



# VCU

Virginia Commonwealth University  
VCU Scholars Compass

---

Theses and Dissertations

Graduate School

---

2014

## A Mixed-Methods Examination of Racial Differences in Females' Perceptions and Experiences of Sexual Objectification

Ellyn Leighton-Herrmann  
*Virginia Commonwealth University*

Follow this and additional works at: <https://scholarscompass.vcu.edu/etd>



Part of the [Social and Behavioral Sciences Commons](#)

© The Author

---

Downloaded from

<https://scholarscompass.vcu.edu/etd/3485>

This Dissertation is brought to you for free and open access by the Graduate School at VCU Scholars Compass. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of VCU Scholars Compass. For more information, please contact [libcompass@vcu.edu](mailto:libcompass@vcu.edu).

© Ellyn E. Leighton-Herrmann 2014  
All Rights Reserved

**A Mixed-Methods Examination of Racial Differences in Females' Perceptions and Experiences of Sexual Objectification**

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University

by

Ellyn E. Leighton-Herrmann

Master of Arts in Psychological Sciences – Clinical Research, James Madison University, 2010

Bachelor of Science in Psychology, Virginia Tech, 2008

Bachelor of Science in Human Nutrition, Foods and Exercise – Dietetics, Virginia Tech, 2008

Directors: Maghboeba Mosavel, Ph.D., Associate Professor, Department of Social and Behavioral Health; Kellie Carlyle, Ph.D., Program Director, Department of Social and Behavioral Health

Virginia Commonwealth University  
Richmond, VA  
May, 2014

*I dedicate this dissertation to my parents, Michael and Marsha Leighton-Herrmann, who have stood by me every step of the way. You all have been my biggest cheerleaders. You have done so much for me over the past 28 years, and I would not be who I am or where I am today without your endless love and support. I love you both.*

## Acknowledgements

To properly thank everyone who has helped me get to where I am today would require a separate dissertation-length document. Over the past 28 years, I have been very lucky to have an extremely supportive network of family, friends, advisors and professors.

I would like to give special thanks to my advisor Dr. Maghboeba Mosavel for providing me invaluable guidance and experience that will help me in my next endeavor and for years to come. A special thanks to my committee co-chair Dr. Kellie Carlyle for all her dissertation assistance, graduate school words of wisdom and sugary confections. To my past advisor, Dr. Monica Reis-Bergan, for her guidance through my Master's program and thesis, which has significantly contributed to the successful completion of my dissertation and Doctoral program.

I would also like to thank my dissertation committee members for their contributions. To Dr. Maureen Wilson for her statistical expertise and constructive feedback throughout the planning, running and writing of my analyses. To Dr. Diane B. Wilson for her content expertise and providing guidance as I prepared for my proposal and defense. To Dr. Serena Reese for all of her help at VSU as well as her enthusiasm and spending time to help prepare me for my defense.

Another special thanks to the wonderful women who helped with the focus groups. To Jennifer St. Clair Russell and Michelle Laws for serving as the moderators. To Jennifer McDaniel for her time and patience as we made sense of the data and for helping to keep the mood light.

To my friends for their never-ending support and encouragement. I would give you each an individual shout out, but we would be here for ages. Suffice it to say, your presence in my life is vital to my success and happiness and I thank each and every one of you for sticking with me.

To my extended Aussie family, The Colemans, thanks so much for all the wonderful care packages you have sent me over the years. I do believe that Tim-Tams help with the research process. A special thank you to Dr. Kimberley McMahon-Coleman for her guidance as a Mum and a Ph.D., as well as her keen eye for proofreading this document.

To my family, I love y'all! I am eternally grateful for my parents' endless emotional (and monetary when necessary) support. They have done nothing except encourage me to succeed and pursue my goals, no matter how crazy some may have seemed. To my siblings, Adam, Amanda and Debbie (and their other halves), for helping me enjoy life during graduate school through vacations, beach trips, theme parks and shopping, to name a few. To my Munchkins for providing me with countless moments that make me smile.

Finally, to my other half, David Quinn, I do not have enough space on this page to fully express how truly grateful and lucky I am for the love and support you have provided me, especially in these final months. No one ever said getting a Ph.D. would be easy and you have been there to support me and listen when I have encountered obstacles or just needed to talk it out. Your patience and help (of all varieties) are two of the keys to my success and I will be forever appreciative. Thank you and I love you.

## Table of Contents

<b>List of Tables.....</b>	<b>v</b>
<b>List of Figures.....</b>	<b>vi</b>
<b>Abstract.....</b>	<b>vii</b>
<b>Chapter 1 Background and Significance .....</b>	<b>1</b>
Introduction.....	1
Background and Significance.....	2
<b>Chapter 2 Literature Review.....</b>	<b>6</b>
Objectification Theory.....	6
Sexual Objectification.....	7
Objectification of an Ideal Body Type.....	8
Racial Differences in Sexual Objectification.....	11
Sources of Objectification .....	14
Limitations in the Existing Literature.....	16
Current Research.....	17
<b>Chapter 3 Study 1 Focus Groups.....</b>	<b>19</b>
Study 1: Focus Groups.....	19
Methods.....	20
Results.....	24
Focus Group Discussion.....	44
<b>Chapter 4 Study 2 Path Analysis.....</b>	<b>49</b>
Study 2: Path Analysis.....	49
Methods.....	51
Results.....	59
Path Analysis Discussion.....	88
<b>Chapter 5 Discussion.....</b>	<b>92</b>
Discussion.....	92
Conclusion.....	107
<b>References.....</b>	<b>110</b>
<b>Appendix A .....</b>	<b>122</b>
<b>Vita.....</b>	<b>126</b>

## List of Tables

1. Focus Group Demographic Data.....	24
2. Path Analysis Demographic Data for White and Black Participants.....	60
3. Path Analysis Demographic Data for Black Participants.....	61
4. Descriptive statistics for White participant continuous variables.....	63
5. Descriptive statistics for Black participant continuous variables.....	63
6. Descriptive statistics: White and Black participant between group comparison.....	64
7. Descriptive statistics: Black participant within group comparison.....	65
8. Bivariate correlations for White participants.....	66
9. Bivariate correlations for Black participants.....	67
10. Bivariate correlations for White participants' demographics and model variables.....	69
11. Bivariate correlations for Black participants' demographics and model variables.....	69
12. Step 1: Exogenous variable relationships for White participants.....	71
13. Step 2: Relationships between the exogenous and endogenous variables for White participants.....	71
14. Steps 3 and 4: Piecewise analysis results for White participants.....	72
15. Step 5: Piecewise analysis results for White participants.....	73
16. Chi-square and Goodness of Fit indices for each model.....	74
17. Standardized covariance residuals for the model with White females.....	75
18. Standardized parameter estimates for the model with White females.....	76
19. Standardized direct and indirect effects for the model with White females.....	76
20. Step 1: Exogenous variable relationships for Black females.....	77
21. Step 2: Relationships between the exogenous and individual endogenous variables for Black females .....	79
22. Steps 3 and 4: Piecewise analysis results for Black females.....	80
23. Step 5: Piecewise analysis results for Black females.....	81
24. Step 6: Piecewise analysis results for Black females.....	82
25. Standardized covariance residuals for the model with Black females.....	83
26. Standardized parameter estimates for the model with Black females.....	85
27. Standardized direct and indirect effects for the model with Black females.....	86

## List of Figures

1. Model of objectification theory.....	6
2. Model of cultivation theory.....	10
3. Hypothesized model of objectification for White females.....	50
4. Hypothesized model of objectification for Black females.....	50
5. Final analyzed model of objectification: White females.....	74
6. Final analyzed model of objectification: Black females.....	84
7. Model of objectification compared between White and Black women.....	88

## **Abstract**

### **A MIXED-METHODS EXAMINATION OF RACIAL DIFFERENCES IN FEMALES' PERCEPTIONS AND EXPERIENCES OF SEXUAL OBJECTIFICATION**

Ellyn E. Leighton-Herrmann, Ph.D

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University

Virginia Commonwealth University, 2014

Advisors: Maghboeba Mosavel, Ph.D., Associate Professor, Department of Social and Behavioral Health; Kellie Carlyle, Ph.D., Program Director, Department of Social and Behavioral Health

Sexual objectification has become a pervasive problem, negatively affecting the mental and physical health of many women. Understanding the influence of visual media, social-support networks and social interactions on young women's health is essential to addressing issues related to objectification. We do not have an in-depth understanding of how Black and White young adult women make meaning of objectification. Further, the existing literature suggests that experiences of objectification are likely different for Black and White women. The current research employed two studies, one qualitative and one quantitative, to address these particular gaps.

Study 1 used focus groups to assess young Black and White women's attitudes and experiences related to objectification. Four focus groups were conducted with university students, two with White women (N=11) and two with Black women (N=17). Results indicated that sexual objectification is a complex and unfortunate reality in the women's daily lives; driven

by the media, men and even other women. Participants' immediate responses to objectifying experiences are multi-faceted and the potential consequences of long-term exposure can be detrimental to a woman's well-being. Racial differences arose in relation to standards of beauty as well as examples of and reactions to objectifying experiences.

Study 2 study assessed two different models of sexual objectification for White and Black women. Female, undergraduate and graduate students completed an online questionnaire about sources of objectification; 155 White women and 173 Black women were included in the analyses. The results suggest there are significant relationships between certain sociocultural sources of objectification, body image preoccupation and the associated consequences of depression, eating disturbances. Skin color dissatisfaction was an additional negative outcome for Black participants. The models for Black and White participants were not equivalent.

Understanding how women experience sexual objectification and racial differences has implications for how objectification and related outcomes are measured. This information also has implications for developing appropriately tailored programming related to the objectification and psychological well-being of women. The information from these studies can hopefully be used to inform individuals of the risks associated with sexual objectification, as well as develop educational programs on college campuses.

## **Chapter 1 Background and Significance**

### **Introduction**

Through various media, American culture promotes and sexually objectifies the female body type<sup>1-4</sup>. Sexual objectification occurs when a female's body is separated from who she is as a person, and characterizes who she is as an individual<sup>3</sup>. The sexual objectification of women in America has become a pervasive problem that negatively impacts the well-being of millions of women<sup>5-7</sup>. Associated consequences of sexual objectification include both mental and physical health issues, such as body image preoccupations, depression and eating disturbances<sup>3,8-11</sup>. Pressure to conform to the ideal body types often portrayed and objectified in society, particularly the media, is associated with body-image preoccupation, including self-objectification (as manifested by self-surveillance behavior) and body shame<sup>8,12-15</sup>. Both self-surveillance and body shame have predicted disordered-eating behaviors, in addition to other unhealthy behaviors (e.g., smoking and tanning) and mental health problems<sup>8,15-18</sup>.

Understanding the critical influence of the visual media, social-support networks and social interactions on young women's mental health is essential to addressing the personal and health-related consequences of sexual objectification. Much of the research regarding the sexual objectification of women and how it is perpetuated has focused predominantly on White females. Further, the existing objectification literature suggests that experiences of sexual and self-objectification are likely different for Black and White women, and the current model proposed by objectification theory may not encompass racial and ethnic differences in sexual and self-objectification. Therefore, it is important for additional research to examine these racial and

ethnic differences in order to better address the issue of self-objectification and its related consequences.

The current project employed a two-study approach. Study 1 employed focus groups to qualitatively investigate experiences of sexual objectification for Black and White young adult females as well as explored possible racial differences in reports of experiences. Study 2 quantitatively assessed two different models of sexual objectification, one for White women and another for Black women. The results from Study 1 informed and supported the variables measured in Study 2. The focus group data also provided additional context for interpreting the results of Study 2. The results from this research project may contribute to the development of comprehensive education and awareness programs that underscore the role of social support networks, social interactions and visual media as sources of sexual objectification, as well as their potential to cultivate self-objectification, body shame and subsequent negative coping strategies. In a culture that encourages, promotes and socially sanctions the sexual objectification of women<sup>1</sup>, it would not be possible to protect women from all sources of sexual objectification. Therefore, understanding its impact and educating young women about sources and consequences of sexual objectification may help women recognize and limit the impact of the physical and mental health outcomes and preserve quality of life<sup>6,19</sup>.

### **Background and Significance**

The mass media are dominant portals through which culture is disseminated. Television and magazines are just two of the channels that propagate a strong emphasis on sex and the female body<sup>3,20,21</sup>. Females who look to the media as an important source of information regarding physical appearance are more likely to internalize the beauty ideals being portrayed; thereby becoming susceptible to the negative consequences associated with internalization<sup>22</sup>. Further, interpersonal forms of sexual objectification can also negatively impact women,

including appearance-focused commentary as well as sexually evaluative remarks that communicate the cultural ideal of beauty<sup>23,24</sup>. Negative appearance feedback has predicted self-surveillance, body comparison, self-esteem, as well as disordered eating<sup>15,25</sup>.

Persistent sexual objectification has predicted self-objectification, which is often associated with negative mental health consequences<sup>3,4</sup>. People are aware of standards set by their culture, and focus their attention on comparing themselves to these standards to limit the discrepancy between the two. If a woman is unable to limit the inconsistencies, negative feelings about her body may develop<sup>26-29</sup>. By incorporating the societal ideals of beauty to the extent that it becomes one of the guiding principles in her day to day decision making, feelings of severe shame can develop when the woman is unable to meet the internalized standards<sup>4,6,8</sup>. She can characterize this as a “failure” within herself. Research suggests that college women who report feelings of body dissatisfaction also report increased internalization of the standards of beauty promoted by the media<sup>30,31</sup>.

### **Mental Health Consequences**

The psychological consequences of repeated and frequent exposure to sexually objectifying experiences are of great public health concern. Many undergraduate females believe the cultural ideal for beauty can be achieved with time and effort by engaging in certain appearance management behaviors. Unfortunately, many of these behaviors (e.g., disordered eating, excessive exercise, tanning, and smoking) are associated with varying levels of health-related risk<sup>32</sup>.

At any given time, approximately 40% to 45% of girls and young women are using various methods to attempt weight loss, often motivated by some level of body dissatisfaction<sup>33</sup>. Women reporting higher levels of self-objectification may be less likely to work out for health related reasons and be motivated more by appearance<sup>34</sup>. These women are also more likely to

over exercise. Additionally, over half of college women have skipped meals, approximately one-third have restricted calories, fats and/or carbohydrates, and about one-fourth have fasted for more than 24 hours<sup>35</sup>.

Sociocultural theories of eating disorders suggest that the pressure put on females to conform to thin cultural standards plays a critical role in the development of eating disorders<sup>16</sup>. Since the 1980s, literature on eating disorders has frequently referenced a cultural preoccupation with a thin physique and attractive appearance<sup>36</sup>. Self-objectification is a critical risk factor for body image preoccupation, which is a central component of eating disorders<sup>4,37</sup>. Thus, there is sufficient research linking self-objectification to disordered eating attitudes and behaviors<sup>18,23,25,30,38,39</sup>. This relationship is likely mediated by the body shame and appearance anxiety resulting from internalization of media-promoted standards of beauty and subsequent self-surveillance<sup>30</sup>. The ideal body types promoted by the media, in coordination with a weakened body image, may prompt the development of disordered eating due to the struggle with achieving this ideal body image. An estimated 10% of females will have some form of a diagnosable eating disorder in their lifetime<sup>33,40</sup>. Although this proportion may seem small, this is merely a sub-set of a larger spectrum of eating behaviors that, while not meeting diagnostic criteria for an eating disorder, still result in significant psychological and physical impairment.

The consequences of sexual objectification extend beyond eating disturbances to include other overt behaviors such as skin tanning and substance use<sup>19,41-44</sup>. Additional mental health consequences include the negative psychological outcomes of appearance anxiety, body shame self-esteem and depression<sup>12,34,45-47</sup>. Greater body shame has predicted depression in multiple studies<sup>48-50</sup>. Furthermore, research in objectification theory found objectification can put women at risk for self-harm, as self-objectification predicted depression, which predicted self-harm in college women<sup>41</sup>. Sexual objectification has also been linked to substance abuse directly and

indirectly via self-objectification, body shame and depression<sup>19</sup>.

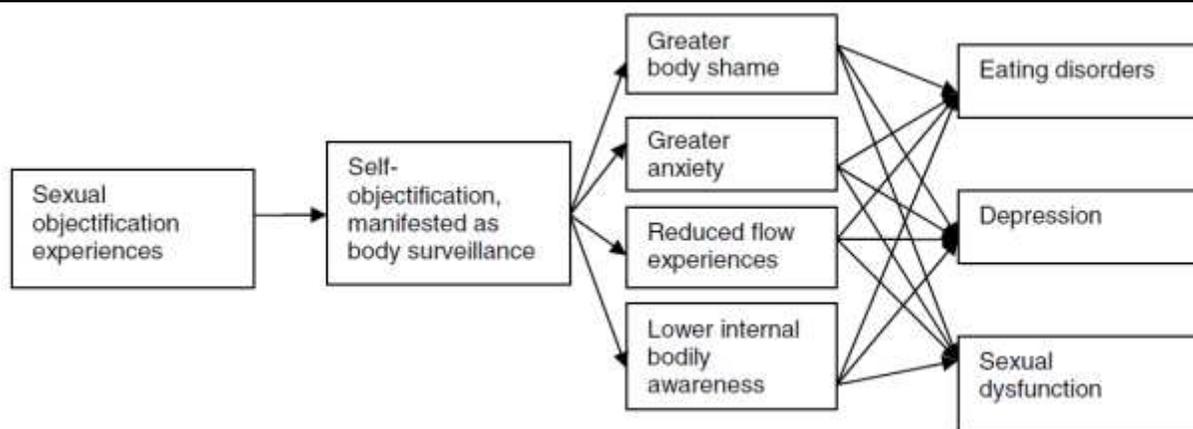
Due to the frequent nature of sexual objectification in American culture, women in the United States live their lives in a sexually objectifying environment<sup>1</sup>. Body image preoccupations and depression are detrimental to a woman's physical and mental health. Thus, minimizing the impact of sexual objectification is critical to preserving and enhancing women's overall health and well-being. Since young women are particularly susceptible to sexual objectification and subsequent self-objectification, college women are a population of interest<sup>51,52</sup>. Notably, the majority of the extensive literature supporting the relationships between sexual objectification and various negative outcomes is based within predominantly White samples. As such, there is a gap in the objectification literature regarding minority populations and how their experiences compare to those of White women. The likelihood of racial and cultural differences in how women experience and respond to sexual objectification also needs to be incorporated into this research. If the impact of various cultural media can be better understood, this information could influence proactive, culturally tailored approaches to addressing sexual and self-objectification for college women.

## Chapter 2 Literature Review

### Objectification Theory

Objectification theory provides a comprehensive framework for understanding how sociocultural pressures are translated into risks and consequences for females and their body in a culture that tends to focus on their objectification (See Figure 1). Objectification theory posits that females in Western societies are socialized to internalize observers' objectified viewpoints of their body, causing a preoccupation with their physical appearance and adopting an objectified viewpoint of their own body<sup>3,30</sup>. This can include specific parts of their body which they feel identify their appearance, or their body as a whole. This theory extends from the theory of sexual objectification; portraying the female form as a commodity or focal point of male desire<sup>53,54</sup>. While objectification theory has been tested primarily in samples of White, female college students<sup>6</sup>, it has also been extended to lesbian women, Black women and men<sup>11,55,56</sup>.

Figure 1: *Model of objectification theory*



Source: Fredrickson and Roberts (1997)<sup>3</sup>

## **Sexual Objectification**

Sexual objectification occurs through various cultural practices which emphasize women as sex objects. A female's body characterizes who she is as an individual<sup>3</sup>. When a woman is objectified, she is viewed as "a body" or an object, not as a person or individual. One of the more subtle and ubiquitous forms of sexual objectification occurs in the form of an objectifying gaze or stare<sup>3,15</sup>. This form of objectification occurs in a variety of settings, including interpersonal and social encounters, visual media depicting these types of encounters, as well as visual media focusing on the sexual objectification of women's bodies and body parts<sup>3</sup>.

Some researchers have classified sexual objectification as either external or internalized<sup>9</sup>. External sexual objectification occurs in three dominant forms, cultural, interpersonal and immersed. Cultural sources of sexual objectification include depictions of women in the media or portrayal of the thin-ideal physique<sup>9,57,58</sup>. Interpersonal experiences of external objectification can include inappropriate sexual remarks about one's body, catcalling and unwanted sexual advances<sup>9,24,25</sup>. Immersed forms of sexual objectification include exposure to objectifying environments, such as restaurants that sexually objectify female employees (e.g., Hooters). Internalized sexual objectification occurs when the experiences of external objectification are internalized and it is often referred to as self-objectification. For the purposes of this research, external sexual objectification will be referred to as "sexual objectification" and the internalized objectification will be referred to as "self-objectification."

### **Self-Objectification**

Frequent and persistent sexual objectification is a primary contributing factor to self-objectification. Self-objectification occurs when a female internalizes the outsider's objectified view of her body, and this perception of her body begins to characterize who she believes she is as an individual<sup>4</sup>. Self-objectification causes a female to think about and value her body from a

third-person perspective, focusing on physical traits (e.g., “How do I look?”) as opposed to internal attributes. The internalization of the societal standards of attractiveness can cause women to believe that their body needs to look a certain way; leading some women to become preoccupied with changing their body to meet the cultural standard<sup>3,4,59</sup>.

Self-objectification is characterized by habitual monitoring of the body’s appearance (i.e., self-surveillance)<sup>4</sup>. Self-surveillance is the process of a female viewing herself as she perceives that others do. Being aware of how they appear to others enables women to try to compensate for any discrepancy between their perceived body image and the perceived body ideals. This action is essential in order for a woman to decrease the chance of negative judgment from others for not conforming to cultural standards<sup>4</sup>. Although all women do not respond in the same manner to repeated sexual objectification, self-objectification and self-surveillance can promote appearance anxiety and body shame<sup>3,12,60</sup>, which may lead to unhealthy appearance management behaviors<sup>4,38,60</sup>.

While self-objectification and self-surveillance have been used interchangeably in the literature<sup>61</sup>, some researchers argue that self-objectification leads to, but is not synonymous with, self-surveillance<sup>50</sup>. Whether self-surveillance is used as an analogous measure or as a manifestation of self-objectification varies between studies. For the purposes of this project, self-surveillance will be measured as the manifestation of self-objectification, as supported by the model of objectification theory<sup>3</sup> (Figure 1).

### **Objectification of an Ideal Body Type**

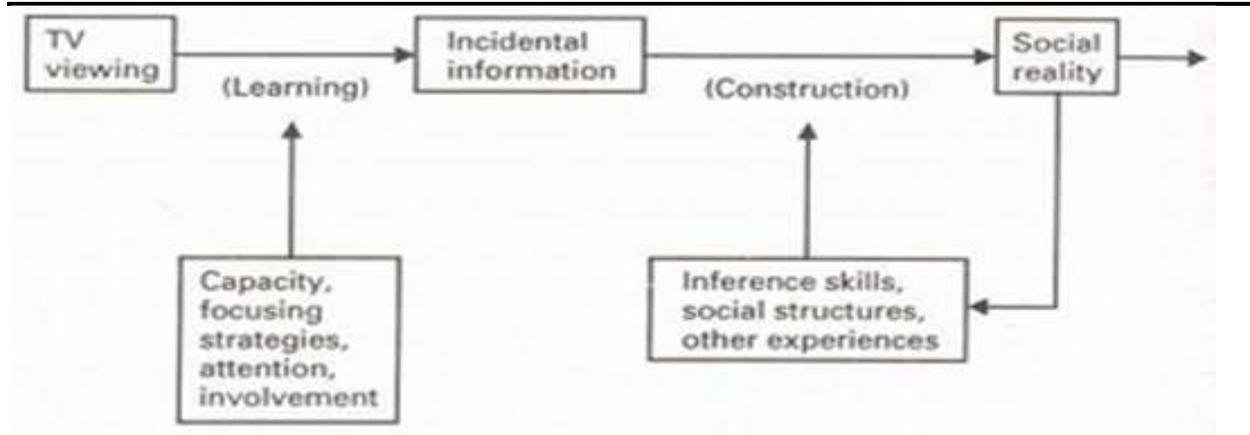
Many researchers contend that the ideal body shape is a product of cultural evolution<sup>62,63</sup>. Over the past few decades, as the shape of the average woman has increased, the idealized standard for feminine beauty has become thinner and thinner. From the middle ages until the turn of the 20<sup>th</sup> century, a woman with a voluptuous, “reproductive” figure and full stomach and hips

was viewed as attractive<sup>63</sup>. It was not until the 20<sup>th</sup> century that a thin physique was paired with sexual attractiveness, and women began to move toward becoming thinner<sup>36,62,64</sup>. The trend toward thinness began with the youthful, boyishness of flapper fashion in the 1920s<sup>63</sup>. In order to obtain this desired body shape, women began using starvation diets and engaging in intense exercise routines. After a temporary return to a more shapely figure in the 1950s, the trend continued downward to the “heroin chic” model favored by the fashion community in the 1990s<sup>63</sup>. Models were encouraged to appear thin and worn-out and female models of the mid-1990s weighed nearly 25% less than the average woman<sup>65</sup>. The ideal female form that continues to be promoted and objectified in the media tends to be underweight, and the market for slimming and weight-loss techniques has grown exponentially<sup>66</sup>. Moreover, the rapid expansion of media technology has increased exposure of these images to more and more women<sup>67</sup>.

**Cultivation theory.** Cultivation theory has been used to examine and better understand how extensive repeated exposure to media gradually shapes consumers’ views of the real world and social reality over time<sup>68</sup> (See Figure 2). Developed in the 1970s by George Gerbner and colleagues, cultivation theory initially focused almost entirely on how television aids in shaping, or “cultivating,” viewers’ social reality<sup>68</sup>. Gerbner posited that mass media disseminate and perpetuate particular beliefs and standards already present in a culture, thereby cultivating certain attitudes and values within viewers. This theory is commonly used by mass communication scholars to understand the relationship between media exposure and body image disturbances. The ideal body type fostered in American culture is pervasive in the visual media. The media communicates the societal standard of attractiveness to its viewers, thereby cultivating a body ideal to which women are encouraged to compare themselves. From a cultivation theory perspective, women are then idealized and more socially valued if they conform to this ideal body shape<sup>69</sup>. People who expose themselves to mass media more often are more likely to

construct their reality of the ideal body type based on the perspectives framed by television and other media sources<sup>70</sup>.

Figure 2: *Model of cultivation theory*



Source: Hawkins and Pingree (1983)<sup>157</sup>

### Portrayal of Women in the Media

Advertisements, movies, television programs, magazines, and music videos are just a few of the mass media outlets that place a strong emphasis on the objectification of the female body<sup>3,20,21</sup>. The vast expansion of media within American society coincides directly with the change in values of body type. Women are inundated with media messages telling them what they should consider important or beautiful on a daily basis<sup>71,72</sup>. In Western media, a woman's worth often depends on being young and attractive, and her main responsibilities include maintaining their youthful beauty and tending to the men in their life<sup>21,73</sup>.

The ideal body images portrayed in the media, namely very tall, thin and narrow-hipped young women<sup>21</sup>, are unrealistic and unobtainable for most women<sup>5,61</sup>. This specific set of idealized physical attributes are seen in less than 5% of women<sup>21</sup>. Some fashion media have begun banning models under a specified weight ratio due to how frail and emaciated many models are becoming<sup>74,75</sup>. These idealistic and constricted views of the female body become a

serious concern when they are internalized and seen as representative of real life<sup>21</sup>. The pervasive input of visual media in our society has led women to believe that failure to conform to the cultural ideal will lead to ridicule related to their physical shape<sup>63,76-78</sup>.

