
Vol 16(1) 70–79
DOI: 10.1177/1359105310367690

Abstract

The thin ideal has been identified as playing a central role in female body dissatisfaction. However, research into idealization of thinness in young women tends to focus on quantitative measures that can mask the complexity of attitudes and experiences. This article describes a series of focus groups with 41 females aged 16–26 and explores the multifaceted relationship young women have with the thin ideal. Thematic qualitative analysis revealed differences between individuals in the construct of the thin ideal and explored the conflict and ambivalence experienced by young women who are confronted by these ideals on a daily basis.

Keywords

- *ambivalence*
- *body image*
- *qualitative*
- *thin ideal*

BODY dissatisfaction has a considerable impact on the emotional and physical health of young women. It is associated with depression and low self-esteem, and is a robust predictor of dieting, binge eating and eating disorders (Stice, 2002). It is also associated with taking diet pills, laxatives, excessive exercise and smoking (Grogan, 2006), and can lead to unnecessary cosmetic surgery (Sperry, Thompson, Sarwer, & Cash, 2009).

Body dissatisfaction in women is focused on weight. Increasingly slender images in the media contrast with the rising prevalence of overweight (Sypceck et al., 2006). This discrepancy contributes to body dissatisfaction as women compare themselves to the ideal. However exposure to the thin ideal per se is not sufficient to cause dissatisfaction, rather the extent to which this is *internalized*. Growing evidence supports the relationship between thin ideal internalization and body dissatisfaction (Thompson & Stice, 2001). This research generally assesses unilateral attitudes using quantitative measures. Traditional questionnaires mask the complexity of attitudes and experiences. Individuals can simultaneously hold conflicting attitudes (Wilson, Lindsey, & Schooler, 2000) and thus be ambivalent about thinness, with endorsement of both positive and negative attitudes.

To explore the complexity of young women's relationship with the thin ideal, it is important to hear from young women themselves. Qualitative research encourages participants to explore ideas and frame responses using their own words according to their opinions, enabling a wider range of ideas to be explored than those identified by the researcher (Powell & Single, 1996). A number of qualitative studies that explore body satisfaction in young women (Altabe, 1998; Grogan, 1999; McCabe, Ricciardelli, & Ridge, 2006; Mooney, Farley, & Strugnell, 2009; Nichter, 2000; Tiggemann, Gardiner, & Slater, 2000; Wertheim, Martin, Prior, Sanson, & Smart, 2002) testify to a 'richness' and complexity of data otherwise unexplored. These studies have substantial breadth enabling simultaneous consideration of various aspects of body image. The current study specifically aimed to address thin ideal internalization and focused explicitly on what the thin ideal means to young women, and how it affects them.

Method

Participants

This study comprised two groups. Group 1 included 25 female university students aged 18–26 years

(Mean = 19.42 ± .44) divided into eight groups of three or four participants. Mean BMI = 22.28 kg/m² ± .71. Group 2 included 17 female high school students aged 16–18 years (Mean = 16.88 ± .12) divided into three groups of three, six and eight participants.¹ Mean BMI = 20.3 kg/m² ± 0.92. The two groups differed significantly on age, but not BMI. These age groups are over-represented within the media and most strongly characterized by 'thin ideal' images (Bessenoff & Del Priore, 2007). The university groups were supplemented with the younger groups as research suggests that exposure to the thin ideal has a stronger impact on females who are under 19 years (Groesz, Levine, & Murnen, 2002). The majority of participants were Caucasian, reflecting the ethnicity of the university and school populations from which participants were drawn. Thus, ethnicity was not included as a variable in this study.

Participants were recruited via advertisements for focus group volunteers. Interested volunteers were given more information on the study and topics that would be discussed, before giving informed consent. No participants declined to take part when further information was given. Ethical approval was received from the University of Liverpool.

Images

Images were used to prompt discussion of the ideal body shape. Group 1 were shown images of popular models and celebrities that women are regularly exposed to in the media. Group 2 images were selected from a modelling website (<http://www.musecube.com/search/model.htm>) and numbered for identification. They were chosen as a methodological improvement, because they are attractive and glamorous, like the celebrities, but attitudes towards them are not influenced by knowledge about these individuals. A broad range of body shapes and sizes were represented in both image sets.

