

LOOKING GOOD, SOUNDING GOOD: FEMININITY IDEOLOGY AND ADOLESCENT GIRLS' MENTAL HEALTH

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This study used a feminist psychodynamic developmental framework to test the hypothesis that internalizing conventional femininity ideologies in two domains—inauthenticity in relationships and body objectification—is associated with early adolescent girls' mental health. One hundred forty-eight eighth-grade girls completed measures of femininity ideology, self-esteem, depression, and demographic characteristics. In the first part of this study, we refined the Adolescent Femininity Ideology Scale originally developed by Tolman and Porche (2000). In the second part, we used structural equation modeling to test models linking femininity ideology to mental health. Results revealed that body objectification, and to a lesser extent, inauthenticity in relationships, accounted for half of the variance in depression and over two-thirds of the variance in self-esteem in a critical period of development for adolescent girls. The importance of a feminist psychodynamic developmental framework for identifying and understanding salient dimensions of female adolescence is discussed.

"I feel I'm less than equal . . . 'cause I really have low self-esteem. I really, really have low self-esteem . . . like I find myself ugly, really ugly. Sometimes I ask Diego, how could you be with such an ugly person?"—"Will Smith," an eighth grade girl

Researchers, clinicians, and lay people alike have expressed tremendous concern about girls' mental health as they negotiate adolescent development. Two of the most frequently cited and studied indicators of mental health in adolescence are global self-esteem (i.e., the totality of an individual's thoughts and emotions regarding the self) and depressed mood (i.e., the presence of sadness, unhappiness, or "blue" symptoms for an unspecified period of time).¹ Recent meta-

analyses have documented that gender differences in both self-esteem (Kling, Hyde, Shower, & Buswell, 1999) and depression (Twenge & Nolen-Hoeksema, 2002) emerge during early adolescence, with many more girls being affected than boys. For instance, although boys experience a similar or even higher rate of depressive symptoms than do girls prior to adolescence, roughly twice as many girls as boys become depressed once they reach adolescence (see reviews by Nolen-Hoeksema & Girgus, 1994; Peterson, Sarigiani, & Kennedy, 1991).

One of the questions that has occupied researchers is to understand the various factors that may account for gender differences in these two indicators of mental health (e.g., Galambos, Leadbeater, & Barker, 2004; Nolen-Hoeksema & Girgus, 1994; Peterson et al., 1991). This study departs from the goal of testing for gender differences in mental health to consider two factors that may be specific to girls as they negotiate adolescent development. One line of argument suggests that girls' struggles to maintain important relationships increase their vulnerability to experiencing depressed mood and diminished self-esteem (e.g., Brown & Gilligan, 1992). Another argument is that girls' experiences of their changing bodies may be associated with diminished mental health because of pressures to attain impossible standards of attractiveness in a society that values physical appearance (e.g., Frederickson & Roberts, 1997). Both of these factors suggest that a feminist psychodynamic developmental framework may be useful for understanding girls' diminished psychological health in early adolescence.

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A FEMINIST PSYCHODYNAMIC DEVELOPMENTAL FRAMEWORK

A feminist psychodynamic developmental framework refers to a set of theories that assume a feminist standpoint (i.e., Jagger, 1983) and describe the ways in which girls' development is shaped by and responsive to the sociocultural context of patriarchy. Whereas other feminist developmental theories are anchored in social transaction (e.g., Deaux & Major, 1987), gender difference socialization (e.g., Leaper, 2000), or cognition (e.g., Belenky, Clinchy, Goldberger, & Tarule, 1986), this framework is psychodynamic, referring broadly to theories that assume multiple layers of consciousness constituting the psyche. Specifically, this perspective holds that gender inequities emerging from structural power differences produced in patriarchy are a fundamental organizing principle in girls' psychological development. This idea was at the heart of Gilligan and colleagues' work at the Harvard Project on Women's Psychology and Girls' Development (i.e., Brown & Gilligan, 1992; Gilligan, Rogers, & Tolman, 1991) and the Stone Center's relational theory (i.e., Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). This framework calls for attention to how girls develop an internalized recognition of themselves as women in their behavior, thoughts, and feelings, and through others' responses to them. In particular, girls enter a patriarchal world in which they experience pressure to behave in "feminine" ways in their relationships with other people (i.e., by avoiding conflict, suppressing anger, being "nice") and through their relationships with their own bodies (i.e., by managing their own bodies and habits to conform with the prevailing thin image of beauty and attractiveness). In contrast to conceptualizing femininity as a personality trait (e.g., Bem, 1981) or as a gender role (e.g., Spence & Helmreich, 1972), and consistent with the work of Pleck on masculinity (e.g., Pleck, Sonenstein, & Ku, 1993), we have posited femininity as a set of socially constructed, oppressive hegemonic ideologies (i.e., Friere, 1970), the negotiation of which is an unavoidable aspect of female adolescent development in a patriarchal society (Tolman & Porche, 2000). We describe two specific aspects of femininity ideology and their possible implications for mental health below.