### **Internalization of the Societal Standards Promoted by the Media**

An integral component of the impact of sexual objectification is the internalization of the beauty ideals being promoted and objectified by society, the media in particular. Internalization involves the incorporation of the societal ideals of feminine attractiveness to the extent that it becomes one of the guiding principles in day to day decision making<sup>22</sup>. In other words, the societal ideal controls choices regarding what to wear, what to eat, and/or how much to exercise. Internalization can cause a woman to believe her body needs to look a certain way in order for her to be both socially and economically successful and desirable, leading to a preoccupation with changing her body to meet this cultural standard<sup>3,4</sup>. The internalization of the thin-ideal images a female sees in the media may lead her to believe she is less than desirable if she does not meet these generally unrealistic body images<sup>22</sup>. The extent to which a female internalizes the images she sees in the media will guide the extent to which she is negatively affected by these images<sup>22</sup>.

### **Racial Differences in Sexual Objectification**

Research in objectification theory has been predominately focused on the experiences and media depictions of White females. As such, the current conceptualization of objectification theory may not fully capture the experiences of Black women. For example, historically, body weight has not tended to be as prominent a factor in the Black community as in the White community<sup>79</sup>. In a comparison study of Black and White women, both groups of women tended to prefer a curvaceous shape<sup>80</sup>. However, White women preferred this ideal to be slender, while Black women preferred a curvier shape and larger buttocks. Some research suggests that White

women experience greater body dissatisfaction than Black women<sup>81-83</sup>, and in a sample of British university students, African-Caribbean females reported higher levels of body appreciation than White females<sup>84</sup>. In regard to body-size preference, White women report a more slender female figure as attractive to men in comparison to Black women<sup>85</sup>. In a study examining at what BMI body image discrepancy arises, researchers found that White women experienced body image discrepancy at a lower BMI, 24.6 versus 29.2 for Black women; which is below the overweight criterion for BMI ( $BMI \geq 25$ ).

Additional research supports the negative impact of the objectification of the mainstream thin-ideal on White women<sup>83,86,87</sup>. However, studies comparing the adverse effects of the sociocultural pressures to be thin suggest that Black females appear to be buffered due to a cultural acceptance of a shapelier body type, as well as more flexibility in their weight and body shape in relation to standards of attractiveness<sup>88-94</sup>. Additional research suggests that racial identity may also help protect Black women from body image preoccupation and eating disturbances<sup>95</sup>.

Furthermore, given the continued pervasive influence of racism, skin color also plays a significant role in perceptions of ideal beauty for Black women as well as hair and facial features<sup>79,91,96-100</sup>. For example, dark-skinned women have been viewed as less successful, popular, happy, in love, physically attractive, intelligent and healthy than light-skinned Black women<sup>101</sup>. These perceptions are similar to how overweight people are viewed in American society. Therefore, while Black women may appreciate a heavier figure, they can still face discrimination related to other aspects of their physical appearance. Skin tone can influence ratings of attractiveness<sup>102</sup>, and increased skin color satisfaction is related to more positive body image perspectives<sup>100</sup>. Persistent self-monitoring of skin tone has predicted specific both skin color dissatisfaction and depression<sup>56</sup>. However, weight concerns are a growing issue for the

younger, Black female community, as they, too, are inundated with media promoting the ideal body type as a thin one<sup>79,91</sup>. Further evidence suggests that body dissatisfaction is not limited to White women, including a 2009 report suggesting an increase in the number of Black women seeking liposuction and breast enhancement surgeries<sup>103</sup>.

Given that the ideal body type can vary between cultures, it is important to further examine how White and Black women experience sexual objectification in the media and interpersonally. This assessment should include what experiences they find to be sexually objectifying, how often these experiences occur, and how they respond emotionally and behaviorally. One of the few studies comparing White and Black women assessed a model of objectification theory among university females<sup>39</sup>, and objectification theory appeared to be applicable to Black women, as well. Relationships between internalization and a variety of negative psychological outcomes were present; however, the models were not equivalent between groups. Further, research testing a culture-specific extension of objectification theory on Black females' body image suggests that skin tone is a relevant dimension of habitual body monitoring and dissatisfaction for some Black women<sup>56</sup>.

Black females are more likely to prioritize appearance, if they identify with and internalize sexualized images of Black women<sup>58</sup>, suggesting the need to consider the cultural relevancy of media images in the application of objectification theory. The research of Watson and colleagues further emphasizes the role of additional sociocultural factors specific to the Black community (e.g., sexualized images of African American women and historical influence of slavery) in Black women's experiences of sexual objectification<sup>104</sup>. Results from the current literature highlight the need for further research in the specification of relevant constructs in objectification theory.

## **Sources of Objectification**

The existing literature posits multiple sources of objectification that may contribute to body image preoccupations and associated outcomes in women. Sources of sexual objectification include media and persons that communicate and promote the objectification of the female body. Most of the variables related to objectification have been examined in predominantly White samples, necessitating further investigation with Black females as well as a comparative analysis with White females.

### **Media Awareness**

Females who look to the media as an important source of information (i.e., media awareness) regarding physical appearance are more likely to internalize the thin-ideal being portrayed<sup>22</sup>. As such, these women are more susceptible to the negative consequences associated with the internalization of the images portrayed in the media<sup>22</sup>. Media awareness is an important component of the objectification and the sociocultural pressure to obtain the ideal body type<sup>105,106</sup>. Daily contact with the images of hypersexualized, attractive women in media programs and advertisements raises the standards against which young women may judge themselves<sup>32</sup>. Exposure to media (e.g., television, magazines, internet, etc.) containing idealized images of thin physiques, airbrushed features, and rail-thin models can engender negative feelings within the viewer, which can then manifest as self-objectification, shame and body dissatisfaction<sup>32,106,107</sup>. The more a female believes that visual media are important sources of information about how she should look, the more likely she is to internalize this information<sup>106</sup>. As such, internalization likely mediates the relationship between the information found in the media and its impact on a woman's body image and the associated outcomes. Internalization of this thin-ideal has predicted increased self-surveillance and feelings of body shame; which, in turn, influences the frequency of certain mental health outcomes<sup>106</sup>.

Research shows that Black women watch more television than White women<sup>68,86</sup>. Per cultivation theory, one might anticipate Black women to be more heavily influenced by the societal standards being communicated, but existing research suggests this is not the case<sup>83</sup>. Therefore, it could be that they do not invest as much in what the media are communicating. Alternatively, the type of media they consume might focus less on the Western ideals of beauty. Social comparison theory would suggest that Black women are less affected due to the fewer number of Black women depicted in the media<sup>83,108</sup>. Perkins suggests that the thin-ideal portrayed in the media is most often of White women, thereby making it seem less attainable for Black women<sup>109</sup>. As a result, Black women may be less likely to internalize such images. For example, one study found that exposure to and identification with portrayals of Black women as sex objects contributed to the emphasis on appearance in Black adolescent females<sup>58</sup>.

### **Appearance Feedback**

A dominant form of interpersonal objectification occurs through appearance-focused or sexually evaluative remarks<sup>23,24</sup>. Both positive and negative comments about a woman's body shape and weight should be considered when examining sexual and self-objectification, feelings of body shame and the associated consequences. Negative appearance feedback has predicted various detrimental consequences, including self-surveillance, body comparison and disordered eating<sup>15,25</sup>. Additional research suggests that a higher frequency of negative commentary is associated with increased eating concerns in women, regardless of their actual weight<sup>110</sup>. However, there is conflicting empirical evidence as to the impact of positive appearance commentary on a women's body image satisfaction, with some research suggesting it has a positive influence on body image and other research suggesting a negative impact<sup>111,112</sup>. Receiving compliments (positive feedback) about one's appearance has been associated with damaging consequences for a female's self-objectification behaviors and body image

preoccupation<sup>24</sup>. Additionally, in a sample of undergraduate females, appearance compliments increased feelings of body shame<sup>12</sup>. A possible explanation is that, rather than accepting the compliment for what it is, some females may focus on the meaning behind the comment<sup>113,114</sup>.

### **Social Support Influence**

A female's perception of her body is malleable, and can be changed easily when exposed to new information. To a large extent, this image is influenced by experiences with individuals in her social support network (e.g., family members, peers)<sup>63</sup>. Media messages suggesting that a woman's worth depends on obtaining an ideal body type can also be internalized by the partners, family members and friends in a woman's life. In turn, these people can make appearance-focused remarks to the woman and hold her to an unrealistic standard. As such, a woman can be encouraged by people other than herself to objectify and compare her body and other women's bodies against the societal ideals of beauty<sup>73</sup>. The pressures and objectification communicated by members of one's social support network are also significant risk factors for body dissatisfaction<sup>105,106,115,116</sup>. Of particular interest, the mother-daughter bond can have a strong influence on the shaping of a female's preoccupation with her body<sup>106,117</sup>. The body image and appearance beliefs of mothers have been associated with those of their daughters<sup>116</sup>. In previous research, this relationship has been shown to be partially mediated by the internalization of the ideal body type, but with a stronger direct relationship to feelings of body shame<sup>106</sup>.

### **Limitations in the Existing Literature**

The objectification theory literature is limited in both its methodology and participant demographic characteristics<sup>118</sup>. There is extensive quantitative evidence supporting the relationships between sexual objectification and various negative outcomes. However, the majority of the existing literature supports these relationships within predominantly White samples, as few studies have focused on Black women specifically. While many studies have

included minority populations in their sample, the make-up of each sample was mostly White females. There is a gap in the objectification literature regarding minority populations and how their experiences compare to those of White women. Current conceptualizations of objectification correlates such as body shame and self-surveillance do not account for the appraisal of physical characteristic other than body type, including skin tone<sup>6</sup>. There is a paucity of information regarding the cultural variability that likely exists within objectification theory. Further research is needed to better understand how the types of and responses to objectification may vary between cultures.

Another limitation of the current literature is that it lacks qualitative insight into how women personally experience and make meaning of sexual objectification. While quantitative research has provided a broad understanding of sexual objectification and its psychological and social correlates<sup>1</sup>, it lacks elaboration regarding the particular scenarios women consider to be objectifying, how they immediately cope with these experiences as well as the potential long term impact of repeated exposure to sexual objectification. Of the few qualitative studies that have been conducted, one related to experiences in one specific sexually objectifying environment and the other did not assess differences in objectifying experiences across racial groups<sup>1,104</sup>. Further research is necessary to support their results as well as to compare the results across racial groups.

### **Current Research**

The psychological impact of sexual objectification is detrimental for many women. As such, determining possible sources of objectification and the factors that contribute to self-objectification and the associated consequences is critical to the mental health and well-being of women. According to the current literature, differences in how White and Black females experience and respond to sexual objectification likely exist; however, there is little research

exploring these possible differences. The current project expanded upon previous objectification research using a two-study, mixed-methods approach. The studies were designed to lead to a better understanding of sexual objectification as it relates to the mental health of White and Black young adult females as well as possible cross-cultural differences.

Study 1 employed focus groups to qualitatively explore Black and White university women's experiences and attitudes related to sexual objectification. Study 2 was a quantitative study that used path analysis to assess two different models of objectification and its psychological impact on Black and White young women. The results from the focus groups in Study 1 informed and supported the variables measured in Study 2 as well provided additional context for the interpretation of the results from Study 2. Understanding the relationships between sexually objectifying experiences and the subsequent mental health consequences is necessary for public health programming related to body image and psychological well-being.

## **Chapter 3 Study 1 Focus Groups**

### **Study 1: Focus Groups**

As much of the research in this field focuses on quantitatively assessing the impact of self-objectification, this project began with focus groups to explore how university-aged women experience sexual objectification in American culture. This qualitative assessment aimed to assess young Black and White women's attitudes about and experiences of sexual objectification, as well as explore any differences between Black and White women. Focus group discussion questions gathered information on the types of objectification experienced, participants' reactions to those experiences, and how they believe continuous objectification can impact women's health and well-being. Demographic information was also collected.

While there is research supporting the aforementioned sources of sexual objectification, including the media and appearance-focused commentary, we do not have a firm understanding of how Black and White young adult women make meaning of sexual objectification and its correlates. Further, we also do not know which sources of objectification are most salient to young, college-age women. Focus groups provided information specific to sources of objectification, personal experiences of sexual objectification and the possible impact (e.g., body dissatisfaction, appearance management behaviors) of repeated exposure to sexual objectification. The information gathered from these focus groups adds to the literature, as much of the research has mostly focused on quantitative relationships between objectification and its predictors and outcomes. This information provides an important context for the analyses and interpretation of the results of the quantitative component of this project.

## **Methods**

Focus groups provided the participants with a structured opportunity to share their views on issues pertinent to objectification research in a group setting. Given that objectification theory and sexual objectification are, to an extent, socially constructed, focus groups were an appropriate data collection method. The focus group setting could elicit further responses from other participants, and participant interaction can lead to a narrowing of participants' views over the course of the focus group<sup>119</sup>. Permission for this research was received from the Institutional Review Board at both Virginia Commonwealth University and Virginia State University.

### **Participants**

Focus group participants were female undergraduate and graduate students attending Virginia Commonwealth University (VCU) or Virginia State University (VSU), the latter of which is a Historically Black College or University. Inclusion criteria included: female university student, identified as either White or Black, and between 18 and 25 years old. The only exclusion criterion was being mixed-race. Demographic data were collected.

### **Recruitment**

Four focus groups were conducted with participants from VCU and VSU. Two groups were conducted at VCU with participants who identified as White. One focus group each was conducted at VCU and VSU with participants who identified as Black. To account for the likelihood that some eligible participants would not follow through with focus group participation, each of the four groups was over-enrolled to achieve four to eight participants per group<sup>120</sup>. Twenty White females were enrolled from VCU. Similarly, nine Black participants from VSU and 11 from VCU were recruited, so as to achieve the same goal of four to eight per group. Recruitment at VSU and VCU began in March 2013. Recruitment efforts included identifying professors of general education courses as well as courses with large and diverse

enrollment, and sending out a recruitment script to be shared with their students. Interested students completed an eligibility screener through Qualtrics. If eligible, they selected the day and time they were available for the focus group. Prior to the focus group, each eligible participant received an e-mail confirming the date, time and location of the discussion.

## **Procedure**

A reminder e-mail was sent to participants the day before their scheduled focus group. Participants received a \$10 gift card for their participation. Focus groups were held at a convenient location on the campuses of VCU and VSU. Light refreshments were served. Each focus group lasted approximately 60 to 75 minutes. Two focus group moderators were selected, one for the focus groups with Black participants and one for the focus groups with White participants. The moderators were of the same race and gender as the participants of each focus group. Discussions were facilitated through the use of a focus group guide containing nine topic prompts related to sexual objectification. Prior to implementation, the moderators were trained on the aims and goals of the focus groups as well as the flow of the focus group guide.

Written informed consent was conducted prior to the commencement of the focus group. Participants' provided first names only to provide for confidentiality. To promote rapport, participants introduced themselves and wore a nametag. The moderator began the discussion by introducing herself and the note taker, and invited any study-related questions before the discussion began. After the moderator guided the participants through the creation of ground rules for the discussion, she introduced the first prompt. The outline of the topics to be discussed served as a guide, allowing the moderator to probe more deeply when necessary. Participants were not required to respond to a specific prompt. For some questions, participants were asked to write down their responses; however, they were informed that they did not have to record a response, if they did not feel comfortable doing so. However, all participants responded to the

written questions.

Each focus group was audio-recorded, and a note taker typed detailed notes. Ellyn Leighton-Herrmann (PI) served as the note taker for all four focus groups. Following each focus group, the researcher, Ms. Leighton-Herrmann, met with the moderator to debrief and discuss the written notes and important points made during the group discussion. Ms. Leighton-Herrmann transcribed the audiotapes verbatim. All participant names were redacted from the transcripts.

Challenges associated with conducting focus groups included the limitation on the number of questions that can be asked, as well as the response time for each participant<sup>119</sup>. Further, those who felt that their viewpoint was in the minority may not have spoken up. In an attempt to avoid or address these potential challenges, the moderators were responsible for keeping the discussion moving and covering the predetermined list of prompts. The moderators moved the conversation along, while remaining respectful of all participants and their ideas.

**Materials.** The Demographics questionnaire collected basic information about the participants' age, race, year in school, and family income, as well as a few questions related to lifestyle characteristics. Participants completed this survey at the end of the focus group meeting. The focus group guide (Appendix A) was used to direct the four group discussions. The moderators probed only as deemed necessary. The focus group prompts were developed based on the principal components of sexual objectification, including the media, and objectifying looks and comments. The progression of questions began with a discussion of what sexual objectification is and some examples within the context of these sources. As the ideal body type promoted by society is related to sexual objectification, participants were then prompted to discuss their beliefs about the societal ideals of beauty. Questions then progressed to cover where and how often experiences of sexual objectification are encountered, and how the participants feel about and respond to these experiences. The discussion concluded with participants'

thoughts on the long-term impact of repeated exposure to sexual objectification as well as what they may have learned or gained from their participation in the discussion. Given that a primary aim of the focus groups was to support the models measured in Study 2, the written responses related specifically to sources and consequences of objectification.

### **Data analysis**

A post-positivist approach was used in the development and analysis of the focus group results<sup>121</sup>. This paradigm proposes a deductive approach to research in order to obtain a fuller understanding of a phenomenon<sup>121</sup>. Post-positivism deviates from positivism in that it recognizes that research of human behavior cannot produce absolute truth, but it can strive to develop relevant, true statements that can provide a more comprehensive explanation of the area of interest<sup>122</sup>. Post-positivism is also reductionistic and based on a priori theories, which aligns with one of the primary goals of Study 1, namely, to inform the variables tested in study 2. As such, keeping in mind the tenants of objectification theory, the transcripts from this study were analyzed for the dominant themes pertinent to the key components objectification theory as well as to developing a better understanding of how women experience objectification and informing the variables assessed in Study 2.

A thematic analysis was performed to assess the dominant themes that emerged from the focus group discussions<sup>123</sup>. The analysis process began with open coding<sup>121</sup>. Two coders, Ms. Leighton-Herrmann and another doctoral student, read each of the transcripts and independently identified the major themes. Next, the coders compared, discussed and decided on the dominant themes. Each response was then assigned a code based on which theme best described the response<sup>121</sup>, followed by a discussion of the codes. Through this discussion and evaluation of the rationale for each code, the coders mutually agreed on the appropriate theme for each response. A third coder, a committee member, decided unsettled discrepancies. Demographic data

frequencies were analyzed in SPSS.

## Results

Twenty White and 20 Black women were recruited to attend one of four focus groups. Twelve women agreed to participate, but ultimately did not attend their focus group, resulting in 28 (70%) female university students from VCU and VSU participating in the focus groups. Two focus groups with White women (n=11) and two focus groups with Black women (n=17) were conducted. Participants' demographic information is presented in Table 1.

Table 1. *Focus Group Demographic Data*

	White Participants (N=11)	Black Participants (N=17)
Age	Mean = 21.5	Mean = 20.4
University Level		
Freshman	4 (36%)	5 (29%)
Sophomore	1 (9%)	0 (0%)
Junior	0 (0%)	6 (35%)
Senior/5 <sup>th</sup> year	3 (27%)	6 (35%)
Graduate student	3 (27%)	1 (6%)
Family Income Growing-up		
Low-income	1 (9%)	4 (24%)
Middle-income	9 (89%)	13 (76%)
High-income	1 (9%)	0 (0%)
In a Relationship		
Yes	6 (55%)	9 (53%)
No	5 (45%)	8 (47%)
Physical Activity		
Never	1 (9%)	1 (6%)
Monthly	4 (36%)	5 (29%)
Weekly	3 (27%)	7 (41%)
Daily	3 (27%)	3 (18%)
Cigarette Smoking		
Yes	0 (0%)	1 (6%)
No	9 (100%)	16 (94%)
Alcohol Consumption		
Never	3 (27%)	7 (41%)
Monthly	2 (27%)	6 (35%)
Weekly	5 (45%)	4 (24%)
Daily	0 (0%)	9 (0%)

The common themes that emerged across all four focus groups are discussed. These themes emerged in response to various focus group prompts about examples, frequency, reactions, and consequences related to sexual objectification. When applicable, differences that emerged between groups are also discussed. The primary aim of the focus groups was to inform and provide additional support for the variables measured in Study 2. The themes that directly support this aim are discussed first. The second aim was to provide additional context for interpretation in Study 2. These themes, as well as those that provided additional understanding of how these women experience objectification, are discussed second.

### **Defining Sexual Objectification**

To understand whether participants had a shared understanding of what is meant by “sexual objectification,” the focus group began with the question, “What do you think sexual objectification means?” Based on their responses, participants across all four groups had a similar understanding of what is meant by sexual objectification, specifically, that it involves viewing or treating a woman as an object. According to the participants, sexual objectification occurs when a woman is no longer viewed as a person and the focus is put on her external attributes. For example, “I think it’s, like, seeing someone as an object and not so much a person,” (White participant). Some participants further described this concept in terms of devaluing or removing the internal attributes that make a woman a person, including emotions, personality, opinions and intellect. For example, not caring about or acknowledging a woman’s feelings was a main theme in many participants’ definition of sexual objectification, “...You don’t think about her feelings...It’s just like she’s there for the purpose to be looked at,” “I think it’s also taking the personality out of someone, which goes along with making them into not a person anymore” (White participant), and finally, “When a woman is seen as an object because of her body, and her personality isn’t even a factor in who she is anymore” (Black participant).

Several participants did not provide a specific definition for what sexual objectification means to them, but rather associated sexual objectification with what they see in the media, including magazines, commercials and music videos. For example, “First thing that comes to my mind is rap videos. So just very scantily clothed women” (White participant), and “Like, on the cover of magazines, with their butts showing. They have bikinis on. Some of them have thongs” (Black participant).

### **Themes Informing Study 2 Path Model Variables**

**Societal ideals of beauty: Variable and unrealistic.** The ideal body type promoted in American society is related to sexual objectification<sup>28</sup>. Participants engaged in a discussion about the body type promoted as ideal in American society and whether it is consistent for all women. The dominant theme emerging from across the four groups was that the ideal body types promoted in American society are variable, context-dependent and unrealistic. While participants agreed that there are standards for beauty promoted within American culture, there was not consensus as to whether there was one *specific* ideal body type. Although some women suggested that there is an ideal body type, most agreed that there is not one *specific* body ideal for all women. Rather, the ideal body type varies based on a number of factors; for example, “I don’t believe that there is one ideal body type. I know it definitely does depend. It’s not consistent with every woman. I don’t think that American society has just one ideal. I think there’s a lot of different ones” (Black participant).

According to many participant responses, characteristics of the ideal body type vary based on influence from all facets of society, including messages communicated through various forms of media, geographical region, activities and culture, and race and ethnicity. Both White and Black participants suggested that the ideal body image varies across racial and ethnic groups. As one Black participant indicated, “I don’t think it is consistent. I think it does depend on – I

guess there are a lot of different factors it can depend on...I think there are stereotypes of what certain races want...an African American man might rather want somebody who is not a stick figure". A White participant suggested, "I think there's some regional differences, too. Um, having lived on the West Coast for a while, there's a big – a lot of women have fake boobs, and I noticed out here that's not really standard". As another Black participant explained, "For example, I have a cousin who's going into fitness competitions – swimsuit– so for her to have a Beyonce shape in her field would not be okay. Whereas for me, I would want to look like Beyonce" (Black participant). The media and fashion industries also communicate various message of what is considered "ideal,"

I think there's conflicting messages, too, about what's attractive because, you know, in some modes of media, if you want to look good in clothes, you have to be like 5'10" and, you know, 90lbs, but which is, you know, not possible...For a male magazine or swimsuit model, you gotta be, you know, you gotta be like Kim Kardashian, so there's conflicting messages. (White participant)

And,

I think it depends on which, I'm trying to think of the word – but which category you're going. So for like, if you gonna be a model, everybody across the board needs to be skinny (Mutters of agreement), but if you wanna be in a video, I need to see a big butt and some big boobs or something. And like I feel it's different depending on different things. (Black participant)

Despite the varying beliefs regarding a *specific* ideal, there was agreement that there are certain characteristics related to the standards of ideal beauty promoted by society that transcended the multiple context-specific ideal being discussed, including being thin and/or having a small or thin waist. For example, "I think it's thin...A lot of like, you have to be small

and tiny kind of thing to be considered beautiful. I think that's widely accepted" (White participant), and,

Really small waist. Just like, a pretty face. Tiny body. And really fit; how they are when they do that Victoria's Secret fashion show. They can just walk down in a bra and underwear and have no worries about what they look like because their body is so, considered, perfect. (Black participant)

References to Victoria's Secret models and Barbie as well as a small waist and hour-glass shape were made by several participants across groups, "Not too big hips, but your hips should stick out a little bit farther than your waist. Most Victoria's Secret models have the hour-glass shape" (Black participant). More than two dozen responses across groups included specific references to thinness and shape.

Participants across all four focus groups also discussed the perceived societal pressure for young women to conform to a body image that is unrealistic and unattainable for most women. The majority of participants agreed that the standards of beauty promoted by society are hard to attain, yet many women strive and feel compelled to work for it. Some of the comments indicating the pressure women experience to conform included,

I think nowadays the emphasis is on women being as thin as they can, maybe with like abs or muscle definition, but then also still be curvy. Like an hour-glass figure, which you don't see often. You don't see a curvaceous woman, but then also who's also quite thin and fit and muscular. You know, it's very hard, and so it's a crazy – it's a crazy standard. (White participant)

Additionally, "Women go through lengths sometimes, surgical procedures, to get a small waist or a big butt or a flat stomach. Crazy diets may lead to eating disorders to get that body image" (Black participant). Another participant similarly suggested "that it's kind of difficult to have all

those features to be skinny, and to have the big breasts and to have all the right body, so it's just – I don't think it's a realistic idea for women to think they can all be like Victoria's Secret models" (White participant).

A notable distinction between the discussions with White and Black participants was that Beyoncé was a common point of reference for the Black participants when discussing characteristics of the ideal body types, "The one person that comes to mind for me that I hear about a lot that has, like, the perfect body is Beyoncé" (Black participant). Without additional probing, multiple Black participants also mentioned the emphasis put on skin color and agreed that it is a component relevant to the ideal body type, "As far as the African-American culture, skin tone, like all of the sudden...Like, light skin is better...I think that's a big issue as far as body type and how a woman looks," and, "No matter what your skin complexion looks like – I think it plays a big role."

**Multiple sources contribute to a culture of sexual objectification.** There is more than one contributor to the culture of sexual objectification in American society. Across discussions of multiple focus group questions, participants identified multiple sources that perpetrate and perpetuate the sexual objectification experienced by women, including the media, and appearance-focused commentary and actions from men and other women.

With and without prompting, participants highlighted the key role played by the media in perpetuating the culture of sexual objectification by promoting the sexual objectification of women on a daily basis. Later on in the focus groups, participants were asked to write down examples of how the media objectifies women. Examples ranged from scantily clothed women on TV and magazines, to the marketing of societal standards of beauty and disempowered roles of women in shows and movies. Responses from White participants included, "Commercials with women with little clothing" "Articles in magazines geared toward women 'perfecting' their

bodies,” and “Commercials for hair, skin, [and] weight-loss products.” Responses from Black participants included, “Video games where the female character looks nothing like a real female,” “Putting women of lighter shades/mixed ethnicity on a pedestal,” and “Victoria’s Secret models give men an idea of what they want”

As some participants pointed out, the reason the media is such a powerful influence is because people look to the media for information on how to look and behave. For example, “Magazine articles tell women how they *should* look” (White participant). As another participant stated,

As a society, we look into media. And a lot of people copy what we see on TV, copy what we hear on TV... A lot of people idolize or look up to certain celebrities, so if you’re watching the TV and you see a famous celebrity looking like this, doing that, you’ll be like ‘Oh, that’s hot. I want to do it too’” (Black participant).

