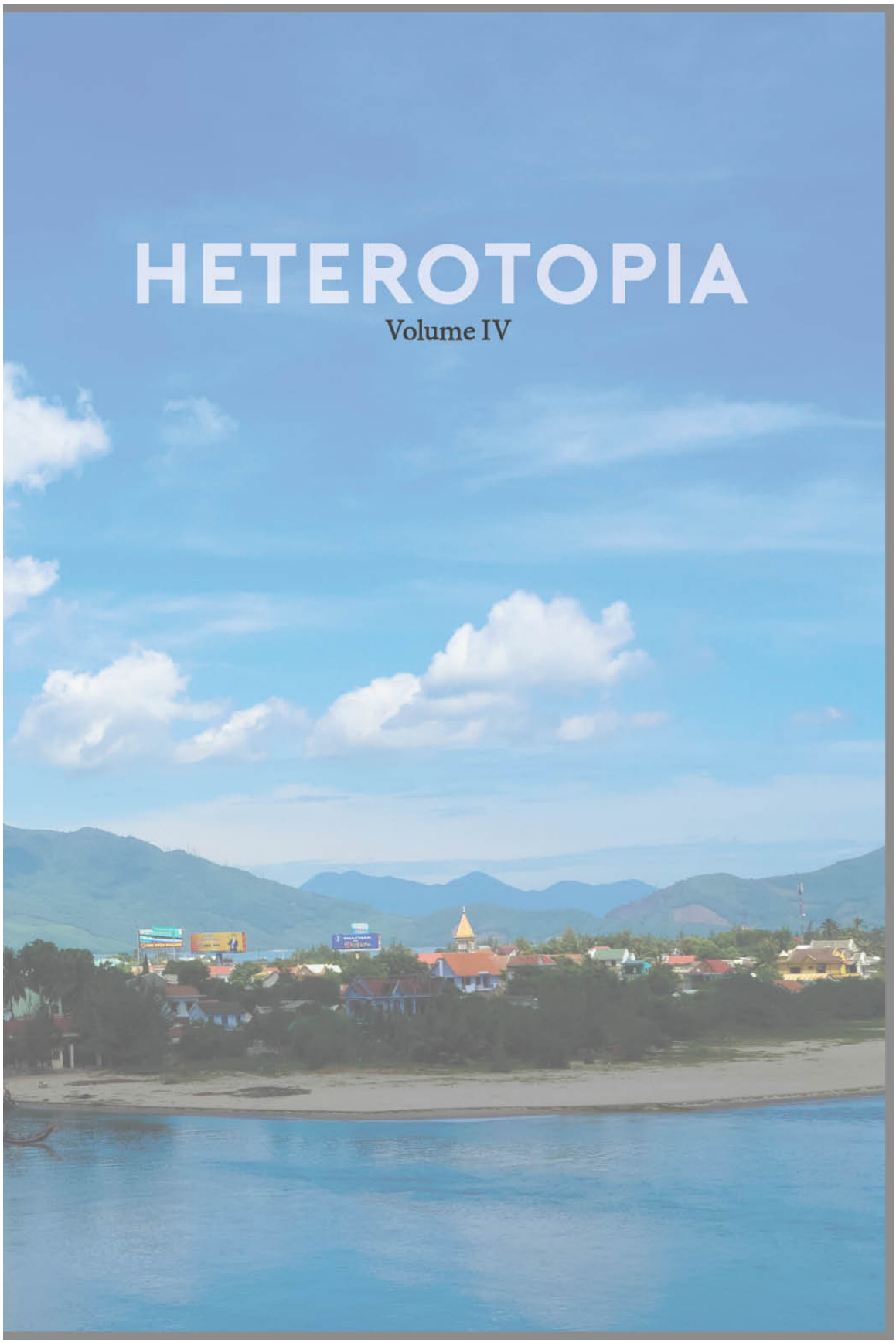
HETEROTOPIA

Volume IV



A special thanks to the University of Washington Anthropology Department and Anthropology Society for making this journal possible, and to Lucy Deng for the cover photo and the other photographs used throughout the journal.

Just like the everyday exchange of philosophies and experience through conversation, action and inaction, emotional response; this journal is a hand-held dimension in which these ideas collide. The concepts proposed and explained in this booklet—through every picture, quotation, and word— carry meaning. This journal is a raw mixture of writing and research that pushes youto challenge your current ways of thinking, but at the same time construct new ones.
This is Heterotopia.

THE HETEROTOPIA
EDITORIAL BOARD

FOB: A RICH POINT WITHIN THE ASIAN AMERICAN COMMUNITY

BY CHRISTINA NGUYEN

Asians, like most ethnic groups, have labels tied to their identity. Different societies have their own labels aimed at Asians. As a group, Asians are not strictly subjected to judgment from one source. Labels are one form of judgment that can cause plenty of awkward, or even detrimental, encounters. Moreover, racial labels are rarely considered empowering. Ultimately, the aim of racial labels is to classify a group of people in an oversimplified manner.

Fob, an acronym for "fresh off the boat" is a derogatory label for describing immigrants. Because it is not exclusively applied to only a certain group or race, there are certainly multiple meanings tied to *fob*. Due to the interest of time, my population of study will include only people of Asian descent who currently inhabit the US. Through this paper, I will investigate how *fob* is a rich point within American society, specifically among Asians. Any word in a language depends on cultural knowledge. Its meaning is rich in the social understandings it carries. Accordingly, the confusion of an outsider signals a rich point as well as immediate native-speaker recognition followed by wild disagreement. My research explores how the perspectives of Asian Americans [AAs] and Asian immigrants [AIs] on *fob* differ.

The two ethnographic methods I have conducted for the research of *fob* included (1) interviews with AAs and AIs and (2) analysis of samples from the media that conveyed the complexity of *fob*. I interviewed a total of twelve individuals: three female AAs, three male AAs, three female AIs, and three male AIs. The diverse sample included: three Chinese, two Filipino, two Japanese, one Korean, one Thai, and three Vietnamese. All interviewees are currently undergraduates at the University of Washington. For the purpose and simplification of this project, I will refer to Asian Americans as people who are American born and of Asian descent although I recognize that Asian immigrants can become Asian Americans upon obtaining US citizenship.

The series of four questions I asked each participant consisted of (a) what does the word *fob* mean to you, (b) how long do you consider it would take for immigrants to no longer have the status as *fobs*, if ever, (c) what factors determine the spectrum of the *fob* identity, and (d) if applicable, in what context have

you been called a *fob*, called others a *fob*, or witnessed *fob*-calling? The analysis of my results had indeed revealed patterns in the usage of *fob* between AAs and AIs. I did not find any correlation between genders and their beliefs on *fob*. Nonetheless, it had been worthwhile to balance my interview participants into categories of gender and immigration background.

The basic definition of *fob* did not vary broadly between my interviewees. When asked to define *fob*, seven out of twelve immediately answered "an immigrant". The other five expanded their answer along the lines of "someone who has recently immigrated from Asia to America". Moreover, nine out of twelve mentioned that *fob* is a derogatory term directed at immigrants. Whereas minimal variations were found in the basic definition of *fob*, the latter interview questions brought forth compelling insight on the connotations *fob* carries.

Immigrants, in general, come to the US in search of better lives. More often than not, they have the desire to assimilate themselves into American culture in order to fit in and achieve not only financial success, but social success as well. Up to a certain point, AIs should no longer be considered *fob*s because they have been in the US for long enough to wear off the freshness that *fobs* supposedly express, as described by one interviewee. Hence, the aim behind inquiring about the time required for *fobs* to lose their *fob* status is to acquire a rough range of the spectrum of the *fob* identity along with factors that construct this spectrum.

Four out of twelve interviewees answered according to the amount of time it personally took them to obtain US citizenship: three, five, five, and six years each. It is interesting to note that these four interviewees are all AIs and have been inhabitants of the US for less than ten years. This left me curious why the other two AIs had differing responses compared to their immigrant peers. Follow-up questions with them revealed that they both immigrated to the US over ten years ago. Perhaps, the longer an immigrant has inhabited a country, the more inclined they would be to assimilate into the culture and adopt the worldviews there. This would surely be a fascinating research topic to further examine.

On the other hand, the remaining eight interviewees responded that time is not the predominant factor that determines an immigrant's status as a *fob*. In other words, it should vary from person to person depending on circumstances that shape their lifestyle and behaviors. These circumstances may include education opportunities, finances, and network. For instance, an individual with surplus finances may have better access to private tutoring or other resources outside of school for expanding their English skills at a

faster pace. Likewise, an individual who takes the initiative of speaking in English instead of their native language when they are in a casual setting with their AI friends will have higher chances of improving their skills.

As described, the majority of interviewees speculated that the factors constructing the spectrum of the *fob* identity relate to time but are not solely based on time. Those factors include but are not limited to obtainment of US citizenship, ability to speak standard English without an Asian accent, sense of fashion, and mannerisms. On one end of the spectrum of the *fob* identity, *fobs* are immigrants who have recently became a permanent resident of the US and have not obtained citizenship yet. These people are stereotyped to speak poor English, wear clothes from inexpensive brands, and frequently practice customs that Americans consider unusual. The other end of the spectrum includes both *fobs* that have fully assimilated into American culture and American-born Asians. These people possess US citizenship, speak English like a native, wear clothes from luxury brands, and all their actions are considered customary to American society. People who fall between the two extremes are those in the process of progressing their assimilation into American culture. Many interviewees have expressed that the viewpoints they relayed to me are not completely their own but of what they observe to be true in American society.

All interviewees had intriguing anecdotes on their experiences with the usage of *fob*. While each individual's experience had its unique features, there was overlapping of experiences, which I have tallied up below:

- All twelve have called or described others as *fobs* in a joking manner.
- Eight have been bullied or shamed for their *fobby* style. Note that both AAs and AIs have been victims of bullying.
- Ten have observed *fob* shaming cases upon others in real life. Six of those ten have stood up for the victims.
- Zero has taken part in *fob* shaming cases as the perpetrator.
- All twelve have observed scenarios of *fob* shaming in the media. A common example mentioned was ABC's sitcom, Fresh Off the Boat: A Memoir.
- Four have acted differently from their normal selves around *fobs* e.g. dimming down their vocabulary when speaking with a *fob*.

It is notable to highlight that all interviewees' personal experiences, i.e. not from the media, with Asian on Asian bullying are events from their childhood. Subsequently, they have not observed AIs being bullied by AAs in real life within the past decade. Because all interviewees are currently studying at the UW, it is reasonable that similarities are found between their experiences with *fob*. Furthermore, Washington is recognized to be amongst the top ten most liberal states in the US (Hickey, Walter). Consequently, there may be more tolerance towards differences between individuals and others. Hence, we observe relatively lower rates of prejudice here. In an attempt to gather viewpoints from individuals throughout different regions of the US, I have analyzed two contemporary talks from YouTube that thoroughly explore the phenomenon of Asian on Asian bullying.

Culture shaming is the act of humiliating an individual by mocking or criticizing their culture due to prejudice, intolerance, and racism. In their YouTube video, DON'T HATE *FOBS* – Fung Brothers, Andrew and David Fung shared their thoughts on culture shaming, especially when AAs discriminate against AI *fobs*. Therefore, the audience they target in this talk is AAs. Although the duo of comedians had both graduated from the UW, they have now settled in California. Hence, the experiences they share differ from those of my interviewees. Their two key arguments for why AAs should not hate *fobs* are because (1) "*fobs* are [our] parents" and (2) "the larger general public doesn't make the distinction between AAs and *fobs*; they're all viewed as one group" (1:29, 3:22). For this reason, the question raised by the Fungs is: why are AAs ashamed of bringing Asian culture to the US (2:15)? In fact, "*fobs* represent Asian culture because they just came from Asia (2:02). Unless Asian Americans have self-hatred, the Fungs do not see another explanation for this shame (3:15).