Procedure

The current study used focus groups to encourage expression of views, interaction, exchange of opinions and disclosure (Kitzinger, 1995). Young women regularly discuss body image with their peers (Nichter, 2000) and this existing dynamic reduced the impact of the interviewer. Participants played an important role in directing the discussion, which limits the impact of the researcher's preconceptions (Powell & Single, 1996).

Each focus group took place in a quiet, private room in the School of Psychology. Four open-ended

questions were designed to elicit discussion of participants' concept of the thin ideal and its effect on them. These were intended to guide a participant led discussion, with the facilitator asking further questions to clarify and develop ideas. The key questions were:

1. What do you think is the ideal body image, in terms of size and shape?
2. How well, and in what ways, do these images represent the ideal? (Images used as prompts.)
3. How does the ideal female image differ in the opinions of men and women?
4. How does viewing media images make you feel about your own body?

Each focus group lasted approximately 30 minutes and was recorded onto audiocassette and transcribed for analysis.

Focus group facilitator

Focus groups were led by AA and MK, female researchers in their early 20s. Although older than some of the younger women, participants were likely to recognize that the researchers were similar in age, background and experience to themselves and this may have helped to create a relaxed, non-judgemental environment and facilitate openness (Speck et al., 2005). Written feedback from participants confirmed that they felt at ease and free to express opinions.

Data analysis

Transcripts were checked against recordings for accuracy and analysed using thematic analysis, guided by Braun and Clarke's (2006) good practice guidelines. Each transcript was read carefully to immerse the researchers in what was said, then re-read line by line so that specific words and phrases could be clustered together and coded (Hsieh & Shannon, 2005). Comments were recorded in the margins to identify themes—conceptually linked experiences or descriptions. Both facilitators coded the transcripts then with co-authors emerging themes were discussed and all utterances considered. This was an iterative process whereby, as new themes emerged, earlier transcripts were re-examined using these newly defined codes. When primary themes were agreed, all transcripts were numerically coded. These codes were used to filter through the data, clustering utterances into themes. These themes were defined in detail and put together with supporting (and refuting) statements.

A reflexive approach was adopted in that the differing ages and experiences of the researchers were acknowledged, but attempts were made to minimize the impact this had on analysis and interpretation. However, it is accepted as a limitation of this approach that what is said, how it is said and how this in turn is interpreted are subject to layers of social construction (Henwood & Pidgeon, 1992).

Following Tiggemann et al. (2000), judgements were also made regarding the frequency and intensity with which an idea was discussed, and the level of agreement on this idea. Overall, four main themes emerged: the ideal body; ambivalent attitudes; cognitive control; and competing motivations.

Results and discussion

The ideal body

Thinness In all groups, women quickly asserted that the ideal body is thin. In four of the 11 groups, thinness was the first characteristic mentioned. In all groups, the word 'thin' was spoken within the first few lines of dialogue. Participants demonstrated acute awareness of how thinness is idealized within their society, particularly in the mass media. The emphatic discussion of the importance of thinness is consistent with strong internalization of the thin ideal by young women. There was a high level of agreement on this subject, indicative of the shared nature of the thin ideal.

Too thin Although participants endorsed thinness as the ideal, they argued that one can be *too thin*. Most said they found ultra-thin models unattractive, viewing ultra-thinness as masculine and androgynous. While conformity to the thin ideal body shape forms part of the traditional female gender role (Bergner, Remer, & Whetsell, 1985), these women only endorsed thinness to the extent that it conforms to a feminine aesthetic.

Underweight images were associated with physical and psychological ill health. Consistent with objectification theory (Frederickson & Roberts, 1997), these young women generally described the female body in terms of aesthetic appearance and conformity to social standards, ignoring the functionality of the body and seeing it as an object to be viewed and evaluated. Here, however, there was some acknowledgement that women's bodies have a function other than being attractive. While strength and agility were not components of the

ideal body they described, they rejected the weakness and fragility of the skeletal female.

Discussions of underweight models resonated with the stigmatization of obesity at the other end of the weight spectrum, with the term 'anorexic' used as a pejorative term. Rather than ultra-thinness, a more 'normal' weight was preferred. Both age groups identified a narrow weight range that represents what is considered attractive. Supporting other studies, this sample identified a BMI of around 20 (the lower end of normal weight) as most attractive. It appears that the ideal body is narrowly defined, with deviation on either side stigmatized: 'I think it is the overall agreement that mainly people are attracted to people who are like average weights, if you know what I mean. Not overweight, not underweight, just balanced' (P2, Group 1.6).