The behavior of men was regarded as a prominent source of interpersonal sexual objectification of women. Many participants reported catcalls, whistles, comments and stares from men while out in public. For example, “Men on [the] street yelling or staring. ‘Hey baby,’ kinda thing” (White participant), or “Sexual comments like, ‘Dang, look at her butt’ or ‘look at them boobs’” (Black participant). Verbal commentary was a common example mentioned by participants. Catcalling and general appearance-focused commentary were mentioned more than a dozen times across the focus group discussions. In another example, a participant reported,

A girlfriend and I were walking to church. She is very shapely, and had told me story of men hollering out sexual comments at her. We passed through a group of adult men at a bus stop. I kept my eye on a specific man that had been staring at my friend for a while. Once we passed the group, I turned my head real fast and kept my eye on the specific staring man. He was still staring at my friend and had a malicious smile on his face.

(White participant)

Both Black and White participants suggested that other women are also a source of objectification because women objectify other women. For example, “I also think there is an element of it - of women objectifying women. That is a big deal as well...It’s not just men who objectify women, it’s also women doing that to other women” (White participant). White participants, specifically, discussed the role of a woman’s social network of peers and family members as a source of objectification. For example,

Like how your parents, like your mother, acted while she was raising you. Like, if she would spend hours in front of the mirror getting ready and going out with like a sexy dress on, then you’re gonna have those ideals when you grow up.

Also, “Women who have this from their mothers can share the same bad habits and insecure behavior with their daughters. This continues for generations.” A couple of Black participants also mentioned the influence of family in their written responses. A few White participants also discussed experiencing peer-based sexual objectification, including, “Peer pressure to dress a certain way; to be more sexually appealing”, and, “I was at a friend’s house and I was changing and ... she like made a very, a comment like ‘who are you trying to get in bed with you tonight?’” The influence of friends and family was mentioned by at least seven participants.

Given the culture of sexual objectification that has been bred by the media, men and other women, participants suggested that experiences of sexual objectification have become accepted and normalized by American society. One participant said, “It’s like the first thing we’re programmed to say...you comment on someone’s outer look and you comment on their body type and stuff” (Black participant). Another stated similarly,

I feel like it’s just like a product of this society ... You objectify people all the time and you don’t even think about it because I just feel like it’s just ingrained in you. Like, you

don't even realize that you're doing it. (White participant)

As a consequence of normalizing a culture of sexual objectification,

... it will just increase the stereotype and that will just cause it [to happen]. I think that, in turn ... it will change how we're judged to where we're not really judged to our true value. Like, if we're really smart, we're not judged for our smartness, we're judged [for] how we look. (White participant)

It was also suggested that this normalization has led some women to take advantage of the sexually objectifying attention and, as such, are responsible for "perpetuating that kind of stigma," "That is what they're going for. That's what they want. They want the catcalls. They want all those things ..." (White participant), or, "Like, they want the attention. So whatever gets the attention, or what make them part of the society that, you know, everyone else is doing it, so why not" (Black participant). Further, in a discussion of participants' responses to sexual objectification, it was suggested that, while men continue to objectify women, women may perpetuate this behavior by not standing up for themselves. As stated by one woman, this could be due to an acceptance of the behavior,

I think a woman being in that mindset, that can be a result of maybe years of being catcalled at, you know, and being objectified. That eventually, she's just like, "Fine, this is what I want. Alright, then I'm gonna get it." (White participant)

Also, "Or, when guys they call girls like "bad Bs" and stuff. And girls accept it ... It's really sad" (Black participant).

**Negative consequences.** Another aim of this study is to understand the possible consequences of sexual objectification, so participants were asked, "How do you think frequent and persistent exposure to sexual objectification can impact a woman and her behaviors?" and "What are the potential long-term consequences?" The women were asked to write down their

responses to this question and their responses were also discussed verbally. Participants' across all four groups reported only negative outcomes that could occur. These negative outcomes related primarily to the possible mental health consequences, including body image preoccupations, decreased self-confidence or esteem, depression, disordered eating, self-harm or suicide, and/or a lack of empowerment to fight back. For example,

[Any] type of harm to self. Suicides. There's numerous cases out there where [women] are not satisfied with how they look because of how society, people, media portrays it.

Cut themselves ... Trying to get surgery ... Try to do a lot of things to ... You got bulimia and anorexia out there; seeing more and more of it each day. (Black participant)

Ten participants across groups mentioned body image preoccupation, including self-surveillance and body shame. More than 15 participants identified depression and consequences closely associated to depression, including feelings of worthlessness and low self-esteem. Appearance management behaviors were discussed by at least ten women, including exercise, disordered eating, weight loss and surgery.

Further, many participants, at least nine, were concerned that frequent objectification will lead to a women assessing her self-worth based on her appearance and believing it is the way to get ahead in life. For example "Women who have been objectified for a long period of time start believe that's all they are worth" (Black participant) and "It can cause women to believe that their bodies are a top priority in life. It becomes that you want a certain body shape for everyone else to appreciate instead of for yourself" (Black participant). In addition, "Thinking your appearance determines who you are" (White participant), and, "Could make a woman feel the only way she can get ahead is to deal with the objectification and embrace it."

Participants' responses also indicated that persistent sexual objectification can have a negative impact on a woman's growth and success in adulthood. For example, "It affects the way

that women progress through different stages of life. So it's like there's this idea that you only have your beauty for a certain amount of time, so you better use it" (White participant), "She may de-emphasize education or personal development in other ways because she feels her body is all that matters" (Black participant), and, "Women may care less about jobs, being smart, independent, as long as guys like them" (White participant).

Finally, participants felt continuous objectification could impact a woman's behavior or attitudes. As one participant responded, "A woman who abuses it and becomes the sexual object. Somebody who has a sugar daddy or ... sleeps with multiple guys without having a relationship just to like get the attention" (White participant), or, "Some women give into it and objectify themselves by altering their attitude about what they should be or do" (Black participant). Alternatively, one participant said, "I think that like continuous sexual objectification can lead to a woman to downgrade herself, so that she doesn't draw attention to herself, so she won't get that unwanted attention" (White participant). Participants' responses clearly suggest that persistent exposure to sexually objectifying experiences affects a woman's mental health, self-image and overall wellbeing.

The following section describes the additional themes that emerged from the focus groups. A brief discussion of how the preceding themes informed and provided additional support for Study 2 will be presented afterward.

### **Themes Providing Additional Context and Understanding of Objectification**

**Sexual objectification: Everywhere and unavoidable.** According to the majority of the participants, sexual objectification is everywhere and unavoidable. Most expressed experiencing sexual objectification on a daily basis. For example, "I was gonna say, it's kinda sad 'cause the place it happens most often is, like, daily. Like, anywhere; it can happen anywhere" (White participant), and "I'd say it's about every day now" (Black participant). Responses such as "All

the time” and “Every day” were common across all four groups.

Participants mentioned being exposed to sexual objectification in places they frequent on a regular basis, such as on the street, in the workplace, at the grocery store and on the university campus. Social environments, including parties, bars/restaurants and clubs were also common places. For example,

Certain workplace environments. You know, I worked at places in the past where I’ve personally been objectified – this was mostly the restaurant industry – but, it really happened everywhere. I’ve seen it in the grocery store. I’ve seen it on campus. I mean, everywhere there’s people. I’ve seen it at Walmart. It’s just everywhere. (White participant)

Also, “Like, in the grocery store – look at magazine racks. Um, going out with friends” (White participant). Further, “Like a lot of people like yell at you in the street, like, ‘Oh, you with the skirt!’ It’s really crazy” (White participant). “The club,” was a more common response within the focus groups with Black women. It was mentioned on eight occasions throughout the discussion, “Everywhere, but mostly in the club” (Black participant).

Across all four focus groups, participants agreed with having similar experiences. For many, the ubiquity of sexual objectification makes it an everyday and unavoidable experience. For example, “I feel like it’s everywhere. We live in the city. You can’t walk down Broad Street and mind your own business, come get groceries, or anything. You can’t do anything without someone commenting on the way you look” (Black participant), “I was going to say whenever I leave the house I either see it or experience it” (White participant), and “Like you just can’t escape it ever, I feel like” (Black participant).

**Immediate reactions to sexual objectification are multifaceted.** Participants discussed their immediate response to an experience of sexual objectification. What emerged was that the

reaction for many participants was quite multifaceted. Participants mentioned a variety of internal responses, including feeling awkward, mad, angry, defensive, annoyed, detached, uncomfortable, “creeped out” or unsafe. Some also reported responding in a behaviorally aggressive manner toward men who sexually objectify them or their friends, including, “I’m throwing down the bag. I’m taking my jacket off ... if I let that pass, that means I’m saying it’s ok,” (Black participant), and “I’ve been known to flip guys off and tell them, you know, mean things, and thoughts” (White participant).

While the range of emotional and behavioral responses varied amongst the young women, their responses to sexual objectification tended to begin with an assessment of the situation. For example,

You kinda have to register – you have to digest what they just said to you in your head, and figure out like the fact that they really think it’s acceptable to say it ... It’s one thing to think something, but the fact that you actually said it to me. Like it takes me a minute to respond. Like, again, I laugh because I don’t know what else to do. What do you want me to say? I don’t take you seriously right now. I can’t. That’s just absolutely ridiculous.  
(Black participant)

The source and/or environment of the sexual objectification were reported as key factors that influence the participants’ emotional and/or behavioral responses, and these aspects are also considered during the initial assessment of the situation. For some participants, the environment mattered more than the source, “I think [it’s] situational ... if I feel like I’m in a place where I can’t get out, regardless of if it’s somebody my age or if it’s somebody old, I’m uncomfortable” (White participant). Further, some participants mentioned taking their safety into account when assessing the environment before reacting, including “I feel like you’re more defensive by yourself because you have to take into account your safety” (White participant), and,

If I'm by myself, like walking home by myself, I don't respond. But if I'm with a group of friends and you say something to me, I'm more likely to say something back because I have a group of friends. (Black participant)

Across focus groups, participants suggested that the gender of the person doing the objectifying impacted their response. For example, some participants felt more hurt when it was another woman doing the objectifying, "It hurts more because it's like, you're one of me" (White participant), and, similarly, "I actually get madder when I hear a girl doing it" (Black participant). Another said she would "be even more upset for a woman to do it to me, versus a man" because "it's expected for a man, you know, at the end of the day, men are gonna be men" (Black participant). Conversely, another participant stated,

I'm less likely to be offended or creeped out when a woman hits on me, versus a man. No matter how creepy or ugly that woman is, like, if there were a guy fitting that exact same description, just being male versus being female, I would be much more offended. (White participant)

While all four groups discussed the effect of the source of the objectification, the list of source-related characteristics that influenced their immediate responses was far more extensive from the discussions with the White women, compared to the Black women. For many White participants, their responses to sexual objectification depended on the characteristics of the source doing the objectifying, including their relationship to the person as well as the person's SES, age, race and appearance. However, how these characteristics impacted their responses varied amongst participants. For example, "I think socio-economic status definitely matters. You're going to tolerate more, probably, from someone who's wealthy." Some participants felt less threatened by older men, "I feel like when it's an older guy, it's less sexual;" whereas, other participants felt less uncomfortable when the objectification came from a man closer to her age,

“When it’s a guy like my age, like it’s not as creepy. It’s just like annoying, but it’s like creepy when it’s an older guy.”

In addition, in the focus groups with White participants, the women were specifically probed if the race or ethnicity of the source of objectification influenced their responses, and a couple responded that it did. For example,

When a White guy or Black guy is staring at me, like it makes me uncomfortable. But when a Hispanic guy is starting at me, it doesn’t make me as uncomfortable because just knowing culturally that’s what Hispanic men do; not necessarily because they think about you sexually ... (White participant)

Some women commented that the general appearance of the male doing the objectifying mattered more so than race. For example,

I think it matters more, not so much their race, but like what they’re wearing...if they’re wearing like baggy clothing and their yelling at me, I’m going to be a little like threatened a little bit...if they’re wearing a suit or something, then like okay. Like it wouldn’t – I’d feel less threatened ...” (White participant)

and,

If you’re walking down the street and this car full of really sketchy, gross guys rolls down their window and start yelling out awful things, you’re gonna be disgusted or scared or something not good. [If] it’s a really attractive guy...Even if what they said was the same ... it’s gonna have a different effect. (White participant)

**Perceived male superiority.** Another overarching theme that emerged, which contributes to our understanding of how women make meaning of sexual objectification, was the perception of male superiority. The majority of participants felt as though men do not respect women, as highlighted in the statement, “I feel like guys have kinda like reached an all-time low,

where they have like no respect at all” (Black participant).

Many participants said they feel as though men are disrespectful because they feel they can do or say whatever they want to women, including sexually objectifying them. For example, “When you speak to someone with disrespect, it’s because you think they’re either a lesser person or not a person at all. And when you say, ‘d\*\*\* that a\*\*,’ that’s disrespectful” (White participant), and, “They don’t care what they say to women in front of a woman if it’s at a woman” (Black participant). As put by one participant, “You don’t want to hear that stuff, like, and I feel like that it’s disrespectful for you to say that to someone. Like, if you have those thoughts, keep them to yourself” (Black participant).

Further, many participants expressed that men do not have any shame in their behavior and feel superior, further prompting them to continue sexually objectifying women. For example,

Like, they will beep at you. They will yell outside their car; like almost crash their car.

It’s just like, what in the world? I think since I got here, like, I had never had so many

men of all ages – I don’t care how old you are – they have no shame. (Black participant)

Some participants suggested that men engage in sexually objectifying behavior because they do not consider or care how the woman will feel as a result of the objectification. In a more serious example of sexual objectification mentioned by a participant, “Like, the girl gets raped because she’s too drunk or they just feel like they can take control of her, and it’s like they don’t care at all about her feelings or her thoughts, or her at all” (White participant).

Several participants suggested that many men assume women want the attention and/or are asking to be objectified,

Like we’re supposed to want them. Like who said I wanted you in the first place? They act like it’s a privilege for me to be in their presence or something. Like who are you?

Like nobody, so go away. (Black participant)

Participants provided examples of how men mistakenly view the way women dress as an invitation to sexually objectify them. In a specific example within a social context, one participant described,

I think guys feel like if you do wear clothing then you're asking for it. Like, even if, you know, obviously when it's hot out, we're going to wear shorts and tank tops. But guys are like, "Well if you wear that, then like you're obviously asking for us, to, like, saying something." But it's like, well what do you want us to wear, like, in the summer? Like, it's hot out. But, I definitely feel like they feel like that's when you're asking for it. Like at parties, you know, you wear a dress. And guys are like, "Well, why would you come to a party wearing that, if you didn't want us to hit on you, or like sleep with you?" (White participant)

Participants across all four groups further discussed the perceived shock or surprise by men when women respond negatively to their objectifying comments or actions. In one example, a participant stated,

I'll be walking down the street in like a skirt or something, and guys will drive by in their cars and they'll do catcalls at me and stuff like that. And then, I'll just be like "Really? Have you never seen a woman before?" And then they get mad at me because I get offended by what they say about what I'm wearing. (White participant)

In another example, a participant discussed a man trying to defend his words, "For you to say I'm cute for a dark skin girl, I take offense. That's not – who do you mean? [And the man says] 'Like, oh don't, it's nothing, but you still cute.' Like, no" (Black participant). Another participant followed up with, "Yeah, like it's a surprise" (Black participant). Additional participants in this particular focus group related to this participant's example of objectification; not only with the man's reaction, but also with the inclusion of skin color as a component of the objectification.

One of the evident differences between the White and Black participants arose when discussing examples of sexual objectification within a social environment. In comparison to the White participants, Black participants shared several examples of overtly sexual experiences of sexual objectification when in a social setting, like a bar or club. For example, a White participant stated,

Kind of going along that whole club scene idea, it's interesting. Like, if you go out with your friends and you just, you know, just wanna dance, whatever, um, and guys think it's okay to come up behind you and dry-hump you without even introducing themselves.

When did that become okay?

An example of more overt sexual objectification shared by Black participant was,

Me and my friends went out one night and, like, we went to Aurora. And we went to go dance, have fun. You know, we didn't think anything was gonna happen. And I'm dancing with this guy, and all the sudden he pulls his stuff out on me. And he's grabbing my hand trying to get me to touch it. 'No, dude! No!' I was like, no, we gotta go. We have to leave right now 'cause that was just like – guys are just disgusting. They don't care.

Another Black participant stated, "I was just standing there in the club and this guy actually he rubbed – he was rubbing his penis against me. Yeah, so that was the worst experience I've ever had." On at least eight occasions, Black participants discussed examples of objectification that involved being touched by the man or the man expressing what he would do sexually to the women, whereas it was only mentioned once by a White participant.

**Sexual objectification restricts women's personal freedoms.** In response to questions regarding types of sexual objectification they have experienced and their reactions to these experiences, participants suggested that women experience a clash between their freedom of

choice and societal restrictions. The general sentiment was that women should be free to dress or act in accordance with their personal choices without being subjected to the objectifying feedback or comments of others. How participants interpreted this struggle appeared to differ between White and Black women. Many White participants felt that the expectation of sexual objectification impacts their personal freedoms, especially in relation to how they choose to dress and behave. As one participant stated,

I don't wear that stuff to impress other people, I wear it because it makes me feel confident. It makes me feel like who I am. You know, I'm not ashamed of my body, but if I walk down the street like that, like, if I'm wearing a dress or something, I feel like I'm fidgeting all the time. Like, it's not me that feels uncomfortable with myself, it's I know other people are going to be saying something about me. Or, like I'll be walking down the street in like a skirt something, and guys will drive by in their cars and they'll do catcalls at me and stuff like that. (White participant)

Conversely, Black participants suggested they wanted to be more conservative, but felt societal pressure to act less conservative. For example,

Whenever a woman goes to any sort of party or any type of function, it's no longer, "Oh, well let me just sit here and sip my drink." I have to be sweatin' and dancin' and I gotta be the baddest b\*\*\*\* on the ground, twerkin' and poppin'. (Black participant)

Participants across races suggested that some women may feel the need to restrict their clothing or behavioral choices to accommodate the societal reality of sexual objectification. For example,

I'm probably still going to wear what I'm going to wear, but I'm going to go in a bigger group of people when I go to that place, 'cause if you do go by yourself in like a skimpier outfit, like it's – you should probably be more aware of your surroundings just 'cause like

any random person can run up and say something to you or worse or something. (White participant)

and,

I wouldn't be half-naked on campus 'cause I have to approach my professors and I want them to write me letters of recommendation and I want them to take me seriously. Not, "Oh, she show her butt all the time in class ... " I just, myself, don't feel comfortable like walking about half-naked like on campus ... Of course, you're gonna get noticed ...

(Black participant)

During this discussion of having to deal with society's reaction to their personal choices of attire or behavior, participants discussed again that some women may be responsible for the sexual objectification by "asking for it" based on the way they dress or act. At least seven participants across groups suggested that these women were setting a bad precedent by which other women are then treated. For example, "I think it's a slippery slope...That's their life and they can do what they want, but that affects other people...it changes the view men have of women and one woman is not every woman" (White participant), and "I know I don't dress where I should be approached saying those things, so when somebody does it, I'm just like, somebody else made it okay for you to think that's oaky" (Black participant).

Another difference that arose between groups was that some Black participants were especially concerned about other Black women behaving in a way that makes them vulnerable to objectification. However, no White participants made a similar distinction about other White women. As one Black woman explained,

I mean, I think women in general shouldn't be that way. We should all respect ourselves, but even more [when a] Black woman does it because I look like that Black woman. So they may think we're one in the same.

And,

You see girls walking around with the lace t-shirts and the bra. Well the lace shirts, and then they'll just have a bra on underneath it. Not a cami underneath it too, you know, cover yourself up. And it's just kinda like, you are what are representing black women.

So every time someone sees you, you know, it's representing all of us as a whole

As a result of the omnipresent sexual objectification of women within American culture, participants suggested that women in American society need to balance their own self-expression (e.g., attire, behavior, etc.) with the reality that they will likely be exposed to sexually objectifying reactions. This theme provides additional understanding of the meaning women make of sexual objectification; specifically, how they feel it restricts their personal freedoms.

### **Focus Group Discussion**

While there is a significant body of literature related to the sexual objectification of women, we do not have an in-depth understanding of how young adult women experience sexual objectification, including what they personally identify as sources and examples of objectification as well as their reactions to and the potential consequences of objectification. As such, this qualitative study aimed to assess young Black and White university women's attitudes about and experiences related to sexual objectification, as well as possible racial differences. This information was used to inform and provide additional support for the two hypothesized models of objectification measure in Study 2, one model specific to White females and one model specific to Black females (See Figures 3 and 4).

The hypothesized variables to be measured in both models were social support influence, appearance commentary, internalization, self-surveillance, body shame, depression, and disordered eating behaviors. Two additional variables were proposed in the model for Black women, skin tone-specific surveillance and skin color dissatisfaction. The variables proposed in

Study 2 were supported by the responses from focus group participants. Women across all groups understood sexual objectification to mean viewing a woman as an object to be looked at; in line with how it is defined by objectification theory. Participants described sexual objectification as putting the focus on a woman's external attributes and devaluing her internal characteristics. Participants also recognized the sexual element that is specific to this type of objectification. While the focus of this research is sexual objectification, many of the examples of objectification provided by the women were not, strictly speaking, sexual in nature. For example, participants discussed women objectifying other women as well as appearance-focused commentary from family members and friends. These examples related to focusing on a woman's external appearance and judging her appearance, but not necessarily in a sexual manner. However, these examples still involved the objectification of the female body and, clearly, were still a cause of concern for participants. These reported experiences also support the inclusion of positive and negative appearance feedback as well as the influence of a woman's social support in the Study 2 models. Women hear objectifying comments from friends and family as well as strangers. It is important to measure appearance feedback coming from friends and family to better understand the magnitude of influence of a woman's social support network on her body image preoccupations and related consequences. In addition, the more general positive and negative appearance feedback received also needs to be assessed in order to capture the objectifying comments coming from strangers on the street, at school, and in social settings, for example.

An important component of objectification theory is the internalization of the idealized body images promoted by the media<sup>3</sup>. Participants recognized the salient and critical role the mass media play in the behavior of men and women in society, as people imitate what they see in the media. Research shows that people who expose themselves to mass media more often are

more likely to construct their reality of sexual objectification and ideal beauty based on the perspectives framed by the media<sup>70</sup>. Furthermore, the more a person looks to the media as an important source of information about beauty and external appearance, the more likely she is to internalize those images<sup>22,87</sup>. Accordingly, the existing literature supports that media awareness is a significant predictor for an array of body image-related concerns<sup>22,105,106</sup>. As such, it is imperative to assess the influence of media awareness and internalization on women's self-objectification and subsequent outcomes in the Study 2 path models.

Another important component of media influence that cannot be ignored is that, while some women may not rely on the media for information, they likely have people in their life who do. In turn, these members of their social support network can impart this internalized information to these women. Multiple participants recognized the potential for a woman's family and friends to communicate objectifying messages to her, further supporting the inclusion of social support influence in Study 2.

In their discussion of beauty ideals, Black participants also specifically discussed ideal standards of beauty pertinent to their race, including skin color. Multiple participants in both groups mentioned skin color in relation to examples of objectification as well as a component of what makes a woman attractive. There is research to suggest that skin color is a significant contributor to body image preoccupation for Black women<sup>91,97</sup>. Results from these focus groups as well as the existing literature support the inclusion of Skin Tone-Specific Surveillance and Skin Color Dissatisfaction in the path model assessed for Black participants in Study 2.

Participants were asked to write down what they believed were possible consequences of frequent and long-term exposure to sexual objectification. Their responses were consistent with previous research<sup>3,8-11</sup>, suggesting that persistent exposure to sexually objectifying experiences affects a woman's mental health, physical health and overall well-being. Based on their

responses, we can start to understand how these individual instances of objectification over an extended period can lead to more severe consequences, including self-surveillance, body shame, depression and eating disturbances. General concerns related to a woman's mental health and well-being were also mentioned, including self-esteem and self-confidence. Given that feelings of worthlessness and low self-esteem often go hand in hand with depression and depression is an outcome hypothesized by objectification theory<sup>3</sup>, depression was an outcome of theoretical interest measured in Study 2. Disordered eating behaviors, including bulimia, anorexia and excessive exercise, are also proposed by the model of objectification theory and, thus, are measured in Study 2.

Participants also mentioned women putting increased importance on beauty and deriving worth from their external appearance as a possible consequence. Self-surveillance and body shame are linked to increased body image preoccupation<sup>4</sup>, further supporting their inclusion in Study 2. Additional consequences mentioned by participants included normalization and acceptance of the objectifying behavior, perpetuating the objectifying behavior, and negative impact on growth and success in adulthood. These particular outcomes were not measured in Study 2 because they were outside the scope of the current project and pertained to broader long-term consequences. However, they do warrant further exploration in future research, especially the life changing consequences related to negative effects on growth and development.

Taking a post-positivist approach to identifying key components related to objectification theory as well as possible interracial differences is important for proper quantitative assessments and programmatic efforts. Gaining better insight into how women experience sexual objectification could lead to more accurate, inclusive and comprehensive measurement of sources of objectification and related outcomes. Further, developing a more thorough understanding can also help provide additional context to the results of related quantitative

analyses. The data collected in Study 1 has informed and provided additional support for the variables measured in the models of objectification in Study 2. In addition, the focus group results also provide contextual support for the interpretation of the results in Study 2. This additional interpretation is explored in the general discussion.

## **Chapter 4 Study 2 Path Analysis**

### **Study 2: Path Analysis**

Study 2 assessed two hypothesized models of sexual objectification, one model specific to White females and one model specific to Black females (See Figures 3 and 4). Piecewise path analysis was used to assess the adequacy of the fit of the proposed models of sexual objectification and related consequences. Model comparison was also assessed between White and Black participants. Existing literature, as previously discussed in the literature review, informed the components of the models and the selected measures. The focus groups in Study 1 provided additional support and explanation. The information collected by the focus groups also provided additional context and insight for interpreting the results of the path analyses.

The models in Study 2 proposed multiple hypotheses about various sources of objectification, including influence from the media, men and other women, and their effect on body image preoccupation, disordered eating behaviors and depression. It was hypothesized that the more a female looks to the mass media for information regarding fashion and beauty, the more she will internalize the messages she is viewing. Increased emphasis on weight and physical appearance from one's friends and family was also hypothesized to be associated with increased internalization as well as body shame. Appearance-related commentary from others may impact self-surveillance behaviors and feelings of body shame. Further, women who report increased levels of internalization may be more likely to experience greater amounts of self-surveillance and body shame. Finally, it was hypothesized that higher levels of body shame are likely to be associated with increased depressive symptom as well as a higher frequency of

disordered eating behaviors. For Black women, it was further hypothesized that increased internalization of beauty ideals would be associated with increased skin tone-specific surveillance and subsequent skin color dissatisfaction and depression.