Jason Yamamoto from New Jersey holds a similar viewpoint to the Fungs. In FRESH OFF THE BOAT (F.O.B.) Asian Americans Bullying Mainland Asians, he directs his message to AAs as well and explains why Asian on Asian bullying is illogical. It is ironic that AAs speak American English because it isn't even the mother tongue of their heritage (5:30). "If you're Japanese, you should be speaking Japanese. If you're Chinese, you should be speaking Chinese […] Why are you speaking English? If anything, you're not even Asian no more. Now you're trying to be white because English is a white man's language" (5:42). Consequently, AAs should not be shaming AIs for being Asian; "it should be the reverse. An Asian person from

Asia should be making fun of [AAs] for acting white" (6:40). Yamamoto clarifies that he is not prejudiced against white people (6:18). His intention is solely to address *fob* shaming that has been initiated by AIs wanting to assimilate with the majority white population.

The differences accumulated overtime in the usages of *fob* and the connotations the word carries demonstrate that language is indeed organic and alive. As gathered from my group of interviewees at the UW, although *fob* continues to carry negative connotations today, the detrimental impact that the *fob* label had in the past is now weakened. Evidence can be found in the decreasing number of *fob* shaming cases experienced by my interviewees within the past decade. On the contrary, in less tolerant regions of the US where racism remains a prevalent issue, the negative impact that the *fob* label carries may have not weakened. As observed through the Fungs' and Yamamoto's talks, members of the Asian community have therefore taken the initiative to address the Asian on Asian violence associated with *fob*.

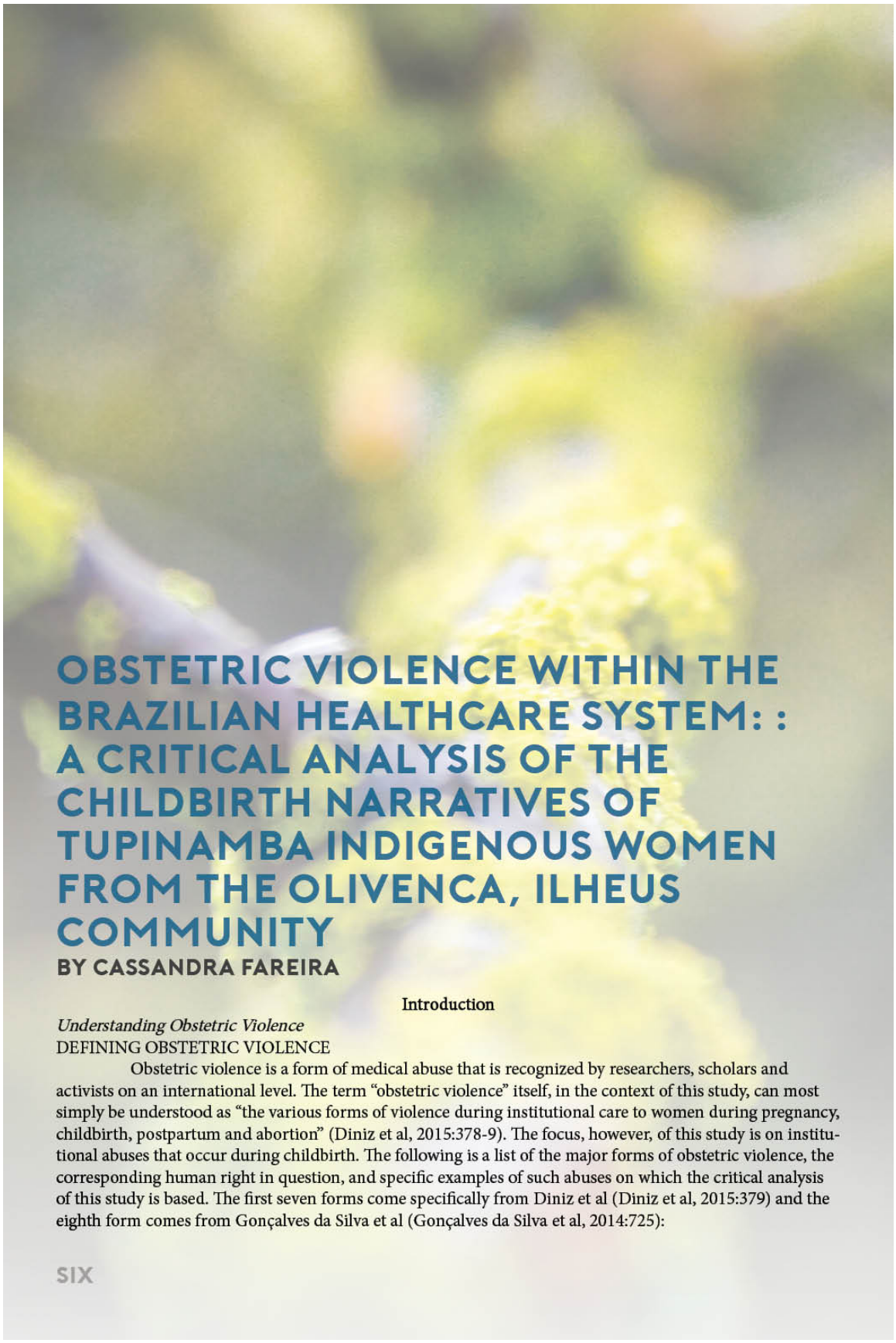
Similarly acknowledged by many interviewees, I too find the immense amount of bullying and shaming targeted at Asians quite alarming. Regardless of whether the attacks occur in the media or in real life, racism amongst Asians is less visible compared to racism perpetrated by outside races towards Asians. Nevertheless, neither forms or racism can be considered less harmful than the other. The usages and connotations of *fob* have not only changed due to the influence of time, but where specifically *fob* is being applied in the US alters its impact as well. Language structures of the English language vary throughout different regions of the US. These variations shape how people perceive the world. Due to the small sample size of my study, I recommend further research to include Asians from other regions of the US to generate more representative observations. However, the ethnographic evidence I have compiled thus far supports that Asians across the US experience varying impacts with *fob*. Due to the fact that insiders are having contrasting experiences with the word, *fob* is therefore a rich point within the Asian community in the US.

Works Cited

Fung, Andrew and David. [FungBrosComedy]. (2011, June 16). DON'T HATE FOBS – Fung Brothers. [Video File]. Retrieved from <https://youtu.be/XSmn4crVI2A>.

Hickey, Walter. "The Most Liberal States in America." Business Insider. Web. Accessed 27 Dec 2016. <http://www.businessinsider.com/most-liberal-states-2013-2>.

Yamamoto, Jason. [MindofJasonYamamoto]. (2014, July 7). FRESH OFF THE BOAT (F.O.B.) Asian Ameri cans Bullying Mainland-Asians. [Video File]. Retrieved from <https://youtu.be/kd8FiHcAceI>.



OBSTETRIC VIOLENCE WITHIN THE BRAZILIAN HEALTHCARE SYSTEM: : A CRITICAL ANALYSIS OF THE CHILDBIRTH NARRATIVES OF TUPINAMBA INDIGENOUS WOMEN FROM THE OLIVENCA, ILHEUS COMMUNITY

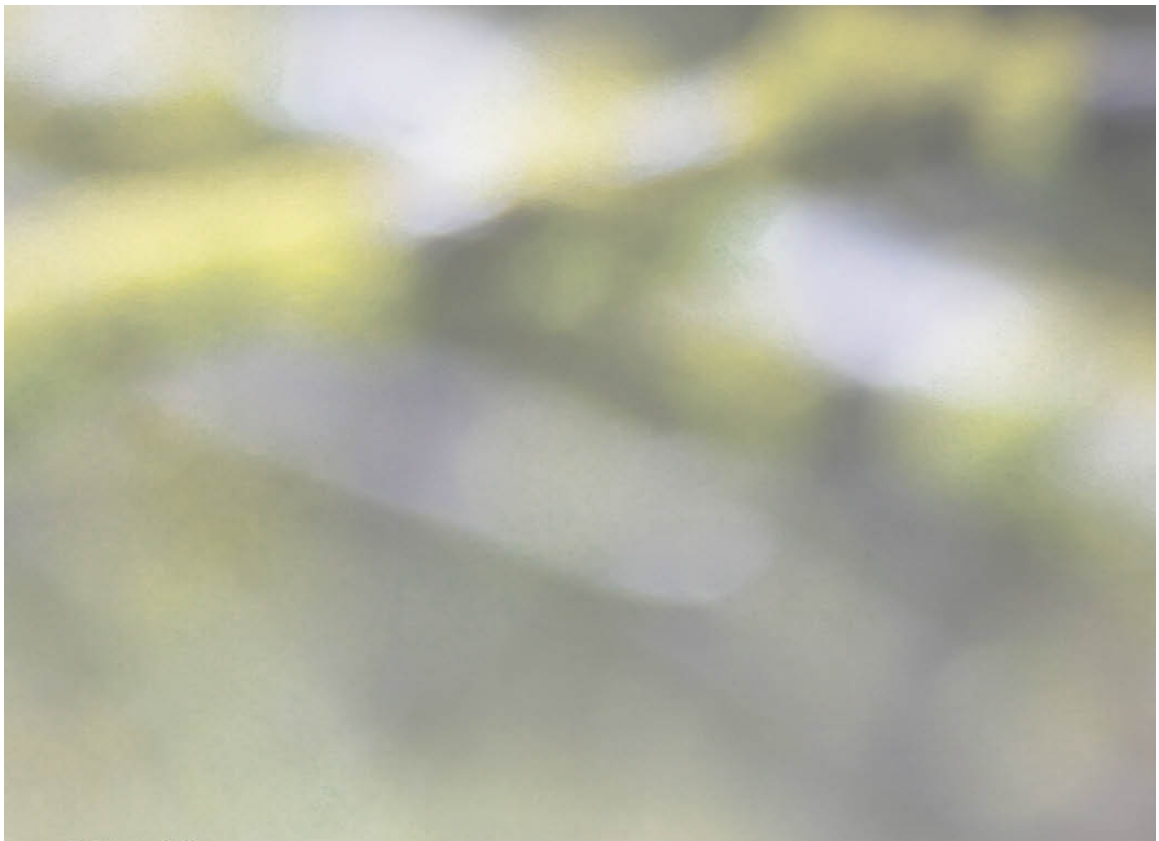
BY CASSANDRA FAREIRA

Introduction

Understanding Obstetric Violence

DEFINING OBSTETRIC VIOLENCE

Obstetric violence is a form of medical abuse that is recognized by researchers, scholars and activists on an international level. The term "obstetric violence" itself, in the context of this study, can most simply be understood as "the various forms of violence during institutional care to women during pregnancy, childbirth, postpartum and abortion" (Diniz et al, 2015:378-9). The focus, however, of this study is on institutional abuses that occur during childbirth. The following is a list of the major forms of obstetric violence, the corresponding human right in question, and specific examples of such abuses on which the critical analysis of this study is based. The first seven forms come specifically from Diniz et al (Diniz et al, 2015:379) and the eighth form comes from Gonçalves da Silva et al (Gonçalves da Silva et al, 2014:725):



1) Physical Abuse
2) A medical professional's imposition of interventions without the patient's informed consent, or based on false or distorted information
3) Non-confidential care, the denial or lack of privacy
4) Undignified care, including verbal abuse
5) Discrimination from medical professionals based on specific attributes of the patient
6) Abandonment, neglect or refusal to grant assistance
7) Detention in services
8) Institutional unpreparedness

RECOGNITION AND VISIBILITY

During the second half of the 21st century, activists and lobbyists finally succeeded in problematizing this issue with some degree of formal recognition when obstetric violence "was recently recognized as a public health issue by the World Health Organization" (Diniz et al, 2015:377). The fact that formal recognition, which has not yet yielded concrete and widespread awareness of the issue, arrived so late is precisely part of the problem: the issue of obstetric violence within childbirth care and the larger healthcare models that encompass them is not placed in the critical limelight, thus effectively erasing the problem altogether and allowing systemic violence to continue unchecked. On this point exactly, Diniz et al make the point that obstetric violence, "although considered a 'recent' or a 'new' research theme, reports of women subjected to abusive treatment during institutionalized childbirth appear in different historical moments" (Diniz et al, 2015:377).