Sounding Good: Inauthenticity and Mental Health

Traditional theories of human development have described the key tasks of adolescence as achieving separation and autonomy (Erickson, 1968). In contrast, a feminist psychodynamic developmental perspective suggests that, for women in particular, the importance of relationships is central to adolescent development. Anchored in self-in-relation theory (e.g., Jordan et al., 1991), this perspective describes how the experience and development of a sense of self is intimately bound to relationships and that a woman's (and a developing girl's) sense of self is constructed, in large part, through her ability to maintain important close relationships (see also review by Cross & Madson, 1997). Indeed, quali-

tative research that has focused on girls' own perspectives has shown that the negotiation of and desire to maintain changing relationships is a primary struggle in adolescence (e.g., Brown, 1998; Brown & Gilligan, 1992). Although such a relational process is not specific to girls, research suggests that it may be especially central to girls' sense of identity (Brown, 2001; Way, 1998).

One way in which girls and women maintain important relationships is to silence their own needs and desires. This pattern has been described as a "loss of voice" (e.g., Brown & Gilligan, 1992; Gilligan, 1982), "false-self behavior" (e.g., Harter, Waters, & Whitesell, 1997), or "silencing the self" (e.g., Jack & Dill, 1992). The paradoxical impact of this behavior is to impair relationships by removing the self, thus undermining the possibility of authentic connection. This pattern is especially prevalent among middle-class and working-class White girls and poor Latina adolescents (Brown & Gilligan, 1992; Taylor, Gilligan, & Sullivan, 1995). Brown and Gilligan (1992) and Surrey (1991) have posited that the importance of relational authenticity—feeling clear about one's own thoughts and feelings and thereby able to connect to another in a relationship—is a crucial component of psychological health and healthy relational development (see also Miller, 1976). Indeed, empirical research has demonstrated that the difficulty in remaining true to oneself, or authentic in relationships, has been linked to depressed mood, hopelessness, and low self-esteem (Harter et al., 1997; Harter, Waters, Pettitt et al., 1997; Jack & Dill, 1992; Smolak & Munsterieger, 2002; Thompson, 1995). The bulk of this research has been conducted with samples of college students or adult women. Only one study has specifically documented an association between inauthenticity and poorer mental health in a sample of adolescent girls (Harter, Marold, Whitesell, & Cobbs, 1996).

Looking Good: Body Objectification and Mental Health

A second aspect of a feminist psychodynamic developmental perspective acknowledges that the meaning and experience of being in one's own body changes as girls undergo puberty in a society that objectifies and commodifies women's physical appearance (Bordo, 1993; Brumberg, 1997). Another developmental task that adolescent girls face is learning to live in a woman's body. Becoming a woman in a patriarchal society demands the embodiment of femininity, that is, dissociating from one's own physical hungers (e.g., for food, sex) and training the body in how to move (and not move) appropriately to conform with ladylike norms of physicality (Bartky, 1990; Tolman & Debold, 1993). As Simone de Beauvoir (1961) articulated, this process involves internalizing a "male gaze" and turning it upon oneself, thus learning to evaluate and assess rather than to feel and experience one's own body. Thus, as girls begin to develop women's bodies in adolescence, many of them, to some degree or another, dissociate from their own bodily hungers and engage in the behaviors of constantly controlling and

surveilling their own bodies (see review in Frederickson & Roberts, 1997).

The majority of the research on this particular aspect of femininity ideology has focused on documenting associations between objectification and various factors related to the body such as body esteem (McKinley, 1998; McKinley & Hyde, 1996), body shame (Frederickson, Roberts, Noll, Quinn, & Twenge, 1998; Noll & Frederickson, 1998), and disordered eating (McKinley & Hyde, 1996; Slater & Tiggemann, 2002; Tiggemann & Slater, 2001). Less research has examined the more general mental health correlates of body objectification. However, other related research has shown that body image is the strongest correlate of global self-esteem for both adolescent boys and girls (e.g., DuBois, Tevendale, Burk-Braxton, Swenson, & Hardesty, 2000), and body image is also associated with depression (e.g., Stice, Hayward, Cameron, Killen, & Taylor, 2000). Body objectification is different from body image, in that body objectification is the process and product of relating to one's own body as an object of another's gaze and desire (i.e., taking up the perspective of looking rather than feeling). In contrast, body image is one's feelings about one's appearance and one's ability to accurately describe one's body. Indeed, previous research with adolescent girls found moderate associations between negative body image and body objectification, providing evidence that while there is some overlap in these two constructs, they are also conceptually distinct (Tolman & Porche, 2000). Only one study to date, conducted with a sample of college students, has documented a link between body objectification and depression (Muehlenkamp & Saris-Baglama, 2002), and no studies have tested this association in a sample of adolescents.

ADOLESCENT FEMININITY IDEOLOGY SCALE

In previous research with adolescent girls, we developed the Adolescent Femininity Ideology Scale (AFIS; Tolman & Porche, 2000), which measures the extent to which girls have internalized these two aspects of femininity ideology: inauthenticity in relationships and body objectification. Anchored largely in items constructed out of focus groups with girls, the AFIS consists of two subscales: Inauthentic Self in Relationship (ISR) and Objectified Relationship with Body (ORB). In our initial validation of the AFIS, among a diverse group of early adolescent girls, both inauthenticity and body objectification correlated strongly with self-esteem ($r = -.46$ and $r = -.62$, respectively) and depression ($r = .38$ and $r = .56$, respectively; Tolman & Porche, 2000). These associations point to the potential explanatory power that internalizing femininity ideology may have for low self-esteem and depressed mood as girls enter adolescence.

