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The relationship between female self-objectification and extra-curricular activities

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Degree Type
Open Access Senior Honors Thesis

Department
Psychology

First Advisor
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Keywords
self-objectification, extra-curricular activities

Subject Categories
Psychology

THE RELATIONSHIP BETWEEN FEMALE SELF-OBJECTIFICATION AND
EXTRA-CURRICULAR ACTIVITIES

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Honors College
in Partial Fulfillment of the Requirements for Graduation
With Honors in Psychology

Approved at Ypsilanti, Michigan, on this date ____4-21-14____

Abstract

In contemporary society, women are free to adopt more flexible gender roles, ranging from those traditionally regarded as "masculine," to those considered more "androgynous," to more stereotypical female gender roles. Despite having greater freedom to adopt more diverse roles, some women continue to adopt traditional gender roles, in which self-objectification may persist. According to Calogero (2013), "self-objectification occurs when the objectifying gaze is turned inward, such that women view themselves through the perspective of an observer and engage in chronic self-surveillance" (p.312). The purpose of this study was to examine self-objectification among female students who participated in an extra-curricular activity here at Eastern Michigan University. Undergraduate females were be offered the opportunity to take an online questionnaire that assessed extracurricular activities, self-objectification, mood, body shame and appearance anxiety. It was hypothesized that females who participated in activities where the body as beauty was a major component would have a higher self-objectification, whereas females who participated in sports where the body as function was the major emphasis would have lower levels of self-objectification. Our study hypotheses were not supported and, in fact self-objectification was lower in activities thought to foster self-objectification. The reasons for this are unknown but would make an interesting future study.

Introduction

Female self-objectification can best be defined as "regular exposure to objectifying experiences that socializes girls and women to engage in self-objectification, whereby they come to internalize this view of themselves as an object or collection of body parts" states Kroon Van Diest and Perez (2010, p.1). In her book *Femininity and Domination: Studies in the phenomenology of Oppression*, Sandra Bartky (1990) describes a time where she was made a victim of objectification:

It is a fine spring day, and with an utter lack of self-consciousness, I am bouncing down the street. Suddenly I hear men's voices. Catcalls and whistles fill the air. These noises are clearly sexual in intent and they are meant for me; they come from across the street. I freeze. As Sartre would say, I have been petrified by the gaze of the Other. My face flushes and my motions become stiff and self-conscious. The body which only a moment before I inhabited with such ease now floods my consciousness. I have been made into an object. While it is true that for these men I am nothing but, let us say, a "nice piece of ass," there is more involved in this encounter than this mere fragmented perception of me. They could, after all, have enjoyed me in silence...I could have passed by without having been turned to stone. But I must be made to know that I am a "nice piece of ass": I must be made to see myself as they see me (p.27)

According to the Fredrickson and Roberts's model (1997), the cultural practice of sexual objectification lead to self- objectification; which turns into self-surveillance; causing psychological consequences and mental health risks. Sexual objectification means that women are seen as sex objects for male sexual pleasure. This objectification occurs in two areas: interpersonal or social encounters, and media exposure. "Interpersonal or social encounters include catcalls, checking out/ staring at, or gazing at women's bodies, sexual comments, and

harassment. Media exposure spotlights women's bodies and body parts while depicting women as the target of a nonreciprocated male gaze" (Calogero, Tantleff-Dunn, & Thompson, 2011, p. 6). According to the Britannica Encyclopedia, living in a Patriarchal social system where the father is the primary authority and central figure to social organizations over women and children makes female self-objectification seem normal (Pauls, 2008)

Calogero, Tantleff-Dunn, and Thompson (2011) have written that "Western societies tend to objectify people in general treating them as if they are things or commodities because westernized societies are saturated with heterosexuality, whereby gender acts as a pervasive organizer of culture" (p. 4). Growing up, women are socialized to act and respond to situations in certain ways, which are called gender roles, and these help shape a woman's characteristics so that she can be accepted into society. Women are then socialized to accept the less invasive forms of sexualization as normal and perhaps even desirable, indicators that they are fulfilling expected social norms (Smolak & Murnen, 2011). According to MacKinnon (1989), "Men have been conditioned to find women's subordination sexy and women have been conditioned to find a particular male version of female sexuality as erotic- one in which they are defined from a male point of view" (1989).Being defined from a male point of view can lead to self-objectification.

Female self-objectification has many consequences including disordered eating which is associated with depression. According to the National Association of Anorexia Nervosa and Associated Disorders (ANAD, 2013), up to 24 million people of all ages and genders suffer from an eating disorder. Also according to ANAD, only 5% of American females naturally possess the ideal body type, leaving the remaining 95% outside of that ideal. Consequently, as many as 47% of girls in the 5th-12th grade report wanting to lose weight because of the magazine pictures and 69% of girls in the 5th-12th grade report that magazine pictures influence their idea of a perfect body shape (Eating, 2013).The proposed study aims to advance our understanding of the factors

which promote versus mitigate self-objectification. To provide some background, however, we will start defining self-objectification and the history behind it.

Self-Objectification: Definition and Theory

Self-Objectification refers to the process by which women come to internalize and accept the beliefs that society projects upon them. As stated above, Fredrickson and Roberts (1997) suggest that regular exposure to objectifying experiences socializes girls and women to engage in self-objectification, whereby they come to internalize this view of themselves as an object or collection of body parts. Fredrick and Roberts (1997) propose that, "as many girls and women internalize the culture's practices of objectification and habitually monitor their bodies' appearance…a disruption in the flow of consciousness permeates a host of emotional, motivational and attentional states" (Fredrickson & Roberts, 1997 p. 196).