These findings complement those of Tantleff-Dunn, Hayes and Braun (2009), suggesting weight-related teasing and weight-based discrimination is experienced by underweight as well as overweight individuals. Stigmatization of underweight could have a negative impact on women with eating disorders and women who are naturally thin. Stigmatization of obesity has resulted in discrimination in education, employment and health care, and has been associated with depression and low self-esteem (Puhl & Brownell, 2001). If being underweight is also associated with negative attributes, this could result in discrimination. It could also be used to challenge eating disordered individuals' perceptions of the social rewards associated with thinness (Tantleff-Dunn et al., 2009). Thus, it is important to establish the extent and effects of stigmatization of underweight individuals.

'Normal' weight Although participants strongly endorsed 'normal' weight, perception of normal weight was somewhat distorted. For example, several university students agreed that one well known celebrity was 'average' size. Although not as thin as some of the models, this woman was visibly low weight with a BMI well below the average for a young woman. This highlights the importance of establishing accurately what is considered as *fat*, *thin* and *normal weight*.

These young women recognized that their view of 'normal' is distorted, and attributed this to the body sizes they see represented in the media. Like Tiggemann et al.'s (2000) participants, they explained how the attitudes they see expressed towards images in the media, influence their

evaluation of themselves. They also discussed how their peers' adoption of sociocultural standards of feminine beauty reinforces this effect. Although clear distinctions were made between norms for women in the media and 'real' women, it is clear they still compare themselves to the media standard, as much as they do their peers: 'Well I first saw Bridget Jones and I didn't think she was fat at all. I thought she looked completely normal. Then it was going on "she's so fat" and then I thought "if she's fat then ..." [laughs]' (P3, Group 1.1).

Curves In all of the groups, 'curves' were mentioned as important in defining the ideal body. In five of the eight university groups, this shape was mentioned before body size. Specifically, large breasts and a round bottom were considered attractive. Curves are a sign of sexual maturity and traditionally signify the maternal nurturing aspects of femininity. A curvaceous shape was seen as healthy and womanly: 'Number 5 as well, 'cause she's like curvaceous, 'cause it's more like a woman's figure' (P2, Group 2.3).

However, this desire for curves was limited to those on slim bodies. While these women embraced the femininity of curves, they rejected the increased adiposity that naturally accompanies the development of this body shape during puberty. Thus, waists must be small, bodies lean and fat limited to breasts and bottoms: 'Still to be slim, but more curvy thin' (P2, Group 2.2).

This ideal was endorsed by the majority of participants and some thought this preference was not only reflected in the media, but driven by a media trend: 'I think Jennifer Lopez and Beyoncé [Knowles] have developed a craze for curves ... I wouldn't say these supermodels [gestures to images of Kate Moss and Jodie Kidd] are the ideal image' (P1, Group 1.4).

Curves were seen as healthy and feminine. This sign of femininity, was thought to be attractive to men:

P1: Men go for women that look fertile, like, they've got curves and quite big hips, so they look like they can give birth and stuff. (Group 2.2)

P2: [Men] tend to like more curves. Big chests. (Group 1.2)

The body shape that participants thought most (heterosexual) men preferred was very similar to the general ideal they described—curvaceous but thin. Preference for thinness with defined secondary sexual characteristics is consistent with evidence that a waist-hip ratio and bust-waist ratio of 1.5 is most

desirable (Harrison, 2003; Sherwood, 1993). An 'hourglass' figure is sexually attractive to men, as it signifies good health and fertility (Tovee, Reinhardt, Emery, & Cornelissen, 1998). However, some participants argued that men are still attracted to thin women: 'Even though [boys] go "oh curvy women" if you get in an argument with them they will call you something like "fat cow"' (P2, Group 1.5).

Research using figure rating scales indicates that men select heavier female forms as ideal relative to those chosen by women (Bergstrom, Neighbors, & Lewis, 2004; Rozin & Fallon, 1988). However other research using more realistic images has shown that the male preference for curvaceous figures is limited to those at the lower end of the normal weight range (Tovee et al., 1998).

Although curvaceous and thin is considered attractive, the presence of curves in the absence of fat is unrealistic. Breast tissue is largely fat (Sherwood, 1993) and most women cannot lose body fat without reducing breast size. Participants recognized this and the futility of trying to change their body shape: 'I think men always want you to have big boobs and be really skinny, which is like completely unnatural' (P1, Group 1.3).