OVERVIEW OF THE CURRENT STUDY

The extent to which girls and women internalize or resist these two aspects of femininity ideology have largely been

studied as independent predictors of mental health. Girls who internalize messages that their real thoughts and feelings are not valued and their looks are their greatest commodity may be doubly at risk for experiencing poor mental health. One goal of the current study was to integrate research on these two predictors of girls' mental health by testing the simultaneous predictive effects of inauthenticity and self-objectification on adolescent girls' self-esteem and depression. Several other factors have been shown to predict depressed mood and/or self-esteem among adolescent girls, including race/ethnicity (e.g., Twenge & Crocker, 2002), socioeconomic status (e.g., Huurre, Aro, & Rahkonen, 2003), religiosity (see review by Thomas & Carver, 1990), and early physical development (e.g., Williams & Currie, 2000). We predicted that inauthenticity in relationships and body objectification would be uniquely and negatively associated with self-esteem and depression after the effects of race/ethnicity, socioeconomic status, early physical development, and religiosity were controlled. Further, because this was the first study of which we are aware that tested the simultaneous predictive effects of these two aspects of femininity ideology on mental health in a sample of early adolescent girls, we were particularly interested in understanding which factor was more strongly associated with both self-esteem and depression.

Another goal of the current study was to refine the AFIS originally reported in Tolman and Porche (2000). In the original scale development article, the internal reliability statistics reported for the ISR and the ORB subscales among early adolescent girls were .67 and .70, respectively. Because these reliability coefficients were slightly lower than traditionally recommended (Nunnally, 1978), we took this opportunity to evaluate whether the AFIS might be refined to increase its reliability. Prior to evaluating the explanatory power of the AFIS for girls' self-esteem and depression, we confirmed the factor structure of the two subscales and made appropriate modifications. To eliminate measurement error from the AFIS constructs, we tested our predictions linking femininity ideology to girls' mental health using structural equation modeling.

METHOD

Participants and Procedure

The entire eighth grade in one northeastern urban middle school (sixth to eighth grade) was recruited to participate in a study of gender and adolescent sexual health. One hundred forty-eight girls (93% of eligible girls) ages 12 to 15 ($M = 13.3$) completed a pencil-and-paper survey as part of this study. The sample was diverse in terms of race and ethnicity (52% White, 20% Latino, 16% multiracial, 4% Black, 3% Asian, and 5% other/missing) and socioeconomic status (over one-third reported their mother's education as some college or better). Common jobs named for mothers were teacher and office worker, and common jobs for fathers

were construction worker, mechanic, teacher, and manager. A range of religious affiliations was also represented, with the majority of girls being Catholic (57% Catholic, 22% Christian, and 10% Protestant, in addition to eight other affiliations). About one-third of respondents described religion as “important” or “very important” in their lives.

Participants completed a survey instrument that included questions related to their adherence to femininity ideology and gender role beliefs, dating and sexual behavior, mental health, and demographic characteristics. Written permission was obtained from each child’s parent or guardian. Bilingual and Latina students were offered the option of completing the survey in Spanish (translated and back-translated) with a Spanish-speaking researcher present. Permission slips were translated into Spanish for this group. Only those measures relevant to the current study are described below.

Measures

Girls provided basic demographic information (i.e., race/ethnicity, socioeconomic status, physical development, and religiosity) and completed measures of femininity ideology and mental health.

Race/Ethnicity

Girls chose any number of six supplied racial/ethnic categories (Black/African American/Caribbean, White, Hispanic/Latina, Brazilian/Portuguese, Asian/Pacific Islander, or American Indian/Alaskan Native), and some supplied their own category. For the purposes of inclusion in the multivariate analyses, racial/ethnic group membership was coded as 1 (*White*) or 0 (*Not White*). Although girls self-identified as belonging to a variety of racial/ethnic categories (including identification as bi- or multiracial), there were not enough girls in these groups to adequately test for group differences.

Socioeconomic Status

Each girl’s mother/mother figure’s education was included as a proxy for socioeconomic status. Girls reported to the best of their ability the highest level of formal education achieved by their mother or female guardian choosing among 1 = did not finish high school, 2 = finished high school/obtained GED, 3 = completed some college, 4 = finished college, and 5 = attended school beyond college. Maternal education has been shown to be an adequate general index of socioeconomic status (Entwisle & Astone, 1994).

Physical Development

Girls’ physical development was assessed with two items that were composited. First, each girl rated her perception of her own physical development relative to her female age-mates on a 5-point scale ranging from 1 (*younger than most*) to 5 (*older than most*). Second, she indicated whether others

think that she is older than she really is, choosing between 0 (*no*) and 1 (*yes*). Because these two items were assessed on different response scales, they were transformed prior to averaging to have equal weight in the composite. The reliability of this two-item measure was high ($\alpha = .75$).