Figure 3. *Hypothesized model of objectification for White females*

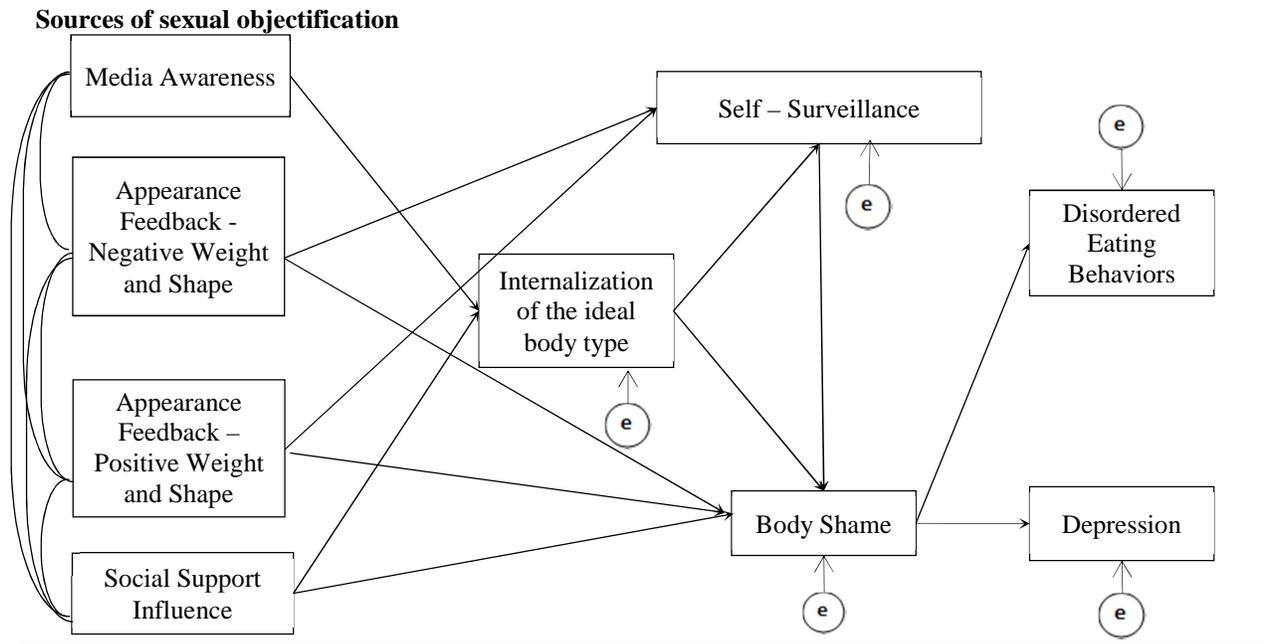
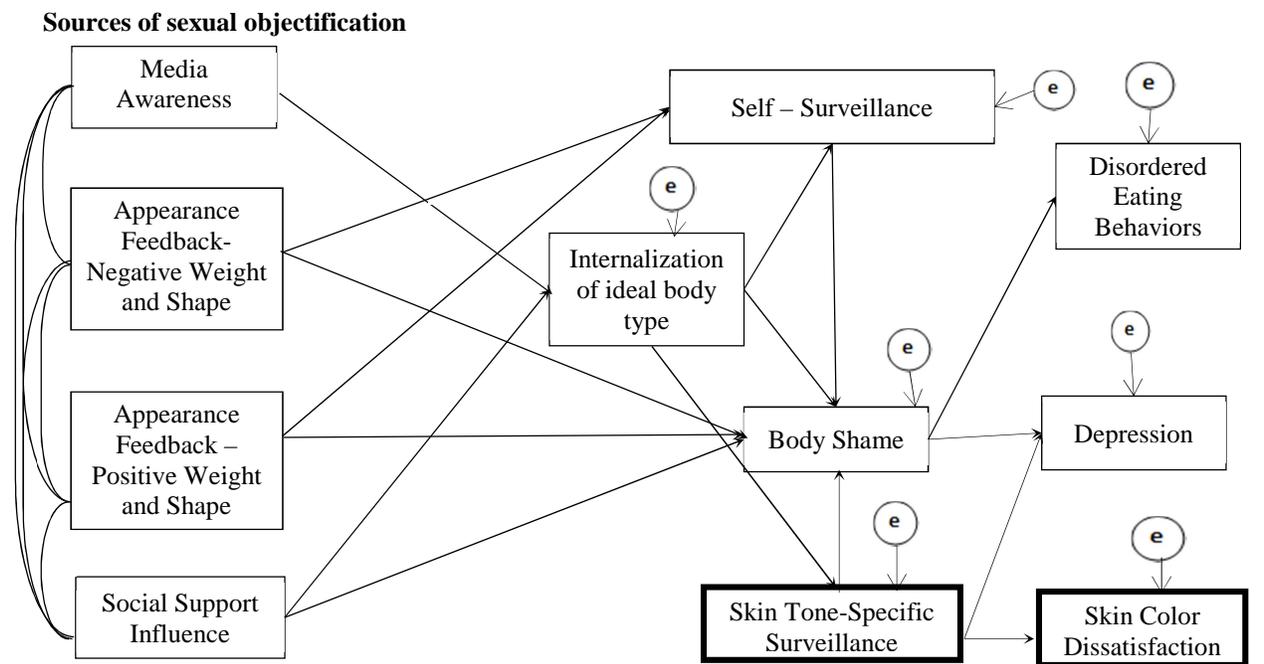


Figure 4. *Hypothesized model of objectification for Black females*



## **Methods**

### **Participants**

Participants consisted of female undergraduate students attending VCU and VSU. White women were recruited from VCU and Black women were recruited from both VCU and VSU. As mentioned previously, it was possible there would be demographic differences between the two group of Black participants; therefore, recruiting Black women from both universities was important for assessing these potential differences. Inclusion criteria included: female university student, identifies as either White or Black, and between 18 and 25 years old. Sample demographics were collected. Permission for this research was received from the Institutional Review Board at both Virginia Commonwealth University and Virginia State University.

### **Recruitment**

Recruitment began at both VCU and VSU in September 2013. Recruitment continued until a minimum 150 Black and 150 White participants had completed the surveys. Over recruitment of about 15% helped account for the occurrence of incomplete surveys or surveys with excessive missing data. Recruitment at VSU was conducted by sending an informational e-mail to class Listservs of the general education health courses taken by students from all departments across campus. Recruitment at VCU was conducted by sending informational e-mails to class Listservs across multiple departments. Professors were given the option to provide extra credit for participating. Depending on whether the students participated for course credit or monetary remuneration, participants received either extra credit or a \$5 honorarium for their participation.

### **Procedure**

Participants completed a set of measures online through Qualtrics. The online measures took approximately 20 minutes to complete. Given that this study did not pose more than

minimal risk and no identifying information was associated with the participants' responses, a waiver of consent was granted by the Institutional Review Board at VCU as well as VSU. A statement of implied consent was included at the beginning of the online survey. If participants believed their answers could be linked back to them, they might lean toward more socially desirable answers. To ensure the anonymity of the participants' responses, the Qualtrics link was formatted to ensure responses were anonymous. Further, previous research has shown that participants are more likely to report sensitive behaviors (e.g., drinking, smoking) when completing a survey in a web-based format, as opposed to an in-person administration<sup>124</sup>. All participants responded to questions on the first seven measures discussed below. Black participants completed two additional measures, which related specifically to skin color.

## **Measures**

**Demographics.** The demographics survey collected general demographic information including age, year in school, family income growing-up, relationship status, physical activity, drinking and smoking.

**Social support influence.** The Family and Friends Scale (FFS) assesses the extent to which each person (Mother, Father, Siblings, and Peers sub-scales of five items each) is concerned with his or her own appearance as well as has encouraged the participant to be concerned with her appearance<sup>28</sup>. The measure consists of 20-items that assess the influence of one's social support system. Responses range from Strongly Agree (1) to Strongly Disagree (5). A total score was calculated for each of the subscales by summing the five items. The composite score (Range = 5 to 25) was calculated by taking an average of the completed sub-scales. High scores were indicative of increased social support influence regarding physical appearance. An average was calculated to create the composite score, in order to account for individuals that do not have a mother, a father and/or siblings in their life. As the individual subscale scores are

sums, participants' with any missing items from any of the subscales were excluded from analysis for this particular variable. The FFS composite score has shown acceptable reliability ( $\alpha=.89$ )<sup>28</sup>.

**Appearance feedback.** The Verbal Commentary on Physical Appearance Scale (VCOPAS) measures the self-reported frequency of appearance-related comments received from other people<sup>125</sup>. It consists of three subscales, Negative Weight and Shape (9 items), Positive Weight and Shape (5 items), and Positive General Appearance (7 items) subscales. The two subscales of interest in this study related to negative and positive commentary on weight and shape. Participants responded as to how frequently they have been the recipient of each of the comments using a 5-point Likert scale ranging from Never (1) to Always (5). The mean (Range = 1 to 5) was calculated for each subscale. High scores were associated with a greater average frequency. If participants did not respond to at least two-thirds of the questions on an individual scale, a composite score was not calculated and the participant was excluded from analysis on this particular scale. The subscales have shown acceptable construct validity and high internal reliability<sup>125</sup>.

**Media awareness and internalization.** The Sociocultural Attitudes Towards Appearance Scale-3 (SATAQ-3) measures societal influences on body image and disordered eating<sup>22</sup>. For this study, the internalization-general (9 items) subscale was used to measure the level of internalization. The information subscale (9 items) assessed levels of media awareness. Questions for each subscale were answered using a 5-point, Strongly Disagree (1) to Strongly Agree (5), Likert scale. Participants' responses were summed (Range = 9 to 45) for each subscale, so participants' subscales with any missing items were excluded from analysis on this particular variable. Higher composite scores were indicative with a greater amount of the construct. The two subscales of interest have shown excellent reliability, Information (.94) and

Internalization-General (.92)<sup>22</sup>.

**Self-surveillance and body shame.** The Objectified Body Consciousness Scale (OBCS) consists of three sub-scales, self-surveillance, body shame, and appearance control beliefs<sup>4</sup>. The surveillance and shame subscales were of interest in this study. The self-surveillance sub-scale (8 items) asks questions related to viewing the body as an outside observer. The body shame sub-scale (8 items) relates to feelings shame when the body does not conform to the societal ideal. For each subscale, participants responded to eight items on a Strongly Disagree (1) to Strongly Agree (7) Likert scale. Means (Range = 1 to 7) were calculated for each subscale, with higher scores representing increased self-surveillance behaviors or feelings of body shame. Participants who did not respond to at least 75% of the items on each individual subscale were excluded from analysis on this particular variable. Validation studies have shown these subscales to be distinct with acceptable reliability (Surveillance  $\alpha=.79$ , Body Shame  $\alpha=.84$ )<sup>4</sup>.

**Disordered eating behaviors.** The Eating Disorder Diagnostic Scale<sup>40</sup> (EDDS) is a 22-item self-report questionnaire that assesses the presence of DSM-IV defined eating disorders. Using a count scale, the EDDS assessed the frequency of four disordered eating behaviors, including purging, excessive exercise, fasting, and diet pill usage. In previous research as well as the current study, these four behaviors were significantly correlated<sup>106</sup>. Therefore, they were summed to form a total score (Range 0 to 60) representing the overall frequency of disordered eating behaviors per week. Validation research has indicated acceptable criterion, convergent, and predictive validity for the EDDS, as well as acceptable reliability<sup>126</sup>.

**Depression.** The Depression Anxiety Stress Scales-21 (DASS-21) is a short form of Lovibond and Lovibond's 42-item self-report measure of depression, anxiety, and stress<sup>127</sup>. The DASS-21 is composed of seven items taken from each of the three subscales of the original DASS<sup>128</sup>, depression, stress and anxiety. Respondents indicate how each statement applied to

them using a 4-point Likert scale; Did not apply to me at all (1) to Applied to me very much, or most of the time (4). This study used the depression subscale, which assesses dysphoric mood states, including self-depreciation, lack of interest/involvement, hopelessness, and anhedonia. Per the Manual for the DASS, participants' responses were summed to form a total composite score (Range = 7 to 28), so participants' with any missing items were excluded from analysis on this specific scale. Higher scores were associated with a higher level of depressive symptoms. The depression subscale has shown a high level of internal consistency ( $\alpha = .88$ )<sup>128</sup>.

**Skin tone-specific surveillance.** To assess the culturally specific form of body monitoring regarding skin tone for Black women, Buchanan and colleagues created eight items in addition to those on the surveillance subscale of the Objectified Body Consciousness Scale (OBCS)<sup>4,56</sup>. The items developed based on the original OBCS self-surveillance items emphasized skin tone rather than general concerns regarding body shape and size. Items are answered using a 7-point Likert scale. The composite score was calculated by taking an average (Range = 1 to 7) of the participants' responses. Higher scores were indicative of greater skin tone-specific surveillance. The reliability for the measure in the study for which it was originally developed was .92<sup>56</sup>.

**Skin color dissatisfaction.** Skin color dissatisfaction was measured using four items from the Skin Color Satisfaction Scale (SCSS)<sup>100</sup>. The full SCSS combined three items originally used by Bond and Cash<sup>91</sup> with four new items. Due to internal consistency problems with this expanded scale, only four items were used for this study, as suggested by Falconer and Neville<sup>100</sup>. Respondents indicated their level of agreement or satisfaction using a 9-point Likert scale, Extremely dissatisfied/ Strongly disagree (1) to Extremely satisfied/Strongly agree (9). The composite score was calculated by taking an average (Range = 1 to 9) of the participants' responses, with higher scores representing greater dissatisfaction. If participants did not respond

to at least two-thirds of the questions on an individual scale, a composite score was not calculated and the participant was excluded from analysis on this particular scale. Reliability for the SCSS in previous research was .71<sup>100</sup>.

## **Data Analysis**

**Descriptives.** Quantitative data were collected via Qualtrics and analyzed in SPSS (version 21)<sup>129</sup> and Mplus (version 6.12)<sup>130</sup>. Prior to evaluating the path models, the data were screened for missingness and normality (skewness greater than 2 and kurtosis greater than 7). Demographic data were analyzed and compared between White and Black participants as well as between the two groups of Black participants using chi-square and means tests. Data descriptives (e.g., means and standard deviations) and bivariate correlations for demographic and path model variables were also assessed, along with a comparison of means between and within groups. Spearman correlation coefficients were calculated to assess the bivariate relationships between the demographics and path model variables. Pearson correlation coefficients were calculated to examine the bivariate relationships between the continuous variables in the models.

**Path analysis.** Mplus was used to assess the hypothesized relationships and fit of the proposed path models. Full Information Maximum Likelihood (FIML) with robust estimation was used to estimate the fit of the hypothesized models (MLR in MPlus; in the presence of missing data, FIML is the default in MPlus). FIML is a variant of Maximum Likelihood (ML) that was developed to handle missing data<sup>131</sup>, and it has been found to perform better than imputation or deletion methods when running analyses with missing data<sup>132,133</sup>. In comparison to ad hoc missing data techniques (e.g., pairwise deletion, listwise deletion, and mean imputation), FIML has shown to result in less bias and sampling variability. Given that there were missing data in both samples in this study, FIML was used because it makes use of all available information and there is no loss of observations via listwise or pairwise deletion.

This study used a piecewise approach to model testing. The process began with the four exogenous variables, and additional variables were added or removed at each subsequent step based on the results from the previous step. Implementing the analyses in multiple progressive steps allowed for the assessment of the models' convergence and robustness at each step. This approach can aid in building a more parsimonious model with acceptable predictive ability. For the model with White participants, this process began with an assessment of the relationships between the four exogenous variables (Media Awareness, Social Support Influence, and Negative and Positive Appearance Feedback), followed by an analysis of the four exogenous variables with each of the endogenous variables. Next, the exogenous variables and Internalization were assessed with Self-Surveillance and Body Shame individually, followed by Self-Surveillance and Body Shame together. Then, a full model, with the outcomes of Depression and Disordered Eating, was assessed. Based on the relationships assessed at these individual steps, a final model was assessed and the results from the final model are presented in more detail. The same with process was followed for the assessment of the model for Black participants, with the addition of the variables related to skin color. Skin Tone Surveillance was also assessed during the stages that assessed Self-Surveillance and Body Shame, and Skin Color Satisfaction was added to the outcomes assessments.

The equivalence of the comparable parts of each model was assessed between White and Black participants. The first step for testing between group differences is to test for configural invariance, as it is the least restrictive assessment. This analysis involved testing measurement invariance across the two groups via cross-group equality constraint specification<sup>134</sup>. The equivalent model for White and Black participants was compared against a model in which the means were constrained to zero. The fit of the constrained model was compared to the unrestricted model using the  $X^2$ -difference test<sup>134</sup>. If configural invariance is supported, then

model equivalency-testing proceeds to the more restrictive test of metric invariance, and then scalar invariance<sup>135</sup>.

*Assessing model fit.* Model fit was assessed using the  $X^2$ , in addition to Goodness-of-Fit Indices (GFIs). The  $X^2$  tests an exact hypothesis of whether or not the model fits the data. In this type of analysis, a non-significant  $X^2$  statistic is indicative of a better fitting model. In addition, the Comparative Fit Index (CFI) and Root Mean Square Error Approximation (RMSEA) were assessed to help evaluate the overall fit of each model<sup>136</sup>. The CFI is an incremental fit index, meaning it estimates model fit relative to a baseline model. As such, the CFI tests the improvement of the analyzed model over that of a baseline model. The baseline model is the null model; all of the structural (regression) paths are assumed to be zero (assumes no relationships among variables). The suggested criteria for the CFI is .95 and above for a model of reasonably good fit<sup>137,138</sup>. The RMSEA tests how well the model would fit the population's covariance matrix<sup>139</sup>. There is general consensus that a cut-off value close to .06 is indicative of acceptable fit<sup>137</sup>. Further, a confidence interval can be computed for the RMSEA<sup>140</sup>. Ideally, in a well-fitting model, the lower limit is close to zero, while the upper limit should be less than .08. It is important to note that Marsh and colleagues caution that these cutoffs are only suggestions, thus should be only one of the multiple test statistics considered when assessing model fit<sup>141</sup>.

A model can appear to have good overall fit, while containing areas of significant local misfit. Since the GFIs mentioned give a global idea of how well the model fits, the standardized covariance residuals were also examined. This value is interpreted as a z-test of whether the population covariance residual is equal to zero<sup>134</sup>. Residuals greater than |3| are considered large and are indicative of model misspecification<sup>139</sup>.

## Results

### Participant Demographics

One-hundred fifty-eight White women and 184 Black women completed the online questionnaire. After accounting for duplicate responses and excessive missing data, the responses for 155 (98%) of the White participants and 173 (94%) of the Black participants were included in the analyses. Participants in each group ranged in age from 18 to 25 and included both undergraduate and graduate students.

Demographic data for both White and Black participants are presented in Table 2, along with tests of between group differences. Significant differences were seen between Black and White participants on all demographic variables, except smoking. The average age for White participants was slightly older and a larger proportion were at the graduate level. More White women also grew-up in an upper-middle -class family, as opposed to working or middle class. A higher proportion of White women also reported being in a romantic relationship, working out more often and drinking more often.

Individual demographic data for Black participants from VCU and VSU are presented in Table 3, along with tests of within group differences. There were no significant differences between the demographic data of VCU Black women and VSU Black women. The proportion of participants in lower university levels was higher in VSU participants; however, there was not a significant difference in the mean age between the two groups. There was also a larger proportion of participants from VSU who smoked, compared to VCU.

Table 2. Path Analysis Demographic Data for White and Black Participants

	White Participants (N=155)	Black Participants (N=173)	Between Group Comparison
Age	Mean = 20.94	Mean = 20.03	t=4.687**
University Level			
Freshman	15 (10%)	41 (24%)	
Sophomore	23 (15%)	32 (19%)	
Junior	43 (28%)	47 (28%)	$X^2 = 34.40^{**}$
Senior	33 (21%)	40 (23%)	
5 <sup>th</sup> year	8 (5%)	7 (4%)	
Masters student	31 (20%)	4 (2%)	
Other	1 (<1%)	1 (<1%)	
Choose not to respond	1 (<1%)	1 (<1%)	
Family Income Growing-up			
Working class	20 (13%)	53 (31%)	
Middle class	82 (53%)	102 (59%)	$X^2 = 34.82^{**}$
Upper middle class	52 (34%)	17 (10%)	
Upper class	1 (<1%)	0 (0%)	
Choose not to respond	0 (0%)	1 (<1%)	
In a Relationship			
Yes	95 (62%)	76 (45%)	$X^2 = 9.04^{**}$
No	59 (38%)	93 (55%)	
Choose not to respond	1 (<1%)	4 (2%)	
Physical Activity			
Never	11 (7%)	17 (10%)	
Less than Once a Month	11 (7%)	17 (10%)	$X^2 = 15.94^*$
Once a month	6 (4%)	16 (9%)	
2-3 times a month	31 (20%)	51 (30%)	
Once a week	28 (18%)	18 (10%)	
2-3 Times a Week	53 (34%)	43 (25%)	
Daily	15 (10%)	9 (5%)	
Choose not to respond	0 (0%)	2 (1%)	
Cigarette Smoking			
Yes	19 (12%)	23 (14%)	$X^2 = .131$
No	136 (88%)	146 (86%)	
Choose not to respond	0 (0%)	4 (2%)	
Alcohol Consumption			
Never	19 (12%)	38 (22%)	
Less than Once a Month	26 (17%)	27 (16%)	$X^2 = 11.65^*$
Once a month	11 (7%)	14 (8%)	
2-3 times a month	47 (30%)	58 (34%)	
Once a week	29 (19%)	17 (10%)	
2-3 Times a Week	22 (14%)	15 (9%)	
Choose not to respond	1 (<1%)	4 (2%)	

\* indicates p<.05; \*\* indicates p<.01

Table 3. Path Analysis Demographic Data for Black Participants

	VCU Black Participants (n=78)	VSU Black Participants (n=95)	Within Group Comparison
Age	Mean = 20.26	Mean = 19.84	t= 1.643
University Level			
Freshman	7 (9%)	34 (36%)	$X^2 = 19.66^{**}$
Sophomore	19 (24%)	13 (14%)	
Junior	21 (27%)	26 (28%)	
Senior	23 (30%)	17 (18%)	
5 <sup>th</sup> year/Masters student	7 (9%)	4 (4%)	
Other	0 (0%)	1 (<1%)	
Choose not to respond	1 (1%)	0 (0%)	
Family Income Growing-up			
Working class	28 (36%)	25 (26%)	$X^2 = 2.29$
Middle class	43 (55%)	59 (62%)	
Upper middle class	6 (8%)	11 (11%)	
Choose not to respond	1 (1%)	0 (0%)	
In a Relationship			
Yes	32 (41%)	44 (47%)	$X^2 = .665$
No	45 (58%)	48 (51%)	
Choose not to respond	1 (1%)	3 (3%)	
Physical Activity			
Never	7 (9%)	10 (11%)	$X^2 = 10.307$
Less than Once a Month	6 (8%)	11 (12%)	
Once a month	5 (6%)	11 (12%)	
2-3 times a month	23 (30%)	28 (30%)	
Once a week	8 (10%)	10 (11%)	
2-3 Times a Week	26 (33%)	17 (18%)	
Daily	1 (1%)	8 (8%)	
Choose not to respond	2 (3%)	0 (0%)	
Cigarette Smoking			
Yes	5 (6%)	18 (19%)	$X^2 = 6.09^*$
No	72 (92%)	74 (78%)	
Choose not to respond	1 (1%)	3 (3%)	
Alcohol Consumption			
Never	16 (21%)	22 (23%)	$X^2 = 7.287$
Less than Once a Month	17 (22%)	10 (11%)	
Once a month	4 (5%)	10 (11%)	
2-3 times a month	26 (33%)	32 (34%)	
Once a week	7 (9%)	10 (11%)	
2-3 Times a Week	7 (9%)	6 (6%)	
Daily	0 (0%)	2 (2%)	
Choose not to respond	1 (1%)	3 (3%)	

\* indicates p<.05; \*\* indicates p<.01

## Data Descriptives

**Non-normality.** Skewness and kurtosis data for each of the path model variables are presented in Tables 4 and 5 and indicate relatively normal data. Skewness values were below two and kurtosis values were below seven for all path model variables, except for the Disordered Eating variable. This variable was both positively skewed ( $>2$ ) and kurtotic ( $>7$ ) in both groups, indicating that many of the participants were reporting low frequencies of the disordered eating behaviors. Further, there was one outlier in the Black participant sample on the EDDS composite score, causing an even higher kurtosis value. These values related to normality could cause estimation problems with the proposed path analyses<sup>142-144</sup>, so a square root transformation was performed on the EDDS composite score. A square root transformation was chosen since the variable contained valid values equal to zero. Transformed values of the Disordered Eating Behaviors variable are also presented in Tables 4 and 5.

**Missing Data.** Six White and 17 Black participants had at least one missing composite score for one of the variables in the model. Participants with three or more missing composite scores were excluded from analysis. One White participant and five Black participants were excluded under this condition. For White participants included in the analyses, there were five (3.2%) participants with at least one missing composite score across three of the ten variables, including Media Awareness ( $n=2$ , 1.3%), Social Support Influence ( $n=3$ , 1.9%) and Depression ( $n=1$ , 0.6%); for a total of six (0.39%) missing composite scores. One participant had two missing composite scores and the other four were missing one. The women with missing data were between 18 and 22 ( $M=20.99$ ;  $SD=1.52$ ) and in their Freshman ( $n=1$ ), Sophomore ( $n=3$ ) or Junior ( $n=1$ ) year of college.

For Black participants included in the analyses, there were 17 (9.8%) participants with one missing composite score across five of the 12 variables, including Media Awareness

Table 4. *Descriptive statistics for White participant continuous variables.*

	N	Min	Max	M	SD	Skewness	Kurtosis
Media Awareness	153	9.00	45.00	26.18	8.11	-.034	-.38
Social Support Influence	152	6.33	24.00	13.25	3.41	.11	-.42
Positive Appearance Feedback	155	1.00	4.20	2.37	.85	.15	-.88
Negative Appearance Feedback	155	1.00	3.56	1.74	.64	.86	.20
Internalization	155	9.00	45.00	27.74	8.01	-.20	-.14
Self-Surveillance	155	1.38	6.88	4.66	1.00	-.21	.25
Body Shame	155	1.13	7.00	3.54	1.27	.22	-.41
Depression	154	7.00	28.00	11.53	4.38	1.43	1.87
Disordered Eating	155	0	32	2.77	5.88	2.97*	9.31*
SqRt(Dis.Eating)	155	.00	5.66	.91	1.39	1.53	1.59

Table 5. *Descriptive statistics for Black participant continuous variables.*

	N	Min	Max	M	SD	Skewness	Kurtosis
Media Awareness	172	9.00	45.00	26.24	8.61	-.22	-.36
Social Support Influence	166	5.00	24.75	14.31	4.44	-.15	-.44
Positive Appearance Feedback	172	1.00	5.00	2.72	.96	.25	-.57
Negative Appearance Feedback	173	1.00	5.00	2.23	.86	.80	-.07
Internalization	173	9.00	45.00	22.25	8.52	.24	-.65
Self-Surveillance	173	1.75	7.00	4.24	.97	-.06	-.13
Body Shame	173	1.00	7.00	3.26	1.25	.37	-.15
Skin Tone Surveillance	173	1.00	7.00	2.63	1.67	1.03	.04
Skin Color Dissatisfaction	172	1.00	7.75	2.39	1.61	1.12	.42
Depression	166	7.00	28.00	11.58	5.19	1.25	.71
Disordered Eating	173	0	56	2.86	6.90	4.12*	22.89*
SqRt(Dis.Eating)	173	.00	7.48	.86	1.46	1.81	2.98

(n=1, 0.6%), Social Support Influence (n=7, 4%), Positive Appearance Feedback (n=1, 0.6%), Skin Tone Satisfaction (n=1, 0.6%) and Depression (n=7, 4%); for a total of 17 (0.82%) missing composite scores. All 17 were missing one composite score each. The women with missing data were between 18 and 23 (M=20.00; SD=1.54) and in their Freshman (n=4), Sophomore (n=2), Junior (n=7) or Senior (n=4) year of college.