OBSTETRIC VIOLENCE IN BRAZIL

In Brazil particularly, obstetric violence is devastatingly common. An article entitled "Abuse and Disrespect in Childbirth Care as a Public Health Issue in Brazil" written by researchers Cecilia McCallum, PhD and Ana Paula dos Reis, MSc, documenting obstetric violence in Brazil published in the *Journal of Human Growth and Development* states that the staggering rate of reported violence occurs in 25 percent of women, and this statistic is again confirmed by Brazilian journalist Carolina Pompeo in her article entitled "Uma em cada quatro mulheres sofre violência obstétrica no Brasil" which simply means "One in every

four women suffers obstetric violence in Brazil" (Pompeo, 2014). Although the recorded rate is so high, in the case of Brazil proving the prevalence of obstetric violence in childbirth care within both the public and private healthcare systems is distressingly complex because, according to lawyer Sabrina Ferraz, "it is more difficult to understand obstetric violence" (Pompeo, 2014) as a tangible form of violence, and it often goes unrecognized and unreported. Yet there is still a large amount of women that continue to report mistreatment by health professionals during childbirth which is exemplified in the "Violence: A Glimpse of the City" study conducted in São Paulo that "clearly states with many narratives, the childbirth institutions [were characterized by] an experience of violence, and often providers had aggressive and intimidating postures, humiliated patients and did not respect their pain" (Diniz et al, 2015: 378).

INDIGENOUS WOMEN, HEALTHCARE AND OBSTETRIC VIOLENCE

Within Latin America, Brazil has one of the smallest indigenous populations by percentage, " indigenous people make up only 0.4 percent (896,917 individuals) of the total population according to the latest national demographic census" (Coimbra et al, 2013:2). However this relatively small population is characterized by a vast ethnic and linguistic diversity and it is estimated that there are "as many as 300 indigenous ethnic groups, speakers of over 200 distinct languages, . . . constituting one of the national indigenous populations with the greatest ethnic diversity in the world" (Coimbra et al, 2013:2).

There is, however, virtually no data on the rates of obstetric violence within Indigenous communities in Brazil, but one study investigating the correlation between race and maternal mortality in the state of Mato Grasso hints at the presence of obstetric violence within Indigenous communities when it found that Indigenous women are 5.71 times more likely to die in childbirth than white women and that "Indigenous women died more of 'complications during labor' with [a rate of] 27.2%" (Texeira et al, 2012:27). Identifying and understanding the health indicators of Indigenous peoples in Brazil is especially difficult because "indigenous peoples in Brazil have not been adequately addressed by the major national health surveys" (Coimbra et al, 2013:3). In fact, the first national survey addressing the health and nutrition of Indigenous peoples, specifically women and children, was not implemented until 2008-2009. This systemic lack of information focusing on Indigenous Brazilians is arguably due to the fact, as pointed out by analysts Coimbra et al, that "comparative analyses indicate that indigenous peoples are among the most politically and socioeconomically marginalized segments of society" (Coimbra et al, 2013:2).

Marginalization is again the running theme when speaking of the position Indigenous peoples occupy within SUS, the Unified Health System of Brazil. "Historically, health services for indigenous peoples in Brazil existed separate to the mainstream health system [and] this disconnection reflected the 'special status' of indigenous Brazilians, who until the 1988 Constitution, were formally designated as wards of the state" (Shankland, Athias, 2007:79). In 1990, after the 1988 Constitution "declared health a universal right of citizenship and replaced the old public health system" (Coelho, Shankland, 2011:50), SUS was created. As "wards of the state," Indigenous peoples fell under the jurisdiction of the federal government, specifically the Ministry of Health, for healthcare services and this later created ideological and systemic problems because "there was the dilemma of how to address specific ethnic groups' problems without jeopardizing the system's principle of providing the same care to all and not targeting one population group over another for specific services or special attention" (Coelho, Shankland, 2011:51). Eventually, it was decided that healthcare services for Indigenous peoples would be addressed separately from the main system, and subsequently the system was fragmented and the Indigenous Health Subsystem was created in 1999 as a separate entity that was governed by the federal government.

The subsystem contains 34 Special Indigenous Health Districts (DSEI) that were physically planned according to territories inhabited by Indigenous peoples, allowing the DSEIs to ignore the established district and municipal boundaries, creating a total of 717 health posts (Garnelo, 2012:26,29). Initially, the subsystem was managed by the National Health Foundation (FUNASA) but was later transferred to the Special Secretariat on Indigenous Health (SESAI), a branch of the Ministry of Health (MS), after charges of internal corruption and a breakdown of trust among district and Indigenous leaders. Under FUNASA, DSEIs organized basic services and health posts that were generally partnered with NGOs to provide primary care, and health authorities organized patient referrals to SUS-affiliated public hospitals (Coelho, Shankland, 2011:51). Under SESAI, the subsystem more or less follows the same procedure, but power was shifted to "ensur[e] service quality while promoting greater management autonomy at the district level" (Coelho, Shankland, 2011:52). For the sake of this study it is important to clarify that Indigenous women, including the participants of this study, give birth at SUS-affiliated hospitals.

Currently, discourse on the newly restructured subsystem is dominated by critique and reports

of negligence. For instance, a report documenting institutional violence based on figures from a 2011 study commissioned by the Catholic Indigenous Missionary Council "describes 53 cases of negligence in healthcare in 16 states, which affected 53,000 people" (Glock, 2013). Again noting their almost institutional anonymity as mentioned by other analysts, Ida Pietrcovsky, an adviser to United Nations Children's Fund (UNICEF), says there is a serious "lack of systemic information on the health of indigenous peoples" (Glock, 2013).

Aims of this Study

The first aim of this study is to familiarize the reader with the concept and nature of obstetric violence as a public health issue that is recognized by scholars and researchers on an international scale, while more specifically illuminating its disturbingly high prevalence within the Brazilian healthcare system, SUS, and particularly within the subsystem of Indigenous healthcare. Although there is literature available from various sources documenting and further investigating various forms of obstetric violence in Brazil, there is virtually no data whatsoever that focuses on systemic obstetric violence within Indigenous communities. Therefore, it is my hope as a researcher that this collection and analysis of childbirth narratives from Indigenous women from the Olivença Tupinambá community will serve as a spark and cornerstone for further research on the possible link between obstetric violence and Indigenous women.

This study, although small in scale, can potentially offer tangible examples of the various forms of obstetric violence in Brazil in an area that Diniz et al in their own exhaustive critical analysis of the phenomenon characterize as "still [being] surrounded by imprecisions" (Diniz et al, 2015:377). Just as the antithesis of obstetric violence is the "humanization of labor," a humanization of the study on obstetric violence through personal narratives can re-contextualize the phenomenon as a form of violence that intimately affects the lives of real women, particularly Indigenous women who, to the extent of my research, have been routinely excluded from these studies, while at the same time further problematizing the issue in an effort to garner widespread attention and subsequent action.

Methodology

Location

This study was conducted in Terra Indígena Tupinambá de Olivença, the Tupinambá Indigenous community located in Olivença, Ilhéus, Bahia, Brazil. According to Prêmio Culturas Indígenas, Edição Xicão Xukuru, a textbook that is an informative compilation of Indigenous peoples and cultures of Brazil that was published by the Brazilian federal Ministry of Culture, this community has approximately 628 inhabitants and is located 14 kilometers from the central city of Ilhéus in a region of land that is not officially demarcated as Indigenous land (Prêmio Culturas Indígenas, 2008: 91). More specifically within the entire Olivença Tupinambá community, the fieldwork was conducted in the communities of Tukum (the community in which I lived for the duration of research process) and Serra Negra, the neighboring community of Tukum. This particular Indigenous community was chosen as the site of this study after I visited Tukum during an SIT program activity and also due to the personal and professional connection the Academic Director Gabriela Venutra has with the Program Advisor Nádia Batista, a resident and leader of the Tukum community, making arrangements for my study in this location logistically possible.

Sample Population

The sample population of this study is Tupinambá Indigenous women living in the Olivença Tukum and Serra Negra communities. The only requirement of the participants is that they be mothers, so there is a diverse range of ages and the number of children among the women interviewed. The decision not to place more specific demographic limitations on the sample population is partly due logistically to the relatively small size of the female Tupinambá general population, and my desire as a researcher to have a more diverse range of narratives.

Sampling Techniques

All of the interview participants were identified by the Project Advisor Nádia Batista, with the help of Luciana Beatriz, my host mother in Tukum, and they also arranged the actual interview times and locations. Due to the fact both Ms. Batista and Beatriz live in the Olivença community, they had an intimate knowledge of women who both qualified as informants and who would be willing to participate, thus the requirement process was rather informal in that informants were sometimes asked in passing or just before the interview due to these personal relationships, but the sampling technique is most akin to the "snowball" technique. This particular sampling technique built upon pre-existing personal connections and trust was best suited for this study due to the potentially sensitive nature of the interview topic.

Data Collection and Analysis

The primary data for this project was collected through 14 semi-structured ethnographic interviews. Thirteen of these interviews were with Tupinambá women who have children regarding their childbirth experiences, and the fourteenth interview was with the community midwife of Serra Negra regarding her perception of the challenges Tupinambá women face when giving birth. Semi-structured interviewing was the only data collection technique used because, although a survey of the same interview questions in which the informants write their responses could have been theoretically possible, the participants had varying levels of education and literacy, thus relying on written-based form of data collection was not logistically possible. The interviews were then critically analyzed, based on the definitions and examples of obstetric violence found in the literature review, to determine the prevalence of various forms of obstetric violence in the childbirth experiences of the participating Tupinambá women. Based on the consensus reached in the literature review, the defining characteristics / forms of obstetric violence on which the study's data analysis is based includes: 1) physical abuse, 2) a medical professional's imposition of interventions without the patient's informed consent, 3) the denial or lack of privacy, 4) undignified care, which includes verbal abuse, 5) discrimination from medical professionals based on specific attributes of the patient, 6) abandonment, neglect or refusal to grant assistance, 7) detention in services, and 8) institutional unpreparedness.

Results

With the absence of her characteristic smile and usual cheerful disposition, Informant 7 somberly told the story of her mother's experience giving birth to her. Days after her due date, the mother of Informant 7 went to the hospital and told the doctor she had not yet gone into labor and that she was in great pain. The doctor sent her home and did nothing. This quickly became a habitual pattern as she was continually sent home multiple times after persistently traveling to the hospital, which is very old, lacking resources and located relatively far from Tukum. After she was finally admitted into the hospital and hours passed as she struggled tremendously to give birth, the doctor finally performed a C-section. The procedure itself was also deeply "traumatic" (Informant 7, Personal Communication, 7 May 2016) in the words of Informant 7, because the doctor cut open her mother's entire abdomen, from the length between her pelvis and just before her rib cage, instead of doing the normal small incision just above the pelvis. It was not until after the birth that the severity of her complications were revealed when the doctor saw that the bedsheets had been completely soaked through with puss spilling out of her body, indicating a massive internal infection. The doctor's only response and explanation for this was a terse, "Oh, I knew this would happen." After a pause, Informant 7 categorized this entire experience as a quintessential example of "negligence" and as being simply "very cruel" (Informant 7, Personal Communication, 7 May 2016).

