

Mindful Continuing Education

Self-Objectification, Socialization Effects, and Disordered Eating

Introduction

1. According to the authors, eating disorders and disordered eating place individuals at risk for a number of negative health outcomes, and are associated with significant psychosocial impairment, elevated mortality rates, and:

- A. Neurological impairment
- B. Symptoms such as fatigue and shortness of breath
- C. Confusion and energy loss
- D. High rates of comorbid psychopathology

2. Objectification theory proposes that repeated exposure to sexually objectifying experiences and the broader societal reinforcement of the acceptability of such practices leads young girls and women to internalize these messages, learning to view their bodies from the external observer's perspective and to conceptualize their own bodies:

- A. As objects to be scrutinized by others
- B. In term of their bodies' ability to function sexually
- C. As separate parts not related to them as a whole person
- D. As being directly related to life satisfaction, overall well-being, and success

3. Each of the following is an accurate statement about objectification theory, sexuality, ethnicity, and disordered eating EXCEPT:

- A. Objectification theory posits that sexual and self-objectification is largely a female experience, as women appear to be more sensitive to objectifying messages, exhibiting greater psychological impact when primed with objectifying words
- B. Available research indicates that levels of self-objectification may differ among ethnic groups and that it is possible that ethnicity may moderate the relationship between self-objectification and disordered eating
- C. Disordered eating patterns related to objectification tend to remain stable throughout adolescence and adulthood
- D. Researchers have suggested that the tenets of objectification theory may apply primarily to heterosexual women who may be more likely to self-objectify in order to garner male attention

4. Western appearance ideals emphasize the importance of thinness for women, and research suggests that disordered eating behaviors such as binging and purging may be culturally-bound, appearing largely within cultures exposed to Western beauty ideals.

- A. True
- B. False

5. Research has repeatedly demonstrated that measures assessing anorectic, bulimic, binge eating, or global symptoms of eating pathology have shown similar patterns of relations with self-objectification.

- A. True
- B. False

Body Mass Index

6. When Body Mass Index (BMI) was examined as a potential moderator of the relationship between self-objectification and disordered eating, research indicated that BMI was:

- A. A significant moderator
- B. Not a significant moderator
- C. A reasonable moderator
- D. Inconclusive as a moderator

Discussion

7. Study results suggest a positive, moderate, and bivariate relationship such that greater objectification of one's body is related to higher levels of disordered eating attitudes and behaviors, which has a similar magnitude as established risk factors of disordered eating such as appearance comparisons, perceived pressure for thinness, thin idealization, and:

- A. Limited social skills
- B. Anxiety disorder history
- C. Weight teasing
- D. Behavioral inflexibility

Moderators of the Relationship Between Self-Objectification and Disordered Eating

8. Current research suggests that across age groups, changes in self-objectification may play an important role in disordered eating etiology, maintenance, and:

- A. Remittance
- B. Patterns
- C. Triggers
- D. Practices

9. Study results demonstrated that ethnicity was a marginally significant moderator between self-objectification and disordered eating, particularly among:

- A. Hispanic Americans and Caucasians
- B. Alaska Natives and African Americans
- C. African Americans and Asian Americans
- D. Caucasians and Asian Americans

10. Research indicates that rates of disordered eating and associated risk factors are typically higher in Western compared with Eastern societies.

- A. True
- B. False

Clinical Implications

11. If self-objectification continues to emerge in research as a causal or maintenance factor for disordered eating, existing interventions may seek to use empirically-supported techniques to address behavioral and:

- A. Physical manifestations
- B. Cognitive manifestations
- C. Social manifestations
- D. Organic manifestations

What Drives the Association between Weight Conscious Peer Groups and Disordered Eating?

12. Longitudinal studies have corroborated cross-sectional effects by demonstrating significant, prospective associations between peer groups' initial level of weight concerns and disordered eating symptoms from 6 months up to:

- A. 10 years
- B. 8 years

- C. 6 years
- D. 4 years

13. According to the authors, which of the following is NOT one of the ways that selection effects impact disordered eating?

- A. Selection occurs when individuals seek out peer groups that are in line with their own attitudes and beliefs, and in the case of disordered eating, girls who strongly value thin body weights and shapes might seek out peer groups who also focus on these characteristics
- B. These weight conscious peer groups may then reinforce and strengthen their underlying beliefs and this may lead to increased disordered eating within the group
- C. Most of these peer group selections are based on development predispositions toward disordered eating
- D. Selection effects drive the association between weight conscious peers and disordered eating by grouping like-minded individuals

Disordered Eating

14. Which of the following is an accurate statement about the Minnesota Eating Behavior Survey (MEBS)?

- A. The survey is a 20-item questionnaire that assesses a range of disordered eating symptoms, which was developed for use with children as young as 8 years old
- B. The MEBS total score provides a measure of overall levels of disordered eating that is the sum off all items on the questionnaire
- C. The measure assesses emotional precipitants to eating when one is not hungry
- D. The MEBS evaluates the urge to cope with negative affect through eating

Discussion

15. Study findings indicated associations between weight conscious peer groups and disordered eating that were due to selection factors rather than pure socialization effects across multiple disordered eating constructs, including body dissatisfaction, weight preoccupation, binge eating, eating in the absence of hunger, and:

- A. Emotional eating
- B. Weight bullying
- C. Body shaming
- D. Restrictive eating

16. Moving forward, when analyzing what factors lead to selection into weight conscious peer groups, it will be important to identify:

- A. Behavioral and emotional influences
- B. Cultural and developmental influences
- C. Physiological and gender influences
- D. Genetic and environmental influences

17. Two specific factors that might contribute to selection into weight focused peer groups are perfectionism and:

- A. Behavioral inflexibility
- B. Maternal disordered eating
- C. Appearance ideal internalization
- D. Mental health disorder history

18. Further research is recommended exploring the association between weight conscious peer groups and disordered eating using data from other informants such as parents and peers in addition to self-reports.

- A. True
- B. False

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