

2020

## How Feminist Beliefs Relate to Self-Objectification in African American Females

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*Walden University*

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Ashton Shelby

has been found to be complete and satisfactory in all respects,  
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Walden University  
2020

Abstract

How Feminist Beliefs Relate to Self-Objectification in African American Females

by

Ashton Shelby

MS, Walden University, 2017

BS, Kaplan University, 2013

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

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## Abstract

Sexual objectification has consistently been found to significantly influence self-objectification in women. Self-objectification has been linked to a number of adverse effects in women including depression, sexual dysfunction, and disordered eating. All females are vulnerable to sexually objectifying experiences and thus, developing self-objectifying behaviors and issues. Although extensive research explores both forms of objectification with Caucasian females, less is known about females in minority groups. In addition, little research has explored potential moderating variables. In other research related to investigating women's mental health, feminism is one variable that has been found to have a positive effect on women's issues. This study sought to address a gap in objectification research by exploring sexual- and self-objectification in a sample of 122 African American women. Further, this study examined the potential influence of feminist beliefs on self-objectification. Pearson's correlation and multiple regression analyses were used to examine the research questions and hypotheses. The results indicated a significant positive relationship between sexual and self-objectification in the sample. No significant relationships were found in terms of participant age, geographical location, or level of education. Feminist beliefs were not found to have a moderating effect on self-objectification. Findings from this study inform current objectification literature by investigating these constructs among minority women. Additionally, knowledge of sexually objectifying experiences and self-objectification among African American women can enhance clinical practice and intervention with women of color.

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## Dedication

This dissertation is dedicated to the family and friends that have walked this journey with me and supported me every step of the way.

To my children Avery and River. You two have been my inspiration and motivation since I started this journey. My love for you drives all that I do, and your love for me has gotten me here. I hope one day you will both find your own inspiration to do the thing your soul desires, and I hope that these years of my own life serve as a reminder that you can. I love you both.

To my husband Jake. I would not be writing this sentence if it wasn't for your unending support, encouragement, and unwavering belief in what I am capable of. And in what we are capable of. My heart is eternally grateful for you and your sacrifices over the last several years. I love you, dearly.

To my family. Thank you for your support, your pushing, your love, and encouragement. Thank you for knowing I could and should do this. I love you all.

To my friends. I thank you for being there for the tears, the laughs, the easy, and the hard. Thank you for encouraging me, telling me what I needed to hear, and reminding me who I am and why I am here. I love you all, from the bottom of my heart.

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## Chapter 1: Introduction to the Study

### **Introduction**

Fredrickson and Roberts (1997) said that women are subjected to pervasive and structural cultural practices (male gaze, evaluation, media, etc.) that sexually objectify the female body. Sexual objectification shapes women's daily experiences and may contribute to women's mental health issues. One route by which sexual objectification may negatively affect women is through self-objectification. Fredrickson and Roberts (1997) described self-objectification as the internalization of sexually objectifying experiences and the adoption of an objectifying perspective of self.

Self-objectification is characterized by habitual body monitoring and evaluation which in turn increases negative emotional states such as shame and anxiety related to appearance (Mercurio & Landry, 2008; Szymanski & Henning, 2007; Tiggemann & Williams, 2012). Constant body monitoring and self-consciousness diminishes cognitive performance and awareness of internal body states (e.g., hunger, heartbeat; Fredrickson & Roberts, 1997). Fredrickson and Roberts (1997) said that the accumulation of self-objectifying experiences increases risks for mental health issues that disproportionately affect women, including eating disorders, sexual dysfunction, and depression.

While the literature on sexual- and self-objectification is extensive, it is also narrow. In their review of current objectification research, Moradi and Huang (2008) asserted a need for future research to further explore objectification among minority women, as well as potentially influential demographic variables. Research is limited regarding the exploration of variables that may moderate or buffer the relationship

between sexual- and self-objectification. Given the pervasive and nondiscriminatory nature of sexual objectification, it is imperative to understand risks in terms of women's mental health in conjunction with the factors that may influence or increase resiliency against these risks.

Chapter 1 includes the background, problem statement, and purpose of the study. Next, the research questions, hypotheses, and theoretical framework are identified. Finally, key terms and variables are defined followed by a discussion of the study's assumptions, scope, and limitations.

### **Background**

Research on objectification and gender-specific mental health outcomes expanded after the development of objectification theory. Sexual objectification has been identified as the primary predictor of self-objectification and its related outcomes including body image issues, disordered eating, sexual dysfunction, and depression (Breines et al., 2008; Carr & Szymanski, 2011; Calogero, Tantleff-Dunn, & Thompson, 2011; Muehlenkamp & Saris-Baglama, 2002; Szymanski & Feltman, 2014).

Sexual objectification is a widespread issue affecting women interculturally, regardless of status, age, or race. Even so, the majority of relevant studies are lacking in diversity and conducted with primarily Caucasian women. Current literature is scarce in terms of the exploration of the effects of sexual- and self-objectification on minority women. In one study, women of color reported higher rates of sexually objectifying experiences in comparison to their Caucasian counterparts and were more likely to fear sexual or physical violence in response (Watson, Marszalek, Dispenza, & Davids, 2015).

Experiences involving racism make women of color more vulnerable to other forms of oppression and discrimination including sexual objectification (Buchanan & Ormerod, 2002; Carr et al., 2014; Szymanski & Lewis, 2016; Szymanski & Stewart, 2010). As such, the intersectionality of racism and sexism may increase risks for mental health issues associated with objectification.

Experiences involving sexual- and self-objectification may differ across demographic variables. Whether African American women experience changes in terms of self-objectification over time has yet to be explored. Little to no research has examined the potential impact of other demographic variables such as geographical location or level of education on experiences involving objectification. Given the cultural and contextual underpinnings of sexual objectification, it is possible that such experiences may differ.

Some researchers have sought to explore variables that may moderate the relationship between sexual- and self-objectification. Watson, Ancis, White, and Nazari (2013) found that racial identity served as a buffer to self-objectifying related behaviors (i.e. disordered eating and body image issues) among women of color. Chroma and colleagues (2009) examined the effects of specific body image related coping strategies on self-objectifying beliefs and behaviors. Within this research, feminism has been suggested by some researchers as a potential moderator of self-objectification. As with research on objectification, little is known about the role of feminist beliefs in the context of objectification or within minority populations.

Further investigation regarding how minority women experience sexual- and self-objectification across age, location, and education levels as well as potential buffers to

self-objectification and related negative outcomes is justified. Sexism in the form of objectification may intersect with and exacerbate other forms of oppression experienced by women of color, such as racism. This study explored relationships between sexual objectification, self-objectification, and feminist beliefs among African American women. Understanding the relationship between sexual objectification and self-objectification among African American women can inform mental health conceptualization and practice with minority women. Further, exploring demographic and moderating variables can provide insight into other factors that influence women's experiences with objectification.

### **Problem Statement**

Considerable research has found self-objectification to be a clinically significant variables, particularly for women. The concept of self-objectification derives from objectification theory as developed by Fredrickson and Roberts and involves behavior of women internalizing an objectifying view of themselves in response to the sexual objectification of women that is prevalent in Western culture. Self-objectification is the primary psychological mechanism linking experiences of sexual objectification and the overall health and wellbeing of individual females (Calogero et al., 2011). Self-objectification is characterized by continuous self-monitoring and evaluation, or body consciousness, which is associated with increased self-consciousness and feelings of shame and low self-esteem (Muehlenkamo & Saris-Baglama, 2002). Self-objectification contributes to women's mental health issues, including depression, anxiety, eating disorders, and body image disorders, as well as substance abuse (Breines et al., 2008;



Carr & Szymanski, 2011; Fredrickson & Roberts, 1997; Muehlenkamp & Saris-Baglama, 2002; Muehlenkamp et al., 2005). Self-objectification may also have significant implications for women's intimate relationships as negative body regard impacts sexual health and interactions (Muehlenkamp et al., 2005).

The research on predictor variables of self-objectification is extensive but has often omitted demographic variables aside from age. Even then, the research has failed to extend the examination of age and objectification to women of color. Research on moderators of the relationship between sexual objectification and self-objectification is also considerable. One possible moderating variable suggested in some research is feminism which is typically broken down into identification, attitudes, and beliefs (Carr, et al. 2014; Grippo & Hill, 2008; Hurt, et al. 2007; McKinley, 2011; Myers & Crowther, 2007; Subich, 2002). Individuals identifying as feminist often acknowledge the unique and shared disadvantages of women and work to improve their situations through political and personal activism. The research that does discuss feminism in the context of body image, objectification, and self-objectification, provides evidence that feminist attitudes and beliefs may contribute to resilience (Hurt, et al. 2007; McKinley, 2011; Myers & Crowther, 2007; Subich, 2002). Current research is lacking in the examination of feminism as a possible moderator between sexual objectification and self-objectification, particularly within the objectification theory framework and with the female African American population. The issue of a lack of diversity in the current research is noted time and time again by researchers examining sexual objectification and self-objectification. In a large number of articles examining the two variables, researchers

and authors discuss limitations of diversity in their samples. Most samples consist primarily of college-aged, Caucasian (European American) women, asserting the necessity for further research to examine the variables within minority groups (Breines, et al. 2008; Hurt, et al. 2007; McKinley, 2002; Moradi & Huang, 2008; Muehlenkamp & Saris-Baglana, 2002; Muehlenkamp, et al. 2005; Myers & Crowther, 2007; Rubin, et al. 2004; Subich 2002).

Along with other minority groups, African American women hold a unique position in American culture in which they are vulnerable to experiencing oppression and objectification based on both their race and sex, a phenomenon described as gendered racism. Gendered racism has been found to have a negative impact on the psychological wellbeing of African American women (Thomas, Witherspoon, & Speight, 2008).. Further, feminist beliefs and attitudes have been found to positively impact more adaptive thought processes and resiliency in the female African American population (Rubin et al., 2004). As such, self-objectification as well as feminist beliefs may manifest differently and function uniquely within African American cultures. In addition, African American women report higher rates of sexually objectifying experiences and more fear related to their personal safety when such experiences occur compared to their Caucasian counterparts (Watson et al., 2015).

### **Purpose**

The purpose of this correlational study was to assess relationships between sexual objectification, age, geographical location, level of education, and self-objectification in African American women. In addition, this study investigated the potential impact of

feminist beliefs on these relationships. Self-objectification has numerous consequences for women from adolescence into adulthood. However, little is known about how these issues affect minority women in a generalizable way, or the factors that may contribute to resiliency against self-objectification. As such, it was useful to consider the relationship between sexual- and self-objectification and potential buffers for minority groups of women. The study involved using the quantitative approach to examine variables and the possible moderating effects of feminist beliefs on sexual objectification and self-objectification. Variables were examined using standardized instruments developed to measure feminist beliefs, sexual objectification, and self-objectification.

### **Research Questions and Hypotheses**

*RQ1:* Do sexual objectification, age, geographical location, and level of education predict self-objectification in African American women?

*H<sub>01</sub>:* Sexual objectification, age, geographical location, and level of education do not predict self-objectification in African American women.

*H<sub>a1</sub>:* Sexual objectification, age, geographical location, and level of education do predict self-objectification in African American women.

*RQ2:* Do feminist beliefs moderate the relationship between sexual objectification, age, geographical location, level of education, and self-objectification of African American women?

*H<sub>02</sub>:* Feminist beliefs do not moderate the relationship between sexual objectification, age, geographical location, level of education, and self-objectification in African American women.

*H<sub>a2</sub>*: Feminist beliefs do moderate the relationship between sexual objectification, age, geographical location, level of education, and self-objectification in African American women

Bivariate correlations and hierarchical moderated regression analyses were conducted to evaluate the variables.

### **Theoretical Framework**

The theoretical foundation for this study was Fredrickson and Robert's objectification theory. This theory is a synthesis of the multitude of research on the sexual objectification of women, providing a focused framework for examining the consequences of experiencing a sexually objectifying culture in which women are socialized to view themselves as objects according to their appearance. Objectification theory offers an explanation for how sexual objectification may lead to self-objectification, which often leads to psychological consequences for women such as appearance anxiety and body shame, which in turn may lead to mental health issues including depression, sexual dysfunction, and eating disorders (Fredrickson & Roberts, 1997). The theoretical framework is discussed in more detail in Chapter 2.