**Between and within group differences.** There were several significant differences in the means of the path model variables between the Black participants and White participants (Table 6). These differences were seen in the exogenous and mediating variables of the path model; specifically, Social Support Influence, Positive and Negative Appearance Feedback, Internalization and Self-Surveillance. White participants reported a greater amount of Internalization and Self-Surveillance on average, in comparison to Black Participants.

Table 6. *Descriptive statistics: White and Black participant between group comparison*

	White participants		Black Participants		Between group comparison	
	M	SD	M	SD	Mean Difference	F-test Statistic
Media Awareness	26.18	8.11	26.24	8.61	-.06	<.01
Social Support Influence	13.25	3.41	14.31	4.44	-1.06	5.66*
Positive Appearance Feedback	2.37	.85	2.72	.96	-.34	11.63**
Negative Appearance Feedback	1.74	.64	2.23	.86	-.49	32.69**
Internalization	27.74	8.01	22.25	8.52	5.49	35.99**
Self-Surveillance	4.66	1.00	4.24	.97	.42	15.12**
Body Shame	3.54	1.27	3.26	1.25	.27	3.85
Depression	11.53	4.38	2.63	1.67	-.05	.01
Disordered Eating	2.77	5.88	2.86	6.90	-.09	--
SqRt(Dis.Eating)	.91	1.39	.86	1.46	.07	.13

\* indicates p<.05; \*\* indicates p<.01

-- indicates that an F-statistic was not calculated for the non-transformed variable.

Conversely, the average level of Social Support Influence and Negative and Positive Appearance

Feedback was greater for Black participants. Significant differences were not found between groups in the Media Awareness and Body Shame variables. Significant differences were also not seen in the outcome variables of Depression and Disordered Eating Behaviors. There was only one significant difference within the group of Black participants (Table 7). Participants from VSU reported higher frequencies of Negative Appearance Feedback compared to Black participants from VCU.

Table 7. *Descriptive statistics: Black participant within group comparison*

	VCU Black participants		VSU Black participants		Within group comparison	
	M	SD	M	SD	Mean Difference	F-test Statistic
Media Awareness	26.23	8.74	26.24	8.56	-.01	<.01
Social Support Influence	13.77	3.95	14.75	4.78	-.98	2.01
Positive Appearance Feedback	2.58	.89	2.82	1.01	-.24	2.72
Negative Appearance Feedback	1.98	.76	2.42	.90	-.44	11.40**
Internalization	23.27	7.95	21.41	8.91	1.86	2.05
Self-Surveillance	4.39	.90	4.11	1.01	.27	3.46
Body Shame	3.17	1.21	3.34	1.28	-.17	.83
Skin Tone Surveillance	2.83	1.79	2.46	1.55	.37	2.15
Skin Color Dissatisfaction	2.63	1.62	2.19	1.57	.45	3.34
Depression	11.75	4.79	11.44	5.52	.31	.14
Disordered Eating Behaviors	2.41	5.45	3.23	7.90	-.82	--
SqRt(Dis.Eating)	.76	1.36	.94	1.54	-.18	.63

\* indicates  $p < .05$ ; \*\* indicates  $p < .01$

-- indicates that an F-statistic was not calculated for the non-transformed variable.

## Bivariate Correlations

**Bivariate relationships between path model variables.** The bivariate correlations presented in Tables 8 and 9 represent the correlations between the variables of each path model. While the magnitude of some correlations aligned with the *a priori* hypotheses, others did not.

**White participants.** Media Awareness and Social Support Influence were significantly correlated with Internalization, as predicted. Further, Internalization was significantly correlated with both Surveillance and Body Shame. These relationships were moderate, which suggested the direct effects may be significant in the models. While Negative Appearance Feedback was positively associated with many of the mediating and outcome variables in the model, Positive Appearance Feedback had associations contrary to the predicted direction. Body Shame was also moderately correlated with the proposed outcome variables of Depression and Disordered Eating Behaviors.

Table 8. *Bivariate correlations for White participants*

	1	2	3	4	5	6	7	8	9
1. Media Awareness	1								
2. Social Support Influence	.19*	1							
3. Positive Appearance Feedback	.01	-.18*	1						
4. Negative Feedback	.04	.50**	-.05	1					
5. Internalization	.49**	.19*	-.09	.01	1				
6. Self-Surveillance	.34**	.16*	-.21**	-.01	.62**	1			
7. Body Shame	.29**	.44**	-.43**	.37**	.47**	.51**	1		
8. Depression	.12	.18*	-.22**	.19*	.30**	.25**	.42**	1	
9. Disordered Eating Behaviors	.11	.34**	-.06	.27**	.28**	.29**	.38**	.29**	1

\* indicates  $p < .05$ ; \*\* indicates  $p < .01$

**Black participants.** Similar to the White participants' correlations, Media Awareness and Social Support Influence were significantly correlated with Internalization, as predicted. In addition, Negative Appearance Feedback was positively associated with many of the mediating and outcome variables. However, Positive Appearance Feedback had significant associations opposite to those predicted. Internalization was also significantly correlated with both Surveillance and Body Shame as well as Skin Tone Surveillance. These relationships were moderate, which suggested they may be significant in the models. Body Shame was also

Table 9. *Bivariate correlations for Black participants*

	1	2	3	4	5	6	7	8	9	10	11
1. Media Awareness	1										
2. Social Support Influence	.17*	1									
3. Positive Appearance Feedback	-.04	-.25**	1								
4. Negative Appearance Feedback	.14	.33**	-.18*	1							
5. Internalization	.59**	.19*	-.12	.13	1						
6. Self-Surveillance	.34**	.23**	-.37**	.09	.46**	1					
7. Body Shame	.32**	.32**	-.25**	.29**	.49**	.38**	1				
8. Skin Tone Surveillance	.35**	.09	-.12	.06	.49**	.33**	.43**	1			
9. Skin Color Dissatisfaction	.18*	.09	-.16*	.03	.40**	.34**	.34**	.70**	1		
10. Depression	.22**	.16*	-.17*	.10	.38**	.26**	.35**	.34**	.42**	1	
11. Disordered Eating Behaviors	.09	.16*	-.20*	.18*	.14	.20**	.40**	.22**	.20**	.30**	1

\* indicates  $p < .05$ ; \*\* indicates  $p < .01$

moderately correlated with the proposed outcome variables of Depression and Disordered Eating Behaviors. In addition, Skin Tone Surveillance was moderately to highly correlated with the outcomes of Skin Color Dissatisfaction a Depression.

***Between group differences.*** While many of the correlations between groups for the common variables were similar, there were some distinct differences. In some cases, significant correlations seen in one group were not found in the other. In addition, some correlations were significantly stronger in one group compared to the other. In the White participant group, there were significant, positive associations between Negative Appearance Feedback and Depression as well as Internalization and Disordered Eating Behaviors. These associations were not significant in the Black participant group. Conversely, significant associations were found between Media Awareness and Depression as well as Positive Appearance Feedback and Disordered eating Behaviors in the Black participant group, but not the in the group of White participants. There were also three correlations that were significantly stronger in the White participants groups, Internalization and Self-Surveillance ( $Z= 2.04, p= .02$ ), Positive Appearance Feedback and Body Shame ( $Z= -1.83, = .03$ ), and Social Support Influence and Disordered Eating Behaviors ( $Z= 1.70, p= .04$ ).

**Bivariate relationships between demographic and path model variables.** The bivariate relationships between participants' demographic information and the path model variables were also assessed (Tables 10 and 11). Six significant associations were seen in the White participants' correlations. Three of these associations were with the Disordered Eating Behaviors outcome variable, including Age, University Level, and Physical Activity. Three significant associations were also found with the Disordered Eating Behaviors variables in the Black participant group, including Relationship Status, Smoking and Alcohol Consumption. There were several noteworthy significant relationship between alcohol consumption and the

model's mediating variables, including Internalization, Self-Surveillance and Body Shame.

Table 10. *Bivariate correlations for White participants' demographics and model variables*

	Age	Uni. Level	Family Income	In a Relationship	Physical Activity	Smoking	Alcohol
1. Media Awareness	.01	.02	-.001	-.15	-.05	.06	.01
2. Social Support Influence	.01	.03	.05	.04	-.08	.19*	.09
3. Positive Appearance Feedback	-.01	-.13	.10	-.09	.04	.13	.13
4. Negative Appearance Feedback	.13	.05	-.15	-.02	-.09	.06	-.06
5. Internalization	-.01	.01	.07	-.12	.14	.01	.125
6. Self-Surveillance	-.07	.03	.06	-.14	-.01	-.05	.05
7. Body Shame	-.01	.05	.04	-.01	.06	-.03	-.02
8. Depression	-.04	<.001	-.5	.01	-.11	.09	.01
9. Disordered Eating Behaviors	-.20*	-.18*	.04	.07	.17*	.07	.002

\* indicates  $p < .05$ ; \*\* indicates  $p < .01$

Table 11. *Bivariate correlations for Black participants' demographics and model variables*

	Age	Uni. Level	Family Income	In a Relationship	Physical Activity	Smoking	Alcohol
1. Media Awareness	-.13	-.04	.03	-.16*	-.08	.16*	.22**
2. Social Support Influence	-.09	-.07	.11	.02	.01	.20**	.18*
3. Positive Appearance Feedback	.16*	.05	.05	-.18*	.13	-.06	-.01
4. Negative Appearance Feedback	-.07	-.003	.17*	-.01	-.05	.04	.15
5. Internalization	-.06	.09	-.05	-.11	.05	.05	.25**
6. Self-Surveillance	-.17*	-.02	.05	-.07	.002	.08	.21**
7. Body Shame	-.04	.05	-.06	.01	.11	.06	.23**
8. Skin Tone Surveillance	.01	.12	-.07	.03	.07	.10	.05
9. Skin Color Dissatisfaction	-.07	.08	-.07	-.01	.14	.04	.09
10. Depression	-.02	-.02	-.10	-.04	-.05	.11	.14
11. Disordered Eating Behaviors	-.01	.04	-.04	.16*	.07	.22**	.24**

\* indicates  $p < .05$ ; \*\* indicates  $p < .01$

## **Model Analysis: White Participants**

**Piecewise model analysis.** Step 1 tested the associations between the four exogenous variables (Table 12). Social Support Influence was significantly related to the other three exogenous variables. However, the remaining three variables did not have significant relationships with each other. These three relationships were constrained to zero in the subsequent analyses.

In Step 2, the individual relationships between the group of exogenous variables with each of the mediating and outcome variables were tested (Table 13). Most of the hypothesized direct effects were significant, with the exception of Social Support Influence and Internalization, and Negative Appearance Feedback and Self-Surveillance. These non-significant direct paths were excluded from the subsequent steps. Media Awareness had a significant direct relationship with both Self-Surveillance and Body Shame. Further, Positive Appearance Feedback was directly related to Depression, and Social Support Influence had a significant direct path to Disordered Eating Behavior. These four direct effects were not specified *a priori*, but were tested further in subsequent steps.

Steps 3a and 3b assessed the first sets of mediated relationships, which included the significant exogenous variables from Step 2 and Internalization, with Self-Surveillance or Body Shame (Table 14). The significant relationships from Step 2 remained, except certain relationships with Media Awareness. With the addition of Internalization as a mediating variable, Media Awareness no longer had a significant direct effect with Self-Surveillance or Body Shame, suggesting that these relationships are fully-mediated by Internalization. As such, these direct paths were excluded from the remaining steps.

Table 12. *Step 1: Exogenous variable relationships for White participants*

	B	SE	p-value
Social Support Influence			
Media Awareness	.19	.08	.01
Positive Appearance Feedback	-.18	.08	.03
Negative Appearance Feedback	.50	.07	<.01
Media Awareness			
Positive Appearance Feedback	.01	.09	.91
Negative Appearance Feedback	.04	.08	.63
Positive Appearance Feedback			
Negative Appearance Feedback	-.05	.08	.51

Table 13. *Step 2: Relationships between the exogenous and endogenous variables for White participants*

	B	SE	p-value
Internalization with			
Media Awareness	0.47	0.07	<.01
Social Support Influence	0.13	0.08	0.11
Positive Appearance Feedback	-0.08	0.07	0.29
Negative Appearance Feedback	-0.08	0.08	0.33
Self-Surveillance with			
Media Awareness	0.32	0.08	<.01
Social Support Influence	0.12	0.08	0.17
Positive Appearance Feedback	-0.20	0.07	<0.01
Negative Appearance Feedback	-0.09	0.08	0.24
Body Shame with			
Media Awareness	.26	.07	<.01
Social Support Influence	.22	.08	<.01
Positive Appearance Feedback	-.40	.07	<.01
Negative Appearance Feedback	.25	.07	<.01
Depression with			
Media Awareness	.11	.07	.15
Social Support Influence	.05	.08	.51
Positive Appearance Feedback	-.20	.07	<.01
Negative Appearance Feedback	.15	.08	.06
Disordered Eating with			
Media Awareness	.06	.07	.43
Social Support Influence	.26	.09	<.01
Positive Appearance Feedback	<-.01	.08	.96
Negative Appearance Feedback	.15	.11	.16

Table 14. Steps 3 and 4: Piecewise analysis results for White participants

Step	Relationships	B	SE	p-value
3a	Internalization with Media Awareness	.49	.71	<.01
	Self-Surveillance with Media Awareness	.06	.08	.44
	Positive Appearance Feedback	-.16	.07	.02
	Internalization	.58	.07	<.01
3b	Internalization with Media Awareness	.49	.07	<.001
	Body Shame with Media Awareness	.07	.07	.31
	Social Support Influence	.17	.08	.03
	Positive Appearance Feedback	-.36	.06	<.01
	Negative Appearance Feedback	.27	.06	<.01
	Internalization	.38	.07	<.01
4	Internalization with Media Awareness	.49	.07	<.01
	Self-Surveillance with Positive Appearance Feedback	-.16	.07	.02
	Internalization	.61	.06	<.01
	Body Shame with Social Support Influence	.16	.07	.02
	Positive Appearance Feedback	-.31	.06	<.01
	Negative Appearance Feedback	.28	.06	<.01
	Internalization	.24	.08	<.01
	Self-Surveillance	.29	.07	<.01

In Step 4, the significant relationships from Step 3 were combined, with the addition of a direct path from Self-Surveillance to Body Shame (Table 14). All of the relationships were significant, so Step 5 included the addition of the relevant outcome relationships to the existing model (Table 15). Body Shame was significantly related to both outcomes, but Self-Surveillance was not. With the addition of the other variables in the model, the direct effect between Positive Appearance Feedback and Depression was no longer significant. However, despite not being specified *a priori*, the direct path from Social Support Influence to Disordered Eating Behaviors remained significant. These non-significant relationships were removed from the model to create

the final analyzed model (Figure 5).

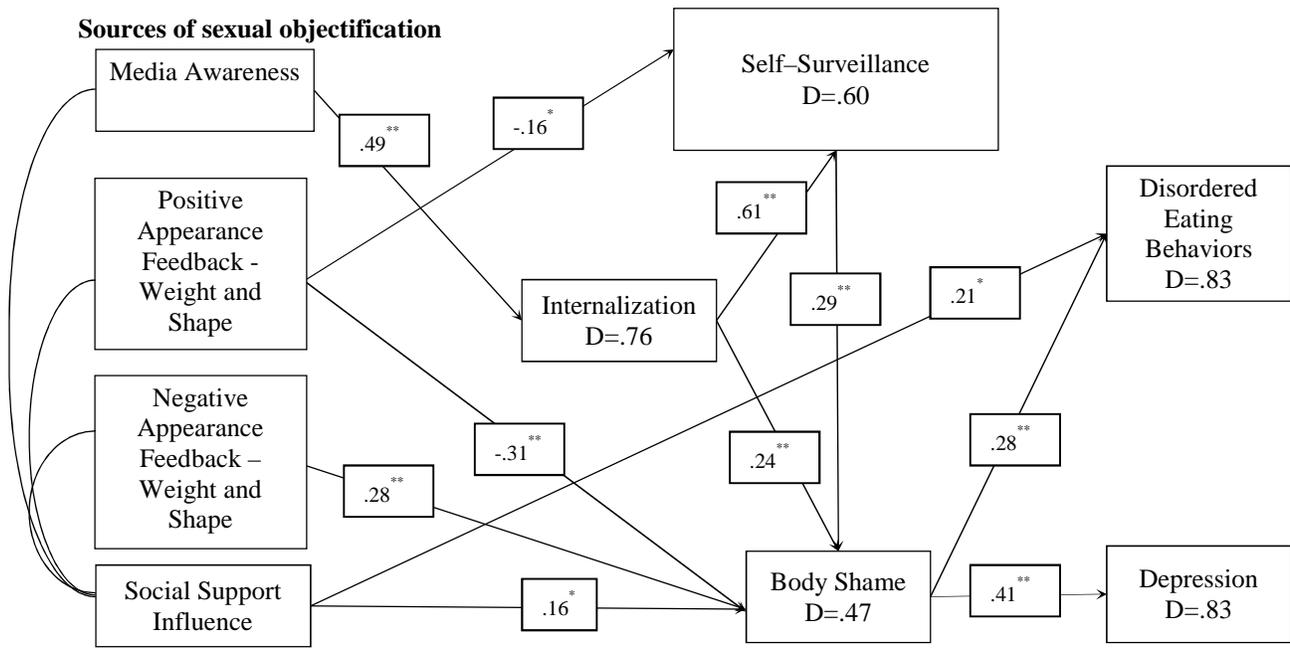
Table 15. Step 5: Piecewise analysis results for White participants

Relationships	B	SE	p-value
Internalization with			
Media Awareness	.49	.07	<.01
Self-Surveillance with			
Positive Appearance Feedback	-.16	.07	.02
Internalization	.61	.06	<.01
Body Shame with			
Social Support Influence	.16	.07	.02
Positive Appearance Feedback	-.31	.06	<.01
Negative Appearance Feedback	.28	.05	<.01
Internalization	.24	.08	<.01
Self-Surveillance	.28	.07	<.01
Depression			
Positive Appearance Feedback	-.07	.08	.39
Self-Surveillance	.05	.09	.57
Body Shame	.36	.08	<.01
Disordered Eating Behaviors			
Social Support Influence	.22	.09	.02
Self-Surveillance	.14	.08	.08
Body Shame	.21	.09	.02

There were multiple paths specified *a priori* (Figure 3) that were not significant, and excluded from this final model (Figures 5). As the bivariate correlations foreshadowed (Table 8), there was not a strong relationship between the frequency of receiving Negative Appearance Feedback and level of Self-Surveillance. Despite the positive correlation between Social Support Influence and Self-Surveillance, this relationship was not significant within the piecewise analysis.

**Model fit: Final model.** The fit indices reported in Table 16 indicate that final model had good fit overall. The  $\chi^2$  ( $\chi^2=19.34$ ,  $p=.56$ ,  $df=21$ ) was not significant, the RMSEA was below .06 and the CFI was greater than .95. These fit indices suggest adequate fit. There were no standardized covariance residuals over the suggested value of 131 (Table 17). Since this model had acceptable fit, the parameter estimates were further interpreted.

Figure 5. Final analyzed model of objectification: White females



\* indicates  $p < .05$ ; \*\* indicates  $p < .01$

Table 16. Chi-square and Goodness of Fit indices for each model

Model	X <sup>2</sup>	p-value	df	CFI	RMSEA	RMSEA 90% CI
White Participants	19.34	.56	21	1.00	.00	.00 - .06
Black Participants	36.35	.38	35	.995	.02	.00 - .06

**Direct and indirect effects.** The estimated direct effects are presented in Figure 5 and Tables 18 and 19. Positive Appearance Feedback was directly related to Self-Surveillance and Body Shame, and Negative Appearance feedback was directly related to Body Shame. Social Support Influence was significantly related to Body Shame. There were significant direct effects between Internalization, and Self-Surveillance and Body Shame. Body Shame was significantly and directly related to both Depression and Disordered Eating. Finally, there was a significant direct effect between Social Support Influence and Disordered Eating Behaviors.

Table 17. *Standardized covariance residuals for the model with White females*

	1	2	3	4	5	6	7	8	9
1. Media Awareness	--								
2. Social Support Influence	.47	.46							
3. Positive Appearance Feedback	.04	-.70	.00						
4. Negative Appearance Feedback	.51	.51	-.66	.00					
5. Internalization	--	1.48	-1.15	.11	.00				
6. Self-Surveillance	.66	1.28	-1.30	-.12	1.02	.81			
7. Body Shame	.83	1.37	-1.11	.39	.97	.99	1.08		
8. Depression	.30	.29	-.87	.61	1.88	.73	.81	.37	
9. Disordered Eating Behaviors	.12	.59	1.16	.69	2.05	2.50	1.00	.64	.52

Three of the four exogenous and mediating variables had significant indirect effects with the two outcome variables. Media Awareness was significantly, indirectly related to Self-Surveillance and Body Shame. These relationships were fully mediated via Internalization, as predicted. Media Awareness was also significantly and indirectly related to Disordered Eating and Depression, and these relationships were fully mediated via Internalization, Self-Surveillance, and Body Shame. Only the direct effect from Social Support Influence to Body Shame and Disordered Eating Behaviors were significant.

There was a significant indirect effect between Internalization and Body Shame via Self-Surveillance. Since Internalization and Body Shame also had a significant direct relationship, Self-Surveillance only partially mediated the relationship between Internalization and Body Shame. The fully mediated relationships between Internalization and Disordered Eating as well as Internalization and Depression were also significant. Both Positive and Negative Appearance Feedback had significant indirect relationships with the outcomes of Depression and Disordered

Eating Behaviors. These indirect relationships were negative for positive feedback, whereas they were positive for negative feedback. Finally, Self-Surveillance had a significant indirect effect with both Depression and Disordered Eating via Body Shame.

Table 18. *Standardized parameter estimates for the model with White females*

Relationships	B	SE	p-value
Internalization with			
Media Awareness	.49	.07	<.01
Self-Surveillance with			
Positive Appearance Feedback	-.16	.07	.02
Internalization	.61	.06	<.01
Body Shame with			
Social Support Influence	.16	.07	.02
Positive Appearance Feedback	-.31	.06	<.01
Negative Appearance Feedback	.28	.06	<.01
Internalization	.24	.08	<.01
Self-Surveillance	.29	.07	<.01
Depression			
Body Shame	.41	.06	<.01
Disordered Eating Behaviors			
Social Support Influence	.21	.09	.02
Body Shame	.28	.08	<.01

Table 19. *Standardized direct and indirect effects for the model with White females*

	Media Awareness	Social Support	Positive Appearance Feedback	Negative Appearance Feedback	Internalization	Self-Surveillance	Body Shame
Internalization	.49**	--	--	--	--	--	--
Self-Surveillance	(.30**)	--	-.16*	--	.61**	--	--
Body Shame	(.20**)	.16*	-.31** (-.05*)	.28**	.24** (.18**)	.29**	--
Depression	(.08**)	(.07*)	(-.15**)	(.12**)	(.17**)	(.12**)	.41**
Disordered Eating Behaviors	(.06**)	.21** (.05)	(-.10**)	(.08**)	(.12**)	(.08*)	.28**

Note. Values outside the parentheses represent the standardized direct effects.

Values inside the parentheses represent the standardized indirect effects.

\* indicates p<.05; \*\* indicates p<.01

**Variance explained.** The disturbance terms for each of the endogenous variables are also presented in Figure 5. The disturbance term indicates the amount of variance in the variable left unexplained by the model. Therefore, 1-D represents the amount of variance that is explained. Twenty-four percent of the variance in Internalization was explained by Media Awareness. Internalization and Positive Appearance Feedback accounted for 40% of the variance in Self-Surveillance. Internalization, Surveillance, and Positive and Negative Appearance Feedback explained 53% of the variance in Shame; a significant amount of variance to be explained in any one variable. This model explained 17% of the variance in both Disordered Eating Behaviors and Depression.

### **Model Analysis: Black Participants**

**Piecewise model analysis.** Step 1 assessed the relationships between the four exogenous variables (Table 20). Social Support Influence was significantly related to the other three exogenous variables and Positive and Negative Appearance Feedback were significantly related. The relationships between Media Awareness and Positive and negative Feedback were non-significant. These three relationships were constrained to zero in the subsequent analyses.

*Table 20. Step 1: Exogenous variable relationships for Black females*

	B	SE	p-value
Social Support Influence with			
Media Awareness	.18	.08	.03
Positive Appearance Feedback	.24	.07	.001
Negative Appearance Feedback	.32	.08	<.01
Media Awareness with			
Positive Appearance Feedback	-.03	.08	.68
Negative Appearance Feedback	.13	.07	.07
Positive Appearance Feedback with			
Negative Appearance Feedback	-.18	.08	.02

In Step 2, the relationships between the group of exogenous variables with each of the endogenous variables were tested (Table 21). Most of the hypothesized direct effects were

significant, with the exception of Social Support Influence and Internalization, and Negative Appearance Feedback and Self-Surveillance. These direct paths were excluded from the subsequent steps. Media Awareness had a significant direct relationship with, Self-Surveillance, Body Shame and Skin Tone Surveillance. Further, Media Awareness was significantly related to Depression and Skin Color Dissatisfaction. These five direct effects were not specified *a priori*, but were tested further in subsequent steps.

Steps 3a, 3b and 3c assessed the first set of mediated relationships, which included the significant exogenous variables from Step 2 and Internalization, with Self-Surveillance, Body Shame or Skin tone Surveillance individually (Table 22). The significant relationships from Step 2 remained, except Media Awareness. With the addition of Internalization as a mediating variable, Media Awareness no longer had a significant direct effect with Self-Surveillance, Skin Tone Surveillance or Body Shame, suggesting that these relationships are fully-mediated by Internalization. In addition, the direct path from Positive Appearance Feedback to Body Shame was no longer significant with the addition of Internalization as a mediating variable. As such, these direct paths were excluded from the remaining steps.

In Steps 4a and 4b, the significant relationships from Step 3 were combined, with the addition of a direct path from Self-Surveillance to Body Shame (4a) and from Skin Tone Surveillance to Body Shame (4b) (Table 22). All of the relationships were significant, so Step 5 included the path from both Self-Surveillance and Skin Tone Surveillance to Body Shame (Table 23). With the inclusion of both paths, the direct effect between Self-Surveillance and Body Shame was no longer significant. As such, it was excluded from the subsequent analyses.