Religiosity

Religiosity was measured with a single item: “How important is religion in your life?” Responses were given on a scale ranging from 1 (*not at all*) to 4 (*very*).

Femininity Ideology

The 20-item AFIS (Tolman & Porche, 2000) was used to measure the extent to which girls have internalized two negative conventions of femininity: inauthenticity in relationships with others and objectification of one’s own body (see Table 1). Girls responded to such statements as “I wish I could say what I feel more often” (ISR) and “I am more concerned about how my body looks than how my body feels” (ORB) on 6-point scales ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Several items were reverse-scored and mean scores for each subscale were computed, with higher scores reflecting greater conventionality (i.e., more inauthentic in relationships, more self-objectifying). The reliability estimates for the two subscales reported in Tolman and Porche (2000) were adequate ($\alpha_{ISR} = .67$, $\alpha_{ORB} = .70$).

Self-Esteem

The 10-item Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used to assess global self-esteem. Girls responded to such statements as “I take a positive attitude toward myself” on a 4-point scale ranging from 1 (*disagree a lot*) to 4 (*agree a lot*). Several items were reverse-coded and all of the items were averaged to create a summary measure of global self-worth (ranging from 1 to 4), with higher scores indicating more positive self-regard. The reliability was sufficiently high ($\alpha = .88$). In this sample of girls, the average level of self-esteem was high ($M = 3.03$, $SD = 0.64$).

Depression

Depressive symptoms were assessed using the short form of the Children’s Depression Inventory (CDI-S; Kovacs, 1992). For each of 10 items, girls chose one of three sentences that best described their experience in the past 2 weeks. For example, they responded to such statements as “How often did you feel sad in the past 2 weeks?” with one of three possible answers. Respondents chose among 0 = once in awhile, 1 = many times, and 2 = all the time. Items were summed and used as a continuous variable reflecting a range of depressive symptoms (from 0 to 20), rather than as a criterion for determination of clinical depression. The reliability of this scale was sufficiently high ($\alpha = .83$). This sample of girls as a whole reported relatively low levels of depression ($M = 3.13$, $SD = 3.27$, as compared with $M = 9.0$, $SD = 6.25$ in a normative sample (Kovacs, 1992).

Table 1
Means and Standard Deviations for Items in the Adolescent Femininity Ideology Scale

<i>Item</i>	<i>M</i>	<i>SD</i>	<i>Loading (Initial)</i>	<i>Loading (Final)</i>
Inauthentic Self in Relationships Subscale				
1. I would tell a friend I think she looks nice, even if I think she shouldn't go out of the house dressed like that.	3.05	1.49	0.46	0.48
2. I express my opinions only if I can think of a nice way of doing it. ^b	3.76	1.41	0.23	—
3. I worry that I make others feel bad if I am successful.	2.56	1.37	0.42	0.41
4. I would not change the way I do things in order to please someone else. ^a	4.11	1.58	0.45	0.43
5. I tell my friends what I honestly think even when it is an unpopular idea. ^a	4.06	1.21	0.38	0.40
6. Often I look happy on the outside in order to please others, even if I don't feel happy on the inside.	3.45	1.44	0.41	0.42
7. I wish I could say what I feel more often than I do.	4.22	1.34	0.31	0.31
8. I feel like it's my fault when I have disagreements with my friends.	2.90	1.27	0.39	0.40
9. When my friends ignore my feelings, I think that my feelings weren't very important anyway.	2.90	1.59	0.74	0.76
10. I usually tell my friends when they hurt my feelings. ^a	3.56	1.49	0.48	0.46
Objectified Relationship with Body Subscale				
1. The way I can tell that I am at a good weight is when I fit into a small size.	3.49	1.70	0.42	0.43
2. I often wish my body were different.	3.86	1.53	0.55	0.60
3. I think that a girl has to be thin to feel beautiful.	2.71	1.63	0.69	0.64
4. I think a girl has to have a light complexion and delicate features to be thought of as beautiful.	2.67	1.46	0.50	0.43
5. I am more concerned about how my body looks than how my body feels.	3.48	1.54	0.60	0.62
6. I feel comfortable looking at all parts of my body. ^{ab}	3.53	1.49	0.21	—
7. I often feel uncomfortable in my body.	3.27	1.51	0.71	0.74
8. There are times when I have really good feelings in my body. ^a	4.52	1.16	0.47	0.47
9. The way I decide I am at a good weight is when I feel healthy. ^a	3.89	1.41	0.30	0.32
10. I decide how much to eat by how hungry I am. ^{ab}	4.27	1.51	0.22	—

^aItem is reversed for coding. ^bItem dropped based on results of confirmatory factor analysis.

