

AN EXAMINATION OF GENDER ROLE AND ETHNIC IDENTITY IN THE  
UTILITY OF SELF-OBJECTIFICATION THEORY IN A DIVERSE SAMPLE OF  
WOMEN

by

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(Under the Direction of Linda F. Campbell)

ABSTRACT

Objectification theory (OT) provides a useful framework in conceptualizing how sociocultural and psychological risk factors combine to impact some of women's disproportionate mental health risks. OT (Fredrickson & Roberts, 1997) is based on the concept that sexual objectification is infused in Western culture and is exacerbated for women. The resulting internalization process, known as self-objectification, involves adopting a third party, objectified perspective on the physical self, assessing one's own body in an attempt to conform to the culture's standards of attractiveness, and prioritizing the appearance of the body over its functioning.

Research has documented that self-objectification may result in negative psychological consequences such as greater levels of shame and anxiety, reduced awareness of internal bodily states, decreased peak motivational states, depression, eating disorder symptomatology, and sexual dysfunction (Buchanan et al., 2008; Harrison & Fredrickson, 2003; Miner-Rubino et al., 2002; Fredrickson et al, 1998).

The present study extended research by testing a more comprehensive framework of OT that included the roles of internalization of sociocultural standards of beauty as well as gender and ethnic identity across a sample of diverse women so as to clarify the development of self-objectification and to gain a better understanding of the potential differences in the experiences of women of color and Caucasian women. The study utilized a sample of 172 female students at a large university in the southeastern United States.

Collectively, the current findings demonstrated that many factors likely combine to impact how sociocultural factors are translated into experiences of self-objectification and provided preliminary support for the relation between gender role identification, ethnic identity development, and ethnicity in this process. Increased levels of self-objectification were associated with greater internalization of sociocultural standards of beauty and identification with traditional feminine gender roles. Significant differences in self-objectification were found between White women and women of color. For women of color, there was a significantly negative relation between self-objectification and ethnic identity. Although further research is needed, the findings seem important when considering risk factors that may contribute to some individuals being more susceptible to self-objectification, while others are able to prevent this process, in the face of societal sexual objectification.

**INDEX WORDS:** Self-objectification; Sociocultural Attitudes of Appearance; Gender Identity; Ethnic Identity

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## DEDICATION

To my family and friends who have accompanied me on this journey.

Terrence, your belief and confidence in me helped me get to this point and I am more grateful than I have words for. Your approach to life, ability to take everything in stride and your open and loving spirit is what helps to ground me more than anything. Thank you for being with me every step of this long journey and for your unconditional support, encouragement, patience and love through all the challenges that graduate school has brought, and for all of your sacrifice throughout. I love you and am honored to be able to call you my partner.

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## **CHAPTER 1**

### **INTRODUCTION**

#### **Gender Differences in Mental Health Concerns**

Despite the significant increases in equality, opportunity and quality of life in recent decades, girls and women remain at heightened risk for developing a variety of mental health concerns (APA, 2007). In addition to economic and work inequities that continue to exist, women and girls are routinely confronted with discrimination and oppression, unhealthy sociocultural images and messages that serve to devalue them, and they are often the targets of victimization and violence (APA, 2007). The field of counseling psychology has acknowledged the importance of attending to the unique mental health needs of women so as to increase awareness, knowledge and skills in psychological practice with girls and women, and to improve treatment and prevention (Gilbert, 1992; APA, 2007). In her chapter “Sex Matters” (1997), Fassinger observed that sex is an organizing principle of experience particularly critical in a society that imbues greater value to one sex (male) over another (female). Feminist theorists have long suggested that gendered differences in cultural experience may affect well-being and serve as a contributing factor to the manifestation of psychological distress (Bordo, 1995; Kaschak, 1992). Therefore, research that enhances the understanding of women’s experience in our culture and how that experience may contribute to differential mental health outcomes is a valuable endeavor.



Although the field of psychology has made considerable progress in attending to women's issues, research has shown that women continue to be disproportionately affected by certain mental health diagnoses. The importance of gender differences in mental health is most graphically illustrated in the significantly different rates of major depression experienced by women compared with men. A recent comprehensive review found that women predominated over men in lifetime prevalence rates of major depression in all the general population studies conducted so far (Piccinelli & Homen, 1997). Additional studies have documented the rates of major depression at approximately two to three times that of men (Kessler, et al., 1994; Klerman & Weissman, 1989; Noslen-Hoeksema, 1987; Wetzel, 1994.) Lifetime prevalence rates of eating disorders reflect significantly higher incidences for girls and women, as girls and women are approximately nine times more likely to have eating disorders than boys and men (Stice, Burton & Shaw, 2004; National Eating Disorders Association, 2002). Women have been shown to experience all of the anxiety disorders with the exception of social phobia at a two-fold rate compared to men (Kessler et al., 1994). Additionally women have been found to be at higher risk of adverse outcomes related to the aftermath of posttraumatic stress disorder than men (Holbrook, Hoyt, Stein, & Sieber, 2002).

Theorists and researchers have been active in seeking possible explanations for differences in the prevalence of some psychological disorders between women and men. Gilbert's (1992) review of gender and counseling psychology implicated cultural norms and beliefs about appearance to be related to chronic stress, damage to self concept, depression, and eating disordered behaviors. Theorists have proposed that women are aware of cultural ideals related to appearance at an early age and learn to

assume the observer's vantage with themselves (Cash, 1990; Fredrickson & Roberts, 1997; Kaschak, 1992; Noll & Fredrickson, 1998; Wolf, 1991). The identification and modification of the socio-cultural factors that influence women's mental health holds out the possibility of primary prevention of certain mental disorders by reducing their incidence. It is vital, therefore, that women's mental health is examined within a socio-cultural model which gives an account of the mental health effects of common life stressors and events that are disproportionately experienced by women.

### **Overview of Objectification Theory**

The search to understand the differences in observed pathology for women in Western cultures has prompted some theorists to examine closely the experience of "being a female" in a culture that objectifies women. The field of psychology has recently recognized (APA, 2007) and given increased attention to Objectification Theory (OT) and to the broad and increasing problem of the sexualization of girls and women and its harmful consequences. Objectification theory, as proposed by Fredrickson and Roberts (1997), seeks to examine women's experiences within an objectifying culture. In general, this theory places the female body in a sociocultural context, suggesting that because of societal values emphasizing women's appearance, women learn to view themselves primarily through an observer's perspective. Objectification theory posits that society places more emphasis on attractiveness for women than men, such that women are constantly subject to appraisal of their appearance. Sexual objectification occurs when a person is treated as a body valued for its use by others. According to OT, this implicit and explicit sexual objectification of the female body in Western culture socializes girls and women to treat themselves as objects and produces a multitude of negative

consequences (Fredrickson & Roberts, 1997). Objectification theory combines socialization, sociocultural and cognitive theories to describe the process whereby girls and women internalize the sexualizing message of culture, and focuses on the impact that this sexual objectification has on the development of girls and women.

### **Self-Objectification**

Fredrickson and Roberts (1997) describe the primary psychological consequence of sexual objectification as the development of an unnatural perspective of the self known as self-objectification. Self-objectification involves adopting a third party, objectified perspective on the physical self, and assessing one's own body in an attempt to conform to the culture's standards of attractiveness. Psychological researchers have identified self-objectification as a key process whereby girls and women internalize an observer's perspective of their physical selves and learn to think of and treat their own bodies as objects to be looked at and evaluated for their appearance (Fredrickson & Roberts, 1997; APA, 2007). Self-objectification is further marked by prioritizing the appearance of the body over its functioning in one's physical self-concept as well as in one's more general sense of value as a person. Many women, therefore, maintain a constant awareness of their appearance, engaging in habitual body monitoring or self-surveillance. Thus, self-objectification leads girls and women to learn to think of and treat their own bodies as objects of others' desires.

Numerous studies have documented that this continual evaluation of the self in terms of internalized societal ideals associated with self-objectification may result in negative psychological or subjective consequences such as greater levels of shame and anxiety, reduced awareness of internal bodily states, and decreased peak motivational

states. These psychological consequences of self-objectification may lead, in turn, to increased risks for mental health concerns such as depression, eating disorder symptomatology, and sexual dysfunction (Buchanan et al., 2008; Harrison & Fredrickson, 2003; Miner-Rubino et al., 2002; Muehlenkamp & Saris-Baglana, 2002; Noll & Fredrickson, 1998; Fredrickson et al., 1998). During the past decade, a body of empirical literature has demonstrated support for several main tenets of the theory (e.g., Calogero, 2004; Noll & Fredrickson, 1998; Tiggemann & Kuring, 2004; Tiggemann & Slater, 2001; Tylka & Hill, 2004). As such, objectification theory can provide a useful framework in conceptualizing how certain sociocultural and psychological risk factors combine to impact, at least in part, some of the mental health risks seen disproportionately in women.

### **Gender Schema Theory**

Gender schema theory (Bem 1981) focuses on the role of cognitive organization in addition to socialization. This theory postulates that children learn how their cultures and /or societies define the roles of men and women and then internalize this knowledge as a gender schema, or unchallenged core belief. The gender schema is then used to organize subsequent experiences (Bem, 1993). Thus, children's perceptions are an interaction between their gender schemas and their experiences. Eventually, children will incorporate their own self-concepts into their gender schema and will assume the traits and behaviors they deem suitable for their gender. Gender type is thought to impact individuals' responsiveness to cultural gender prescriptions (Bem, 1983). It is important to note however that traditional gender stereotypes are most representative of the

dominant (White, middle-class) culture. Landrine and Klonoff's (1997) research suggests that when race and ethnicity are specified, different gender stereotypes emerge.

### **Ethnic Identity**

According to Phinney (1996a), ethnic identity focuses on “how group members themselves understand and interpret their own ethnicity” (p 143) and is a broader construct than racial identity (Phinney, 1996 b). Although minority ethnic identity development and White identity development are understood to be qualitatively different processes due to an underlying power differential, Phinney argues that both processes involve an exploration of one's ethnicity (1996a).

### **Purpose of the Study**

Research examining the social context of women's lives in an effort to understand women's unique mental health concerns has been increasingly recognized as a priority in counseling psychology (Enns, 2001) and locating pathology in the political or social context is at the core of feminist therapy, however the relationship between living in a culture that sexually objectifies women and self-objectification has received limited attention. The report of the APA Task Force on the Sexualization of Girls (APA 2007), stated that objectification theory was a significant step in addressing this important gap, but it is clear that more research is needed in this area. While researchers have increasingly investigated and demonstrated a variety of detrimental effects associated with self-objectification, some aspects of objectification theory need further investigation. In their initial conceptualization of self-objectification for example, Fredrickson and Roberts (1997) proposed that a sexually objectifying culture pressures women to adopt cultural standards of beauty as their own and that to the extent that these

standards are internalized and not met, they can promote body shame and eating problems. However, while research on objectification theory acknowledges this role of sociocultural factors in the development of women's negative body experiences, our understanding of how specific factors are translated into experiences of self-objectification is limited.

As societal norms, expectations and values often are communicated through the media, it seems important to examine how the representation of women in the media may teach women that sexualized appearance and behavior are rewarded by society and lead to the internalization of these standards. Women are often inundated by messages and material through a variety of media outlets such as television, magazines and music lyrics and videos, advertisements, and the marketing industry that both promote an unhealthy thin ideal and depict them in a sexualized manner (APA Task Force, 2007). Mainstream magazines for example, heavily emphasize the need for women to achieve rigid norms of physical attractiveness and thinness through dieting and cosmetic beauty products. As opposed to focusing on improving their health or well-being however, nearly everything that women are encouraged to do in the line of self-improvement seems to be centered on increasing their sexual desirability and geared toward gaining the attention of men (APA Task Force, 2007). This phenomenon can be further seen in music videos where women are frequently portrayed as decorative objects and are shown in provocative and revealing clothing that emphasize their bodies and suggest sexual readiness (Somers-Flanagan, Somers-Flanagan, & Davis, 1993; Andsager & Roe, 1999). It is important to note that while the thin ideal is conceptually distinct from sexualization, the two are often significantly connected. Further investigation of the role of internalization of cultural

standards of beauty and appearance (Moradi & Huang, 2008) within the objectification theory framework seems especially important.

It is also important to investigate components of gender role that might account for differences in the internalization of sociocultural attitudes of appearance and self-objectification. Since self-objectification is putatively related to the experience of being female, it is plausible that feminine gender role conformity is correlated to internalization of sociocultural attitudes of appearance and self-objectification (Smolack & Murnen, 2008). Bem's (1983) gender schema theory proposes that individuals' thoughts and feelings about gender influence their response to culturally prescribed socialization practices. Implicit in this theory is the idea that gender-typed individuals are more likely than nongender-typed individuals to be responsive to cultural gender prescriptions and are more likely to evaluate themselves in terms of traditional stereotypes (Buckley & Carter, 2005; Bem, 1981). Similarly, Mahalik et al.'s (2005) research on contemporary norms of femininity suggests that appearance, and specifically an emphasis on thinness, is inextricably linked to notions of femininity. Furthermore, media exposure has been found to constrain young women's conceptions of femininity by putting appearance and physical attractiveness at the center of women's value. If we consider this in relationship to the current examination, those women who endorse and accept more constrained stereotypical notions about gender and sexual roles may also be more likely to self-objectify and place increased emphasis upon and internalize societal attitudes of appearance.

Finally, research in the area of objectification theory is further limited by its methodology and the restricted demographic composition of its study participants.

Empirical support for objectification theory has been gathered from predominantly Caucasian college women, restricting generalization of results. For example, while research suggests that women tend to internalize others' perceptions of their physical selves more than do men (Fredrickson et al., 1998) and that learned cultural practices of sexual objectification lead women to self-objectify at a trait level, limited research has been done to consider racial/ethnic differences in levels of self-objectification (Hebl, King, & Lin, 2004, Moradi & Huang, 2008).

Studies have begun to investigate the degree to which the process of self-objectification for women generalizes to women of varying ages, ethnicity, and sexual orientation. In a study by Hill (2003), cultural sexual objectification was found to be related to self-objectification for women of diverse sexual orientation and age groups. The results of studies that have examined ethnicity as a variable, however, have been mixed. In a quantitative study, Brownlow (1998) found that frequency of objectifying experiences and level of self-objectification contributed to body image disturbances differentially based on socioeconomic status, race and level of acculturation.

The cultural ideal for female beauty is likely racialized as White beauty standards and ideals in Western society. While beauty standards of thinness for example, are communicated to all women, they often communicate idealization of Whiteness and other dominant cultural characteristics (Moradi & Huang, 2008; Greene, 1994) that may or may not be sanctioned by women of diverse racial and ethnic backgrounds. Exposure to idealized images may affect women of color differently as there is some evidence to suggest that identification with the idealized standard may be an important predictor of negative outcomes (Frisby, 2004).



### **Statement of the Problem**

Fredrickson and Roberts (1997) encouraged future examinations of objectification experiences of diverse subgroups of women to explore how objectification may intertwine with other forms of oppression faced by members of these groups. The authors stipulated that although merely being female will result in some degree of shared social experience, ethnicity, class and other attributes contribute to a unique set of experiences. Thus, it is important to extend the model posited in objectification theory to diverse samples of women with their own particular racial and gendered experiences. Beyond the inclusion of more diverse samples in objectification theory research, it will be important to critically examine which constructs and components of objectification theory adequately capture the experiences of women from diverse backgrounds (Moradi & Huang, 2008) and how certain sociocultural attitudes may or may not be translated into similar experiences of self-objectification in diverse samples. As women of color may be affected by separate and intertwined racism and sexism, the endorsement of beauty ideals is likely tied to culture and race. It is important to examine how standards of beauty are both general and unique for diverse samples of women, and to further test the utility of self-objectification theory with women who vary on ethnic identity.

Of particular concern to the current study is the exploration of potential differences in levels of self-objectification in a sample of Caucasian women and women of color. In examining this sample's experiences of self-objectification, the current study will also investigate components of ethnic and gender role identity that may account for differences in the internalization of sociocultural attitudes of appearance and self-objectification.

A review of the literature found that there exists a scarcity of literature examining the generalizability of self-objectification theory across racial and ethnic groups. The purpose of this study is to empirically examine the relationship between the internalization of cultural standards of appearance and self-objectification across a sample of diverse women so as to clarify the development of how specific sociocultural factors are translated into experiences of self-objectification and to gain a better understanding of the potential differences in the experiences of women of color and Caucasian women. In so doing, another purpose of the current research is to investigate aspects of both ethnic identity and gender role that might be related to self-objectification. The current researcher intends to study the relationship between ethnic identity development, gender role identification, and self-objectification.

### **Research Questions**

In attempting to gain a better understanding of the sociocultural origins of women's experiences with self-objectification and how specific factors are translated into experiences of self-objectification, this study asks the following question:

1. What is the relationship between the internalization of cultural standards of appearance and self-objectification? Specifically, does internalization of sociocultural attitudes of appearance covary with self-objectification?

In exploring the extent to which gender role may play in the development of self-objectification, the current study asks:

2. What is the relationship between endorsement of traditional feminine gender roles and self-objectification? Specifically, do women who endorse more traditional feminine gender roles show higher levels of self-objectification?

In evaluating the extent to which current conceptualizations of objectification theory constructs adequately capture experiences of women from diverse backgrounds, this study asks:

3. Do significant differences exist in levels of self-objectification between Caucasian women and women of color? Specifically, do Caucasian women show higher levels of self-objectification than women of color?

In exploring the relationship between ethnic group, ethnic identity and self-objectification, the current study asks:

4. Does ethnic group moderate the relationship between ethnic identity development and self-objectification? Specifically, for women of color is there a negative correlation between their level of ethnic identity development and commitment to their ethnicity and levels of self-objectification?

### **Defining the Terms**

Before launching into an extensive literature review regarding self-objectification theory, internalization of sociocultural attitudes of appearance, gender schema theory and ethnic identity, it is critical to concretely define the necessary terms. Failure to clarify the meanings behind terms can result in misunderstandings between and amongst psychologists and/or researchers. Several of the study's key terms are defined below:

- Objectification Theory: grounded in feminist theory; combines socialization, sociocultural and cognitive theories and incorporates the premise that the experience of sexual objectification contributes to specific health risks for women (Fredrickson & Roberts, 1997).
- Sexual Objectification: the objectification of a person. It occurs when a person is seen as a sexual object when their sexual attributes and physical attractiveness are

separated from the rest of their personality and existence as an individual, and reduced to instruments of pleasure for another person's pleasure. The experience of being treated *as a body* (or collection of body parts) valued predominantly for its use to (or consumption by) others." Fredrickson and Roberts (1997) theorized that sexual objectification is associated with mental health risks for girls and women. These authors also proposed that a key operational feature of sexual objectification is the process of self-objectification.

- Self Objectification: The process wherein women may adopt the observer's perspective and see themselves as an object for visual consumption. This process involves pervasive self-monitoring and chronic appearance vigilance leading to increased feelings of shame and anxiety, less frequent "flow" or peak motivational states and increased risk of anxiety, mood disorders and disordered eating (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; McKinley & Hyde, 1996; Noll & Fredrickson, 1998). This process may also compromise the individual's capacity for happiness, self-fulfillment, and freedom (Roberts, 2002).
- Internalization: extent to which an individual adopts cultural standards of beauty as one's own as a result of viewing images that are portrayed through television, movies, magazines, and music videos to be an important source of information about being attractive. It is then common for these individuals to compare their bodies to these and feel pressure to achieve these body types.
- Ethnic Identity: an individual's sense of self as a member of an ethnic group and the attitudes and behaviors associated with that sense.
- Ethnic Identity Development: the development from an unexamined ethnic identity through a period of exploration, to arrival at an achieved ethnic identity (Phinney

and Alipuria, 1987). Ethnic identity development consists of an individual's movement toward a highly conscious identification with their own cultural values, behaviors, beliefs and traditions.

- Gender role identity: According to Bem's gender schema theory, individuals vary in the degree to which they are sex-typed as masculine or feminine, or non sex-typed as androgynous, and therefore respond to culturally prescribed socialization practices. Gender typed individuals are more likely than nongender-typed individuals to be responsive to cultural gender prescriptions and are more likely to evaluate themselves in terms of traditional gender stereotypes which define the gender appropriateness of attitudes and behavior.

## **CHAPTER 2**

### **REVIEW OF THE LITERATURE**

This study seeks to expand upon the existing objectification theory research that has largely included data from Caucasian women, by assessing the generalizability of self-objectification theory across a diverse sample of women. Specifically, this study focuses on examining the relationship between the internalization of sociocultural attitudes and self-objectification amongst a diverse group of women. Additionally, this study focuses on how the ethnic identity and gender role development relates with the development of self-objectification in a diverse group of women. The subsequent literature summarizes and critiques selected studies that are relevant to objectification theory, the internalization of sociocultural attitudes of appearance, and the development of ethnic identity and gender identity.

This review is organized in nine sections that integrates the relevant research germane to the present study. The first section provides a summary of the process by which sexual objectification within society can promote or translate into the individual experience of self-objectification. The second and third sections provide an overview of self-objectification theory as well as of the psychological consequences that are proposed to result from self-objectification. The fourth section provides a thorough review of the studies that have been conducted on objectification theory in the past decade. These studies largely focus upon the psychological consequences that have been found to result from self-objectification. The fifth section focuses on the limited objectification theory

research that has been conducted using ethnically diverse samples. The sixth section provides an overview of the process of internalization of sociocultural attitudes and messages of appearance. The seventh section provides a brief overview of gender role identity as conceptualized through Bem's gender schema theory, as well as a brief rationale for how gender role may relate to self-objectification. The eighth section reviews the limited research conducted on the intersection of gender role identity and ethnic identity. The ninth section reviews ethnic identity development, as conceptualized through Phinney's (1993) model of ethnic identity formation. Finally, this last section also integrates these elements and offers a rationale for the current study.

### **Sexual Objectification Promotes Self-Objectification**

Women's life experiences and gender socialization routinely include experiences of sexual objectification that reduces a woman's full humanity to the status of a sexual object (Harrison & Fredrickson, 2003). Sexual objectification is a multifaceted form of gender oppression that often includes an evaluative or consumptive focus on the physical features of girls and women (Berger, 1972). Bartky (1990) defined sexual objectification as the reduction of a woman's body to its parts or functions, including the misperception that those parts or functions are capable of representing the woman as a whole. Kaschak (1992) stated that women are routinely evaluated for their appearance and physical attributes, primarily within a masculinist context. Fredrickson and Roberts (1997) argued that sexual objectification occurs "whenever a woman's body, body parts, or sexual functions are separated out from her person, reduced to status of mere instruments, or regarded as if they were capable of representing her" (p.175). According to Bartky

(1990), “to be dealt with in this way is to have one’s entire being identified with the body...” (p.35).

Numerous theorists from the psychological and sociological disciplines have theorized that women in western cultures are sexually objectified (e.g., Bordo, 1995; Freedman, 1990; Franzoi, 1995) and that the experience of objectification has negative consequences for women (Henley, 1986; Kaschak, 1992; Roberts, 2002; Spitzack, 1990). Although, sexual objectification does not occur exclusively to women, Fredrickson and Roberts (1997) posited that the effects of sexual objectification are heightened for women and are pervasive and harmful.

The process of sexual objectification is a cornerstone of objectification theory. Adapted from Henley’s (1977) discussion of sexual privilege and power, Roberts (2002) describes a range of objectification experiences that reflect a progression from least to greatest level of invasiveness. In Roberts’s (2002) discussion, she offers the following levels of sexual objectification: environmental messages that convey the feminine ideal (e.g., gender socialization processes, sexualized media images of women including pornography, beauty pageants, television commercials, and magazine advertisement); non-verbal messages such as gaze and leering; verbal communication including cat-calls, unsolicited and evaluative commentary about appearance; physical gestures or harassment including unwanted touching; rape as the most extreme form of sexual objectification. Thus, in both interpersonal encounters and media representations of women, objectification experiences range along a continuum from sexualized gazing or visual inspection of women’s bodies to the extreme of sexual violence. Empirical studies have indicated that women are overwhelmingly targeted for sexually objectifying



treatment more often than men in both actual interpersonal encounters as well as in the visual mass media (Gardner, 1980; Henly, 1977; Van Zoonen, 1994; Fredrickson & Roberts, 1997).

In particular, Fredrickson and Roberts (1997) depicted gaze as a sexually objectifying form of visual evaluation that is ubiquitous in this culture. Gaze is stated to occur in interpersonal encounters wherein women are more likely to be the target of evaluative gaze (Henley, 1977). Media replicate the gendered skew observed in actual encounters, notably with portrayals of women as the object of sexual gaze by men more often than portrayals of women directly sexual gaze at men (Berger, 1972). Finally, objectification occurs in the media wherein women are depicted in an overtly sexualized manner or portrayed with an emphasis on body parts or as objects rather than presenting the person as an integrated whole (Bartky, 1990; Berger, 1972; Kilbourne, 1999). Kaschak (1992) used the term “divided by the sexist gaze” (p.113) to characterize the objectifying phenomenon and heightened focus on body parts that occurs to women by the sexually objectifying gaze.

The portrayal of women solely as bodies or body parts through the mass media and advertisements, conditions many women to view themselves and their bodies as objects (Kilbourne, 2002, 1994, Kilbourne & Jhally, 2000). Kilbourne (2002) states that women also learn that their bodies are in need of alteration or augmentation and often feel pressured to conform to U.S. cultural standards of beauty. According to Pipher (1994), Western culture has developed a “cult of thinness” (pg 19) and a standard of beauty that women cannot obtain by being healthy. In modern western society, the cultural ideal for the female body is one that is excessively and unnaturally thin with

enhanced breast size (Klaczynski, Goold & Mudry, 2004). This ideal is unattainable for the vast majority of women without extreme surgical diets or procedures (Kilbourne, 2002). What is considered beautiful has become increasingly slimmer in the last two decades (Kilbourne, 2002). For example, the average model in 1950 was 5'4" and weighed 140 pounds. Today, she is 5'10" and weighs 110 pounds. Even the dolls idolized by young girls have a body mass index (BMI) in the anorexic range, couple with a bust size that could only be obtained through surgery (Kilbourne, 2002). Although there is often a high value placed upon physical attractiveness for all individuals, this seems particularly true of women, whose bodies and relative attractiveness is presumed by others to represent the entire self (Gapinski et al., 2003).

### **Self-Objectification**

As messages which sexually objectify the female body permeate Western culture, women are at risk of developing an unnatural perspective of the self known as self-objectification (Calogero, 2004). Self-objectification is defined as a process or state in which women who experience objectification subsequently adopt the observer's perspective of themselves, that is, "to treat *themselves* as objects to be looked at and evaluated" (Fredrickson & Roberts, 1997, p 177).

Fredrickson and Roberts (1997) suggest in their Objectification Theory that U.S. culture socializes women and girls to internalize an observers' perspective of their own bodies. That is, women learn to view their own bodies as objects as a result of being socialized in Western society. OT asserts that pervasive external evaluation leads women to adopt a view of themselves as objects that are valued for use by others (Gapinski et al., 2003, McKinley & Hyde, 1996, Fredrickson & Roberts, 1997). OT posits that "in

American culture, girls and women tend to see themselves through a veil of sexism, measuring their self-worth by evaluating their physical appearance against our culture's sexually objectifying and unrealistic standards of beauty" (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998, p. 269).

Fredrickson and Roberts (1997) hypothesize that women are not merely thought of as objects but rather that they are often *literally seen* as objects. When young girls and women internalize an observer's perspective of their own bodies, they live much of their life in the third person. Females learn to be more concerned with observable body attributes rather than focusing on non-observable body attributes such as internal bodily states and feelings. In a sense, a woman turns herself into an object and becomes a surveyor and critic of herself. As described by Fredrickson and Roberts, self-objectification occurs as women adopt society's observations as a primary outlook on their own physical selves. Self-objectification is manifested by persistent self-surveillance, or the act of "habitual monitoring of the body's outward appearance" (Fredrickson & Roberts, 1997, p. 180). Fredrickson and Roberts (1997) suggested that taking the observer's vantage with oneself becomes an anticipatory strategy for women to determine how one will be perceived and subsequently treated by others. After internalizing an observer's perspective of their physical selves, looking good in accordance with society's standards becomes more important than feeling good to an internal sense of well-being. Finally, the theorists posited that there are individual differences in the degree to which girls and women self-objectify, both in terms of relatively stable trait-like differences and environmentally-cued effects of self-objectification.

OT holds that self-objectification can be conceived of as an enduring trait and personality disposition as well as a situationally induced state. Trait Self Objectification (TSO) (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; Miner-Rubino, Twenge, & Fredrickson, 2002) describes differences in the degree to which people internalize observers' perspectives on their physical selves in their everyday lives. TSO occurs when an individual has strongly internalized the societal sexual standards, creating a persistent focus on appearance. The approach to operationalizing trait self-objectification is to assess self-reported levels of self-objectification or body surveillance. Self-objectification is typically measured with Noll and Fredrickson's (1998) Self-Objectification Questionnaire (SOQ) which operationalizes the construct as the difference between participants' perceived importance of appearance versus competence-based body attributes (Moradi & Huang, 2008). Fredrickson and colleagues (1998) reported that women tend to score higher on measures of TSO and to show more variability as a group than men do. Furthermore, young women in particular appear to be the age group at the greatest risk for self-objectification and related psychological symptoms (Slater & Tiggeman, 2002; Tiggeman & Lynch, 2001) as self-objectification appears to diminish with age. Although body dissatisfaction appears to remain relatively stable throughout life, the pressure to conform to a specific ideal becomes less pervasive in the latter years of life. This eases appearance anxiety, habitual body monitoring, restrained eating and self-objectification (Tiggeman & Lynch, 2001).

Self-objectification that is situationally promoted is called state self-objectification (Fredrickson et al., 1998). State self-objectification occurs in situations where the potential observation of one's body is enhanced for a period of time. A

possible moment of greater state self-objectification is evident when trying on more revealing clothing, such as a swimsuit (Fredrickson et al., 1998; Miner-Rubino, Twenge, & Fredrickson, 2002). State self-objectification can be induced both by the presence of real observers (as when a person is harassed or whistled at when walking down the street) or by an imaginary audience (as when a person shops for revealing clothing such as a swimsuit). As will be described in the following sections, there are a number of studies which have effectively manipulated the level of self-objectification in participants by exposing them to a sexually objectifying or control situation and then evaluating the impact of this manipulation on criterion variables.

### **Psychological Consequences of Self-Objectification**

The objectification of women has serious repercussions for women's development and has been shown to contribute to the development of a variety of psychological consequences. Perhaps the most profound effect of objectifying treatment is that in viewing and treating themselves as objects, many women develop identities or self-worth that are strongly rooted in and defined by their physical appearance (Fredrickson & Roberts, 1997). Theorists suggest that habitual self-assessment and constant self-monitoring associated with self-objectification results in feelings of physical imperfection and insecurity (Bordo, 1995), a sense of powerlessness (Kaschak, 1992; Roberts, 2002); and a pervasive sense of shame (Bartky, 1990). Objectification theory postulates that habitual self-monitoring results in the disruption of conscious attention and contributes to a specific set of psychological consequences. These subjective experiences are theorized to include appearance anxiety and body shame, diminished peak motivational or "flow"

states, decreased awareness of internal bodily states and cues, and diminished cognitive resources (Fredrickson & Roberts, 1997).

As women view and assign meaning to their own bodies, body image comes to underlie and include attitudes of acceptance and rejection. In a sense, women's bodies become objectified as a commodity and become a key determinant of their success or failure. As such, success for women can most easily be achieved by having the right body. Therefore, women internalize the objectification, monitoring their appearance and judging themselves harshly against societal standards. This internalization means that achieving the "perfect" body has become important to a woman's sense of self. When women inevitably fail to achieve perfection, they are at risk for eating disorders, depression, and sexual problems. Women who self-objectify have been found to display greater body shame, appearance anxiety, and preoccupation with body appearance (Miner-Rubino et al, 2002; Strelan, Mehaffey, & Tiggeman, 2003, Smolak & Murned, 2007; Tylka & Hill, 2004).

Shame is considered to be a moral emotion that is intended to promote individuals to adhere to society's standards (Fredrickson, Roberts, Noll, Quinn & Twenge, 1998). Women who self-objectify are often triggered to feel body-shame as they have internalized Western society's standards of beauty (e.g, an ultra thin body) and compare their own bodies to this often unattainable ideal. As those women who are high in self-objectification do not feel they have achieved the cultural standard, it is reasonable to assume they would be experiencing greater body shame than those who are lower in self-objectification (Fredrickson et al., 1998; Miner-Rubino et al., 2002). As shame can lead

to feelings of powerlessness and worthlessness, objectification can negatively contribute to how women see themselves and what they see themselves as capable of achieving.

Self-objectification is thought to be associated with increased anxiety, particularly with regard to appearance (Slater & Tiggeman, 2002; Miner-Rubino et al., 2002), because of the vigilance required by habitual body monitoring. Anxiety includes the anticipation of threats and fear about when and how one's body will be evaluated (Moradi & Huang, 2008). In addition, Fredrickson and colleagues (1998) revealed that for women, increased state self-objectification is linked to heightened self-conscious feelings such as humiliation and guilt.

In addition to these psychological risks, objectification theory posits other more specific mental health risks for women. Theorists have identified that self-objectification is related to depression, restricted eating and bulimic eating disorders, and sexual dysfunction in women (Harrison & Fredrickson, 2003; Miner-Rubino et al., 2002; Muehlenkamp & Saris-Baglama, 2002). For example, objectification theory presents an explanatory model that may increase understanding of and explain the observed gender differences in the prevalence of depressive symptoms. Specifically, Fredrickson and Roberts (1997) reflected that habitual self-focus, shame and anxiety lead to worry, rumination and increased depression. These authors also suggested that pervasive cultural ideals related to body image and subsequent self-scrutiny and concern with appearance constitute contextual risk factors and contribute to body shame and the development of eating disorders.

### **Objectification Theory Research**

A number of experimental studies have examined causal links between self-objectification and body shame, appearance anxiety, body-image and eating-related consequences (Moradi & Huang, 2008). In these studies, self-objectification was manipulated by having some women try on a swimsuit (heightened self-objectification) and others try on a sweater (control) in front of a full-length mirror. In such studies, heightened self-objectification has been shown to raise women's levels of body shame, general shame and body-related thoughts (Fredrickson et al., 1998; Quinn, Kallen & Cathey, 2006). The impact of heightened self-objectification on body shame was stronger for women with high levels of trait self-objectification than for women with low levels of trait self-objectification. Furthermore, body shame and self-objectification each were linked with restrained eating or cookies and chocolate (Fredrickson et al., 1998).

Although participants in these samples were predominantly White or of unknown racial / ethnic composition, experimentally heightened self-objectification has also increased body-related thoughts and body shame in racially and ethnically diverse college women (Hebl et al., 2004; Quinn, Kallen, Twenge & Fredrickson, 2006). The association between self-objectification and body shame has not however consistently been found to contribute to eating restraint. Calogero (2004) for example, found that self-objectification was heightened by leading women to believe that they were going to interact with a male stranger, and that this was related to increased appearance anxiety. However, heightened self-objectification was not found to be related to reported intent to diet. Taken together though, findings are consistent with one of the central tenets of objectification theory regarding the positive association between self-objectification and body shame. The data



specifically suggest that heightened self-objectification promotes body shame in primarily White samples of women. Those studies with more diverse samples seem to suggest a similar relationship among racially and ethnically diverse women.

Correlational studies also link objectification theory variables with body image concerns. For example, in a study of predominantly White college women, body shame and surveillance was linked with propensity to change their body through weight change or cosmetic surgery (Forbes, Jobe & Revak, 2006). Focusing more directly on eating disorder symptoms, Fredrickson and colleagues (1998) found that self-objectification contributed to disordered eating directly. Seventy two undergraduate women were given the Self-Objectification Questionnaire along with an indirect measure of body shame. Their study found support for their hypothesis that women who engage in disordered eating are more often attempting to maintain or gain body satisfaction and avoid the dreaded experience of body shame.

Body shame has since repeatedly been found to mediate the relationship between self-objectification and eating disorders (Noll & Fredrickson, 1998; Slater & Tiggeman, 2002; Tiggeman & Lynch, 2001; Tiggeman & Slater, 2001). Noll and Fredrickson (1998) tested hypotheses that body shame partially mediated the relationship between self-objectification and disordered eating behaviors with two samples of undergraduate participants. Additionally, based on anticipated body shame, it was hypothesized that there may be an additional path between self-objectification and disordered eating. The design of this study was correlational and the constructs of eating disordered behavior were measured by existing self-report assessments. The Self-Objectification

Questionnaire (SOQ; Noll & Fredrickson, 1998) was used to assess the self-objectification construct.

Results from the study reflected positive correlations between self-objectification and body shame, bulimic symptoms, and anorexic symptoms, as predicted. The role of body shame in mediating the relation between self-objectification and disordered eating was also demonstrated. Thirty-five percent of the variance in bulimic symptoms and 27% of the variance in anorexic symptoms were accounted for in the mediational model, and self-objectification explain a significant amount of the variance in bulimic symptoms above and beyond the mediational relation. The results from the second sample replicated the findings of the first sample and additionally provided data from a dietary restraint measure. In similar fashion, body shame mediated the relation from self-objectification and dietary restraint and explained 47% of the dietary restraint symptoms for the participants in the second sample.

Tiggemann and Slater (2001) enhanced the literature with a study designed to test the full objectification theory model as it applies to eating disorders. They gathered data from two groups of college-aged women, 50 were former students of classical ballet and 51 were undergraduate students, were compared on self-objectification, self-surveillance, body shame, appearance anxiety, flow and eating disorders. As hypothesized, the former dancers had significantly higher scores on the measures of self-objectification, self-surveillance, and eating disordered behaviors. Contrary to predictions, there were no significant differences between the groups on the outcome measures of body shame, appearance anxiety, flow, or awareness of internal states. Flow was negatively related to self-surveillance for the former dancers.

Two separate path analyses, one for each group, were performed to investigate the complete model. For the former dancers, self-objectification predicted self-surveillance which predicted body shame, appearance anxiety, and decreased flow as hypothesized. Body shame was the only one of those variables that predicted disordered eating, a finding that replicated previous findings that suggested a mediating role for body shame in the relation between self-objectification and disordered eating (Noll & Fredrickson, 1998). There was also a significant pathway between self-surveillance to disordered eating and there was no significant relation of self-surveillance with the flow measure. Thus, for both groups, regardless of dance history, body shame mediated the relation from self-objectification to disordered eating. Two additional studies with Australian women who were predominantly White linked self-objectification, body surveillance, and body shame with such symptoms (Burney & Irwin, 2000; Prichard & Tiggemann, 2005).

Further studies have examined the roles of self-objectification and its proposed consequences in the co-occurrence of eating problems and smoking. Specifically, levels of body surveillance and body shame were higher for smoking than for nonsmoking groups of predominantly White college women (Harrell, Fredrickson, Pomerleau, & Nolen-Hoeksema, 2006). Also, self-objectification, body surveillance, and body shame were linked positively with body dissatisfaction and eating disorder symptoms across smoker and nonsmoker groups (Harrell et al., 2006). Importantly, body shame accounted for unique variations in weight control motives for smoking (Fiessel & Lafreniere, 2006), and self-objectification significantly moderated the relationship between smoking and eating disorder symptoms (Harrell et al., 2006).

Subsequent replications of the Fredrickson et al. (1998) experimental study also have provided support for the conceptualization of self-objectification as a trait-like individual difference variable and as a state-like characteristic that is subject to situational influences and manipulation (Gapinski, Brownell, & LaFrance, 2003; Hebl, King, & Lin, 2004). Gapinski, Brownell and LaFrance extend the design of the original research to affect and cognitive outcomes and found that for the participants in their study, level of trait self-objectification measured by the SOQ (Noll & Fredrickson, 1998) and state self-objectification assessed with the Twenty Statements Test (TST; Bugental & Zelen, 1950) and modified by Fredrickson et al. (1998), were associated with increased negative feelings, decreased intrinsic motivation, lower self-efficacy, and diminished cognitive functioning as measured by multiple cognitive tests.

In addition to the research that has explored objectification theory and body shame, appearance anxiety and disordered eating, there is also empirical support for the postulate that depressive symptoms are another negative mental health outcome in the objectification theory framework. The connection and implication of depression from self-objectification is postulated to be partly due to the fact that the body is only finitely modifiable, and the ability to attain the ideal body for many is impossible. Miner-Rubino and colleagues (2002) hypothesized that despite the efforts an individual may take to achieve the ideal, much shame and disgust is held towards the body. As a result, women experience increased anxiety about their bodies as well as a potential to have feelings of learned helplessness and depression. In a study with predominantly White college women, a self-objectification and body surveillance composite variable accounted for

unique variance in a depression composite variable when body dissatisfaction and personality factors were controlled (Miner-Rubino, Twenge, & Fredrickson, 2002).

In this carefully designed study that included 98 collegiate women, the relationship between trait self-objectification to shame, anxiety, depression and the Big Five personality factors, and body dissatisfaction was explored (Miner-Rubino, Twenge, & Fredrickson, 2002). Initial correlations supported the hypothesized associations between self-objectification and negative affect (i.e., depression and neuroticism) and body shame. As hypothesized and congruent with objectification theory, self-objectification was not significantly correlated with body dissatisfaction suggesting that they are separate constructs. As predicted, openness to experience, identified as intellect in the study, was significantly negatively correlated with self-objectification and contrary to prediction, agreeableness was significantly negatively correlated with self-objectification. The results of hierarchical regression analysis using body dissatisfaction, extraversion, agreeableness, and self-objectification scores as predictors of negative affect revealed that self-objectification predicted negative affectivity above and beyond the other personality influences. Overall, the results of this study support the theorized relations between depression and negative affect and trait self-objectification.

Also with predominantly White college women, a body surveillance and body shame composite was related uniquely to depression, restrictive eating and bulimia symptoms when level of emotional awareness was considered concomitantly (Meuhlenkamp & Saris-Baglana, 2002). These results extended the empirical examination of objectification theory and supported the postulate that self-objectification is related to depressive symptoms.

In their recent study that was designed as a full test of objectification theory model with 286 undergraduate men and women from South Australia, Tiggeman and Kuring (2004) had participants complete measures of self-objectification, self-surveillance, body shame, appearance anxiety, flow, awareness of internal body states, and disordered eating and depressive mood. Results were consistent with past studies with women scoring significantly higher than men on measures of self-objectification, self-surveillance, on the proposed mediators of body shame and appearance anxiety, and the outcome variables of disordered eating. Self-objectification accounted for the majority of the common variance between disordered eating and depressed mood. The findings demonstrated that for women, self-objectification leads to self-surveillance, which in turn contributes to body shame and appearance anxiety, disordered eating and depressed mood. This relationship was not present with the men, thus suggesting that women are more likely to experience self-objectification.

Tiggemann and Kuring (2004) provided additional empirical support for the relation between self-objectification and depression, thereby fortifying and extending the literature on OT. Additionally, their results offer greater understanding of gender differences in the self-objectification process. The patterns of results for the men and women were congruent with regard to the effects of body shame and appearance anxiety on disordered eating and depressed mood and the differential mediation of the body shame and appearance anxiety variables on the outcome variables. A salient difference in the path models is the role of self-objectification. For the men, the self-objectification variable was not significantly correlated with body shame, appearance anxiety, flow, disordered eating, or depressed mood. Surprisingly, for the men the observed relation

between self-objectification and body shame, albeit non-significant was in contrast to the prediction. That is, for men, body shame increased with lower self-objectification. Self-surveillance, however, was found to have negative consequences for both the men and women.

Further research on OT has revealed that its consequences extend far beyond negative body experiences. For example, McKinley (1999) found that body shame had significant negative correlations with multiple dimensions of psychological well-being, including autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance, whereas body surveillance had significant negative relationships with most dimensions, such as autonomy, environmental mastery, personal growth, purpose in life and self-acceptance. Given the primacy of body appearance in women's identity, it is not surprising that how women feel about their bodies affects their psychological well-being and that preoccupation with appearance can contain women's ambitions (Wolf, 1991).

Body surveillance and body shame were found to correlate negatively with predominantly White college women's self-esteem and health-promoting behaviors (Fissel & Lafreniere, 2006; Lowery et al., 2005). Similarly, findings in McKinley's (2006a, 2006b) studies supported expected negative associations of body surveillance and body shame with positive self-appraisal for young cohorts of women and men. Sinclair and Myers (2004) assessed psychological well-being multidimensionally. They found that White college women's reports of body surveillance and body shame were correlated negatively with coping well-being (self-worth, leisure, and stress management), and body shame was correlated negatively with creative well-being (sense of control, thinking,

emotions, humor, and work). This pattern of findings links body surveillance and body shame with lower self-worth for mostly White college women. As will be talked about in the proceeding sections, results seem to be mixed in this area with racially and ethnically diverse samples. It is important to note body surveillance and body shame are linked more consistently with self-worth than with other aspects of well-being, which fits with objectification theory's focus on depressive symptomatology.

Fredrickson and Roberts (1997) posited that self-objectification leads to decreased motivation because uninhibited, productive and creative states of mind are incompatible with the self-consciousness of body monitoring. Self-conscious appearance monitoring can disrupt an individual's concentration and limit the mental resources available for other activities (Fredrickson et al., 1998). In addition, self-objectification has been found to disrupt performance (Fredrickson et al., 1998; Quinn et al., 2006) which could have significant consequences for women in terms of their achievement, motivation and sense of self-efficacy. Lowered academic performance due to state self-objectification was found during the first experimental test of self-objectification where participants were asked to wear either a swimsuit or a sweater while completing a math performance task. Not only did those women wearing a swimsuit develop a third-person perspective of their bodies, report greater body shame, show an increase in state anxiety, and describe themselves more in terms of their bodies than in terms of their other characteristics or skills, but they performed worse on a math test (Fredrickson et al., 1998). Women wearing a sweater were not in a state of self-objectification, allowing them to perform at a higher level. The authors hypothesized that self-objectification diminished performance



because a portion of women's attention was devoted to evaluating how they appeared, thereby reducing the amount of attention devoted to the task and disrupting attention.

Quinn and colleagues (2006) noted similar results. Taking into consideration the very common stereotype that women perform poorly in math, Quinn and colleagues (2006) devised a study that examined performance on a Stroop color-naming task to see if state self-objectification would interfere with attention. They hypothesized that the women in a state of self-objectification would respond slower to all three types of words they included (traditional colors, body-related words, neutral words) on their Stroop test due to the lack of attentional resources available for any focused task. Their finding confirmed this hypothesis, suggesting that in addition to the other negative consequences mentioned above, women who self-objectify may have fewer attentional resources to dedicate to performance situation and other activities due to needing to split their attention between the current task and the monitoring of their appearance (Csikszentmihalyi, 1990).

Self-objection and body surveillance are also posited to reduce or disrupt awareness of internal body states and flow experiences (Fredrickson & Roberts, 1997). Peak motivational states, or what Csikszentmihalyi (1990) called flow, are "rare moments during which we feel we are truly living, uncontrolled by others, creative and joyful" (Fredrickson & Roberts, 1997, p. 183). The repercussions of decreased flow states and insensitivity to bodily cues stem from similar veins. Due to the occupation of cognitive resources and the dependence on external responses, it is postulated that women high in self-objectification would be less able to detach and reach the internal state of flow (Miner-Rubino, et al., 2002). Likewise with such attention focused externally, the women

become less aware of their internal body cues (Daubenmier, 2002). Awareness of internal bodily states is the ability to detect and accurately interpret physiological sensations, such as stomach contractions and physiological sexual arousal (Moradi & Huang, 2008).

Some of the recent research on objectification theory has attended to specific aspects of the model. For example, gaze, specifically male gaze, is postulated to trigger the self-objectification process wherein a woman assumes the observer's perspective as a strategy to cope with evaluative visual consumption (Fredrickson & Roberts, 1997). Gaze was the variable of interest in an experimental study with women participants that tested the hypothesis that participants who anticipated male gaze would report greater levels of body shame, physical anxiety, and intent to diet than participants anticipating a female gaze or no gaze (Calogero, 2004). College-aged female participants in the study were randomly assigned to one of three conditions. One-third of the participants were told that they would be interacting with a male stranger, one-third were advised that they would meet with a female stranger, and the members of the control group were not informed of any social interaction. Significant differences were found between the anticipated female gaze and the anticipated male gaze conditions, although there was no actual social contact. Participants who anticipated male gaze reported higher scores for body shame and social physical anxiety compared to the female gaze condition. The results extended the empirical literature by providing support for the negative effects of male gaze and further, that mere anticipation of gaze can produce increased levels of body shame, physical anxiety and intent to diet.

The effects of gaze also were documented in a qualitative study of adolescent girls and their use of public swimming pools (James, 2000). Data were collected from

adolescent girls aged 15-16 years of age in focus groups followed by semi-structured individual interviews with 16 of the participants. The purpose of the study was to gather data about what factors might affect the frequency or quality of their participation in swimming activities in public settings. The author stated that one of the strongest constraints was the potential embarrassment or presentation of self. All of the girls reported that they were conscious of critical gaze of others when they were at the pool. Further, there was reported a commonly held view of these participants that girls experienced greater distress and dissatisfaction over body presentation than did boys. Common themes reported by the girls included dissatisfaction with shape, size, and a feeling of being watched and talked about which for some led to comparison of self to others. Additionally, it was noted that the experience of gaze for the majority of these girls was negative and resulted in the development of coping strategies for the experienced discomfort, which for some of the girls was avoidance of public swimming (James, 2000). Indeed, 29% of the girls reported that they would use pools more frequently if the boys were not around. Although this was a small qualitative study, the results provided consistent support that sexual objectification and the subsequent process of self-objectification occur early in the development of adolescent girls.

Sexual objectification of women has been documented in media images (Duncan, 1990; Hardin, Lynn, & Waldsdorf, 2005, Kane & Greendorfer, 1994) and is posited to contribute to self-objectification (Fredrickson & Roberts, 1997). Researchers, thus, have examined specific factors that may contribute to or activate a state of self-objectification. Roberts and Gettman (2004) designed a study that tested the whether exposure to objectifying words could promote a state of self-objectification as evidenced

by negative affect, appearance anxiety, and decrease in ratings of appeal for sexual scenarios.

Women and men undergraduate students participated in an experimental study in which they were assigned randomly to one of three conditions: self-objectification priming condition, body competence priming condition, and control condition (i.e., no prime). The participants were given a list of five scrambled words containing priming or control words, and given instructions to form a grammatically correct four-word sentence from the list. Following the sentence test the participants completed questionnaires tapping emotions of shame and disgust, appeal of sex, and appearance anxiety.

Results of the study revealed a significant interaction between gender and condition for the shame measure. Women participants' shame ratings were significantly higher in the self-objectification condition than in the body competence condition whereas men's reactions were equivalent across the conditions. A main effect for gender was found for the anxiety measure, with women participants endorsing higher levels of anxiety across conditions than did the men participants. There was also a significant interaction reflecting higher anxiety scores for the women in the self-objectification condition than in the body competence condition, whereas no significant difference was observed for the men.

The effects of the prime on participants' ratings of the appeal of sex scale revealed differences on the physical subscale of the appeal of sex scale. Overall, women reported less appeal for the physical aspects of sex and the scores of the women in the objectification prime condition were significantly lower than were those of women participants in the other two conditions. This study lends support for the salience of

subtle priming of self-objectification, suggesting that the effects of self-objectification, appearance anxiety, negative emotions, and lowered appeal of the physical aspects of sex, can be activated by mere exposure to objectifying words (Roberts & Gettman, 2004).

Many theorists have implicated sexual objectification as an experience that shapes women's experiences and is causal in negative health outcomes (Barky, 1990; Fredrickson & Roberts, 1997; Kaschak, 1992; Kilbourne, 1999; Wolf, 1991). A study by Hill (2003) sought to extend the understanding of the effects of age and sexual orientation on the relation between cultural objectification and subsequent self-objectification. Sexual objectification was measured, in part, by a multifaceted instrument created and piloted by the author that included items from the following existing measures: Objectification Experiences Questionnaire (OEQ; Burnett, 1995), Sexual Experiences Survey (SES; Koss & Oros, 1982), Sexual Experiences Questionnaire (SEQ; Fitzgerald et al., 1988). Additionally, the Self-Objectification Questionnaire (SOQ; Noll & Fredrickson, 1998) and the Surveillance Scale of the OBC (McKinley & Hyde, 1996) were included in the assessment array.

In a sample that included participants of diverse sexual orientation, ranging in age from 18 to 79 years, sexual objectification was found to be related to self-objectification in the entire sample. In a pattern inconsistent with hypotheses, age was found to be a moderator for White heterosexual women as the relation between cultural sexual objectification and self-objectification was stronger for women between the ages of 50 and 79 (Hill, 2003). Also contrary to prediction, women reported similar levels of self-objectification across sexual orientation. Results of this study provided strong empirical support for an aspect of objectification theory, the link between sexual

objectification and self-objectification, which has garnered little attention to date, to women of diverse sexual orientation across the lifespan.

Thus, collectively, it can be stated that Western society's practice of sexual-objectification of the female body has profoundly negative effects on women. Perhaps the most profound effect of objectifying treatment is that it contributes to many women viewing themselves as objects. In addition to the negative effects described above, Quinn and colleagues (2006) assert that being in a state of self-objectification signifies that a person has moved from a subjective sense of self as agent to a sense of self as object. Taken together, research findings support the posited links of self-objectification, body surveillance, and body shame with indicators of women's mental health, including eating disorder symptoms, depressive symptoms, and self-esteem; however links with sexual dysfunction remain to be examined. Furthermore, body shame's association with weight control motives for smoking and self-objectifications' mediation of the link between smoking and eating disorder symptoms suggest that self-objectification and body shame may be underlying factors in the co-occurrence of eating pathology and smoking among women. Across these studies, however, assumptions about direction or causality cannot be made due to the correlational nature of the data. Another important limitation in some correlational studies is that collapsing body surveillance with body shame into single composite indicators might have obscured the separate roles that objectification theory posits for these variables.

### **Self-Objectification in Ethnically Diverse Samples**

As mentioned above, much of the research on objectification theory has dealt with the relationships among self-objectification, body-image disturbances, and disordered

eating (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; Tiggemann & Lynch, 2001; Tiggeman & Slater, 2001). Because the participants included in these samples have been predominantly traditional college-aged White women, researchers have begun to explore the generalizability of these patterns to other groups of women. Findings from diverse samples thus far suggest a number of subgroup similarities on objectification theory variables. Specifically, White women and women of color report similar levels of sexual objectification experiences, self-objectification, body surveillance and body shame (Harrison & Fredrickson, 2003; Kozee, Tylka, Augustus-Horvath & Denchlik, 2007; Moradi, Dirks & Matteson, 2005). Similarities have also emerged between heterosexual and sexual orientation minority women on levels of sexual objectification experiences, body shame, and internal body awareness (Downs, James, & Cowan, 2006; Kozee & Tylka, 2006). Nevertheless, in more specific group comparisons, some differences have emerged, particularly on body surveillance. For example, in a sample of low-income women, body surveillance was higher among White women than among Latina or African American women and was higher among United States-born Latina women than among Latina women who moved to the United States at a later age (Breitkopf, Littleton & Berenson, 2007). Body surveillance was higher also among lesbian women than among heterosexual women in one study (Kozee & Tylka, 2006), but similar between heterosexual and bisexual erotic dancers in another study (Downs et al., 2006).

Hebl, King & Lin (2004) sought to extend the results of Fredrickson et al. (1998) across gender and ethnicity. Overall, they found support for a main effect of state self-objectification in the swimsuit condition; that is both women and men participants who wore a swimsuit reported increased levels of state self-objectification as measured by the

TST (Bugental & Zelen, 1950) using the same modifications as Fredrickson et al. (1998). Increased levels of self-objectification also were related to higher levels of body shame, lower levels of self-esteems and lower math performance for all participants across ethnicity and gender groups. For all participants, state self-objectification was found to mediate the relation between condition and self-esteem, body shame and math performance.

Across gender, main effects were found for body shame and self-esteem, with women experiencing significantly greater body shame and lower self-esteem than did men. Additionally, there was a marginal main effect for trait self-objectification, assessed by the SOQ (Noll & Fredrickson, 1998) such that women tended to have higher levels of trait self-objectification than men. A main effect for ethnicity was found indicating that Hispanic participants reported the highest levels of trait self-objectification and African-American individuals reported the lowest. These effects were qualified by a significant interaction between gender and ethnicity such that women reported higher levels of self-objectification across all ethnicities except Asian-American participants. Asian-American men reported higher levels of trait self-objectification than did Asian-American women.

Although these results do extend research on self-objectification to individuals representing a broader-based ethnic group and support the hypothesis that men are subject to objectification, this study did not examine the implications of sexual objectification as it is experienced in vivo. Also, the results of the study showed that women experienced significantly higher levels of body shame and lower levels of self-esteem than did men. Indeed, cultural sexual objectification has been described as a form



of gender oppression that depersonalizes the woman and is theorized as a risk factor for psychological and physical health outcomes (Fredrickson & Roberts, 1997).

Overall, studies examining the objectification theory variables with body image concerns among racially and ethnically diverse samples seem to yield mixed results. Although the Hebl, King, and Lin (2004) found that African American women reported less trait self-objectification and less body shame than White women and Latinas, when African American women were exposed to an experimental condition designed to increase body consciousness, they reported greater self-objectification than did other African American women in the control group. Two recent studies concluded that African American women experienced less body-image disturbance than White women (Aruguete, Nickleberry, & Yates, 2004; Schooler, Ward, Merriwether & Caruthers, 2004). Furthermore, African American women tended to endorse an ideal body image that was close to what they considered to be a healthy weight and reported less body-image disturbance. A study with a racially and ethnically diverse sample of Canadian women found that a composite variable comprised of body surveillance, body shame and the belief that one can control one's body shape and size accounted for unique variance in eating pathology (Piran & Cormier, 2005).

Although research has suggested that African American women may express less body-image disturbance and self-objectification than other groups of women, this research has been limited and shows that some contexts still may give rise to body-image concerns. Furthermore, it may be important to include other types of body dissatisfaction than traditional body-image concerns, including skin tone. In a recent study with African American college women, Buchanan, Fischer, Tokar and Yoder (2008) considered both

general and group-specific manifestations of body surveillance and body dissatisfaction. Their results supported a model in which skin tone surveillance was linked uniquely and positively with skin tone dissatisfaction and body shame. Beyond the role of skin tone surveillance, body shape and size surveillance was linked uniquely and positively with body shame, but not with skin tone dissatisfaction. Also, beyond skin tone and body surveillance, self-objectification was not related to body shame, pointing to the importance of the surveillance variables. Thus, in this study, in addition to African American women's surveillance of their own body shape and size predicting body shame, skin tone surveillance was a unique correlate of African American women's skin tone dissatisfaction and body shame. Skin tone may be viewed as a body-image variable for African American women in that, similar to body shape and size, it sometimes is used as an indicator of attractiveness and a basis for social rewards (Buchanan et al., 2008). Using objectification theory as a starting point, it is likely that African American women expect to be judged not only in terms of body shape and size but also in terms of skin tone. These societal standards may become internalized and then used by African American women to evaluate themselves. In other words, African American women may engage in habitual body monitoring in a way shared by White women but they also may attend to their own skin tone. These findings suggest the need to consider group-specific manifestations of body surveillance in future research as well as the need for research to examine how standards of beauty are both general and unique for African American women rather than simply assuming the body shape and size are the exclusive features on which African American women expect to be evaluated by observers.

Studies examining the impact of self-objectification on performance-related variables with racially and ethnically diverse samples of college women and men have found similar results to those studies with predominantly White samples. For example, parallel to Fredrickson et al.'s (1998) findings with a predominantly White sample, Hebl et al. (2004) found that with baseline math controlled, women in the swimsuit condition performed worse on a math test than did women in the sweater condition. Parallel results also emerged in a color-naming task with racially and ethnically diverse college women (Quinn et al., 2006). In a quasi-experimental study in which self-objectification was not manipulated, Fredrickson and Harrison (2005) found that racially and ethnically diverse high school girls' reported level of self-objectification was related negatively with quality of softball throwing, after controlling for prior sports and softball experience, age, and Anglo American status. Overall, findings of this set of studies suggest that self-objectification may hinder task performance.

In contrast to these findings however, Gapinski, Brownell, and LaFrance (2003) found that heightened self-objectification through overhearing objectifying comments or through wearing a swimsuit did not impact motivation, self-efficacy, or cognitive task performance among racially and ethnically diverse college women. Women in the swimsuit condition however, did report more unpleasant emotions than did women in the sweater condition. Despite the lack of expected self-objectification effects, Gapinski et al. (2003) presented findings suggesting that trait self-objectification may interact with situationally heightened self-objectification to impact performance, but small sample sizes and elimination of one-third of the sample in these analyses make interpretations of these results tentative.

In examining the link between self-objectification and depression, studies with racially and ethnically diverse samples of adolescent girls found that self-objectification was uniquely linked with body shame, eating disorder symptoms, depressive symptoms, and lower self-esteem when demographic characteristics were considered concomitantly (Harrison & Fredrickson, 2003; Tolman, Impett, Tracy & Michael, 2006).

In contrast to some of the studies regarding the relationship of body surveillance and body shame with self-esteem mentioned above, results were mixed with racially and ethnically diverse college women and exotic dancers (Downs et al., 2006). Specifically, with age controlled, body surveillance and body shame were not correlated significantly with self-esteem for college women, but were correlated negatively with self-esteem for exotic dancers, who reported significantly higher levels of body surveillance and body shame than did college women. Importantly, nearly half of the exotic dancers, compared to one-quarter of the student sample, were White. Thus, examining the role of race and ethnicity may have been important in light of consistent findings of racial and ethnic group differences on self-esteem (e.g., Twenge & Crocker, 2002).

### **Internalization of Sociocultural Attitudes of Appearance**

While the origins of self-objectification have not been researched to the extent that the plethora of physical and psychological consequences have, research exists to support the influence of sociocultural factors such as sexual objectification experiences in the development of women's negative body experiences and self-objectification. Some of this research is informed by work on objectified body consciousness (McKinley, 1998, 1999; McKinley & Hyde, 1996), which closely parallels self-objectification. Objectified body consciousness is defined as the tendency to view oneself as an object, includes body

surveillance and body shame components, and is posited to result from sexual objectification experiences and promote eating problems. The research on sexual objectification experiences also builds on broader literature that links body image and eating problems with specific forms of sexual objectification, such as thinness pressures, sexual harassment, sexual abuse, and subtle and covert sexual objectification (Murnen & Smolak, 2000; Piran, 1998; Stice, 2002; Groesz, Levine & Murnen, 2002). Studies grounded in objectification theory build on this important prior work to elucidate the intervening variables through which sexual objectification experiences may be linked with body image and eating problems.

The research conducted thus far links various manifestations of sexual objectification experiences (i.e., experimentally heightened and self-reported appearance pressures, appearance-focused sports participation and exposure to objectifying media) with self-objectification or body surveillance and their correlates. Of particular interest to the current study is the role of exposure to sexually objectifying media and how this can contribute to the internalization of sociocultural standards of appearance. Exposure to sexually objectifying media has been linked positively with self-objectification, body surveillance, body shame and appearance anxiety in samples of college women and men who were predominantly White (Aubrey, 2007; Monro & Huon, 2005). Furthermore, body surveillance mediated the positive links of objectifying media exposure with body shame and appearance anxiety (Aubrey, 2007).

Accumulating data also suggest that internalization of cultural standards of beauty, or the extent to which an individual adopts cultural standards of beauty as one's own, is an important intervening variable to consider in the relationships of sexual

objectification experiences with other objectification theory constructs. Specifically, studies have supported unique associations of internalization of cultural standards of beauty with self-objectification, body surveillance, body shame, body dissatisfaction and eating disorder symptomatology in samples of college women who were predominantly White or whose race or ethnicity was not reported, and in predominantly White women diagnosed with eating disorders (Calogero et al., 2005, Morry & Staska, 2001; Sinclair, 2006). Also, when taken together, sexual objectification experiences and internalization both accounted for unique positive variance in body shame, and internalization also accounted for unique positive variance in body surveillance (Sinclair, 2006).

Morry and Staska (2001) assessed college women's exposure to beauty magazines as one specific type of sexual objectification experience that could serve as a precursor for women treating themselves as objects. The authors found that greater exposure to beauty magazines and objectifying media was related to greater internalization of cultural beauty standards, and this internalization in turn was related to self-objectification, body dissatisfaction, and eating disorder symptoms. This is likely true in other forms of media as well. Ward (1995) for example, found that the most common theme among television shows popular with adolescents is that women attract men through their physical appearance. In a recent review she concluded that women were objectified in the media to a greater extent than men (Ward, 2003). In addition, type of exercise motivation (i.e., exercising for beauty rather than fitness or enjoyment reasons) mediated the relationship of self-objectification with body satisfaction and self-esteem in samples of Australian women who were White or whose race or ethnicity was not reported (Strelan, Mehaffey, & Tiggemann, 2003). These findings provide preliminary support for the role of sexual

objectification experiences proposed in objectification theory and also indicate that internalization of sociocultural standards of beauty, a variable not explicitly included in objectification theory framework, is important to consider in research on self-objectification as it may be an important correlate of self-objectification, body surveillance, body shame, and eating problems.

Moradi, Dirks and Matteson (2005) more directly examined the relationship between sexual objectification experiences, the internalization of sociocultural standards of beauty and body surveillance and body shame as applied to eating disorder symptomatology. Consistent with objectification theory's proposition that women's experiences of sexual objectification are an important correlate of self-objectification, Moradi, Dirks and Matteson found direct links of reported sexual objectification experiences to internalization and body surveillance. Sinclair (2006) examined the relationships among objectification experiences, sociocultural attitudes towards appearance and objectified body consciousness. Sinclair found that body surveillance increased with increases in the internalization of sociocultural attitudes towards appearance, suggesting that a woman's acceptance of cultural pressures regarding appearance and thinness is predictive of body surveillance. Myers and Crowther (2007) found that internalization of cultural standards of beauty mediated the link of awareness of objectifying media with body dissatisfaction, and self-objectification mediated the link of internalization with body dissatisfaction. These patterns are consistent with the chain of mediations proposed in objectification theory among sexual objectification experiences, body surveillance, body shame and eating disorder symptoms. These findings also point to the internalization of cultural beauty standards as an additional

mediator of the relationship of sexual objectification experiences with body surveillance, body shame, and eating disorder symptoms.

Taken collectively, available data about sexual objectification experiences suggest that self-objectification, body surveillance and the internalization of cultural beauty standards mediate the links of sexual objectification experiences with psychological risk factors and eating disorder symptoms. These data however were drawn predominantly from White women, and studies with diverse samples are needed to test the directional role of sexual objectification experiences and observed mediators. This seems especially important because the cultural ideal for female beauty is racialized and exposure to these idealized images may affect girls of color differently. Evidence from studies of African American girls suggests that identification with the idealized standards may be an important predictor of negative outcomes. When exposed to sexualized women in the media who are White, African American girls did not demonstrate negative body-image effects of objectifying media (Frisby, 2004; Makkar & Strube, 1995). Moreover, qualitative interviews of Black and White high school girls (Duke, 2000; Milkie, 1999) suggest that Black girls are largely uninterested in the beauty images of mainstream teen magazines because they conflict with African American standards of attractiveness and appeal.

Recent studies propose White women and African American women may have different concepts of what makes women attractive. While White adolescent girls tend to describe their ideal in terms of a uniform set of physical attributes encapsulated in the word “perfect” (Abrams & Stormer, 2002), African American adolescents tend to deemphasize external beauty, instead describing their ideal in terms of personality traits,



style, attitude and ability to project a sense of pride and confidence (Lovejoy, 2001). Also African American girls tend to be more flexible than their White counterparts in their concepts of beauty and express greater satisfaction with their body shape (Lovejoy, 2001). These different attitudes speak to the discrepancy between African American and White women's ideal standards of beauty. White women may be more focused on body size and manipulation while African American women may tend to be more focused on outward style and attitude. As cultural norms regarding thinness are not as strict for African American women as they are for White women (Hebl & King, 2004), African American women may have lower levels of self-objectification.

Findings from several research studies suggests that girls of color may be particularly effective in resisting mainstream notions of female sexuality, femininity and beauty. Central to much of this research are feminist theories developed by and for women of color. For example, Hill Collins (2000; Spillers, 1992) observed the significance of an oral tradition among Black women that allows women to anchor resistance to oppressions including objectification and resistance. Black women may also often reject Eurocentric ideals of beauty as culturally irrelevant and often feel better about their bodies than do White women (Duke, 2000; Milkie, 1999; Nichter, 2000).

Despite the above findings, there is conflicting evidence through a study of ninth and tenth grade girls to suggest that self-objectification and the internalization of sociocultural ideals impacts girls regardless of race (McConnell, 2001). This study of ninth and tenth grade girls found no difference in the levels that African American and White girls internalized an observer's standard of appearance or in the amount of time

that they spent enhancing their physical appearance, although African American girls spent more time on their hair and White girls spent more time on their makeup.

Botta (2003) found that for both White and Black teenage girls, the more they idealized TV images and compared themselves and their friends to those images, the stronger their drive to be thin and the more dissatisfied they were with their bodies. Frisby (2004) found that when Black women were exposed to idealized images of African American models, those who were initially lower in self-esteem were later less satisfied with their own bodies. Furthermore, Parmariega, Gustavson, and Gustavson (1994) found that many Black female stars in the film, music and fashion industry are now just as thin as their White counterparts. This finding, combined with the results reported previously, suggest that body dissatisfaction among African American girls may increase. Harrison and Fredrickson (2003) reported that among Black and White adolescent girls, self-objectification was a significant predictor of depression, body shame, and disordered eating, even when controlling for race, grade in school, and body mass index.

Notably, the type of exposure that impacts self-objectification may be shaped by targets' racial and ethnic status. Specifically, Harrison and Fredrickson (2003) compared White girls with girls of various racial ethnic minority backgrounds and found that, among White girls, self-objectification was higher for those who viewed a women's lean sports video compared to those who viewed videos of men's sports or women's non-lean sports. However, among girls of color (most of whom were African American / Black) self-objectification was higher for those who viewed women's non-lean sports videos compared to those who viewed videos of women's lean sports of men's sports. As such,

the extent to which images of women's lean and non-lean sports were experienced as sexually objectifying may have differed between White and girls of color. Perhaps images in women's lean sports were self-relevant to White girls and images in non-lean sports were self-relevant to the girls of color due to trends of higher average BMI for African American/ Black women than for White women (e.g., Seo & Torabi, 2006).

### **Gender Role Identity and Self-Objectification**

As individuals often adjust their behavior to fit in with the gender norms and expectations of their culture (Bem, 1983), it is important to investigate components of gender role that might account for the differences in self-objectification. Bem asserted that gender for most cultures takes on a particular salience (1983). Observable difference between men and women go beyond biological differences and often include culturally prescribed distinctions in dress, behavior, attitudes and personality traits. Bem (1979, 1981, 1984) proposed the existence of a gender schema to address the social phenomenon of sex typing. According to Bem (1981), a schema is "a network of associations that organizes and guides an individual's perception...and functions as an anticipatory structure, a readiness to search for and to assimilate incoming information in schema-relevant terms (p355)." According to the gender schema theory (Bem, 1981), people's gender typing is the result of gender-schematic processing.

Persons who possess a gender schema process information according to the culture's definition of maleness and femaleness and therefore exhibit a "readiness to sort information on the basis of gender rather than other available dimensions" (Bem, 1984, p. 191). According to Bem (1984), gender schematic processing "involves spontaneously sorting persons, attributes and behaviors into masculine or feminine categories or

‘equivalence classes’ regardless of their differences on a variety of dimensions unrelated to gender” (p. 187). Gender schematic persons tend to process information, including information about themselves, according to the culture’s definitions of masculinity and femininity (Bem, 1984). The gender schema theory suggests the interrelatedness of gender related phenomena: gender-personality type, gender attitudes and gender-related behaviors.

Bem conceptualizes masculinity and femininity as two independent unidimensional properties. Individuals vary in the degree to which they are sex typed and thus, according to gender schema theory, vary in the degree to which they process information through a gender schema (Bem, 1981). Sex-typed individuals, either masculine (men with masculine traits) or feminine (women with feminine traits), have a stereotypic view of the world with regard to gender that reflects gender-schematic, covert, selective processing. Non sex-typed, androgynous individuals (those with high levels of both masculine and feminine traits, regardless of gender), on the other hand, do not possess a gender schema and therefore use non-gender data in processing information about the environment. Accordingly, information about gender is less relevant for androgynous individuals and sex stereotypes are not evoked as behavioral guides. Although the research on gender schema has led to some contradictory findings, sex-typed individuals generally have been shown to engage in gender-schematic processing in a variety of situations. These individuals exhibit a readiness to organize and process information relating to the self, information unrelated to the self, and information regarding others in terms of gender to a significantly greater degree than do non-sex-typed individuals (Bem, 1984).

Bem's (1983) gender schema theory proposes that individuals' thoughts and feelings about gender influence their response to culturally prescribed socialization practices (Buckley & Carter, 2005). Bem (1981) theorized that gender-typed individuals are more likely than non-gender-typed individuals to be responsive to cultural gender prescriptions. Accordingly, gender-typed individuals are likely to evaluate themselves in terms of traditional stereotypes, which define the gender "appropriateness" of attitudes and behavior (Bem, 1983). In contrast, androgynous individual's attitudes and behaviors are not selected because they are "appropriate", but rather because they are consistent with how the individual view himself or herself. Each of the gender roles (gender-typed masculine or feminine or androgynous) has implications for psychological well-being, which can vary for members of different racial/ethnic groups (Bem, 1984).

Bem's gender schema theory (1984) further suggests that individuals who can abandon culturally imposed definitions of masculinity and femininity and develop their own guidelines for gender roles are more psychologically healthy. It has recently been argued that androgyny (e.g., possessing both masculine and feminine characteristics) may serve as a protective factor in women's identity development and that conformity to traditional gender roles for women may actually be associated with poor adjustment (Buckley & Carter, 2005; Mokgathe & Schoeman, 1998). Researchers have found that for girls and women, nontraditional, androgynous, and stereotypical masculine characteristics are associated with life satisfaction (Mokgathe & Schoeman, 1998) and positive body image (Molloy & Herzberger, 2002) as women who score higher on androgyny may be better able to define their own standards of beauty.

As few psychological processes are more gendered than body image (Smolack & Murnen, 2008), and researchers have shown that men and women differ in both content and degree of body dissatisfaction and body change behaviors, it is reasonable to expect that gender role plays a part in body image. There is limited evidence that gender role is related to body image and eating problems in girls and women (Smolack & Murnen, 2001, 2004). Mahalik et al.'s (2005) research on contemporary norms of femininity suggests that appearance, and specifically an emphasis on thinness, is inextricably tied to notions of femininity. Furthermore, as research supports a link between body image problems, most notably body shame, and self-objectification in adolescent girls and women (e.g., Noll & Fredrickson, 1998; Smolack & Murnen, 2007) it is plausible that feminine gender role conformity plays a significant role in self-objectification.

### **Intersections of Gender Role Identity and Ethnic Identity**

How women conceptualize their own gender is shaped by a variety of factors, including gender-role socialization, interpersonal interactions, media messages, and personal experiences as women (e.g., Abrams, 2003; Baker, 2005). While some of these external forces and personal experiences may create similar perceptions of gender for women of different backgrounds, women's perceptions of their gender also reflect significant within-group heterogeneity (Abrams, 2003; Rederstorff, Buchanan & Settles, 2007). One factor that may contribute to differences in women's perception of their gender is ethnicity (Settles, Pratt-Hyatt, & Buchanan, 2008). Specifically, socio-historical differences in experiences of discrimination and stereotyping between White women and women of color have created a sense of race-related gender norms that are likely to influence how women from these groups perceive and value their own gender. Thus,

characteristics considered to be masculine or feminine likely depend on one's ethnicity or culture as individuals internalize their conceptions of gender from their culture (Buckley & Carter, 2005; Harris, 1997). The intersection of ethnicity and gender may create unique experiences for White women and women of color in terms of self-objectification and the internalization of sociocultural beauty attitudes. Examining ethnic and gender differences in self-objectification is important so as to better understand whether existing theories and constructs that were developed to explain the experiences of White women adequately capture the experience of ethnic minorities.

Research indicates that Black people's gender roles are more flexible and less restrictive than traditional patterns found among White people (McCollum, 1997); as such, Black people's gender roles are often characterized as androgynous (Harris, 1997). Harris (1996) found that Black men and women have an equally likely chance of viewing traditional masculine characteristics (e.g, independence and assertiveness) as self-descriptive. In contrast, White men's and women's gender roles were more polarized: White men were more likely to view masculine traits as self-descriptive, whereas White women were more likely to view feminine traits as self-descriptive. Therefore, for White men and women, there was a greater separation of gender roles. Similarly, Harris (1996) found that Black women reported higher levels of stereotypical masculine and androgynous characteristics than White women.

### **Ethnic Identity Development**

If how one conceptualizes their gender role is at least partially influenced by their ethnicity, it seems equally important to further test the utility of self-objectification theory with women who vary on ethnic identity. Similar to the gender schema theory,

ethnic identity development theories have been developed to explore different ways that individuals identify with their group. Phinney and Alipuria (1987) define ethnic identity as "an individual's sense of self as a member of an ethnic group and the attitudes and behaviors associated with that sense" (p. 36). They describe the process of ethnic identity development as the development from an unexamined ethnic identity through a period of exploration, to arrival at an achieved ethnic identity. According to Sotomayor (1977), ethnic identification refers to identification or feeling of membership with others regarding the character, the spirit of a culture or the cultural ethos based on a sense of commonality of origin, beliefs, values, customs or practices of a specific group of people. Thus, unlike the concept of race, which pertains to specific physical traits, the concept of ethnicity connotes cultural group membership.

Ethnic identity is often considered a social construct and is viewed as individual's identification with a "segment of a larger society whose members are thought, by themselves or others, to have a common origin and share segments of a common culture and who in addition, participate in shared activities in which the common origin and culture are significant ingredients (Yinger, 1976, p 200)." Ethnic identity seems most often to be a frame in which individuals identify consciously or unconsciously with those with whom they feel a common bond because of similar traditions, behaviors, values and beliefs (Ott, 1989). These points of connection allow individuals to make sense of the world around them and to find pride in who they are. If however, positive ethnic group messages and support are not apparent or available to counteract negative public messages, a particular individual is likely to feel shame or disconnection toward their own ethnic identity. Ethnic identity development consists of an individual's movement



toward a highly conscious identification with their own cultural values, behaviors, beliefs and traditions. Ethnic and racial identity models provide a theoretical structure for understanding individuals' negotiation of their own and other cultures.

Phinney's (1993) model of ethnic identity formation is theoretically grounded in Erikson's (1964, 1968) work. Like other models of ethnic or racial identity development, Phinney's model supports the idea that a crisis or awakening of some kind is a precursor to an evolved or achieved identity. Unlike other models, however, she adapted some of Marcia's (1966, 1980) ego identity terminology to describe this process. Individuals who had made no commitment related to ethnic identity and who might or might not have experienced a crisis (Identity Diffusion; Marcia, 1966, p. 552), as well as those who had made a commitment to ethnic identity without experiencing a crisis (Foreclosure), were representative of the first of the three statuses of Phinney's (1993) model: Unexamined Ethnic Identity. Those who never experience a crisis or catalyst toward self-examination regarding their ethnicity remain in a status of Unexamined Ethnic Identity throughout their lifetime. Individuals who encounter a crisis but have yet reached a point of commitment are in the Ethnic Identity Search / Moratorium period. Marcia (1966) argued that individuals in the Moratorium state of his Ego Identity Model were distinguishable from identity diffused individuals by the expression of an active struggle to make a commitment, a distinction that Phinney maintained. Finally, those who experience a crisis, work through the subsequent search for identity, and make a commitment are said to be in the third or final stage, Achieved Ethnic Identity. Like Phinney's model, revisions of other ethnic or racial identity development models (eg., Helms, 1995,

Parham, 1989) have reflected a conceptual shift from oppression as a focal point to an emphasis on ego identity statuses (Parks et al., 1996).

Phinney's model describes an ethnic identity process that she considers applicable to all ethnic groups. Phinney proposes that most ethnic groups must resolve two basic conflicts that occur as a result of their membership in a non-dominant group. First, non-dominant group members must resolve the stereotyping and prejudicial treatment of the dominant white population toward non-dominant group individuals, thus bringing about a threat to their self-concept. Second, most ethnic minorities must resolve a clash of value systems between non-dominant and dominant groups and the manner in which minority members negotiate a bicultural value system. Phinney's model is helpful in identifying very real triggers for consciousness and in outlining threats to ethnic self-concept.

An examination of how ethnic and gender role identity may be related to the internalization of sociocultural attitudes of appearance and self-objectification is missing in the current literature. An exploration of these factors among a sample of diverse women could also help to further inform our understanding of potential differences in levels of self-objectification between Caucasian women and women of color.

**CHAPTER 3**  
**RESEARCH METHODOLOGY**

**The Sample**

Participants were 172 undergraduate women who were drawn from undergraduate courses, campus organizations, and residence life at a large university in the southeastern region of the United States. The women ranged in age from 18 to 27 years ( $M= 19.72$ ,  $SD= 1.099$ ). 19.8 percent of the sample identified as Asian American, 16.9 percent of the sample identified as African American, 14 percent of the sample identified as Latina, 41.9 percent of the sample identified as White, and 7.6 percent of the sample identified as Multiracial. Overall, 58.1 percent of the sample identified as women of color, 41.9 of the sample identified as Caucasian. 41.3 percent of the sample were in their sophomore year, 36.6 percent in their junior year, 12.8 percent in their senior year, and 9.3 percent in their freshman year. In terms of socio-economic status, 43 percent of participants self-identified as being in the middle class, 40.7 percent identified as being in the upper-middle class, 11.0 percent as being in the lower-middle class, 4.1 in the upper class, and 1.2 percent in the working class. All demographic information is reported below in Table 1.

Table 1

*Frequencies for Categorical Demographic Variables (N = 172)*

|                  | <i>Frequency</i> | <i>Percent</i> |
|------------------|------------------|----------------|
| Ethnicity        |                  |                |
| African American | 34               | 19.8           |

|                        |     |      |
|------------------------|-----|------|
| Asian                  | 29  | 16.9 |
| <hr/>                  |     |      |
| Latina                 | 24  | 14.0 |
| Caucasian              | 72  | 41.9 |
| Multiracial            | 13  | 7.6  |
| Ethnicity (two groups) |     |      |
| Caucasian              | 72  | 41.9 |
| Woman of color         | 100 | 58.1 |
| Year                   |     |      |
| Freshman               | 16  | 9.3  |
| Sophomore              | 71  | 41.3 |
| Junior                 | 63  | 36.6 |
| Senior                 | 22  | 12.8 |
| SES                    |     |      |
| Upper class            | 7   | 4.1  |
| Upper-middle class     | 70  | 40.7 |
| Middle class           | 74  | 43.0 |
| Lower-middle class     | 19  | 11.0 |
| Working class          | 2   | 1.2  |
| <hr/>                  |     |      |

### The Instruments

*Demographic Questionnaire:* A detailed demographic questionnaire was used to obtain relevant information from the participants. The questionnaire consisted of several variables, including: ethnicity, class status (e.g., freshman, sophomore), age, socioeconomic status. See Appendix B for a copy of the demographic questionnaire.

Based on a review of the literature, Noll and Fredrickson's (1998) *Self-Objectification Questionnaire* (SOQ) was selected to measure self-objectification. The SOQ operationalizes the construct as the difference between participants' perceived importance of appearance versus competence-based attributes and typically has been used to measure self-objectification in the existing body of research. The SOQ was developed in 1998 as a 12-item scale aimed at measuring the extent to which an individual views his/her body in an objectified, observable, appearance-based manner related to a non-objectified, non-observable, competence-based manner. The SOQ focuses on respondents' concern with their appearance rather than their satisfaction with their bodies because "objectification theory predicts that women experience the negative consequences of self-objectification primarily as a result of being *concerned* with physical appearance, regardless of whether they feel satisfied or dissatisfied with their bodies" (Fredrickson et al., 1998, p.273).

Respondents are asked to rank order a list of six appearance-based (e.g., physical attractiveness, weight, sex appeal) and six competence-based (e.g., muscular strength, physical stamina, health) attributes by how important each is to their physical self-concept from the most (rank=12) to least (rank=1) important. Scores are obtained by separately summing the rankings associated with the appearance-based and competence-based attributes and then subtracting the sum of the competence ranks from the sum of appearance ranks, resulting in difference scores ranging from -36 to 36 with higher scores indicating a greater emphasis upon appearance, which is interpreted as higher trait self-objectification. Likewise, the lower the score, the more the person views their body based on competence items, indicating the participant has lower self-objectification. To facilitate statistical analyses, these scores were transformed.

Internal consistency (alpha) for the SOQ was reported as 0.87-0.92. In support of the SOQ's convergent validity, Noll (1996) found that SOQ scores were significantly positively correlated with measures of physical-appearance preoccupation and body-size dissatisfaction in a sample of college women. Specifically, scores on the questionnaire were shown to correlate positively on the Appearance Anxiety Questionnaire (Dion, Dion, & Keelan, 1990), a scale that measures preoccupation with observable aspects of the physical self and with body image assessment, as with those on the Body Image Assessment (Williamson, Davis, Bennett, Goreczny, & Gleaves, 1985) which is a measure of an individual's body size dissatisfaction (Noll, 1996). Evidence of the SOQ's discriminate validity was reported by Fredrickson et al. (1998) who found that consistent with objectification theory, college women's self-objectification (as measured by the SOQ) was independent of their body mass index. Convergent and divergent validity were further established for the SOQ through positive correlations with appearance anxiety,  $r=0.56$  and body dissatisfaction,  $r=0.33$ . Body shame and self-objectification were found to be positively correlated at  $r=0.54$  (Noll, 1996). The measure has been used extensively in research with college-aged students (Fredrickson et al., 1998) and has shown high test-retest reliability  $r=.92$  (Fredrickson, et al., 1998). See Appendix C for a copy of the SOQ.

The *Sociocultural Attitudes Towards Appearance Questionnaire-3* (SATAQ-3, Thompson et al., 2004) is a revision of the Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ, Heinberg et al., 1995), which was widely used to measure sociocultural influences on body image and dysfunctional eating concerns. The SATAQ-3 is a 30-item questionnaire that assesses a woman's recognition and acceptance of

culturally sanctioned standards of thinness and attractiveness. The scale measures four dimensions: a) Internalization-General (9 items); b) Internalization – Athletic (5 items); c) Pressure (7 items); d) Information (9 items). The information dimension includes items that measure the degree to which various media are important sources for obtaining information about attractiveness and fashion (e.g., "Magazine articles are an important source of information about fashion and being attractive"). The pressures dimension includes items that measure the degree to which individuals have felt pressured by various media to change their appearance (e.g., "I've felt pressure from TV and magazines to lose weight"). The internalization subscales assesses how much an individual accepts and internalizes societal standards of beauty. The general internalization dimension includes items that measure the degree to which individuals have "bought into" the norms for body shape and weight portrayed in the media and the degree to which they attempt to match these standards by modifying certain behaviors (e.g., "I would like my body to look like the people who are on TV"). The athletic internalization dimension includes items that measure the degree to which individuals desire and strive to achieve the bodies of athletes portrayed in the media (e.g., "I wished I looked as athletic as sports stars").

The SATAQ-3 uses a 5-point, Likert-type scale (1= definitely disagree, 3= neither disagree nor agree, 5= definitely agree). Item ratings are averaged to obtain subscale scores with higher scores indicating greater levels of internalization of sociocultural standards of beauty and pressure to alter their appearance based on various media. Of particular concern to the current study are the Internalization subscales. A higher score on

the Internalization subscales reflects greater personal endorsement or acceptance of societal standards of appearance.

Thompson et al. (2004) reported high internal consistency reliability (coefficient alpha) for the four subscales in nonclinical samples: Internalization-General (.92), Internalization-Athlete (.89), Information (.94), Pressures (.94), and for the total scale (.94). The internal consistency reliability for this scale in a recent study of objectification theory was .87 (Moradi et al., 2005). Good convergent validity was indicated by the high associations between the SATAQ-3 subscales with measures of body image concerns and eating dysfunction in addition to good construct validity (Calogero et al., 2005). Also, eating-disordered and eating-disturbed samples reported higher scores on the subscales of SATAQ-3 than a control sample (Thompson et al., 2004). No test-retest reliability information was reported. Specific to the Internalization subscale, adequate reliability for Internalization scores has been demonstrated across a variety of samples. In the development of the scale, Heinberg et al. reported an alpha of .88 with undergraduate women. More recently, Morry and Staska (2001) obtained an alpha of .85 with women in their study. In terms of validity, Internalization scores have been shown to be largely independent of the awareness of sociocultural standards of beauty (Heinberg et al., 1995) but related positively to body dissatisfaction (Griffiths et al., 2000), abnormal eating attitudes (Griffiths et al., 1999), restrained eating (Griffiths et al., 2000) and body image preoccupation (Morry & Statska, 2001). See Appendix D for a copy of the SATAQ-3.

*The Bem Sex Role Inventory* (BSRI; Bem, 1979, 1981)

is a 60 item self-report questionnaire selected to measure gender role. Respondents indicate how well each of the 30 adjectives describes themselves on a 7-point Likert scale



that ranges from *never* to *always or almost always true* (7). There are 20 each of stereotypically masculine, feminine, and neutral items. Bem (1973) reported internal consistency reliability coefficients as femininity  $r=.82$  and masculinity  $r=.86$ . See Appendix F for a copy of the BSRI.

The *Multigroup Ethnic Identity Measure* (MEIM, Phinney, 1992) was selected to measure ethnic identity as it has been found to be appropriate for all ethnic groups. The current version of the instrument consists of 12 items representing two factors: a) Ethnic Identity Search (development and cognitive component; e.g., "I think a lot about how my life will be affected by my ethnic group membership) and b) Affirmation, Belonging and Commitment (affective component; e.g., "I have a strong sense of belonging to my own ethnic group). Respondents are asked to indicate level of agreement with each statement using a 4-point Likert-type scale (1=*strongly disagree*, 4=*strongly agree*). The recommended scoring method is to compute the total mean score. Thus, the range of scores is from 1 to 4, with higher scores indicating a stronger ethnic identity. Research has supported use of the MEIM with a junior high school through college population representing a wide variety of ethnic groups, including Whites (Phinney, 1996a). Although the MEIM was developed using high school students and college undergraduates, it also is considered suitable for a graduate student population. In the study describing the development of the MEIM, Phinney (1992) reported alphas of .81 for the high school sample and .90 for the college sample. Coefficient alphas for the MEIM typically exceed .80. Individual MEIM items do not correspond to statuses of development; rather an overall mean score is obtained that reflects strength of ethnic

identity based on affective, cognitive, and development aspects. See Appendix E for a copy of the MEIM.

### **Procedures**

Instructors of psychology, anthropology, and career courses along with professional residence life staff and leaders of student organizations at this institution were provided with information about the survey and how to access the link. Instructors were asked to share the information with their students and to encourage participation in the study. To ensure enough participants who identify as women of color, diverse campus organizations were also targeted for recruitment. This was done to provide a meaningful comparison between the results of White participants and participants of color. Students were informed of the purposed of the study and were asked to complete a series of questionnaires which were ordered in the same sequence as they are presented and described below. All participants completed the same order of instruments. Students who chose to participate were directed to the survey web page where they could find the consent form. After the consent was read and agreement indicated, participants were directed to begin the survey.

The questionnaires assessing self-objectification, internalization of sociocultural attitudes of appearance, gender role identity, and ethnic identity were placed online using Survey Monkey, a tool used for creating web surveys found at [www.surveymonkey.com](http://www.surveymonkey.com). Once the surveys were posted, a link was generated that when accessed allowed participants to complete the survey online. While an IP address was attached to each completed survey, survey responses were kept confidential. In accordance with APA standards, a debriefing statement, for participants to read after completion of the survey,

was included on the link. The survey was distributed for 3-4 months at which point, participants' surveys were evaluated. While at least 72 participants was the initial desired amount determined through power analysis, 172 participants completed these questionnaires. As all participants who completed the survey were given the questionnaires in the same order, the instruments were not counterbalanced. Participants first completed the Demographic Questionnaire, followed by the Self-Objectification Questionnaire, followed by the Sociocultural Attitudes Toward Appearance-3 Questionnaire, the Bem Sex Role Inventory and finally, the Multiethnic Identity. This order was intentionally selected by the researcher so that participants' self-objectification scores would not be impacted by reading questions about sociocultural messages of beauty and gender role identity.

### **Hypotheses**

Based on theoretical literature (Moradi et al, 2005; Morry & Staska, 2001; Calogero et al, 2005), this study hypothesizes that women's internalization of general sociocultural attitudes of appearance, or the extent to which they have "bought into" the norms for body shape and weight portrayed in the media and attempt to match these standards, will significantly and positively relate to self-objectification.

- I. Internalization of sociocultural attitudes of appearance, as measured by SATAQ- 3, significantly and positively correlate to levels of self-objectification as measured by the SOQ.

Based on theoretical literature (Bem, 1983; Buckley & Carter, 2005; Mahalik et al, 2005; Smolak & Murnen, 2004), this study hypothesizes that the endorsement of traditional feminine gender roles will significantly and positively relate to self-

objectification.

II. The endorsement of traditional feminine sex roles, as measured by the BSRI, will significantly and positively relate to self-objectification, as measured by the SOQ. Based on theoretical literature, (Hebl & King, 2004; Frisby, 2004; Milkie, 1999; Duke, 2000) this study hypothesizes that significant differences in self-objectification will be found between Caucasian women and women of color.

III. Caucasian women will score significantly higher on self-objectification, as measured by SOQ than women of color.

Based on the theoretical literature, (Phinney, 1993,1996) ethnic group (Caucasian vs women of color) is predicted to moderate the relation between ethnic identity development and self-objectification such that for women of color, the correlation will be negative and for Caucasians the relation will be close to zero.

IV. Ethnic group (Caucasian vs women of color) will moderate the relation between ethnic identity, as measured by the MEIM, and self-objectification, as measured by the SOQ, such that for women of color, ethnic identity (MEIM) will be negatively correlated with self-objectification (SOQ) and for Caucasian women, the correlation between ethnic identity (MEIM) and self-objectification (SOQ) will be close to zero.

### **Statistical Analysis**

Since the research was based on responses to a survey, correlations were primarily used. Data from the surveys were entered into SPSS and descriptive statistics and internal consistency reliability values were computed for all measures. Correlations were examined between the four (Self-Objectification, Internalization of Sociocultural

Attitudes of Appearance, Gender-Role, and Ethnic Identity) variables of interest and other demographic variables. The demographic variables that were examined include age, ethnicity, year in college, and socio-economic identification. Separate tables for White women and women of color were reported throughout the study to assess for differences between these two groups.

Research Question 1 examined the relationship between the internalization of cultural standards of appearance and self-objectification. To test the hypothesis that women's internalization of sociocultural attitudes of appearance would significantly and positively correlate with self-objectification, descriptive statistics and correlational analyses from the SOQ and SATAQ-3 were used to assess the relationship of these variables. Specifically, a Pearson Product Moment Correlation between the SATAQ-General Internalization and the SOQ was computed to examine relations between the General Internalization subscale of the SATAQ-3 and SOQ.

Research Question 2 examined the relationship between gender role identification and self-objectification. Gender role identification as measured through the BSRI results in three separate participant scores for each of the three standard gender role categories (androgynous, masculine and feminine). To test the hypothesis that feminine gender role identification significantly and positively correlates with self-objectification, a Pearson Product Moment Correlation was computed to examine relations between the BSRI-Fem and SOQ.

Research Question 3 assessed if differences exist in levels of self-objectification between White women and women of color. Descriptive statistics (mean, median, standard deviation) were gathered from the SOQ and a t-test between White women and

women of color was performed to compare the two groups. In addition, an ANOVA was conducted to examine differences in greater detail across the 5 ethnic groups. Finally, post hoc tests were then computed to determine which groups differ from others.

Research Question 4 examined the relationship between ethnicity, ethnic identity and self-objectification. Descriptive statistics (mean, median, standard deviation) of these variables were reported. Ethnic identity was measured through the overall ethnic identity score on the MEIM. To test the hypothesis that for women of color, ethnic group moderates ethnic identity and self-objectification, simultaneous multiple regressions of SOQ on MEIM, ethnicity and MEIM x ethnicity interaction were conducted. This was performed to examine the roles of ethnicity and ethnic identity development (MEIM) as a predictor of the criterion variable, self-objectification. An interaction was then added to test for a significant interaction between MEIM and ethnic group. Following this, the correlation between MEIM and SOQ was computed separately for White women and women of color, and the interaction from the regression was graphed.

## CHAPTER 4

### RESULTS

Results will be presented in the following order: sample characteristics, descriptive statistics, tests of hypotheses including correlations, *t* tests, ANOVAs, and regressions.

#### Sample Characteristics

Data were collected on 172 undergraduate women from a large university in the Southeastern region of the United States. The women ranged in age from 18 to 27 years ( $M= 19.72$ ,  $SD= 1.099$ ). Table 1 presents frequencies and percentages for categorical demographic variables. There were five categories of ethnicity represented in the sample. Comparisons were made on four of the scales across all five ethnicities using one-way Analysis of Variance (ANOVA), but other analyses compared only White women ( $N = 72$ ) and women of color ( $N = 100$ ). Thus, both categorizations of ethnicity are presented in Table 1.

Overall, 58.1 percent of the sample identified as women of color, 41.9 of the sample identified as Caucasian. The majority of women in the sample were in their sophomore year (41.3%) or their junior year (36.6%) of college. The majority of women in the sample were upper-middle class (40.7%) or middle class (43.0%).

#### Presentation of Data Analyses

Descriptive statistics were run for all of the scales and subscales, as well as age and are shown in Table 2. To assess normality of the scale distributions, measures of

skewness and kurtosis were computed for each scale. Skewness and kurtosis values of zero are indicative of a normal distribution, and values between -2 and +2 signify no problematic deviations from normality (Balanda & MacGillivray, 1988; De Carlo, 1997; Kendall, Stuart, Ord, & Arnold, 1999). All measures of skewness and kurtosis for all scales were between the values of -1 and +1 except for the skewness value for age, which was 1.86 and the kurtosis value for age, which was 10.24. Since age was not used in any of the analyses, its lack of normality was not a problem. All of the scale measures were sufficiently normally distributed; thus, parametric statistics could be appropriately applied to the scales.

Table 2

*Descriptive Statistics for All Continuously Measured Variables (N = 172)*

|             | <i>M</i> | <i>SD</i> | <i>Range</i> |
|-------------|----------|-----------|--------------|
| Age         | 19.72    | 1.10      | 18 – 27      |
| SOQ         | 10.03    | 16.93     | -35 – 36     |
| SATAQ-Int G | 3.38     | 0.96      | 1.20 – 4.80  |
| SATAQ-Int A | 3.38     | 0.89      | 1.33 – 5.00  |
| SATAQ-P     | 3.50     | 0.84      | 1.44 – 5.00  |
| SATAQ-Info  | 3.25     | 0.94      | 1.00 – 5.00  |
| MEIM        | 3.15     | 0.55      | 1.92 – 4.58  |
| BSRI Masc   | 4.49     | 0.59      | 2.90 – 6.00  |
| BSRI Fem    | 4.69     | 0.68      | 3.15 – 5.90  |
| BSRI And    | 4.24     | 0.60      | 3.00 – 5.80  |



Table 3 presents the Cronbach's alpha reliabilities (Cronbach, 1951) that were computed to assess the internal consistency of the items on the SATAQ-3, MEIM and BSRI scales.

Table 3

*Cronbach's Alpha Reliabilities*

|                          | N   | Number of items | Reliability ( $\alpha$ ) |
|--------------------------|-----|-----------------|--------------------------|
| SATAQ total              | 172 | 30              | .98                      |
| Internalization general  | 172 | 9               | .95                      |
| Internalization athletic | 172 | 5               | .92                      |
| Pressure                 | 172 | 7               | .94                      |
| Information              | 172 | 9               | .95                      |
| MEIM                     | 172 | 12              | .91                      |
| BSRI total               | 171 | 60              | .87                      |
| Masculine                | 172 | 20              | .82                      |
| Feminine                 | 171 | 20              | .87                      |
| Androgynous              | 172 | 20              | .87                      |

### Hypothesis Testing

A series of data analyses were conducted to examine each of the hypotheses stated in Chapter 3. All data were analyzed using SPSS (version 16) at the .05 level of significance cut off. All of the hypotheses were upheld through the data analyses. Each of the hypotheses are presented, in turn, as follows:

### Hypothesis 1:

**Women's internalization of sociocultural attitudes of appearance, as measured by the Internalization-General subscale of the SATAQ-3, significantly and positively relates to their level self-objectification, as measured by the SOQ.**

Consistent support for this hypothesis was found. A Pearson Product Moment Correlation between the SATAQ-Int G score and the SOQ score was computed to address Hypothesis 1. Table 4 presents this correlation, as well as all other correlations between all pairs of measures collected for the study. The correlation between the SATAQ-Int G and the SOQ was  $r = .87, p < .001$ , which was a strong positive significant correlation; thus, providing support for Hypothesis 1 and allowing for the rejection of Null Hypothesis 1. Overall, the relation between the SOQ scale and the SATAQ-3 Internalization General may be summarized as strong, in the hypothesized direction. The current study's finding that level of self-objectification was correlated to higher levels of internalization of sociocultural attitudes of appearance is consistent with the pattern of relations reported in past research (Moradi et al., 2005), but stronger.

Table 4

*Correlations between Scales (N = 172)*

|             | <i>SOQ</i> | <i>SATAQ<br/>Int G</i> | <i>SATAQ<br/>Int A</i> | <i>SATAQ<br/>P</i> | <i>SATAQ<br/>Info</i> | <i>MEIM</i> | <i>BSRI<br/>Masc</i> | <i>BSRI<br/>Fem</i> |
|-------------|------------|------------------------|------------------------|--------------------|-----------------------|-------------|----------------------|---------------------|
| SOQ         | --         |                        |                        |                    |                       |             |                      |                     |
| SATAQ-Int G | .87***     | --                     |                        |                    |                       |             |                      |                     |
| SATAQ-Int A | .75***     | .89***                 | --                     |                    |                       |             |                      |                     |
| SATAQ-P     | .71***     | .85***                 | .78***                 | --                 |                       |             |                      |                     |
| SATAQ-Info  | .71***     | .82***                 | .77***                 | .83***             | --                    |             |                      |                     |

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|           |         |         |         |         |         |      |        |      |
|-----------|---------|---------|---------|---------|---------|------|--------|------|
| MEIM      | -.16*   | -.15    | -.09    | -.19*   | -.12    | --   |        |      |
| BSRI Masc | -.52*** | -.44*** | -.32*** | -.35*** | -.34*** | .16* | --     |      |
| BSRI Fem  | .65***  | .67***  | .66***  | .62***  | .66***  | -.11 | -.17*  | --   |
| BSRI And  | -.20**  | -.14    | -.14    | -.07    | -.18*   | .16* | .41*** | -.02 |

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\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

### Hypothesis 2

**Women's identification with traditional feminine gender roles, as measured by the Bem Sex Role Inventory – Feminine, significantly and positively relates to their level of self-objectification, as measured by the SOQ.**

Support for this hypothesis was found. A Pearson Product Moment Correlation between the BSRI Fem score and the SOQ score was computed to address Hypothesis 2. Table 4 presents this correlation as well. The correlation between the BSRI Fem and the SOQ was  $r = .65$ ,  $p < .001$ , which was a moderately strong positive significant correlation; thus, providing support for Hypothesis 2 and allowing for the rejection of Null Hypothesis 2. Overall, the relation between the SOQ scale and the BSRI –Feminine may be summarized as moderately strong, in the hypothesized direction. To the current researcher's knowledge, this has not been previously researched.

### Hypothesis 3

**Caucasian women would evidence higher levels of self-objectification, as measured through the SOQ, than women of color.**

This hypothesis was supported. Hypothesis 3 was addressed first by computing an independent  $t$  test comparing Caucasian women ( $N = 72$ ) and women of color ( $N = 100$ ) on the SOQ. Table 5 presents the results of the  $t$  test. As can be seen in Table 5,

Caucasian women scored noticeably and significantly higher ( $M = 17.74$ ,  $SD = 16.40$ ) than women of color ( $M = 4.49$ ,  $SD = 15.10$ ) on the SOQ,  $t(170) = 5.47$ ,  $p < .001$ , thus providing support for Hypothesis 3 and allowing for the rejection of Null Hypothesis 3.

Although not hypothesized,  $t$  tests comparing Caucasian women and women of color were computed also for the SATAQ-Int G, the MEIM, and the BSRI-Fem. All scales showed significant differences between the two groups such that Caucasian women scored significantly higher on the SATAQ-Int G and the BSRI-Fem, but women of color scored significantly higher on the MEIM.

To explore these differences in greater detail, one-way ANOVAs were computed on the same measures comparing across the five ethnic groups: Asian ( $N = 34$ ), African American ( $N = 29$ ), Latina ( $N = 24$ ), White ( $N = 72$ ), and Multiracial ( $N = 13$ ). Table 6 presents the results of the one-way ANOVAs as well as the means and standard deviations for each group on each measure. For each of the four measures, the overall ANOVA was significant.

Post hoc Scheffe tests were then computed to determine specifically which groups differed from which other groups. First, for the SOQ, the post hoc tests indicated that Whites had significantly higher SOQ scores than African Americans ( $p = .000$ ) and Latinas ( $p = .000$ ), and that Asians also had significantly higher scores than African Americans ( $p = .001$ ) and Latinas ( $p = .031$ ). No other differences between groups were significant for the SOQ.

For the SATAQ-Int G, the post hoc tests indicated the exact same pattern as shown on the SOQ; specifically, that Whites had significantly higher SATAQ-Int G scores than African Americans ( $p = .000$ ) and Latinas ( $p = .000$ ), and that Asians also had

significantly higher scores than African Americans ( $p = .001$ ) and Latinas ( $p = .001$ ). No other differences between groups were significant for the SATAQ-Int G.

The MEIM showed a different pattern of results. For the MEIM, the post hoc tests indicated that Whites had significantly *lower* MEIM scores than African Americans ( $p = .043$ ). No other differences between groups were significant for the MEIM.

Finally, for the Bem Fem, the post hoc tests indicated the exact same pattern as shown on the SOQ and SATAQ-Int G; specifically, that Whites had significantly higher Bem Fem scores than African Americans ( $p = .001$ ) and Latinas ( $p = .007$ ), and that Asians also had significantly higher scores than African Americans ( $p = .002$ ) and Latinas ( $p = .008$ ). No other differences between groups were significant for the BSRI-Fem.

Table 5

*Independent t tests Comparing Caucasians and Women of Color on Self-Objectification Questionnaire (SOQ), Sociocultural Attitudes Towards Appearance (SATAQ-Int G), Multigroup Ethnic Identity Measure (MEIM), and Bem Sole Role Inventory (BSRI Fem) Scores (N = 172)*

|             | <u>Caucasians</u><br>( <i>n</i> = 72)<br><i>M</i> ( <i>SD</i> ) | <u>Women of color</u><br>( <i>n</i> = 100)<br><i>M</i> ( <i>SD</i> ) | <i>t</i> ( <i>df</i> ) |
|-------------|---|--|------------------------|
| SOQ         | 17.74 (16.40)   | 4.49 (15.10)   | 5.47(170)***           |
| SATAQ-Int G | 3.82 (0.77)   | 3.06 (0.96)  | 5.79(167.80)***        |
| MEIM        | 3.05 (0.53)   | 3.23 (0.56)  | -2.06(170)*            |
| BSRI Fem    | 4.89 (0.68)   | 4.55 (0.65)  | 3.40(170)***           |

*Note.* Levene's test for equality of variances was significant for the SATAQ-Int G, indicating that the two groups had significantly different variances; thus, the *t* test where equal variances were not assumed was used, and the degrees of freedom were adjusted.

\* $p < .05$ . \*\*\* $p \leq .001$ .

Table 6

*One-Way ANOVAs Comparing Across Ethnic Groups for Self-Objectification Questionnaire (SOQ), Sociocultural Attitudes Towards Appearance (SATAQ-Int G), Multigroup Ethnic Identity Measure (MEIM), and Bem Sole Role Inventory (BSRI- Fem)*

*Scores (N = 172)*

| <i>Scale</i>     | <i>N</i> | <i>M (SD)</i> | <i>F(4, 167)</i> |
|------------------|----------|---------------|------------------|
| SOQ              |          |               | 14.19***         |
| Asian            | 34       | 13.41 (11.98) |                  |
| African American | 29       | -3.62 (14.46) |                  |
| Latina           | 24       | 0.38 (10.95)  |                  |
| White            | 72       | 17.74 (16.40) |                  |
| Multiracial      | 13       | 6.85 (18.57)  |                  |
| SATAQ-Int G      |          |               | 15.80***         |
| Asian            | 34       | 3.62 (0.81)   |                  |
| African American | 29       | 2.70 (0.88)   |                  |
| Latina           | 24       | 2.65 (0.87)   |                  |
| White            | 72       | 3.82 (0.77)   |                  |
| Multiracial      | 13       | 3.15 (0.95)   |                  |
| MEIM             |          |               | 2.69*            |
| Asian            | 34       | 3.09 (0.60)   |                  |
| African American | 29       | 3.43 (0.49)   |                  |
| Latina           | 24       | 3.21 (0.56)   |                  |
| White            | 72       | 3.05 (0.53)   |                  |
| Multiracial      | 13       | 3.15 (0.57)   |                  |
| BSRI- Fem        |          |               | 8.98***          |
| Asian            | 34       | 4.96 (0.54)   |                  |
| African American | 29       | 4.28 (0.56)   |                  |
| Latina           | 24       | 4.33 (0.64)   |                  |
| White            | 72       | 4.89 (0.68)   |                  |
| Multiracial      | 13       | 4.46 (0.62)   |                  |

\* $p < .05$ . \*\*\* $p < .001$ .

### Hypothesis 4

**Ethnic group (Caucasians vs. women of color) moderates the relation between ethnic identity development, as measured by the MEIM, and self-objectification, as measured by the SOQ, such that for women of color, the correlation will be negative, and for Caucasians, the correlation will be close to zero.**

Hypothesis 4 was addressed by computing a simultaneous multiple regression of the SOQ score on the MEIM, ethnicity, and the MEIM  $\times$  ethnicity interaction. According to the specifications set forth by Aiken and West (1991), the MEIM scores were standardized before computing the interaction. Ethnicity was coded as 0 = Caucasian and 1 = women of color.

Table 7 presents the results of the regression. The overall model was significant,  $F(3, 168) = 40.33, p < .001$ , explaining 40.8% of the variability in SOQ scores. All three predictors were significant. The MEIM was a significant positive predictor of the SOQ ( $\beta = .55, p < .001$ ). Ethnicity was a significant negative predictor ( $\beta = -.40, p < .001$ ), indicating higher SOQ scores for Caucasians because ethnicity was coded as Caucasian = 0 and women of color = 1. Finally, the MEIM  $\times$  ethnicity interaction was significant and negative ( $\beta = -.82, p < .001$ ), indicating that the MEIM was negatively related to the SOQ for women of color, but not for Caucasians.

Table 7

*Regression Models for Predicting Self-Objectification Questionnaire (SOQ) Scores from Multigroup Ethnic Identity Measure (MEIM), Ethnicity, and the MEIM  $\times$  Ethnicity Interaction*

| <i>Predictors</i> | <i>B</i> | <i>SE B</i> | <i><math>\beta</math></i> | <i>R<sup>2</sup></i> |
|-------------------|----------|-------------|---------------------------|----------------------|
|-------------------|----------|-------------|---------------------------|----------------------|

|                  |        |      |         |      |
|------------------|--------|------|---------|------|
| MEIM             | 9.24   | 1.62 | .55***  | .408 |
| Ethnicity        | -13.80 | 2.04 | -.40*** |      |
| MEIM × Ethnicity | -17.90 | 2.07 | -.82*** |      |

*Note.* MEIM was standardized before being used in the regressions. Ethnicity was coded 0 = Caucasian and 1 = Women of Color. The overall model was significant,  $F(3, 168) = 40.33, p < .001$ . The constant for the model = 19.43. The  $R^2$  value is the adjusted  $R^2$ . \*\*\* $p < .001$ .

The interaction effect was then illustrated by teasing it apart in two different ways: (a) by splitting the sample and computing the correlation between MEIM and SOQ separately for Caucasians and women of color, and (b) by graphing the interaction from the regression.

For the first method of teasing apart the interaction, the sample was split into two separate samples: women of color and Caucasians. Then the correlation between MEIM and SOQ was computed separately for each subsample. When this was done, the correlation for the women of color group was  $r = -.58, p < .001$ , and the correlation for the Caucasian group was  $r = .54, p < .001$ . Thus, it could be concluded that the interaction effect provided partial support of Hypothesis 4 such that the correlation between MEIM and SOQ was indeed negative for women of color, but it was not near zero as hypothesized for Caucasians—it was significant and positive.

For the second method of teasing apart the interaction, Figure 1 displays the interaction effect graphically. Figure 1 was created by plotting four regression points according to the specifications of Aiken and West (1991). Using the standardized regression equation, points were plotted for low MEIM scores (1 *SD* below the mean) for both Caucasian women and women of color, and for high MEIM scores (1 *SD* above the mean) for both groups. In Figure 1, the scores for the Caucasian women are represented



by a solid line. It is easy to see that the relation between MEIM and SOQ for this group is positive (i.e., the line slopes up to the right). The scores for the women of color are represented by the dashed line. For this group, one can see that the relation between MEIM and SOQ is negative (i.e., the line slopes down to the right). Thus, the graphical results support the correlational results for the correlation between MEIM and SOQ when computed separately for the two groups.

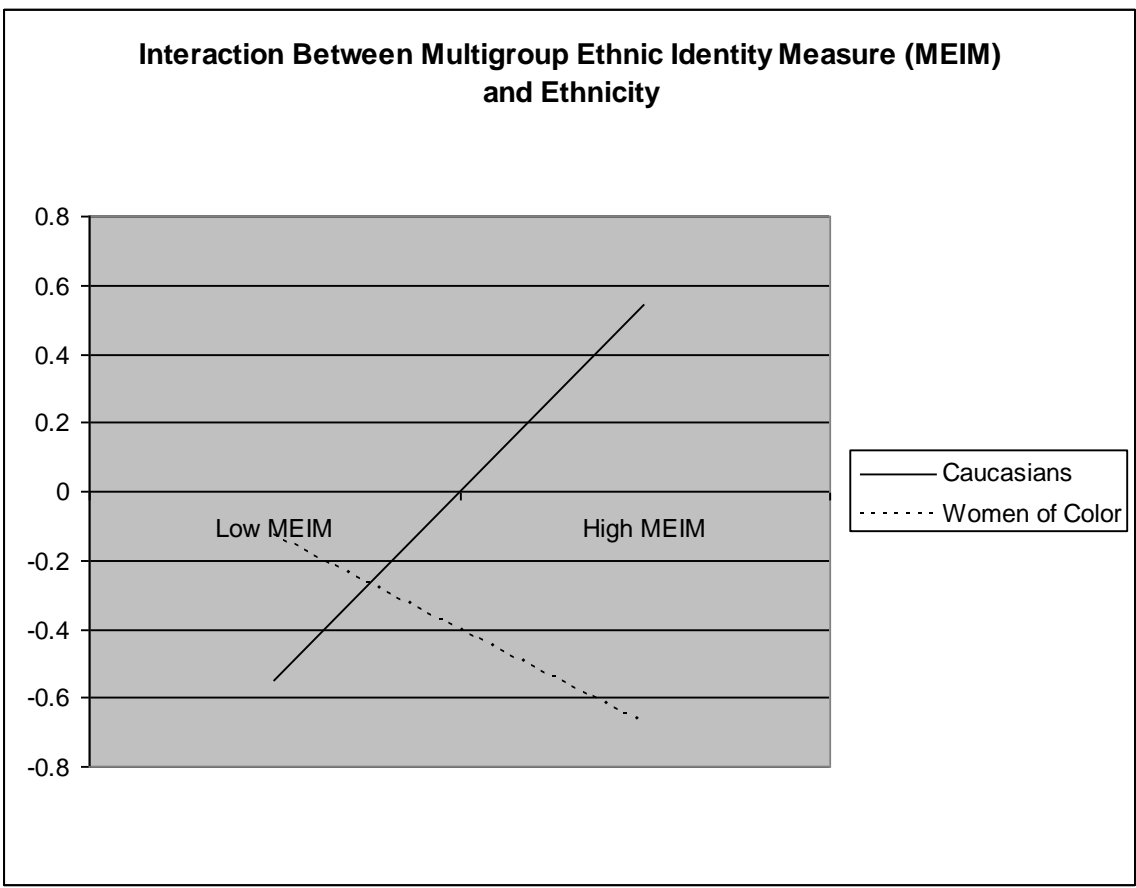
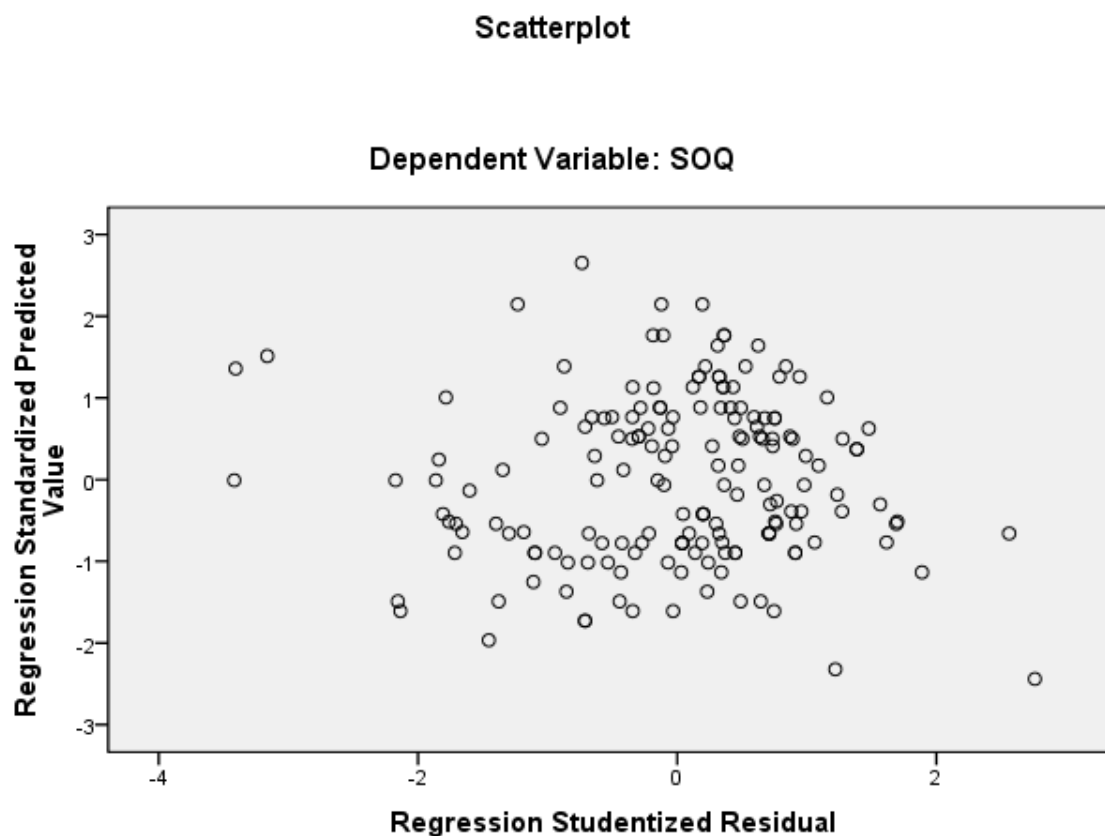


Figure 1. Interaction between MEIM and Ethnicity when predicting SOQ.

*Regression assumptions.* The regression model was assessed to determine whether it met the necessary assumptions of multiple regression. First, the variables were assessed to be sufficiently normally distributed as discussed earlier in the chapter in the section on skewness and kurtosis. Second, a linear relationship was determined between the

independent and dependent variables by plotting the studentized residuals against the standardized predicted values of the dependent variable. Figure 2 displays a scatterplot showing this relationship. As can be seen in the scatterplot, there are no obvious curvilinear patterns in the data; thus, a linear relationship can be assumed. Third, the variables were previously determined to be measured reliably as presented in Table 3. Fourth, Figure 2 can also be used to assess the data for homoscedasticity, which is a measure of whether the error variances are equal across all levels of the independent variables. When error variances are not equal, obvious patterns (e.g., bowtie pattern, fan pattern) will appear in the scatterplot, indicating heteroscedasticity. The plot in Figure 2 is sufficiently free of patterns, thus indicating that the assumption of homoscedasticity was met for these data.

Finally, the independent variables were assessed for multicollinearity. Typical measures of multicollinearity include the Tolerance and the Variance Inflation Factor (VIF). Typically, tolerance measures should be  $> .20$  and the VIF should be  $< 4.0$  (Cohen et al., 2003). All independent variables in the tested model met these assumptions.



*Figure 2.* Scatterplot of studentized residuals and standardized predicted values.

### **Results Summary**

Overall, the results of the study found support for Hypothesis 1. The hypothesized relation between the internalization of sociocultural attitudes of appearance, as operationalized by the SATAQ-3, and self-objectification as operationalized by the SOQ was supported. Hypothesis 2 was supported as correlations between the endorsements of traditional feminine gender roles, as measured by the BSRI-Fem and levels of self-objectification, as measured by the SOQ were positive and significant. Hypothesis 3 also was supported as Caucasian women did score significantly higher than women of color. Furthermore, all scales were found to show significant differences between the two

groups such that Caucasian women scored significantly higher on the SATAQ-Int G and the BSRI Fem, but women of color scored significantly higher on the MEIM. One-way ANOVAs were then computed on the same measures comparing across the five ethnic groups to explore these differences in greater differences, and for each of the four measures, the overall ANOVA was significant. Post hoc Scheffe tests were then computed to determine specifically which groups differed from which others groups. The post hoc tests for the SOQ, SATAQ-3, and BSRI Fem indicated a similar pattern where Caucasian women and Asian American women had significantly higher scores than African American and Latina women. A different pattern was found however for the MEIM, where Caucasian women were found to have significantly *lower* MEIM scores than only African Americans. Hypothesis 4 was partially supported as the correlation between the MEIM and SOQ was indeed negative for women of color, but not near zero for Caucasian as it was instead significant and positive. The overall model was found to be significant with the interaction explaining 40.8% of the variability in SOQ scores, and all three predictors found to be significant. The MEIM was found to be a significant positive predictor of the SOQ, ethnicity was shown to be a significant negative predictor, indicating higher SOQ scores for Caucasians. Finally, the MEIM  $\times$  ethnicity interaction was significant and negative indicating that the MEIM was negatively related to the SOQ for women of color, but not for Caucasians.

## **CHAPTER 5**

### **DISCUSSION**

This chapter first presents an overview of the current study. The theoretical perspectives of objectification theory, internalization of sociocultural attitudes of appearance, ethnic identity and gender role are discussed. The relevance of these constructs to one another and as collectively providing a promising framework for understanding how some sociocultural and psychological risk factors work together to shape aspects of women's mental health and may contribute to the development of self-objectification is considered. Next, results of the study are discussed, integrated with the extant literature, and implications are explored. Finally, limitations of this study and recommendations for future research are offered.

#### **Summary of Major Constructs Examined in Current Study**

The purpose of the current study was to explore the relation of self-objectification and internalization of cultural standards of appearance, gender role and ethnic identity. In so doing, an overarching aim was to better understand and clarify the development of how sociocultural factors are translated into experiences of self-objectification and to explore this process among women who vary in ethnicity, ethnic identity and gender role identification.

Objectification theory (1997) is based on the concept that sexual objectification within our society is infused in Western culture and that the objectification experience is exacerbated for women. The experience of being treated as a sexual object is a daily

reality for many women living in the United States (Swim et al., 2000). Further, the theorists proposed a model that outlines a specific set of consequences that are purported to result from sexual objectification and the resulting internalization process of self-objectification, by which the individual comes to value appearance over physical competence. A growing number of studies have supported the propositions of objectification theory indicating that the objectification of one's own body can have a profound and detrimental impact on women's mental health. To date, research has explored and tested many tenets of the self-objectification model and support has been found for the proposed links between self-objectification and shame (Noll & Fredrickson, 1998), negative affect (Miner-Rubino et al., 2002), disordered eating (Tiggeman & Slater, 2001), and depression (Tiggeman & Kuring, 2004). While significant research has been conducted to explore the psychological consequences of self-objectification, there has been minimal examination on the origins of self-objectification and an understanding of how specific factors are translated into experiences of self-objectification. The current study sought to explore this by examining the role of internalization of sociocultural standards of appearance.

Internalization of sociocultural standards of appearance has been defined as the process by which an individual adopts cultural standards of beauty as one's own. Cultural standards of beauty are frequently communicated through a variety of media outlets which both promote an unhealthy thin ideal and depict women in a sexualized manner. As these messages often encourage women to enhance their sexual desirability and physical attractiveness and thinness through dieting and beauty products, as opposed to improving their health, it seems likely that those women who internalize sociocultural

standards of appearance would come to value their physical attractiveness over their body's competence and health, or self-objectify. The internalization of sociocultural standards of appearance has been suggested as a mechanism that mediates theorized links in the objectification theory model and serves to translate societal sexual objectification to self-objectification and psychological symptoms such as disordered eating.

Congruent with past research on the objectification model, analysis with the Sociocultural Attitudes of Appearance Questionnaire (SATAQ-3), a measure of internalization of sociocultural standards of beauty was conducted. The present study was designed to more fully examine the relation between self-objectification and internalization of sociocultural attitudes of appearance, and to do so in a more comprehensive manner than has been done in past research. Several observations emerged from critical analysis of earlier studies. Overall, the use of primarily Caucasian, college-aged women and the lack of ethnic and racial diversity in studies was a recurring subject of critique, as this limits the generalizability of the research conducted on self-objectification. This study addressed this gap in the extant research through recruitment of a diverse sample and sought to explore if significant differences exist in the levels of self-objectification between White women and women of color, and the extent to which the conceptualization of self-objectification theory constructs adequately captured the experiences of women from diverse backgrounds.

Gender role identity, as conceptualized through Bem's gender schema theory (1981, 1983), and ethnic identity development were additional variables of interest for this study. Bem proposed that individuals vary in the degree to which they are sex-typed as masculine or feminine, or non sex-typed as androgynous, and therefore vary in the

degree to which they process information through a gender schema and respond to culturally prescribed socialization practices. Research has demonstrated that gender-typed individuals are more likely than nongender-typed individuals to be responsive to cultural gender prescriptions and are more likely to evaluate themselves in terms of traditional stereotypes (Buckley&Carter, 2005; Bem, 1981), which define the gender appropriateness of attitudes and behavior. Conceptually and intuitively, this aspect seems to intersect with objectification theory and the process of self-objectification for women who identify with and conform to traditional feminine gender-role as contemporary norms of femininity are inextricably tied to appearance and an emphasis on thinness (Mahalik et al., 2005). Analysis with the Bem Sex Role Inventory (BSRI), a measure of gender role, was performed to understand the relation of endorsement of traditional feminine gender roles and self-objectification.

Ethnic identity development theories similarly explore different ways that individuals identify with their ethnic group. Ethnic identity has been conceptualized as an individual's sense of self as an ethnic group member and the attitudes and behaviors associated with that sense (Phinney & Alipuria, 1987; Sotomayor, 1977). Ethnic identity development comprises the process by which an individual moves from an unexamined ethnic identity toward a highly conscious identification with their own cultural values, beliefs and traditions (Phinney & Alipuria, 1987). As ethnic identity has been conceptualized as contributing to differences in women's perceptions of their gender (Buckley & Carter, 2005; Harris, 1997), it seemed important to further test the utility of self-objectification theory with women who varied on ethnic identity. Exploratory analysis with the Multigroup Ethnic Identity Measure (MEIM), a measure of ethnic



identity development, was conducted to examine the relation between ethnic identity and self-objectification.

To the author's knowledge, this study was the first study to incorporate gender role and ethnic identity in relation to self-objectification and thus pioneered the empirical examination of self-objectification and gender role identity and ethnic identity development in a diverse sample of women. This study identified the previous absence of an exploration of these factors as an important gap in the extant research as the intersection of ethnicity and gender may create unique experiences for White women and women of color in terms of self-objectification and the internalization of sociocultural beauty attitudes. As much research has been conducted to demonstrate the negative psychological impact that self-objectification has upon women's development, a greater understanding of how some women may be impacted differently seemed warranted. It was also thought that an exploration of ethnic and gender role identity among a sample of diverse sample of women could help to examine whether existing theories and constructs of self-objectification adequately capture the experience of women of color and further our understanding of potential differences in self-objectification between White women and women of color.

### **Summary of Findings and Relationship to Previous Findings**

One-hundred and seventy -two female students from a large university in the southeast region of the United States volunteered to participate in this study. The ethnic composition of the group was diverse as 41.9 percent of the participants identified as White / Caucasian, 19.8 percent identified as Asian American, 16.9 percent identified as African American, 14 percent identified as Latina, and 7.6 percent of the participants

identified as Multiracial. Overall, 58.1 percent of participants identified as women of color and 41.9 percent identified as White. The age range of the women was from 18 to 27 years and all academic years, freshman through seniors, were represented.

The findings of this study were in support of Hypothesis 1. This part of the study sought to gain a better understanding of the sociocultural origins of women's experiences with self-objectification and how specific factors are translated into experiences of self-objectification by examining the relation between internalization of cultural standards of appearance through the SATAQ-3 and self-objectification, through the SOQ.

Consistent with theory (Fredrickson & Roberts, 1997) and past research (Moradi et al., 2005; Sinclair, 2006), for the women who participated in the study, increased levels of self-objectification were associated with greater internalization of sociocultural standards of beauty. The more women identified standards of beauty as prescribed through media outlets as being important sources of information for them, felt pressure to conform to these standards, and compared themselves to these standards, the more they reported viewing their own bodies in observable, appearance-based (objectified) terms versus nonobservable, competence-based (nonobjectified) terms. In the present study, self-objectification as measured through the SOQ demonstrated a strong positive significant relation with the internalization of cultural standards, as measured through the SATAQ-3.

This finding lends empirical support to a central tenet of objectification theory and previous research that has indicated that the sociocultural beauty mandate for women continues to affect how at least some women view their bodies (Striegel-Moore et al 1990). These findings are consistent with Fredrickson and Roberts's (1997) original

conceptualization that a sexually objectifying culture pressures women to adopt cultural standards of beauty as their own standards for self-objectification. To the extent that these standards are internalized and not met (because they are impossible to meet), they can promote body shame and eating problems. Thus, explicating the role of internalization of cultural standards of beauty within the objectification theory framework and in future research seems warranted.

The findings of this study were in support of Hypothesis 2. This part of the study sought to examine the extent to which gender role impacted the development of self-objectification by exploring the relationship between the endorsement of traditional feminine gender roles, through the BSRI and self-objectification, through the SOQ. Consistent with the hypothesized intersection based upon self-objectification theory (Fredrickson & Roberts, 1997), and gender role theory (Buckley & Carter, 2005; Mahalik, 2005; Bem, 1981), for the women who participated in the study, increased levels of self-objectification were associated with identification with traditional feminine gender roles. The more women identified with traditional feminine gender roles, such as being affectionate, gentle, sympathetic, sensitive, warm, conventional, yielding, and helpful, the more they reported viewing their own bodies in objectified, observable, appearance-based terms. In the present study, self-objectification as measured through the SOQ demonstrated a moderately strong positive significant relation with the identification with traditional feminine gender roles, as measured through the BSRI.

The relation between feminine gender role conformity and self-objectification was in line with what the current researchers believed through existing research on sex role identity which links an emphasis upon appearance to notions of femininity (Mahalik,

2005) and suggests that gender-typed individuals are more likely to evaluate themselves on the basis of traditional stereotypes. It is important to highlight this finding as particularly significant as previous research has not been conducted specifically assessing the relationship between gender role identification and self-objectification. This finding suggests that those women who endorse and accept more constrained stereotypical notions about gender and sexual roles are also more likely to self-objectify. This finding seems particularly important when considering risk factors that may contribute to some individuals being more susceptible to self-objectification, while others are able to prevent this process, in the face of societal sexual objectification. This finding also suggests that an important implication may be to challenge traditional gender role stereotypes that may constrain young women's conceptions of femininity by putting appearance and physical attractiveness at the center of women's value.

Additionally, the findings of this study did support Hypothesis 3. This part of the study sought to examine the extent to which current conceptualizations of objectification theory adequately captured the experience of women from diverse backgrounds, by assessing if significant differences exist in the levels of self-objectification between White women and women of color. Consistent with theoretical literature and previous findings (Hebl & King, 2004; Frisby, 2004; Duke, 2000; Milkie, 1999), significant differences in self-objectification were found between White women and women of color in the present study. The findings indicated that for the women who participated in the current study, White women scored noticeably and significantly higher than women of color on the SOQ thus suggesting that White women are more likely than women of color to view themselves in observable, appearance-based, objectified terms versus

nonobservable, competence-based, non-objectified terms. Exploring these differences in greater detail, White women demonstrated significantly higher levels of self-objectification than African American women and Latina women. Asian women were also found to also have higher levels of self-objectification than African American and Latina women.

It is interesting to note, that although not explicitly hypothesized, White women also displayed higher levels of internalization of sociocultural attitudes of appearance and were more likely to endorse traditional feminine gender roles than women of color. The same patterns were found with White women and Asian women both demonstrating significantly higher levels than African American and Latina women with these factors.

Previous findings exploring ethnic differences in self-objectification have been mixed, with some studies demonstrating similar levels of self-objectification in White women and women of color (Kozee et al., 2007; Harrison & Fredrickson, 2003), but the current study's findings are in line with most prior research (Breitkopf, Littleton & Berenson, 2007; Frisby, 2004; Hebl et al., 2004; Brownlow, 1998;) that has found self-objectification and body surveillance to be higher among European American women than among Latina or African American women. Prior research has specifically suggested that African American women may express less body-image disturbance and self-objectification than other groups of women (Aruguete et al., 2004; Schooler et al., 2004), and tend to endorse an ideal body image that was close to what they considered to be a healthy weight. Findings from the current research are in line with this as African American women scored the lowest of all ethnic groups on measures of self-objectification, internalization of sociocultural attitudes of appearance, and traditional

feminine gender role endorsement. However, it seems important to keep in mind that traditional measures of self-objectification often assume that body shape and size are the main features to be evaluated by others, which may not be adequately capturing standards of beauty that may be unique for African American women or other women of color. Brownlow (1998) argued for the extension of objectification theory models to ethnically diverse women who may expect to have their appearance evaluated in additional terms, such as skin tone, hair texture, and facial features in addition to body size and shape, that are not adequately captured in the existing measures.

The current study extends the limited existing research and follows Fredrickson and Roberts' (1997) encouragement for further examination of objectification experiences with diverse subgroups of women to explore how objectification may intertwine with other forms of oppression. The current findings lend support to the belief that certain attributes, such as ethnicity, may contribute to a unique set of experiences that may or may not lead to certain sociocultural attitudes being translated into experiences of self-objectification. Specifically, beauty standards of thinness often communicate idealization of Whiteness that may or may not be sanctioned by women of diverse ethnic backgrounds. Thus, exposure to idealized images may affect women of color differently.

Finally, the findings of this study did partially support Hypothesis 4. This part of the study sought to explore the relationship between ethnicity, ethnic identity development and self-objectification by assessing whether ethnic group moderates the relationship between ethnic identity development and self-objectification. Drawing from the literature (Phinney 1993, 1996a) that suggests ethnic identity development and commitment to one's ethnicity can serve as a protective factor, a negative correlation was

hypothesized between one's level of ethnic identity development and levels of self-objectification for women of color. Consistent with the hypothesis, but not yet demonstrated in previous theoretical literature, for women of color, the relation between self-objectification and ethnic identity was significant negative. This finding suggests for women of color, strong identification with and active commitment to one's ethnicity and ethnic group, may serve as a protective factor against experiences of self-objectification. The women who demonstrated a strong sense of belonging to their ethnic group, who were active with other members of their ethnic group or in learning the history of their ethnic group, who had a sense of pride and attachment to their group, and participated in cultural practices, were less likely to view themselves in objectified terms. Ethnic group (White vs. women of color) was found to moderate the relation between ethnic identity and self-objectification. Strong support for the overall model was found, with all three predictors found to be significant, and the model accounting for 40.8 percent of the variance in self-objectification.

It is important to highlight this finding as particularly significant as previous research has not been conducted assessing the relationship between ethnic identity and self-objectification. This finding suggests that those women who have developed a strong sense of pride and attachment to their ethnic group are also less likely to self-objectify. Similar to the above discussion with gender role identification, this finding seems particularly important when considering risk factors that may contribute to some individuals being more susceptible to self-objectification, while others are able to prevent this process, in the face of societal sexual objectification.

This study did not find support for the predicted relation between ethnic identity development and self-objectification for White women as predicted in this hypothesis. Instead of finding a close to zero relationship, the relation between ethnic identity development and self-objectification for White women was found to be significant and positive. These findings suggest that the more closely White women in the current study identified with their ethnic group, the higher their levels of self-objectification were found to be. This finding, although not hypothesized, supports previous findings (Hebl et al., 2004; Moradi & Huang, 2008) of White women demonstrating higher levels of self-objectification than women of color and suggests that White women are more likely to endorse idealized images of beauty which often communicate idealization of Whiteness and other dominant cultural characteristics. The relation between how closely women identify with their ethnic group and self-objectification has not been previously demonstrated and may again provide insight into how numerous attributes contribute to differential processes of the development of self-objectification in women.

### **Conclusions**

Collectively, the current findings demonstrated that many factors likely combine to impact how sociocultural factors are translated into experiences of self-objectification and provided preliminary support for the relation between gender role identification, ethnic identity development, and ethnicity in this process. Specifically, this study lends support to the conceptualization that many attributes shape a woman's sense of identity and impact her ability to confront messages which sexually objectify women and contribute to internalization of these messages. As no person has only one identity (Arredondo, 1999; Root, 1990), it is important for researchers to attend to the confluence



of multiple identities that may impact the development of self-objectification. In the current research, two of these identities, ethnicity and gender, were examined in more depth than in previous research. In addition to membership in a particular gender or ethnic group, the current study suggests that it may be how strongly one identifies with and actively participates in their gender and ethnic group, that contributes to a unique set of experiences that may or may not lead to certain sociocultural attitudes being translated into experiences of self-objectification. Specifically, for women of color, a strong sense of belonging and commitment to their ethnic group may serve to protect against the internalization of the racialized ideal of female beauty and the development of self-objectification. Alternatively, similar to the endorsement of the traditional feminine gender role, a strong sense of ethnic identity for White women, may contribute to increased susceptibility to developing higher levels of self-objectification. More research in this area is certainly needed, but the current study provided preliminary support to the notion that ethnic identity development is thought to impact individuals' responsiveness to cultural prescriptions that relate to self-objectification.

In sum, consistent support was found for the hypothesized relation between self-objectification and internalization of sociocultural attitudes of appearance. This lends further evidence to Fredrickson and Roberts' (1997) proposal that a sexually objectifying culture pressures women to adopt cultural standards of beauty as their own. The current study measured internalization through the SATAQ which measures the extent to which individuals look to and internalize messages conveyed through a variety of media outlets. This was expected and has previously been demonstrated, however this relationship was found to be stronger in the current study suggesting an even stronger relation between

internalization of sociocultural attitudes of appearance and self-objectification. These results extend prior research by examining this relationship across a more diverse sample.

Expected but preliminary support was found for the correlation between the endorsement of traditional feminine gender roles and self-objectification. This finding has not previously been demonstrated and offers important implications for potentially helping girls and women to challenge traditional gender role conformity that may further emphasize appearance and physical attractiveness over competence and health.

Support was also found for the hypothesized significant differences between ethnic groups on self-objectification such that White women demonstrated higher levels of self-objectification than women of color. This finding lends support to some of the prior research that has suggested differences in self-objectification based on race, ethnicity and other demographic variables. It is important to note that while this may be due to beauty standards typically being of White women that may or may not be sanctioned by ethnically diverse women, or one's ethnic identity serving as a protective factor against such messages, it may also be due to the failure of current conceptualizations and measures of self-objectification to capture diverse individuals' experiences. It is clear that further research is necessary to more critically examine which constructs and components of objectification theory adequately capture the experiences of ethnically diverse women.

Further extending the research, the current study examined ethnic identity development in relation to self-objectification for the first time. Support was found for the relation between ethnic identity and self-objectification, with ethnic identity being

significant and negatively related to self-objectification for women of color, but significant and positive for White women.

The present study provides a further step in the accumulating body of research that has examined aspects of objectification theory. The study extends previous research by testing a more comprehensive framework that included the roles of internalization of sociocultural standards of beauty as well as gender and ethnic identity within objectification theory.

### **Implications**

The intersection of objectification theory with gender and ethnic identity development within a more diverse sample as the current study provided, is relevant to the practice of counseling psychology as it provides a promising framework for understanding how some sociocultural and psychological risk factors work together to shape aspects of women's mental health. Furthermore, its growing body of research point to changes needed at both the societal level (e.g., reducing the sexual objectification of women) and individual level (e.g., reducing self-objectification) to reduce women's psychological distress. Understanding factors that promote or impede self-objectification can serve a critical role in encouraging and advocating for societal and personal change and promoting women's mental health and well-being.

All women who live in a culture where the female body is treated as an object to be evaluated and measured are at risk for self-objectification. Research on objectification theory has demonstrated that the negative consequences of self-objectification are real and far-reaching in their effect on women's lives. If we take the consequences of self-

objectification seriously, we must take collective action toward identifying, challenging and changing sexually objectifying messages and behaviors.

An initial implication for prevention, education and counseling would be to help clients explore the possible connections between their experiences in a patriarchal culture that sexually objectifies women, and their own self-objectification. The current findings highlight the need for future research to attend to women's lived experiences. Given self-objectification's empirical links with psychological concerns, further research can contribute to a greater understanding of their theory, and enhance women's lives and mental health. Accumulating support for the posited roles of sexual objectification experiences, self-objectification, body shame and surveillance can provide the basis for group and individual level interventions. For example, activities that encourage women to be attuned to how their body feels and functions, rather than how it looks, might reduce appearance-focused body surveillance. Cognitive-behavioral interventions may help women to identify and resist sexual objectification experiences (Moradi and Huang, 2008). Finally, research documenting the mental health consequences of sexual objectification for women may assist existing efforts by pro-feminist men to educate other men and ultimately eradicate the sexual objectification of women (e.g., Brooks, 1995). To change attitudes and beliefs regarding the objectification of women, it is important to target men's attitudes and behaviors as well as women's. For example, encouraging boys and men to examine the meanings they attach to concepts of masculinity, relationships, and gender-based violence could reduce the frequency with which women are objectified by men. As practitioners, psychologists can familiarize themselves with information and resources relevant to the sexualization of girls and

women and objectifying behavior on the part of girls and women. Furthermore, they can assist girls and women in developing the skills necessary to advocate for themselves and counter these adverse messages.

Given the strong significant relation between internalization of sociocultural attitudes of appearance and self-objectification supported in the current research, it is clear that the media continues to have a negative impact on many women, and may be, at least in part, preventing the development of healthy, competence based views of their bodies. The current research demonstrated that women who find the messages and images portrayed through television, movies magazines, and music videos to be an important source of information about being attractive, and who compared their bodies to these images and then felt pressure to achieve these body types, were more likely to self-objectify. Thus, it can be argued that media exposure constrains women's conceptions of femininity by putting appearance and physical attractiveness at the center of women's value.

The sexualization and objectification of women in the media appear to teach girls that as women, all they have to offer is their body and face, and that they should expend all their effort on physical appearance. It seems very important for psychologists to help girls and women to critically examine the sexualizing images presented by society and corporations, challenge these messages, as well as advocate for positive portrayals of girls and women as strong, competent, and nonsexualized in the media. In the media, forums with industry partners such as advertisers, marketing professionals and manufacturers could discuss the potential negative impact on girls and women in the presentation of sexualized images, and work to shift towards more positive portrayals of

girls and women. School systems, parents, community-based youth organization should be supported to help build programs and empowerment groups that help girls and women enhance self-esteem based on abilities and character rather than on their appearance. Another school-based strategy is to provide access to and encourage athletics and other extracurricular activities that encourage girls to focus on body competence instead of body appearance. Participation in physical activity may be one of girls and women's best means of resisting objectification and sexualization (APA, 2007) as athletic activities inherently require a focus on body competence, agency and action and provide the opportunity to develop a self-concept founded on what they can do rather than on how they look.

Given the findings related to gender role in the current study, it may be important to challenge individuals to abandon culturally imposed definitions of masculinity and femininity and develop their own guidelines for gender roles that are more psychologically healthy. As suggested in previous research, androgyny, or possessing both masculine and feminine characteristics, may serve as a protective factor in women's identity development and conformity to traditional gender roles for women may actually be associated with poor adjustment (Buckley&Carter, 2005; Mokgathe&Schoeman, 1998).

Given the findings related to ethnic identity development, it may be important to encourage the development of attachment to and pride in one's ethnic group. Through such identification with ethnic group, women of color may be particularly effective in resisting mainstream notions of female sexuality, femininity and beauty. One strategy offered by Ward (2003) in her research, was the tradition of African American parents actively socializing their children to identify and recognize the culture in which they live

as being White culture, and to critique it accordingly. The implication was that Black women would be better able to then reject Eurocentric ideals of beauty as culturally irrelevant and feel better about their bodies.

### **Limitations**

Although the findings of the present study contribute to advancing the research related to objectification theory, several limitations must be considered when evaluating and interpreting the present findings. First, the correlational data are consistent with, but do not directly evaluate, the directions of causality proposed in theoretical conceptualizations of self-objectification. Experimental and longitudinal studies are needed to extend the findings and test directly the causal and directional relations implicit in these conceptualizations. Identifying causal or directional links would facilitate focusing limited time and resources on key mechanisms and so prove invaluable for designing therapy interventions and prevention programs.

Psychometric information, such as structure, reliability, and validity data about measures of key objectification theory constructs are limited mostly to White heterosexual college students. There are likely variables missing from the Self-Objectification Questionnaire that could capture a richer understanding of self-objectification in ethnically diverse women. Buchanan et al., (2008) incorporated a specific skin-tone monitoring and body shape and size monitoring questionnaire into a study examining self-objectification in a sample of African American women and was able to capture strong negative beliefs about skin tone. Furthermore, the Self-Objectification Questionnaire (SOQ) is designed to tap the importance of physical

appearance versus physical competence attributes through a forced-choice ranking format of twelve items that many have found to be limiting.

While the current study extended existing research by focusing on a diverse sample, it was not able to fully evaluate the extent to which current conceptualizations and measures of objectification theory constructs adequately capture experiences of women from diverse backgrounds. Qualitative research in this area seems necessary to better capture and describe the process of self-objectification amongst women of color. It seems particularly important to explore the process of self-objectification in more depth within single ethnic groups to evaluate how this process may look different for different subgroups of women. Furthermore, it is noted that there are many differences within the larger women of color group that were not explored in the current study. For example, women who actively join groups or participate in organizations that consist of members of their own ethnic group may be different from those women of color who don't actively join such groups. It is also important to consider the composition of the larger student population at the institution from which participants were drawn from for the current study as a limitation. The current study took place at an institution where the majority of students are Caucasian. Future studies may want to explore how the composition of the larger student population may impact results for women of color as it is possible that women of color may more actively join organizations or groups of their ethnicity at an institution where the composition of the institution is more diverse. Collectively, these limitations also highlight the importance of future studies incorporating a more detailed examination of within group differences when considering women of color.



An additional limitation is that participants in the current study were administered all instruments in a uniformed order. While the instruments were not counterbalanced in how they are administered to participants, there was solid rationale provided for the ordering of the instrumentation. Specifically, participants were asked to complete the Self-Objectification Questionnaire prior to completing the Sociocultural Attitudes Toward Appearance Questionnaire – 3. In this way, participants were not primed to think of societal messages of beauty prior to completing questions that assessed their perceptions of perceived importance of appearance versus competence-based attributes. Additionally, gender role identity questions followed the other instruments. In this way, the possibility of having questions which assessed one's level of conformity to traditional feminine gender roles as influencing their responses to questions about self-objectification or internalization of sociocultural attitudes towards appearance was addressed.

Another limitation concerning the instrumentation is the reliance on self-report measures to assess self-objectification and internalization attitudes. Such reports might be influenced by factors such as social desirability.

### **Future Directions**

The present study illuminated several areas for development for future studies of self-objectification and gender role and ethnic identity development. Refinement of the measurement of key constructs is important. Measurement evaluation with women of diverse backgrounds on self-objectification, gender role identification, and internalization of sociocultural attitudes of appearance is needed. Including or developing other measures that tap facets of self-objectification, other than a forced rank ordered

questionnaire that assesses importance of physical appearance versus physical competence may enhance the measurement of self-objectification. Refining gender role measurements that may tap into more current ideas of feminine, masculine and androgynous roles may improve the improvement of gender role identification.

The current findings indicated significant differences between White and women of color on internalization and self-objectification. These findings are consistent with prior findings and findings related to eating disorders attitudes and behaviors suggesting that these attitudes and behaviors may have lower prevalence rates among women of color than among White women. Nevertheless, the paucity of research on self-objectification and internalization among women of color suggests that much more scholarship is needed in this area before clear conclusions can be made. Research with more diverse populations would extend this current study and could provide needed information about the generalizability of objectification theory.

Further attention to group-specific manifestations of objectification theory constructs is needed to expand the utility of the theory to diverse populations of women. Future research should also attend to group-specific variables that need to be integrated into the objectification theory framework to extend its utility across diverse groups of women. Finally, additional work to replicate and extend the study's findings to broader populations is needed.

In sum, this study represents a first step in a focused exploration of objectification theory and internalization of sociocultural attitudes and appearance with gender role and ethnic identity development. The results provided further support for the strong relation between the experience of self-objectification and internalization of sociocultural

attitudes of appearance. Additional results provided preliminary support for the relation between self-objectification and the endorsement of traditional feminine gender role. Results also added to the limited base of research examining self-objectification among diverse samples with the finding that White women demonstrate significantly higher levels of self-objectification than women of color. As it is unclear as to whether the difference in self-objectification between women who vary on ethnicity is due to women of color being less likely to “buy into” sociocultural ideals of beauty, or current measures and conceptualizations failing to adequately evaluate self-objectification in women of color, future research is clearly needed. Additional results also provided preliminary support for the role of ethnicity as a moderator for ethnic identity development and self-objectification, with ethnic identity development relating significantly and negatively to self-objectification in women of color, and significantly and positive in White women. Further research that adds to an understanding of how identifying strongly and actively participating in one’s ethnic group may serve as a protective factor would be useful. Integrating population specific risk factors (e.g., experiences of racism and heterosexism or homophobia) and protective factors (e.g., positive cultural identity and connection with Latina, African American and other minority cultural values) in such research is also important in advancing the literature on objectification theory. As self-objectification has been found to contribute to negative psychological outcomes, research that adds to the knowledge base of factors that promote or hinder the experience of self-objectification is also useful.

Additionally, more research is needed to gain a better understanding of the factors that promote body-image resilience and protect against self-objectification and the

internalization of sociocultural standards of beauty. Future research researchers may also want to explore several related questions to which our findings may offer preliminary information but need further exploration. For example, what additional factors contribute to individual differences in self-objectification? What are some potential resistance factors that enable some women, in the face of sexual objectification, to prevent or quell the process of self-objectification.

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**APPENDIX A**  
**INFORMATIONAL LETTER**

11/10/09

Dear Participant:

I am a graduate student under the direction of Dr. Linda Campbell in the Department of Counseling and Human Development Services at The University of Georgia. I invite you to participate in a research study entitled An Examination of Gender Role and Ethnic Identity in the Utility of Self-Objectification Theory in a Diverse Sample of Women. The purpose of this study is to better understand how gender role, ethnicity and sociocultural standards of appearance impact women's life experiences.

You are eligible to participate in this study if you are an undergraduate female. Your participation will involve completing an online survey that consists of the following four questionnaires and some brief demographic questions and should only take about 20 minutes:

- 1) An online questionnaire concerning sociocultural attitudes
- 2) An online questionnaire concerning self-objectification
- 3) An online questionnaire concerning ethnic identity
- 4) An online questionnaire concerning gender identity
- 5) A brief demographic questionnaire

Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time without any penalty. Please note that Internet communications are insecure and there is a limit to the confidentiality that can be guaranteed due to the technology itself. However, once we receive the completed surveys, we will store them in a locked cabinet in my office and destroy any contact information that we have by August 2010.

If you are not comfortable with the level of confidentiality provided by the Internet, please feel free to print out a copy of the survey, fill it out by hand, and mail it to Dr. Campbell at the address given below, with no return address on the envelope:

Dr. Linda Campbell, Department of Counseling and Human Services, University of Georgia, Athens, GA 30602

The results of the research study may be published, but your name will not be used. In fact, the published results will be presented in summary form only. Your identity will not be associated with your responses in any published format. If you would like a copy of the results upon completion of the study, please submit your email address to [jparrill@uga.edu](mailto:jparrill@uga.edu).



By participating in this study, you are making a significant contribution to the research of undergraduate women's experiences and development.

Furthermore, responses may enable counselors and psychologists to develop and apply more effective strategies when working with women in clinical practice. A potential benefit from participation in this study is increased awareness of how sociocultural attitudes of appearance, gender role expectations, and ethnic identity may impact women's development and life experiences. There are no known risks or discomforts associated with this research, however if at any time you experience any emotional discomfort with the topics involved in the study, you may freely discontinue participation.

If you have any questions about this research project, please feel free to call me Jessica Parrillo at 917-992-2576 or send an email to [jparrill@uga.edu](mailto:jparrill@uga.edu), or Dr. Linda Campbell, at 706-542-8508. Questions or concerns about your rights as a research participant should be directed to The Chairperson, University of Georgia Institutional Review Board, 612 Boyd GSRC, Athens, Georgia 30602-7411; telephone (706) 542-3199; email address [irb@uga.edu](mailto:irb@uga.edu).

Thank you for your consideration! Please keep this letter for your records.

Sincerely,

Jessica Parrillo

I understand that by answering "yes" below, I am agreeing to take part in this research project.

I am agreeing to participate in this research

Yes

No

**APPENDIX B****DEMOGRAPHIC INFORMATION**

Please mark the appropriate answer(s):

**Age:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ Female

**Ethnicity (check as many that apply):**

\_\_\_\_ African American

\_\_\_\_ American Indian, Alaskan Native

\_\_\_\_ Asian American

\_\_\_\_ Caucasian / White, Non-Hispanic

\_\_\_\_ Hispanic American, Mexican American

\_\_\_\_ Multi ethnic: please specify \_\_\_\_\_

\_\_\_\_ Other: please specify: \_\_\_\_\_

**Year in college:**

\_\_\_\_ Freshman

\_\_\_\_ Sophomore

\_\_\_\_ Junior

\_\_\_\_ Senior

\_\_\_\_ Other

**Socio-economic Identification** (please identify the status of your family while you were growing up, check which level is most accurate for the longest period of time):

\_\_\_\_ Upper class

\_\_\_\_ Upper-middle class

\_\_\_\_ Middle class

\_\_\_\_ Lower middle class

\_\_\_\_ Working class

## APPENDIX C

### SELF-OBJECTIFICATION QUESTIONNAIRE

#### Instructions:

I am interested in how people think about their bodies. Below are 12 different body attributes. I would like you to rank order these body attributes from that which has the *greatest* impact on your physical self-concept, to that which has the *least* impact on your physical self-concept.

Note: It does not matter how you describe yourself in terms of each attribute. For example, fitness level can have a great impact on your physical self-concept regardless of whether you consider yourself to be physically fit, not physically fit, or any level in between.

Please first read over all of the attributes and rank the impact each of these body attributes has on your physical self-concept, that is, your evaluation of your own body. Rank these attributes from 1 to 12 beginning with the attribute that has the greatest impact on your physical self-concept (ranked 1) to the attribute that has the least impact on your physical self-concept (ranked 12).

- \_\_\_\_\_ physical coordination
- \_\_\_\_\_ health
- \_\_\_\_\_ weight
- \_\_\_\_\_ muscular strength
- \_\_\_\_\_ sex appeal
- \_\_\_\_\_ physical attractiveness
- \_\_\_\_\_ physical energy level
- \_\_\_\_\_ firm / sculpted muscles
- \_\_\_\_\_ physical fitness level
- \_\_\_\_\_ coloring (i.e., skin tone, eye, hair color)

\_\_\_\_\_ measurements (e.g., chest, waist, hips)

\_\_\_\_\_ stamina

## APPENDIX D

### SOCIOCULTURAL ATTITUDES TOWARDS APPEARANCE SCALE-3

The Sociocultural Attitudes Towards Appearance Questionnaire 3 is a revision of our first two scales (Heinberg & Thompson, 1995; Thompson et al., 1999). It has subscales that assess internalization (general, athlete), pressures, and information. Reliability and validity information are contained in Thompson et al., 2004. See also Calogero et al, 2004 for data with an eating disordered sample. Both of these articles are downloadable from this website (see recent publications in *VITA*). This scale is provided free of cost to those who wish to use it for non-commercial (i.e., you make no money) purposes.

Internalization-General: Items: 3, 4, 7, 8, 11, 12, 15, 16, 27

Internalization-Athlete: Items: 19, 20, 23, 24, 30

Pressures: Items: 2, 6, 10, 14, 18, 22, 26

Information: Items: 1, 5, 9, 13, 17, 21, 25, 28, 29

Reverse-keyed items: 3, 6, 9, 12, 13, 19, 27, 28

Please read each of the following items carefully and indicate the number that best reflects your agreement with the statement.

Definitely Disagree =1

Mostly Agree = 4

Mostly Disagree=2

Definitely Agree =5

Neither Agree Nor Disagree =3

1. TV programs are an important source of information about fashion and "being attractive." \_\_\_\_\_
2. I've felt pressure from TV or magazines to lose weight.  
\_\_\_\_\_
3. I do not care if my body looks like the body of people who are on TV.  
\_\_\_\_\_

4. I compare my body to the bodies of people who are on TV.  
\_\_\_\_\_
5. TV commercials are an important source of information about fashion and "being attractive." \_\_\_\_\_
6. I do not feel pressure from TV or magazines to look pretty.  
\_\_\_\_\_
7. I would like my body to look like the models who appear in magazines.  
\_\_\_\_\_
8. I compare my appearance to the appearance of TV and movie stars.  
\_\_\_\_\_
9. Music videos on TV are not an important source of information about fashion and "being attractive." \_\_\_\_\_
10. I've felt pressure from TV and magazines to be thin.  
\_\_\_\_\_
11. I would like my body to look like the people who are in movies.  
\_\_\_\_\_
12. I do not compare my body to the bodies of people who appear in magazines.  
\_\_\_\_\_
13. Magazine articles are not an important source of information about fashion and "being attractive." \_\_\_\_\_
14. I've felt pressure from TV or magazines to have a perfect body.  
\_\_\_\_\_

15. I wish I looked like the models in music videos.

\_\_\_\_\_

16. I compare my appearance to the appearance of people in magazines.

\_\_\_\_\_

17. Magazine advertisements are an important source of information about fashion  
and "being attractive." \_\_\_\_\_

18. I've felt pressure from TV or magazines to diet.

\_\_\_\_\_

19. I do not wish to look as athletic as the people in magazines.

\_\_\_\_\_

20. I compare my body to that of people in "good shape."

\_\_\_\_\_

21. Pictures in magazines are an important source of information about fashion and  
"being attractive." \_\_\_\_\_

22. I've felt pressure from TV or magazines to exercise.

\_\_\_\_\_

23. I wish I looked as athletic as sports stars.

\_\_\_\_\_

24. I compare my body to that of people who are athletic.

\_\_\_\_\_

25. Movies are an important source of information about fashion and "being  
attractive." \_\_\_\_\_



26. I've felt pressure from TV or magazines to change my appearance.

\_\_\_\_\_

27. I do not try to look like the people on TV.

\_\_\_\_\_

28. Movie stars are not an important source of information about fashion and "being attractive." \_\_\_\_\_

29. Famous people are an important source of information about fashion and "being attractive." \_\_\_\_\_

30. I try to look like sports athletes.

\_\_\_\_\_

## APPENDIX E

### MULTIGROUP ETHNIC IDENTITY MEASURE

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or *ethnic groups* that people come from. Some examples of ethnic groups are Latino, African American, Mexican, Asian American, Chinese, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in: In terms of ethnic group, I consider myself to be \_\_\_\_\_  
Use the numbers below to indicate how much you agree or disagree with each statement.

**(5) Strongly agree    (4) Agree    (3) Neutral    (2) Disagree    (1) Strongly disagree**

- 1- I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs. \_\_\_\_\_
- 2- I am active in organizations or social groups that include mostly members of my own ethnic group. \_\_\_\_\_
- 3- I have a clear sense of my ethnic background and what it means for me. \_\_\_\_\_
- 4- I think a lot about how my life will be affected by my ethnic group membership. \_\_\_\_\_
- 5- I am happy that I am a member of the group I belong to. \_\_\_\_\_
- 6- I have a strong sense of belonging to my own ethnic group. \_\_\_\_\_
- 7- I understand pretty well what my ethnic group membership means to me. \_\_\_\_\_
- 8- In order to learn more about my ethnic background, I have often talked to other people about my ethnic group. \_\_\_\_\_
- 9- I have a lot of pride in my ethnic group. \_\_\_\_\_
- 10- I participate in cultural practices of my own group, such as special food, music, or customs. \_\_\_\_\_
- 11- I feel a strong attachment towards my own ethnic group. \_\_\_\_\_
- 12- I feel good about my cultural or ethnic background. \_\_\_\_\_

13- My ethnicity is \_\_\_\_\_

(1) Asian or Asian American, including Chinese, Japanese, and others

(2) Black or African American

(3) Hispanic or Latino, including Mexican American, Central American, and others

(4) White, Caucasian, Anglo, European American; not Hispanic

(5) American Indian/Native American

(6) Mixed; Parents are from two different groups

(7) Other (write in): \_\_\_\_\_

14- My father's ethnicity is (use numbers above) \_\_\_\_\_

15- My mother's ethnicity is (use numbers above) \_\_\_\_\_

## APPENDIX F

### BEM SEX ROLE INVENTORY

**Rate yourself on each item, on a scale from 1 (never or almost never true) to 7 (almost always true). When you have completed the inventory, transfer your ratings to the inventory score sheet.**

- |                        |                                      |                                    |
|------------------------|--------------------------------------|------------------------------------|
| 1. self reliant        | 21. analytical                       | 41. warm                           |
| 2. yielding            | 22. sympathetic                      | 42. solemn                         |
| 3. helpful             | 23. jealous                          | 43. willing to take a stand        |
| 4. defends own beliefs | 24. leadership ability               | 44. tender                         |
| 5. cheerful            | 25. sensitive to other's<br>needs    | 45. friendly                       |
| 6. moody               | 26. truthful                         | 46. aggressive                     |
| 7. independent         | 27. willing to take risks            | 47. gullible                       |
| 8. shy                 | 28. understanding                    | 48. inefficient                    |
| 9. conscientious       | 29. secretive                        | 49. acts as a leader               |
| 10. athletic           | 30. makes decisions easily           | 50. childlike                      |
| 11. affectionate       | 31. compassionate                    | 51. adaptable                      |
| 12. theatrical         | 32. sincere                          | 52. individualistic                |
| 13. assertive          | 33. self-sufficient                  | 53. does not use harsh<br>language |
| 14. flatterable        | 34. eager to soothe hurt<br>feelings | 54. unsystematic                   |
| 15. happy              | 35. conceited                        | 55. competitive                    |
| 16. strong personality | 36. dominant                         | 56. loves children                 |
| 17. loyal              | 37. soft spoken                      | 57. tactful                        |
| 18. unpredictable      | 38. likable                          | 58. ambitious                      |
| 19. forceful           | 39. masculine                        | 59. gentle                         |
| 20. feminine           |                                      | 60. conventional                   |

### Inventory Score sheet

Enter your ratings in the appropriate columns

| Column 1 | Column 2 | Column 3 |
|----------|----------|----------|
| 1        | 2        | 3        |
| 4        | 5        | 6        |
| 7        | 8        | 9        |
| 10       | 11       | 12       |
| 13       | 14       | 15       |
| 16       | 17       | 18       |
| 19       | 20       | 21       |
| 22       | 23       | 24       |
| 25       | 26       | 27       |
| 28       | 29       | 30       |
| 31       | 32       | 33       |
| 34       | 35       | 36       |
| 37       | 38       | 39       |
| 40       | 41       | 42       |
| 43       | 44       | 45       |
| 46       | 47       | 48       |
| 49       | 50       | 51       |
| 52       | 53       | 54       |
| 55       | 56       | 57       |
| 58       | 59       | 60       |
|          |          |          |
|          |          |          |

- Add up your ratings in column 1 and divide total by 20.
- Add up your ratings in column 2 and divide total by 20.
- Add up your ratings in column 3 and divide total by 20.