### **Nature of the Study**

This quantitative correlational study involved examining the relationship between sexual objectification, age, geographical location, level of education, and self-objectification in African American women. Further, this study explored if relationships between these variables and self-objectification in African American women is

moderated by feminist beliefs. The independent variables in the study are sexual objectification, age, geographical location, and level of education. The dependent variable is self-objectification. Feminist beliefs served as a potential moderating variable between the independent and dependent variables. Participants were women identifying as African American. A demographic questionnaire was used to identify the age, geographical location, and level of education of participants. Sexual objectification was measured using the Interpersonal Sexual Objectification Scale (ISOS). The Objectified Body Consciousness Scale (OBCS) was used to measure self-objectification, and feminist beliefs were assessed utilizing the Feminist Perspectives Scale (FPS).

Data were collected via online surveys which provided numerical descriptions of trends and attitudes amongst the population. Quantitative analysis was helpful in describing strength of correlations existing between the variables. Bivariate correlations and regression analyses were conducted to examine relationships between variables.

### **Definitions**

The variables in the study are defined as follows:

*Feminist Beliefs:* Attitudes toward gender roles, sexism, and institutionalized sexism (Banks, Murry, Brown, & Hammond, 2014). Feminist beliefs may fall into several types: liberal feminism, conservative feminism, radical feminism, socialist feminism, cultural feminism, and women of color feminism (Henley et al., 1998).

*Level of Education:* [CORRECT DEFINITION OF WHAT THE TERM “LEVEL OF EDUCATION” SPECIFICALLY MEANS].

*Self-Objectification:* Women’s internalization of sexual objectification or outsider views of themselves in which they begin to treat themselves as an object to be valued and examined based on appearance (Fredrickson & Roberts, 1997). Self-objectification is characterized by a preoccupation with one’s external appearance and the depletion of cognitive and affective resources due to habitual self-monitoring and evaluation (Fischer et al., 2011).

*Sexual Objectification:* Whenever a woman’s body or sexual functions are separated from her person or reduced to the status of instruments for the pleasure of others (Fredrickson & Roberts, 1997). Sexually objectifying behaviors include: the male gaze, sexualized media, leering, catcalling, unwanted sexual advances, and various forms of sexual violence (i.e. rape; Szymanski et al., 2011).

### **Assumptions**

The following assumptions were held for this study:

1. The ISOS accurately assessed experiences of sexual objectification, the OBCS accurately assessed experiences of self-objectification, and the FPS accurately assessed feminist beliefs.
2. Participant responses were honest and an accurate representation of their true experiences and beliefs.
3. All responding participants were African American and female.

4. The total number of study participants was sufficient enough for generalization of results for female African Americans.

These assumptions were vital for the accurate examination and interpretation of the data.

### **Scope and Delimitations**

Participants in this study were African American women, impacting generalizability in terms of other racial and minority groups. Additionally, convenience sampling methods rather than random assignment limits the generalizability of the findings. Participants were 18 years old at minimum, and there was no age cap in order to gather comprehensive data across age groups. College-aged Caucasian women were not included in this study. Data were collected via social networking sites on the Internet, so findings cannot be generalized to African American females who do not use social media or have access to relevant technology. Further, this study focused specifically on experiences involving sexual objectification and not other forms of oppression that may be relevant to African American women such as racism.

### **Limitations**

This study did have limitations that may have affected its validity. First, convenience sampling was used to obtain participants. Thus, study participants may not be representative of the entire African American female population. Also impacting generalizability was the chosen data collection method. Using surveys via the Internet may limit potential participants who do not have access to a computer, lack capabilities to

use them, or do not have access to social media resources. In addition, use of the Internet along with tendencies of minority women to resist participating in psychological research may have limited the sample size for the study. Use of the Internet for data collection, particularly when using self-report measures, also makes it difficult to ensure that participants answer honestly and follow assessment guidelines. Another limitation was that the nature of the phenomenon of study may have elicited socially desirable responses and biased statements. Data may have been influenced by the minimization or over-reporting of survey items; however, the use of anonymous survey methods may have helped reduce social desirability bias. Further, findings may have been impacted by confounding variables, affecting internal validity. For instance, given that women of color experience multiple forms of oppression, experiences involving sexual objectification and self-objectification may also be impacted by experiences of racism.

### **Significance**

This study was used to fill a gap in current research regarding objectification by focusing specifically on the construct of feminist beliefs in the context of the sexual and self-objectifying experiences of the female African American population. Little research has examined objectification theory and its related constructs within minority populations, and given the importance of feminist beliefs and attitudes contributing to feminist identity and sexually objectifying experiences, the research was warranted.

African American women among other minority groups are uniquely affected by multiple forms of oppression. The intersectionality of racism with sexism and objectification may significantly impact the mental health and resiliency of African



American women. Understanding the relationships between these variables and possible moderation of feminist beliefs is helpful in terms of more effectively and specifically recognizing and addressing psychological issues related to self-objectification within the female African American population. The results of this study provided important insight into African American women's experiences with sexual objectification and consequential self-objectification, as well as other potentially impactful variables.

### **Summary**

All women worldwide are affected by sexual objectification, increasing risks for them to engage in self-objectification (Fredrickson & Roberts, 1997). Prior research has focused primarily on exploring these variables with Caucasian women, leaving little known about how women in minority groups experience both forms of objectification. Further, little research has examined how demographic variables may affect these experiences. Although feminism is characterized by a rejection of social and cultural norms associated with gender roles and sexism, it is not a factor that has been studied in terms of sexual objectification.

This study provided research to further understand sexual- and self-objectification issues among African American women. Additionally, the study provided insight into whether certain demographic variables and feminist beliefs had an impact on relationships. Increasing understanding of these variables enhances understanding of minority women's mental health and treatment issues.

Chapter 2 includes a thorough and in-depth review of the literature regarding sexual objectification and self-objectification and its psychological consequences and

clinical implications for women. In addition, this chapter highlights literature review strategies and terms used within the search.

## Chapter 2: Literature Review

### **Introduction**

The relationship between sexual objectification and self-objectification significantly impacts women's mental health and overall wellbeing. Given that sexual objectification is characterized by perceptions of others as not human, but rather a general assemblage of sexual parts for the pleasure of another, the issue does not discriminate amongst women. All females are likely to encounter sexual objectification to some degree and are vulnerable to its effects.

Sexual objectification can lead to immediate psychological effects including anxiety and shame (Fischer et al., 2011; Fredrickson & Roberts, 1997; Moradi & Huang, 2008; Szymanski, et al., 2011). Through repeated exposure to objectification and their accumulation, these immediate effects increase mental health risks including depression, sexual dysfunction, eating disorders, and substance abuse (Carr & Szymanski, 2011; Claudat & Warren, 2014; Fischer et al., 2011; Muehlenkamp & Saris-Baglama, 2002; Peat & Muehlenkamp, 2011; Szymanski & Henning, 2007; Tiggemann & Williams, 2012). The effects of objectification on women are not isolated to adulthood. The sexual objectification of women is a pervasive and harmful cultural practice that is perpetuated and justified by both men and women (Calogero & Tylka, 2014; Fredrickson & Roberts, 1997; Heimerdinger-Edwards et al., 2011). As such, females are influenced by its effects and receive messages about their expected role in society and their bodies at a young age (Calogero & Tylka, 2014; Tiggemann & Slater, 2015).

Because negative outcomes associated with the sexual self-objectification are connected to prevalent cultural beliefs and attitudes towards the female body, one variable that has been examined as a possible moderator is feminism.

Although extensive research has explored both sexual and self-objectification, data on these variables amongst minority females are lacking. Much of the current research has examined variables primarily within Caucasian college-aged populations. . Other forms of discrimination such as racism may intersect with experiences of sexual objectification to form unique experiences and psychological outcomes for females of color.

This study involved examining (a) if there were relationships between sexual objectification, age, geographical location, level of education, and self-objectification in African American women, (b) if feminist beliefs are associated with self-objectification in African American women, and (c) whether feminist beliefs moderate the relationship between sexual objectification and self-objectification in African American women.

Chapter 2 includes the research strategy for obtaining relevant literature, the theoretical foundation of the study, and an in-depth examination of existing literature regarding sexual objectification, self-objectification, and feminist beliefs as pertaining to African American females.

### **Research Strategy**

Research literature on sexual objectification, self-objectification and feminist beliefs was obtained through the Walden University Library, Google Scholar, and the Internet. Multiple databases were used: PsycARTICLES, Academic Search Premier,

PsycINFO, and SocINDEX. Peer-reviewed journal articles published between 1995 and 2018 were reviewed, with a focus on articles published between 2012 and 2018. Key search words used for the online research were *objectification*, *objectification theory*, *sexual objectification*, *self-objectification*, *feminism*, *feminist identity*, *sexual objectification and self-objectification*, *feminist beliefs and moderates*, *feminism and buffer*, *sexual objectification and African American and female*, *feminist beliefs and self-objectification*, *gendered racism and objectification*, *self-objectification and African American and female*, *gendered racism and self-objectification*, *feminist beliefs and sexual objectification*, and *black feminism*. In addition, a supplemental Internet search was used to obtain information from the National Institute of Mental Health (NIMH) and American Psychological Association (APA).

### **Theoretical Framework**

The primary theoretical framework used for this study was objectification theory developed by Barbara Fredrickson and Tomi-Ann Roberts as a framework for describing and understanding the unique experiences and mental health risks of being female in a sexually objectifying culture. Objectification theory “provides a framework for understanding the array of psychological experiences that appear to be uniquely female, formulates a life-course analysis of some of women’s mental health risks, organizes existing empirical data regarding women’s health risks, and offers specific predictions to guide future empirical work” (Fredrickson & Roberts, 1997. p. 175). Women’s bodies are

viewed, evaluated, and always potentially objectified, and this objectification causes females to self-objectify or view themselves as objects as well, which may then lead to psychological and experiential consequences. Fredrickson and Roberts (1997) said that an objectifying culture can cause females to experience chronic hypervigilance and fear for their personal safety. Sexual objectifying experiences may range from exposure to objectifying media or a fixed gaze to sexual violence and victimization in terms of rape or sexual harassment (Fredrickson & Roberts, 1997).

According to NAME OF AUTHOR (YEAR), sexual objectification can lead to mental health issues via either direct and obvious sexual objectification, and/or subtle indirect experiencing that manifests as internalization or self-objectification. Self-objectification is largely characterized by habitual body monitoring which Fredrickson and Roberts (1997) say significantly contributes to chronic feelings of shame and anxiety. Research shows that women tend to experience a higher level of shame than men, which becomes exacerbated in response to sexual objectification rooted in unrealistic and unreachable expectations regarding the female body (Fredrickson & Roberts, 1997; Solomon-Krakus & Sabiston, 2017). Fredrickson and Roberts (1997) explain that self-objectification may also affect how a female experiences internal states, minimizing opportunities for peak motivational states and reducing awareness of internal somatic sensations. An objectifying culture can produce a sense of chronic vigilance in females, which may then provoke feelings and symptoms of anxiety as well as decreased awareness of internal states such as hunger and arousal and motivational states that are necessary for psychological well-being (Fredrickson & Roberts, 1997; Moradi, 2011). In

turn, issues like shame, anxiety, and decreased awareness of internal and motivational states may cause or exacerbate mental health issues of depression, eating disorders, and sexual dysfunction, problems that research shows disproportionately affect women (Szymanski et al., 2011).

Objectification theory also predicts that the mental health risks described in objectification theory are subject to change across the lifetime, asserting that the most vulnerable time period for significant effects is during adolescence and early adulthood, or more specifically, their “years of reproductive potential” (Fredrickson & Roberts, 1997. p. 192). It is typically during puberty that females begin to be evaluated based on their external and physical appearances and learn that they “are a body” rather than a person. Objectification theory predicts that as women age and their bodies undergo changes that no longer mesh with cultural standards and ideals, the risk for objectification related psychological issues decreases (Fredrickson & Roberts, 1997). Thus, the theory provides a framework for understanding how the mental health risks of women change over time and are related to aging.