Table 21. *Step 2: Relationships between the exogenous and individual endogenous variables for Black females*

	B	SE	p-value
<b>Internalization with</b>			
Media Awareness	.58	.07	<.01
Social Support Influence	.06	.08	.45
Positive Appearance Feedback	-.07	.06	.25
Negative Appearance Feedback	.02	.06	.74
<b>Self-Surveillance with</b>			
Media Awareness	.31	.07	<.01
Social Support Influence	.10	.08	.22
Positive Appearance Feedback	-.34	.07	<.01
Negative Appearance Feedback	-.05	.08	.56
<b>Body Shame with</b>			
Media Awareness	.27	.07	<.01
Social Support Influence	.17	.07	.02
Positive Appearance Feedback	-.17	.08	.04
Negative Appearance Feedback	.17	.07	.01
<b>Skin Tone Surveillance with</b>			
Media Awareness	.35	.07	<.01
Social Support Influence	-.01	.09	.96
Positive Appearance Feedback	-.11	.07	.14
Negative Appearance Feedback	<-.01	.09	.96
<b>Skin Color Dissatisfaction with</b>			
Media Awareness	.19	.07	<.01
Social Support Influence	.03	.08	.76
Positive Appearance Feedback	-.15	.09	.09
Negative Appearance Feedback	-.03	.08	.73
<b>Depression with</b>			
Media Awareness	.19	.09	.02
Social Support Influence	.08	.09	.39
Positive Appearance Feedback	-.13	.07	.07
Negative Appearance Feedback	.02	.09	.79
<b>Disordered Eating with</b>			
Media Awareness	.06	.06	.32
Social Support Influence	.07	.08	.38
Positive Appearance Feedback	-.15	.07	.04
Negative Appearance Feedback	.12	.08	.12

Table 22. *Steps 3 and 4: Piecewise analysis results for Black females*

Step	Relationships	B	SE	p-value
3a	Internalization with Media Awareness	.60	.06	<.01
	Self-Surveillance with Media Awareness	.12	.09	.16
	Positive Appearance Feedback Internalization	.35	.09	<.01
		-.33	.07	<.01
3b	Internalization with Media Awareness	.60	.06	<.001
	Body Shame with Media Awareness	.03	.09	.70
	Social Support Influence	.15	.07	.04
	Positive Appearance Feedback	-.14	.07	>.05
	Negative Appearance Feedback Internalization	.17	.06	.01
	.42	.08	<.01	
3c	Internalization with Media Awareness	.60	.06	<.01
	Skin Tone Surveillance with Media Awareness	.11	.09	.24
	Internalization	.42	.09	<.01
4a	Internalization with Media Awareness	.60	.06	<.01
	Self-Surveillance with Positive Appearance Feedback	-.33	.07	<.01
	Internalization	.43	.06	<.01
	Body Shame with Social Support Influence	.15	.07	.03
	Negative Appearance Feedback	.19	.07	<.01
	Internalization	.38	.08	<.01
	Self-Surveillance	.16	.08	.04
4b	Internalization with Media Awareness	.60	.06	<.01
	Skin Tone Surveillance with Internalization	.49	.07	<.01
	Body Shame with Social Support Influence	.18	.07	.01
	Negative Appearance Feedback	.18	.07	.01
	Internalization	.33	.07	<.01
Skin Tone Surveillance	.25	.07	<.01	

Table 23. Step 5: Piecewise analysis results for Black females

Relationships	B	SE	p-value
Internalization with			
Media Awareness	.60	.06	<.01
Self-Surveillance with			
Positive Appearance Feedback	-.33	.07	<.01
Internalization	.43	.06	<.01
Skin Tone Surveillance			
Internalization	.49	.07	<.01
Body Shame with			
Social Support Influence	.16	.07	.02
Negative Appearance Feedback	.19	.07	.01
Internalization	.28	.08	<.01
Self-Surveillance	.13	.07	.08
Skin Tone Surveillance	.24	.07	<.01

In Step 6, the relevant outcome relationships were added to the existing model (Table 24). The direct effects for Skin Tone Surveillance and Skin Color Dissatisfaction and Skin Tone Surveillance and Depression remained significant. Despite not being specified *a priori*, the direct path from Self-Surveillance and Skin Color Dissatisfaction was significant. Body Shame was significantly related to Depression and Disordered Eating Behaviors, but Self-Surveillance and Skin Tone Surveillance were not. With the addition of the other variables in the model, the direct effect between Media Awareness and Depression and Skin Color Dissatisfaction were no longer significant. In addition, the direct relationship between Positive Appearance Feedback and Disordered Eating Behaviors was not significant. The non-significant relationships were excluded from the model to create the final model to be analyzed (Figure 6).

**Model fit: Final model.** The fit indices reported in Table 16 indicate that final model had good fit overall. The  $\chi^2$  ( $\chi^2=36.88$ ,  $p=.38$ ,  $df=35$ ) was not significant, the RMSEA was below .06 and the CFI was greater than .95. There was one standardized covariance residuals over the suggested value of |3| (Table 25), between Internalization and Shame. Since this model had acceptable fit overall, the parameter estimates were further interpreted.

Table 24. *Step 6: Piecewise analysis results for Black females*

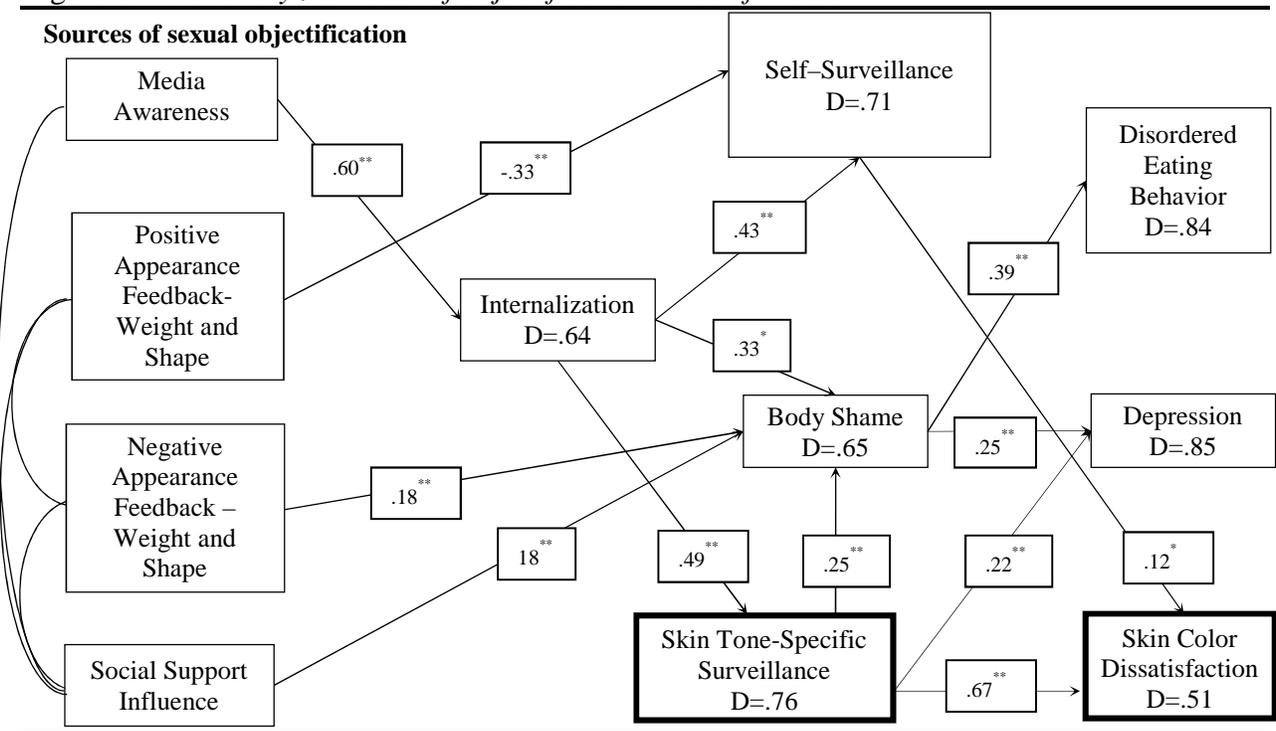
Relationships	B	SE	p-value
Internalization with			
Media Awareness	.60	.06	<.01
Self-Surveillance with			
Positive Appearance Feedback	-.33	.07	<.01
Internalization	.43	.06	<.01
Skin Tone Surveillance			
Internalization	.49	.07	<.01
Body Shame with			
Social Support Influence	.18	.07	<.01
Negative Appearance Feedback	.18	.06	.01
Internalization	.33	.07	.01
Skin Tone Surveillance	.25	.07	<.01
Skin Color Dissatisfaction with			
Media Awareness	-.10	.06	.12
Skin Tone Surveillance	.68	.07	<.01
Self-Surveillance	.15	.07	.05
Body Shame	.04	.07	.59
Depression with			
Media Awareness	.07	.09	.42
Self-Surveillance	.06	.08	.48
Skin Tone Surveillance	.19	.09	.03
Body Shame	.23	.08	<.01
Disordered Eating Behaviors with			
Positive Appearance Feedback	-.09	.07	.21
Self-Surveillance	.02	.08	.78
Skin Tone Surveillance	.06	.09	.50
Body Shame	.34	.07	<.01

Table 25. *Standardized covariance residuals for the model with Black females*

	1	2	3	4	5	6	7	8	9	10	11
1. Media Awareness	--										
2. Social Support Influence	1.03	.63									
3. Positive Appearance Feedback	-.59	-.79	--								
4. Negative Appearance Feedback	1.83	.85	-.10	.00							
5. Internalization	.05	1.65	.143	1.80	--						
6. Self-Surveillance	1.46	1.52	-1.81	.42	1.59	1.02					
7. Body Shame	.80	1.37	-1.96	1.60	3.45	2.05	.90				
8. Skin Tone Surveillance	1.48	.58	-1.43	.73	.00	1.72	.55	.00			
9. Skin Color Dissatisfaction	.65	.65	-1.47	.36	.91	1.50	.73	.50	.69		
10. Depression	1.11	1.22	-1.64	.59	2.24	1.83	.59	.54	1.08	.58	
11. Disordered Eating	.03	.78	-2.04	1.30	-.49	1.35	.45	.75	.88	.74	.20

**Direct and indirect effects.** The estimated direct effects are presented in Figure 6 and Tables 26 and 27. Media Awareness was directly related to Internalization. Internalization and Positive Appearance Feedback were directly related to Self-Surveillance. There were significant, positive direct effect between Internalization and Skin Tone Surveillance. Internalization, Negative Appearance Feedback, Social Support Influence and Skin Tone Surveillance were directly related to Body Shame. Further, Skin Tone Surveillance had a significant direct effect on Depression and Skin Color Dissatisfaction. Self-Surveillance also had a significant relationship with Skin Color Dissatisfaction. Finally, Body Shame was significantly and directly related to Depression and Disordered Eating.

Figure 6. *Final analyzed model of objectification: Black females*



\* indicates  $p < .05$ ; \*\* indicates  $p < .01$

Most of the exogenous and mediating variables had significant indirect effects with the three outcome variables, Depression, Disordered Eating Behaviors and Skin Color

Dissatisfaction. Positive Appearance Feedback did not have a significant indirect effect on Skin Color Satisfaction. Media Awareness was significantly, indirectly related to Self-Surveillance, Skin Tone Surveillance and Body Shame. These relationships were fully mediated via Internalization, as predicted. Media Awareness was also significantly and indirectly related to Disordered Eating, Depression, and Skin Color Dissatisfaction; fully mediated via Internalization, Self-Surveillance, Skin Tone Surveillance, and Body Shame. Social Support Influence also had significant indirect relationships with Depression and Disordered Eating Behaviors.

Table 26. *Standardized parameter estimates for the model with Black females*

Relationships	B	SE	p-value
Internalization with			
Media Awareness	.60	.06	<.01
Self-Surveillance with			
Positive Appearance Feedback	-.33	.07	<.01
Internalization	.43	.06	<.01
Body Shame with			
Social Support Influence	.18	.07	.01
Negative Appearance Feedback	.18	.06	.01
Internalization	.33	.07	<.01
Skin Tone Surveillance	.25	.07	<.01
Skin Tone Surveillance with			
Internalization	.49	.07	<.01
Skin Color Dissatisfaction with			
Skin Tone Surveillance	.67	.06	<.01
Self-Surveillance	.12	.06	.04
Depression with			
Body Shame	.25	.07	<.01
Skin Tone Surveillance	.22	.08	<.01
Disordered Eating Behaviors with			
Body Shame	.39	.07	<.01

There was a significant indirect effect between Internalization and Body Shame via Skin Tone Surveillance. Since Internalization and Body Shame also had a significant direct relationship, Skin Tone Surveillance partially mediated the relationship between Internalization and Body Shame. The fully mediated relationships between Internalization, and Disordered

Table 27. Standardized direct and indirect effects for the model with Black females

	Media	Social Support	Positive Appearance Feedback	Negative Appearance Feedback	Internalization	Self-Surveillance	Body Shame	Skin Tone Surveillance
Internalization	.60**	--	--	--	--	--	--	--
Self-Surveillance	(.26**)	--	-.33**	--	.43**	--	--	--
Body Shame	(.27**)	.18*	--	.18**	.33** (.12**)	--	--	--
Skin Tone Surveillance	(-.28**)	--	--	--	.49**	--	.25**	--
Skin Color Dissatisfaction	(.22**)	--	(-.04)	--	(.38**)	.12*	--	.67**
Depression	(.13**)	(.04*)	--	(.05*)	(.22**)	--	.25**	.22** (.06**)
Disordered Eating	(.11**)	(.07*)	--	(.07*)	(.18**)	--	.39**	(.10**)

Note. Values outside the parentheses represent the standardized direct effects.

Values inside the parentheses represent the standardized indirect effects.

\* indicates  $p < .05$ ; \*\* indicates  $p < .01$

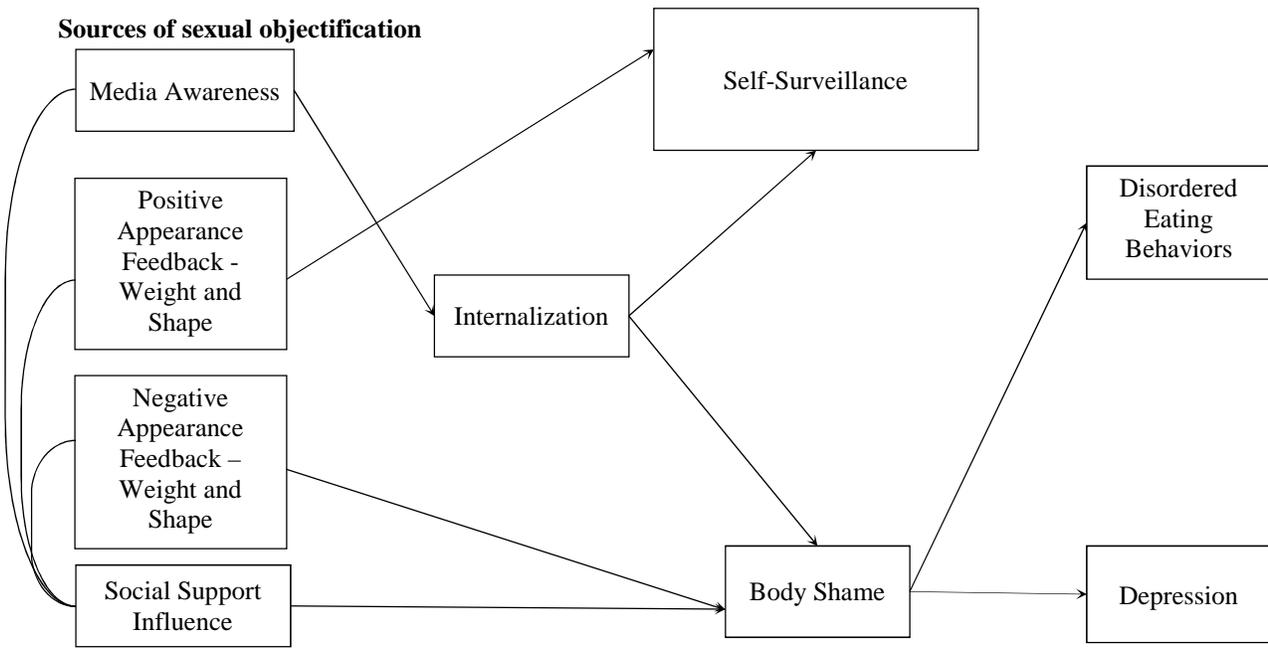
Eating, Depression and Skin Color Dissatisfaction were also significant. Negative Appearance Feedback had significant indirect relationships with Depression and Disordered Eating Behaviors. Finally, Skin Tone Surveillance had a significant, indirect relationship with Depression, partially mediated by body Shame.

**Variance explained.** The disturbance terms for each of the endogenous variables are also presented in Figure 6. As described earlier, the disturbance term indicates the amount of variance in the variable left unexplained by the model. Thirty-six percent of the variance in Internalization was explained by Media Awareness. Internalization and Positive Appearance Feedback accounted for 29% of the variance in Self-Surveillance. Internalization explained 24% of the variance in Skin Tone Surveillance. Internalization, Social Support Influence, Negative Appearance feedback, and Skin Tone Surveillance explained 45% of the variance in Shame. This model explained 15% of the variance in disordered eating behaviors, 16% in Depression and 49% in Skin Tone Dissatisfaction.

### **Between Group Model Comparison**

The comparable components of the models presented in Figures 5 and 6 were compared between White and Black participants to test for between group differences. The model presented in Figure 7 was compared against a model in which the means were constrained to zero to assess configural invariance between the two groups. The constrained model fit significantly worse ( $\Delta X^2=79.35$ ,  $\Delta df=5$ ,  $P<.01$ ), suggesting that the parameters were not equal across the White and Black populations sampled. As the test for configural invariance was the least restrictive model comparison hypothesis to be tested, and it failed, additional model comparisons were not assessed. Additional differences between groups will be discussed.

Figure 7. Model of objectification compared between White and Black women



### Path Analysis Discussion

The results from Study 2 suggest that there are significant relationships between certain sociocultural sources of objectification, body image preoccupation and the associated consequences of depression, eating disturbances and, for Black women, skin color dissatisfaction. Consistent with the previous study that assessed between group differences<sup>39</sup>, the models for Black and White participants were not equivalent.

### Model for White Participants

There were multiple paths specified *a priori* that were not significant, and excluded from this final model. As the bivariate correlations foreshadowed, there was not a strong relationship between the frequency of receiving Negative Appearance Feedback and level of Self-Surveillance. Despite the positive correlation between Social Support Influence and Internalization, this relationship was not significant within the stepwise analysis.

Women who reported looking to the media more often for information on external

appearance also tended to report increased self-surveillance and greater feelings of body shame. These relationships were mediated by greater internalization of the ideal body type communicated by the media. Women with higher levels of media awareness also tended to report greater levels of depression and frequencies of disordered eating behaviors. These relationships were mediated by increased internalization, surveillance and shame. Only the direct effect between the influence of one's social support network and feelings of body shame was significant. Women who reported more appearance related comments from their friends and family reported greater feelings of body shame. Since social support was not significantly related to internalization, it was then not indirectly related to self-surveillance as hypothesized. Further, appearance commentary from family and friends had a direct and significant effect on the frequency of disordered eating behaviors, and the hypothesized indirect effect was not significant. In addition, women who reported increased social support influence were more likely to report higher levels of depression and this relationship was mediated by feelings of shame.

Participants who reported higher frequencies of positive appearance commentary also tended to report lower levels of self-surveillance and body shame, as well as depression and disordered eating. These last two relationships were mediated by surveillance and shame. Notably, these relationships were negative associations. Conversely, an increased frequency of negative appearance feedback was significantly and positively related to greater feelings of body shame, but not increased self-surveillance. More frequent negative commentary was also associated with higher levels of depressive symptoms and frequency of eating disturbances, as mediated by shame.

Increased self-surveillance and internalization were directly related to increased feelings of body shame and indirectly related to greater depression and eating disturbances. These indirect relationship were mediated by body shame, as greater feelings of body shame were

directly associated with higher reported levels of depression and disordered eating. The important mediating role of feelings of body shame is supported both by previous research and the model results<sup>8,30</sup>.

### **Model for Black Participants and Between Group Comparisons**

There were multiple paths specified *a priori* that were not significant, and excluded from the final model. Notably, despite the moderate, positive correlation between Social Support Influence and Internalization, this relationship was not significant within the model. Contrary to prediction, there was not a significant direct relationship between Positive Appearance Feedback and Body Shame or Negative Appearance Feedback and Self-Surveillance. As the bivariate correlations foreshadowed, there was not a strong relationship between the frequency of receiving Negative Appearance Feedback and level of Self-Surveillance. There were moderate significant correlations between Positive Appearance Feedback and Body Shame as well as Self-Surveillance and Body Shame, yet these paths were not significant in the stepwise analysis.

The originally hypothesized model for Black female participants was similar to the model for White participants, but with the addition of the variables and paths related to skin color. Increased Social Support Influence was associated with greater feelings of shame. Higher frequencies of negative commentary were associated with increased feelings of shame. Increased frequencies of positive appearance feedback were also associated with decreased self-surveillance. However, unlike in White women, a similar association was not seen with feelings of shame. Similar to White participants, increased media awareness was associated with increased internalization, which was related to greater feelings of body shame. Specific to the model for Black women was the addition of the skin color variables. Thus, there was an additional positive, significant relationship between internalization and skin tone surveillance, as well as the skin tone surveillance and the outcomes of skin color dissatisfaction and depression.

Another between group difference, with the addition of the relationship between skin tone surveillance and body shame, the relationship between self-surveillance and body shame was not significant. As such, self-surveillance was not related to the outcomes of depression and disordered eating, nor was positive appearance commentary. Increased media awareness, social support influence and negative appearance feedback were all indirectly related to increased depression and disordered eating behaviors, with varying mediation by internalization, shame and skin tone surveillance. Media awareness was also associated with increased skin color dissatisfaction, as mediated by skin tone surveillance. Further interpretations of the path analysis results, along with the results from the focus groups, are discussed next.

## **Chapter 5 Discussion**

### **Discussion**

Sexual objectification is an unfortunate, daily reality for many college women. Sociocultural influence, stemming from friends, family and media, is one of the dominant sources of body image preoccupations, given that women are bombarded with sexually objectifying images and messages communicating the societal ideals of beauty on a daily basis. The results of these studies suggest that there are significant relationships between sociocultural sources of objectification, self-objectification and the associated consequences of shame, depression and disordered eating behaviors for female university students. Understanding the effects of objectification and educating young women about sources and consequences of sexual objectification may help women recognize and limit the impact of the physical and mental health outcomes and preserve quality of life<sup>6,19</sup>. Further, raising both men and women's awareness of the consequences associated with objectifying women may help to decrease the amount of overt objectification women experience on a daily basis. As the literature suggests that there are likely racial differences in experiences of sexual objectification, assessing and identifying these differences is also critical to the progression of research in this area.

Interpersonal experiences of sexual objectification can include inappropriate sexual remarks about one's body, leering, catcalling and unwanted sexual advances<sup>9,24,25</sup>. While all of these forms were mentioned as examples of objectification in the focus groups, not all of the participants' examples of objectification were sexual in nature. Many of the examples of women objectifying other women and comments from family and friends did not have the underlying

sexual implication. These experiences are also supported by objectification theory<sup>3</sup>, which stems from the theory of sexual objectification and explains how sociocultural pressures are translated into risks and consequences for females and their bodies in a culture that tends to focus on their objectification. These women are experiencing the objectification of their body and the related consequences, even when the objectification does not come with explicit sexual connotations. For example, when looking at the influence of one's social support network as well as appearance-related commentary, the types of comments assessed by the Family and Friends Scale concerned one's physical appearance, but they were not sexual in nature. However, the attention to a woman's body can still lead to negative outcomes even without the deliberate sexual connotation. Further, this idea of general objectification can be seen in the influence of negative appearance commentary about a woman's weight and shape. In addition, the comments rated by participants on the Verbal Commentary on Physical Appearance Scale were not inherently sexual, yet increased frequency of negative comments about one's body was associated with negative outcomes. As such, the results from these studies should be considered and interpreted not within the context of just sexual objectification, but within the broader context of the overall objectification of the female body.

Cultivation theory helps us to better understand the relationships in the models as well as the experiences explained by focus group participants. Various media outlets communicate idealized and objectified standards of beauty, thereby cultivating ideals to which women are compared. From a cultivation theory perspective, women are then idealized and more socially valued if they conform to these beauty ideals<sup>69</sup>. Similar to the findings in the existing literature<sup>22,105,106</sup>, the results from both the focus groups and path analyses suggest that the media play a critical role in the sexual and self-objectification of women and the related consequences. The more a female believes that the various media outlets are important sources of information

about how she should look, the more likely she is to internalize this information. Increased internalization of the ideals communicated by the media can, in turn, lead to increased self-surveillance behavior and feelings of body shame and well as greater depressive symptoms and eating disturbances.

The ubiquity of sexual objectification in the lives of college women makes it seem inevitable and unavoidable. Based on focus group participant responses related to the myriad sources of objectification, as well as the results of the path models, it is arguable that American society breeds a culture of sexual objectification, as it is both perpetrated and perpetuated by the media. Focus group participants identified the critical role of the mass media in influencing the behavior of men and women in society. The media promotes sexual objectification on a daily basis and people in society repeat and imitate what they see in the media. Even for women who do not rely on the media for information, people within their social support network do. These members of their social network can communicate this information to the women in their lives. The path model results suggest that feelings of body shame increase when a woman experiences increased appearance-focused influence from members of her social support network. Prior research<sup>28</sup> supported the addition of the path from Social Support Influence to Internalization; however, only the path to body shame was significant. This finding suggests that members of one's social support network can directly affect a specific aspect of a woman's preoccupation with her body without internalizing the beauty ideals communicated throughout society.

Multiple focus group participants recognized the potential for a woman's family and friends to communicate objectifying messages to her. According to the path model results, pressure from family and friends to look a certain way indirectly influenced the frequency of disordered eating behaviors for Black college women, and directly influenced the frequency of disordered eating behaviors for White participants. This direct relationship is further supported

by the significantly stronger bivariate correlation for White participants in comparison to Black participants. Further, family and peer influence was also significantly and indirectly related to feelings of depression. If a woman's family and friends tell her she needs to be concerned about her appearance or lose weight, this can induce feelings of shame because she is not meeting a predetermined ideal of attractiveness. In addition, if a female is surrounded with family and friends that persistently talk about how they themselves need to lose weight or look a certain way, she may begin to share the same sentiment. Furthermore, multiple participants across focus groups raised the issue of women objectifying other women. This influence of women objectifying other women is seen further in the impact that a woman's social support network can have on her feelings of body shame and subsequent outcomes. Many people most likely do not realize the effect they are having on those close to them when they criticize themselves. Parents, siblings and friends should promote a positive attitude regarding physical appearance. Genetics does not allow for a normalized body type, so members of a woman's social support network should not pressure her to look a particular way.

Contrary to what some of the existing objectification literature suggests, positive appearance commentary was not positively associated with body image preoccupation and the associated negative outcomes. While research suggests some women may focus more on the meaning behind the compliment<sup>113,114</sup>, perhaps the women in these samples were more likely to accept the compliment at face value. Higher frequencies of positive commentary were associated with decreased self-surveillance behavior in these White and Black university women, as well as decreased shame, depressive symptoms, and eating disturbances in only the White women. This is not entirely surprising, given that the negative bivariate correlation between positive feedback and shame was significantly stronger in the sample of White participants. Despite reporting a lower frequency of positive appearance feedback in comparison to Black participants, the

additional associations for the White participants may suggest that positive commentary may serve as a partial buffer to the negative consequences associated with other forms of objectification. The negative, significant relationships associated with positive feedback notwithstanding, the positive associations between negative appearance feedback and the outcomes were as expected. Similar to previous research<sup>110,111</sup>, higher frequencies of negative body-related comments were associated with increased body shame, depression and eating disturbances in both groups of women. This could be due, in part, to the fact that negative appearance comments have been found to be more salient than positive appearance-related comments<sup>25</sup>. In addition, the fact that many focus group participants reported that who was doing the objectifying influenced their immediate response suggests that the source of the objectification may also influence the extent to which the experience is internalized and affects them. As such, the source may also affect the possible consequences of exposure to persistent sexual objectification.