Franzoi (1995) writes, "There are two basic ways of thinking about one's body that have a particular relevance to a discussion of gender differences in body esteem. One way is to view the body as an object of discrete parts that others aesthetically evaluate, and the other is to conceptualize it as a dynamic process where function is of greater consequence" (p. 417). The vast majority of society tends to default to reviewing the female body in terms of its form rather than function, and "it is this aspect of the physical self that influence people's first impressions and forms the basis for the physical attractiveness stereotype" (Franzoi, 1995, p. 417). The term "self-objectification" is intertwined with the term objectification.

Objectification

According to Kant (1797), objectification involves the lowering of a person, a being with humanity, to the status of an object. Kant explains that objectification begins once sexuality is exercised outside of a monogamous marriage because "Sexual love makes of the loved person an

object of appetite; as soon as that appetite has been stilled, the person is cast aside as one casts away a lemon which has been sucked dry" (Kant, 1797, p.163).

Kant only identified one feature of objectifying someone through instrumentality; however, according to Nussbaum (1995), there are seven features: *instrumentality, denial of autonomy, inertness, fungibility, violability, ownership and denial of subjectivity*. Nussbaum (1995) describes, "*Instrumentality* refers to the treatment of a person as a tool for the objectifier's purpose; *denial of autonomy* is the treatment of a person as lacking in autonomy and self-determination; *inertness* is the treatment of a person as lacking in agency and perhaps also in activity; *fungibility* is the treatment of a person as interchangeable with other objects; and *violability* is the treatment of a person as lacking in boundary-integrity. *Ownership* is the treatment of a person as something that is owned by another which can be bought or sold and finally, *denial of subjectivity* is the treatment of a person as something whose experiences and feeling need not be taken into account" (Nussbaum, 1995, p.257). Three more factors have been added by Langton (2009): *reduction to body, reduction to appearance and silencing*. To reduce someone to their body is to identify a person with her body or body parts; *reduction to appearance* is treating a person primarily on how she looks or how she appears to the senses. *Silencing* a person is just that-- treating a person as if she lacks the capacity to speak (Langton, 2009).

Gender Roles

Objectifying women is something that is taught in our society through gender roles. According to Susan Basow, gender roles are "society's evaluation of behavior as either masculine or feminine" (p.2). Sinnott and Shifren (2001) identify two processes by which gender roles develop; cognitive and learning. The cognitive approach asserts that gender roles develop because a child's perception of identification precedes role-appropriate behavior. A child

discovers that s/he is a boy or a girl, and repeats socially reinforced behavior in accordance with expected gender roles. Thereafter, the roles are kept consistent over the lifespan. In contrast, the learning approach states that one explores the survival value of roles with a strong impact of socialization of role behavior (Sinnott & Shifren, 2001, p. 468). With gender roles, stereotypes develop, which are structured sets of beliefs about the personal attributes of women and men. "We acquire stereotypes as we acquire information about the world and our roles in it; they exist on a cultural and personal level" (Basow, 1992, p. 3).

Fernández, Quiroga, Olmo, Aróztegui, and Martin (2011) conducted a study that asked 78 participants to take 10 minutes and choose a gender (male, female, or neither) that best identified with 36 activities in a questionnaire. Questions included things such as which gender would be best suited to hang a picture, come up with an idea, walk a dog, clean a shop, bring a car in the garage, etc. Their results indicated that people believe that certain tasks are best suited to a certain gender. Many felt, for example that a woman would be better suited to clean a shop, while a man would be better to bring a car in the garage.

Basow (1992) describes working class men as physically aggressive and more likely to settle disagreements with a show of physical strength. In a middle or upper class family, males are likely to be verbally and intellectually aggressive and to settle disagreements through the use of reasoning powers (p.3). Masculinity is associated with competence, instrumentality and activity; men should be strong, rational and aggressive (Basow, 1992, p.1). They are also expected to be providers; securing and providing resources, protectors and ready to defend others and their territory (Gregor, 1985).

Ten positive traits or strengths associated with traditional concepts of masculinity, according to Kiselica and Englar-Carson (2010) include: *relational styles, ways of caring, generative fathering, self-reliance, worker/provider, group orientation, courage, humanitarian*

service, use of humor, and *heroism.* Kiselica and Englar-Carson suggest that for a man to have a *relational style* means to develop fun friendships and intimacy through shared activities; *ways of caring* include taking care of his family and friends and being able to see things from other's point of view. A *generative father* responds to his child's development and consistently needs to help improve the life of the next generation. *Self-reliance* is characteristic of men when they face life's challenges autonomously. Being a *worker/provider* is central component of male-identity and self-esteem because it provides a sense of purpose and meaning along with achievement.

Men are more known to group together and achieve a common purpose, which is why *group orientation* is a positive trait for them, and *courage* refers to the daring, risk-taking behavior they may engage in more so than women. *Involvement in humanitarian service* provides opportunities and experiences for men to develop social interests, which bring a sense of belonging, while using *humor* helps as a healing and coping tool and a way to reduce tension. The last positive trait associated with masculinity is *heroism,* which means having the ability to demonstrate nobility and overcome great obstacles (Kiselica & Englar-Carson, 2010, p. 277 & 278). Other traits associated with the traditional masculine role, according to David and Brannon (1992), include distancing one's self from femininity, avoiding emotions, striving for achievement and success, focusing on competition, avoiding vulnerability, staying composed and in control, being tough, and acting aggressively to become dominant.