Extensive research has applied objectification theory to the study of women’s mental health issues, consistently substantiating the underlying tenets of objectification theory. Numerous articles have indicated the predictive relationship between sexual objectification and self-objectification, supporting Fredrickson and Roberts’ (1997) assertions regarding the internalization of objectifying experiences (Fischer, et al., 2011; Moradi & Huang, 2008; Szymanski, et al., 2011; Szymanski & Feltman, 2014). Self-objectification contributes to eating-related disorders and symptoms of depression

through its negative influence on body image and exacerbation of feelings of shame (Calogero, Davis, & Thompson, 2005; Jones & Griffiths, 2015; Muehlenkamp & Saris-Baglana, 2002; Muehlenkamp, Swanson, & Brausch, 2005; Peat & Muehlenkamp, 2011; Szymanski & Henning, 2007; Tiggemann & Williams, 2012). Further research has connected self-objectification to the problems of sexual dysfunction and substance abuse in women (Carr & Szymanski, 2011; Claudat & Warren, 2014; Szymanski, et al. 2011), as well as to diminished feelings of self-worth and overall life satisfaction (Breines, Crocker, & Garcia, 2008; Mercurio & Landry, 2008).

Some research has also examined factors that moderate the direct relationship between sexual objectification and self-objectification as well as the relationship between self-objectification and women's mental health outcomes. One moderating variable that has been investigated in the context of objectification theory is feminism. Research has evaluated multiple aspects of feminism including feminist identification, feminist beliefs/attitudes, and feminist identity development (Fischer, et al. 2000; Hurt, et al. 2007; Murnen & Smolak, 2009; Yakushko, 2007). Some research shows that females holding feminist beliefs and attitudes may indicate higher body satisfaction, lower levels of body shame, and a reduced risk for eating related disorders and depression; however, these results are not consistent. Further research has not found feminism and/or related constructs to have a significant moderating relationship between objectification and psychological outcomes (Borowsky, et al. 2016; Grippo & Hill, 2008; Hurt, et al. 2007; Murnen & Smolak, 2009; Myers & Crowther, 2007; Sabik & Tylka, 2006).



Objectification theory has been extended to a number of minority groups including African American females. Research has shown that just as with European females, sexual objectification predicts self-objectification and negative mental health outcomes in African American females as well (Buchanan, Fischer, Tokar, & Yoder, 2008). Watson et al. (2015) found that African American women were not only more likely to experience sexual objectification than their European counterparts but were also more likely to fear for their safety in the context of objectification.

Objectification theory posits that simply having a mature female body creates a shared social experience for all females, regardless of ethnicity, sexuality, or class, and that this shared vulnerability to sexual objectification then creates shared psychological experiences. Even so, Fredrickson and Roberts (1997) acknowledge that not all females will experience sexual objectification in the same way and assert the importance of cultural, class, age, sexuality, and other considerations. Since the development of the theory, significant research has demonstrated that sexual objectification intersects with these other identities to form unique experiences for different sub-groups of females (Szymanski, et al. 2011).

Another theory relevant to the current research has linked sexual and self-objectification to associations with nature and mortality (Robbins, 2018). While objectification theory provides a framework for understanding the experiences and impacts of sexual objectification, Robbins (2018) proposes a theory for understanding the origins and underlying causes of objectification. The researcher describes objectification as dehumanization characterized as either “animalistic” or “mechanistic” (pp. 173-174).

According to Robbins (2018), animalistic dehumanization occurs when women's bodies are associated with nature and animals (i.e. reproductive qualities), while mechanistic dehumanization describes the idealization, or objectification, of women's bodies. Both forms are dehumanizing, stripping women of agency, experience, and overall humanness. Interestingly, Robbins' (2018) theory also highlights the protective function of sexual and self-objectification, both serving as a "terror management defense" for those that objectify and for those that are objectified. Current research on this theory has indicated that men are more likely to objectify women, and women are more likely to self-objectify, when presented and primed with death-related stimuli (Morris et al., 2014; Morris, 2016; Robbins, 2018). Thus, when it comes to the link of objectification and nature, objectification is dehumanization fitting within the framework of objectification theory, and it is protective serving as a way for both men and women to manage death anxiety (Robbins, 2018).

Together, the two theories provide a way to describe and understand the sexual and self-objectification of women. Fredrickson and Roberts' (1997) objectification theory provides a framework for understanding the potential effects of sexual objectification on African American females. Robbins's (2018) theory supports this understanding with a discussion of the dehumanization of objectification and its consequences, while also contributing an analysis of the origins and potentially protective qualities of objectification as related to nature.

## **Review of Literature**

### **Sexual Objectification**

According to objectification theory, sexual objectification is described as occurring “whenever a woman’s body, body parts, or sexual functions are separated out from her person, reduced to mere instruments, or regarded as if they were capable of representing her” (Fredrickson & Roberts, 1997. p. 175). In other words, females are sexually objectified when they are appraised based on their sexual characteristics and physical attractiveness and considered as solely an object of sexual desire (Moffitt & Szymanski, 2011; Szymanski, et al., 2011). Quantitative studies have expanded the understanding of sexual objectification and its psychosocial correlates, and qualitative research on the subject has provided in-depth examinations of the complexities and meanings of objectification and its consequences from an individual perspective (Moffitt & Szymanski, 2011).

Researchers have identified systemic practices of sexual objectification within Western culture, including the objectifying way in which the female body is depicted in the media, undesired sexual advances, the popularity of cosmetic surgery, the visual inspection of the female body (male gaze), sexual comments regarding a female’s body, and sexual violence (Fredrickson & Roberts, 1997; Fischer, et al., 2011; Moffitt & Szymanski, 2011; Szymanski, et al., 2011). Calogero (2004) found that just the anticipation of a male gaze led to significantly greater social physique anxiety and body shame compared to participants anticipating a female gaze. Davidson, Gervais, and Sherd (2015) indicated that stranger harassment, verbal harassment, and sexual pressure were associated with increased body surveillance in women. Not only that, but stranger harassment was also significantly correlated with the objectification of other women,

revealing that being sexually objectified may cause women to extend that objectification to others (Davidson, et al., 2015). If and how women understand and respond to sexual objectifying experiences may differ and depend on a number of individual factors, but research shows that in general, women across multiple contexts and groups report experiencing sexual objectification to some degree (Moradi & Huang, 2008).

In addition to overt sexual objectification, females may experience more subtle forms of objectification when involved in subcultures or environments in which the sexual objectification of women is promoted. Szymanski et al. (2008) describe sexually objectifying environments as those that exhibit clear and traditional gender roles, significant attention is drawn to the female body, women have little power, and male contact and the male gaze are encouraged. In a qualitative study, Moffitt and Szymanski (2011) explored the sexual objectification experiences of women working at a notoriously female objectifying restaurant, Hooters. Self-reported data indicated that all women in the sample were aware of being sexually objectified. Participants also reported awareness of the resources and personal power gained, as well as the simultaneous discomfort and potentially harmful situations brought on by the sexual objectification (Moffitt & Szymanski, 2011). When it comes to sexually objectifying environments, the research shows that women may report negative emotions and experiences, as well as perceived benefits (Moffitt & Szymanski, 2011; Szymanski, et al., 2011). For instance, a study by Fea and Brannon (2006) revealed that the more sexual objectification in the form of positive compliments women experienced, the less negative mood they reported.

The sexual objectification of women may also contribute to more extreme issues including sexual violence such as rape, sodomy, trafficking, and abuse, as well as interpersonal violence (Gervais & Eagan, 2017). Research has shown that the objectification of women influences attitudes about violence against women and has been associated with greater acceptance of sexual aggression and rape myths, as well as increased rape victim blame and acceptance for violence against women in multiple other contexts (Gervais & Eagan, 2017; Seabrook, Ward, & Giaccardi, 2018; Vance, Sutter, Perrin, & Heesacker, 2015). Gervais, DiLillo, and McChargue (2014) found that sexual objectification mediated the relationship between alcohol consumption by men and sexual violence. A noteworthy study by Watson and colleagues (2015) established that sexual objectification experiences predicted physical safety concerns and psychological distress in both African American and white females; however, African American females within the sample indicated significantly more sexually objectifying experiences and fear for personal safety in comparison to white females.

On the other hand, some research has indicated that under certain conditions, sexual objectification in the form of sexualization may influence positive beliefs and behaviors. Research has shown that some women may find sexualization to be rewarding and empowering (Liss, Erchull, & Ramsey, 2011). In such cases, this enjoyment of sexualization has been linked to positive body image and greater sexual satisfaction (Barnett, Maciel, & Gerner, 2018; Barzoki, Kontula, Mokhtariaraghi, & Mahboubishariatpanahi, 2017; Pellizzer, Tiggerman, & Clark, 2016). Given this data, it is

important to consider that to some degree, sexual-objectification in certain forms may actually have a positive effect on women rather than a direct negative effect.

According to Fredrickson and Roberts (1997), the intersection of sexual objectification and other sociocultural identities may result in unique experiences for various female groups. Researchers have investigated the application of objectification theory to females of different ages (Augustus-Horvath & Tylka, 2009; Grippo & Hill, 2008; Tiggeman & Slater, 2015), ethnicities (Buchanan, et al., 2008; Gordan, 2008), sexual orientations (Engeln-Maddox, Miller, & Doyle, 2011; Hill & Fischer, 2008; Kozee & Tylka, 2006), religions (Tolaymat & Moradi, 2011), and between genders (Bernard, Gervais, Holland, & Dodd, 2018; Grabe & Jackson, 2009; Heimerdinger-Edwards, et al., 2011; Parent & Moradi, 2011). This research has indicated that in general, all females regardless of other sociocultural identities experience sexual objectification in similar ways and at similar frequencies (Augustus-Horvath & Tylka, 2009; Buchanan, et al., 2008; Hill & Fischer, 2008; Kozee & Tylka, 2006; Moradi, Dirks, & Matteson, 2005; Swim, Hyers, Cohen, & Ferguson, 2001; Szymanski, et al., 2011; Tolaymat, & Moradi, 2011). For instance, Engeln-Maddox et al. (2011) found that heterosexual and lesbian females (as well as gay men) reported similar frequencies of experiencing interpersonal sexual objectification by males. In addition, Augustus-Horvath and Tylka (2009) found that the same similarities were apparent between young and older females. Studies exploring the effects of sexual objectification have revealed both similarities and differences in how females' mental health is affected between subgroups (Buchanan, et al., 2008; Fredrickson & Roberts, 1997; Moradi & Huang, 2008).

## **Self-Objectification**

Fredrickson and Roberts (1997) posited that sexual objectification contributes to a number of women's mental health issues, both directly and indirectly, via the mediating variable of self-objectification. Self-objectification describes the internalization of overt sexual objectification; that is, that in response to living in a pervasively objectifying culture, women begin to view themselves as objects to be evaluated (Fredrickson & Roberts 1997). This internalization causes a harmful perspective on the self in which women become self-conscious and engage in the habitual monitoring of their external appearance (Fredrickson & Roberts, 1997). Research has shown that the habitual body monitoring characteristic of self-objectification is a primary pathway through which sexual objectification causes or exacerbates women's mental health issues including body shame, disordered eating, depression, sexual dysfunction, and substance abuse (Fredrickson & Roberts, 1997; Moffitt & Szymanski, 2011; Moradi & Huang, 2008; Szymanski, et al., 2011). Self-objectification has also been implicated in contributing to the broader psychosocial constructs of decreased relationship and life satisfaction, lower self-esteem, self-harm, decreased overall well-being, risk taking, negative attitudes toward breastfeeding and menstruation, and impaired cognitive performance (Breines, et al.; Gay & Castano, 2010; Mercurio & Landry, 2008; Moradi & Huang, 2008; Szymanski, et al., 2011). In a study examining self-objectification and social activism, Calogero (2013) found that self-objectification predicted attitudes toward gender relations and participation in female centered social activism. Women higher in self-

objectification were more supportive of current gender relations and less likely to promote and participate in social efforts benefiting women as a whole (Calogero, 2013).

A significant amount of research has connected self-objectification with eating disorders. As Fredrickson and Roberts (1997) point out, women make up about 90% of individuals affected by eating disorders. Within the framework of objectification theory, eating disordered behavior in women derives from pressure to attain and maintain the thin beauty ideal (Fredrickson & Roberts, 1997). Studies examining disordered eating through the lens of objectification theory have found that self-objectification predicts eating disorder symptomatology via the mediational pathways of body shame, body related thoughts, poor interoceptive awareness, body image concerns, and self-esteem (Calogero, Davis, & Thompson, 2005; Moradi & Huang, 2008; Peat & Muehlenkamp, 2011; Tylka & Hill, 2004; Tylka & Sabik, 2010). Through these mediational pathways, self-objectification can lead women to engage in drastic and extreme behaviors to alter their body including binging, purging, and restricting food. In a study exploring eating disorders within the full model of objectification theory, Tiggemann and Williams (2012) found that self-objectification significantly predicted disordered eating, accounting for 93% of the variance in symptomatology. A further study examining body shame and African American college-aged women found that self-objectification was not related to body shame alone, but that the relationship became significant when mediated by skin tone surveillance (Buchanan, et al., 2008).