This is one of the most severe cases of obstetric violence reported by the women interviewed in this study, but the results clearly indicate that this particular narrative is in no way a statistical anomaly in terms of its indications of systemic abuse during the childbirth experiences of Tupinambá women. All fourteen narratives have instances of at least one form of obstetric violence. The following graph demonstrates the most common forms that emerged in the narratives, which are institutional unpreparedness, neglect, refusal to grant assistance, medical interventions, and undignified care. Each of these specific forms of abuse will be discussed in greater detail in relation to the results derived from the narratives.

INSTITUTIONAL UNPREPAREDNESS

Of the fourteen childbirth narratives generated from the ethnographic interviews, all of them indicated various instances of institutional unpreparedness. All the women reported that in the hospital in which they gave birth there was no more than five beds available in the maternity ward, and even as few as two or three beds as reported by Informants 11 and 12 respectively. According to the informants, there is also only one bathroom available to them in the hospital but Informant 3, who has given birth five times in a hospital, stated that there are times when there is absolutely no bathroom available for their use. Another reoccurring pattern that emerged within the narratives is the general lack of resources and supplies in the hospitals, and Informant 1 only ever saw one doctor working in the obstetric ward the day she gave birth.

NEGLECT

Within ten of the fourteen narratives there was evidence of women experiencing some form of neglect from the attending medical staff in hospitals. There was five cases of very long wait times in the hospital, three cases of women being turned away from the hospital by the medical staff, one case that specified receiving very little attention from the doctor, six cases of the doctor never speaking to the women, and one complaint specifically of the doctor not explaining the childbirth process to the woman when giving birth to her first child.

REFUSAL TO GRANT ASSISTANCE

Like the majority of participants, Informant 6 is a small, very thin woman with tiny hips even after giving birth to four children. When I arrived at her house to conduct the interview, she was breastfeeding her youngest daughter who is about a year old. The baby, I immediately noticed, seems healthy but is very large in comparison to the other infants I had seen throughout the community. She told me of her experience giving birth to this baby, which she describes as being very "complicated" and "painful" (Informant 6, Personal Communication, 7 May 2016). During labor she was in constant pain and struggled greatly, but the doctor did nothing to intervene. When her daughter was finally born she then began to bleed heavily while experiencing continuous pain and she was unable to walk. The doctor eventually performed a procedure to stop the bleeding.

Some of the most severe and traumatic forms of obstetric violence experienced by the participants were the medical staff's refusal to grant them assistance either through medicine or medical intervention. Within the study sample there were three experiences of "forced birth", meaning the women were forced to give birth naturally despite experiencing complications and massive amounts of difficulty and pain as in the case of Informant 6, as well as two cases in which the women were never given any kind of medication for their pain throughout the entire process.

MEDICAL INTERVENTIONS

Only three of the narratives had instances of medical interventions, but in all of the experiences the surrounding circumstances are indicators of maltreatment. For instance, Informant 13 had a C-section but does not know the doctor's reasoning for performing the procedure which is evidence of a medical professional performing a procedure without first receiving fully informed consent from their patient. Informant 7 has two experiences of problematic medical intervention. During labor with her first child, she was given medication to speed up the labor process, which caused a great deal of pain. After experiencing much pain and difficulty during her second labor process, the doctor decided to perform a C-section, which she described as very "traumatic" (Informant 7, Personal Communication, 7 May 2016) because three doctors were operating on her at the same time while the dividing screen used during surgery was placed all the way up to her neck, preventing her from seeing and understanding the process. The mother of Informant 7 only had a C-section after first experiencing neglect and the denial of assistance when she was continuously sent away from the hospital.

UNDIGNIFIED CARE

Four of the narratives revealed the presence of undignified care from the members of the hospital medical staffs, which was characterized by verbal abuse and the perceived demeanor of treatment of the doctors and nurses towards their patients. In the two reported examples of verbal abuse, one woman was told not to cry at all and the mother of Informant 7 was told by her doctor "Oh, I knew this would happen" when referring to the massive degree of complications and pain she experienced due to an internal infection that was ignored by the doctor when she was repeatedly sent away from the hospital. Regarding the demeanor and treatment of the medical staff, Informant 7 reported that the attending nurse was very forceful and rude to her during her first childbirth experience and Informant 2, who gave birth to all four of her children at a hospital, stated that the "doctors are very arrogant" (Informant 2, Personal Communication, 28 April 2016).

Discussion

Contextualizing the Results

THE MEDICALIZATION OF CHILDBIRTH IN BRAZIL

In Brazil, "it is clear that the dominant childbirth care model is a medicalized one" (Carr, Riesco, 2007:406), illuminated by the fact that in 2003, 97% of all childbirths occurred in hospitals. Within this commonly noted theme of medicalized childbirth, one of the most surprising and noted characteristics about childbirth trends in Brazil is the extremely high rate of cesarean sections performed. For doctors, the underlying mentality about childbirth that influences decisions to perform procedures is that ". . . it takes long, and the idea is we have to make it fast. It's impolite for doctors to leave cases for the doctors on the next shift. There's a sense that you need to either accelerate it or do a C-section" (Khazan, 2014). Researchers Carr and Riesco theorize that this trend lies also within the socio-cultural conscious of the country asserting that "the culturally determined preferences refer to beliefs that surgery is a status symbol, something available to the privileged classes and the modern way to give birth" (Carr, Riesco, 2007:407). However, they also argue that "these cultural beliefs more accurately represent the physicians' cultural beliefs or preferences" (Carr, Riesco, 2007:407), which suggests that the power behind the decisions and desires for medical procedures still stems from medical professionals.

The increase in medicalization is also understood by many researchers as being linked to economic and sociocultural trends that dictate the correlation between a woman's likelihood to receive a cesarean section and a higher salary and level of education, use of private care, and living in a more developed geographical area. As further collaborated in a study entitled Obstetric interventions during labor and childbirth in Brazilian low-risk women, "Caesarean section rates were lower in women using the public health system, nonwhites, women with a low level of education" (Leal et al, S1) and those with the highest likelihood are middle-class and wealthy, white women with the means to pay for private insurance and give birth in a private hospital. This trend corresponds directly with the results regarding medical interventions in this study. Of the thirty-eight childbirth experiences of the fourteen Tupinambá women interviewed, there are only three cases of a doctor performing a C-section, one for unknown reasons and the other two due to the informant's difficulty to give birth naturally. As the statistics suggest, the explanation for this pattern could be due to the fact that the informants are all Indigenous women from a low socio-economic background who used the public health system.

However, deviating from the focus on cesarean sections, Eugene Declerq, noting the large increase in rates of medical procedures performed in Brazil, states that a "culture of medical intervention in birth is hardly limited to cesareans and Leal et al. find exceptionally high rates of intervention in vaginal birth, most notably a 56% episiotomy [a surgical incision of the perineum (the area between the anus and the posterior part of the external genitalia) to enlarge the vaginal opening for obstetrical purposes during the birth process] rate (as opposed to 17% in vaginal births in the U.S).; use of the lithotomy position [a birthing position in which the mother lies on her back with her legs in stirrups] in 92% of births (69% in vaginal births in U.S).; and 37% of mothers experiencing fundal pressure [pressure placed on the pregnant woman's abdomen to speed labor process] (25% in U.S.)" (Declerq, 2014:S23). These rates of medical interventions raise a red flag for many analysts, such as Estela M. L. Aquino, who notes that in Brazil "the model rests on the idea that women are to remain passive, immobile during childbirth, while they undergo interventions by unknown health personnel to shorten the time to birth [and] unnecessary and harmful procedures are used to the maximum, as dictated by the reigning mercantile logic and medical (mis-) training" (Aquino, 2014:S2).

The results of this study reveal, however, that the dominant trend in regards to medical intervention within the experiences of the sample population is characterized by neglect and a refusal to grant assistance rather than a surplus of medical procedures. For instance, there is only one reported case, from Informant 7, of a doctor administering drugs to speed the labor process and apart from the two cases of a C-section, from Informant 7 and 13, all of the women reported that they had a natural birth without procedures. Likewise, there were three cases of forced birth, two women were never given any medication for their pain during difficult births, and the mother of Informant 7 had an internal infection that went untreated despite numerous visits to the hospital and complaints of severe pain. The results of this study are significant because they suggest that, for Indigenous women in particular, the national trends do not match their experiences, and thus require further investigation that demands a greater degree of specificity and scope.

OBSTETRIC VIOLENCE AS GENDER VIOLENCE

It is noteworthy that all of the fourteen narratives had evidence of some form of obstetric violence. This level of perfect consistency of abuse towards the women interviewed is a clear indication that obstetric violence as an international phenomenon functions as one of the many Hydra heads of sexism, in that, as Israeli feminist researcher Sara Cohen Shabot asserts, "it is a clearly gendered phenomenon; women are its main victims and it has its origins primarily in how women (and their (dis)abilities) are perceived and perceive themselves in Western patriarchal societies" and is thus a feminist issue (Shabot, 2015:3). This medium of sexism is especially at play in Brazil where "many physicians' attitudes toward childbirth weave together Brazil's macho culture with the traditional sexual mores" (Khazan, 2014).

The underlying patriarchal foundational attitudes of the educational culture of Brazilian physicians has in turn constructed and valorized certain norms and practices that directly result in the systemic dehumanization of women during their childbirth experiences. This is most easily illuminated by the reflective statement on the issue made by Simone Diniz, an associate professor in the department of maternal and child health at the University of São Paulo, who said that "there's the idea that the experience of childbirth should be humiliating" (Khazan, 2014) for women. A complete disregard for the rights and dignity of women giving birth such as this is arguably the root cause of the undignified care many of the informants experienced. For instance, Informant 2 stated that the "doctors are very arrogant," Informant 3 complained

of receiving little attention from her attending physician during a complicated birth, Informant 3 was simply told not to cry, and the nurse attending Informant 7 during her first birth experience was very "rude" and "forceful." From this, it is not unreasonable to assume that the behavior and practices of the attending medical personal that is characterized by negligence experienced by the informants also stem from the trend of medical professionals treating laboring women without dignity. Commenting on this theme, Mariana Bahia, a woman who became an activist against obstetric violence in Recife after her doctor gruffly accused her of having an abortion after actually having a miscarriage, laments, "there is no horizontality between patients and doctors. Doctors are always above us" (Khazan, 2014).

Just as medical professionals are steeped in educational cultural norms that are rooted in sexist patriarchy and an unusually high degree of medicalization, the general population, including women who have experienced obstetric violence, also internalizes various aspects of these values and begins to perceive them as normal and commonplace. On this phenomenon of societal normative conditioning as related to perceptions of obstetric violence, Allison Wolf theorizes that:

"this is because the system works via practices that are deemed normal and natural—they are not violence, they are just the way things are. Similarly, women who experience metaphysical violence in childbirth may not perceive the damage done and may even support medicalized childbirth. This is not due to any deficiency or problem with the woman but rather results from the success that medicalized childbirth has had in establishing itself as the normal way of giving birth... part of metaphysical violence in medicalized childbirth is the obfuscation of the problem—it works, in part, precisely by being able to function undetected under the guise of normal practice" (Shabot, 2015:6).

The reasoning for this, as Wolf asserts, is that a defining element of obstetric violence is the so-called "metaphysical violence" (Shabot, 2015:5) fore mentioned in which the woman, in the midst of a high degree of medicalization during childbirth, essentially loses her sense of individuality during her own labor process and experiences the process not as herself, but rather as a disembodied and fragmented piece of herself that has lost autonomy and agency. Based on this philosophical interpretation, I argue that most of the informants, with the exception of Informants 2, 3, 4, and 7, experienced some degree of this "metaphysical violence" (Shabot, 2015:5) because they did not register their experiences as forms of abuse or maltreatment out of the ordinary but continuously shrugged and described their experience, including the lack of hospital beds and the fact that the doctors never spoke to them, as being very "normal."