In the early 1970's, women were socialized into subordinate social roles, presumably because of problems with over adherence to gendered behavior, meaning they learned to be passive, ignorant, docile, emotional helpmates for men (Millett, 1971). Basow (1992) describes femininity as being associated with warmth, expressiveness, and nurturance; women are socialized to be weak, emotional, and submissive. Other social roles for females tend to include

being dependent, passive, easily influenced, home-oriented, talkative, gentle, religious, neat in habits, and enjoying the arts and literature (Basow, 1992).

Also in the 1970's Sandra Bem (1974) coined the word *androgyny*, which refers to "a person displaying both masculine and feminine characteristics, both assertive and yielding, both instrumental and expressive, depending on the situational appropriateness of the various behaviors" (Bem, 1974, p. 155). This was a turning point in history for women's gender roles. Neutral characteristics Bem (1974) introduced for an androgynous person include adaptability, conceit, being happy, jealous, likable, moody, sincere, theatrical, truthful, unpredictable, conventional (p.156). Gershaw (1995) also states that androgynous individuals are usually "creative and they tend to adapt to new situations. Depending on the situation, they may present as either masculine or feminine; they can be aggressive or yielding, forceful or genuine, sensitive or assertive. Relative to their more feminine counterparts, androgynous women are more assertive and independent, and androgynous men are more nurturing and more comfortable holding, touching and playing with babies showing empathy and offering support to others" (Gershaw, 1995,p.1). According to Susan Basow, androgynous women are "more competent socially, have strong cognitive defenses, have little tolerance for ambiguity, blend expressive and instrumental behaviors, and rate themselves as adjusted and "happy" (Basow, 1992, p. 184). To be androgynous means not adhering to stereotypical gender roles, and this may lead to less female self-objectification.

Self-Objectification: Contributing Factors

Media Influences

With respect to how self-objectification is influenced by media, Aubrey states that, "The relationship between the body and sex is unambiguously portrayed in contemporary media, and conforming to a thin body ideal is crucial to sexual attractiveness" (Aubrey, 2006, p. 366).

Tolman and Debold (1994) agree, stating that a thin female body is associated with success and power. All of this communicates to women that their bodies are important commodities that can influence life experiences (Muehlenkamp & Saris-Baglama, 2002). The thin body ideal refers to the European concept of a slender female with a small physique and little body fat. "Thin-body ideal occurs as a result of social pressure to attain a lean figure, placed on individuals by the media, family, peers, and interpersonal encounters" (Stice & Shaw, 1994, p.289). The media displays this through messages in popular magazines, films, and television. For example, "in magazines, weight loss messages are often placed next to messages about one's sex life, implying that weight loss will lead to a better sex life" while "on television shows women are judged as romantic or sexual partners based on their appearance" (Aubrey, 2006, p. 366&367). In a longitudinal study, Aubrey examined the long term relationship between media habits and self-objectification, and whether media exposure increases self-objectification or whether self-objectification drives the selection of sexually objectifying media. She found that "exposure to sexually objectifying television shows is associated with an increase in viewers' definition of their physical selves in terms of how the body appears, rather than what it can do" (Aubrey, 2006, p. 381). This occurs through frequent and repeated exposure to television programs, soap operas, talk shows, music videos, and advertising. From this study, Aubrey concluded that it is not how long someone is exposed to sexually objectifying messages but how frequently such messages occur over time.

Becker, Burwell, Herzog, Hamburg and Gilman (2002) conducted an experiment that involved evaluation of the effects of exposure to television on disordered eating attitudes and behaviors among Fijian adolescent girls. The traditional Fijian culture emphasized robust body shape, but girls were socialized to value not only their body, but also their family, community and relationships. The methodology involved two samples of adolescent girls, one recruited in

1995, when television was first introduced, and the second recruited in 1998, after the girls had been exposed to television for three years. This study was the first known investigation of television's impact upon disordered eating attitudes and behaviors in a traditional society. Results revealed that 77% reported that television influenced their body image and they adopted a desire to lose weight or reshape their body to resemble characters in the Western society by vomiting (Becker et al. 2002).

Relationships

Zurbriggen, Ramsey, and Jaworski (2011) found that men reported higher levels of partner objectification and women reported higher levels of self-objectification. Based on their hypotheses on the emphasis of appearance and physical attraction, they found that romantic relationships would increase the probability that people will objectify their romantic partner. They did an experiment on personal and partner objectification based on the hypotheses that 1) partner objectification would be associated with lower levels of relationship and sexual satisfaction, 2) consumption of objectifying media would predict self and partner objectification, and 3) levels of partner objectification would be higher in men while self-objectification would be higher in women. Their hypotheses were supported: as previously stated, they found that men reported higher levels of partner objectification and women reported higher levels of self-objectification. Partner objectification was associated with lower levels of relationship and sexual satisfaction for men, and the consumption of objectifying media was positively correlated with partner objectification but not self- objectification. What this means is that men who view objectifying media were more likely to compare their partner to the media, leaving the women to self-objectify.

Societal Influences

Franzoi (1995) writes that:

Starting at a young age, from Barbie dolls and toy makeup cases girls are encouraged to play with, to the close attention given to clothing fashion and other bodily adornments; females are taught that their body as object is a significant factor in how others will judge their overall value (p. 418).