Focus group participants reported only negative outcomes of persistent and frequent experiences of sexual objectification, including, emotional and mental health consequences, normalization and acceptance, perpetuating the objectifying behavior, and negative impact on growth and success in adulthood. If objectification is the way of life, then it will likely impact a young woman's relationships, education, and career. It will also likely affect the choices some women make regarding these aspects of their lives. Some of these negative outcomes are supported by the results of the path analyses for both White and Black women. The negative consequences of self-surveillance, body shame, depression and disordered eating behaviors are supported by the path model analysis results from Study 2.

Existing research suggests that while a gap in levels of body satisfaction still exists between White and Black women, the gap is getting smaller<sup>145</sup>. Further, higher rates of

disordered eating are not limited to White women<sup>146</sup>. On average, White participants reported higher levels of internalization and self-surveillance. However, both White and Black participants' self-reported similar levels of the more detrimental outcomes of body shame, depression and disordered eating behaviors. In both groups, eating disturbances and feelings of depression were directly influenced by increased feelings of body image-related shame. Dieting and disordered eating have been shown to remain constant or increase from adolescence into early adulthood<sup>147</sup> and depressive symptoms can impact cognitive performance. These consequences highlight the critical need for targeting interventions and education toward university women. If possible, these programmatic efforts should begin even earlier.

An important aim for this study was to explore and identify possible differences between Black and White women in how they experience and perceive sexually objectifying experiences. Regarding the focus groups results from Study 1, while similar overarching themes emerged from the focus group discussions, idiosyncratic differences arose between groups within the larger themes. Across focus groups, there was universal agreement that the attitudes and behaviors of men are significant contributors to the sexual objectification of women. In addition, the media plays a dominant role in creating the culture of objectification in which we live. There was also some agreement across groups that some women are "asking for" the objectification and that this behavior sets a bad precedent for the rest of women in society. There were differences in the examples of objectification provided between groups. For example, Black participants shared more examples or more explicit forms of objectification, and the club social setting was a more salient environment for the objectification to occur. Furthermore, there were differences in how some women between groups responded to objectifying experiences.

In Study 2, the model of objectification was different for White and Black participants. Although the results indicate that sexual objectification and the associated consequences are

experienced by both White and Black women and the individual model for each group had good fit overall, the models were not equivalent between groups. The magnitude of the relationships and how the variables within each model related to one another varied between groups. This is consistent with previous research that found that the relationships between internalization and a variety of negative psychological outcomes were present; however, the models were not equivalent between groups<sup>39</sup>. Even without the skin color variables, the model comparison assessment indicated that the comparable models fit differently for White and Black university women.

For White participants, self-surveillance played a prominent role in the model. It was directly influenced by both internalization and positive appearance feedback, it had a direct effect with body shame, and it was indirectly related to both depression and disordered eating behaviors. Self-surveillance had similar associations in the model in Black participants, until the addition of skin tone-specific surveillance. As previous research suggests, skin tone influences assessments of attractiveness<sup>102</sup> and increased skin color satisfaction is related to more positive body image perspectives<sup>100</sup>. After this addition, the relationship between skin tone-specific surveillance and body shame was more prominent. These results are consistent with existing research<sup>56</sup> and highlight the importance of skin color when assessing objectification, body image preoccupations, and associated outcomes in Black women. Skin tone is a relevant dimension of habitual body monitoring and dissatisfaction for some Black women. The issue of skin color is further compounded by the pervasive, underlying influence of racism. Black women with darker skin are more likely to experience racial discrimination than those with lighter skin<sup>148,149</sup>. Therefore, it is important to consider the influence of race and racism when addressing skin-color within the context of sexual objectification, especially in young women in college.

Positive appearance feedback and social support influence had significant relationships in

the model for White participants that were not significant in the model for Black participants. Positive appearance feedback was significantly and directly associated with body shame, and social support influence was significantly and directly related to the frequency of disordered eating behaviors. For both of these relationships, the correlations were significantly stronger for the White women in comparison to the Black women.

### **Making Meaning of Sexual Objectification**

While the specific aims of the focus groups were to inform and support the models of Study 2 as well as provide additional context for interpretation, additional themes and information emerged from the discussions that are worth discussing. These themes related to body image, the role of men in objectification, immediate reactions to objectifying experiences, as well as the struggle between personal choice and an objectifying society. Some themes also provide additional insight into the differences between how White and Black young women experience objectification.

Some literature suggests a closing of the gap related to the weight component of the societal body ideal<sup>81</sup>. Previous research indicates that White women tended to report significantly higher levels of body dissatisfaction in comparison to Black women. However, more recent research suggests that the significant differences once seen in levels of body image dissatisfaction between Black and White women are no longer as great. Much of the literature surrounding sexual objectification references the “thin-ideal” promoted in Western culture<sup>28,150,151</sup>. In this study of young college women, all focus group participants agreed that there are ideal standards of beauty promoted in our society, but there was a lack of consensus as to one *specific* ideal body type. Most of the participants believed that there are multiple ideal body types that differ depending on the context. However, there are certain characteristics that serve as the basis for the various ideals, including a thin waist and an hour-glass shape.

Participants never strayed far from those particular characteristic of the ideal physique, regardless of which group or context they were talking about. The standard ideal trait of thinness was widely considered to be unrealistic and hard to attain, but many women strive to achieve it anyway. These attitudes are consistent with the existing literature that suggests that the ideal body images portrayed in the media are impractical and unobtainable for most women<sup>5,61</sup>. Black participants also specifically discussed ideal standards of beauty pertinent to their race, including references to Beyoncé and skin color.

A concerning theme which emerged from participants' responses was this feeling of male superiority and a lack of respect toward women. Participants indicated that this lack of respect fuels the objectification of women because they do not care about what they say or do to a woman, nor do they consider how she will feel about the objectification. Some women chalked it up to "men will be men" and men simply lack understanding about what women actually want. As mentioned previously, men have been socialized to believe that their behavior is not only acceptable, but also desired. As many participants noted, a big component of sexual objectification is viewing women as less than a person. It is difficult to treat a woman with respect whilst discounting the attributes that make her a person. These perceptions and experiences are indicative of the underlying issue of sexism, which includes the belief that one sex is inferior to the other. Further, sexual objectification emanating from men has shown to be a dominant form of everyday sexism experienced by many women on a college campus<sup>52</sup>. Some research of particular interest suggests that exposure to sexualized images of women may make men more likely to think of women as objects<sup>153,154</sup>, lending additional support to the strong influence of media in the culture of objectification in American.

As a result of pervasive sexism and subsequent sexual objectification, an obstacle many participants discussed was trying to balance self-expression with the restrictions placed on them

by society's culture of objectification. Many participants felt as though they should be able to dress and behave as they choose within reason, without being subjected to the objectifying commentary and behaviors of others. Consequently, some the women felt the need to prepare for the anticipated objectification and restrict their behaviors to accommodate societal reality. Select participants also believed that some women might be asking for the sexually objectifying attention, which sets a bad precedent for how other women are expected to behave and be treated. This suggests that certain women may bear some of the responsibility for the objectification because of the clothes they are wearing and/or their behavior. Interestingly, Black participants specifically discussed getting more upset when they see other Black women behaving in this way, which coincides with their aforementioned struggle to be more conservative in a society that encourages and praises sexuality.

Participants' immediate reactions to sexually objectifying experiences are highly varied and complex. Three important points can be raised from the discussion on immediate responses, 1) the feeling of being powerless to respond, 2) the impact on a woman's cognitive resources and 3) factors influencing internalization of the objectification. Before a woman can respond, she first has to make sense of what the person did or said. Often, by the time some women process what is happening, it is too late to respond or stand-up for themselves. In addition, the environment and/or source can also leave a woman feeling powerless to respond, especially when taking her safety into consideration. Another possibility is that the normalization of this culture of objectification has socialized women to stop responding, leaving them disempowered to stand up for themselves and to stop the objectification. It is likely that many of these women do have a disapproving response to what has happened; however, that does not mean that they necessarily express it to the person objectifying them. If the woman does not respond in the moment, she may not get that opportunity to let go of the event she has just internalized as well

as the subsequent negative or uneasy feelings.

The complex reactions to objectification experienced by these participants can take their toll cognitively through the disruption of attention. Research suggests that exposure to sexual objectification can impact a woman's cognitive performance<sup>60</sup>. Participants discussed detrimental consequences to a woman's growth and development as possible consequences of persistent, long-term exposure to sexually objectifying experiences. The mentally taxing nature of their responses can help us to better understand the subsequent decrease in cognitive performance, which can impact her growth and development, especially with regard to her education and career. These results further highlight the importance of intervention and education at the university level for young women. It is important to note that both White and Black participants agreed that the environment and source of the objectification mediated their response. However, White participants indicated far more source-dependent factors that might influence their reactions, suggesting that objectifying experiences may be more cognitively taxing for them, in comparison to Black women.

Persistent exposure to sexually objectifying experiences can affect a woman's mental health, physical health and overall well-being. Based on participants' responses, we can start to understand how individual instances of and reactions to objectification over an extended period can lead to more severe consequences. While some participants discussed how women eventually accept the objectification and stop responding, that does not mean the women are necessarily accepting it is okay, but more so accepting it as reality and giving up on trying to do something about it. While normalization may decrease or deter a woman's immediate response, it does not mean it will also inhibit the long-term consequences. The snowballing of emotion that can occur between the individual experiences, can lead to the more serious, long-term consequences brought on by persistent and frequent objectification.

One of the consequences suggested by some participants is that after long-term exposure, a woman may begin to internalize and accept the objectification and eventually become *the object*. Objectification theory posits that women's bodies are objects to be looked at and evaluated<sup>3</sup>. As a result, women are often judged and evaluated based on their external appearance, not who they are as a person. Further, they are more likely to be valued by others when the evaluation is more positive. The perceived societal pressure to be attractive is so prevalent that many women internalize these attitudes and come to believe that they are defined by how they look<sup>37</sup>. Further, some women may also start to believe that being attractive is necessary to get ahead. Many women have learned from the media that a woman's worth often depends on being young and attractive, and her main responsibilities include maintaining their youthful beauty and tending to the men in their life<sup>21,73</sup>. As a woman starts to internalize the objectification, she may start to dress for the objectification, thereby perpetuating the cycle. Some participants blamed the victim for opening herself up to the objectification, where other participants explained that it is simply what the women felt she needed to do given the culture of objectification in which she lives. This idea that women start to become the sexual object, whether unconsciously or consciously, is an important point of concern when looking at the long-term impact of persistent sexual objectification and should be researched further.

Participants' comments regarding sources of and responses to sexual objectification suggest that there is a cycle of objectification within our society. This cycle is a continuous feedback loop that propagates sexual objectification throughout society. The media promotes the objectification of women and the idealization of certain standards of beauty. Men and women can internalize these images and objectify women as a result. Men are socialized to believe that women want the attention and continue providing it, to the point where it becomes normalized. Consequently, women accept the objectification, which leads to a lack of empowerment to stop it

and women stop responding. It is also possible that some women may feel powerless to respond for reasons beyond acceptance of the behavior. Further, in certain environments and with certain sources, some women may feel powerless to respond and to stand-up for themselves. This lack of response on the part of the recipient may contribute to the normalization of objectification discussed by participants. Women can also begin to self-objectify. It is a cyclical issue. Sexual objectification is perpetuated by the media's promotions, people objectifying others in daily life, or women becoming numb to the experiences and do not respond or do not feel empowered to respond. No matter where you look in the cycle, the persistent and long-term exposure to these events can have significant consequences on women.

### **Strengths and Limitations**

There are several notable strengths and limitations of the current research. A dominant strength of this research is that it contributes to both the quantitative and qualitative objectification theory literature, and it does so in more ways than one. These studies assess racial differences as well as models that have not been tested before. However, all of the data collected were self-reported and cross-sectional. As such, the directionality of the examined relationships could not be determined using the current methodology. Although significant relationships were found, these are only correlational and causation cannot be established. Further, this research is based on a convenience sample of college attendees and a limited age range. However, given the potentially serious health consequences persistent objectification could have on young college women, this is a population of particular public health interest.

Questions in both the focus groups and the surveys related to sensitive topics; therefore, a tendency to lean toward socially desirable answers was a possibility. Based on the candor with which focus group participants spoke, they did not appear to be inhibited by the topics at hand. For the path analysis surveys, the use of online survey administration was both a strength and a

weakness of this study. Online data collection has shown to be helpful in the collection of data about sensitive topics<sup>124</sup>. Validity measures were established to prevent unintentional missing data. However, for ethical reasons, participants were given the option to “Choose not to respond.” Some participants used this option liberally, leading to excessive missing data and exclusion from analysis. Some missing data could have been due to confusion with the instructions for completing the measure, particularly the Family and Friends Scale. In future research, online administration could help circumvent some of these issues by implementing automatic skip patterns. Further, with online administration, participants may be engaging in other activities while completing the survey or may not complete the survey in one sitting, opening up additional avenues for confounding not experienced with in-person administration.

Finally, while a strength of this project is that it both qualitatively and quantitatively examined racial differences in how Black and White women experience sexual objectification, a limitation is the lack of quantitative assessment of within group differences. Data descriptives for demographic and path model variables were assessed both between the two racial groups and within the two groups Black of participants. The bivariate correlations between the demographic and path model variables revealed some within group differences between the two schools for the sample of Black participants. However, given the scope of the current study, the full extent of these differences were not explored. Additional focus groups would also aid in the in-depth exploration of these intra-racial differences. There were also significant differences between White and Black participants in the demographic variables that could have influenced the comparability of models as well as the generalizability of the findings.

### **Future Research**

The immediate responses women experience to objectifying experiences can negatively affect their lives by making them feel uncomfortable, uneasy and/or unsafe. While a lot of

research focuses on the impact of media, the focus group participants' responses indicate that the interpersonal forms of objectification are likely more salient. Further, the immediate reactions women experience are more so with these interpersonal experiences and less when seeing it in the media. As such, these reactions must be taken into consideration when assessing the impact of sexual objectification and how to address it. Additional research needs to include an assessment of the effect these immediate responses can have on a woman's daily life as well as how they may mediate the possible long-term consequences. Future research should also explore how the factors which mediate a woman's immediate response influence the long-term effects. As some focus group participants discussed, there is a possibility that objectification becomes normalized, and a woman could eventually accept that objectification may be inevitable and become conditioned to stop responding. Further research should also attempt to assess how responses can change over time and influence the long-term consequences.

Existing research suggests that the impact of negative or positive appearance commentary can moderate the effect that it can have on a woman's body image preoccupations<sup>111</sup>. Focus group participants discussed various factors that moderate their reaction to sexual objectification. Future research should also investigate how these moderating factors can influence the effect that appearance commentary, both positive and negative, can have on women's body image concerns, depression and eating disturbances.

Future research should also attempt to differentiate between the type of family and friend influence by separating it into direct pressure on the participant versus being around those that are concerned with their own appearance. Determining whether or not the type of pressure impacts levels of body image preoccupation and subsequent outcomes is of interest to this area of research. In addition, it will be important to assess family pressure and peer pressure separately. The current study examined the influence of the social support network as a whole,

but future research should examine whether friends and family, even individual family members, can have different levels and types of impact. Further, these relationships should be researched in younger children and adolescents to assess likely age differences, as the level of influence from different members of one's social support network likely changes over time.

It is important to note that few studies within the objectification literature have focused on exclusively Black women and, more specifically, assessed within group differences. In Study 2, the correlations between the demographic and path model variables revealed some within group differences for Black women at VCU and VSU, especially in relation to alcohol consumption and eating disturbances. While examining these additional differences was beyond the scope of the current study, future research should consider and assess these within group differences as well as possible explanations. Finally, existing research supports a link between media exposure and tanning<sup>155</sup>. While the measurement of skin color variables was limited to Black participants because the measures were developed and tested specifically in samples of Black women, the concept of skin color should be considered in future research with White women.

### **Conclusion**

The prevalence of sexual objectification and subsequent body image preoccupations has reached epidemic proportions in America, and all portions of the population are affected. The persistent and pervasive influence of sexism serves as an underlying, driving force for female objectification, while the added issue of racism underlying the race-specific concerns of skin color for Black women compound the potential impact of objectification for study participants. Understanding the critical influence of the visual media, social-support networks and social interactions on young women's mental health is essential to addressing the personal and health-related consequences of sexual objectification. If the impact of various cultural media can be

better understood, this information could influence proactive, culturally tailored approaches to addressing sexual and self-objectification for college women. Therefore, it is important to explore how persistent exposure to sexual objectification as well as pressure to conform to

The rich information collected through the focus groups significantly specifically contributes to the existing literature by exploring sexual objectification beyond the typically researched quantitative relationships in college women. Additionally, these findings suggest that sexual objectification may result in more than just the outcomes that develop over time, such as disordered eating behaviors and depression. The immediate reactions to objectification may also have a critical impact on the daily lives of young college women. Further, though the overarching themes were similar across all groups, racial differences were detected in relation to standards of beauty, examples of experienced objectification as well as responses to objectification. Of particular interest, many participants indicated that participating in the focus group increased their awareness of the occurrence and seriousness of objectification. Going along with increased awareness, some women also realized that they have become, in a sense, desensitized because it happens so frequently and they forgot that the objectification of women really is a big issue. This finding highlights the importance of keeping the conversation going about sexual objectification and what it means for women in the university setting.

As culture is unavoidable, this medium of influence is of particular interest. It is important to consider cultural appropriateness when developing health programs and the findings of this research are important to the health of college females. Study 2 estimated models of the sociocultural sources of objectification and subsequent outcomes. The results add important information to the literature regarding racial differences in objectification, body image preoccupation, depression and disordered eating for college women. There were not significant differences between races in the sample means of body shame, depression and disordered eating

behaviors. Further, significant associations between these variables were seen in both White and Black women. These results suggest that programs focusing on objectification need to consider these outcomes not just for White women, but also Black women, despite previous research suggesting that they are more prominent issues for White females. However, the results also highlight the important role of skin color for Black university women. The information from these studies can hopefully be used to inform individuals of the risks associated with sexual objectification, as well as develop educational and awareness programs on college campuses.

The current research adds to the existing objectification literature in multiple ways. Understanding how young women experience sexual objectification and racial differences in these experiences has implications for how we quantitatively assess objectification and related outcomes. This information also has implications for developing appropriately tailored prevention and public health programming related to the objectification and psychological well-being of college women. Importantly, the societal acceptance and tolerance of female objectification is an underlying issue perpetuating the cycle of objectification. Therefore, in addition to programming focused on helping young college women, stronger efforts need to be made to address the societal norms that allow this culture of objectification to persist. However, given the underlying issues of racism and sexism, intervention or programming efforts may also benefit from being contextualized within a critical theory framework emphasizing evaluating and modifying society as a whole.

## References

1. Moffitt LB, Szymanski DM. Experiencing sexually objectifying environments: A qualitative study. *Couns. Psychol.* 2010.
2. Hust Lei, M. SJT. Sexual objectification, sports programming and music television. *Media Rep. to Women.* 2008;36(1):16–23.
3. Fredrickson BL, Roberts T-A. Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychol. Women Q.* 1997;21(2):173–206.
4. McKinley NM, Hyde JS. The objectified body consciousness scale: Development and validation. *Psychol. Women Q.* 1996;20(2):181–215.
5. American Psychological Association. *Report of the APA task force on the sexualization of girls.* Washington, DC; 2007. Available at: <http://www.apa.org/pi/women/programs/girls/report.aspx>.
6. Moradi B, Huang Y-P. Objectification theory of psychology of women: A decade of advances and future directions. *Psychol. Women Q.* 2008;32(4):377–398.
7. Szymanski DM, Moffitt LB, Carr ER. Sexual objectification of women: Advances to theory and research 1ψ7. *Couns. Psychol.* 2011;39(1):6–38.
8. Noll SM, Fredrickson BL. A mediational model linking self-objectification, body shame and disordered eating. *Psychol. Women Q.* 1998;22(4):623–636.
9. Szymanski DM, Carr ER, Moffitt LB. Sexual objectification of women: Clinical implications and training considerations. *Couns. Psychol.* 2011;39(1):107–126.
10. Hill MS, Fischer AR. Examining objectification theory. *Couns. Psychol.* 2008;36(5):745–776. Available at: <http://tcp.sagepub.com/content/36/5/745.abstract>.
11. Kozee HB, Tylka TL. A test of objectification theory with lesbian women. *Psychol. Women Q.* 2006;30(4):348–357.
12. Tiggemann M, Boundy M. Effect of environment and appearance compliment on college women's self-objectification, bood, body shame, and cognitive performance. *Psychol. Women Q.* 2008;32(4):399–405. Available at: <http://pwq.sagepub.com/content/32/4/399.abstract>.
13. Choma B, Shove C, Busseri M, Sadava S, Hosker A. Assessing the role of body image coping dstrategies as mediators or moderators of the links between self-objectification, body shame, and well-being. *Sex Roles.* 2009;61(9):699–713.
14. Aubrey JS. Effects of sexually pbjectifying media on self-objectification and body surveillance in undergraduates: Results of a 2year panel study. *J. Commun.* 2006;56(2):366–386.

15. Tylka T, Sabik N. Integrating social comparison theory and self-esteem within objectification theory to predict women's disordered eating. *Sex Roles*. 2010;63(1):18–31.
16. Basow SA, Foran KA, Bookwala J. Body objectification, social pressure, and disordered eating behavior in college women: The role of sorority membership. *Psychol. Women Q*. 2007;31(4):394–400. Available at: <http://pwq.sagepub.com/content/31/4/394.abstract>.
17. Augustus-Horvath CL, Tylka TL. A test and extension of objectification theory as it predicts disordered eating: Does women's age matter? *J. Couns. Psychol*. 2009;56(2):253–265.
18. Myers TA, Crowther JH. Is self-objectification related to interoceptive awareness? An examination of potential mediating pathways to disordered eating attitudes. *Psychol. Women Q*. 2008;32(2):172–180. Available at: <http://pwq.sagepub.com/content/32/2/172.abstract>.
19. Carr ER, Szymanski DM. Sexual objectification and substance abuse in young adult women. *Couns. Psychol*. 2011;39(1):39–66. Available at: <http://tcp.sagepub.com/content/39/1/39.abstract>.
20. Greenberg BS, Hofschire L. Sex on entertainment television. In: Zillmann D, Vorderer P, eds. *Media entertainment: The psychology of its appeal*. Mahwah, NJ: Erlbaum; 2000.
21. Harris RJ. Media portrayls of groups: Distorted social mirrors. In: *A cognitive psychology of mass communication*. 4th ed. Mahwah, NJ: Erlbaum; 2004.
22. Thompson JK, van den Berg P, Roehrig M, Guarda AS, Heinberg LJ. The Sociocultural Attitudes Towards Appearance Scale-3 (SATAQ-3): Development and validation. *Int. J. Eat. Disord*. 2004;35(3):293–304.
23. Tylka TL, Hill MS. Objectification theory as it relates to disordered eating among college women. *Sex Roles*. 2004;51(11-12):719–730.
24. Calogero RM, Herbozo S, Thompson JK. Complimentary weightism: The potential costs of sppearance-related commentary for women's self-objectification. *Psychol. Women Q*. 2009;33(1):120–132. Available at: <http://pwq.sagepub.com/content/33/1/120.abstract>.
25. Bailey SD, Ricciardelli LA. Social comparisons, appearance related comments, contingent self-esteem and their relationships with body dissatisfaction and eating disturbance among women. *Eat. Behav*. 2010;11(2):107–112.
26. Carver CS, Scheier MF. *Attention and self-regulation: A control-theory approach to human behavior*. New York: Springer-Verlag; 1981.
27. Morrison TG, Sheahan EE. Gender-related discourses as mediators in the association between internalization of the thin-body ideal and indicants of body dissatisfaction and disordered eating. *Psychol. Women Q*. 2009;33(4):374–383.

28. Myers TA, Crowther JH. Sociocultural pressures, thin-ideal internalization, self-objectification, and body dissatisfaction: Could feminist beliefs be a moderating factor? *Body Image*. 2007;4(3):296–308.
29. Bessenoff GR, Snow D. Absorbing society's influence: Body image self-discrepancy and internalized shame. *Sex Roles*. 2006;54(9-10):727–731.
30. Greenleaf C, McGreer R. Disordered eating attitudes and self-objectification among physically active and sedentary female college students. *J. Psychol*. 2006;140(3):187–198.
31. Morry MM, Staska SL. Magazine Exposure: Internalization, Self-Objectification, Eating Attitudes, and Body Satisfaction in Male and Female University Students. *Can. J. Behav. Sci. Can. des Sci. du Comport*. 2001;33(4):269–279.
32. Rudd NA, Lennon SJ. Body image and appearance-management behaviors in college women. *Cloth. Text. Res. J*. 2000;18(3):152–162.
33. Piran N, Cormier HC. The social construction of women and disordered eating patterns. *J. Couns. Psychol. Couns. Psychol*. 2005;52(4):549–558.
34. Strelan P, Mehaffey SJ, Tiggemann M. Self-objectification and esteem in young women: The mediating role of reasons for exercise. *Sex Roles*. 2003;48(1-2):89–95.
35. Tylka TL, Subich LM. Exploring young women's perceptions of the effectiveness and safety of maladaptive weight control techniques. *J. Couns. Dev*. 2002;80(1):101–110.
36. Showers CJ, Larson BE. Looking at body image: The organization of self-knowledge about physical appearance and its relation to disordered eating. *J. Pers*. 1999;67(4):659–700.
37. Strelan P, Hargreaves D. Women who objectify other women: The vicious circle of objectification? *Sex Roles*. 2005;52(9-10):707–712.
38. Calogero R, Thompson J. Sexual self-esteem in American and British college women: Relations with self-objectification and eating problems. *Sex Roles*. 2009;60(3):160–173. Available at: <http://dx.doi.org/10.1007/s11199-008-9517-0>.
39. Mitchell KS, Mazzeo SE. Evaluation of a structural model of objectification theory and eating disorder symptomatology among European American and African American undergraduate women. *Psychol. Women Q*. 2009;33(4):384–395.
40. Stice E, Telch CF, Rizvi SL. Development and validation of the Eating Disorder Diagnostic Scale: A brief self-report measure of anorexia, bulimia, and binge-eating disorder. *Psychol. Assessment; Psychological Assess*. 2000;12(2):123–131.
41. Muehlenkamp JJ, Swanson JD, Brausch AM. Self-objectification, risk taking, and self-harm in college women. *Psychol. Women Q*. 2005;29(1):24–32. Available at:

<http://pwq.sagepub.com/lookup/doi/10.1111/j.1471-6402.2005.00164.x>. Accessed October 8, 2012.

42. Lopez Khoury EN, Litvin EB, Brandon TH. The effect of body image threat on smoking motivation among college women: Mediation by negative affect. *Psychol. Addict. Behav.* 2009;23(2):279–286.

43. Harrell ZAT, Fredrickson BL, Pomerleau CS, Nolen-Hoeksema S. The role of trait self-objectification in smoking among college women. *Sex Roles.* 2006;54(11-12):735–743. Available at: <http://www.springerlink.com/content/xh35255m11967t5x/>. Accessed October 8, 2012.

44. Fiissel DL, Lafreniere KD. Weight control motives for cigarette smoking: Further consequences of the sexual objectification of women? *Fem. Psychol.* 2006;16(3):327–344. Available at: <http://fap.sagepub.com/content/16/3/327.abstract>.