OBSTETRIC VIOLENCE AND REPRODUCTIVE JUSTICE IN LATIN AMERICA

In March of 2007, Venezuela passed the Organic Law on the Right of Women to a Life Free of Violence, making it the first country to legally recognize and define the term obstetric violence.. Within the law, obstetric violence is defined as

'...the appropriation of the body and reproductive processes of women by health personnel, which is expressed as dehumanized treatment, an abuse of medication, and to convert the natural processes into pathological ones, bringing with it loss of autonomy and the ability to decide freely about their bodies and sexuality, negatively impacting the quality of life of women' (Pérez D'Gregorio, 2010:1).

Echoing the definition and examples pinpointed by both Diniz et al and Gonçalves da Silva et al, Article 51 of the law lists the following as quintessential examples of obstetric violence:

> "(1) Untimely and ineffective attention of obstetric emergencies; (2) Forcing the woman to give birth in a supine position, with legs raised, when the necessary means to perform a vertical delivery are available; (3) Impeding the early attachment of the child with his/her mother without a medical cause thus preventing the early attachment and blocking the possibility of holding, nursing or breast-feeding immediately after birth; (4) Altering the natural process of low-risk de livery by using acceleration techniques, without obtaining voluntary, expressed and informed consent of the woman; (5) Performing delivery via cesarean section, when natural childbirth is possible, without obtaining voluntary, expressed, and informed consent from the woman" (Pérez D'Gregorio, 2010:1).

This form of legal recognition set a precedent in Latin America, and Argentina followed suit in 2009 as well as Mexico in 2014 (Shabot, 2015:7). In the case of Brazil, there has been no piece of legislation that specifically acknowledges or addresses the common presence of obstetric violence. However, in response to the high C-section rates, there is a federal program in place by the Ministry of Health called " Rede Cegonha" or the "Stork Network" in which $4 billion has been invested " […] to educate both mothers and doctors about the benefits of giving birth the old-fashioned way" (Khazan, 2014).

This recent government recognition and action is situated within the history of activism and liter-

ature surrounding reproductive rights and reproductive justice throughout Latin America. The positioning of reproductive rights as a politicized mode of human rights is of, as Finnish postdoctoral researcher Hanna Laako posits, a "newer generation of rights," and in terms of their practical implementation, "generally statements about reproductive rights are not binding and they are among the most disputed rights at a global level" due to their intimate connection to issues such as abortion, birth control, coerced sterilization, female genital mutilation, access to quality healthcare, and adequate education on STDs (Laako, 2016:4). During the 1990s, reproductive rights were then repositioned more specifically as women's rights and were "especially bound to the campaign on making violence against women visible" (Laako, 2016:4). After the highly active period of activism during the 1990s, however, the momentum "stagnated as a result of stronger political divides related to political and ideological struggles" (Laako, 2016:4) and many of the government sponsored reproductive health policies focused on population control which, in an obvious simplification, "appear[ed] dubious" (Laako, 2016:4), most especially to people of color.

And it is from this that one of the major critiques of the formulation of international reproductive rights emerged. People of color, both in the global South and North, argued that the majority of the focus and results of Western feminist reproductive rights campaign were singularly for the benefit of white, affluent and middle-class women at the expense of women of color because "simultaneously those same rights have been diminished for women of colour and women from developing countries" (Laako, 2016:4). As a means of addressing this duality of identities and the need for both reproductive and social rights, the philosophy of reproductive justice began to gain momentum and even replace the term reproductive rights in certain circles because "as an intersectional theory, it highlights the lived experience of reproductive oppression in communities of colour and expands the narrower focus on legal access and individual choice to a broader analysis of racial, economic, cultural and structural constraints" (Laako, 2016:4). It is from this theory of intersectional reproductive justice that I will speak of humanized birth and its significance to Indigenous women in Latin America.

HUMANIZED BIRTH AND THE ROLE OF INDIGENOUS MIDWIVES

According to Simone Diniz, the mentality of many physicians in Brazil is that "childbirth is something that is primitive, ugly, nasty, inconvenient" (Khazan, 2014). Shabot asserts that this seemingly inherent disgust of the female body giving birth is deeply rooted in the psyche of the patriarchal rationality of society and the placement of a woman's body within that society, saying that during childbirth in a medicalized setting

"laboring bodies are violently turned into objects not only because this is comfortable for the medical staff—passive Cartesian corpses being easier to handle than live bodies with desires and particularities—but mainly because they are feminine bodies threatening their own passive femininity: bodies acting from immanence, reaching towards transcendence; living, vigorous, sexual bodies challenging patriarchy" (Shabot, 2015:14).

I feel it is important to note, however, that while, as in the case of Brazil and many other countries around the world, medical professionals emerge from an educational system and culture situated and steeped within a patriarchal society at large that has internalized to some degree the prevailing sexist attitudes and practices, this discussion is meant in no way to simplistically vilify medical professionals in the name of reproductive justice. As previously expressed, the aim of this study is to make visible the prevalence of systemic obstetric violence within the Brazilian healthcare system as experienced by Indigenous women.

On this note exactly of addressing obstetric violence as a product of systemic norms within the medical educational model, Gonçalves da Silva et al, a team of professional obstetric nurses in São Paulo, in their documentation of witnessed occurrences of obstetric violence from various medical professionals reflect that "the violence practiced by obstetric nurses, whose basis of education should be holistic and humanized, is surprising. It leads to the reflection on how these health professionals are being educated" (Gonçalves da Silva et al, 2014:725). In response to their own investigation into the flawed medical training system in Brazil, Diniz et al recommend various interventions in the medical education curriculum that includes a mandatory course on women's, sexual, and reproductive rights during undergraduate years; more investment in the training of midwives and obstetric nurses whom they call "the experts in psychological childbirth"; and modify the teaching norms in Training Birth Centers so students are not exposed mostly to medical interventions that are not based on scientific evidence of their safety, effectiveness, and necessity (Diniz et al, 2015:381).

The evident flaws in this system of education have sparked a campaign within the reproductive justice philosophy for the "humanization of birth." The educational midwifery association Nueve Lunas in

Oaxaca, Mexico defines the humanization of birth as the following:

"A 'humanised birth' [parto humanizado, humanised delivery, referring to the birthing woman] refers to a model that takes into account explicitly and directly the opinions, necessities and emotional values of women and their families in the processes of attention during pregnancy, birth and puerperium; having as a fundamental aim that they are living a special moment and pleasurable lived experience in the conditions of human dignity where woman is the subject and protagonist of her own birth, acknowledging the right to freedom of women and couples to take decisions about where, how and with whom to give birth in the most poignant moments of their life." (Laako, 2016: 8).

The Latin American and Caribbean Network for Humanization of Birth, a multi-national alliance of networks, have spearheaded this movement for the systemic humanization of birth as the antithesis to obstetric violence in Latin America. It was formed after the First International Congress on the Humanization of Birth, which was held in Brazil in 2000, and interestingly enough, it is Brazil that has been at the forefront of this collective mobilization due "in part because in Brazil the movement also stems from within official agencies like the Ministry of Health" (Laako, 2016:8). However, these government programs have received criticism, and specifically the Stork Network for which Aquino comments that the "introduction of the Rede Cegonha (Stork Network) strategy represents, symbolically and materially, a downgrading of both the feminist agenda and construction of the SUS" (Aquino, 2014:S2).

In Mexico, as well as other countries in Latin America, the reproductive justice movement is centered around the defense of institutional and traditional (at times meaning Indigenous) midwifes as viable and competent providers of obstetric care, which is significant because "it challenges some dominant, core perceptions of reproductive rights in childbirth in development by arguing that the clinical–medical view, which has been focused merely on access to medical services as the main component of ensuring reproductive rights, does not necessarily safeguard the rights of women but, in fact, may jeopardise these rights by exposing women to obstetric violence" (Laako, 2016:2).

Many researchers and medical professional have also firmly recommended that Brazil invest more in the training of midwives as a means of combatting institutional violence (Diniz et al, 2012:99) (Diniz et al, 2015:381). Despite the current discourse surrounding midwifery and the humanization of birth, Brazil still has a serious lack of trained midwives and "as of March 2007, there were 2227 nurse-midwives registered with the government's national registry of all health establishments" (Carr, Riesco, 2007:409). The larger problem at hand is the fact that medical professionals and resources are highly concentrated in large, wealthier urban areas which creates an obvious disparity in the availability and quality of healthcare throughout the country (Carr, Riesco, 2007:409). Returning to the results of this study, this disparity in resource distribution is significant because it contextualizes the perfect consistency of occurrences of institutional unpreparedness as experienced by the interviewees. From this lack of institutional resources, Carr

EXPERIMENTAL TEST OF THE INFLUENCE OF MULTIPLE MALE CHARACTERISTICS ON FEMALE LONG- AND SHORT-TERM MATE PREFERENCE

BY KERRISSA BOHN

Introduction

Evolutionary Psychology (EP) views human behavior as guided by specialized cognitive modules that evolved in the environment of evolutionary adaptedness (EEA), and that tend toward maladaptation during post-Neolithic time. Women and men evolved to respond to short-term and long-term mating strategies in different ways based on their environment and reproductive decisions. For instance, a woman may be less likely to pursue a short-term relationship with a man in poor health, uneducated, and or unattractive; but if she were to pursue a man for long-term mating, she may be more forgiving of certain traits. In addition to this, evolutionary psychology proposes that if these cognitive mechanisms evolved in the EEA, then they will be found universally in all human cultures. Women have an unconscious ability to assess a situation that is presented to them and the costs and benefits associated with pursuing a certain strategy.

There is rich literature on the evolutionary psychology of mate-choice strategies and attractiveness (e.g. Buss 1994, Bereczekei et al. 1997, Buston et al. 2003, Geary et al. 2004), and the application of evolutionary theory to human behavior has received plenty of attention. However, most data that has been collected to study mate-choice strategies has been gathered through use of surveys and experiments. The research presented in this thesis uses a method rarely seen: a confounded factorial vignette experiment to assess the strength of various causative factors and their interactions. According to Kushnick (2013a) vignette experiments are an underutilized, but potentially powerful method for studying evolved human decision rules. This

research will benefit the biological anthropology community and any other scientific community interested in evolutionary theory and mating strategies. It will demonstrate how the theoretical basis of evolutionary psychology could be applied in a contemporary society and how these characteristics—looks, health, and education—interact in a modern age.

This research aimed to see how different characteristics in a male interact with each other when a female is choosing a mate. These three hypotheses were tested:

1) Despite any characteristic, women will be more likely to pursue a long-term relationship than a short-term one.

2) Women put more emphasis on level of education while pursuing a long-term relationship.

3) Women put more emphasis on "good gene indicators" (i.e. good looks) while pursuing a short-term relationship.

The analyses provided support for hypotheses #1 and #2. The results for hypothesis #3 were not statistically significant—indicating that conventional attractiveness is not a good indicator of the likelihood of a female pursuing a short-term relationship. Rationalizations for this are explained in the "Discussion" section below.

Literature Review

Theoretical Background

EVOLUTIONARY PSYCHOLOGY

EP views human behavior as guided by specialized cognitive modules that developed in the EEA to solve adaptive problems faced by our hunter-gatherer ancestors, but is not adaptive during post-Neolithic time because of drastically changed environments and adaptive lag (Buss 1994, Gray et al. 2003, Buss et al. 2009, Confer et al., 2010, Bolhuis et al. 2011). Evolutionary psychologists do not study human behavior; they study the cognitive modulus function that creates behavior. By creating hypotheses derived from the theory of human evolution by natural selection, evolutionary psychologists hope to explain: 1) why the human mind contains these modules that are known, 2) to discover modules that have been previously unknown, and 3) and to address neglected topics, for example, motivation and emotion (Cosmides and Tooby 2003).