These messages are conveyed through important socializing agents such as parents, peers, and teachers. Typically, gender role socialization includes heavy emphasis on how girls/women should look, and if this is overemphasized, girls may continually seek reassurance about their appearance to make sure they are socially accepted and not subject to ridicule or rejection. Franzoi (1995) suggests that a woman's attitude towards her body is influenced to the extent by which she possesses masculine and feminine personality traits. Women who take on a traditional role and adopt feminine personality traits generally hold more negative attitudes toward their body, unlike women who have more masculine traits (Franzoi, 1995).

Self-Objectification: Adverse Consequences

It is important that we advance our understanding of self-objectification not only because it is theoretically and socioculturally interesting, but also in light of its association with myriad adverse effects. For example, Meuhlenkamp and Saris-Baglama (2002) suggest that self-objectification can lead to depression, noting that, "The relationship between self-objectification and depression can be explained by the anxiety and powerlessness women may experience as a result of not knowing when or where they will encounter objectification. These feelings may increase women's vulnerability to depressive symptoms" (Muehlenkamp & Saris-Baglama, 2002, p.377).

Fredrickson and Roberts (1997) find that self-objectification can lead not only to depression, but also to body shame and eating disorders. They state that " Women's ongoing efforts to change their body and appearance through diet, exercise, fashion, beauty products, and

perhaps most dangerously, surgery and eating disorders ,reveal what may be a perpetual and hardly adaptive body-based shame, which results from a fusion of negative self- evaluation with the potential for social exposure" (p.181). Fredrickson and Roberts (1997) find that body shame arises uncertainty and ambiguity; they state, "Not knowing exactly when and how one's body will be looked at and evaluated can create anxiety about potential exposure. Data further show that women's appearance anxiety may have roots in negative early life social experiences, including histories of receiving negative appearance-related comments" (p.182). Lastly, they state that "Eating disorders are passive, pathological strategies, reflecting girls' and women's lack of power to more directly control the objectification of their bodies" (Fredrickson & Roberts, 1997, p. 192). Two feminist thoughts that support this are that women's concerns with dieting and weight control reflect their normative discontent toward their bodies and that women view eating disorders as a political statement of protest against the patriarchal system (Fredrickson & Roberts, 1997).

Once a woman starts to self-objectify and compare her body to others, she may eventually stop doing certain things like meeting with friends, dating, going to school/ work, etc., which may lead to a point where she is not capable of enjoying her life. Calogero, Tantleff-Dunn, and Thompson (2011) call this "opting out" (p.220). They found that 67% of women ages 15 to 64 years withdraw from life-engaging, life-sustaining activities because they feel bad about their appearance (p.220).

Sinclair and Mayers (2004) suggest that the difficulty achieving cultural body standards may be a risk factor for holistic human functioning and may lead to impairment in multiple life tasks, such as forming meaningful interpersonal relationships and achieving academic success. Consistent with this suggestion that self-objectification can lead to academic impairment, Fredrickson, Roberts, Noll, Quinn and Twenge (1998) did an experiment in which they asked

their participants to wear either a swimsuit or sweater. Results indicated that women in the swimsuit condition felt more body shame than those in the sweater, and body shame was associated with restrained eating and poor math performance. The authors suggested that attentional resources may have been drained by the experience of putting on the swimsuit, such that cognitive performance was impaired on the math test (Fredrickson, Roberts, Noll, Quinn & Twenge, 1998).

Female self-objectification can also lead to sexual dysfunction, because engaging in sexual activity involves another person focusing attention on one's body. During sexual relations a women can be distracted by thoughts about her body rather than the sexual pleasure, (Tiggemann, 2011). Wiederman (2000) found that during sexual intercourse one third of college women experienced body image self-consciousness.

Another adverse consequence associated with female self-objectification is *self- harming*. "*Self-harming* includes cutting, burning, hitting or biting, head banging, excessive scratching, hair pulling, interfering with wound care, breaking bones, ingestion or insertion of toxic or sharp objects, and unnecessary surgeries" (Calogero, Tantleff-Dunn & Thompson, 2011, p.225). Such extreme behavior is tied to the low self-esteem that can arrive from objectification.

Self-Objectification: Protective Factors

Muehlenkamp and Saris-Baglama (2002) writes that "Girls' understanding of the importance of appearance for women in a patriarchal culture may contribute to feelings of fear, shame, and disgust that some experience during the transition from girlhood to womanhood because they sense that they are becoming more visible to society as sexual objects" (p.371).

Ways to mitigate self-objectification, or "antidotes", as Tracee Sioux (2008) calls them are, media literacy, athletics, extracurricular activities, comprehensive sexuality education, co-viewing media with parents, religion, spirituality and mediation, activism by parents and

families, girl-positive media, confronting body issues, and becoming the empowered woman (p.1). Other antidotes that will be introduced include embodiment and the benefits of having a low self-objectification. In the end, these antidotes suggest how important a parent's role is when it comes to self-objectification.

According to Sioux (2008), media literacy is the ability to analyze, access, evaluate and communicate media messages. She finds that parents can help girls learn to question the images to which they are exposed, for example, by explaining how images/photographs are "photo-shopped" in order to sell products (Sioux, 2008). According to Tylka and Augustus-Horvath (2011), ways to promote media literacy include: "1) exploring how body size is portrayed in the media, 2) collaborating to actively protest offensive media images and messages, 3) encouraging girls to advocate for positive body image by the media and retailers, 4) helping parents limit the time children spend viewing media emphasizing the thin ideal, 5) discussing the impossibility of the thin ideal with their children, and 6) promoting healthy eating in lieu of rigid dieting" (p. 188).