Self-objectification has also been extensively studied in connection with depressed mood. Substantial research has indicated a significant relationship between the



two variables (Jones & Griffiths, 2015). Fredrickson and Roberts (1997) present this connection within objectification theory as one possible explanation for the steady gender difference regarding depression risk. According to Moradi and Huang (2008), some studies have indicated unique associations between objectification theory variables and symptoms of depression. Miner-Rubino, Twenge, and Fredrickson (2002) found that a depression composite including body shame was uniquely accounted for by a composite of both self-objectification and body surveillance. In a similar study by Muehlenkamp and Saris-Baglama (2002), a composite of body shame and body surveillance was shown to be uniquely related to symptoms of depression. Research with ethnically and racially diverse samples of adolescent females has revealed the same unique correlates amongst variables of body shame, self-esteem, eating disorders and depression (Harrison & Fredrickson, 2003; Tolman, Impett, Tracy, & Michael, 2006). The co-varying relationship between self-objectification and depression is often explained via mediational pathways of variables including body shame, appearance anxiety, social anxiety, and reduced interoceptive awareness (Grabe & Jackson, 2009; Jones & Griffiths, 2015; Peat & Muehlenkamp, 2011). A number of models have been considered within the context of objectification theory to explain how self-objectification contributes to depression, including learned helplessness theory and a modification of Lewinsohn's behavioral model of depression (Fredrickson & Roberts, 1997).

In addition to eating disorders and depression, self-objectification has been linked to a number of other variables and mental health outcomes. Emerging research has explored the relationship between self-objectification and substance use. Szymanski et al.

(2011) suggest that objectification theory may provide a significant explanation for substance use and abuse among women, including the co-occurrence of substance use/abuse, and depression and eating disorders. In one specific study, sexual objectification experiences were positively correlated with substance use both indirectly and directly via depression, self-objectification, and body shame (Carr & Szymanski, 2011). Self-objectification has also been implicated in decreased sexual satisfaction amongst women, primarily through the mediational pathways of body shame and body self-consciousness (Claudat & Warren, 2014; Tiggemann & Williams, 2012).

Current literature on sexual- and self-objectification is largely homogenous regarding participant samples. The majority of studies are conducted with Caucasian/European-American females, with little racial or ethnic diversity. However limited, there is research that has investigated self-objectification among different racial and cultural groups. A study by Schaefer, et al. (2018) examined self-objectification, body shame, and disordered eating among groups of White, African American, and Hispanic women. Results demonstrated that the African American participants reported lower levels of self-surveillance and disordered eating in comparison to the other two groups (Schaefer et al., 2018). These results align with other research in which African American women have been found to experience less self-objectification and related issues than women in other ethnic groups (Breitkopf, Littleton, & Berenson, 2007; Fitzsimmons & Bardone-Cone, 2011; Grabe & Hyde, 2006; Moradi & Huang, 2008; Quick & Byrd-Bredbenner, 2014). Further, Gattino et al. (2018) explored the role of culture in the development of self-objectification. Data indicated significant differences

in the risk factors for beliefs and behaviors associated with self-objectification between two different cultures. These studies demonstrate important differences in the development and experiences of self-objectification interracially and cross-culturally. Additionally, the data supports numerous researchers that have asserted the necessity for further research on more diverse samples of women to examine these intercultural differences among the specific variables examined in this study.

### **Age**

While some researchers have examined age in the context of objectification, studies on age have primarily focused on Caucasian women with less attention given to minority women. In one such study, Augustus-Horvath and Tylka (2009) found that objectification theory can be extended to women of all ages, providing a framework for understanding women's experiences across the lifespan. In a sample of only Caucasian women aged 40-87 years, Grippo and Hill (2008) found self-objectification and habitual body monitoring to remain stable over time. Conversely, in a different study of primarily Caucasian women aged 20 to 84 years old, while body dissatisfaction was found to remain stable across the lifespan, self-objectification and habitual body monitoring were found to decrease with age, along with appearance anxiety and eating disorder symptomatology (Tiggemann & Lynch, 2001). One study was found that examined body image in both Caucasian and African American adult women. In this study, Reel, Soohoo, Summerhays, and Gill (2008) found that like their Caucasian counterparts, African American women between the ages of 20 and 80 report self-monitoring behaviors and body dissatisfaction. Little to no research has examined other demographic

variables within the context of objectification theory, particularly with women of color.

Further research in this area has been suggested by multiple researchers (Moradi & Huang, 2011; Szymanski et al. 2011).

### **Feminist Beliefs**

Numerous researchers have focused on the examination of feminist beliefs and/or feminist identity in relation to a multitude of variables. Feminist theory emphasizes the role of feminism as a resource for recognizing and understanding the structural and interpersonal oppression of sexism, as well as the mitigation of related psychological issues (Calogero, et al., 2011; Fritz & Zucker, 2014; Landrine & Klonoff, 1997). As it pertains to self-objectification, feminism has been described as a lens that may influence the way that women interpret cultural messages about their bodies and that may also provide tools for averting the internalization of dehumanizing messages (Rubin et al., 2004). Much of the research on self-objectification and body image dysfunction suggests that self-objectification is a gendered problem affecting women at a significantly higher rate than men (Fredrickson & Roberts, 1997; Smolak & Murnen, 2004). In addition, feminism rejects oppressive standards and expectations placed on women including the thin-ideal. Thus, a number of researchers have suggested that feminist beliefs may protect women against self-objectification and the associated body image and psychological issues (Myers, et al., 2012); Ojerholm & Rothblum, 1999; Rubin, et al., 2004).

Among studies exploring feminist constructs and body image, self-objectification, and eating disorders, results have been inconsistent (Hurt, et al., 2007). Some researchers have found feminism to have a protective effect against constructs like body

dissatisfaction, disordered eating, and overall well-being (Moradi & Subich, 2002; Myers & Crowther, 2007; Sabik & Tylka, 2006; Saunders & Kashubeck-West, 2006). One study of predominately Caucasian, college-aged women found that women with stronger feminist beliefs are less likely to engage in behaviors related to self-objectification and body image disturbance (i.e. habitual body evaluation, body checking, eating disordered behaviors) (Myers et al., 2012). Another study indicated that feminist beliefs did serve as a protective factor against extreme body dissatisfaction, although results were significantly variable across studies (Murnen & Smolak, 2009). Further, Sabik and Tylka (2006) found that perceived sexism predicted disordered eating in women with weaker feminist beliefs, but not for women with stronger feminist beliefs. Beyond self-objectification and body disturbance, research has also found feminism to be associated with increased self-esteem and decreased depression (Usher & Fels, 1985; Weitz, 1982). Although both of these studies are over two decades old and cultural notions of feminism have changed since then, the studies do provide support for the potential benefits of holding feminist beliefs.

Other studies have found little to no effect of feminist beliefs and/or identity as a protective factor (Blue & Berkel, 2010; Cash, Ancis, & Strachan, 1997; Fingeret & Gleaves, 2004; Kinsaul, Curtin, Bazzini, & Martz, 2014). Myers and colleagues (2012) found that women with stronger feminist beliefs were less likely to engage in disordered eating behaviors but were not less likely to internalize both trait and state self-objectification than women with weaker feminist beliefs. Other researchers have uncovered similar findings. Rubin, et al. (2004) and Rothblum (1994) demonstrated that

although feminist women rejected cultural messages regarding their bodies and appearance, they still reported body image concerns and behaviors. Additionally, Myers and Crowther (2007) found that while feminist beliefs moderated the relationship between media awareness and the internalization of the thin-ideal, it did not moderate the relationship between thin-ideal internalization and social influence. A study of feminist and non-feminist women indicated no significant difference in self-objectification between the two groups (Siegel & Calogero, 2019). Results of this study further indicated that feminist self-identification had little effect on the rejection of feminine norms related to objectification. The complexity and variability within research on feminism and self-objectification suggests that other variables may also be relevant to the relationship and reveals the need for further examination.

To date, little is known about the influence of feminist beliefs in the context of sexual and self-objectification within minority female groups including African American women. Although a number of studies cited here included women of different ethnic and racial minorities, the participant numbers are consistently low and ungeneralizable, and/or researchers do not specifically report on ethnic or racial differences among the variables. As with sexual- and self-objectification, the definition and meaning of feminism may differ cross-culturally. Thus, research with ethnic and racial minorities is warranted.

### **Summary**

Fredrickson and Roberts (1997) posit that the internalization of gender focused objectifying treatment is harmful for women. Existing literature supports this, indicating

the mediating role of self-objectification between sexual objectification and negative mental health outcomes for women. The sexual-self-objectification pathway has been linked to a number of issues including depression, disordered eating, substance abuse, sexual dysfunction and even impaired cognitive performance (Moffitt & Szymanski, 2011; Moradi & Huang, 2008; Szymanski, et al., 2011). Conversely, some research has also shown minimal levels of sexual objectification to have a positive influence on women's functioning. As such, sexually objectifying experiences may or may not lead to self-objectifying behavior, and as this study seeks to explore, these experiences may be understood differently among different racial/cultural groups.

Given the pervasive and structural nature of self-objectification, researchers like Myers and colleagues (2012) have suggested that feminist beliefs may serve as a protective factor against self-objectification and associated psychological problems; however, research on this has been variable. Some studies have shown feminist beliefs to have a positive effect on self-objectifying behaviors and cognitions (Murnen & Smolak, 2009; Myers, et al., 2012; Sabik & Tylka, 2006), while others have indicated little effect (Blue & Berkel, 2010; Cash, et al., 1997; Fingeret & Gleaves, 2004). Further, other research has demonstrated no differences in the exhibition of self-objectifying beliefs and behaviors among feminist and non-feminist women (Siegel & Calogero, 2019).

Although current literature explores sexual- and self-objectification within multiple contexts and in relation to a multitude of women's mental health outcomes, the research is equable. Study participant samples have largely consisted of Caucasian, college-aged women and limited diversity otherwise. Current research has begun to

explore these variables among minority groups more in depth (Schaefer et al. 2018). Still, researchers have repeatedly highlighted this limitation and asserted the need for greater insight into how sexual- and self-objectification experiences may differ inter-culturally. The same lack of diversity exists within literature focusing on feminism and feminist beliefs, as well as literature exploring other potential moderating variables (Moradi & Huang, 2008; Szymanski, et al. 2008). Therefore, the purpose of this study was to examine these variables among African American females. Understanding relationships between variables can increase understanding regarding the prevention and treatment of related psychological issues from a culturally sensitive and informed perspective. Chapter 3 includes a description of the research design and methodology. Specifically, the chapter highlights the study's participants, measures and procedures, statistical analyses, validity, and relevant ethical procedures.



## Chapter 3: Research Method

### **Introduction**

The purpose of this quantitative study was to explore self-objectification and the variables that may predict it in African American women. Additionally, this study was designed to examine the potential impact of feminist beliefs on these variables in African American women. Self-objectification can have a number of consequences for youth and adult females; however, little is known about how these variables affect minority females or what variables may moderate relationships between variables, Chapter 3 includes a description of the study's research design and rationale. The overall methodology is also discussed, including the study's target population, sampling procedures, and data collection methods. Finally, the chapter concludes with a discussion of threats to validity and ethical procedures.

### **Research Design and Rationale**

I used a quantitative correlational design for this study as the goal was to assess relationships between variables. The purpose of this study was to examine relationships between the independent variables (sexual objectification, age, geographical location, and level of education), moderating variable (feminist beliefs), and dependent variable (self-objectification) amongst African American females. A correlational design was appropriate because this design can explain relationships between variables that are objectively measurable and quantifiable. In addition, multiple linear regression analysis was used to further explain relationships between variables as this type of predictive analysis is used to describe the relationship between one continuous dependent variable

and two or more independent variables. Causation was not determined as there was no experimental manipulation of the variables. This research design allowed survey data to be analyzed using descriptive and inferential statistics.