However, there was a strong suggestion that the curvaceously thin ideal was not unusual or unattainable and participants described several curvaceously slim women as a 'normal' or 'average' shape. Harrison (2003) showed that exposure to media containing the curvaceously thin body shape was associated with approval of plastic surgery, including liposuction and breast augmentation.

Individual differences The curvaceously thin ideal was not a unanimous preference. Some participants preferred underweight models and associated curves with fatness:

P2: Really, I think if there was one size I'd be, it would be stick thin. (Group 1.7)

P3: No, I disagree with you. I do prefer leaner looking women. Definitely not big boobs. Not that there's anything wrong with big boobs, but I do like a woman to look tall and slender and lean, as opposed to curvy. I find that more appealing, personally, than somebody that's got a lot of curves and is verging upon being more overweight than thin. (Group 1.2)

Individual differences are apparent in this exchange, where a level of thinness liked by some causes disgust in others.

P5: Yeah. Not too skinny.

P1: I like skinny.

P2: Yeah, I like skinny.

P1: I love it when, like, when on the chest you can see bones.

Several participants: Eurghhhh.

Researcher: So you disagree?

P4: Yeah.

P7: Yeah. (Group 2.1)

Desire for ultra-thinness is endorsed in anorexia nervosa (Vitousek & Hollon, 1990) and associated with drive for thinness in a non-clinical population (Ahern, Bennett, & Hetherington, 2008). Interpretation of the terms 'thin' and 'ideal' could influence responses on standardized questionnaires.

Ambivalent attitudes

Media manipulation Participants expressed considerable ambivalence about the thin ideal. In keeping with other qualitative studies (McCabe et al., 2006; Mooney et al., 2009; Tiggemann et al., 2000), participants were knowledgeable about media manipulation and critical of pressure felt from media sources. They characterized striving for thinness as inconsistent with rational thinking. Participants acknowledged media distortion of body shape, particularly by digital re-touching. They recognized the incongruity between population average and acceptable size for celebrities:

P1: Pictures are altered, a lot of pictures, aren't they? (Group 1.3)

P1: Yeah because they go on about the 'average' size is a size 12 or whatever, but if a celebrity is a size 12 or 14, they're considered to be like fat. (Group 1.1)

However, in support of other qualitative studies, participants discussed feeling bombarded with images of thin models and celebrities (Grogan, 1999; McCabe et al., 2006; Mooney et al., 2009; Tiggemann et al., 2000; Wertheim, Paxton, Schutz, & Muir, 1997). Their universality was experienced as indirect pressure to lose weight, with additional pressure experienced through explicit instructions on how to 'achieve' a celebrity body. Mooney et al. (2009) highlighted the potential dangers of instructional articles reporting that participants were

strongly influenced by them, considering them a credible source of dietary advice. Participants in the current study were critical of such articles, focussing on body size, rather than health and fitness. Several statements revealed ambivalence about the content of these articles which were read regularly, leaving participants confused about what is a good diet and exercise plan:

P5: What annoys me, though, is they put, like, diets and what you should eat and how to lose weight.

P2: How to get somebody's 'beach body'.

P5: And then they show a photo of some thin celebrity and say they look like that because they follow this diet.

Researcher: You don't like that?

P5: Yeah it annoys me, because it's like in every single magazine, and you're like 'what diet am I supposed to be on?'. (Group 1.2)

These women recognized that the media draw attention to weight and shape and rejected the pressure they are put under to conform.

P1: Yeah, like celebrities who put on weight or are quite chubby, it's always in the media.

P3: But then the ones that lose weight, it's all like, 'well done, you've lost weight'. (Group 1.1)

Personal ideals Resentment of the thin ideal did not translate to a rejection of it. Some have strongly internalized the thin ideal and their discussions revealed a desire to be both thin and attractive. For example, while approving larger size models in theory, they preferred the thin ideal. They drew a distinction between what was an acceptable body weight for someone else, and what they themselves aspire to:

P1: You see, I do like the fact that someone can be big and a model.

P2: I think [Sophie Dahl] looks terrible.

P1: She does look awful in that picture. She looks really bad. But no, I do, I do like the fact it's just like ...

P3: You like the idea but it doesn't look good let's be honest.