Co-viewing media with a parent is a way for parents to comment on certain messages being displayed. Religion, spirituality and meditation help by teaching children who they are and making them feel valuable beyond their sexuality or gender role (Sioux, 2008). Co-viewing also brings a sense of closeness and positive emotions, because children look to the parent to provide input, guidance and perspective on what they are seeing (Nathanson, 2012).

Athletics and extracurricular activities that focus on competency, ability, and action can protect against self-objectification, perhaps because of the pronounced mind-body interaction (Sioux, 2008). On the other hand, sports that focus on appearance, sexiness and thinness (e.g., cheerleading, and dance) can heighten self-objectification. Sioux (2008) and Noll(1997) recommends that parents should encourage and assist young women in non-appearance related

activities such as school achievement and community activism, and teach them to value their bodies for strength and effectiveness, not only appearance.

Comprehensive sexual education also helps to build communication skills, and promotes a notion of sexual responsibility that includes respect for oneself (Sioux, 2008). Confronting body issues and becoming the empowered woman are possible when the parent lets the daughter know how they look at themselves. Children and often imitate their parents' behavior. In the end, Sioux explains how influential a parent, especially a mother, can be compared to the media when it comes to self-objectification (Sioux, 2008). Parents play an important role in reinforcing young women's efforts and accomplishments in non-appearance related domains, rather than focusing on physical appearance (Noll, 1997).

Fredrickson and Roberts (1997) also take aim at our cultural practices and at the visual media in particular, in order to transform our educational efforts. "Steps to achieve this would be making girls and women aware of the range of adverse psychological effects that objectifying images and treatment can have, and by encouraging sports participation and related forms of physical risk taking, starting when girls are in early childhood and continuing through their adolescent years" (Fredrickson &Roberts, 1997).

Sinclair and Mayers (2004) found that college-aged women who reported low self-objectification scores had an overall better health and wellness. Wellness scores were based on factors such as sense of control, humor, stress management, self-worth, gender identity, friendships and self-care (as cited in Lambert, 2010).

According to Menzel and Levine (2011) *embodiment,* meaning to "become part of the body, to unite into one body or to incorporate," is another way to promote a positive body image. Ways to provide embodied experiences include promoting a functional view of the body and body appreciation, using guided meditation and body scan activities, using bioenergetic punches

(an exercise wherein girls stand up for themselves with confidence by imagining themselves anchored to the ground and punching into the air), and offering Hatha yoga to increase embodiment and empowerment (Tylka & Augustus-Horvath, 2011).

Also according to Tylka and Augustus-Horvath (2011), another way to prevent self-objectification is to promote a *contextualization schema* that articulates and clarifies the ill effects of sexual objectification, while also discussing how sexual objectification results from a maladaptive society, not a personal inadequacy.

Self-Objectification: Treatment

Professional therapy can assist women in placing self-objectification in context, managing triggers, critiquing the thin ideal, respecting their body, eating to honor the body, and identifying and coping with emotions (Tylka & Augustus-Horvath, 2011). To place self-objectification in context means to talk about the positive, yet short-lived and superficial benefits awarded to those in society who engage in self-objectification. Managing triggers occurs by finding what situations or environmental contexts trigger one to self-objectify. To critique the thin ideal is to take a stance against previous thinking that being thin is the desirable body type. To respect one's body is to appreciate and honor the body by participating in healthy behaviors, turning negative thoughts into positive ones, such as changing "My thighs are huge" into "My thighs are strong and allow me to enjoy dancing" (p.208). In order to eat to honor the body one must respect and appreciate her body rather than abusing it or feeling shameful towards it. By identifying and coping with emotions, a woman can challenge the content of her irrational beliefs and replace them with rational ones (Tylka & Augustus-Horvath, 2011).

It is important to study self-objectification because it is an issue affecting women everywhere, and it is progressing down to our younger generation. Society should not have the right to dictate someone's self-worth. The purpose of this current study is to examine self-

objectification among female students who participate in or have participated in an extra-curricular activity here at Eastern Michigan University. I hypothesize that there will be a negative correlation between extra-curricular activity and self-objectification. Specifically, I hypothesize that if women do participate in activities at all, they will be less likely to self-objectify; the more activities they engage in, the less likely they will be to self-objectify; and among women who do play a sport and self-objectify, it is anticipated that certain sports that emphasize the thin ideal will be the most common activities. This study will be a replication of the Fredrickson and Noll (1997) study, but I am adding the extra-curricular factor. The measures in the survey to be distributed will include: a self-objectification questionnaire, a body shame questionnaire, an appearance anxiety questionnaire, a depression/happiness questionnaire and an EMU clubs/sports survey.

Proposed Methodology

This study was be conducted online through SONA.com and distributed to female college students at Eastern Michigan University. An informed consent form was provided to the participants, and the study procedures were be approved by the EMU College of Arts & Sciences Human Subjects Review Committee.