RESULTS

Structural equation modeling estimated with the LISREL computer program (Jöreskog & Sörbom, 1996b) was used to conduct the confirmatory factor analysis of the AFIS and to test the models linking femininity ideology to both self-esteem and depression. Missing data were imputed using an EM algorithm in the PRELIS computer program (Jöreskog & Sörbom, 1996a).² Information regarding missing data for each measure is given in Table 2. Model fit was assessed with four indices: (a) the relative chi-square statistic (likelihood ratio chi-square divided by its associated degrees of freedom; Kline, 2005), (b) the Comparative Fit Index (CFI; Bentler, 1990), (c) the root mean square error of approximation (RMSEA; Jöreskog & Sörbom, 1993), and (d) the standardized root mean square residual (SRMR; Hu & Bentler, 1999). Below, we describe the results of the confirmatory factor analysis and the results testing the hypotheses linking femininity ideology to adolescent girls' mental health.

Confirmatory Factor Analysis of the AFIS

To confirm and refine the two subscales of the AFIS, we chose to represent these constructs as latent variables. The initial factor model included 10 items that loaded on the ISR subscale and 10 items that loaded on the ORB subscale

(see Table 1 for the 20 original AFIS items). The two latent variables were allowed to covary but the item-level error terms were assumed to be independent. The overall fit of this model to the data was only marginal, $\chi^2/df = 1.71, p < .001$; CFI = .88, RMSEA = .07, and SRMR = .08.

An examination of the output indicated that a better fitting model might be obtained by omitting three of the

Table 2
Descriptive Statistics for Analysis Variables

<i>Variable</i>	<i>M</i>	<i>SD</i>	<i>Range</i>	<i>% Missing Per Item</i>
AFIS: Inauthenticity	3.21	0.74	1.6–5.1	2.0–4.0%
AFIS: Body objectification	3.12	0.83	1.5–5.8	0.7–4.7%
Race	0.52	0.50	0–1.0	0%
Socioeconomic status	2.66	1.26	1.0–5.0	20.8%
Physical development ^a	–.01	0.90	–1.8–1.2	5.4–6.7%
Religiosity	2.30	0.93	1.0–1.4	2.0%
Self-esteem	3.03	0.64	1.0–4.0	0.7–4.7%
Depression	3.13	3.27	0–15.0	0.7–1.3%

Note. Means and standard deviations of multiple item constructs are calculated from composite variables of the items prior to imputation.

^aThe mean of physical development is zero because the two components of this variable were standardized prior to averaging.

twenty items with low factor loadings (< .30), one from the ISR subscale, and two from the ORB subscale (see Table 1 for dropped items). In addition, modification indices suggested that three item-level error correlations be freely estimated.³ These correlations, although statistically significant, were small and did not change the conceptual meaning underlying the measurement model. The refined measurement model fit the data reasonably well, $\chi^2 = 1.32$, $p < .05$; CFI = .91, RMSEA = .04, SRMR = .07. The factor loadings for the initial and revised measurement model are depicted in Table 2. The correlation between the two factors was sizable, $r = .48$, $p < .001$.

In short, the results of the confirmatory factor analysis suggested that the original AFIS scale reported in Tolman and Porche (2000) should be revised, particularly when used in samples of early adolescent girls. The new reliability coefficients with the revised scale were slightly higher than those obtained with the original scale: $\alpha = .71$ for the ISR subscale and $\alpha = .77$ for the ORB subscale. In the analyses that tested the link between femininity ideology and mental health reported below, we used the revised measure with the ISR subscale comprising nine items and the ORB subscale comprising eight items.

Femininity Ideology and Mental Health

Measurement Models

The two revised measures of femininity ideology (ISR and ORB) were included as latent factors in the models predicting self-esteem and depression. The availability of multiple items in both of the measures of mental health (i.e., self-esteem and depression) allowed us to model them as latent variables as well. Because the factor structures of these two scales were well established and the reliability estimates were high in this sample, the measurement models for self-esteem and depression were directly incorporated into the conceptual model rather than assessed as measurement models first. Because adding many observed variables to a model creates an increased estimation load due to the increased size of the variance/covariance ma-

trix used to estimate the model parameters, we chose to combine the items in each mental health measure to create two composite variables per construct. Each item subset composite, called a parcel (Little, Cunningham, Shahar, & Widaman, 2002), was created by calculating the average of half of the items included in the associated scale. In this way, multiple item measures could still be modeled as latent variables with only two indicators, resulting in only a minimal impact on the estimation load of the model. In the context of the conceptual model, the factor loadings for the mental health parcels were very high, ranging from .84 to .90.

Structural Models

We then tested two models, one in which the femininity factors (ISR and ORB) and the covariates (race/ethnicity, socioeconomic status, physical development, and religiosity) were entered simultaneously to predict self-esteem, and one in which these variables predicted depression. In both models, the femininity ideology latent factors and the covariates were allowed to covary. Univariate descriptive statistics for all analysis variables are given in Table 2, and correlations among all analysis variables are given in Table 3.