45. Choma B, Visser B, Pozzebon J, Bogaert A, Busseri M, Sadava S. Self-Objectification, Self-Esteem, and Gender: Testing a Moderated Mediation Model. *Sex Roles.* 2010;63(9):645–656.

46. Grabe S, Jackson B. Self-objectification and depressive symptoms: Does their association vary among Asian American and White American men and women? *Body Image.* 2009;6(2):141–144. Available at: <http://www.sciencedirect.com/science/article/pii/S1740144509000084>.

47. Mercurio A, Landry L. Self-objectification and Well-being: The Impact of Self-objectification on Women's Overall Sense of Self-worth and Life Satisfaction. *Sex Roles.* 2008;58(7):458–466. Available at: <http://dx.doi.org/10.1007/s11199-007-9357-3>.

48. Szymanski DM, Henning SL. The role of self-objectification in women's depression: A test of objectification theory. *Sex Roles.* 2006;56(1-2):45–53. Available at: <http://link.springer.com/10.1007/s11199-006-9147-3>. Accessed April 14, 2014.

49. Tiggemann M, Kuring JK. The role of body objectification in disordered eating and depressed mood. *Br. J. Clin. Psychol.* 2004;43(Pt 3):299–311. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/15333234>. Accessed April 14, 2014.

50. Grabe S, Hyde JS, Lindberg SM. Body objectification and depression in adolescents: The role of gender, shame, and rumination. *Psychol. Women Q.* 2007;31(2):164–175. Available at: <http://dx.doi.org/10.1111/j.1471-6402.2007.00350.x>.

51. Swim JK, Cohen LL, Hyers LL. Experiencing everyday prejudice and discrimination. In: Brown R, Gaertner S, eds. *Prejudice: The Target's Perspective*. Cambridge, MA: Blackwell; 1998.

52. Swim JK, Hyers LL, Cohen LL, Ferguson MJ. Everyday sexism: Evidence for its incidence, nature, and psychological impact from three daily diary studies. *J. Soc. Issues.* 2001;57(1):31–53.

53. Bartky SL. *Femininity and Domination: Studies in the Phenomenology of Oppression*. London: Routledge; 1990.
54. Bordo S. *Unbearable Weight Feminism, Western Culture, and the Body, Tenth Anniversary Edition*. Berkeley: University of California Press; 2004.
55. Wiseman MC, Moradi B. Body image and eating disorder symptoms in sexual minority men: A test and extension of objectification theory. *J. Couns. Psychol.* 2010;57(2):154–166.
56. Buchanan TS, Fischer AR, Tokar DM, Yoder JD. Testing a culture-specific extension of objectification theory regarding African American women's body image. *Couns. Psychol.* 2008;36(5):697–718.
57. Monro Huon, G.F. FJ. Media-portrayed idealized images, self-objectification, and eating behavior. *Eat Behav.* 2006;7(4):375–383.
58. Gordon MK. Media contributions to African American girls' focus on beauty and appearance: Exploring the consequences of sexual objectification. *Psychol. Women Q.* 2008;32(3):245–256. Available at: <http://pwq.sagepub.com/content/32/3/245.abstract>.
59. Moradi B. Addressing gender and cultural diversity in body image: Objectification theory as a framework for integrating theories and grounding research. *Sex Roles.* 2010;63(1):138–148. Available at: <http://dx.doi.org/10.1007/s11199-010-9824-0>.
60. Fredrickson BL, Roberts T-A, Noll SM, Quinn DM, Twenge JM. That swimsuit becomes you: Sex differences in self-objectification, restrained eating, and math performance. *J. Personal. Soc. Psychol.* 1998;75(1):269–284.
61. Muehlenkamp JJ, Saris-Baglama RN. Self-objectification and its psychological outcomes for college women. *Psychol. Women Q.* 2002;26(4):371–379.
62. Markey CN. Culture and the development of eating disorders: a tripartite model. *Eat. Disord.* 2004;12(2):139.
63. Grogan S. *Body Image: Understanding Body Dissatisfaction in Men, Women and Children*. New York: Routledge; 2007.
64. Percy L, Lautman MR. Advertising, weight loss, and eating disorders. In: Clark EM, Brock TC, Stewart DW, eds. *Attention, Attitude, and Affect in Response To Advertising*. Hillsdale: Erlbaum; 1994.
65. Kilbourne J. *Slim Hopes: Advertising and the Obsession with Thinness*. Northampton, MA: Media Education Foundation; 1995.
66. Sharps MJ, Price-Sharps JL, Hanson J. Body image preference in the United States and rural Thailand: An exploratory study. *J. Psychol.* 2001;135(5):518.

67. Jackson LA. *Physical Appearance and Gender: Sociobiological and Sociocultural Perspectives*. Albany: SUNY Press; 1992.
68. Harris RJ. Research and theory we study media scientifically. In: *A Cognitive Psychology of Mass Communication*. 4th ed. Mahwah, NJ: Erlbaum; 2004.
69. Judge TA, Cable DM. When it comes to pay, do the thin win? The effect of weight on pay for men and women. *J. Appl. Psychol.* 2011;96(1):95–112.
70. Cohen J, Weimann G. Cultivation revisited: Some genres have some effects on some viewers. *Commun. Reports.* 2000;13(2):99–114.
71. Marino Carper TL, Negy C, Tantleff-Dunn S. Relations among media influence, body image, eating concerns, and sexual orientation in men: A preliminary investigation. *Body Image.* 2010;7(4):301–9.
72. Slevic J, Tiggemann M. Media exposure, body dissatisfaction, and disordered eating in middle-aged women: A test of the sociocultural model of disordered eating. *Psychol. Women Q.* 2011;35(4):617–627.
73. Hesse-Biber S, Leavy P, Quinn CE, Zoino J. The mass marketing of disordered eating and eating disorders: The social psychology of women, thinness and culture. *Womens. Stud. Int. Forum.* 2006;29(2):208–224.
74. Cable News Network. Models still too skinny? 2008. Available at: Retrieved from <http://edition.cnn.com/2006/WORLD/europe/>.
75. Wilson E. When is thin too thin? *New York Times*. 2006. Available at: <http://www.nytimes.com/2006/09/21/fashion/>.
76. Crandall CS. Prejudice against fat people: Ideology and self-interest. *J. Pers. Soc. Psychol.* 1994;66(5):882–894.
77. Rothblum ED. The stigma of women's weight: Social and economic realities. *Fem. Psychol.* 1992;2:61–73.
78. Greenberg BS, Eastin M, Hofschire L, Lachlan K, Brownell KD. Portrayals of overweight and obese individuals on commercial television. *Am. J. Public Health.* 2003;93(8):1342–8.
79. Hall CC. Beauty is in the soul of the beholder: Psychological implications of beauty and African American women. *Cult Divers Ment Heal.* 1995;1(2):125–137.
80. Overstreet N, Quinn D, Agocha V. Beyond thinness: The influence of a curvaceous body ideal on body dissatisfaction in Black and White women. *Sex Roles.* 2010;63(1):91–103. Available at: <http://dx.doi.org/10.1007/s11199-010-9792-4>.

81. Roberts A, Cash TF, Feingold A, Johnson BT. Are black-white differences in females' body dissatisfaction decreasing? A meta-analytic review. *J. Consult. Clin. Psychol.* 2006;74(6):1121–31.
82. Harris S. Family, self, and sociocultural contributions to body-image attitudes of African-American women. *Psychol. Women Q.* 1995;19(1):129–45.
83. Jefferson DL, Stake JE. Appearance self-attitudes of African American and European American women: Media comparisons and internalization of neauty ideals. *Psychol. Women Q.* 2009;33(4):396–409.
84. Swami V, Airs N, Chouhan B, Leon MAP, Towell T. Are there ethnic differences in positive body image among female British undergraduates? *Eur. Psychol.* 2009;14(4):288–296.
85. Cachelin FM, Rebeck RM, Chung GH, Pelayo E. Does ethnicity influence body-size preference? A comparison of body image and body size. *Obes. Res.* 2002;10(3):158–66. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/11886938>. Accessed September 24, 2012.
86. Schooler D, Monique Ward L, Merriwether A, Caruthers A. Who's that girl: Television's role in the body image development of young White And Black women. *Psychol. Women Q.* 2004;28(1):38–47.
87. Grabe S, Ward LM, Hyde JS. The role of the media in body image concerns among women: A meta-analysis of experimental and correlational studies. *Psychol. Bull.* 2008;134(3):460–476.
88. Celio AA, Zabinski MF, Wilfley DD. African American body images. In: Cash T, Pruzinskiy T, eds. *Body Image: A Handbook of Theory, Research and Clinical Practice*. The Guilfo. New York; 2002.
89. Molloy BL, Herzberger SD. Body image and self-esteem: A comparison of African-American and Caucasian women. *Sex Roles.* 1998;38(7):631–643. Available at: <http://dx.doi.org/10.1023/A:1018782527302>.
90. Rand CSW, Kuldau JM. The epidemiology of obesity and self-defined weight problem in the general population: Gender, race, age, and social class. *Int. J. Eat. Disord.* 1990;9(3):329–343.
91. Bond S, Cash TF. Black beauty: Skin color and body images among African-American College women. *J. Appl. Soc. Psychol.* 1992;22(11):874–888.
92. Wilson DB, Sargent R, Dias J. Racial differences in selection of ideal body size by adolescent females. *Obes. Res.* 1994;2(1):38–43.
93. Kernper KA, Sargent RG, Drane JW, Valois RE, Hussey JR. Black and White females' perceptions of ideal body size and social norms. *Obes. Res.* 1994;2(2):117–126.

94. Powell AD, Kahn AS. Racial differences in women's desires to be thin. *Int. J. Eat. Disord.* 1995;17(2):191–5. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/7757101>. Accessed October 6, 2012.
95. Watson LB, Ancis JR, White DN, Nazari N. Racial identity buffers African American women from body image problems and disordered eating. *Psychol. Women Q.* 2013;37(3):337–350. Available at: <http://pwq.sagepub.com/content/37/3/337.full>. Accessed March 26, 2014.
96. Boyd-Franklin N. Recurrent themes in the treatment of African-American women in group psychotherapy. *Women Ther.* 1991;11(2):25–40.
97. Wade TJ. The relationships between skin color and self-perceived global, physical, and dexual strtractiveness, and self-esteem for African Americans. *J. Black Psychol.* 1996;22(3):358–373.
98. Neal AM, Wilson ML. The role of skin color and features in the black community: Implications for black women and therapy. *Clin. Psychol. Rev.* 1989;9(3):323–333.
99. Okazawa-Rey M, Robinson T, Ward JV. Black women and the politics of skin color and hair. *Women Ther.* 1987;6(1-2):89–102.
100. Falconer JW, Neville HA. African American college women's body image. *Psychol. Women Q.* 2000;24(3):236–243. Available at: <http://pwq.sagepub.com/content/24/3/236.abstract>. Accessed October 8, 2012.
101. Russell K, Wilson M, Hall R. *The Color Complex*. (Jovanovich HB, ed.). New York; 1992.
102. Hill M. Skin color and the perception of attractiveness among African Americans: Does gender make a difference? *Soc. Psychol. Q.* 2002;65(1):77 – 91.
103. American Society of Plastic Surgeons. *2009 report of the 2008 statistics: National clearinghouse of plastic surgery statistics.*; 2009. Available at: <http://www.plasticsurgery.org/Media/stats/2008-UScosmetic-reconstructive-plastic-surgery-minimally-invasive-statistics.pdf>.
104. Watson LB, Robinson D, Dispenza F, Nazari N. African American women's sexual objectification experiences: A qualitative study. *Psychol. Women Q.* 2012.
105. Stice E. Risk and maintenance factors for eating pathology: A meta-analytic review. *Psychol. Bull.* 2002;128(5):825.
106. Leighton-Herrmann E. Influence of visual media and social-support networks on disordered eating behavior. In: *139th Annual American Public Health Association Meeting*. Washington, DC; 2011.

107. Bair CE, Kelly NR, Serdar KL, Mazzeo SE. Does the internet function like magazines? An exploration of image-focused media, eating pathology, and body dissatisfaction. *Eat. Behav.* 2012;13(4):380–401.
108. Festinger L. A theory of social comparison processes. *Hum. Relations.* 1954;7:117–140.
109. Perkins KR. The influence of television images on Black females' self-perceptions of physical attractiveness. *J. Black Psychol.* 1996;22(4):453–469. Available at: <http://jbp.sagepub.com/content/22/4/453.abstract>.
110. Herbozo S, Menzel JE, Thompson JK. Differences in appearance-related commentary, body dissatisfaction, and eating disturbance among college women of varying weight groups. *Eat. Behav.* 2013;14(2):204–206.
111. Herbozo S, Thompson JK. Appearance-related commentary, body image, and self-esteem: Does the distress associated with the commentary matter? *Body Image.* 2006;3(3):255–262.
112. McLaren L, Kuh D, Hardy R, Gauvin L. Positive and negative body-related comments and their relationship with body dissatisfaction in middle-aged women. *Psychol. Health.* 2004;19(2):261–272.
113. Keery H, Boutelle K, van den Berg P, Thompson JK. The impact of appearance-related teasing by family members. *J. Adolesc. Health.* 2005;37(2):120–7. Available at: <http://www.sciencedirect.com/science/article/pii/S1054139X05000923>. Accessed January 31, 2014.
114. Barker ET, Galambos NL. Body dissatisfaction of adolescent girls and boys: Risk and resource factors. *J. Early Adolesc.* 2003;23(2):141–165. Available at: <http://jea.sagepub.com/content/23/2/141.short>. Accessed February 14, 2014.
115. Heinberg LJ. Theories of body image disturbance: Perceptual, developmental, and sociocultural factors. In: *Body image, eating disorders, and obesity: An integrative guide for assessment and treatment*. Washington, DC: American Psychological Association; 1996:27–47.
116. Liechty T, Liechty, Freeman, Zabriskie. Body image and beliefs about appearance: Constraints on the leisure of college-age and middle-age women. *Leis. Sci.* 2006;28(4):311–330.
117. Motley CI. Mothers, daughters, and food: Examining the emotional connection. *Diss. Abstr. Int. Sect. A Humanit. Soc. Sci.* 1997;58(6-A):2049.
118. Hebl MR, King EB, Lin J. The swimsuit becomes us all: Ethnicity, gender, and vulnerability to self-objectification. *Personal. Soc. Psychol. Bull.* 2004;30(10):1322–1331. Available at: <http://psp.sagepub.com/content/30/10/1322.abstract>.
119. Patton MQ. *Qualitative Evaluation and Research Methods*. 3rd ed. Newbury Park: Sage; 2001.

120. Kitzinger J. Qualitative research. Introducing focus groups. *BMJ Br. Med. J.* 1995;299.
121. Creswell JW. *Five qualitative approaches to inquiry*. 2nd ed. SAGE; 2006.
122. Creswell JW. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. SAGE Publications; 2013:273.
123. Daly J, Kellehear A, Gliksman M. *The Public Health Researcher: A Methodological Guide*. Oxford University Press Australia & New Zealand; 1997:222.
124. Wright DL, Aquilino WS, Supple AJ. A comparison of computer-assisted and paper-and-pencil self-administered questionnaires in a survey on smoking, alcohol, and drug use. *Public Opin. Q.* 1998;62(3):331.
125. Herbozo S, Thompson JK. Development and validation of the verbal commentary on physical appearance scale: Considering both positive and negative commentary. *Body Image.* 2006;3(4):335–344.
126. Stice E, Fisher M, Martinez E. Eating disorder diagnostic scale: Additional evidence of reliability and validity. *Psychol. Assess.* 2004;16(1):60–71. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/15023093>. Accessed October 8, 2012.
127. Lovibond SH, Lovibond PF. *Manual for the Depression Anxiety Stress Scales*. Sydney: Psychology Foundation; 1995.
128. Henry JD, Crawford JR. The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *Br. J. Clin. Psychol.* 2005;44:227–239.
129. SPSS Inc. IBM SPSS Statistics v20.0. 2011.
130. Muthén LK., Muthén BO. *Mplus User's Guide. Sixth Edition*. Los Angeles, CA; 2011.
131. Finkbeiner C. Estimation for the multiple factor model when data are missing. *Psychometrika.* 1979;44(4):409–420. Available at: <http://link.springer.com/10.1007/BF02296204>. Accessed January 22, 2014.
132. Kline R. *Principles and Practice of Structural Equation Modeling*. 3rd ed. New York: The Guilford Press; 2011.
133. Enders CK. The performance of the full information maximum likelihood estimator in multiple regression models with missing data. *Educ. Psychol. Meas.* 2001;61(5):713–740. Available at: <http://epm.sagepub.com/content/61/5/713.short>. Accessed March 3, 2014.
134. Kline RB. Introduction to Path Analysis. In: *Principles and Practice of Structural Equation Modeling*. 2nd ed. New York: The Guilford Press; 2005.

135. Grouzet FME, Otis N, Pelletier LG. Longitudinal cross-gender factorial invariance of the academic motivation scale. *Struct. Equ. Model. A Multidiscip. J.* 2006;13(1):73–98. Available at: [http://dx.doi.org/10.1207/s15328007sem1301\\_4](http://dx.doi.org/10.1207/s15328007sem1301_4). Accessed February 8, 2014.
136. Hu L, Bentler PM. Fit indices in covariance structure modeling: Sensitivity to underparameterized model misspecification. *Psychol. Methods.* 1998;3(4):424–453.
137. Hu LT, Bentler PM. Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Struct. Equ. Model. - A Multidiscip. Journal.* 1999;6(1):1–55.
138. Lance CE. The sources of four commonly reported cutoff criteria: What did they really say? *Organ. Res. Methods.* 2006;9(2):202–220. Available at: <http://orm.sagepub.com/content/9/2/202.short>. Accessed January 22, 2014.
139. Byrne BM. *Structural Equation Modeling with LISREL, PRELIS and SIMPLIS: Basic Concepts, Applications and Programming.* Mahwah, NJ: Erlbaum; 1998.
140. MacCallum RC, Browne MW, Sugawara HM. Power analysis and determination of sample size for covariance structure modeling.
141. Marsh HW, Hau K, Wen Z. In search of golden rules: Comment on hypothesis-testing approaches to setting cutoff values for fit indexes and dangers in overgeneralizing Hu and Bentler's (1999) findings. *Struct. Equ. Model.* 2004;11(3):320–341.
142. Chou CP, Bentler PM. Estimation and tests in structural equation modeling. In: *Structural Equation Modeling: Concepts, Issues, and Applications.*; 1995:37–55.
143. Curran PJ, West SG, Finch JF. The robustness of test statistics to nonnormality and specification error in confirmatory factor analysis. *Psychol. Methods.* 1996;1(1):16–29.
144. Muthén B, Kaplan D. A comparison of some methodologies for the factor analysis of non-normal Likert variables. *Br. J. Math. Stat. Psychol.* 1985;38:171–189.
145. Grabe S, Hyde JS. Ethnicity and body dissatisfaction among women in the United States: a meta-analysis. *Psychol. Bull.* 2006;132(4):622–40.
146. Marques L, Alegria M, Becker AE, et al. Comparative prevalence, correlates of impairment, and service utilization for eating disorders across US ethnic groups: Implications for reducing ethnic disparities in health care access for eating disorders. *Int. J. Eat. Disord.* 2011;44(5):412–20.
147. Neumark-Sztainer D, Wall M, Larson NI, Eisenberg ME, Loth K. Dieting and disordered eating behaviors from adolescence to young adulthood: Findings from a 10-year longitudinal study. *J. Am. Diet. Assoc.* 2011;111(7):1004–11.

148. Klonoff EA, Landrine H. Is skin color a marker for racial discrimination? Explaining the skin color–hypertension relationship. *J. Behav. Med.* 2000;23(4):329–338. Available at: <http://link.springer.com/article/10.1023/A:1005580300128>. Accessed April 10, 2014.
149. Krieger N, Sidney S, Coakley E. Racial discrimination and skin color in the CARDIA study: implications for public health research. Coronary Artery Risk Development in Young Adults. *Am. J. Public Health.* 1998;88(9):1308–1313. Available at: <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.88.9.1308>. Accessed April 10, 2014.
150. Harper B, Tiggemann M. The effect of thin ideal media images on women’s self-objectification, mood, and body image. *Sex Roles.* 2008;58(9):649–657. Available at: <http://dx.doi.org/10.1007/s11199-007-9379-x>.
151. Yamamiya Y, Cash TF, Melnyk SE, Posavac HD, Posavac SS. Women’s exposure to thin-and-beautiful media images: body image effects of media-ideal internalization and impact-reduction interventions. *Body Image.* 2005;2(1):74–80.
152. Gervais SJ, Vescio TK, Förster J, Maass A, Suitner C. Seeing women as objects: The sexual body part recognition bias. *Eur. J. Soc. Psychol.* 2012;42(6):743–753. Available at: <http://doi.wiley.com/10.1002/ejsp.1890>. Accessed February 2, 2014.
153. Cikara M, Said CP, Eberhardt JL, Fiske ST. From subjects to objects: Sexist attitudes and instrumental processing of sexualized women. In: *Society for Personality and Social Psychology*. Tampa; 2009.
154. Cikara M, Eberhardt JL, Fiske ST. From agents to objects: Sexist attitudes and neural responses to sexualized targets. *J. Cogn. Neurosci.* 2011;23(3):540–51. Available at: <http://www.mitpressjournals.org/doi/abs/10.1162/jocn.2010.21497>. Accessed February 2, 2014.
155. Cafri G, Thompson JK, Jacobsen PB. Appearance reasons for tanning mediate the relationship between media influence and UV exposure and sun protection. *Arch. Dermatol.* 2006;142(8):1067–9. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/16924063>. Accessed October 8, 2012.
156. Horkheimer M. *Critical Theory*. Continuum; 1982.
157. Hawkins PR, Pingree S. Televisions influence on social reality, Vol 5. In: Whitney D, Windahl S, eds. *Mass Communication Review Yearbook*. Beverley Hills, CA: Sage; 1983.

## Appendix A

### Focus group guide

(Prior to beginning, hand out a folder containing 2 copies of the consent form to each participant and ask them to read over it before we begin)

#### 1) Introduction and Group informed consent

**Moderator:** Thank you for taking the time to join us this evening. My name is \_\_\_\_\_. I will be the moderator for this focus group. This is Ellyn. She will be taking notes during the discussion.

The purpose of this focus group is to explore your experiences and feelings about how the media, such as TV, movies, commercials, magazines and even the internet, as well as other people view women in our society.

Before we begin, I would like to invite any questions you may have about the information in the consent form. If you agree to participate, please sign one of the copies. Place the signed copy back in the folder, and the other copy is for you to take home. I will collect folders at the end.

Thank you for agreeing to participate in this discussion. The discussion will last about 60 minutes. We will begin recording the discussion when this introduction is complete. We will not use your names in the transcripts. To promote confidentiality, let's only use first names during the discussion.

After each question is asked, I will invite your responses. We would like everyone to contribute to the conversation. However, please remember that if you feel at all uncomfortable with a particular topic, you are not required to respond. We also encourage you all to talk to each other and ask each other clarifications and questions. Before we begin the conversation, we should establish some ground rules. Let's please be respectful of what each other has to say. Allow each person a chance to talk and do not talk over one another. Are there any other rules you would like to add?

#### 2) Participant introductions

**Moderator:** To get acquainted, I would like everyone to introduce herself. Please tell us your first name. Given the importance of media to this discussion, please also tell us what your favorite TV shows are to watch.

#### 3) Discussion

1. The focus of this discussion is the presence of sexual objectification in our society. To get started, what do you think sexual objectification means?

**Moderator:** Thank you for your responses. For the purposes of this discussion, we define Sexual objectification as when the body is viewed as an object. The emphasis is put on external characteristics or appearances, like hair, skin color and body shape, rather than internal attributes.

2. Now, we would like to do a brief written exercise (*Pass out Writing activity #1*). We would like to learn about examples of what you feel are sexual objectification. These can be examples of sexual objectification that you have seen happen to other women either in daily life or in the media, or they can be examples that you have personally experienced. You do not need to specify whether or not these are personal examples. On the sheet provided, please write down your examples of sexual objectification. When you're finished, please place the sheet in your folder,

and I will collect it at the end. *(Allow 5 minutes for them to record their responses – or less, if everyone appears to be done).*

**Moderator:** There is a link between sexual objectification, especially in the media, and the idea of beauty that is promoted in our society. Next, we want you to discuss ideal body types and shapes.

3. What body type does our society promote as ideal?
4. Is the societal ideal consistent for all women?

**Moderator:** Now, I would like to ask some clarification questions about the examples of sexual objectification you provided earlier.

5. How frequently do you personally experience or see other women being sexually objectified?
6. In general, where do you see or experience sexual objectification most often?

**Moderator:** Now, I would like you to tell me about what, if any, affect the experiences we've discussed have on you. As a reminder, you don't have to answer if it makes you feel uncomfortable.

7. What is your immediate response when you encounter a sexually objectifying experience?  
**(Probe: What about when it happens to others or friends or when you see it in the media? Does it make a difference who is doing the objectifying?)**
8. Next, we are going to do a last written exercise (*Pass out Writing activity #2*). How do you think frequent and persistent exposure to sexual objectification can impact a woman and her behaviors? What are the potential long-term consequences? Once you have made your list, please indicate the two you think are most important. When you're finished, please place the sheet in your folder, and I will collect it at the end. *(Allow 5 minutes for them to record their responses – or less, if everyone appears to be done. Prompt/probe, if necessary).*
9. As a result of participating in this discussion, has your awareness or thoughts about sexual objectification changed?

#### 4) Concluding remarks

**Moderator:** I would like to thank you all for coming and talking with us about these topics. We appreciate the comments you have contributed. We hope you will take some new information away from this discussion, as well. **One final thing before you leave, we need you to complete a quick demographics survey. Once you've filled it out, please place it in your folder and turn it in to Ellyn, and she will give you your gift card for participating**

### Writing activity #1

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Sexual objectification occurs when the body is viewed as an object. The emphasis is put on her external characteristics, like hair, skin color and body shape. Please write down examples of sexual objectification that you have seen or experienced in the two categories. Please write a “1” next to the example you feel occurs most often, and a “2” next to the example you feel occurs the second most often.

Daily life	Mass media



## **Vita**

Ellyn Elizabeth Leighton-Herrmann was born November 29, 1985 in Baltimore, Maryland. She graduated from Jamestown High School in Williamsburg, Virginia in 2003. She graduated from Virginia Polytechnic Institute & State University in Blacksburg, Virginia in 2008 with Bachelor of Science degrees in Human Nutrition, Foods, and Exercise and Psychology. She received a Master of Arts degree in Psychological Sciences from James Madison University in Harrisonburg, Virginia in 2010. She will graduate with her Doctor of Philosophy degree in Social and Behavioral from Virginia Commonwealth University in Richmond, Virginia in May 2014.

### **Professional Research Positions**

2010-2014, Graduate Research Assistant, Department of Social & Behavioral Health, Virginia Commonwealth University, Richmond, VA

2009- 2010, Graduate Advisor for Peer Health Education Programs, University Health Center's Student Wellness and Outreach Office, James Madison University, Harrisonburg, VA

2008- 2009, Graduate Research Assistant, Alvin V. Baird Attention & Learning Disabilities Center, James Madison University, Harrisonburg, VA

2006- 2008, Research Assistant, Child Studies Center, Virginia Polytechnic Institute & State University, Blacksburg, VA