Measures

Self-Objectification Questionnaire (Noll & Fredrickson, 1997)

The self-objectification questionnaire contains two parts; the first lists 12 attributes, and participants are asked to rank each attribute in order according to the impact on their physical self-concept, from 1 being the most impacted to 12 being the least impacted. The second part asks the participant to assign a weight to her top three attributes and remaining 9 by dividing up 100 points among them based on how great of an impact each has on their physical self-concept. For easier scoring I focused on the first part of the questionnaire with the ranking of the 12

attributes from -36 to 36, with higher scores indicating higher self-objectification. In our survey this was referred to as the S-O questionnaire in order to not influence participants' answers.

<u>Body Shame Questionnaire</u>

The body shame questionnaire contains 28 items describing body parts and aspects of physical appearance. The participant is asked to report whether she would like to change that aspect of her body (yes or no) as well as their intensity of that desire and frequent that she thinks about the desired change. Intensity ranges from 1 to 9, with 1 being a mild desire for change while 9 is a high desire for change. Frequency is rated the same way, 1 to 9; with 1 reflecting seldom thinking about it while 9 indicates thinking about it a lot. In our survey this was referred to simply as Body Rating.

<u>Appearance Anxiety Questionnaire (AAS, Dion et. al, 1990)</u>

The Appearance Anxiety questionnaire is a 32-item self-report measuring anxiety about one's appearance. Participants rate extent of the 32 items to the degree that they are "true or characteristic" of them on a Likert scale ranging from 0 to 4, with 0 being never and 4 being always true or characteristic. In our survey this was referred to as the Confidence survey.

<u>EMU clubs/sports Survey</u>

The EMU club/sports survey included a list of clubs and sports offered on campus, and participants were asked to check off activities they participated in within their time here at EMU and whether or not they were still participating. After collecting the data from the list provided online from the participants, participants were classified in terms of whether they were involved in sports/clubs that value body as function versus body as beauty. On the body as function list, I included basketball, softball, soccer, jujitsu, etc., i.e., basically sports I hypothesized would produce a lower level of self-objectification. On the body as beauty list, I included the

sports/clubs that I hypothesized would produce a higher level of self-objectification such as ballet, gymnastics, dance, cheerleading, etc.

<u>Depression/Happiness Scale</u> (Joseph & Lewis, 1998)

The Depression/Happiness scale is a 25-item bipolar measure designed to measure depression and happiness. The DHS items represent a mix of affective, cognitive, and bodily experiences. It defines happiness as more than the absence of depressive symptoms but as the presence of a variety of positive thoughts, feelings, and bodily experiences. Items range from 0 to 3, with 0 being "never feeling this way" and 3 being "often feeling this way". Items 1,2,3,5,7,10,13,17,19,21,24, and 25 are reversed scored, and then item scores are summed for a total score. The total score ranges from 0 to 75 with higher scores indicating a higher frequency of positive thoughts, and feelings, while lower scores suggest a higher frequency of negative thoughts, and feeling. In our survey, this scale referred to as DHS   .

Data Analysis

Data were analyzed through the Statistical Package for Social Science, or SPSS, data analysis software. My first hypothesis was tested as a correlation, predicting a negative relationship between self-objectification and involvement in extra-curricular activities, overall. My second and third hypothesis were tested with t-tests comparing the type of sports played and the associated level of self-objectification.

Results

Participants included 69 females aged 18 to 47. Table 1 shows the means and standard deviation for each of the measures, along with the range.

Table 1: Characteristics of study participants (N=69)

		Min.	Max.
Gender	100%(69)		
Age	21.67(6.1)		
BMI	25.51(6.3)		
Self-Objectification Score	0.03(10.8)	-25	25
Clubs/Sports Total	0.33(.66)	0	3
Club/ Sports Modified	0.49(.78)	0	3
Total number of body parts wish to change	10.51(6.32)	0	28
Sum of each desire rating	92.7(43.82)	28	219
Body Shame FREQ	80.15(42.5)	28	252
Body Shame Composite	0.22(2.78)	-4.18	8.14
Depression/Happiness	49.45(12.47)	21	69
Appearance anxiety	56.22(17.28)	21	104
Race(% Caucasian)	69.6%(69)		

Data are presented as *M (SD)* or % (n), as appropriate

Table 2 illustrates the correlations between all study measures, with those variables significantly related to club sports involvement indicated by asterisks. Note that greater club sports involvement was associated with significantly lower levels of body shame but not significantly related to self-objectification.

Table 2

Correlation coefficients between primary outcome variables, predictor variables, and potential confounds (N = 69)

	1	2	3	4	5	6	7	8	9
1. Clubs Sports TOTAL	---								
2. Club Sports MODIFIED*	.882**	---							
3. Appearance Anxiety	-.216	-.141	---						
4. Body Shame Comp.	-.297	-.242	.746**	---					
5. Depression	.034	.034	-.599**	-.366**	---				
6. Body Shame Freq.	-.274*	-.225	.643**	.946**	-.296*	---			
7. Desire Ratings Total	-.303*	-.288*	.643**	.818**	-.314*	.642**	---		
8. #Body Parts Wish to Change	-.293*	-.210	.673**	.921**	-.415**	.895**	.610**	---	
9. Self-Objectification Score	.067	.051	.258*	.146	-.291*	.099	.141	.244*	---

Figures 1-4 depict the relationships between the hypothesized dependent variables and

involvement in activities hypothesized to foster self-objectification, which included ballet,

cheerleading, dance, and gymnastics. "Yes" bars reflect those who participated in such sports,

whereas the "No" bars depict participants who were not involved with ballet, cheerleading,

dance, or gymnastics. Means and standard deviations are presented for each group.