Femininity ideology and self-esteem. We had predicted that inauthenticity in relationships and body objectification would each be negatively associated with self-esteem, even after controlling for the effects of race/ethnicity, socioeconomic status, early physical development, and religiosity. The model predicting self-esteem fit the data well, $\chi^2(210) = 281.00$, $p < .001$; CFI = .90, RMSEA = .04, SRMR = .07. As shown in Figure 1, self-esteem was significantly predicted by ISR ($\beta = -.27$, $p < .01$), ORB ($\beta = -.62$, $p < .001$), and religiosity ($\beta = .21$, $p < .01$). The strength of the regression coefficient predicting self-esteem from body objectification was more than twice the strength of that predicting self-esteem from inauthenticity, suggesting that having an objectified relationship with one's own body is a particularly powerful predictor of negative feelings of self-worth in early adolescence.

Table 3

Intercorrelations for All Variables Used in the Models

	1	2	3	4	5	6	7	8
1. AFIS: Inauthenticity	–							
2. AFIS: Body objectification	.48**	–						
3. Race	.07	.04	–					
4. Socioeconomic status	.16†	–.07	.20*	–				
5. Physical development	–.06	.08	.06	–.07	–			
6. Religiosity	–.01	–.24*	–.12	.01	–.22**	–		
7. Self-esteem	–.37**	–.65**	–.13	.04	–.03	.32**	–	
8. Depression	.31**	.54**	.16*	–.09	.14	–.26*	–.75**	–

† $p < .10$, * $p < .05$, ** $p < .001$.

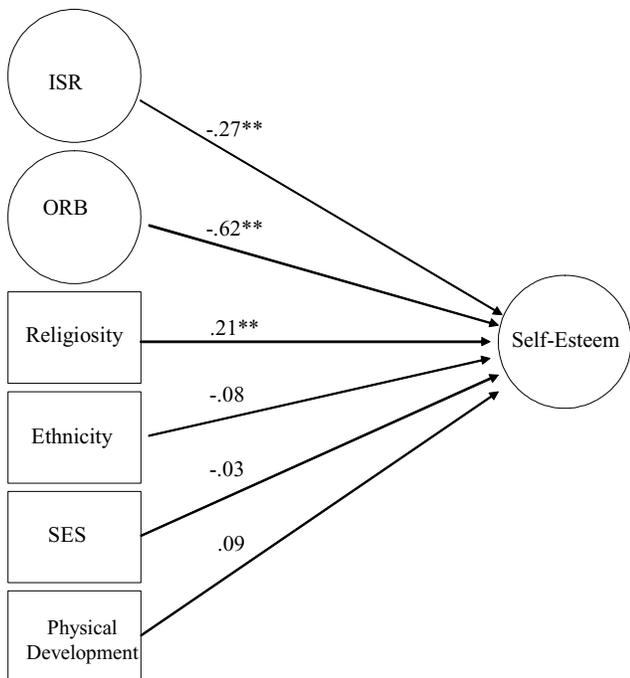


Fig. 1. Standardized regression coefficients for the structural portion of the self-esteem model.

Note. Intercorrelations among the independent variables were modeled but not shown in the figure above (see Table 3). * $p < .05$, ** $p < .01$, *** $p < .001$.

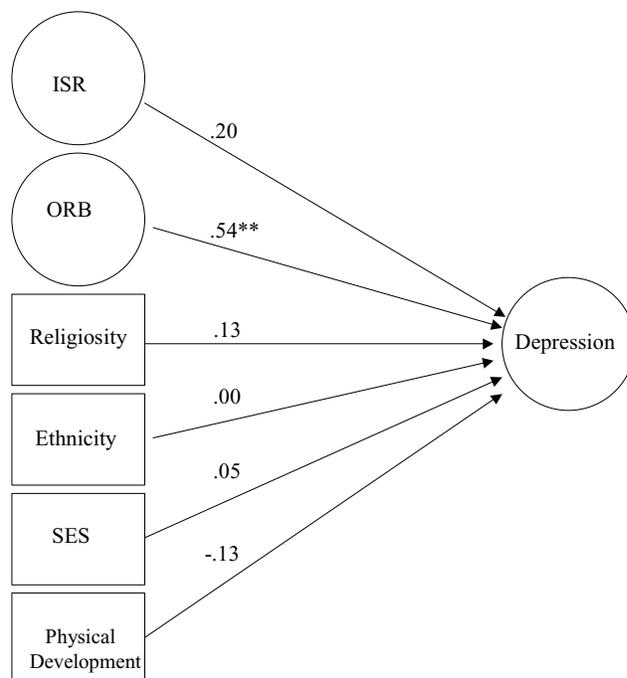


Fig. 2. Standardized regression coefficients for the structural portion of the depression model.

Note. Intercorrelations among the independent variables were modeled but not shown in the figure above (see Table 3). * $p < .10$, ** $p < .01$, *** $p < .001$.

Femininity ideology and depression. We had also predicted that inauthenticity in relationships and body objectification would each be positively associated with depression, controlling for the effects of race/ethnicity, socioeconomic status, early physical development, and religiosity. The model predicting depression fit the data well ($\chi^2 = 285.46$, $df = 210$, $p < .001$; CFI = .89, RMSEA = .04, SRMR = .07).⁴ As shown in Figure 2, depression was significantly predicted by ORB ($\beta = .54$, $p < .01$) but not by ISR ($\beta = .20$, $p < .10$), again providing evidence for the relatively greater predictive power of body objectification in this sample of early adolescent girls.