P1: Yeah. (Group 1.7)

Researcher: What do you think is the ideal body size and shape?

P1: Like a size 10 or a 12

[lots of nods and murmurs of agreement]

Researcher: Does anyone disagree?

P2: I think even size 14, though, is ok. That's the average isn't it?

Researcher: And is that what size you'd all like to be?

P1: Oh no, I'd like to be a six! [all laugh] (Group 2.1)

Hypocrisy Participants recognized these inconsistencies and expressed anger at this as well as the role of the media. In particular, despite expressed resentment of incessant pressure, nevertheless celebrity and fashion magazines were actively sought out:

P2: I just think that, well I mean I'm a hypocrite 'cause I do read them and I like go out and buy them all, but I just think, when you think about it, it's disgusting. Like, pages and pages of women in their bikinis, like on their holiday, and all these people taking pictures of them. I know, like, I read it and I love it and all that, but they're not objects. Like, whose business is it what they look like? And it makes other people feel uncomfortable as well, like you've got to aspire to be like that. (Group 1.3)

Participants identified conflicting messages about weight and appearance. Their critical approach to the media was also used to process anti-thin ideal messages. For example stances against underweight celebrities were met with similar cynicism, or reinterpreted to reinforce the thin ideal:

P2: [Referring to 'skinniest celebs' articles that appear in magazines and claim to highlight the dangers of the thinness obsession] But now magazines, they like tell you the weight of that person. Like, before it used to just be the pictures, but now they tell you the actual weight of them. So if you see the weight and you see the person, you think they're really bad at that weight, but they look fine, so it must be ok to be like that. You can look like that and still weigh that much. (Group 2.1)

Critical processing of media images is not associated with thin ideal internalization, appearance salience or appearance satisfaction (Engeln-Maddox, 2005). Media literacy interventions promoting critical appraisal of media images, do not result in reduced drive for thinness, nor improved

body satisfaction (see Levine & Harrison, 2004 for a review).

Cognitive control

Reason vs emotion There was a clear distinction between emotional and rational responses to the media. Many participants claimed to be unaffected by the media—at least, not enough to want to change their own bodies. This supports Tiggemann et al. (2000) in which not being satisfied with their bodies did not mean young women were *dissatisfied*. Nevertheless, much of what is expressed represents a rationalization of their emotional responses:

P3: You know rationally that they're there and we don't have to conform to that. But I do sometimes feel that I do have to keep an eye on things just to ... not compete or anything, because you can't compete, like, they're really far removed from what we're ever going to be, but, I don't know, I do think there is a bit of pressure there. Even though you know, in yourself, that you're not going to get that, but you do think it would be nice just, you know, to be a bit closer. (Group 1.5)

This distinction is consistent with Wilson et al.'s (2000) model of dual attitudes, specifically their theory on motivated overriding. These women rejected their immediate response as incompatible with their rational beliefs and were motivated to override this attitude. Many statements indicated use of a defence mechanism against media influence. Although this may help protect them from unhealthy weight loss attempts, it does not seem to protect against negative emotions regarding their own body shape and size.

In contrast, the high school girls talked more overtly about the negative influence of social pressures. The aspiration to thinness was expressed frequently and explicitly. They talked candidly about how looking at these images in magazines encouraged body dissatisfaction and a desire to lose weight. Their responses were more emotion laden than those of the university women:

P1: It makes you wanna be someone else.

P3: It makes me feel down.

P2: Yeah, especially when you look through magazines and see like all these dead thin people and you wanna be like them. (Group 1.3)

P3: But when you look in the magazines at normal people and they get slated for looking normal.

And you think, if they saw me, what would they think? (Group 1.2)

Cognitive strategies It is not clear whether the differences in emotional expression between the groups reflect a genuine difference in the experience of body dissatisfaction, or result from differences in disclosure. However, discussions suggested that the university women used cognitive strategies to control their emotional responses. These strategies included rationalizing responses and distancing themselves from these emotions. Another technique they described was drawing a distinction between themselves and celebrities, that this was not an appropriate comparison.