Figure 1: Self-objectification was not significantly elevated among those who participated in
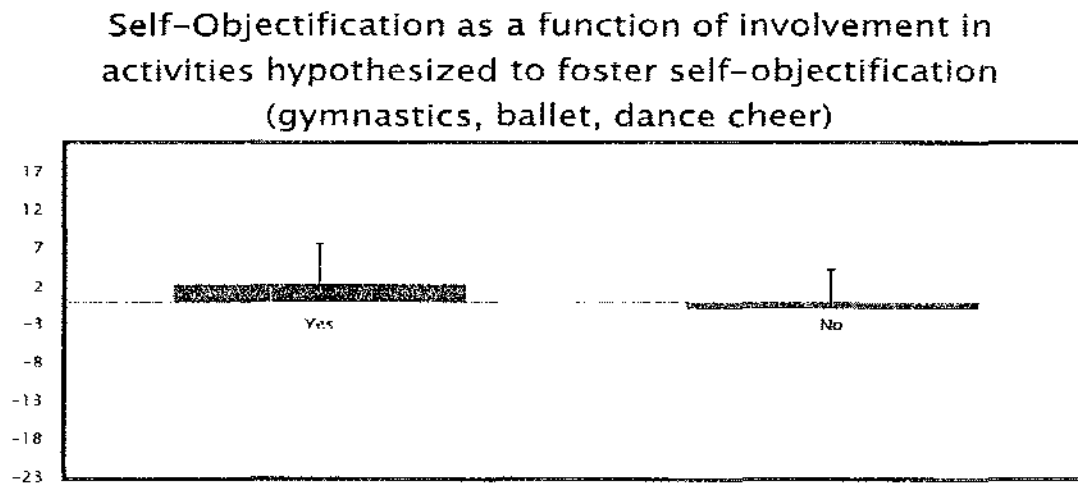
gymnastics, ballet, dance, or cheer

Self-Objectification as a function of involvement in activities hypothesized to foster self-objectification (gymnastics, ballet, dance cheer)

Figure 2: Body Mass Index (BMI) was not significantly elevated among those who participated in gymnastics, ballet, dance, or cheer

BMI as a function of involvement in activities hypothesized to foster self-objectification (gymnastics, ballet, dance, cheer)
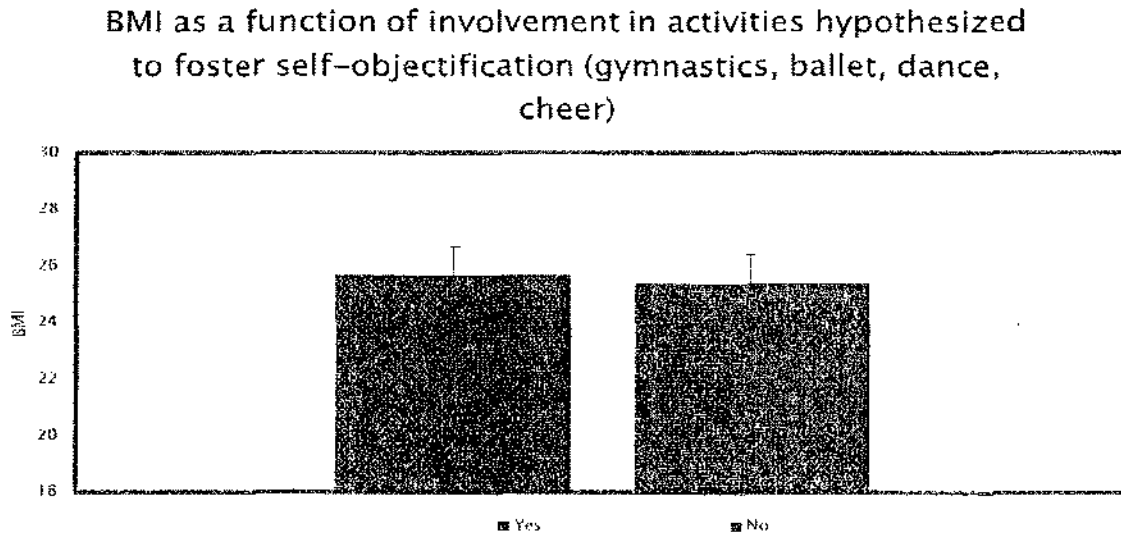
Figure 3: Depression/Happiness scores were not significantly different between those who participated in gymnastics, ballet, dance, or cheer versus those who did not
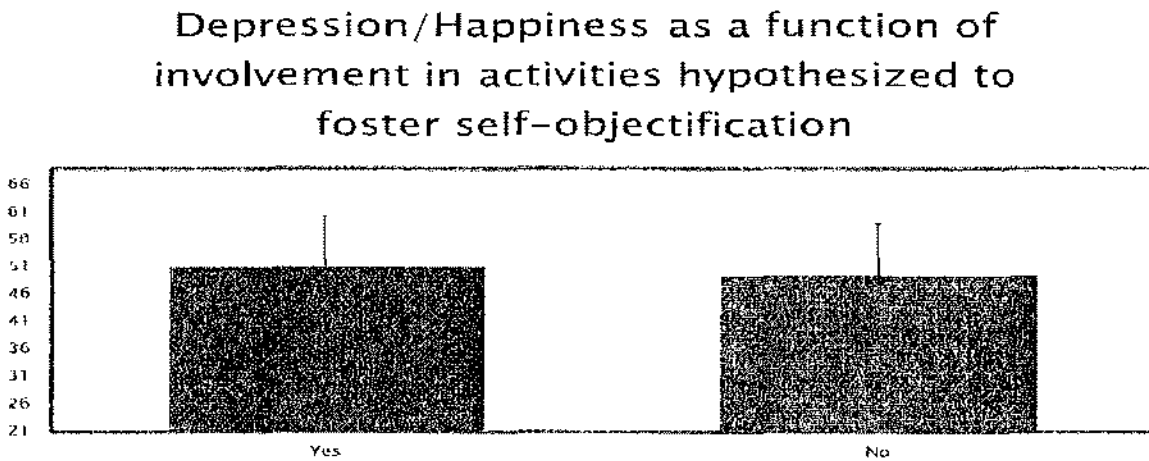