According to Bolhuis et al. (2011), there are four main tenets of EP:

1) The first involves the EEA. The genus Homo appeared roughly 1.7 million years, a time that is often referred to as the Pleistocene (an epoch dating between 12.8 mya – 12 kya). Evolutionary Psychology believes

this is the period humans evolved certain cognitive modules that were adaptive and beneficial during the Pleistocene and are products of natural selection or sexual selection. The Pleistocene is known as the environment in which we adapted and is often viewed as being equivalent to the African savanna and often unstable; the people living in the early Pleistocene did not face the same environment as people living more recently. Because of this, the traits evolved during the EEA are not adaptive now due evolutionary forces such as adaptive lag and gradualism.

2) The second tenant, gradualism, states that the human mind developed mechanisms fit to overcome situations in the EEA and that genetic evolution hasn't evolved fast enough to overcome the demands of modern society. This means that if certain traits are products of natural selection or sexual selection, these patterns will be seen cross-culturally and may not be beneficial for modern time (Bolhuis 2011). An example of this can be seen with humans' profound craving for salts and sugars. During the EEA, the ability to acquire salt and sugars were very limited, but necessary for body functions. However in our society, it is easy to acquire food with these ingredients in them. Humans consume an unnecessary amount of these foods, which is why obesity is so common in our society (Buss 1994).

3) The third tenant is known as massive modularity. It refers to the notion that the mind is composed of evolved cognitive mechanisms, called domain-specific modules, which work independently of each other. There is much controversy over the validity of this hypothesis. Some believe the mind consists of domain-general learning mechanisms that have built upon each other over time through information acquired through domain-specific processes (e.g. Atkinson et al. 2004). Evolutionary psychologists still argue that each adaptive problem requires different solutions in different parts of the brain that work independently of each other, therefore that the brain must have domain-specific solutions (e.g. Cosmides et al. 2010). The solutions in one domain are incompatible with solutions in another domain, for example, food and sex domains. These well-designed domain-specific programs have generated trade-offs and preferences. The learning mechanisms that have generated these trade-offs and preferences are not equal solutions that allow for choosing good mates. If they were, the organisms would not effectively be able to solve this adaptive problem (Cosmides and Tooby 2003).

4) The fourth tenant revolves around the notion of universality. Evolutionary psychologists argue that the human mind contains unconscious mechanisms that are universal (Cosmides & Tooby 2003, Gray et al. 2003). Therefore, mating preferences should be identical cross-culturally. An example of evolutionary psychology applied to mating preferences that has been seen cross-culturally is that women value the ability to access resources in a mate as being the most important trait, whereas men value attractiveness in a women as being more important (Geary et al. 2004, Buss et al. 2009, Bolhuis et al. 2011). Kushnick (2013b) also includes that few researchers today view universality as a hypothesis, and believe that similarities found across cultures can also arise from a shared cultural history or convergent cultural evolution. Others see it as an assumption of evolutionary psychology. Despite that, the sample size includes females living in Washington State, evolutionary psychology assumes that since these cognitive mechanisms developed in the EEA, they are still found in all humans today and can be applied cross-culturally.

EVOLUTION OF MATING STRATEGIES

The theory of evolutionary psychology has commonly been applied to mating strategies in humans and other species (Waynforth 1995, Berezckei et al. 1997, Buss 1997, Wiederman and Dubois 1997, Buston et al. 2003, Geary 2004, Ah-King 2010). According to Darwinian theory, mate choice will occur among one sex, where the other sex competes for mates (Buston et al. 2003). Across most species, females will be expected to be more discriminant of mates because they invest more time and energy in their offspring. Females, cross-culturally, prefer characteristics in mates that are associated with the male's social status and ability to acquire resources. Buss (1989a) did a study of thirty seven cultures, and found that females valued these cues more than males. Since the respective reproductive and social costs and benefits differ between the mating strategies of men and women, one would expect to see different short-term and long-term mating preferences (Buss 1994, Wiederman and Dubois 1998, Geary et al. 2004, Cotton et al. 2006).

SHORT-TERM MATING STRATEGIES

Compared to women, men are more open to short-term mating with respect to behavior and attitude. This makes sense from an evolutionary perspective, because men have less to lose and more to gain than women in mating scenarios (Buss and Schmidt 1993, Schmitt et al. 2001). If a male has uncommitted sex with a female, he may sire an offspring, which would increase his genes in the next generation. He could choose to walk away with little investment in the child and mother. A female who partakes in uncommitted

sex faces the risk of becoming pregnant and raising an offspring with little or no investment from the father. In ancestral times, these children would be at greater risk of starvation, diseases, injury, and even death. In Canada between 1977 and 1983, only 12% of the women who delivered babies were single mothers, but counted for 50% of the cases reported to police of infanticide (Daly and Wilson 1988). Women in general will be less likely to have uncommitted sex with a man due to the costs they may face for doing so. Even though the invention of condoms has allowed men and women to have sex with a 99.9% chance of not becoming pregnant, evolutionary psychology theorizes that humans have adapted specific cognitive modules during the EEA that are no longer beneficial now (Bolhuis et al. 2011).

Overall, women are less likely to pursue a short-term relationship than a long-term relationship (Geary et al. 2004). However, that there are instances in which a woman would benefit from pursuing a short-term relationship (Greiling and Buss 2000, Barash and Lipton 2001). The most important benefit of casual sex to women is the immediate access to resources. If an ancestral tribe of men took down an animal when a common food was scarce, a woman might offer him sex for resources—an act still commonly seen today (i.e. prostitution). Ancestral women must have pursued casual sex, because if there were no willing women, the phenomenon that allows men to pursue their own interest through brief affairs would cease to exist.

It has also been proposed that women often seek the same characteristics in short-term mates and in long-term mates, and often pursue a short-term relationship to assess and evaluate their own characteristics and what quality of mate they can successfully court (Back et al. 2011). Buss (1994, 2009) believes that women desiring the same qualities in short-term and long-term mates is consistent with the theory that women see casual mates as potential husbands, therefore having high standards for both. Women also see casual sex as a way of assessing their own qualities and desirability. There would be penalties if a woman inaccurately assessed her own quality. If a woman settled for less because she underestimated her potential, she may have secured less resources and perhaps inferior genes. If she set her sights too high, she may not ever get a mate as fewer mates would meet her standards, and the men that do may seek more desirable women (Penke et al. 2007, Back et al. 2011).

LONG-TERM MATING STRATEGIES

Women overall are more discriminative in mates than men. This is a product of basic biology; males produce twelve million sperm per hour, while women have a fixed number of four hundred ova per lifetime. Ova are large and loaded with nutrients, requiring more energy to produce and sustain. Women also require a large amount of energy for fertilization and gestation. They also lactate, which can last as long as four years. The large amount of parental investment women engage in throughout their lives cannot be sustainably allocated to many men. That is why women are selective in what they value in a prospective mate, which is suggestive for why cognitive mechanisms have evolved that recognize signs that confer benefits and those that would impose costs (Buss 1994, 2001, 2009).

Characteristics that have been shown to be valued by females in a potential mate are access to resources, social status, economic capacity, ambition, dependability and stability, intelligence, overall health, and compatibility. Articles published about characteristics women value in short-term and long-term mates have often used surveys as their primary method and then categorized the data from “most valued in a mate” to “least valued.” Buss (1989a) surveyed 1,491 Americans, and women rated good financial prospects two times higher than men. This project involves college-aged men and women who are often still dependent on their parents; however, women can assess the potential of a future mate. Intelligent, ambition, and level of education are characteristics that can also demonstrate the potential a mate has to access resources. One would expect a mate who has higher levels of intelligence and ambition to go to a good college and be offered higher paying jobs than someone who does not possess these characteristics. Women also find clean grooming habits and clean appearance to be desirable in a mate.

Ford and Beach (1951) were the first to find that open sores, lesions, and an unhealthy appearance to be unattractive to women. These results have also been replicated by many researchers, e.g. Scheib et al. (1999), Fink et al. (2002), Little et al. (2011). It also has been found that women rate symmetrical faces to be highly attractive. This is because the level of symmetry increases with genetic heterozygosity, therefore demonstrating a better immune system and the increased ability to fight off diseases (Sheib et al. 1999, Fink et al. 2002, Gillian et al. 2006, Little et al. 2011). Most articles published regarding the characteristics women desire in mates have only stated these characteristics and the biological evidence for why these characteristics are desired. The research in this thesis offers a more nuanced narrative for how these characteristics interact with one another and how they influence the likelihood of a woman engaging in a short-term or

long-term relationship with a male.

Methodological Background

A confounded factorial vignette experiment was used as a primary method to assess the strength of various causative factors (i.e. health, level of attraction, and education) and their interactions. As stated by Atzmuller (2012), "Data is collected by presenting each respondent a vignette, which is a short and constructed description of a person or situation, to elicit their attitude and judgments regarding the vignette (129)." Vignettes enable the simultaneous presentation of multiple explanatory and contextual factors, which allows more realistic scenarios to be presented to the respondents.

Methods

Variables

DEPENDENT VARIABLES

The goal of this research study was to explore how specific characteristics, such as looks, level of education, and health influence the likelihood of how willing a female would be to have a short or long-term relationship with the depicted male. Willingness is the dependent variable. It was measured by each respondent rating on a five-point scale: -2 Very Unlikely, -1 Unlikely, 0 Neutral, 1 Likely, 2 Very Likely, their willingness to partake in casual sex or have a long-term relationship with the male depicted with a photo and a short description of the type of characteristics he had. An example of the text used in the vignette is located in Figure 1., and an example of how these characteristics varied is in Figure 2, and example of the photos used is located in Figure 3.

INDEPENDENT VARIABLES

Three variables that I propose are most important for female mating strategies are level of attractiveness, level of education, and health.

1) Attractiveness

The human face can display a wide variety of characteristic that all subconsciously signal health. Averageness, symmetry, and non-average sexual dimorphic characters (hormone markers) have been studied to explain attractiveness in humans. Evolutionary psychology theorizes that these characteristic signal health, meaning humans have evolved to find characteristics more often associated with healthy individuals as attractive. Bilateral symmetry in males has been correlated with high genetic diversity. Males who have more symmetrical faces can defend against a wider array of parasites. Cues of masculinity also have been correlated with symmetry. Characteristics signaling masculinity, such as a larger chin or stronger cheekbones, have been the result of higher testosterone levels. However, it has recently been found that testosterone suppresses the immune system. Scientists believe that women are still attracted to men who display masculine traits because it is an honest signal of quality: their immune systems are of such high quality that they can cope with the somewhat debilitating effects of testosterone (Scheib et al. 1999, Fink et al. 2002, Little et al. 2011).

Skin conditions such as lesions, warts, cysts, acne can also signal a suppressed immune system. Having a suppressed immune system can mean that men are more vulnerable to certain diseases and infections, which may make women less willing to mate with them (Fink et al. 2002, Little et al. 2011)

The photos used to depict the male are located in Figure 3. The photo used in Figure 3 (A) depicts a male with no lesions, acne, or cysts. He was picked because he has a high level of facial symmetry and is wearing a plain sweatshirt with no identifiable color. The hopes for this were that he would appeal to a wide variety of women who all have diverse tastes in men. Figure 3 (B) depicts the male with acne, scars, and boils in the hopes that he would look diseased; therefore signaling he is more susceptible to acquiring infections, potentially causing him to be less attractive to potential female mating partners.

2) Health Status

In humans, good health may be signaled by behavior or appearance. In ancestral times, four bad consequences were likely to follow if a woman selected a mate who was unhealthy or disease prone:

1) She would put her and her family at risk of contracting a disease.

2) Her mate would be less able to perform essential functions and provide benefits for her and her children, such as food, protection, and child rearing.

3) Her mate has increased risk of dying prematurely, which would cut off the flow of resources and force her to incur the costs of searching for a new mate.

4) She would also risk passing on genes for poor health to her children.

Being discriminative towards health status in the male would decrease their chances of survival and would ensure access to resources (Buss 1994).