Data were obtained from a survey administered via the Internet and formatted with items from three self-report measures. Surveys are consistent with quantitative research designs and may provide more objective data than other data collection methods. In addition, surveys are effective tools for quantitatively evaluating attitudes and trends among variables, and also increase the probability that participants will answer items honestly (Ahern, 2005). Thus, the survey method was appropriate for the quantitative correlational approach used for this study.

## **Methodology**

### **Population**

Participants for this study were African American women aged 18 years and up. Recruitment was attempted in multiple regions and groups across the United States to obtain geographical and educational diversity among the sample.

### **Sampling and Sampling Procedures**

This study involved using convenience sampling. Acquiring a random sample was not feasible, so convenience sampling was most appropriate. Participants were obtained primarily via the Internet through social networking sites such as Facebook and Reddit, as well as from the Walden participant pool.

In order to determine sample size, I conducted a power analysis for a Pearson correlation and multiple linear regression using G\*Power software. Given that all

variables are continuous, Pearson correlation and multiple linear regression analyses were appropriate. When using regression analysis, Cohen (1988) recommended a medium effect size of 0.15, and Field (2013) recommended setting alpha at 0.05 and power at 0.80. Thus, the sample size needed for this study was calculated with a standard alpha of 0.05, medium effect size ( $r = .30, f^2 = .15$ ), and a power of 0.80. Additionally, four predictors were chosen based on the variables to be examined in the study: sexual objectification, age, geographical location, and level of education. G\*Power software indicated that the minimum number of participants required for statistical power is 84 for the Pearson correlation and 77 for the multiple linear regression. As such, a sample size of 84 was desired for this study.

### **Procedures for Recruitment, Participation, and Data Collection**

Participants were recruited using convenience sampling via social websites including Facebook and Reddit, as well as from the Walden participant pool. After the study procedures were approved by Walden University's Institutional Review Board (IRB), invitations for participation were posted online via social media sites including Facebook and Reddit. Advertisements on the sites were focused on African American women. The invitation included my name and institution, purpose of the study, requirements for participation, and the IRB approval number (03-04-20-0639011). Participation criteria were that participants had to be at least 18 years old and female and identify as African American. The invitation also provided eligible participants with a link to the online survey on SurveyMonkey through which data were obtained. The survey link led participants to an informed consent form, including more information

regarding confidentiality and how it will be maintained, the right to decline participation at any time, estimated time to complete the survey, information about the study's description and purpose, warnings about sensitive survey content, and my contact information. Participants were also given contact information for a Walden representative for any questions related to participant rights.

Individuals who did agree to participate provided implied consent by choosing to proceed to the next page of the survey which included a demographic questionnaire. The demographic questionnaire requested participant age, geographical location, and level of education. Once the demographic questionnaire was completed, participants completed the following self-report assessments: ISOS, OBCS, and FPS. After completing all survey items, participants were informed that the survey was complete. The total time to complete the survey was 15 minutes.

The survey was developed and submitted by participants through the secure server SurveyMonkey. Through SurveyMonkey, surveys for this study were kept anonymous with encrypted data and the disabling of participant IP addresses. Only I have access to the data through a user-specific username and password.

### **Instrumentation and Operationalization of Constructs**

**Demographic questionnaire.** Participants were asked to complete a demographic questionnaire to obtain information relevant to the study. The items included age, geographical location, and level of education. A copy of the demographic questionnaire can be found in Appendix A.

**ISOS.** The ISOS was used to assess interpersonal experiences involving sexual objectification. The ISOS is comprised of 15 items that consider two factors: unwanted explicit sexual advances (four items) and body evaluation (11 items). Scores are represented by means. Higher scores indicate greater levels of sexual objectification.

Kozee et al. (2007) demonstrated that the structural validity of the ISOS was supported through exploratory and confirmatory factor analyses.

Permission to use the ISOS was obtained from developer, Dr. Tracy Tylka, via email inquiry. Dr. Tylka also provided a copy of the ISOS. A copy of the email correspondence with Dr. Tyla is available in Appendix B.

**OBCS.** Self-objectification was assessed using the body surveillance subscale of the OBCS. The OBCS was developed by McKinley and Hyde (1996) and normed on a sample of female undergraduates. The body surveillance subscale has been used in prior research to assess self-objectification. The 8-item subscale measures the extent to which an individual thinks about how his/her body looks rather than feels. Items are rated on a 7-point Likert-type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Mean scores are used with higher scores indicating greater levels of self-objectification.

Construct validity for the body surveillance subscale of the OBCS was supported by its positive correlations with disordered eating, private self-consciousness, and social anxiety and negative correlation with body esteem. On the predominately Caucasian, undergraduate sample the OBCS was normed with, the internal consistency alpha score was .89 (McKinley & Hyde, 1996). There has been no formal testing of this subscale's psychometric properties with a sample of African Americans, but research has

demonstrated sufficient internal consistency ( $\alpha = .70-.79$ ) and positive correlations with self-objectification and body shame for African American women (Buchanan et al., 2008; Fitzsimons-Craft & Bardone-Cone, 2012).

Permission for use of the OBCS could not be formally obtained due to developer being deceased and no further contact information was accessible.

**FPS.** The FPS was developed by Henley et al. and was used to assess feminist attitudes. The FPS is a self-report survey and contains 78 items assessing a range of feminist attitudes and behaviors. There are 7 subscales on the FPS, each measuring a specific feminist perspective. The subscales and sample items are: a) conservative, b) liberal, c) cultural, d) women of color/womanist, e) radical, f) socialist, and g) fembehave (Henley et al., 1998). Items are rated on a 7-point, Likert-type scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Each subscale has its own score calculated by the sum on that subscale, and the total score (“FemScore”) is made up of the sum of all subscale scores. Higher scores indicate greater levels of feminist beliefs. Feminist beliefs and attitudes have been assessed using the FPS among samples of both Caucasian and African American women in prior research.

Validity for the FPS was supported by its high positive correlations with self-reported feminism and participation in women’s studies courses, and negative correlation with political conservatism (Henley et al., 1998). Henley et al. (1998) demonstrated a high coefficient alpha ( $\alpha = .91$ ) for the composite scale FemScore in both nonstudent and student samples, and among people of color and Caucasian participants. Internal consistency of the other subscales ranged from .58 to .84 (Henley et al. 1998).

Permission to use the FPS could not be obtained due to the developer being deceased and no further contact information was accessible.

### **Data Analysis Plan**

Data for this study were analyzed using SPSS statistical analysis software. Collected data were examined for accuracy, and missing responses were removed. Descriptive statistics (mean, standard deviation, and frequency) were obtained to describe the demographic characteristics of participants (age, gender, and level of education). Before conducting inferential statistics, assumptions of linearity, normality, no multicollinearity, and homoscedasticity were evaluated via visual representations of data in SPSS. Inferential statistical analyses were used to assess the following research questions and hypotheses:

*RQ1:* Do sexual objectification, age, geographical location, and level of education predict self-objectification in African American women?

*H<sub>01</sub>:* Sexual objectification, age, geographical location, and level of education do not predict self-objectification in African American women.

*H<sub>a1</sub>:* Sexual objectification, age, geographical location, and level of education do predict self-objectification in African American women.

*RQ2:* Do feminist beliefs moderate the relationship between sexual objectification, age, geographical location, level of education, and self-objectification of African American women?

*H<sub>02</sub>*: Feminist beliefs do not moderate the relationship between sexual objectification, age, geographical location, level of education, and self-objectification of African American women.

*H<sub>a2</sub>*: Feminist beliefs do moderate the relationship between sexual objectification, age, geographical location, level of education, and self-objectification of African American women

A multiple regression analysis was conducted to explore both research questions and corresponding hypotheses. Multiple regression analysis is helpful for defining and measuring the relationship between variables (Pagano, 2013). In this study, multiple regression was used to investigate the relationships among the independent variables of sexual objectification, age, geographical location, level of education, and dependent variable of self-objectification. Conducting regression analysis provided an understanding of the main effects of the variables, as well as a means for examining whether feminist beliefs moderate any relationships identified. Prior to interpreting regression data, the assumptions of homoscedasticity, normality, and absence of multicollinearity were assessed.

### **Threats to Validity**

#### **Threats to Internal Validity**

When a threat to internal validity exists, the confidence in reporting that a relationship exists between an independent and dependent variable may be compromised. One threat to internal validity is response bias. Participants may minimize or over-report survey items to elicit the most socially desirable responses (Ahern, 2009). In fact, as Krumpal (2013) states, surveys examining sensitive personal and social issues such as



racism or sexual behaviors and experiences can be the most vulnerable to response bias. Given that this study examined experiences of sexual-objectification, social desirability bias may have caused a threat to internal validity. Even so, utilizing anonymous surveys in research, as was the case in this study, may reduce this particular type of bias (Ahern, 2009). Another threat to internal validity can be the use of online surveys for data collection. This method limited my ability to control the environment or be sure of who actually completed the survey. Such factors may influence the accuracy of reporting and validity of resulting data. To attempt to reduce this possibility, directives for completing the survey honestly and privately were included in introductory and informed consent procedures.

Additionally, when associations are made between variables, confounding can become a threat to internal validity. Confounding depicts changes in a dependent variable that may not be explained by variables measured in the study. Experiences of sexual-objectification and/or self-objectification among African American females may be influenced by factors that are not going to be measured in this study. In addition, data may have been impacted by personal characteristics not included on the demographic questionnaire. To address the potential for this threat, the appropriate sample size was determined via power analysis and assumptions were analyzed before findings were interpreted. All limitations will be discussed in Chapter 5.

### **Threats to External Validity**

External validity involves how well data can be generalized across settings, populations, and times (Creswell, 2014). Given that the data from study is unique to one

particular group, findings are not appropriately generalized to other groups/populations. A further threat to external validity in this study is sampling bias. Convenience sampling impacts the data's representation of the entire African American female population, also affecting its generalizability. Furthermore, saturation within a particular demographic group can affect external validity. A disproportionate number of participants fell within the age range of 30-44, as well as reported holding a graduate degree. Thus, the study's data may not be representative of African American females above or below that age range, or of those that have not completed graduate school. A final threat to external validity was the sample size that could be obtained. As Watson et al. (2016) explained, minority women, including African American women, have a tendency to resist participating in psychological research. African American women may hesitate to participate due to stigma within the community, as well as fear and distrust resulting from the history of systematic oppression toward their race (Watson et al., 2016). The sample was not as large and demographically diverse as was desired for the study.

### **Ethical Procedures**

Prior to survey administration and data collection, approval was obtained from Walden University's IRB. Once approval was received, the advertisement for participation and survey link were posted on social media sites and in the Walden participant pool. Participants were provided with informed consent prior to completing any part of the survey. The informed consent form described the study and related factors in entirety, including the purpose, confidentiality standards, and participant rights. Informed consent also detailed participant rights, the voluntary nature of the study and

their right to withdraw at any time. To ensure anonymity participants were not asked for any identifying information. Additionally, IP addresses were disabled via SurveyMonkey. Any documents or data pertaining to this research study were only viewed by this researcher and only shared with dissertation committee members. All data was kept confidential and password protected. In accordance with APA ethical standards, study data will be kept for 5 years and then destroyed.

### **Summary**

Chapter 3 included the study's research design, rationale, methodology, potential threats to validity, and ethical procedures. The purpose of this quantitative study was to examine the relationship between sexual objectification and self-objectification with African American females, as well as whether or not feminist attitudes moderate any existing relationship between the two variables. Self-report instruments assessing sexual objectification, self-objectification, and feminist beliefs were used for data collection among African American women. Research questions and hypotheses were examined using a quantitative correlational design via Pearson correlation and multiple regression analyses. Chapter 4 will include a discussion of study results.

## Chapter 4: Results

### **Introduction**

The purpose of this study was to explore sexual objectification, self-objectification, and feminist beliefs among African American women. The sample consisted of 122 participants. Variables were measured via the ISOS, OBCS, and FPS to answer two research questions and corresponding hypotheses. I examined relationships between self-reported scores for self-objectification from the OBCS and the independent variables, which were self-reported experiences of sexual objectification via the ISOS, self-reported level of feminist beliefs via the FPS, age, level of education, and geographical location. Chapter 4 describes the data collection process, including a breakdown of descriptive and demographic data. Next, the chapter details the study's statistical analysis procedures and findings, as well as a summary of research questions and study results.