Depression/Happiness as a function of involvement in activities hypothesized to foster self-objectification

Figure 4: Appearance Anxiety showed no difference between those who participated in gymnastics, ballet, dance, or cheer versus those who did not

Appearance Anxiety as a function of involvement in activities hypothesized to foster self-objectification
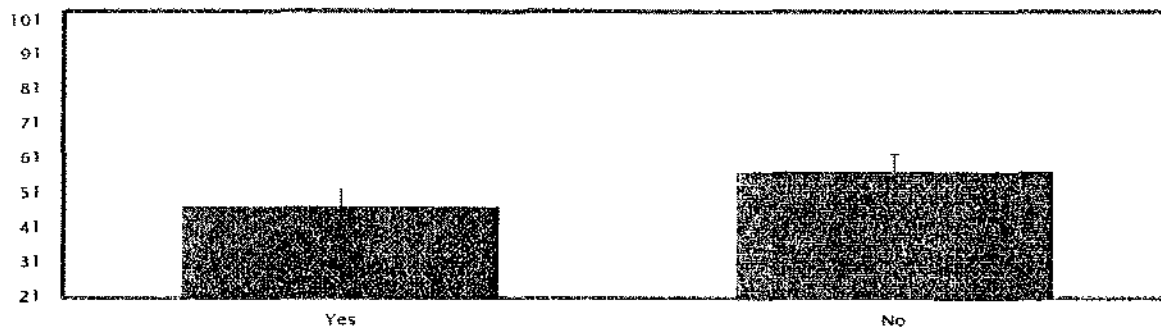
Discussion

Our first hypothesis was not supported; we did not find any significance difference in self-objectification scores for those who did versus did not participate in extra-curricular activities. Self-objectification averaged .03, which is not high or low and would be placed somewhere in the middle on the normal bell curve. As such, our sample was not unduly plagued by self-objectification, regardless of whether or not they engaged in extracurricular activities.

With respect to our second hypothesis, we did not have many participants who participated in more than one sport, which made it impossible to test whether greater involvement was associated with more self-objectification. Our third hypothesis, that involvement in certain "body as beauty" activities would be associated with greater self-objectification and body shame, was also not supported. To the contrary, students who participated in ballet, cheerleading, dance or gymnastics versus those who did not actually had comparable (and low) levels of self-objectification but somewhat elevated appearance anxiety, suggesting possible problems with self-confidence.

Because results did not support our hypotheses and were not consistent with self-objectification theory, we speculate that some forces may be operating to mitigate the self-objectification that might otherwise occur. One possibility may be that Eastern Michigan University instructors/ coaches have a way of lowering self-objectification by how they promote involvement in their activities. In a related study entitled "Emphasizing appearance versus health outcomes in exercise: The influence of the instructor and participants' reasons for exercise, " O'Hara, Cox, and Amorose (2014) found out that an instructor's way of talking/ emphasis on appearance can project higher or lower levels of self-objectification depending on the participant's reasons for exercising. They tested this by having two instructors (one with a body as beauty mind frame and one with a body as function mind frame) talk to participants throughout the workout. For example, the instructor with the body as beauty mind frame would greet participants like "Today we are going to burn those calories from the weekend and turn our fat into tight, sculpted and toned muscle." While the instructor with the body as function mind frame would greet participants like "Today we are going to work all of our major muscle groups to improve our strength and endurance as well as get our heart rate up and break a sweat." They found that if a participant was there to exercise for health reasons, then doing the work out with the instructor focusing on the body as beauty mind frame, did not discourage them in the end. If this is something that is happening here at Eastern Michigan University then I see why our hypotheses were not supported; self-objectification may be counteracted by proactive strategies taken by student role models and leaders.

Future research should include more females and aim at females who participate in the activities being tested. Also, the study should be made more public since this one was limited to Eastern students, and it would be nice to see how other universities measure up. Something

interesting that should be tested is males' self-objectification, since this is known widely as an issue in the female population.

Take-Home Message

Female self-objectification is something most women experience at some point in life because society sends many messages in many ways, offering an idealized version of the perfectly shaped woman that is for most unattainable or inadvisable to reach. Preventing and treating self-objectification in girls and women will lead to increased societal rewards and social powers (Breines, Crocker, & Garcia, 2008). Men can help by refusing to participate in sexual objectification. Tylka and Augustus-Horvath (2011) talk about The Men's Program, where men are shown a video of a male-on-male rape to encourage men's empathy toward rape survivors, and to teach them how to support a rape survivor, oppose jokes about rape and reduce sexist behaviors toward women. A similar program for sexual-objectification could teach men how to better relate to women.

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