3) Level of Education

Numerous studies suggest that women rate intelligence, ambition, and access to resources as being more important in a mate than men do. Having a high intelligence allows one to get into better college, which also means that one may have a better job with higher pay than someone who did not go to college. Having ambition also means that one is willing to take the extra initiative to go farther in any endeavor they pursue. This means one may be more willing to work harder for an extra promotion or to study more to earn a higher test grade. Individuals who do this are more likely to acquire survival means such as money than someone who does not, and in our society, having more money allows you to acquire more resources. Women do not always look at a mate's current condition—they can also assess their potential. Due to this reason, it is appropriate to conduct this study in college-aged males who may still depend on their parents. For example, a medical student has little resources and is often still a dependent, but will likely have an abundance of resources in the future (Bereczkei 1994, Buss 1994, Geary et al. 2004, Cotton et al. 2006)

Design

CATALYST WebQ

WebQ, an application that allows you to rate and administer surveys, was used to gather data. The Matrix option allowed me to have a multitude of descriptions, questions, and answer options for the vignettes. The different options for the vignettes and questions are located in Figure. 1.

VIGNETTES

One population of eight vignettes was constructed by taking all possible combinations of three factors with 2 levels each (23=8). The vignettes were organized into two subsets: A (vignettes 1, 4, 6, 7) and B (vignettes 2, 3, 5, 8).Catalyst Web tools is unable to randomly order the questions in subset A and B, therefore, each subset was ordered in four ways to increase randomness. The attractiveness of the male was depicted using a baseline photo (most attractive), and one that had him portrayed with acne (least attractive). The other two factors—education and health status of the male—were written into the text of the vignette. A schematic of the vignette population is illustrated in Figure 2.

PARTICIPANTS

Forty-six women ages 18-25, who varied in level of education, took one of the eight surveys made. These samples were collected through snowball sampling through Facebook or e-mail. A total of 46 respondents each provided 2 responses (one to the short-term and one to the long-term questions) to 4 vignettes each, for a sample of 368 judgments.

STATISTICAL ANALYSES

Multilevel linear regression analyses were used to model the relationships between three independent variables (level of attractiveness, health, and education) and the likelihood the female would engage in a long-term or short-term relationship with the presented male. Each model included a random effects term to adjust for each respondent providing more than one judgment (Rabe Hesketh and Skrondal 2008). Three models were estimated. All models controlled for the potential confounding variables. All analyses were conducted using Stata 10.

Results

REGRESSION ANALYSIS

Three linear regression models were made with likelihood of pursuing a short- or long-term relationship as the dependent variable:

1) Model A was created to estimate the short-term preferences for hypothesis 1. The independent variables used to test the hypothesis were, attractiveness, health, and education. The estimate is graphically depicted in Figure 4.

2) Model B was created to estimate the long-term preference for hypothesis 1. The independent variables used to test the hypothesis were attractiveness, health, and education. The estimate is graphically depicted in Figure 4.

3) Model C was created to estimate the preferences used for hypothesis #2 and #3. For hypothesis #2, an inference model was created of the interaction of education and the type of mating-strategy pursued (short- or long-term). The estimate is graphically depicted in Figure 5.

4) Model C was also created to estimate the preferences for hypothesis #3. An inference model was created of the interaction of looks and the type of mate-strategy pursued (i.e. short- or long-term). The estimate is graphically depicted in Figure 6.

Discussion

The analyses revealed some support that the interaction of these three male characteristics—health attractiveness, and level of education—correspond to evolutionary theories based on female short-term and long-term mating strategies. Hypotheses #1: Despite any characteristic, women are less likely to pursue a short-term than long-term relationship; and hypothesis #2: Women put more emphasis on education in a long-term relationship, are proven to be statistically significant. However, hypothesis #3: A) Women put more emphasis on good-looks while pursuing a short-term relationship, did not prove to be statistically significant. Reasons for this are explained below.

As predicted by evolutionary psychology, females would be less likely to pursue a short-term than long-term relationship. In this study, even when there were different character combinations (e.g. good looking, educated, and healthy or bad-looking, educated, but unhealthy), women were still more likely to pursue a long-term relationship (-.13 estimate) than a short-term relationship (-.6 estimate). These results are consistent with work done on female mating strategies (Buss 1994, Bereczkei et al. 1997, Stewart et al. 2000, Tooby and 2003). Women's and men's mate choice strategies are likely to differ, because women inherently invest more into a child, and therefore have more to lose from choosing a poor mate.

If a woman had uncommitted sex with a male, she would face the risk of becoming pregnant with the possibility of raising the kid with little to no investment from the male. In ancestral times, the child would have a higher chance of starving, becoming ill, or dying. An assumption of EP is that even though these learned behaviors have evolved to overcome problems in the EEA, they are not adaptive now because of gradualism. Genetic evolution hasn't evolved fast enough to overcome the demands of modern society. Even with the invention of multiple types of birth control, women are still less willing to engage in a short-term relationship (Bolhuis et al. 2011). The overall trend seen in hypothesis #1 was correctly predicted by evolutionary psychology.

Hypothesis #2 was also correctly predicted by evolutionary psychology. As seen in Figure 4, when level of education increased in a male, the likelihood of a women engaging in any relationship with him increased also. While pursuing a short-term relationship, the estimate increased by .5: from -.85 (uneducated) to -.35 (educated). In addition, while pursuing a long-term relationship, the estimate increased by .75: from -.77 (uneducated) to .52 (educated). Both outcomes can present the importance of education in a male while pursuing short- or long-term relationships. The results for this hypothesis conformed to theories derived from evolutionary psychology.

It has been published and researched many times that women put more emphasis on attractiveness while pursuing a short-term mating strategy (Buss 1994). However, in this experiment, attractiveness was not a good indicator of whether or not a female would pursue a short- or long-term mating strategy. The results for hypothesis #3 were not statistically significant. This may be because the photo used for the depicted male, located in Figure 3, may have not appealed to all the women surveyed. The photo used to depict the attractive male showed a male's face with a high level symmetry. Bilateral symmetry is an indicator of genetic diversity, therefore increasing the likelihood that the person can defend against a wider array of parasites (Sheib et al. 1999, Fink et al. 2002, Gillian et al. 2006, Little et al. 2011). The male's clothing is very standard—depicting him from the shoulders up in a hooded-sweatshirt of an unidentifiable color. The goal for this would be that he would appeal to a wide variety of women. Even though the analyses appeared statistically significant for hypotheses #1 and #2, it likely that the women surveyed were not attracted to the male because almost all estimates are a negative number. For this study, the results could have been more accurate if:

1) The study was split into two parts. In the first experiment, we had women ages 18-25 rate multiple men on attractiveness using a Likert scale. The highest rated would have been used as "most attractive" and the lowest rated as "least attractive" for the depictions of the male. This would have allowed for more reliable results. In this study it was an assumption that the female surveyor would find the male depicted as unattractive or attractive, but in a two-part experiment, we undoubtedly would have known. Due to lack of time, a two-part experiment was unable to be done.

2) There was more control for extraneous variables. No specific information was asked regarding the female's quality. The condition of the female varies depending on many factors, such as diet, level of education, level of attractiveness, cultural competency, etc. High quality females in good condition are better able to pay the costs associated from discrimination (Cotton et al. 2006). If a surveyor saw herself as having a good-figure and was very attractive, she may have rated the depicted male lower than someone who did not possess these traits. Female occupational status also has a great effect on their requirements potential partners. An educated female or a female who is financially successful values success in a mate more than

less successful women (Bereczkei et al. 1997). It is a possibility that a female who has not gone to college may have rated both the uneducated and educated male highly, whereas the educated female may have only rated the educated male highly.

There are some limitations to this study. Human mating strategies are extremely complex. Many characteristics female desire and strategies were not addressed in this experiment. The dependent variables were likely to pursue a long-term relationship and likelihood of pursuing a short-term relationship (i.e. a one night stand). In reality, there are far more relationship situations, such as steady dating, marriage, hooking up a few times, dating someone without the intention of marriage, etc. Also, there many characteristics that females find desirable in a mate that were not addressed in this experiment (e.g. adaptability, creativity, sense of humor, kindness, or having the same interests). There is no standard reproductive strategy for women. It varies across contexts, characteristics of the individual, and characteristics of the one pursuing a strategy. The incorporation of certain female characteristics, more types of relationship situations, and more male characteristics would allow for more complete and realistic data.

This study provides further support that the interaction of three male characteristics—health, attractiveness, and education—correspond to evolutionary theories based on female short-term and long-term mating strategies. Women are less likely to pursue a short-term relationship than a long-term relationship, and put more of an emphasis on level of education while pursuing a long-term relationship. These trends have been replicated numerously in published research, however this study was able to put a numerical value to the interactions. This experiment negates the idea that women place more emphasis on attractiveness while pursuing a short-term relationship. However, the hypothesis that women put more emphasis on attractiveness while pursuing a short-term relationship has proven to be true in many publications. It is likely this study would have produced similar results if a two-part study was done, asking women to rate attractiveness, or if there had been more control for variables related to the survey taker. Despite this, the study further illustrates the strength of an evolutionary perspective for helping us understand human mating strategies and highlights the need to use multivariate methods for studying complex human behaviors.

References

Ah-King, M. (2010). Flexible mate choice. In Breed, M., and Moore, J. (eds.) Encyclopedia of Animal Behavior (pp. 730-737). Oxford: Academic Press.

Atkinson, A. P., and M. Wheeler. (2004). The grain of domains: the evolutionary psychological case against domain-general cognition. Mind & Language 19:147-176.

Atzmuller, C. and P.M. Steiner. (2010). Experimental vignette studies in survey research. Methodology 6(3): 128-138.

Back, M. D., et al. (2011). Knowing your own mate value: sex-specific personality effects on the accuracy of expected mate choices. Psychological Sciences. 22(8): 984-989.

Barash, D.P. and Lipton, J.E. (2001) The Myth of Monogamy. NY: W.H. Freeman.

Bereczkei, T., et al. (1997). Resources, attractiveness, family commitment reproductive decisions in human mate choice. Ethology 103:681-699.

Bolhuis, J. J., Brown, G. R., Richardson, R. R., and K. N. Laland. (2011). Darwin in mind; new opportunities for evolutionary psychology. PLoS Biology 9(7): 1-8.

Buss, D. M. (1989a). Sex difference in human mate preference. Evolutionary hypotheses tested in 37 cultures. Behavioral and Brain Sciences 12: 1-49.

Buss, D. M. (1994). The evolution of desire: strategies of human mating. NY: Basic Books.

Buss, D. M. (2009). The great struggles of life: Darwin and the emergence of evolutionary psychology. American Psychologist: 148-149.

Buss, D. M and D. P. Schmidt. (1993). Sexual strategies: An evolutionary perspective on human mating. Psychological Review 100(2): 204-232.

Buston, P. M. and Emlen S. T (2003). Cognitive processes underlying human mate choice: The relationship between self-perception and mate preferences in Western society. Proceedings of the National Academy of Science 100(15): 8805-8810.

Confer, J. C., Easton, J. A., Fleischman, D. S., Goetz, C. D., Lewis, D. M., Perillous, C., and D. M, Buss. (2010). Evolutionary psychology: controversies, questions, prospects, and limitations. American Psychologist: 110-126

Cosmides, L. & Tooby, J. (2003). Evolutionary psychology: theoretical foundations. In Encyclopedia of Cognitive Science (pp. 54-64). London: Macmillan.