P2: If I catch myself thinking, oh yeah she looks nice, I think, you know I'm being really stupid. (Group 1.6)

P1: I think it's only people in the public eye that want to be that thin ... Like, if you're going to be on TV and have loads of pictures taken of you, you think you need to be really thin. (Group 1.3)

P2: So it hasn't affected me negatively, but it might have done if I hadn't stopped myself thinking it. (Group 1.6)

Individual differences in the ability to control desire to be thin was discussed and how this changed as they got older. Although some of the high school girls also discussed using cognitive strategies to rationalize these feelings, these were mentioned less frequently and appeared to be less sophisticated. Interestingly, one group of high school girls suggested that younger girls are more influenced by the thin ideal, highlighting the importance of age and maturity: 'When like, magazines have articles about people saying they're skinny. Well not like skinny, but saying they're on diets and obsessive about what you eat and exercise, like younger girls will feel under pressure to lose weight' (P2, Group 2.2).

These strategies are examples of secondary control strategies such as lowering expectations and positive reappraisals (Webster & Tiggemann, 2003; Wrosch, Heckhausen, & Lachman, 2000). The present study supports the theory that secondary control over appearance-related cognitions develops over time (Webster & Tiggemann, 2003) but suggests that use of these strategies starts as early as young adulthood. To date, no published studies have examined individual differences in cognitive control strategies among young women, or their direct relationship with eating disorder symptoms.

Competing motivations

Cost of thinness Desire for thinness directly conflicts with the lifestyle choices young women make. Young women acknowledged the extreme nature of exercise regimens and starvation that some celebrities endorse to achieve thinness and this is recognized as a heavy price to pay:

P1: [Celebrities] have got money for their personal trainers and yoga sessions and all these different things. And quite a lot, like Geri Halliwell and that, they've been anorexic and bulimic and stuff. And I don't think you should put yourself through that to look like that. I mean, it isn't everything. (Group 1.5)

Desire for food Desire for thinness is incompatible with the desire for food. Many discussed how their motivation to eat overrides the motivation to lose weight:

P1: When I went to go and see American Pie 3, it was like half-naked stick insects everywhere. I was, like, really sitting there, really paranoid. I just thought, 'Right, tomorrow I'm not going to eat any more chocolate or anything like that, and I'm going to join a gym and stuff like that, just to ...' But in the end I went back to Haagen Dazs on the way out. (Group 1.8)

Acknowledging the importance of food was relayed with humour, but also sadness. Despite recognizing the dangers of strict dieting and disordered eating at the same time the ability to adhere to strict diets was admired. They discussed how, in an ideal world, the desire for thinness and the enjoyment of food would co-exist:

P3: Some people might look at like famous people and think 'oh I want to be that thin' and just not eat, and some people just wouldn't be able to. Like, I think, 'Oh, I'd like to have her figure', but I could never just not eat. But some people would be able to do that properly. (Group 1.1)

Clearly individual differences in desire to eat may moderate the effect of thin ideal internalization on body dissatisfaction and subsequent eating behaviour.

Limitations

Participants in this study were drawn from a group of young Caucasian English females. Thus, interpretation should not be generalized to other ethnic and social groups. Every effort was made to ensure that participants felt free to express opinions,

however, it is likely that the presence of others was influential. Likewise, although the facilitator was close in age and background to the participants, their position as leader/observer places them in 'authority' and doubtless influenced the discussion. Any interpretation of participant responses should consider the impact of peer pressure and impression management. Nevertheless we were able to uncover ambivalence and contradiction, which suggests that attitudes towards the thin ideal are reframed by deliberate cognitions as part of the impression management process. This represents one of the most interesting lines for potential future research.

Conclusions

Evidently, the thin ideal encompasses more than just thinness. Moreover, young women's relationship with this ideal is multifaceted and understanding of it requires a thorough exploration of multiple and often conflicting attitudes. Uncovering how individual experiences, such as thin ideal internalization, cognitive control, dietary restraint and food wanting, are involved in body dissatisfaction has furthered our understanding of women's experience of body image. Future research examining how these attitudes work with and against each other has the potential to enhance understanding, and provide input to treatment and prevention.

Control over body-related cognitions is particularly important. Studies to examine whether secondary control strategies are effective in protecting young women from the pursuit of thinness and unhealthy weight loss practices are warranted. To date media literacy programmes have had limited success (Levine & Harrison, 2004), however it should be possible to teach secondary control strategies to protect against body dissatisfaction and the drive for thinness; to engage young women in challenging unrealistic notions of what is 'ideal'; and to encourage a more balanced and informed response to media images of thinness.

Note

1. The larger groups in Group 2 were necessary to accommodate the availability of the high school students.

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