What is striking about both of these models is the amount of variance in mental health that is explained by femininity ideology, particularly the body objectification factor. In the self-esteem model, more than two-thirds of the variance in self-esteem was accounted for by femininity ideology alone ($R^2 = 0.69$). In the depression model, the two femininity ideology factors accounted for about half of the variance in depression ($R^2 = 0.49$).

DISCUSSION

In this study, we refined the AFIS and used this revised measure to investigate the role of femininity ideology in understanding early adolescent girls' mental health. This study offered powerful evidence that early adolescent girls who internalize conventional femininity ideologies, particu-

larly regarding body objectification, have lower self-esteem and higher depressed mood. Although our feminist psychodynamic developmental framework predicted that both aspects of femininity ideology would be associated with poorer mental health for girls, we did not anticipate the magnitude of these associations. Inauthenticity in relationships and body objectification accounted for half of the variance in depression and over two-thirds of the variance in self-esteem in a critical period of development for adolescent girls. Given that self-esteem and depressed mood are complex dimensions of well-being, these findings provide powerful evidence that internalizing behaviors and beliefs about what it means to be appropriately feminine are associated with girls' psychological well-being as they enter adolescence.

Inauthenticity in relationships and body objectification have never been examined simultaneously as predictors of either self-esteem or depressed mood. Thus, this study provides important information about the relative strength and salience of each of these aspects of femininity ideology in understanding girls' mental health in early adolescence. Results revealed that the predictive effects for body objectification were much stronger than those for inauthenticity in both models. In fact, in the model predicting depression, the effect for inauthenticity did not reach significance. These results suggest that the way that early adolescent girls relate to their own bodies has more salience for understanding their mental health than their level of authenticity. This

finding is consistent with previous research showing that body image is the strongest predictor of global self-esteem for both adolescent boys and girls (e.g., DuBois et al., 2000). In some sense, it is not surprising that we see such a strong association between objectification and mental health in early adolescence because, with the onset of puberty, there is increased emphasis on appearance-related concerns. It is possible that when both factors are considered together, the pressure to “look good” may simply be more potent than the pressure to “sound good.” An alternative explanation is that this finding may be particular to early adolescence. It is possible that the relative salience of these two dimensions of femininity ideology may shift over time, with inauthenticity in relationships becoming more significant than body objectification as young women develop.

Interestingly, many of the demographic factors (e.g., race/ethnicity, socioeconomic status) that have fairly consistently been associated with mental health were not associated with either self-esteem or depression once the femininity ideology factors were added to the model as predictors. That is, inauthenticity and objectification were more strongly associated with mental health than any of the more commonly studied demographic factors. The only demographic factor that was significantly associated with mental health (in the self-esteem but not the depression model) was religiosity, indicating that the role of religiosity in girls' development deserves further investigation.

Methodological and Theoretical Contributions

In addition to testing the theoretical models linking femininity ideology to self-esteem and depressed mood, a methodological goal of the current study was to refine the AFIS scale in this sample of early adolescent girls. Using confirmatory factor analysis, we confirmed the factor structure of the two AFIS subscales and eliminated three items to improve each subscale's reliability. These new, revised subscales were then used in structural equation modeling analyses to eliminate measurement error. This improvement in the AFIS scale should increase its power to understand how femininity ideology is distinct from other conceptions and measurements that construe femininity as a personality trait (e.g., Bem, 1981) or as a gender role (e.g., Spence & Helmreich, 1972). Further, we recommend that researchers use the shorter, improved AFIS in future work with early adolescent girls.

The findings from this study also demonstrate the distinct place that a feminist psychodynamic developmental theory has in enabling us to understand the association between femininity ideology and early adolescent girls' mental health. Although some demographic factors have been fairly consistent predictors of girls' mental health, all of these except for religiosity are no longer significant once we take inauthenticity in relationships and body objectification into account. By using the AFIS to measure these two aspects of femininity ideology, we were able to identify the strength

and relative significance of the ways that growing up in patriarchy limit girls' connections with themselves and others as qualitative research and clinical practice have suggested (e.g., Brown & Gilligan, 1992; Jordan et al., 1991).

Limitations and Future Directions

Several limitations of this research deserve comment. First, although the sample included moderate numbers of both White and Latina (mostly Dominican) participants, girls from other ethnic groups (e.g., Asian American, African American) were underrepresented. Controlling for the effects of race/ethnicity in the analyses did not address the question of whether the associations between femininity ideology and mental health are similar across diverse ethnic groups. Previous research suggests that both the level of inauthenticity that girls express in relationships as well as the link between inauthenticity and poorer mental health may be stronger for White girls from middle-class backgrounds than minority or working-class girls (Brown, 1998; Taylor et al., 1995). Future research is needed to examine the potential ways in which race, class, religiosity, and other factors interact with femininity ideology during early adolescence.