### **Data Collection**

#### **Recruitment**

Following IRB approval, I posted the survey link and participation criteria on Facebook, focusing on reaching out to groups created for women of color and minority groups. Group page administrators were contacted via Facebook Messenger with the study information and a request to post the survey link within the group. Administrators were provided the purpose of the study, participant criteria, likely time commitment, and possible social change implications. I also explained the anonymity and confidentiality parameters of the study. Finally, administrators were informed that if approval to post

was provided, I would follow up with a summary of findings for the group to review. Of the groups that responded, one administrator preferred to post the information link herself, while the others allowed me to post on their group page. With the administrator's permission, I reposted every 14 days for 6 weeks to increase potential participation engagement. When data collection ended, group administrators were informed and thanked for their willingness to participate and allow me to post. Additionally, the survey link was posted to Reddit threads specifically allowing research recruitment. The Walden participant pool was also used to contact students that met the study criteria. When all data were collected, the survey was closed.

### **Preadalysis Screening and Response Rates**

Data collection began March 7 and ended April 13, 2020 for a total of 5 weeks. Overall, 162 participants responded to the online survey through Facebook and the Walden participant pool. Data were examined for completion and outliers, with 40 surveys being removed due to incompleteness. In total, 122 surveys were fully completed and included in the analysis. Descriptive and frequency analysis confirmed that there was no missing data. The final survey number of 122 exceeded the desired minimal sample of 84.

### **Sample Characteristics**

A summary of the sample's descriptive statistics is provided in Table 1. Per participation criteria of the survey, 100% of the sample identified as female, African American, and residing in the United States. The majority of respondents were between 30 and 44 (64.8%), with the second highest reported age range being between 45 and 59

(24.6%). Reported age ranges of 18 to 29 (6.6%) and 60+ (4.1%) made up the rest of the sample.

The most frequently reported geographical location was the Southeast US (38.5%). The next most frequently reported location was the Northeast (18.0%), followed by the Midwest (15.6%), Southwest (13.9%), and West (13.9%). A graduate degree was held by the majority of participants (70.5%), with 13.9% reporting having attended some college, 11.5% reporting holding an undergraduate degree, and 4.1% reporting having graduated from high school.

Table 1

*Frequency and Percentages of Demographics*

Variable	<i>N</i>	Category	Frequency	%
Age	99	18-29	8	6.6
		30-44	79	64.8
		45-59	30	24.6
		60+	5	4.1
Geographical Location	99	Northeast US	22	18.0
		Southwest US	17	13.9
		West US	17	13.9
		Southeast US	47	38.5
		Midwest US	19	15.6
Level of Education	99	HS Graduate	5	4.1
		Some College	17	13.9
		Undergraduate	14	11.5
		Graduate Degree	86	70.5

## Results

### Assumptions Tested for Regression

Data were analyzed to test regression assumptions. An examination of scatterplots revealed that assumptions of linearity and homoscedasticity were met, and there were no significant outliers. Normality was assessed through examination of the distribution of data. Histograms display participant survey response data. Bell curves indicated that the normality assumption was not violated. Additionally, the assumption of normality was verified by a Shapiro-Wilk normality statistic of 0.974 ( $p > .95$ ). The assumption of independent observations was assessed by a Durbin-Watson statistic of 1.612, which is sufficient. Variance inflation factor (VIF) and tolerance values were also examined, indicating no issues with multicollinearity.

### **ISOS, OBCS, and FPS Responses**

**ISOS.** The ISOS is comprised of 15 items assessing two factors: body evaluation and unwanted explicit sexual advances, both of which characterize sexual objectification experiences. Items were responded to using a 5-point Likert scale from 1 (*never*) to 5 (*almost always*). To score, the items were averaged with higher scores indicating more occurrences involving experiencing sexual objectification. The ISOS mean was 2.67 ( $SD = 0.57$ ), and scores ranged from 1.60 to 4.33 (see Figure 1).

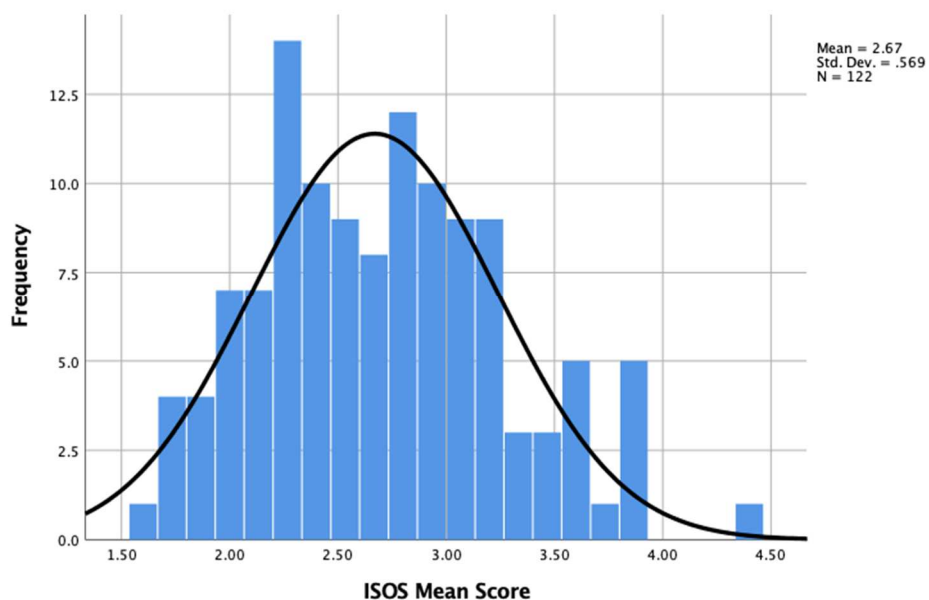


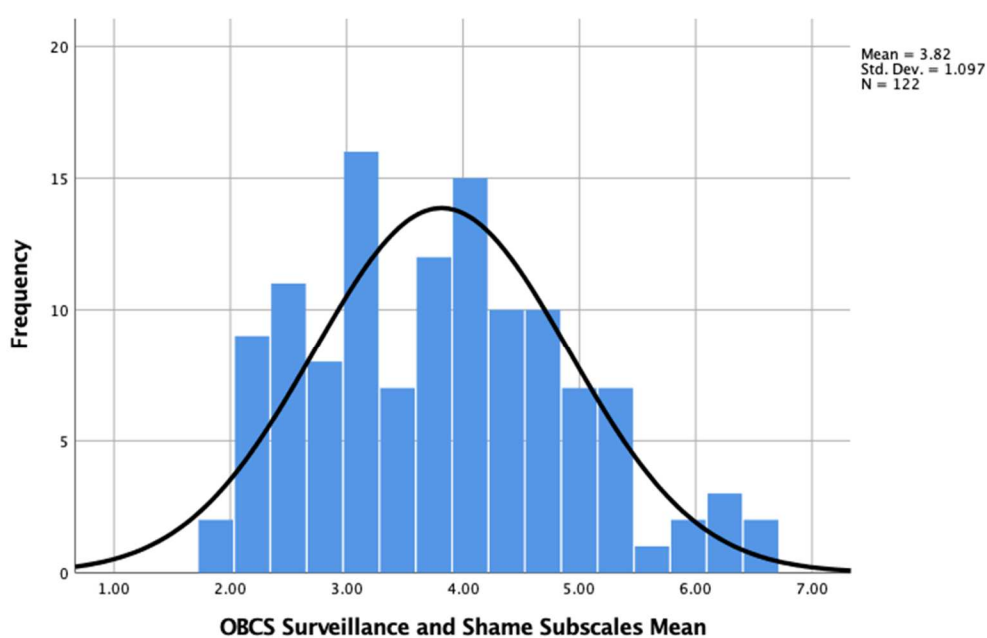
Figure 1. Participant ISOS scores.

ISOS scores have demonstrated construct validity via their relationships with self-objectification, body shame, and body surveillance. Further, the full scale ISOS has indicated an internal consistency score of .92 and a test-retest reliability score of .90. Reliability of the ISOS was confirmed by a calculated coefficient alpha of 0.91.

**OBCS.** Self-objectification was assessed using the OBCS. The OBCS is a 24-item self-report measure evaluating three areas of objectified body consciousness . Body surveillance, body shame, and control make up the three subscales of the OBCS, and each contains eight items. The surveillance subscale measures appearance monitoring, the body shame subscale measures feelings of shame and inadequacy, and the control subscale measures perceived control over one's appearance. Items were responded to via a 7-point Likert scale ranging from 1 (*strongly agree*) to 7 (*strongly disagree*). To score, items within each subscale were averaged, and an overall average score was computed,



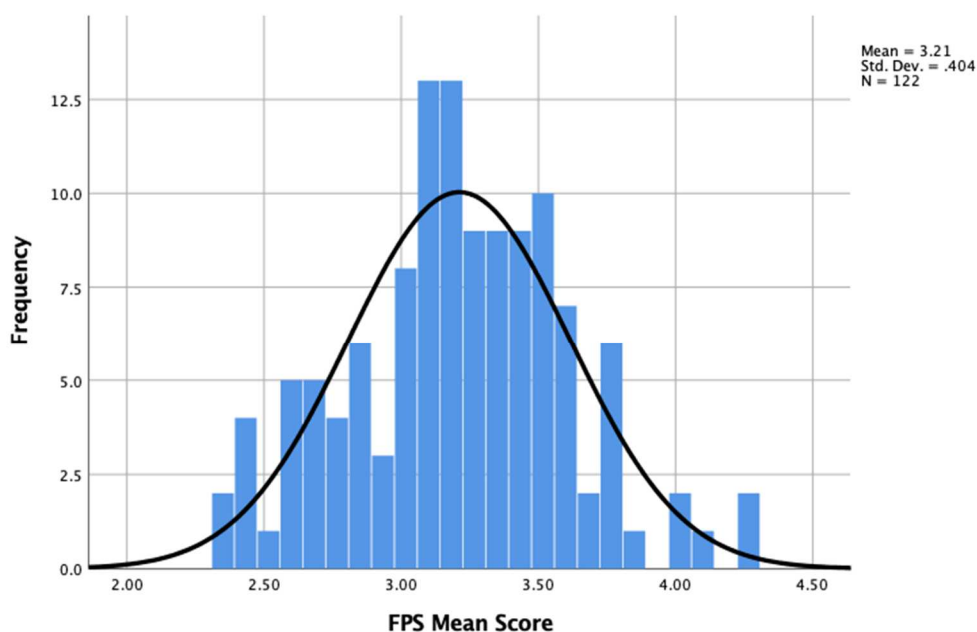
with higher scores demonstrating greater levels of body surveillance, body shame, and control. For this study, I chose not to use the control subscale as part of the final data analysis. The body surveillance and body shame subscales are more highly associated with the assessment of self-objectification in particular. The overall mean for the two OBCS subscales was 3.81 ( $SD = 0.69$ ), and overall scores ranged from 1.88 to 6.50 (see Figure 2).



*Figure 2.* Participant OBCS body surveillance and body shame subscale scores.

The OBCS has demonstrated validity via moderate to significant correlations with other measures of appearance orientation, body esteem, and body dissatisfaction. The measure (overall and each individual subscale) has also exhibited adequate reliability with values ranging from .76 to .8. Reliability of the two OBCS subscales was confirmed by a calculated coefficient alpha of 0.86.

**FPS.** The FPS assesses agreement with various feminist perspectives including liberal, cultural, radical, conservative, socialist, and women of color. Each perspective makes up a subscale of the FPS consisting of 10 items. Participants answered each item on a 5-point Likert scale ranging from 1 (*disagree*) to 5 (*agree*). Responses within each subscale were averaged to obtain subscale scores, as well as an overall scale score. Overall, the FPS mean was 3.21 ( $SD = 0.40$ ) and overall scores ranged from 2.35 to 4.30 (see Figure 3).



*Figure 3.* Participant FPS scores.

The FPS subscales have demonstrated good test-retest reliability (.72-.86) and low to moderate correlations with the Attitudes Toward Women scale (AWS), an instrument measuring attitudes about the rights and roles of women. Additionally, the FPS exhibited stability across ethnicity.