Cosmides, L. Barrett, H. C., and J. Tooby. 2010. Adaptive specializations, social exchange, and the evolution of human intelligence. Proceedings of the National Academy of Sciences. 107: 9007-9014.
Cotton, S. S., J. and A. Pomiankowski. (2006). Sexual selection and condition-dependent mate choice. Current Biology 16: R755-R765.
Daly, M. and M. Wilson (1988). Homicide. Hawthorne, NY: Aldine de Gruyter.
Fink, B. and I. Penton-Voak (2002). Evolutionary psychology of facial attractiveness. Current Directions in Psychological Science 11(5): 154-158.
Ford, C. S. and F. A. Beach (1951). Patterns of sexual behavior. NY: Harper & Roe.
Geary, D. C., Vigil, J., and Byrd-Craven, J. (2004). Evolution of human mate choice. The Journal of Sex Research 41(1): 27-42.
Greiling, H. and Buss, D.M. (2000). Women's sexual strategies: the hidden dimension of extra-pair mat ing. Personality and Individual Differences 28: 929–63.
Gillian, R. (2006) The evolutionary psychology of facial beauty. Annual Review of Psychology 57: 199-226.
Gowaty P. A. and S. P Hubbell. (2009). Reproduction decisions under ecological constraints: It's about time. Proceeding of the National Academy of Sciences. 106: 10017-10024.
Gray, R. D., Heaney, L. R., & Fairhall, S. (2003). Evolutionary psychology and the challenge of adaptive explanation. In K. Sterelny & J. Fitness (Eds.), From mating to mentality: evaluating evolutionary psychology (pp. 247-268). New York: Psychology Press.
Kushnick, G. (2013a). Access to resources shapes maternal decision-making: Evidence from a factorial vignette experiment. PLoS ONE, 8(9), e75539.
Kushnick, G. (2013b). Why do the karo batak prefer women with big feet? Flexible mate preferences and the notion that one size fits all. Human Nature 24:268-279.
Little, A. C. Benedict C. J. and L. M. DeBruine. (2011). Facial attractiveness: evolutionary based research. Philisphoical Transcations of the Royal Society of Biological Sciences 366:1638-1659.
Penke, L., Todd, P. M., Lenton, A. P., & Fasolo, B. (2007). How self assessments can guide human mating decisions. In G. Geher & G. F. Miller (eds.), Mating intelligence: Sex, relationships, and the mind's reproductive system (pp. 37–75) NY: Laurence Erlbaum.
Rabe-Hesketh, S., & Skrondal, A. (2008). Multilevel and longitudinal modeling using Stata (Second ed.). College Station, TX: Stata Press.
Scheib, J. and S. T. Gangestad, R. (1999). Facial attractiveness, symmetry, and cues of good genes. Proceedings: Biological Sciences 226(1413): 1913-1917.
Schmitt, D. P., Schackelford, T. K., and D. M. Buss (2001). Are men really more 'oriented' toward short-term mating than woman? Psychology, Evolution & Gender. 3: 211-239.
Stewart, S., Stinnett, H. and L. Rosenfeld (2000). Sex differences in desired characteristics of short-term and long-term relationship partners. Journal of Social and Personal
Wiederman M. W. and S. L. Dubois. (1998). Evolution and sex differences in preference for short-term mates: results from a policy capturing study. Evolution and Human Behavior 19: 153-170.

VIGNETTES:

Sentence 1

Version 1: This is a male who is attractive.

Version 2: This is a male who is unattractive.

Sentence 2

Version 1: Struggled in high school and did not graduate.

Version 2: Just graduate college with honors.

Sentence 3

Version 1: He is very health and no genetic diseases run in his family.

Version 2: He is very unhealthy and heart disease runs in his family.

QUESTIONS:

Q1: How likely would you be to partake in casual sex with the man described above if you were single?

Q2: How likely would you be to have a relationship with the man descrived above if you were single?

Fig 1: Vignettes and Questions

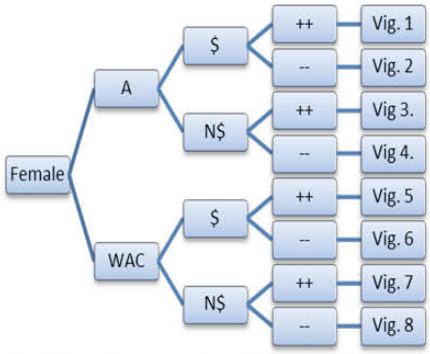


Fig 2: Tree diagram illustrating the 23 factorial design. Attractive is labeled as A "with acne" is labeled WAC. Education is labeled as $ and lack of education is labeled as NS. Good Health is labeled as ++ and poor health is labeled

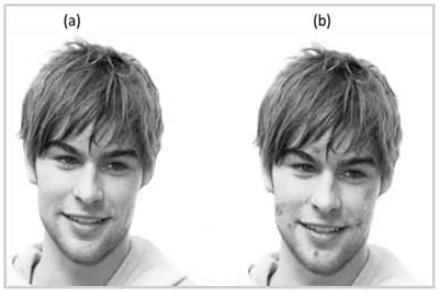


Fig 3: Photo used in (a) Vignettes 1, 2, 3, and 4; and, (b) Vignettes 5, 6, 7, and 8.

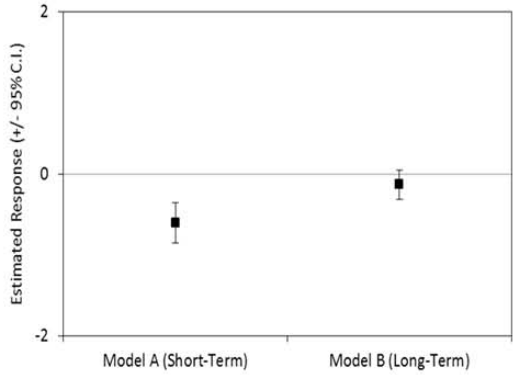


Fig 4: Testing Hypothesis 1 using estimates from Models A and B.

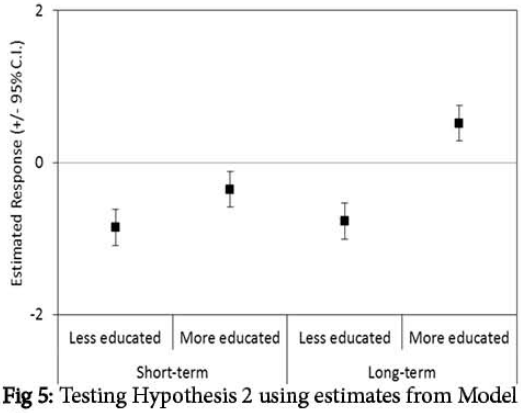


Fig 5: Testing Hypothesis 2 using estimates from Model C

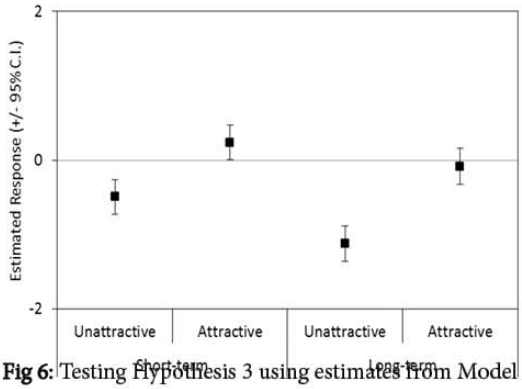


Fig 6: Testing Hypothesis 3 using estimates from Model C

THE POWER OF LABELS

BY OLIVIA WITT

Words that are found in everyone's daily routines
On the walls, TVs, and in the magazines
Making us care
About what we wear
Bowing down to their authority
Forcing us to blend into the majority

The goal always found in the title
As if these statements were ever so vital
"Loose 10 pounds in 3 weeks"
"Find out the new baby weight-loss techniques"
These titles absorb us
Obsess us
Blind us to reality
Lacking any actuality
Only showing this dream
This unreachable, impossible dream
Yes, you could work yourself to the bone
Working towards your ever imminent grave stone.

These idyllic pictures
Plastic
Drastic
Ever so Fantastic
Yet these unobtainable standards set by the media
Become a sort of modern day encyclopedia
Brainwashes the young, making them a slave
Causing a societal shockwave
Sending them spiraling into a mess of insecurities
Paralyzing insecurities
Debilitating insecurities

Most relate yet don't admit
When eating causes guilt to emit
Yet also feeling shame
When we play society's messed up game

Society says to be accepted, you must fit the mold
Literally and figuratively told
You must fit into a size 2
But also make sure happiness is what you imbue
Ignore the problems
Always be carefree
Fake ease is reinforced as beauty

What even is beauty?
When asked to define
This word relates primarily to waistline
The smaller the better
They're the ones who always get the love letters

Look like a Barbie doll
If you want to enthrall all
You must be skinny but also have curves
Showing off also requires a lot of nerves
Perfection is key
That airbrushed look is a required reality

But then is all else considered not beautiful?
But the answer
Is like a cancer
Consuming us from the inside out
Obsessing us, causing us so much self doubt

These expectations force us to cover up our mental battles
That shows weakness
That cause bleakness
Pretend they don't exist
Similar to how we pretend
That these models don't have any imperfections in the end

But how can we continue to ignore this?
When over 40% of young girls can't dismiss
Dismiss this fear of fat
This fear of becoming ugly

When I was young
The only fear I had was of the dark
This unnerving fear of the unknown
Concealed in the shadows, a thought I could not leave alone
Of what lurks beneath the bed
An obsession impossible to get out of my head
But now that monster that I thought was out to get me
Morphed into a much scarier form sadly
This new demon
Caused a personal treason
Looking into the mirror

This monster never looking clearer
Instead of fearing what slinks around in the night
I fear of what slinks around in my head outright
These inescapable insecurities
This fear of not being desired
This fear of not being attractive
This fear of not being successful
Because how can I be successful if I am not beautiful?

And by beautiful,
I mean this fictional account of standards
that everyone believes actually exists
A creation of a patriarchal checklist

I am not the "beautiful" that society defines
This stick thin image found in the headlines
Dressed to the nines
Forcing others to the sidelines

The qualifications of the word "ugly"
Turns this idea of beauty in reverse
Giving the people who fit this definition a life long curse

Considered unwanted by all
Obese, awkward, never needing to worry about catcalls
This other definition
Of societal recognition
Causes this dichotomy to emerge
Allowing the beautiful to go on a modern day scourge
So who has the most power when setting these standards?
The media sends these images around the globe
Influencing all women's wardrobes
They deem what is considered right
Lacking any foresight

They set expectations sky high
Forcing all to turn a blind eye
To what real matters
To what actually counts

This authenticity trap
Causes many to stress
What is accepted beautiful by the majority
Becomes society's main priority
Outcasting the ones considered ugly
Looking down on them smugly

Beauty can be in the eye of the beholder
But when that beholder becomes a scolder
What you get is a mess
People begin to regress

Society is falling apart at the seams
Now crumbling under a superficial weight
Where a perfect body is the new dictate

But is that all what people believe?
Simply the physical is what people solely want to achieve?
Can it be more?
Or are we just constantly in a state of self war?

What comes to mind when thinking of this word
Is what most would consider purely absurd
That this word can mean more than what is believed
Much more than what people originally perceived

When asked what beauty is to others
Most didn't focus on the superficial
They didn't praise the artificial
Instead they saw what beauty really is

It is the comfort found in one's own skin
It is something that comes deep from within
The little quirks that makes one stand out
The self assurance that eliminates all self doubt

What is appealing to them
Doesn't fit the status quo
Their opinions on beauty were not shallow
Instead of looking on the surface, they looked deeper down
They didn't get blinded by the traits that are widely renowned

What is beautiful to them included imperfection
The very thing that society deems needing correction
Freckles, loud laughter, anything unique
Beauty comes from not only physique

We must look past what the media depicts
But this won't be an easy quick fix
What was drilled into us as a society
Which lacks any form of variety
Must be torn down
So we no longer have to deal with nervous breakdowns

Don't go through life living as a definition
Instead live life as a contradiction
Uniqueness is not a fatal flaw
You are your own piece in life's jigsaw
Find your own identity, live life to how you deem right
Don't let shallow societal standards win this fight


ROSE GABIDULLINA
KATIE HANFORD
LIBBY LAVITT
SAMARA LAVITT
LUCINDA ROANOKE
DRAKE RUSSELL
NIRIBILI SARMAH
PREMA SMITH
MONICA ROMERO WRIGHT