Second, the direction of causal relations remains to be determined. Feminist psychodynamic developmental theory suggests that low self-esteem and depressed mood are liabilities of internalizing conventional aspects of femininity ideology, implying directionality. It could also be, however, that a girl who is depressed and evaluates herself negatively may be, in turn, more vulnerable to internalizing femininity ideologies and therefore more likely not to express her authentic thoughts and feelings in relationships and to distance herself from her own body. It is also possible that such a relationship eventually becomes reciprocal or dialectic, in that internalizing conventional norms of femininity may lead girls to question their worth as individuals and the more depressed they become, the more they may suppress their own bodily feelings and authentic voices. Although we are aware of no research that has examined the possible bidirectional nature of the association between femininity ideology and mental health, other related research has shown that self-esteem is related bidirectionally to school stress, deviant behavior, and alcohol use among early adolescents (Fenzel, 2000; Kaplan & Lin, 2000; Scheier, Botvin, Griffin, & Diaz, 2000). Our own longitudinal research with adolescent girls is currently underway that will enable us to better examine the causal association between femininity ideology and girls' mental health.

This study also suggests several important directions for future research. The first concerns the developmental trajectories of girls as they mature throughout adolescence. This study provides a snapshot of girls at one point in time in early adolescence. Do girls tend to internalize or become more resistant to femininity ideologies as they mature? Are changes in femininity ideology associated with changes in

depression and self-esteem over time? Are such trajectories influenced by a girl's race, class, or social status? Longitudinal research designs that utilize latent growth curve methods would be ideal to answer such developmental questions and would enable us to examine more directly the causal association between femininity ideology and mental health.

A second fruitful direction for future research would be to focus on how gender ideologies affect the mental health of boys (Tolman, Spencer, Harmon, Rosen-Reynoso, & Striepe, 2004). To what extent does internalizing traditional ideas about masculinity affect boys' mental health? Traditional ideas about masculinity include concerns that boys should present themselves as tough and sexually active as well as hide feelings of vulnerability in relationships. A recent study found that boys who espoused these ideas about masculinity had lower self-esteem than boys who did not (Chu, Porche, & Tolman, 2005). In other words, espousing traditional ideas about masculinity may limit the ways that boys and men are able to express themselves and engage in their interpersonal relationships (Pollack & Shuster, 2000). In this way, feminist psychodynamic developmental theory points to the potential importance of authentic relationships for development in boys and men, as well as girls and women. In addition, researchers on body image are reporting a growing trend toward boys' and men's body obsession (e.g., McCreary & Sasse, 2000; Olivardia, Pope, Borowiecki, & Cohane, 2004). A recent study (Olivardia et al., 2004) documented that college men's dissatisfaction with their bodies was closely tied to measures of mental health such as self-esteem and depression, as well as to the use of performance-enhancing substances (i.e., over-the-counter supplements or anabolic steroids). These findings point to a potentially important difference between boys and girls. Whereas girls focus primarily on altering the way their bodies look, boys may place a greater emphasis on altering the way their bodies perform (i.e., increasing athletic performance).

Concluding Comments

This study developed and tested preliminary models of the association between the internalization of conventional ideologies about femininity and early adolescent girls' mental health. The findings from this article support feminist psychodynamic developmental theory in showing how aspects of girls' experiences are associated with diminished mental health. This theory is also important for pinpointing the developmental moments when such pressures may be especially problematic. This research provides the foundation for more expanded models of gender ideology and mental health, including the experiences of adolescent boys and the role of masculinity ideology. Future research should examine the developmental trajectories of both boys and girls so that we may more fully understand the ways in which patriarchy as it is operationalized in femininity (and masculinity)

ideologies shapes the lives and psychological experiences of young people. The significance of femininity ideology as a factor in girls' psychological well-being in early adolescence has implications for both clinical interventions and supporting girls through the often difficult transition from middle school to high school. While "looking good" and "sounding good" are the strategies given to young women for being successful women in this society, this research illuminates how these demands diminish their capacity to "feel good." Enabling girls to engage in a critical analysis of these cultural constructions of femininity may be an important and empowering first step.

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NOTES

1. In a review of depression in adolescence, Peterson et al. (1993) urged researchers to distinguish between depressed mood (i.e., the presence of sadness, unhappiness, or blue symptoms for an unspecified period of time), depressed syndromes (i.e., a constellation of associated symptoms that includes depression as well as anxiety), and clinical depression (i.e., the categorization of a mental disorder that causes significant levels of current distress and impairs an individual's current functioning). Our conceptualization of depression in this article is most congruent with what Peterson et al. (1993) referred to as depressed mood.
2. Technical details of the missing data imputation are available upon request.
3. These item-level error correlations were between the following items: (a) "The way I can tell that I am at a good weight is when I fit in a small size" and "The way I decide I'm at a good weight is when I feel healthy" (reversed) ($r = -.23$), (b) "I think a girl has to be thin to feel beautiful" and "I think a girl has to have a light complexion and delicate features to be thought of as beautiful" ($r = .23$), and (c) "I would tell a friend she looks nice, even if I think she shouldn't go out of the house dressed like that" and "I am more concerned about how my body looks than how my body feels" ($r = .21$).
4. The CFI for this model was slightly below the cutoff value recommended by Hu and Bentler (1999) because the associations between the control factors and depression were not significant. Dropping these control factors from the model yielded a CFI of .92.

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