**RQ1**

RQ1 was designed to explore whether the independent variables of sexual objectification, age, geographical location, and level of education, predict self-objectification in African American women. Multivariate ordinary least squares regression model analyses were conducted to explore the hypotheses. First, to examine the relationship between sexual objectification and self-objectification, a regression analysis was conducted with the mean OBCS score as the dependent variable and the mean ISOS score as the predictor variable. Analysis of the model indicated a significant relationship between sexual objectification and self-objectification ( $F= 7.801, p \leq .01$ ). Table 2 displays the ANOVA table for Model 1.

Table 2

*ANOVA Table for Multivariate Ordinary Least Squares Regression Analysis with Mean ISOS Score*

Model	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Regression	3.487	1	3.487	7.801.	.006**
Residual	53.639	120	.447		
Total	57.126	121			

$p \leq .01$

The adjusted r-square value of the Model 1 regression was .053, revealing a very small effect size and that experiences of sexual objectification account for 5.3% of the variance in predicting self-objectification with African American women. Additionally, analysis of the unstandardized regression coefficient demonstrated that sexual objectification ( $B = 0.30$ ) has a significant positive relationship with self-objectification

in African American women. A one score increase in sexual objectification on the ISOS will result in a 0.30 increase in self-objectification on the OBCS.

Next, the control variables were added for Model 2. The mean OBCS score served as the dependent variable, and the mean ISOS score, participant age, geographical location, and level of education served as the predictor variables in the second analysis. Regression results revealed no statistical significance in the model, indicating that the addition of the control variables to the mean ISOS score did not significantly predict self-objectification ( $F= 1.942, p = .069$ ). The adjusted r-square value of Model 2 was .052, indicating that participant age, geographical location, and level of education had almost no effect on the variance in self-objectification, outside of the ISOS mean score. Overall regression results for Models 1 and 2 to answer RQ 1 showed that while sexual objectification did significantly predict self-objectification, the addition of participant age, geographical location, and level of education indicated no significance in predicting self-objectification. Therefore, the null hypothesis cannot be rejected.

## **RQ2**

RQ2 was designed to explore whether feminist beliefs moderated the relationship between sexual objectification and self-objectification in African American women. Multivariate regression was again used to test the hypotheses in Model 3. After controlling for the mean ISOS score, the mean FPS score, age, geographical location, and level of education, the mean OBCS score was used as the dependent variable and the interaction of the mean ISOS score and the mean FPS score was used as the predictor variable. Regression results demonstrated that the addition of the interaction variable to

the existing variables did not significantly affect self-objectification ( $F= 1.643, p = .111$ ).

The adjusted r-square value of Model 3 was .046 indicating that with the addition of the sexual objectification and feminist beliefs interaction variable, the model accounted for 4.6% of the variance in self-objectification, less than the model without the interaction variable. Given that the interaction of sexual objectification and feminist beliefs did not have a significant impact on self-objectification, the null hypothesis cannot be rejected (see Table 3).

Table 3

*Regressions on Mean OBCS Score (Self-Objectification)*

	Model 1 <i>b</i>	Model 2 <i>b.</i>	Model 3 <i>b</i>
<i>Focal IV</i>			
Mean ISOS Score	.298**	.264*	.243*
<i>Control Variables</i>			
Age	---	-.114	-.105
Level of Education	---	.088	.082
Northeast Region	---	.177	.030
Southwest Region	---	.190	-.325
West Region	---	.192	-.078
Midwest Region	---	.184	-.101
Mean FPS Score	---	---	.175
<i>Interaction Variable</i>			
ISOSxFPS	---	---	-.025
Constant	3.387	3.408	2.909
Adj. R-Square	.053	.052	.046

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

**Summary**

Findings from the data analysis revealed that both null hypotheses should be kept, and the alternative hypotheses should be rejected. A statistically significant relationship did exist between sexual objectification and self-objectification; however, there were no statistically significant relationships between African American women's age, geographical location, level of education, or self-objectification. Furthermore, analysis results revealed that sexual objectification and self-objectification were not moderated by feminist beliefs as measured by the FPS. The findings are further interpreted along with a discussion of study limitations, recommendations for future research, and conclusions in Chapter 5.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this quantitative study was to explore relationships between sexual objectification and self-objectification among African American women. Additionally, the study examined the relationships between these variables and participant age, level of education, and geographical location. Further, the study explored whether feminist beliefs moderated the relationship between sexual objectification and self-objectification.

Chapter 5 includes a summary of the research, an interpretation of the findings reported in Chapter 4, study limitations and social change implications, and recommendations for further research.

### **Research Summary**

Sexual objectification has been consistently linked to women's mental health issues, including depression and eating disorders (Breines et al., 2008; Fredrickson & Roberts, 1997; Jones & Griffiths, 2015; Mercurio & Landry, 2008; Muehlenkamp & Saris-Baglama, 2002; Szymanski & Henning, 2007; Tiggemann & Williams, 2012). Little research has examined feminism in this context in general, as well as other minority women groups. Therefore, this study was designed to address gaps in the literature and expand understanding of these variables among African American women.

The study included a sample of 122 participants. Participants were African American women living in the United States aged 18 and up. An online survey was developed that included a demographic questionnaire, the ISOS, OBCS, and FPS. SPSS was used to statistically analyze participant responses and address research questions and

hypotheses. Data analysis determined that there was a significant relationship between sexual objectification and self-objectification, but no significant relationships were found between participant age, geographical location, level of education, or self-objectification. Additionally, feminist beliefs were not found to moderate the relationship between sexual objectification and self-objectification.

### **Interpretation of the Findings**

#### **Interpretation of RQ1**

RQ1 was developed to examine relationships between sexual objectification, self-objectification, age, geographical location, and level of education among African American women. The current literature exploring sexual objectification and self-objectification in women has focused primarily on Caucasian women. Experiences involving sexual and self-objectification may vary across demographic variables (Moradi & Huang, 2008; Szymanski et al., 2011). RQ1 revealed a significant positive correlation between sexual objectification and self-objectification among African American females. This finding confirms existing research regarding the relationship between sexual objectification and self-objectification within females. Self-objectifying beliefs and behaviors are associated with experiences involving sexual objectification. However, no significant relationships were found between the demographic variables of age, geographical location, and level of education.

Results from RQ1 revealed that age nor geographical location, and level of education did not have a significant relationship with experiences of sexual objectification or self-objectification in the study sample of African American women.



This could be indicative that regardless of age, self-objectification remains stable or due to study limitations.

### **Interpretation of RQ2**

RQ2 was developed to explore whether feminist beliefs had a moderating effect on self-objectification in African American women. Feminism has been suggested as potentially having a moderating effect on self-objectification in women (Myers et al., 2012; Rubin et al., 2004). Research on feminism in the context of objectification among African American women specifically is lacking. In this study, there was no significant effect of feminist beliefs on self-objectification among African American women.

### **Limitations of the Study**

One limitation of this study involved the use of convenience sampling via the Internet. Participants were obtained primarily via Facebook, as well as Reddit and the Walden participant pool, limiting the sample to those with access to and comfortable with using the internet, Facebook, and Reddit. As such, the inclusion of potential participants without the Internet or social media was restricted, limiting generalizability. The use of the Internet for data collection also diminished researcher control of the environment and ensuring who completed the survey. The use of self-report measures is a limitation as it is unknown whether participants answered assessment items honestly. Additionally, although the use of anonymous survey methods can reduce social desirability bias, there is still the potential that participants under- or over-reported in a socially desirable manner. This may be particularly true of this study as the survey focused on potentially sensitive topics.

Sample demographics were another limitation. A disproportionately higher percentage of participants reported being between 30 and 44 (65%) and holding a graduate degree (71%). This is likely a result of Facebook groups focused on reaching women of color in higher education being used for participant recruitment. Given this, study results may not be representative of the larger population of African American women. For instance, the lack of a moderating effect by feminist beliefs in this study may speak to generational and/or educational differences. It may be that African American women between the ages of 30 and 44 identify less with feminist beliefs that might influence the rejection of self-objectifying beliefs and behaviors. This may also be true of African American women identifying as higher educated. Additionally, had there been more variability within the data, results may have indicated more significance in terms of demographic variables and their relationship to sexual- and/or self-objectification. Besides age, geographical location, and level of education, additional demographic characteristics were not examined in this study that may have influenced survey results. Along these same lines, other confounding variables were not accounted for that may have affected how participants answered survey items. Szymanski and Lewis (2016) described African American women as uniquely experiencing oppression due to both sexism and racism. Experiences involving racism may affect how African American women experience and report sexual objectification and self-objectification.

### **Recommendations**

The results of this study indicated a significant relationship between sexual-objectification and self-objectification. This aligns with numerous existing studies in

which sexual objectification has been found to lead to self-objectification among women regardless of race, age, culture, etc. (Fischer, et al. 2011; Fredrickson & Roberts, 1997; Moradi & Huang, 2008; Szymanski, et al. 2011; Watson, et al. 2015). However, that was the only significant relationship indicated by the data. Given that the demographic variables were not found to be significantly related to either sexual- or self-objectification, future research might further examine demographic variables within the context of objectification among African American women. Given this study's limitations related to the demographic variables, research may benefit from more exploration on the variables of age, geographical location, and/or level of education, among other demographic variables. Further examination of the variables used in this study may yield different results when explored among a larger, more diverse sample of African American women. The higher proportion of participants reporting one particular age range and as having a graduate degree created somewhat skewed data in this study. Exploring these variables among more African American women of ages and education levels outside of these parameters could reveal different relationships that found in this study. Regarding other demographic variables, future research may also examine potential effects of marital status, income, or religious affiliation on objectification. Additional research on demographic variables might increase understanding of particular groups within the African American female population that are more, or less, affected by objectifying experiences and therefore, more or less likely to adopt self-objectifying beliefs and behaviors. This research could increase understanding of risk factors related to mental health issues and enhance the provision of services for minority women.

Given the inconsistency on research exploring feminism as a protective factor, it is also recommended that future research continue to explore the variable within the context of objectification, particularly among minority populations. Given that this study was exploratory, feminist beliefs as measured by the FPS were examined in general, as one overall score; however, the FPS includes multiple subscales of different perspectives of feminist beliefs (i.e. liberal feminism, socialist feminism, cultural feminism) (Henley, et al. 1998). One of the subscales on the FPS is the womanism/inclusive feminism scale. This scale in particular measures feminist beliefs encompassing issues of race, ethnocentrism, and class, and focuses more on women of color and their unique experiences (Henley et al. 1998). Future researchers may want to examine if any particular perspectives are more highly associated with sexual objectifying experiences and/or self-objectification. Additionally, it might be interesting for future research to explore the different types of feminism among different racial groups within the context of objectification as well.

Although the total population sample exceeded the proposed number to reach statistical significance, future researchers might want to expand on this research utilizing a broader, larger sample. It would benefit researchers to recruit outside of social media and explore recruitment opportunities that may yield a broader sample as it pertains to demographic variables. For example, researchers may consider creating an optional way for participants to complete a survey in person rather than online. Doing so could decrease the bias and limitations that may be present with “online only” participation.

These expansions on the current study could allow future findings to be more generalizable.

Finally, it may be advantageous to examine the variable of gendered racism and its potential influence on self-objectification in African American women.

Recommendations for assessment measures include the Schedule of Sexist Events-Revised (RSSE) or the Gendered Racial Microaggressions Scale (GRMS). Both assessments were developed to specifically assess experiences of gendered racism among African American women; although the RSSE has been more widely used and has consistently demonstrated reliability. Exploring gendered racism as related to objectification would increase insight and understanding of the unique experiences of African American women, as well as how the intersectionality of the two identities influences self-objectification and mental well-being.

### **Implications**

The purpose of this study was to expand on current literature and research on objectification by exploring the relationships among sexual-objectification, age, geographical location, level of education, and self-objectification among African American women. This study also sought to broaden current research by exploring the potential impact of feminist beliefs on the aforementioned variables. Existing research has consistently demonstrated the negative impact of sexual objectification and resulting psychological consequences of self-objectification. What has also been consistently demonstrated is the lack of diversity in the research, and the limited understanding of how these constructs are experienced and impacted among minority women. This study

was conducted to provide knowledge and insight for mental health providers in order to inform conceptualization of minority women's mental health, as well as treatment intervention for African American women. African American women are at higher risk for mental illness and are less likely to seek treatment than women of other races (Alvldrez, Shumway, Morazes, & Boccellari, 2011; Gibbs & Fuery, 1994; Ward & Heidrich, 2009; Ward, Clark, & Heidrich, 2009). Increasing understanding of the mental health issues experienced by women of color, as well as the cultural and demographic factors that contribute to and that protect against these issues, will enhance services and potentially address some of the barriers contributing to low rates of treatment seeking. Additionally, increased knowledge of these and similar issues, constructs, and variables within this population contributes to multicultural competency among mental health professionals. This study may also inspire future researchers to continue exploring the effects of sexual- and self-objectification on minority women, as well as variables that may exacerbate or alleviate these effects. Although the results of this study did not reveal new findings in the relationships among the demographic variables or regarding feminist beliefs, there are opportunities for expansion that may produce more meaningful results. Doing so will continue to contribute to minority women's mental health understanding and treatment.

### **Conclusion**

The purpose of this study was to explore the relationship between sexual objectification, self-objectification, age, geographical location, and level of education in African American women. Feminist beliefs were also assessed and added to the study as

a potential moderator. The study sought to address a gap in existing research on objectification regarding a lack of sample diversity. Additionally, the study sought to explore the potential effects of additional variables on self-objectification. The results of this study indicated a significant relationship between sexual objectification and self-objectification; however, no significant relationships were found among the other study variables. Moreover, feminist beliefs were not found to moderate the relationship between sexual- and self-objectification among the sample. Even so, the lack of significance of the findings may actually demonstrate the pervasive and non-discriminatory nature of sexual- and self-objectification. Regardless of other variables, all women are victimized by sexual objectification and vulnerable to its impacts, which supports the tenets of objectification theory . The limitations and recommendations in this study will hopefully promote researchers to continue investigating the constructs and variables that impact the well-being and mental health of African American women.

Further, the study provided knowledge and insight to inform future research, as well as mental health conceptualization and intervention for African American women. African American women are often misunderstood when it comes to their mental health, and as such, are often misdiagnosed (Matthews & Hughes, 2001; Thompson, Brazile, & Akbar, 2004; Ward, et al. 2010). One of the contributors to this issue is cultural incompetence on the part of the provider (Ward, et al. 2010). Mental health providers can use the findings from this study to inform understanding of the cultural and personal factors that impact African American women and their well-being, reducing treatment barriers and increasing effective services. For instance, understanding that African

American women are impacted by sexual objectification provides one lens for providers to conceptualize body image issues, eating disorders, depression, anxiety, and interpersonal/relationship issues, among other problems shown to be associated with sexual objectification (Fredrickson & Roberts, 1997; Moradi & Huang, 2008).

Specifically, feminist therapy is focused on empowering and strengthening women in the context of cultural and social stereotypes and systems that inhibit development and growth and affect mental health, including objectification (Carr, Green, & Ponce, 2015).

The study results speak to the pervasive nature of objectification, and the need to examine such systems of oppression within mental health services. Using feminist modalities allows an opportunity for increasing self-esteem and personal efficacy, which may decrease issues associated with self-objectification and experiences of sexual objectification. Working with African American women through a lens of awareness and consideration of the systemic issues which impact them provides space to understand mental health symptoms within their environment. This approach provides the space for insight and empowerment through education and affecting change, helping to reduce fears of further oppression or being misunderstood.



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## Appendix A: Demographic Survey

The purpose of the demographic questionnaire is to gather basic information about participants in this study. Please choose the answers that best describe you.

1. What is your age? (circle one)    18-29    30-44    45-59    60+
2. What is your geographical location? (circle one)    Northeast    Southwest    West  
Southeast    Midwest
3. What is your highest level of education? (circle one)    GED    HS Graduate    Some  
College    Undergraduate Degree    Graduate+ Degree

## Appendix B: Permission to use ISOS and Items

## Source:

Kozee, H., Tylka, T., Augustus-Horvath, C., & Denchik, A. (2007). Development and psychometric evaluation of the interpersonal sexual objectification scale. *Psychology of Women Quarterly*, 31, 176-189.

## Permissions:

Permission was obtained from developer Tracy Tylka via email inquiry:

“Hi Ashton,

Thanks for your interest in the ISOS. Yes, you have my permission. You can find the scale on my website (see link below) under ‘scales developed.’ Best of luck with your dissertation.

Warmly,

Tracy”



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Editor-in-Chief, *Body Image: An International Journal of Research*

For scales, publications, and vita, visit my website: <http://u.osu.edu/tracytylka/>

Interpersonal Sexual Objectification Scale  
(ISOS)

**1. How often have you been whistled at while walking down a street?**

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

**2. How often have you noticed someone staring at your breasts when you are talking to them?**

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

**3. How often have you felt like or known that someone was evaluating your physical appearance?**

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

**4. How often have you felt that someone was staring at your body?**

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

**5. How often have you noticed someone leering at your body?**

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

**6. How often have you heard a rude, sexual remark made about your body?**

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

**7. How often have you been touched or fondled against your will?**

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

**8. How often have you been the victim of sexual harassment (on the job, in school, etc)?**

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

**9. How often have you been honked at when you were walking down the street?**

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

**10. How often have you seen someone stare at one or more of your body parts?**

1	2	3	4	5
---	---	---	---	---

Never          Rarely          Occasionally          Frequently          Almost Always

**11. How often have you overheard inappropriate sexual comments made about your body?**

1                      2                      3                      4                      5  
 Never              Rarely              Occasionally          Frequently          Almost Always

**12. How often have you noticed that someone was not listening to what you were saying, but instead gazing at your body or a body part?**

1                      2                      3                      4                      5  
 Never              Rarely              Occasionally          Frequently          Almost Always

**13. How often have you heard someone make sexual comments or innuendos when noticing your body?**

1                      2                      3                      4                      5  
 Never              Rarely              Occasionally          Frequently          Almost Always

**14. How often has someone grabbed or pinched one of your private body areas against your will?**

1                      2                      3                      4                      5  
 Never              Rarely              Occasionally          Frequently          Almost Always

**15. How often has someone made a degrading sexual gesture towards you?**

1                      2                      3                      4                      5  
 Never              Rarely              Occasionally          Frequently          Almost Always

Scoring: Add up the responses associated with each item to arrive at a summed score.

## Appendix C: OBCS Items

## Surveillance Scale

1. I rarely think about how I look.\*
2. I think it is more important that my clothes are comfortable than whether they look good on me.\*
3. I think more about how my body feels than how my body looks.\*
4. I rarely compare how I look with how other people look.\*
5. During the day, I think about how I look many times.
6. I often worry about whether the clothes I am wearing make me look good.
7. I rarely worry about how I look to other people.\*
8. I am more concerned with what my body can do than how it looks.\*

## Body Shame Scale

9. When I can't control my weight, I feel like something must be wrong with me.
10. I feel ashamed about myself when I haven't made the effort to look my best.
11. I feel like I must be a bad person when I don't look as good as I could.
12. I would be ashamed for people to know what I really weigh.
13. I never worry that something is wrong with me when I am not exercising as much as I should.\*
14. When I'm not exercising enough, I question whether I am a good enough person.
15. Even when I can't control my weight, I think I'm an okay person.\*
16. When I'm not the size I think I should be, I feel ashamed.

## Control Scale

17. I think a person is pretty much stuck with the looks they are born with.\*
18. A large part of being in shape is having that kind of body in the first place.\*
19. I think a person can look pretty much how they want to if they are willing to work at it.
20. I really don't think I have much control over how my body looks.\*
21. I think a person's weight is mostly determined by the genes they are born with.\*
22. It doesn't matter how hard I try to change my weight, it's probably always going to be about the same.\*
23. I can weigh what I'm supposed to when I try hard enough.
24. The shape you are in depends mostly on your genes.\*

Note: \* Reverse score item: Items are rated on a scale from 1 (strongly disagree) to 7 (strongly agree).

## Appendix D: FPS Items

**1. Given the way that men are, women have a responsibility not to arouse them by their dress and actions.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**2. Pornography exploits female sexuality and degrades all women.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**3. In education and legislation to stop rape, ethnicity and race must be treated sensitively to ensure that women of color are protected equally.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**4. Women should not be direct participants in government because they are too emotional.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**5. Whether one chooses a traditional or alternative family form should be a matter of personal choice.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**6. People should define their marriage and family roles in ways that make them feel most comfortable.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**7. The government is responsible for making sure that all women receive an equal chance at education and employment.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**8. Racism and sexism make double the oppression of women in the work environment.**

	1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	

**9. Prostitution grows out of the male culture of violence and male values of social control.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree



**10. Capitalism and sexism are primarily responsible for the increased divorce rate and general breakdown of families.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**11. Replacing the word God with Goddess will remind people that the deity is not male.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**12. Women of color have less legal and social service protection from being battered than white women have.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**13. A man's first responsibility is to obtain economic success, while his wife should care for the family's needs.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**14. Men should follow women's lead in religious matters, because women have a higher regard for peace than men.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**15. Using man to mean both men and women is one of the many ways sexist language destroys women's existence.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**16. Sex role stereotypes are only one symptom of the larger system of patriarchal power which is the true source of women's subordination.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**17. Homosexuals need to be rehabilitated into normal members of society.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**18. The workplace is organized around men's physical, economic, and sexual oppression of women.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**19. Men's control over women forces women to be the primary caretakers of children.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**20. Making women economically dependent on men is capitalism's subtle way of encouraging heterosexual relationships.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**21. Women of color are oppressed by white standards of beauty.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**22. The availability of adequate child care is central to a woman's right to work outside the home.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**23. The breakdown of the traditional family structure is responsible for the evils in our society.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**24. Homosexuality is not a moral issue, but rather a question of liberty and freedom of expression.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**25. A socialist restructuring of businesses and institutions is necessary for women and people of color to assume equal leadership with white men.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**26. Being put on a pedestal, which white women have protested, is a luxury that women of color have not had.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**27. Social change for sexual equality will best come about by acting through federal, state and local government.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**28. Putting women in positions of political power would bring about new systems of government that promote peace.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**29. Men use abortion laws and reproductive technology to control women's lives.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**30. Traditional notions of romantic love should be replaced with ideas based on feminine values of kindness and concern for all people.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**31. Romantic love supports capitalism by influencing women to place men's emotional and economic needs first.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**32. By not using sexist and violent language, we can encourage peaceful social change.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**33. Legislation is the best means to ensure a women's choice of whether or not to have an abortion.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**34. Men prevent women from becoming political leaders through their control of economic and political institutions.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**35. Beauty is feeling one's womanhood through peace, caring, and nonviolence.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**36. It is a man's right and duty to maintain order in his family by whatever means necessary.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**37. Women's experience in life's realities of cleaning, feeding people, caring for babies, etc., makes their vision of reality clearer than men's.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**38. The world is a more attractive place because women pay attention to their appearance and smiles.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**39. The way to eliminate prostitution is to make women economically equal to men.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**40. Anti-gay and racist prejudice act together to make it more difficult for gay male and lesbian people of color to maintain relationships.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**41. Capitalism hinders a poor woman's chance to obtain adequate prenatal medical care or an abortion.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**42. Women should try to influence legislation in order to gain the right to make their own decisions and choices.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**43. In rape programs and workshops, not enough attention has been given to the special needs of women of color.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**44. Rape is best stopped by replacing the current male-oriented culture of violence with an alternative culture based on more gentle, womanly qualities..**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**45. It is the capitalist system which forces women to be responsible for child care.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**46. Marriage is a perfect example of men's physical, economic, and sexual oppression of women.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**47. Women should not be assertive like men because men are the natural leaders on earth.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**48. Romantic love brainwashes women and forms the basis of their subordination.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**49. Discrimination in the workplace is worse for women of color than for all men and white women.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**50. Bringing more women into male-dominated professions would make the professions less cutthroat and competitive.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**51. Much of the talk about power for women overlooks the need to empower people of all races and colors first.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**52. Women should have the freedom to sell their sexual services.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**53. Using he for he and she is convenient and harmless to men and women.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**54. All religion is like a drug to people and is used to pacify women and other oppressed groups.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**55. Rape is ultimately a powerful tool that keeps women in their place, subservient to and terrorized by men.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**56. Capitalism forces most women to wear feminine clothes to keep a job.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**57. The tradition of Afro-American women who are strong family leaders has strengthened the Afro-American community as a whole.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**58. The personalities and behaviors of women and men in our society have developed to fit the needs of advanced capitalism.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**59. Heterosexuality is the only natural sexual preference.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree

**60. Men need to be liberated from oppressive sex role stereotypes as much as women do.**

1	2	3	4	5
Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree