

THE IMPACT OF INDIVIDUAL DIFFERENCE
VARIABLES ON WOMEN'S PERCEPTIONS OF
SEXUAL OBJECTIFICATION

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Sexually objectifying experiences, such as a man staring at a woman's breasts or making inappropriate sexual comments to a woman, are common occurrences in Western society (Hill & Fischer, 2008) and have been related to a variety of negative wellness outcomes for women including body image issues, disordered eating, depression, and sexual dysfunction (Calogero & Thompson, 2009; Noll & Twenge, 1998; Szymanski, & Henning, 2007; Tiggemann & Kuring, 2004). Although there is a vast amount of research regarding the consequences of sexual objectification, there has been little exploration on differences in how women perceive sexually objectifying behaviors and the way in which women come to hold such beliefs. This study attempts to fill the gap in objectification literature by exploring individual difference variables that impact women's perceptions of sexual objectification. Specifically, the study examined the extent to which contingent self-esteem, internalization of beauty ideals, hyperfemininity, traditional gender role beliefs, and past experiences of objectification predict a woman's perception of sexual objectification. Survey data collected from 199 undergraduate and graduate female University students was analyzed. Gender role beliefs and hyperfemininity were found to be significant predictors of sexual objectification, with more traditional gender role attitudes and higher levels of hyperfemininity predicting more accepting views of sexual objectification. Additionally, hyperfemininity was found to account for a significant amount of variance in sexual objectification above and beyond that accounted for by gender role beliefs, demonstrating that the two are distinct constructs from one another and provide unique and valuable information in understanding how women perceive objectifying experiences. The findings have several important implications, including providing an understanding of factors that may increase a woman's vulnerability to placing herself in objectifying contexts and recognition of specific variables to focus on in clinical contexts to minimize client endorsement of sexual objectification and participation in sexually objectifying environments.

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CHAPTER I

INTRODUCTION

In a culture where women are commonly portrayed as decorative objects by the media (Vincent, Davis, & Boruskowski, 1987) and often the recipients of sexist behaviors (Swim, Hyers, Cohen, & Ferguson, 2001), females are exposed to sexual objectification from a young age. *Sexual objectification* occurs when women are perceived as objects or collections of body parts that are singled out from her and exist for the purpose of a male's pleasure (Bartky, 1990). Examples of sexual objectification include whistling or cat calling, making uninvited or sexual comments, staring at a woman's breasts during a conversation, and engaging in unwanted explicit sexual advances (Kozee, Tylka, Augustus-Horvath, & Denchik, 2007). Likely the most subtle and omnipresent form of objectification that women experience is the *objectifying gaze*, which occurs when a person visually inspects another individual's body (Kaschak, 1992). Experiences of objectification are ubiquitous within Western society, with women reporting personal encounters with sexist incidents (including sexual objectification) an average of one to two times per week (Swim, Hyers, Cohen, & Ferguson, 2001).

The ubiquitous forms of cultural and interpersonal objectification that exist within society are problematic. *Objectification theory* presents a theoretical framework to understand how the sociocultural context within which women live may be related to

psychological outcomes, including mental health risks, which are uniquely present for females (Fredrickson & Roberts, 1997). The proposed objectification theory model demonstrates the pathway by which objectification can lead to negative mental health outcomes through engagement in self-objectification. *Self-objectification* occurs when women internalize their objectification experiences and come to view them as objects to be valued based on physical appearance (Fredrickson & Roberts, 1997). Within the objectification theory model, sexual objectification is thought to lead to self-objectification, which in turn produces body shame, anxiety, reduced flow (complete absorption in an activity), and lower internal bodily awareness (e.g. hunger cues), ultimately resulting in women's increased mental health risks including eating disorders, depression, and sexual dysfunction (Fredrickson & Roberts, 1997).

Studies of the proposed objectification model have revealed that self-objectification has been linked to an increase in body shame, restrained eating behaviors (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998) and disordered eating (Tiggemann & Kuring, 2004). Self-objectification has also been linked to depression (Szymanski & Henning, 2007; Tiggemann & Kuring, 2004; Tiggemann & Williams, 2012), impaired sexual functioning (Calogero & Thompson, 2009; Steer & Tiggemann, 2008), difficulty in interpersonal relationships (Moffitt & Szymanski, 2011; Zubriggen, Ramsey, & Jaworski, 2011), and impaired cognitive functioning (Fredrickson et al., 1998; Gay & Castano, 2010; Hebl, King & Lin, 2004).

Differential Experiences of Objectification

As clearly demonstrated by objectification research, there are many consequences associated with sexual objectification; however it has been hypothesized that not all

women construe objectification in a similar fashion. Fredrickson and Roberts (1997) proposed that experiences of objectification are unique, stating that personal attributes and physical characteristics likely impact the way women experience and respond to sexual objectification. Despite this claim, no empirical studies have been completed to understand these individual difference variables that contribute to women's unique objectification experiences and perceptions.

Despite the lack of empirical investigation related to this topic, such a hypothesis that women differentially perceive and experience objectification can be informally supported through examination of some women engaging in self-sexualizing behaviors. *Self-sexualization* occurs when women present themselves as sexual objects to be used and consumed by others (APA Task Force on the Sexualization of Girls, 2007) and is exemplified through women choosing to work in social environments that support the objectification of women. Examples include posting provocative or "sexy" photos on social networking websites (Manago, Graham, Greenfield, & Salimkhan, 2008), undergoing plastic surgery (American Society of Plastic Surgeons, 2012), and participating in same-sex sexual encounters as a way to attract men (Hamilton, 2007; Jackson & Gilbertson, 2009; Ronen, 2010; Yost & McCarthy, 2012), which likely increase the risk of experiencing objectification. Although these examples demonstrate that women's attitudes toward sexual objectification likely differ since some women are more willing to place themselves in sexually objectifying situations, they fail to provide empirical support for women's perceptions of sexually objectifying behaviors.

The amount of empirical research on women's differing experiences related to objectification has been sparse. One study of women working at Hooters (a place that is

known for creating an atmosphere that promotes sexual objectification) found that women reported ambivalence related to their job as it had both negative aspects such as experiences of sexual objectification, but also several positive aspects including increased self-confidence, monetary benefits, and positive appearance-based attention from males (Moffitt & Szymanski, 2011). Another study found that watching sexually objectifying media was related to engagement in sexualizing behaviors and acceptance of self-sexualization by others (Nowatzki & Morry, 2009). Lastly, Liss, Erchull, and Ramsey (2011) found that enjoyment of sexualization was related to participants' level of hostile and benevolent sexism, conservative attitudes, and several specific aspects of traditional feminine norms (such as valuing thinness). Although these studies provide some level of information regarding women's perceptions of working in sexually objectifying contexts and factors related to self-objectification and enjoyment of sexualization, they fail to specifically examine women's overall perceptions of sexually objectifying behaviors.

As evidenced by the above statements, some women are not only accepting of sexual objectification, but encourage such experiences by placing themselves in highly objectifying contexts and engaging in self-sexualizing behaviors. Despite this observable evidence, and a small amount of empirical support on this topic, additional research is needed to examine the differences in how women perceive sexual objectification. The aim of the current study is to address this gap in the literature, exploring variables that predict the extent to which women find sexual objectification to be problematic. The following section addresses individual difference variables examined in the current study.

Individual Difference Variables

Contingent Self-Esteem

Self-esteem research has demonstrated both a global nature to self-esteem (Rosenberg, 1965) as well as domain-specific components (Marsh & Shavelson 1985; Woike & Baumgardner, 1993). Such domain-specific areas in which positive and negative experiences are linked to self-esteem are known as *contingencies of self-worth* (Crocker & Wolfe, 2001). Individuals that are high in *contingent self-esteem* (CSE) need to feel successful within contingent self-worth domains in order to increase their self-esteem and believe they are a person of worth (Crocker & Wolfe, 2001). Crocker, Luhtanen, Cooper and Bouverette (2003) describe two types of contingencies: external and internal. *External contingencies* include domains that require dependency on others for one's own satisfaction or placing worth in areas that are superficial to one's identity or must be earned, while *internal contingencies* are more abstract features of oneself that are self-validated (Crocker et al., 2003).

External contingencies that have been demonstrated to be prominent domains of CSE among college students include appearance, approval from others, and competition (Crocker, et al., 2003). People high in CSE are posited to continuously seek evaluation from others and engage in self-evaluation to achieve a higher level of self-esteem (Patrick, Neighbors, & Knee, 2004). Since people who are high in external CSE come to place a heavy emphasis on achievement and social acceptance (Baldwin & Sinclair, 1996), I propose that an objectifying gaze, which acknowledges a woman's attractiveness and sexual appeal, may become a way to reinforce a woman's level of appearance-based achievement and be a sign of social acceptance, making a woman high in externally CSE less likely to view such behaviors as problematic.

Internalization of Beauty Ideals

The *internalization of beauty ideals* is defined as the extent to which a woman accepts culturally defined physical appearance ideals as a standard for her own appearance and engages in self-regulating behaviors in an attempt to meet these standards (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Such self-regulating behaviors are evident through females placing themselves in objectifying contexts, such as working at Hooters or engaging in same-sex sexual behaviors as a way to try to attract men (Hamilton, 2007; Jackson & Gilbertson, 2009; Ronen, 2010; Yost & McCarthy, 2012) and receive physical appearance compliments (Moffitt & Szymanski, 2011). Additionally those who have internalized cultural beauty ideals exhibit a greater appearance-based focus of self and others, likely increasing women's level of self-objectification (McKinley & Hyde, 1996; Tiggemann, Verri, & Scaravaggi, 2005), objectification of others (Puvia & Vaes, 2013), and acceptance of cosmetic surgery (Henderson-King & Henderson-King, 2005). Therefore, I posit that those who have internalized beauty norms will be less likely to find objectification as problematic as they are already engaging in self-objectifying and other-objectifying behaviors.

Hyperfemininity

Hyperfemininity is defined as holding extreme gender role adherence beliefs within heterosexual relationships (Murnen & Byrne, 1991). Murnen and Byrne (1991) proposed that the hyperfeminine woman believes her sexuality is her primary value in a romantic relationship and views men's role as aggressive initiators of sexual activity. Research related to the hyperfemininity construct has revealed that women who are high in hyperfemininity are more likely to engage in victim blaming during a sexual coercion incident, are more accepting of rape myths, possess greater adversarial sexual attitudes,

and hold traditional views of women's rights and roles (Murnen & Byrne, 1991). Additionally, hyperfeminine women were found to possess more permissive sexual attitudes (McKelvy & Gold, 1994) and exhibit greater acceptance of self-sexualizing behaviors (Nowatzki & Morry, 2009). Based on the relationship between hyperfeminine characteristics and permissive sexual attitudes, endorsement of adversarial sexual encounters (Murnen & Byrne, 1991), and acceptance of self-sexualizing behaviors (Nowatzki & Morry, 2009), I hypothesize that hyperfeminine women will be less likely to find sexual objectification to be problematic. It is important to note that the term hyperfeminine as used in this paper refers specifically to gender role beliefs in heterosexual relationships and not the broader definition of hyperfemininity as it relates to attributes, behaviors, and roles associated with women.

Traditional Gender Role Beliefs

Gender roles are a general set of beliefs regarding appropriate behaviors, personality attributes, and expectations based on one's gender (Worell & Remer, 2013). Traditionally defined, gender role expectations differ for men and women in society, with men being expected to be aggressive, assertive, dominant, and forceful, while women are expected to be gentle, shy, and soft-spoken (Bem, 1974). Research examining traditional gender role endorsement reveals that such beliefs are associated with rape myth acceptance and sexual assault and sexual harassment victim blaming (Burt, 1980; Hilton, Harris, & Rice, 2003; Johnson, Kuck, & Schander, 1997; Talbot, Neill, & Rankin, 2010; Valentine-French & Radtke, 1989). Additionally, at a sexual level, the power differential that is created through adherence to traditional gender roles translates to men having more control in sexual encounters and men being viewed as aggressive sexual initiators

and women as passive consumers (Byers, 1996; Gagnon, 1990; Kalof, 1995; Kiefer & Sanchez, 2007; Sanchez, Kiefer, & Ybarra, 2006). Based on such findings, I hypothesize that traditional gender role beliefs will be associated with less problematic views of objectification as women who endorse such beliefs have been found to be more accepting of sexually inappropriate behaviors and accept a man's role as the sexual initiator.

Past Experiences of Objectification

Past personal sexual objectification experiences have been found to be linked to current sexual objectification for women as it increases a woman's likelihood of placing herself in an objectifying context (Boles & Garbin, 1974b; Lewis, 1998; Moffitt & Szymanski, 2011; Sweet & Tewksbury, 2000; Wood, 2000). Sweet and Tewksbury (2000) proposed that such a relationship may be due to both a woman's desire for attention and a familiarity of using one's body for achievement purposes. Such a proposal aligns with objectification theory (Fredrickson & Roberts, 1997), which posits that through experiences of sexual objectification women begin to self-objectify, taking on an observer's perspective of their body and focusing on their own sexual desirability to others.

Current research demonstrates that the vast majority of women working in objectifying environments such as strip clubs and Hooters have past objectification experiences, being involved in activities that are hyper-focused on physical appearance such as professional dancing, music or theater, entertainment employment, cheerleading, waitressing, athletics, and gymnastics (Boles & Garbin, 1974b; Lewis, 1998; Moffitt & Szymanski, 2011; Sweet & Tewksbury, 2000; Wood, 2000). I hypothesize that those who have past experiences of objectification will be less likely to find objectifying behaviors

as problematic due to the internalized view of self that result from objectifying experiences as well as previous empirical support between past objectifying experiences and current participation in objectifying contexts.

Current Study

Sexual objectification and its connection to self-objectification have been linked to a variety of negative mental health and wellness outcomes including body image issues, disordered eating, depressive symptoms, decreased cognitive functioning, and impaired sexual functioning (Fredrickson et al., 1998; Gay & Castano, 2010; Steer & Tiggemann, 2008; Szymanski & Henning, 2007; Tiggemann & Kuring, 2004). Although it has been proposed that the way women experience and respond to sexual objectification varies (Fredrickson & Roberts, 1997), little research has focused on factors that contribute to women's sexual objectification experiences and perceptions. This is an important area to explore as perceptions are related to behaviors (Bargh, Chen, & Burrows, 1996; Ferguson & Bargh, 2004). Therefore it is likely that the way a woman perceives objectifying experiences will impact her willingness to place herself in objectifying contexts that result in negative mental health outcomes as outlined by the objectification theory model.

The aim of the current study is to address the gap in the literature by exploring variables that predict the extent to which women find sexual objectification to be problematic. Specifically, this study will examine how several individual difference variables (contingent self-esteem, internalization of body ideals, hyperfemininity, traditional gender role beliefs, and past experiences of objectification) both together and individually impact a woman's perception of sexually objectifying behaviors. This study

will focus on the perceptions of heterosexual women as this is the population objectification theory is centered on; however examination of experiences of males and non-heterosexual females is likely of importance for future research.

The purpose of this study is to take an important step in mitigating the prevalence and impact of objectifying experiences and add to the objectification theory model by identifying potential factors that may precede the experience of sexual objectification that ultimately results in mental health consequences. First, such research will provide a greater understanding of women's perceptions of objectification and how they come to hold such views; ultimately allowing for identification of populations most vulnerable to objectification related experiences. Additionally, women's perceptions of objectification are important to understand as acceptance of sexual objectification may serve to perpetuate the continued objectification of self and others, leading to several mental health and wellness consequences. Such research can also be used within counseling, providing greater information on populations served as mental health issues that result from sexual objectification may prompt women to receive counseling services.

Research Questions

1. How well do contingent self-esteem, internalization of beauty ideals, hyperfemininity, traditional gender role beliefs, and past experiences of objectification predict women's acceptance of sexual objectification?
2. How much unique variance does each predictor variable (contingent self-esteem, internalization of beauty ideals, hyperfemininity, traditional gender role beliefs, past experiences of objectification) contribute to a woman's level of acceptance of sexual-objectification?

Hypothesis

1. H₀: Taken together, contingent self-esteem, internalization of beauty ideals, hyperfemininity, traditional gender role beliefs, and past experiences of objectification do not significantly predict women's perceptions of sexual objectification.

H_A: Taken together, contingent self-esteem, internalization of beauty ideals, hyperfemininity, traditional gender role beliefs, and past experiences of objectification significantly predict women's perceptions of sexual objectification.

CHAPTER II

METHODS

Participants

The sample consisted of 199 female undergraduate and graduate students who were 18 years or older and attended Oklahoma State University (OSU). Participant selection was completed through convenience sampling methods utilizing the OSU College of Education Sona system participant pool. Participants in College of Education courses received course credit or extra credit, as determined by their instructor, for participation in the study.

All participants identified as heterosexual and female, as these were criteria for inclusion of participant data in the analysis phase. The majority of participants identified as White (80.9%, $n = 161$), while the remainder of the sample was comprised of individuals who identified as African American (5.5%, $n = 11$), Hispanic/Latina (3%, $n=6$), Asian American (3.5%, $n = 7$), Pacific Islander (.5%, $n = 1$), Native/American Indian/Alaska Native (4.5%, $n = 9$), and Mixed race (2%, $n = 4$). Participants ranged in age from 18-53, with a mean age of 21.97 years ($SD = 5.79$). The majority of participants were completing their Sophomore year of undergraduate school (28.1%, $n = 56$), with the remaining participants being approximately equally distributed in relation to their year in

in school (19.1% Freshman, 19.6% Junior, 18.1% Senior, 15.1% Graduate School).

In regards to relationship status, the majority of participants identified as either single (not in a committed relationship) (41.7%, $n = 83$) or in a committed relationship (49.2%, $n = 98$), with the remaining participants reporting that they were currently married (7%, $n = 14$) or divorced (2%, $n = 4$). None of the participants reported that they were widowed or separated. Of the 199 participants, the majority reported having been primarily raised in Oklahoma and identified as Baptist (23.1%, $n = 46$). Other religious affiliations that participants commonly identified with were Catholic (10.6%, $n = 21$), Christian Church (Disciples of God) (17.1%, $n = 34$) and Methodist (12.1%, $n = 24$). Twenty-three (11.5%) participants marked that they “*Do not affiliate with a specific religion.*” A full list of all other responses for religious affiliation, state the participant was raised in, and overall demographic characteristics can be found in Table 1.

Instruments

Demographic form. Participants completed a demographic questionnaire, which included questions regarding participant sex, age, race/ethnicity, sexual/affectional orientation, relationship status, college year classification (i.e. Freshman, Sophomore, etc.), college major, state in which the participant was primarily raised, and religious affiliation. See Appendix D for a complete list of demographic questions.

Interpersonal Sexual Objectification Scale. The Interpersonal Sexual Objectification Scale (ISOS; Kozee, Tylka, Augustus-Horvath, & Denchik, 2007) is a 15 item questionnaire that assesses participants’ interpersonal sexual objectification experiences within the past year. ISOS questions are comprised of a two-factor structure: Body Evaluation (11 items; “How often have you seen someone stare at one or more of

your body parts?”) and Unwanted Explicit Sexual Advances (four items; “How often has someone made a degrading sexual gesture toward you?”). Refer to Appendix E for a complete list of measure items. The response format for the ISOS is a 5-point Likert-type scale (1 = never to 5 = almost always). A total ISOS score is computed by summing item scores, with higher ISOS scores indicating a greater level of sexually objectifying experiences.

I chose the ISOS measure to assess interpersonal sexually objectifying experiences due to its internal and external consistency and the scales prevalent use in objectification literature. Internal consistency scores for the total scale, Body Evaluation subscale, and Unwanted Explicit Sexual Advances subscale are .92, .91, and .78 respectively (Kozee, et al., 2007). These alpha values indicate ISOS consistency in test results through item homogeneity. In the current study, the Cronbach alpha coefficient for the ISOS in its original form was .92.

Additionally, the ISOS has been found to be a valid measure of interpersonal sexually objectifying experiences, demonstrating convergent, discriminant, and incremental validity (Kozee, et al., 2007). Convergent and discriminant validity were verified through the ISOS’s correlation to other valid measures that examine similar interpersonal objectification experiences and its lack of relationship to measures that fail to assess objectification-related constructs. As hypothesized by Kozee et al. (2007), in comparing the ISOS to the three subscales of the Schedule of Sexist Events (SSE) scale (Klonoff & Landrine, 1995), the ISOS was more strongly correlated with the Sexist Degradation subscale ($r = .55$) than the Unfair Sexist Events at Work/School subscale ($r = .35$) and the Unfair Treatment in Distant and Close Relationships subscale ($r = .39$).

Additionally, the ISOS's incremental validity was demonstrated by its ability to predict unique variance in body surveillance (5.7%) and internalization of the thin-ideal (7.5%) beyond that provided by the SSE subscale scores (Kozee et al., 2007).

For the purposes of the current study, two modified versions of the ISOS were used. The first revision included adding a response section next to the original ISOS scale for participants to rate their sexually objectifying experiences over their lifetime instead of just in the past year. This modification was incorporated into the study as a means to assess a greater timeframe of potentially objectifying situations that a participant may have encountered (refer to Appendix E to see the revised ISOS version). In the second modification of the ISOS, the scale instructions and question wording was modified to represent participants' level of acceptance of sexually objectifying behaviors. For example, the original ISOS question "Have you ever noticed someone staring at your breasts when you are talking to them?" was revised to ask participants how problematic they find "Someone staring at a woman's breasts while she is talking to him?" (Scale revisions in their entirety can be seen in Appendix F). For purposes of clarification, in the proceeding sections of this paper I will refer to the ISOS scale used in this study to examine past experiences of sexual objectification as the ISOS-L (examining lifetime experiences) or ISOS-Y (examining experiences in the past year) and the modified version used to examine participant perceptions of sexual objectification will be referred to as ISOS-P.

Due to the modified nature of the ISOS in assessing lifetime experiences of objectification and perceptions of objectifying behaviors, there is no current validity or reliability information on these revised versions. However, both modifications were

found to have a high level of internal consistency within the current study, with alpha coefficients of .92 and .90 for the ISOS-L and ISOS-P respectively.

Sociocultural Attitudes Towards Appearance Scale-3 (SATAQ-3). The SATAQ-3 is a 30-item measure that assesses the media's level of impact on a person's body image through examining the level of internalization, information, and pressure one experiences as a result of media exposure (Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2003). Analysis of SATAQ-3 items revealed a four factor structure, which includes Internalization-General, Information, Pressures, and Internalization-Athlete. For the purposes of this study only the Internalization-General and Internalization-Athlete subscales were used to specifically assess participants' level of acceptance and desire to meet the unrealistic beauty and body ideals that are represented in the media. The Internalization-General subscale has been successfully used in a stand-alone fashion in previous research (Vandenbosch & Eggermont, 2012; Suisman et al., 2010).

The Internalization-General subscale assesses participants' internalization of general society endorsed beauty standards, whereas the Internalization-Athlete subscale examines participant internalization of the athletic and toned body type. The Internalization-General (nine items) and the Internalization-Athlete (five items) are rated on a five-point Likert-type scale (1 = definitely disagree to 5 = definitely agree) with higher subscale scores indicating greater level of internalization. The two subscales consist of items such as "I compare my body to the bodies of people who are on TV" and "I compare my body to that of people in 'good shape'" (Thompson et al., 2003). Refer to Appendix G for a complete list of scale items.

The Internalization-General ($\alpha = .96, .92$) and Internalization-Athlete ($\alpha = .95, .89$) subscales demonstrate excellent internal reliability, indicating a high level of item consistency (Thompson et al., 2003). In the current study, the Cronbach alpha coefficient for the SATAQ-3 internalization subscales (general and athlete) was .95. The SATAQ-3 also demonstrates excellent convergent validity, as the scale is highly correlated with measures that assess similar constructs. The Internalization-General subscale was found to be correlated with the Eating Disorder Inventory (EDI; Garner, 1991) Drive for Thinness subscale ($r = .55, .57$) and Body Dissatisfaction subscale ($r = .32, .40$). Similarly, the Internalization-Athlete subscale was found to be moderately correlated with the EDI Body Dissatisfaction ($r = .38, .37$) and Drive for Thinness ($r = .17, .13$) subscales.

Contingencies of Self-Worth Scale (CSW). The CSW is a 35-item assessment instrument that examines participants' level of contingent self-worth (Crocker, Luhtanen, Cooper, & Bouvrette, 2003). The scale assesses the extent to which a participant's self-esteem is impacted by seven domains (others' approval, appearance, competition, academic competence, family support, God's love, and virtue), all of which exist on a continuum from external (dependent on others) to internal (relatively unconditional aspects of the self). Crocker et al., (2003) recommend using only specific subscales of theoretical interest in a study, instead of collapsing scores across domains. As such, for this study, we used the externally contingent domains of other's approval, appearance, and competition to assess participants' level of externally validated self-esteem. These three subscales consist of five items each and are rated on a seven-point Likert-type scale (1 = strongly disagree to 7 = strongly agree). Scale items include questions such as "My

self-esteem depends on the opinions others hold of me,” (other’s approval subscale), “My sense of self-worth suffers whenever I think I don’t look good” (appearance subscale), and “Doing better than others gives me a sense of self-respect” (competition subscale). A full list of scale items can be found in Appendix H. Scoring of the CSW scale requires reverse-scoring certain items and then averaging item scores. Higher scores indicate greater level of contingent self-esteem within that specific domain.

Internal reliability for the external subscales of the CSW scale demonstrates item consistency with alpha coefficients as follows: Others’ approval (.84), appearance (.79), and competition (.85). Test-retest reliability coefficients reveal the CSW’s ability to consistently measure the same construct over time. Coefficients represent a three month, 5.5 months, and 8.5 month timespan respectively: Others’ Approval (.76, .73, .67), Appearance (.75, .66, .66), and Competition (.74, .67, .61). In the current study the Cronbach alpha coefficient for the external subscales together was .89 and the alpha for the external contingent self-worth subscales were as follows: Others’ Approval (.79), Appearance (.74) and Competition (.91).

In addition to being a reliable measure, the CSW has also been shown to be a valid measure of contingent self-worth, demonstrating discriminant validity. The CSW scale was found to be distinct from the Big Five personality dimensions as measured by the Big Five Inventory (John, Donahue, & Kentle, 1992), with contingent self-worth domains and Big Five factors failing to correlate above a level of .28. Additionally, the CSW scale was found to be “empirically distinct from global personal self-esteem, collective self-esteem, narcissism, social desirability, and parents’ income” (Crocker et al., 2003, p. 904).

Hyperfemininity Scale (HFS). The HFS was used to assess participants' beliefs regarding adherence to stereotypic gender roles within heterosexual relationships (Murnen & Byrne, 1991). This measure consists of 26 forced-choice items such as “(a) These days men and women should each pay for their own expenses on a date. (b) Men should always be ready to accept the financial responsibility for a date” (refer to Appendix I for a complete list of scale items). Each item that endorses the criterion variable is worth one point, with higher HFS scores indicating traditional gender role attitudes and beliefs within heterosexual relationships.

The initial sample used in the development of the Hyperfemininity Scale demonstrated good internal consistency ($\alpha = .76$) with subsequent samples providing scores in the low .80's (Murnen & Byrne, 1991). In the current study, the Cronbach alpha coefficient was .75. Additionally, Murnen and Byrne (1991) found that the HFS demonstrated discriminate validity as it is not correlated with femininity or masculinity as assessed by the Bem Sex Role Inventory (Bem, 1974).

Social Roles Questionnaire (SRQ). The SRQ (Baber & Tucker, 2006) was used in this study to assess participant gender role attitudes. This 13 item scale uses a percentage scale from 0-100 with 10% increments (0% = strongly disagree and 100% = strongly agree) and consists of two subscales, Gender-Linked (8 items) and Gender-Transcendent (5 items). The Gender-Linked subscale of the SRQ assesses beliefs regarding adherence to certain tasks or roles based on gender, while the Gender-Transcendent subscale assesses the extent to which a person's beliefs transcend a dichotomous view of gender. Several items of the SRQ are reverse coded, with higher

scores indicating more traditional gender role beliefs. Please refer to Appendix J to see a complete list of scale items.

Both the Gender-Linked ($\alpha = .77$) and Gender-Transcendent ($\alpha = .65$) subscales of the SRQ demonstrate adequate internal consistency. In the current study, the Cronbach alpha coefficient for the General-Linked subscale and the Gender-Transcendent subscale were .76 and .56 respectively. Furthermore, for the current study, the internal reliability of the entire SRQ was .82.

In addition to being internally reliable, the SRQ also demonstrates both convergent and discriminant validity. The SRQ subscales were moderately correlated with three other social roles measures including the Attitudes Toward Women Scale (Spence, Helmreich, & Stapp, 1973), Attitudes Toward Marital and Childrearing Roles Scale (Hoffman & Kloska, 1995), and the Modern Sexism scale (Swim, Aikin, Hall, & Hunter, 1995; Swim & Cohen, 1997). Similarly, the SRQ also demonstrates discriminant validity as evidenced by the measures lack of relationship with the Personal Attributes Questionnaire (Spence & Helmrich, 1978), which measures personal psychological attributes and was hypothesized by the authors to be uncorrelated to SRQ scores (Baber & Tucker, 2006). Refer to Baber and Tucker (2006) for scale and subscale convergent and discriminant correlation coefficients.

Procedure

Data collection for this study was completed through the Oklahoma State University College of Education (COE) Sona system. Students enrolled in a COE course that was utilizing the Sona research system during the Spring 2014 semester had the opportunity to participate in research studies for course credit or extra credit as

determined by their instructor. Students wishing to participate in a COE research study accessed the Sona system using their assigned login credentials and were presented with a list of current research studies. Students who chose to participate in this study were automatically directed to the Qualtrics web-based system and presented with an electronic informed consent page that notified participants that involvement in the study was voluntary and they could choose to not participate or withdraw at any time. Additionally, participants were informed about confidentiality practices, notifying participants that names and identifying information would not be associated with their response. Participants had the option to click “Yes, I want to take the survey” or “No, I don’t want to take the survey.” If a participant selected the “No” option they were redirected out of the survey. By selecting the “Yes” option participants were providing informed consent to participate and subsequently were directed to an additional screen to complete the study measures.

Once participants gave informed consent they were first presented with a demographic questionnaire, followed by six additional measures: Interpersonal Sexual Objectification Scale (Lifetime and Past Year; ISOS-L/Y), Interpersonal Sexual Objectification Scale-Perceptions (ISOS-P), Contingent Self-Esteem Scale, Sociocultural Attitudes Towards Appearance Scale, Hyperfemininity Scale, and Social Roles Questionnaire. Scales were presented in random order through the Qualtrics block randomization feature. The ISOS-L/Y and ISOS-P scales moved as one block during the random selection order, with the ISOS-P preceding the ISOS-L/Y scale. The decision to have participants complete the ISOS-P before the ISOS-L/Y was due to my belief that remembering past experiences of objectification (as measured by the ISOS-L/Y) may

impact how participants perceive sexual objectification (as measured by the ISOS-P). Study completion took approximately 30 minutes and resulted in students receiving one Sona credit to be applied toward any College of Education course they were enrolled in that was using the Sona system that semester.

Data collection was concluded at the end of the Spring 2014 semester, with a total of 238 participants having completed the study. Prior to data collection, an a-priori sample size calculator for multiple regression was used to determine the proposed study's required sample size for a statistical power level of .8, with an alpha level of .05, and the use of five predictor variables. This analysis indicated a sample size of at least 91 participants. I anticipated that even after data cleaning the sample size of 238 participants would be sufficient to meet the sample size requirements as indicated by the power analysis and thus data collection was determined to be complete.

CHAPTER III

RESULTS

Hypothesis: *Taken together, contingent self-esteem, internalization of beauty ideals, hyperfemininity, traditional gender role beliefs, and past experiences of objectification significantly predicts women's perceptions of sexual objectification.*

Data Analysis Strategy

Data analysis includes descriptive statistics, Pearson correlational analyses, multiple regression analyses, and hierarchical regression analyses to examine correlations between variables, significance of the regression model as a whole, the significance of each individual predictor variable, and the unique contribution of variables after controlling for the other predictors. Statistical significance was assessed at the $p < .05$ level.

Statistical Assumptions and Preliminary Analyses

Prior to analysis, data was screened, statistical assumptions were examined, and instrument reliability was assessed.

Data screening. The data was manually screened to determine if participant demographics and the number of items completed met criteria for inclusion in the study (female, heterosexual, all measures completed). All participants who failed to complete the majority of items for several study measures were not used in data analysis.

Participants who had a minor amount of missing data points were included in the study and a pairwise deletion strategy was utilized resulting in participant data being included only for instruments in which they had completed all measure items. Of the 238 participants who completed the study, 199 met criteria for inclusion in the study.

Violation of regression assumptions. Analyses were performed to examine violations of multiple regression assumptions. The assumption that the independent variable is measured without error was addressed through careful selection of study measurements that have an adequate level of reliability. Reliability of assessment measures are as follows: Interpersonal Sexual Objectification Scale = .92, Internalization-General subscale of the Sociocultural Attitudes Towards Appearance Scale-3 = .96, Internalization-Athlete subscale of the Sociocultural Attitudes Towards Appearance Scale-3 = .95, External subscales of the Contingencies of Self-Worth Scale = .79 - .85, Hyperfemininity Scale = .76, Gender-Linked subscale of the Social Roles Questionnaire = .77, and Gender-Linked subscale of the Social Roles Questionnaire = .65. The assumption of linearity between the independent and dependent variable was examined by looking at a scatterplot and correlation matrix. As described below, it was found that only two of the five predictor variables met this assumption as three of the predictor variables were not correlated with the criterion variable. As such, following an analysis of the complete model, a reduced model was created and used for subsequent analyses.

Assumptions related to residuals were also examined. Homoscedasticity of residuals was assessed through examination of residual plots. The random scatter of the points verified that this assumption had been met (refer to Figure 2). Additionally a normal probability plot was used to assess the assumption of the residuals normal

distribution with a mean of zero. The normal probability plot revealed a relatively straight line, indicating that this assumption had been met and the residuals were in fact normally distributed (refer to Figure 3). Lastly, the assumption of independence of residuals was assessed through examining the Durbin-Watson statistic, which tests for correlated residuals. The Durbin-Watson statistic was 2.13, indicating that this assumption had been met (Garson, 2012).

Instrument reliability. As reported in the *Instruments* section, results indicated an acceptable level of reliability ($\alpha > .7$) for all scales and subscales, except for the Gender-Transcendent subscale of the Social Roles Questionnaire ($\alpha = .56$). Although the subscales of the Social Roles Questionnaire did not meet reliability standards, the SRQ as a whole (which was used in data analysis) did demonstrate acceptable internal consistency ($\alpha = .82$).

Analyses

Descriptive statistics and inter-correlations among study variables are presented in Table 2. Of particular importance, results revealed that perceptions of sexual objectification have a moderate negative correlation with hyperfemininity ($r = -.34$) and social roles (which measures gender role beliefs) ($r = -.31$), indicating that those who are more hyperfeminine or have more traditional gender role beliefs are less likely to find sexual objectification as problematic. Perceptions of sexual objectification were not found to be correlated with past experiences of sexual objectification (past year or lifetime), externally contingent self-worth, or the internalization of cultural standards of beauty.

Multiple regression was performed to examine the significance of the model as a whole, with predictor variables contingent self-worth, internalization of beauty ideals, hyperfemininity, social roles, and past objectification experiences predicting current perceptions of sexual objectification. The multiple regression model with all five predictors (contingent self-worth, internalization of beauty ideals, hyperfemininity, social roles, and objectification experiences in the past year) was significant $R^2 = .15$, $F(5, 169) = 5.94$, $p < .001$, indicating that the model accounted for a significant amount of the variance in perceptions of sexual objectification. Beta weights were examined to determine whether each predictor variable made a significant unique contribution to the regression model. As demonstrated in Table 3, hyperfemininity (beta = $-.26$, $p = .002$) and social roles (beta = $-.19$, $p = .02$) had significant negative beta weights, indicating that individuals who had higher scores on these scales were expected to find sexual objectification as less problematic, after controlling for the other variables in the model. As anticipated based on results from the correlational analysis, past experiences of sexual objectification, internalized beauty standards, and externally contingent self-worth did not have significant beta weights and thus did not contribute to the regression model.

Based on the results of the multiple regression analysis as well as the finding that three of the five variables failed to meet the linearity assumption of multiple regression, a reduced model that included hyperfemininity and social roles was analyzed for significance. The reduced multiple regression model with two predictors was significant and accounted for just slightly less variance in perceptions of sexual objectification than the original model $R^2 = .14$, $F(2, 179) = 15.08$, $p < .001$. These results indicate that 14% of the variance in perceptions of sexual objectification can be accounted for by one's

level of hyperfemininity and belief in traditional gender roles. Consistent with the first model, hyperfemininity ($\beta = -.25, p = .001$) and social roles ($\beta = -.20, p = .01$) had significant negative beta weights, indicating individuals who had higher scores on these scales were expected to find sexual objectification as less problematic, after controlling for the other variables in the model (refer to Table 4).

As the Hyperfemininity Scale and Social Roles Questionnaire both examine beliefs related to gender roles (with hyperfemininity specifically addressing beliefs regarding women's roles within heterosexual relationships), a hierarchical regression analysis was performed to determine if hyperfemininity was accounting for a significant amount of the variance in perceptions of sexual objectification above and beyond what was already accounted for by the social roles questionnaire. That is, the analysis was examining whether or not hyperfemininity measures an aspect of gender roles that is not already addressed by the Social Roles Questionnaire. Social Roles was entered in Step 1 of the hierarchical regression and explained 9.3% of the variance in perceptions of sexual objectification. After adding the Hyperfemininity Scale at Step 2, the total variance explained by the model as a whole was 14.4%, $F(2, 179) = 15.08, p < .001$. Therefore, the hyperfemininity measure explained a significant amount of additional variance in perceptions of sexual objectification (5.1%) after controlling for Social Roles, $R^2 \text{ change} = .05, F \text{ change}(1, 179) = 10.75, p = .001$. Again, both hyperfemininity and social roles were statistically significant, with the Hyperfemininity scale ($\beta = -.25, p = .001$) recording a slightly higher beta value than the Social Roles scale ($\beta = -.20, p = .01$) (refer to Table 5).

CHAPTER IV

DISCUSSION

Sexually objectifying acts are commonly experienced by women in Western society (Swim, Hyers, Cohen, & Ferguson, 2001) and have been linked to a variety of negative wellness outcomes including disordered eating, body image concerns, sexual dysfunction, depression, and interpersonal difficulties (Calogero & Thompson, 2009; Noll & Twenge, 1998; Szymanski, & Henning, 2007; Tiggemann & Kuring, 2004). Although there is a substantial amount of literature on sexual objectification, research to date has largely focused on the consequences of sexual objectification, failing to explore how women come to perceive and understand such experiences. In an attempt to fill this gap in the literature, this study explored the impact of individual difference variables on women's perceptions of sexual objectification. More specifically, the research aimed to gain an understanding of two primary questions: (a) How well do past experiences of sexual objectification, contingent self-esteem, internalization of beauty ideals, hyperfemininity, and traditional gender role beliefs explain differences in how women perceive sexual objectification? (b) How much unique variance does each of the five predictor variables contribute to a woman's level of acceptance of sexual-objectification? To my knowledge, women's perceptions of sexual objectification have not received

empirical attention. As such, the findings in this study are all novel in the area of objectification research.

Hypothesis

The hypothesis under investigation was: Together, contingent self-esteem, internalization of beauty ideals, hyperfemininity, traditional gender role beliefs, and past experiences of objectification significantly predict women's perceptions of sexual objectification. This hypothesis was supported. First, the model as a whole was statistically significant, indicating that together, the five predictor variables account for a significant amount of variance in women's perceptions of sexual objectification. Second, two of the five predictor variables (hyperfemininity and gender role beliefs) accounted for a significant amount of the variance in perceptions of sexual objectification. However, despite the significance of the model, three of the five predictor variables (past experiences of sexual objectification, internalization of beauty ideals, and contingent self-esteem) did not meet the linearity assumption and were not correlated to perceptions of sexual objectification. Therefore, the full model which included all five predictor variables was not appropriate to use. There are several reasons why past experiences of sexual objectification, internalization of beauty ideals, and traditional gender role beliefs may have not been related to perceptions of sexual objectification.

Full Regression Model

Past experiences of objectification. Although research has found that past experiences of sexual objectification are related to greater incidence of women placing themselves in objectifying context (Boles & Garbin, 1974b; Lewis, 1998; Moffitt & Szymanski, 2011; Sweet & Tewksbury, 2000; Wood, 2000), findings from this study

seem to indicate that these past experiences do not necessarily translate into women being more accepting of objectifying behaviors. There are several possible reasons why this study did not find past sexual objectification to predict current perceptions of sexual objectification including the type of objectification experienced, who the perpetrator of the objectifying act was, and the context within which a woman is raised.

First, it is possible that it is not just the occurrence of sexual objectification that is important, but the type of objectification experienced. For example, it may be that women who experience less severe forms of sexual objectification (such as the objectifying gaze) become habituated to such behaviors resulting in the person viewing them as less problematic. This hypothesis would be in line with Khoo and Senn's (2004) findings that individuals who frequently receive e-mail's with sexist jokes or sexually harassing content are less likely to find these messages problematic. Such results support the position that past sexualized experiences may be related to women's decreased sensitivity to identifying sexually objectifying incidence and greater tolerance of these behaviors. On the other hand, those who experience more severe forms of objectification such as touching or fondling may be more distressed by the experience and therefore come to find it as more problematic. It may also be that those who are victims of the most severe forms of objectification such as rape, come to dissociate from the experience (Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003; Putnam, 2000), again impacting how they perceive such an experience. Therefore, it is possible there was no relationship found between past experiences of sexual objectification and current perceptions of sexually objectifying behaviors because the type of objectification experienced impacts how one

responds to and comes to understand such experiences, which was not assessed in this study.

Additionally, perhaps the perpetrator of the sexual objectification incident may also impact how a woman perceives such experiences. For example, it is possible that a woman who is objectified by someone she perceives to be important in her life (i.e. friend, family member, spouse) will find it to be more problematic than a person who is less central to her life (i.e. guy at a bar).

Lastly, the culture in which people were raised may also impact their perceptions. That is, if individuals are raised in an environment where objectification is relatively accepted, then regardless of the number of times they experience such behaviors, they will not be as likely to find it as problematic as they have been socialized to view it as a “*normal*” or expected part of life for women.

In sum, I propose that there are three factors that may impact how women perceive objectifying behaviors and thus might have resulted in the insignificant findings between past experiences and current participant perceptions in this study: (a) the type of objectification experienced (b) who the objectifier was, and (c) the environment in which a person was raised.

Additionally, on a statistical level, it is also possible that there is a relationship between past experiences and current perceptions of sexual objectification, but the lack of variability in ISOS-Y scores led to this variable being non-significant in the regression model. Almost 80% of ISOS-Y scores fell between 1.00-3.00 on a five-point scale (refer to Table 6 for a complete list of scale response score frequencies for each predictor variable). It is possible that a study sample with greater variability in past experiences of

sexual objectification may have resulted in this variable being a significant predictor of current objectification perceptions.

Internalization of beauty ideals. Internalization of beauty ideals was also found to not be significantly correlated to perceptions of sexual objectification and thus did not contribute to the regression model. This finding is somewhat contradictory to previous research which has found that the internalization of beauty ideals is related to greater levels of self-objectification and objectification of others (McKinley & Hyde, 1996; Puvia & Vaes, 2013; Tiggemann, Verri, & Scaravaggi, 2005). However, although women who have internalized beauty norms are more likely to engage in objectifying practices, the findings in this study seem to indicate that their overall perceptions of objectification remain unchanged. One possible explanation for this is that perhaps the extent to which a person feels they have met the “ideal” standard of beauty impacts their perceptions of sexual objectification. As internalization has been linked to body shame (McKinley & Hyde, 1996) and body concerns (Tiggemann, Verri, & Scaravaggi, 2005), it is possible that some people who have higher levels of internalization may feel more shame about their body and thus are distressed when they are sexually objectified because another person is focusing on what they consider to be their “flaws.” Similarly, the body shame that results from internalization may impact the way the person views the objectification, finding it to be critical instead of complimentary, therefore causing distress and impacting how they perceive such objectifying experiences. Therefore differences in the extent to which those with high levels of internalization feel they have met the “ideal” standard of beauty may have impacted how they perceived the objectifying experience

and led to insignificant findings between internalization and objectification perceptions in this study.

Externally contingent self-esteem. Lastly, externally contingent self-esteem (self-worth that is dependent on others or must be earned) was also found to be unrelated to perceptions of objectification. According to Crocker and Wolfe (2001), a person must feel successful within specific domains of their life, such as their appearance, in order to feel of worth. Although it was hypothesized that those who were high in externally contingent self-worth would find sexual objectification as less problematic because it would reinforce a woman's appearance-based achievement and be a sign of social acceptance, it appears that at least with this sample, that was not the case. It is possible that those who are high in external contingent self-esteem, but do not feel that they are successful in these domains, may interpret sexual objectification from a more distressing and problematic frame of reference compared to those who feel successful within these domains. Therefore, differences in the extent to which participants felt they were successful within the external domains of self-worth may have led to the insignificant findings between CSW and perceptions of objectification in this study.

Additionally, there was minimal variability in scores for the CSW scale, reducing the chance of external contingent self-worth being a significant predictor in the regression model. Of the 199 responses on the CSW scale, almost 71% of scores fell between 4.00 and 6.00 on a seven-point scale. It is possible that with a less homogenous sample there would be greater variability in CSW scale responses and contingent self-worth would be a significant predictor of women's perceptions of self-objectification. Refer to Table 6 for a complete list of scale response score frequencies for each predictor variable.

Reduced Regression Model

The reduced regression model highlighted that hyperfemininity and gender role beliefs together and individually predict women's perceptions of sexual objectification. This finding suggests that how women view their roles within heterosexual relationships and within life in general will impact their acceptance of sexually objectifying behaviors. Although these findings are novel, they are in line with previous research that has found hyperfemininity and gender roles are related to women's perceptions of sexual behavior. Past research has found that women who are hyperfeminine have greater adversarial sexual attitudes (Murnen & Byrne, 1991), view sexually coercive behaviors as more justified (McKelvie & Gold, 1994), and have a greater acceptance of self-sexualization (Nowatzki & Morry, 2009). Additionally, traditional gender role beliefs are related to greater rape and sexual harassment accepting attitudes (Hilton, Harris, & Rice, 2003; Johnson, Kuck, & Schander, 1997; Mazer & Percival, 1989; Simonson & Subich, 1999; Talbot, Neill, & Rankin, 2010). Taken together, these findings appear to provide preliminary evidence that women's levels of hyperfemininity and beliefs about traditional gender roles influence how they view sexual behaviors including the extent to which they find sexual objectification to be problematic.

Hierarchical Regression

Although hyperfemininity and gender roles were both significant predictors in the model, I felt it was important to run a hierarchical regression analysis to determine whether hyperfemininity was accounting for a significant amount of the variance in perceptions of sexual objectification after controlling for gender role beliefs. I felt it necessary to do this as both constructs measure beliefs related to gender roles; however,

hyperfemininity is specifically related to heterosexual relationships. A hierarchical regression analysis revealed that the Hyperfemininity scale did in fact lead to a significant increase in R-squared. This finding indicates that the Hyperfemininity scale accounts for a significant amount of variance in perceptions of objectification above and beyond what is accounted for by the Social Roles Questionnaire. Although it may have been presumed that the Social Roles Questionnaire and Hyperfemininity scale measure the same constructs, this provides evidence that there is distinction between them and their impact on perceptions of sexual objectification. Therefore, both measures are important to gaining a full understanding of how women perceive objectifying behaviors.

Limitations

There are several limitations to the current study which should be taken into consideration. First, the use of convenience sampling limits the generalizability of the research results to a larger population, as the study examined a very specific group of individuals. First, the aim of the study was to examine the experiences of heterosexual women. Therefore, these results cannot be generalized to males or individuals who do not identify as heterosexual. Additionally, due to the use of a convenience sample, participant demographic characteristics were fairly homogenous in regards to race, age, education level, geographic location, and location in which the participant was primarily raised. Eighty-one percent of the sample identified as White, 92% were between the ages of 18-24, 62% were raised in Oklahoma, and all participants had at least some college education and were living in Oklahoma. Such a study sample will inhibit the ability to generalize results to other races, age ranges, education levels, and geographic locations.

Another potential limitation is the use of self-report data, which may impact research results due to potential participant bias such as forgetting past events, reporting in a socially desirable way, or participants' current mood impacting their responses. For example, participants may have selective memory, making it difficult to provide an accurate representation of past events when answering the Interpersonal Sexual Objectification Scale items. Additionally, participants may have wanted to respond in a manner that would be viewed favorably by others, which could have impacted responses related to how problematic they found sexually objectifying behaviors. It is also possible that those who chose to complete this study (as opposed to approximately a dozen other possible studies they could have participated in on the Sona system), may represent a distinct group of individuals who had some level of interest in the topic; which again could have impacted results.

Furthermore, the use of a standard multiple regression analysis may create limitations in interpreting results. This type of design does not allow for causal conclusions to be made in regard to the relationship between individual difference variables and perceptions of sexual objectification. A regression analysis only examines the relationship between variables in one direction, inhibiting the ability to understand whether the predictor variables (contingent self-esteem, internalization of beauty ideals, hyperfemininity, traditional gender roles, and past experiences of objectification) impact perceptions of objectification, vice versa, or if there is a potentially circular relationship that exists.

Implications of Findings

The findings of this study have several implications. First, this study adds novel information to the field of sexual objectification research. Past research has largely focused on the consequences of sexual objectification, but has failed to understand how women perceive such experiences. The goal of this study was to fill a gap in the current literature by providing a greater understanding of what factors may impact how women come to view sexual objectification.

Additionally, this study provides information on specific variables that might lead to the continued cycle of objectification. Since people's behaviors are impacted by their perceptions (Bargh, Chen, & Burrows, 1996; Ferguson & Bargh, 2004), it is plausible that those who perceive objectification to be less problematic will be more likely to self-objectify, objectify others, and reinforce that objectification is acceptable, resulting in the person not only placing themselves in objectifying contexts that could have negative mental health consequences, but also perpetuating the continuation of objectification of others. Although limited, these findings are a start at identifying beliefs that may help lead individuals to become relatively vulnerable to placing themselves in objectifying contexts and reinforcing sexually objectifying behaviors by others. Specifically, hyperfemininity and traditional gender role beliefs may play a part in this process as they are associated with greater acceptance of sexual objectification.

Lastly, the findings of this study offer practical implications for mental health service providers. Results of this study highlight the possibility that women who find objectification less problematic may be more likely to place themselves in objectifying contexts. If this is the case, then they may be more likely to be in need of therapeutic services due to having been in more sexually objectifying contexts. This study provides

information on specific variables (hyperfemininity and gender role beliefs) to focus on in counseling that may minimize client's endorsement and participation in sexually objectifying context, leading to a reduction in negative wellness outcomes (i.e. disordered eating, sexual dysfunction, depression). Thus, if mental health professionals were to want to work with female clientele in a preventive manner regarding disordered eating, sexual dysfunction and depression, they should work with them to develop broader perceptions regarding overall gender roles and help them deemphasize the belief that a relationship with a man determines a woman's level of success and her sexuality is her primary value within romantic relationships.

Similarly, understanding how hyperfemininity and gender role beliefs impact objectification perceptions can help the therapist guide a client in the process of examining thoughts and feelings related to sexual objectification as they relate to the presenting problem. Such conversations could include both a discussion regarding the client's views on women's roles within society and romantic relationships as well as the processing of how such a belief system may contribute to the client's perceptions of sexual objectification and any negative wellness issues the client may be experiencing. This type of discussion can help the client connect how belief systems related to hyperfemininity and gender roles may impact other aspects of their life including their current perceptions, behaviors, and overall mental health and wellness.

Future Directions

Although this study provides preliminary information on the extent to which several various factors predict how women perceive sexual objectification, additional research is warranted on this topic. The homogenous sample used in this study precludes

generalization of findings. As such, future researchers could focus on how age, race, location, and education level may relate to perceptions of objectification. Similarly, the current study was focused on heterosexual women's perceptions of sexual objectification; however, research has demonstrated that women who identify as lesbian experience sexual objectification at a frequency similar to heterosexual women (Hill & Fischer, 2008). Therefore researchers could examine similarities and/or differences in how women who do not identify as heterosexual perceive sexual objectification. Additionally, this study focused on gaining a greater understanding of women's perceptions of sexual objectification as they are disproportionately the victims of such experiences. However, understanding men's perceptions of sexual objectification is likely important as well as it might shed light on factors that result in men's continued engagement in objectifying behaviors.

Future researchers could also look at possible consequences of being more accepting of sexual objectification. For example, are women who are more accepting of sexual objectification more likely to place themselves in objectifying environments? Similarly, are women who perceive objectification as less problematic also less likely to experience the negative consequences of such experiences? Research addressing these and similar questions will help further the understanding of how perceptions of objectification may be related to specific behaviors and wellness outcomes for women.

Lastly, although 14% of the variance in perceptions of sexual objectification was accounted for by the reduced regression model in this study, there is still a substantial amount of information regarding women's perceptions of objectification that is unknown. In order to gain an understanding of these influences, a qualitative approach such as focus

groups with women who are accepting of sexual objectification, should be employed. Further, future quantitative research on this topic could examine additional variables that may be linked to how women perceive objectification. Researchers could also further explore nonsignificant variables from this study, such as how women's perceptions of past experiences of sexual objectification may be linked to the type of objectification experienced (i.e. objectifying gaze versus sexual assault) and who the objectifier was (i.e. a close friend versus a stranger). Continuing to study this relatively untapped area of objectification research will lead to a greater understanding of factors that impact how women come to understand and perceive objectifying experiences. As research on objectification develops, there will be a greater potential to help reduce the occurrence of objectifying experiences and ultimately mitigate the consequences of sexual objectification.

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APPENDICES

Appendix A

Extended Review of the Literature

In a culture where women are commonly portrayed as decorative objects by the media (Vincent, Davis, & Boruskowski, 1987) and often the recipients of sexist behaviors (Swim, Hyers, Cohen, & Ferguson, 2001), females are exposed to sexualization at a young age. The *sexualization* of a woman can occur in a variety of ways including valuing a woman solely for her sexual appeal or behavior, viewing her as an object for the pleasure of others, equating physical attractiveness to sexiness, and imposing sexuality onto her (APA Task Force on the Sexualization of Girls, 2010).

As described in this definition of sexualization, one of its components is sexual objectification. *Sexual objectification* is defined as the perception of a woman as an object or a collection of body parts that exist for the purpose of a male's pleasure (Bartky, 1990). When a woman is sexually objectified she is denied her personhood through being valued solely for physical attributes as opposed to personality characteristics and is treated as an instrument of sexual pleasure. Sexually objectifying behaviors can be broken down into two primary categories: body evaluation and unwanted explicit sexual advances (Kozee, Tylka, Augustus-Horvath, & Denchik, 2007). Body evaluations occur when a woman's body is gazed at or when an individual engages in a behavior that

signifies that he has evaluated a woman's body (such as honking at a woman as he drives past her). Other examples of body evaluative sexual objectification include whistling or cat calling at a woman, making inappropriate sexual comments, and staring at a woman's breasts during a conversation (Kozee, et al., 2007).

A more extreme form of sexual objectification involves unwanted explicit sexual advances. This type of objectification is oftentimes more overt and may include physical contact such as a woman being inappropriately touched or fondled against her will (Kozee, et al., 2007). Such examples of unwanted sexual advances demonstrate sexual objectification at its most extreme form, which include sexual harassment, sexual assault, and rape, all of which involve the premise of a woman being an object that can be consumed and exposed for a male's pleasure.

Experiences of objectification are ubiquitous within Western society, with women reporting personal encounters with sexist incidents (including sexual objectification) an average of one to two times per week (Swim, Hyers, Cohen, & Ferguson, 2001). Likely the most subtle and omnipresent form of objectification that women experience is known as the objectifying gaze. The *objectifying gaze* occurs when a person visually inspects another individual's body (Kaschak, 1992). Other commonly used terms for this behavior are oogling, leering, or "checking out" a person. Such examples of the objectifying gaze are similar to that of body evaluation described above, which include a person staring or leering at a woman's body and a man staring at a woman's breasts while talking to her (Hill & Fischer, 2008). Fredrickson and Roberts (1997) identify varying contexts in which the objectifying gaze occurs, which include interpersonal interactions and media exposure.

Within interpersonal encounters, women are more likely to be gazed at than men (Hall, 1984). Supporting the position that women experience an objectifying gaze to a greater extent than men, Gervais, Vescio, Maass, Foster and Suitner (2012) found that women are more easily recognized based on their body parts compared to their whole body, supporting the notion that perceivers reduce women to that of a body part or collection of body parts. In addition to personal objectification experiences, individuals also come to view the objectification of others through media's portrayal of men and women. Advertisements often depict interpersonal interactions in which men enact an objectifying gaze onto a woman, with a man gazing at the woman and the woman looking off into the distance (Goffman, 1979).

Additionally, the sexual objectification of women can be found within virtually every form of media (television, music videos, movies, magazines, internet, computer games, advertising, etc.), in which there is a hyperfocus on women's bodies versus character (Grauerholz & King, 1997; Haninger & Thompson, 2004; Lampman et al., 2002; Montemurro, 2003; Mulvey, 1975; Sommers-Flanagan, Sommers-Flanagan, & Davis, 1993; Vincent, Davis, & Boruskowski, 1987; Ward, 1995). The media's use of sexual objectification is much more prevalent for women than men as women are portrayed as decorative objects in music videos, (Vincent, Davis, & Boruskowski, 1987), experience greater instances of sexually objectifying comments within television shows (Ward, 1995), are four times more likely to be nude in a movie (Greenberg et al., 1993), and are more likely to be sexually objectified within magazine ads (Plous & Neptune, 1997; Reichert, 2003; Soley & Kurzbard, 1986). Adding to the level of sexual objectification in the media is the use of dismemberment within advertising.

Dismembering an individual involves focusing on one body part instead of the whole body. Dismemberment frequently occurs in media's presentation of women, with 50% of advertisements dismembering women's bodies compared to only 17% dismembering men's bodies (Rudman & Verdi, 1993). The way media portrays women, including dismembering their bodies and portraying them with little to no clothing in music videos, TV, and movies, create a culture that normalizes the objectification of women.

Objectification Theory

The ubiquitous forms of cultural and interpersonal objectification that exist within society are problematic. *Objectification theory* presents a theoretical framework to understand women's lived experiences and the psychological outcomes, including mental health risks that are uniquely present for females (Fredrickson & Roberts, 1997). Within the objectification theory model it is proposed that the sociocultural context within which women live, produces an environment that enhances women's susceptibility to negative wellness outcomes. Upon initiation into the sexually objectifying culture, a girl begins to realize that the potential of objectification is nearly always present, but that she does not have the ability to determine the timing or extent of objectification she may experience nor the consequences that may follow such an evaluation (Fredrickson & Roberts, 1997). Objectification theory posits that through women's extensive experiences of objectification and the inability to predict sexual objectification, women begin to *self-objectify*, internalizing their experiences of objectification and at some level coming to view themselves as objects to be valued based on physical appearance (Fredrickson & Roberts, 1997). Through self-objectification, women come to view themselves from an observer's perspective, engaging in self-surveillance of their own body in an attempt to

anticipate the way they will be perceived by others and engaging in self-regulation of their appearance (Fredrickson & Roberts, 1997). According to McKinley and Hyde (1996), self-surveillance thus serves to help women meet cultural standards of beauty and escape negative judgments by others.

Objectification theory further posits that a preoccupation with one's own body that comes from constant self-surveillance is in part a reaction to the value that society places on a woman's physical appearance. The 'what is beautiful is good' phenomenon describes the way in which individuals link positive attributes to an individual that is attractive. For example, attractive people are viewed as more socially competent, intelligent, well-adjusted (Eagly, Ashmore, Makhijani, & Longo, 1991), socially desirable, and more likely to gain positive life outcomes such as a prestigious job, happier marriage, and fulfilling social and occupational lives (Dion, Berscheid, & Walster, 1972). Similarly, attractive people are perceived as friendlier (Chaiken, 1979) and possessing greater ability (Webster & Driskell, 1983). In addition to being perceived in a different light, attractive individuals also experience preferential treatment by others as they are more likely to be hired for a job compared to less attractive individuals (Watkins & Johnston, 2000). In a world in which physical appearance is highly valued, engaging in body surveillance becomes a way to anticipate how one will be evaluated by others and engage in self-regulation of one's appearance as a way to receive positive appraisal and treatment by others.

Although self-objectification and sexual objectification are commonly practiced behaviors, such experiences do not come without a cost. Objectification theory provides a proposed model that demonstrates the pathway by which objectification can lead to

negative mental health outcomes. Within this model, objectification is thought to lead to self-objectification, which in turn produces body shame, anxiety, reduced flow, and lower internal bodily awareness, ultimately leading to women’s increased mental health risks including eating disorders, depression, and sexual dysfunction (Fredrickson & Roberts, 1997). The model for objectification theory is demonstrated by Moradi and Huang (2008) in Figure 1.

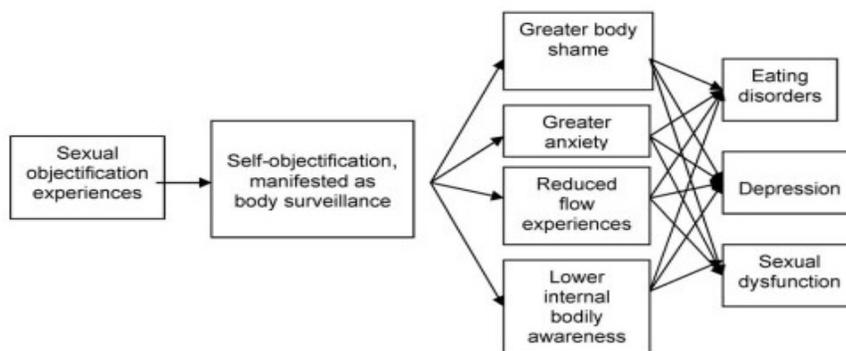


Figure 1. Objectification theory model (Moradi & Huang, 2008).

Within the objectification theory model, body shame refers to a negative emotion that women experience as a result of viewing oneself as failing to meet an internalized ideal of how a person’s body “should” look (Fredrickson & Roberts, 1997). The anxiety component of the model, according to Fredrickson and Roberts (1997), is the product of the potential to be objectified at any point, but the lack of awareness as to when and how such objectification will occur. Additionally, self-objectification is thought to limit an individual’s *flow*, a type of intrinsic motivation that involves the ability to be fully absorbed in a difficult but ultimately rewarding task (Csikszentmihalyi, 1982, 1990). Therefore, Fredrickson and Roberts, (1997) posit that those who self-objectify experience decreased instances of flow as self-awareness inhibits intrinsic motivation (Plant & Ryan,

1985). Lastly, self-objectification is thought to inhibit internal bodily awareness, creating a disconnect between a woman and her body which in turn decreases her awareness of bodily sensations (e.g. hunger cues), possibly as a result of perceptual resources being used to focus on outer versus inner body experiences (Fredrickson & Roberts, 1997). Ultimately, objectification theory proposes that body shame, anxiety, reduced flow and a lack of internal bodily awareness that result from self-objectification, impact women's mental health outcomes, such as their disproportionately common experiences with eating disorders, depression, and sexual dysfunction compared to men.

One of the most prevalent and well-studied mental health outcomes proposed by objectification theory is the connection between objectification and body image. Several studies examining this relationship have been experimental in nature, manipulating the salience of self-objectification as a way to provide for causal results. Within these causal designs, self-objectification has been linked to an increase in body shame (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998) and body-related thoughts (Quinn, Kallen, & Cathey, 2006). Replication of the studies with an ethnically diverse population found that the results were applicable to women of all ethnicities (Hebl, King, & Lin, 2004). For those high in trait objectification, both positive and negative appearance-based attention was related to body shame (Tiggemann & Boundy, 2008). Additionally, the mere anticipation of interacting with a male, which could potentially result in experiencing an objectifying gaze, was found to be enough to produce body shame and social physique anxiety in women (Calogero, 2004). Therefore body related concerns are not only a consequence of experiencing sexual objectification, but can also result from anticipation of an objectifying incident.

Such experiences of body shame, anxiety, and habitual body monitoring that result from self-objectifying situations have been linked to restrained and disordered eating behaviors (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; Tiggemann & Kuring, 2004). Engagement in disordered eating behaviors as a result of objectification experiences becomes particularly problematic as eating disorders can lead to life-threatening complications including heart failure, organ failure, and malnutrition and have the highest mortality rate of any mental illness (Harris & Barraclough, 1998).

In addition to body image issues and eating disorder symptomatology, objectification has also been linked to depression. Several studies have supported the objectification theory model as it relates to depression, finding that self-objectification is directly related to depression and also mediated by body shame, negative body regard, appearance anxiety, reduced flow, and decreased internal awareness (Hurt et al., 2007; Miner-Rubino, Twenge, & Fredrickson, 2002; Muehlenkamp & Saris-Baglama, 2002; Muehlenkamp, Swanson, & Brausch, 2005; Szymanski & Henning, 2007; Tiggemann & Kuring, 2004; Tiggemann & Williams, 2012).

Similarly, although far less empirically researched compared to body image and disordered eating, there is also a relationship between objectification and sexual functioning, with those who self-objectify experiencing decreased sexual functioning (Calogero & Thompson, 2009; Steer & Tiggemann, 2008). Self-objectification has also been found to be related to self-consciousness during sexual activity (Steer & Tiggemann, 2008). However, although there is empirically supported utility to the objectification theory model as it relates to sexual functioning, the degree of predictive validity in this area is much smaller compared to that for eating disorders and depression

and thus the relationship between sexual functioning and objectification can be best explained by accounting for additional constructs and variables (Tiggemann & Williams, 2012).

Although the connection between sexual objectification and mental health outcomes such as eating disorders, depression, and sexual functioning, is evident, it is not just within the area of mental health that objectification impacts a woman's well-being. Objectification has also been linked to deficits in interpersonal relationships and cognitive functioning. Within interpersonal relationships, objectification experiences by a romantic partner are related to decreased relationship satisfaction (Zubriggen, Ramsey, & Jaworski, 2011). Additionally, women in objectifying environments are more likely to narrow their presence during social interactions, spending less time engaging in conversation (Saguy, Quinn, Dovidio, & Pratto, 2010), which indicates that experiences of objectification may be related to social isolation. Similarly, women employed in objectifying environments create relationships that lack depth and authenticity, maintaining superficial and shallow relationships with customers by molding their demeanor to fit the desire of their customer (Moffitt & Szymanski, 2011). Lastly, women working in sexually objectifying environments perceive women as competition and engage in further isolating behaviors by distancing and disconnecting from other women (Moffitt & Szymanski, 2011). This finding can be generalized to society in general as women living in an objectifying environment report that social comparisons with other women make it difficult to develop intimate and satisfying relationships (Rubin, Nemeroff, & Russo, 2004). As such, sexual objectification has a significant impact on

virtually all types of relationships and social interactions and may inhibit a woman's ability to form intimate and lasting bonds, ultimately creating isolation.

Lastly, sexual objectification has been linked to a decrease in cognitive functioning. Objectifying experiences have been found to increase a woman's cognitive load, resulting in a decrease in cognitive resources available for other tasks and ultimately impairing a woman's cognitive functioning and performance (Gay & Castano, 2009). One such example of this is that women have been found to have diminished math performance when in an objectifying context (Fredrickson et al., 1998; Hebl, King & Lin, 2004).

Differential Experiences of Objectification

As clearly demonstrated by objectification research, the consequences of sexual objectification are apparent; however it has been hypothesized that not all women construe objectification in a similar fashion. Fredrickson and Roberts (1997) proposed that experiences of objectification are unique, stating that "Certainly not all women experience and respond to sexual objectification in the same way," but that personal attributes and physical characteristics combine to create "Unique sets of experiences across women, as well as experiences shared by particular subgroups" (Fredrickson & Roberts, 1997, p. 174). Despite this claim, little research has been completed to understand these individual difference variables that contribute to women's unique objectification experiences and perceptions. Specifically, an examination of the way in which women view or respond to sexual objectification has not been investigated.

Despite the lack of empirical investigation related to this topic, such a hypothesis that women differentially perceive and experience objectification can be informally

supported as women differ in their willingness to engage in self-sexualizing behaviors. *Self-Sexualization*, which is defined as presenting oneself as a sexual object to be used and consumed by others (APA Task Force on the Sexualization of Girls, 2007), can be exemplified through women's participation in work and social environments that support the objectification of women.

One way in which women can place themselves in an objectifying context is through participation in media and social networks. For example, women may willingly present themselves in a sexualized manner by participating in a form of media in which they are wearing little or no clothing. For instance, many young adult women are choosing to participate in videos such as "Girls Gone Wild" in which they expose their bodies to video cameras and those around them. According to Levy (2005), who interviewed college women who participated in "Girls Gone Wild" videos, it is not just celebrities engaging in these objectifying behaviors via media exposure, but shows like "Girls Gone Wild" involve "middle-class college kids on vacation" (Levy, 2005, p. 17).

With the prevalence of camera-enabled mobile phones and social networking sites, women can now easily post their own sexualizing photos for others to see through websites such as Facebook, MySpace, and Instagram. Such websites provide participants with the opportunity to visually display themselves to others through profile photographs and posting of pictures. With approximately 240 billion photos having been uploaded to Facebook since its creation (Facebook, 2013), Facebook and other social networking sites create an environment that potentially encourages women to self-sexualize through photo-sharing. For example, a qualitative study of MySpace users found that both male and female users of this social networking site report they believe women present

themselves in sexualized ways, posting provocative or “sexy” photos as a means to gain positive appearance-related commentary from other users (Manago, Graham, Greenfield, & Salimkhan, 2008). Additionally, the viewing of reality television programming has been related to greater instances of video sharing within sites such as YouTube (Stefanone & Lackaff, 2009), again creating an environment that supports the potential solicitation of self-sexualizing media.

In addition to media's impact on sexualization, women are also engaging in other self-sexualizing behaviors such as undergoing plastic surgery, joining sororities, and participating in same-sex sexual encounters as a way to attract male attention. All of these behaviors increase the woman's risk of experiencing objectification. The number of women undergoing surgery for breast augmentation increased from 32 thousand to 286 thousand between 1992 and 2012, (American Society of Plastic Surgeons, 2012). Such physical appearance modifications likely place women at a greater risk of experiencing sexual objectification such as the objectifying gaze. Another instance in which women are placing themselves in a context that promotes objectification is by completing the Greek rush process and joining sororities, which are known to have a particular focus on physical appearance and are considered a real-life objectifying context (Rolnik, Engeln-Maddox, & Miller, 2010). Evidence of objectification occurring in sororities can be demonstrated through women's reactions to sorority rush stating, “It was awkward, ego-crushing, and brought us to the depths of shallowness...The two minute convos are just a chance for as many girls to judge how pretty you are” (Rolnik, Engeln-Maddox, & Miller, 2010, p. 6).

Once in the sorority, the objectifying environment continues with social events, including themed parties, that encourage women to wear sexually revealing clothing (such as the “anything but clothes” party) and often include pressure to engage in sexualizing behaviors such as kissing other women in front of men (Hamilton, 2007). Despite the pressure and negative effects associated with Greek life, many women still place themselves in this objectifying environment, with as many as 25 percent of women at Oklahoma State University becoming sorority members (U.S. News, 2013). In addition to the Greek system, many college parties that women choose to attend also create an environment that encourages self-sexualization, increasing women’s likelihood of being objectified. For example, at many parties women dance sexually with other women (Ronen, 2010) and kiss or fondle women (Hamilton, 2007; Jackson & Gilbertson, 2009; Yost & McCarthy, 2012) as a way to gain attention and approval from men.

Taken together, the above studies demonstrate that college-age women have ample opportunities to place themselves in sexually objectifying contexts through participation in the Greek system and college parties (Hamilton, 2007; Jackson & Gilbertson, 2009; Rolnik, Engeln-Maddox, & Miller, 2010; Yost & McCarthy, 2012).

Even outside of the context of parties, something as simple as exercise has become sexualized, with women participating in cardio striptease, pole dancing, and other provocative exercise classes. Similarly, the name of some female fitness classes, such as “Tough Titsday” used by a Brooklyn, New York gym (CBS New York, 2013; Huffington Post, 2013), allude to physical appearance versus physical fitness goals, potentially encouraging women to self-objectify, viewing their bodies as an object for the pleasure of others.

Engaging in behaviors like plastic surgery for breast augmentation, kissing another girl to receive the attention of males, and participating in fitness classes such as pole dancing, are examples of women willingly placing themselves in sexually objectifying environments and engaging in self-sexualization. However, these examples fail to provide empirical support for women's involvement in objectifying contexts, the reason that women differentially place themselves in such environments, and women's perceptions of sexual objectification.

The amount of empirical research on women's differing experiences related to objectification has been sparse. One study by Szymanski, Moffitt, and Carr (2011) examined women's participation in Sexually Objectifying Environments. *Sexually Objectifying Environments* (SOE) is defined as contexts in which objectification is accepted and even promoted (Szymanski, Moffitt, & Carr, 2011). More specifically, SOE's are places in which the following criteria are met (a) traditional gender roles exist (b) there are more males than females present (c) men have greater power (d) there is a focus on physical appearance (e) the male gaze is both known to exist and be accepted (Szymanski, Moffitt, & Carr, 2011).

Moffitt and Szymanski (2011) examined the experiences of 11 women who worked in the sexually objectifying environment of Hooters restaurant in a hope to gain insight into women's experiences in an objectifying context. The study found that women reported some ambivalence related to working at Hooters as the job had both negative aspects such as experiences of sexual objectification, but also several positive aspects including increased self-confidence, monetary benefits, and positive appearance-based attention from males (Moffitt & Szymanski, 2011). Additionally, women reported that

the primary reason for working at Hooters was financial benefits including receiving significant money for what they perceived to be minimal work (Moffitt & Szymanski, 2011). Although this study provides information regarding women's experiences and motivation to work in a sexually objectifying environment, it fails to acknowledge factors that influence how women perceive sexual objectification.

Another study that provides empirical support related to the self-objectifying behavior of women is Nowatzki and Morry's (2009) study, which examined women's engagement in and acceptance of self-sexualizing behaviors. The authors analyzed the responses of 207 female university students in an attempt to determine their level of engagement in self-sexualizing behaviors and the extent to which they endorse the self-sexualization of others. Results revealed that watching sexually objectifying media was related to engagement in sexualizing behaviors and acceptance of self-sexualization by others. Hyperfemininity was found to be an individual difference variable that also aided in predicting women's internalized self-sexualization and endorsement of sexualizing behaviors of others (Nowatzki & Morry, 2009). Although this study provides a model for predicting women's acceptance of self-sexualization, it examines the general construct and fails to address specific components within sexualization (such as objectification). Additionally, this study focuses on women's behaviors versus their perceptions of others behaviors toward them. That is, it examines self-sexualization which is within a woman's control versus sexual objectification, which is largely outside of a woman's control. Therefore Nowatzki and Morry's (2009) study fails to provide an understanding of women's perceptions of sexual objectification.

Lastly, in an attempt to examine women's enjoyment of sexually objectifying experiences, Liss, Erchull, and Ramsey (2011) created and validated a questionnaire that measured women's enjoyment of sexualization and also examined factors related to sexualization endorsement. In a study of 282 women, the researchers found that enjoyment of sexualization was related to participants' level of hostile and benevolent sexism, conservative attitudes, and several specific aspects of traditional feminine norms (such as valuing thinness). However, such enjoyment was not found to buffer against negative self-objectifying effects (Liss, Erchull, & Ramsey, 2011). Although this study provides an examination on women's enjoyment of sexualization, it fails to specifically examine sexual objectification perceptions and also omits several other potential predicting variables. Additionally, this study examines women's individual enjoyment of receiving appearance-based attention from men, but fails to translate this enjoyment into overall perceptions of how problematic they find sexual objectification.

As evidenced by the above statements, some women are not only accepting of experiences of objectification, but are encouraging such experiences through placing themselves in highly objectifying contexts and engaging in self-sexualizing behaviors. Despite this observable evidence and a small amount of empirical support on this topic, additional research is still needed to examine the differences in how women perceive sexual objectification. The current study aims to address this gap in the literature, exploring variables that predict the extent to which women find sexual objectification to be problematic. The following section addresses individual difference variables to be examined in the current study.

Individual Difference Variables

Contingent self-esteem. A person's self-esteem has been suggested to possess both stable and unstable aspects, with state self-esteem fluctuating around an individual's trait (stable) self-esteem in response to positive and negative experiences (James, 1890). Additionally, research has demonstrated both a global nature to self-esteem (Rosenberg, 1965) as well as domain-specific components (Marsh & Shavelson 1985; Rosenberg, Schooler, Schoenback, & Rosenberg, 1995; Woike and Baumgardner, 1993). Such domain-specific areas in which positive and negative experiences are linked to self-esteem are known as *contingences of self-worth* (Crocker & Wolfe, 2001). Individuals that are high in *contingent self-esteem* (CSE) need to feel successful within contingent self-worth domains in order to increase their self-esteem and believe they are a person of worth (Crocker & Wolfe, 2001). According to Crocker and Wolfe (2001), domains of contingencies form over time as a result of socialization and social influences, such as parent-child interactions, cultural norms, and observational learning. Crocker, Luhtanen, Cooper and Bouverette (2003) describe two types of contingencies: external and internal. Components of *external contingencies* include domains that require dependency on others for one's own satisfaction or placing worth in areas that are superficial to one's identity or must be earned. *Internal contingencies* on the other hand are more abstract features of oneself that are self-validated (Crocker et al., 2003).

External contingencies that have been demonstrated to be prominent domains of CSE among college students include appearance, approval from others, and competition (Crocker, et al., 2003). *Appearance-based contingencies* refer to self-esteem that is based on the way one perceives and feels about their physical appearance (Crocker et al., 2003). *Others' approval contingencies* occur when an individual's self-esteem is based on

perceived approval and acceptance by others (Crocker et al., 2003). Lastly, *competition based contingencies* are those that involve feeling superior to others (Crocker et al., 2003). Failure to meet desired standards within a contingent domain is related to an increase in negative affect and a decrease in positive affect (Crocker, Sommers, & Luhtanen, 2002). Due to the need to demonstrate success and experience positive affect, it is posited that individuals set goals and give increased effort within domains in which their self-esteem is invested and therefore seek out tasks that affirm success within such areas (Crocker & Wolfe, 2001). This hypothesis has received some empirical support as it has been found that students spend a greater amount of time on contingent self-esteem related activities (Crocker et al., 2003). Therefore, as demonstrated by Crocker et al., (2003), contingent self-worth influences a person's behaviors.

One such example of contingent self-esteem's impact on behavior can be seen through Stefanone, Lackaff, and Rosen's (2011) study, which examined the relationship between contingency domains and Facebook behaviors. Three hundred and eleven college students from a communication class completed online surveys examining their social networking use, contingent self-worth, and offline relationships. Results revealed that those who were high in external contingencies (defined in the study as *public* contingencies), were more likely to engage in online photo sharing. This finding was particularly prevalent for participants who held appearance-based contingencies for self-worth (Stefanone, Lackaff, & Rosen, 2011). The results of this study demonstrate that external contingencies of self-worth motivate an individual's behavior, likely in an attempt to meet contingent self-worth needs such as approval and appearance validation. The need for external contingencies has been further validated by research that

demonstrates that a hypercompetitive orientation is related to acceptance of cosmetic surgery (Thorton, Ryckman, & Gold, 2013) and the drive for approval and appearance validation are related to working in sexually objectifying environment such as Hooters and exotic dance clubs (Moffitt & Szymanski, 2011; Pasko, 2002), therefore increasing a woman's likelihood of placing herself in an objectifying context.

Crocker and Knight (2005) propose that focusing on contingent self-esteem as a means to gain emotional benefits, such as the feeling of approval, may become addictive. Patrick, Neighbors, and Knee (2004) support this notion stating that CSE can lead to the continuous need to seek evaluation from others and engage in self-evaluation through social comparisons as a way to achieve a higher level of self-esteem. For example, as demonstrated previously, contingent self-esteem has been shown to influence a person's behaviors, with external contingencies (particularly appearance) being related to greater online photo sharing (Stefanone, Lackaff, & Rosen, 2011). This finding of increased photo sharing behaviors by women high in contingent self-worth may be an attempt to increase externally based feelings of competencies such as receiving acceptance by others, gaining appearance based worth, and feeling superior to others by posting photos that encourage evaluative commentary.

It is apparent that those who are high in externally contingent self-esteem rely on positive evaluation and feedback from others to improve their level of self-worth. Based on the complimentary intentions of many objectifying behaviors, I propose that objectifying experiences will be seen as less problematic to those who are high in contingent self-esteem. That is, those who are high in external contingent self-esteem need validation of their worth from others, making these women more likely to find

sexual objectification as complimentary and therefore perceiving such behaviors as less problematic than those who are low in external contingent self-esteem.

Additionally, a person who is contingent in self-esteem comes to place a heavy emphasis on achievement and social acceptance (Baldwin & Sinclair, 1996). Based on the plethora of benefits that come from being viewed as attractive, attaining a culturally defined standard of beauty may be seen as a form of achievement. An objectifying gaze, which acknowledges a woman's level of attractiveness and sexual appeal, may therefore become a way to reinforce a woman's level of appearance-based achievement and be a sign of social acceptance. Based on this, I again propose that women who have a high level of external CSE will view sexual objectification as less problematic than those who have a low level of external CSE.

Internalization of beauty ideals. *Internalization of beauty ideals*, also referred to as thin-ideal internalization, is defined as the extent to which a woman accepts culturally defined beauty ideals as a standard for her own appearance and engages in self-regulating behaviors in an attempt to meet such standards (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). McKinley and Hyde (1996) posit that such internalization serves as a way for women to view beauty standards as self-chosen versus a product of social pressure. The internalization of the often difficult to achieve beauty ideal has been linked to *body shame*, which can be defined as feeling negative toward oneself for failure to meet beauty standards (McKinley & Hyde, 1996). Bartky (1990) argued that an individual's level of body shame may be an indication of the extent to which the person has internalized cultural standards of beauty.

Additionally, the internalization of appearance standards has been found to be related to body concerns, potentially leading to self-objectification (Tiggemann, Verri, & Scaravaggi, 2005). When a woman begins to self-objectify she views her body from an outsiders perspective, self-regulating her appearance to match societal standards (Fredrickson & Roberts, 1997). The appearance concerns that result from an internalization of beauty ideals come in part as a desire to appeal to men in a romantic context, with those who place a greater value of their worth on romantic relationships experiencing greater appearance concerns (Sanchez & Kwang, 2007). The need to appear desirable to men can be demonstrated by women at parties placing themselves in objectifying contexts, such as kissing or fondling other women and dancing sexually with other women, in an attempt to receive male attention (Hamilton, 2007; Jackson & Gilbertson, 2009; Ronen, 2010; Yost & McCarthy, 2012).

Such a desire for male attention for the purpose of feeling validated can also exist outside of looking for a male partner as demonstrated by Moffitt and Szymanski's (2011) qualitative study in which they interviewed women who worked at Hooters. The study found that one reason for female participants enjoyment of working in a SOE was the positive appearance based attention they received from men. The external sources of validation led to an increase in the workers self-confidence with one woman stating "When guys like flirt with you or hit on you, you definitely just like, your self-esteem goes so up. Like the reason girls stay working there is because their self-esteem shoots up...guys are flirting with them, hitting on them, whatever, and definitely when I work I feel like my self-esteem goes up" (Moffitt & Szymanski, 2011, p. 95). As women who are high in the internalization of beauty ideals both endorse and attempt to replicate

socially prescribed appearance ideals, modifying one's behavior and appearance as described in the above examples likely becomes a way to receive male attention that reinforces having met such beauty standards.

Additionally, women who have internalized societal beauty standards are more likely to value their physical appearance and compare and evaluate other physically attractive women on the same dimension (Strelan & Hargreaves, 2005). This appearance-based focus on the self and others can lead women to reduce other females to that of an object, as internalization of beauty ideals is linked to the dehumanization of sexually objectified females (Puvia & Vaes, 2013). Additionally, those who have a high level of body shame, which can result from internalization of beauty ideals, are more likely to pursue Greek membership, placing themselves in an objectifying context (Basow, Foran, & Bookwala, 2007). Similarly, body shame related to having not met beauty standards has been associated with women's increased acceptance of cosmetic surgery (Henderson-King & Henderson-King, 2005), again potentially placing women at an increased likelihood of experiencing sexual objectification.

In sum, research has demonstrated a potential relationship between internalization of beauty ideals and sexual objectification perceptions. The desire for appearance-based male attention that comes from sexual objectification is evident through females placing themselves in objectifying contexts as a way to attract men (Hamilton, 2007; Jackson & Gilbertson, 2009; Ronen, 2010; Yost & McCarthy, 2012) and receive physical appearance compliments (Moffitt & Szymanski, 2011). Additionally those who have internalized cultural beauty ideals exhibit a greater appearance-based focus of self and others, leading to self-objectification (McKinley & Hyde, 1996; Tiggemann, Verri, &

Scaravaggi, 2005), objectification of others (Puvia & Vaes, 2013), a greater likelihood of intending to join the sexually objectifying context of a sorority (Basow, Foran, & Bookwala, 2007) and the acceptance of cosmetic surgery (Henderson-King & Henderson-King, 2005). Therefore, I posit that those who have internalized beauty norms will be less likely to find objectification as problematic as they are already engaging in self-objectifying and other-objectifying behaviors and placing themselves in objectifying contexts.

Adding further support to this hypothesis, the internalization of beauty ideals has been found to be related to body shame, which likely results from the inability to achieve culturally endorsed appearance standards (McKinley & Hyde, 1996). However, due to the complimentary nature of sexual objectification (such as catcalls and whistling, which indicate a positive appearance based evaluation), I again hypothesize that women who have internalized beauty ideals will find sexual objectification as less problematic due to such experiences being perceived as an indication that the woman has met culturally approved appearance standards. That is, women who have internalized beauty ideals place a high value on physical appearance and meeting socially approved beauty standards; therefore any experiences that entail what can be perceived as a positive appearance evaluation gives the notion that a woman has met such standards and therefore will not be seen as a problematic behavior.

Hyperfemininity

Hyperfemininity is defined as holding extreme gender role adherence beliefs within heterosexual relationships (Murnen & Byrne, 1991). The existence of a hyperfemininity construct was originally proposed by Murnen and Byrne (1991) as a

means to examine the way in which some women may come to view themselves as sexual objects and how such perceptions are related to women's views of sexual coercion. Murnen and Byrne (1991) proposed that the hyperfeminine woman was one who "Believes that her success is determined by developing and maintaining a relationship with a man and that her primary value in a romantic relationship is her sexuality; hyperfeminine women use their sexuality to obtain the goal of relationship maintenance...(and) hold expectations that men will also uphold their part in a traditional relationship – that of aggressive sometime forceful, initiators of sexual activity" (p. 480).

Murnen and Byrne (1991) created the Hyperfemininity Scale and examined the relationship between hyperfemininity and perceptions of sexual coercion among 78 females enrolled in a university psychology course. Participants read vignettes in which some form of sexual coercion was presented between two people of varying relationships. Participants were then asked to provide feedback on the appropriate way for the woman in the vignette to respond to the sexually coercive experience. Women high in hyperfemininity responded with actions that were less harsh in nature compared to women lower in hyperfemininity. Additionally, hyperfeminine women were more likely to place greater blame for sexual coercion on the female, were higher in rape myth acceptance, and possessed greater adversarial sexual attitudes and traditional views of women's rights and roles (Murnen & Byrne, 1991).

Adding to Murnen and Byrne's (1991) research, McKelvie and Gold (1994) further examined the definition of hyperfemininity by surveying 270 female introductory psychology university students. The study revealed that hyperfeminine women viewed sexually coercive behavior as more justified in certain situations (such as when the man

was highly prestigious) and were more likely to engage in a romantic relationship with such a man, compared to women low in hyperfemininity (McKelvie & Gold, 1994). Additionally, hyperfeminine women were found to possess more permissive sexual attitudes, being more likely to endorse statements such as “It is alright to pressure someone into having sex” (McKelvy & Gold, 1994).

Hyperfeminine women have also been found to be attracted to and date a certain type of man (Maybach & Gold, 1994). A study of 126 female college students found that women high in hyperfemininity are more likely to be attracted to hypermasculine or “macho” men who engage in exaggerated stereotypic male gender role behavior (Maybach & Gold, 1994). Additionally, the female participants were also more apt to date a macho man and reported that a hypermasculine man resembled their current or past boyfriend (Maybach & Gold, 1994). Maybach and Gold (1994) argued that attraction to hypermasculine men is problematic as greater masculine ideology and hypermasculinity have been associated with perpetration of sexual assault and rape (Lackie & de Man, 1997; Locke & Mahalik, 2005; Mosher & Anderson, 1986; Pazzani, 2007; Thompson & Cracco, 2008; Vasquez Guerrero, 2009). Therefore, not only are hyperfeminine women more likely to find sexual coercion more acceptable and engage in victim-blaming when sexual assault occurs (Murnen & Byrne, 1991), but they are also more likely to seek out hypermasculine men that have an increased likelihood of becoming sexually aggressive (Mosher & Anderson, 1986; Mosher & Sirkin, 1984).

Lastly, as discussed previously, Nowatzki and Morry (2009) examined hyperfemininity in relation to acceptance and intentions of engagement in self-sexualizing behaviors. The authors found hyperfemininity to be an individual difference

variable that aided in predicting women's endorsement of self-sexualizing and acceptance of other women self-sexualizing. Based on the relationship between hyperfeminine characteristics and several aspects of sexual objectification, including permissive sexual attitudes, greater victim blaming in sexual assault incidents, endorsement of adversarial sexual encounters (Murnen & Byrne, 1991), and acceptance of self-sexualizing behaviors (Nowatzki & Morry, 2009), I hypothesize that women high in hyperfemininity will be less likely to find the components of sexual objectification, such as unwanted sexual attention and the objectifying gaze, to be problematic. Therefore, I propose that hyperfemininity will be associated with greater acceptance of sexually objectifying behaviors.

Traditional gender role beliefs

Unlike hyperfemininity, which primarily focuses on women's views of sexuality within a heterosexual relationship, gender roles (also referred to as sex roles), are a more general set of beliefs regarding culturally appropriate behaviors, personality attributes, and expectations based on one's gender (Worell & Remer, 2003). Traditionally defined, gender role expectations differ for men and women in society, with men being expected to be aggressive, assertive, dominant, and forceful, while women are expected to be gentle, shy, and soft spoken (Bem, 1974). Feminist theorists argue that power is the overriding theme of traditional gender attitudes, in which adherence to such roles results in a greater level of power for men than women (Wingood & DiClemente, 2000). Therefore, prescribing to or promoting traditional gender roles is in essence the endorsement of an unequal distribution of power. As described by feminist theory, traditional gender role socialization contributes to men's controlling and dominant behavior and creates an environment in which the viewing of women as sex objects for a

male's pleasure becomes normalized (Worell & Remer, 2003). In counterbalance to men's views and behaviors, women are taught to be passive and submissive to men, satisfying men's wants (Worell & Remer, 2003). Such gender role beliefs likely create an environment in which the sexual objectification of women is endorsed and seen as a normal part of daily interactions between men and women.

At its most extreme form, traditional gender role beliefs have been found to be related to greater acceptance of rape myths and greater victim blaming in sexual assault incidents (Angelone, Mitchell, & Lucente, 2012; Burt, 1980; Hilton, Harris, & Rice, 2003; Johnson, Kuck, & Schander, 1997; Mayerson & Taylor, 1987; Simonson & Subich, 1999; Talbot, Neill, & Rankin, 2010). *Rape myths* are defined as a set of widely held beliefs regarding rape, rape victims, and rapists that have virtually no factual basis and serve to justify male sexual assault against women (Burt, 1980; Lonsway & Fitzgerald, 1994). Women who hold traditional gender role beliefs are more likely to endorse rape myths, such as believing that women have an unconscious wish to be raped, women who are raped "ask for it," and women wearing certain clothing or engaging in certain sexual behaviors are at fault for rape crimes (Burt, 1980).

In addition to rape myth acceptance, several studies have specifically examined women's perceptions of rape by gathering their feedback to rape scenarios. These studies found that women who are high in traditional sex-role beliefs are more likely to engage in victim blaming, view rape victims as being more sexually suggestive, and perceive sexual aggression as less serious (Hilton, Harris, & Rice, 2003; Johnson, Kuck, & Schander, 1997; Simonson & Subich, 1999).

Similar results were demonstrated in Angelone, Mitchell, and Lucente's (2012) study in which 348 college students completed measures assessing victim and perpetrator attributions related to a date rape scenario. The study revealed that traditional gender role beliefs were associated with a greater level of victim blame and less emphasis on perpetrator responsibility. Supporting such findings, a meta-analytic review of 72 studies examining individual differences related to rape attitudes found that traditional gender role beliefs predicted rape acceptance (Anderson, Cooper, & Okamura, 1997). Similarly, Talbot, Neill, and Rankin (2010) examined rape-accepting attitudes of 1602 university undergraduate students. Participants completed surveys assessing college date rape attitudes, attitudes toward women, and demographic information. Researchers found that those who held more egalitarian versus traditional gender role beliefs were less likely to hold rape-accepting attitudes.

In addition to the relationship between gender-role beliefs, rape myths, and rape acceptance, traditional gender-role stereotypes (stereotypic attitudes of appropriate and inappropriate behaviors based on gender) are also related to women's perceptions of sexual harassment and sexism. Higher gender role stereotypic beliefs have been found to be related to acceptance of sexual harassment (Mazer & Percival, 1989). Valentine-French and Radtke (1989) examined the perceptions of 120 males and 120 females regarding a sexual harassment scenario in which the gender of the victim and the victim's reaction varied, ultimately resulting in six different experimental conditions. Results indicated that compared to those low in traditional gender role endorsement, both men and women who adhered to traditional gender role attitudes were more likely to blame the female victim of sexual harassment than the male perpetrator.

Foulis and McCabe (1997) further examined sexual harassment attitudes of male and female university and high school students and office workers, finding that gender role stereotypes was a greater predictor of sexual harassment perceptions than gender, gender-role, or sexual harassment experiences. Similar results have been found as it relates to sexism and discrimination, finding that those who hold more traditional gender role beliefs are less likely to detect sexist and discriminatory behaviors compared to those who hold more egalitarian views of gender (Leaper & Brown 2008). In a study of 600 middle school, junior high school, and high school girls, gender-role attitudes were found to be related to perceived sexism, with girls who held more gender-egalitarian attitudes being more likely to report sexual harassment experiences (Leaper & Brown, 2008). Leaper and Brown (2008), hypothesized that such findings may be related to gender schema theory, in which individuals perceive the world in ways that are consistent with their worldview (Martin, 2000). Based on gender schema theory, traditional gender role beliefs would reduce the salience of sexual harassment and ultimately decrease the likelihood of recognizing such experiences compared to those with egalitarian beliefs in which equality between men and women is endorsed (Leaper & Brown, 2008).

At a more subtle level, traditional gender roles are used as a means to navigate appropriate and inappropriate behavior and provide information on the roles that men and women are supposed to play in relation to one another. The traditional roles that depict men in the public sphere, being the breadwinner and decision-maker of the family and women depicted in the private sphere of the home as housewives, demonstrate the idea that men are the leaders and decision-makers of the home (Kalof, 1995). Such perspectives can be translated into sexuality, with men and women perceiving men to

have greater control related to sexual encounters (Kalof, 1995), which may include sexual objectification experiences such as rape, sexual harassment, and the objectifying gaze. As such, traditional gender roles have been found to decrease women's communication within sexual encounters and inhibit engagement in self-efficacious behaviors (Green & Faulkner, 2005).

This concept can be related more specifically to gender-based sexual roles and the sexual script. Traditional sexual scripts and gender-based sexual roles provide an outline for socially accepted male and female sexual behaviors (Gagnon & Simon, 1974; Kiefer & Sanchez, 2007). Traditional scripts promote men's role as that of the aggressive initiators of sexual encounters who determine the sexual activities engaged in, whereas women are expected to be the passive consumers, submitting to the male's desires (Byers, 1996; Gagnon, 1990; Gagnon & Simon, 1974; Kiefer & Sanchez, 2007; Sanchez, Kiefer, & Ybarra, 2006).

In sum, traditional gender-role endorsement encourages differential power between men and women, creating an environment in which men are dominant decision makers and women are submissive beings. At a sexual level, this power differential translates to men having control in sexual encounters, with men being viewed as aggressive sexual initiators and women as passive consumers (Byers, 1996; Gagnon, 1990; Gagnon & Simon, 1974; Kalof, 1995; Kiefer & Sanchez, 2007; Sanchez, Kiefer, & Ybarra, 2006). Additionally, traditional role beliefs have been associated with rape myth acceptance as well as rape, sexual assault, and sexual harassment victim blaming and acceptance (Burt, 1980; Hilton, Harris, & Rice, 2003; Johnson, Kuck, & Schander, 1997; Mayerson & Taylor, 1987; Mitchell & Lucente, 2010; Simonson & Subich, 1999; Talbot,

Neill, & Rankin, 2010; Valentine-French & Radtke, 1989). Based on such findings, I hypothesize that traditional gender role beliefs will be associated with less problematic views of objectification as women high in gender role endorsement are likely to be more accepting of sexually inappropriate behaviors and accept men's role as sexual initiators.

Past Experiences of Objectification

Cultivation theory (Gerbner, Gross, Morgan, & Signorielli, 1994) posits that over time socialization agents, specifically media, impact an individual's belief system, gradually leading to integration between the messages one receives and their own worldview, ultimately socializing individuals to possess specific beliefs and engage in certain behaviors. Cultivation theory's focus on the impact of consistent past exposure to certain themes presents a framework for understanding how previous socializing experiences of objectification influence women's current and future belief systems. Examining this theory as it relates to sexually objectifying media exposure and perceptions, Ward (2002) found that for women, the viewing of TV shows that depict females as sexual objects is related to a greater endorsement of women as sexual objects. This finding helps support the notion that through socialization agents that normalize the objectification of women, such as the media, women's belief systems begin to change to match that of societies. Such findings provide potential support for the impact of past media-based objectification experiences on current objectification perceptions.

Although cultivation theory and Ward's (2002) study focus specifically on media exposure as it relates to objectification, past personal sexual objectification experiences have also been found to impact a woman's current level of sexual objectification by increasing her likelihood of placing herself in an objectifying context (Boles & Garbin,

1974b; Lewis, 1998; Moffitt & Szymanski, 2011; Sweet & Tewksbury, 2000; Wood, 2000). Sweet and Tewksbury (2000) propose that both a desire for attention and a familiarity of using one's body for achievement purposes may provide some level of explanation for the relationship between past experiences of objectification and current willingness to place oneself in an objectifying context. Such a proposal aligns with objectification theory (Fredrickson & Roberts, 1997), which posits that through experiences of sexual objectification women begin to self-objectify, taking on an observer's perspective of their body and focusing on their own sexual desirability to others. Therefore, it is through repeated exposure to objectifying experiences that one begins to internalize other's perceptions, coming to view oneself as an object of desire (Fredrickson & Roberts, 1997).

Several findings have helped support the notion that past objectifying experiences are related to greater acceptance of placing oneself in future objectifying situations. Sweet and Tewksbury (2000) interviewed 20 strippers working in cities throughout the U.S. to gain insight into characteristics associated with a woman's decision to become a stripper. The researchers found that strippers tended to have an athletic or entertainment background that required the use of one's body for achievement and involved a hyperfocus on physical appearance, creating the potential for reducing a woman's body to that of an object. Additionally, 75 percent of the women in the study were previously employed as a waitress, which in some circumstances requires the use of one's bodies and physical appearance as a means for success (Sweet & Tewksbury, 2000). Supporting Sweet and Tewksbury's (2000) findings of the relationship between past body-focused experiences and placing oneself in an objectifying context, several other studies have

found that female exotic dancers oftentimes have a background in professional dancing, music or theater, and/or previous entertainment employment (Boles & Garbing, 1974b; Lewis, 1998; Wood, 2000).

Even within less explicit sexually objectifying environments, past participation in objectifying contexts has been associated with current participation in sexually objectifying environments. For example, in a qualitative study that examined the experiences and perceptions of eleven women working at Hooters, Moffitt and Szymanski (2011) found that participant's current employment at Hooters was related to previous experiences of objectification. Such previous objectifying experiences included "(a) body- and image-focused activities such as cheerleading, gymnastics, baton, and beauty pageants, (b) experiences in highly similar but slightly less objectifying appearance-focused restaurants, (c) childhood or adolescent experiences of objectification related to being generally attractive, and (d) racially prejudiced objectification" (Moffitt & Szymanski, 2011, p. 76). One worker reported that from a young age she felt the discomfort of appearance based attention stating, "I always grew up feeling objectified, as crazy as it sounds, in first grade these little Black boys used to sing 'Wild Thing' to me and it made me feel so uncomfortable...I don't remember what part of that made me feel uncomfortable, but I knew that it was a sexual song" (Moffitt & Szymanski, 2011, p. 77). Such objectifying experiences at a young age were a commonly described theme of many of the female participants working at Hooters.

In sum, the current research demonstrates that the vast majority of women working in objectifying environments such as strip clubs and Hooters have past experiences of objectification. Such objectifying instances include being involved in

activities that necessitate the use of one's body for achievement purposes and are hyperfocused on physical appearance including professional dancing, music or theater, entertainment employment, cheerleading, waitressing, athletics, and gymnastics (Boles & Garbin, 1974b; Lewis, 1998; Moffitt & Szymanski, 2011; Sweet & Tewksbury, 2000; Wood, 2000). Additionally, many of the women working in the SOE of Hooters reported objectification experiences related to their attraction level and racially prejudiced objectification (Moffitt & Szymanski, 2011). Objectification theory states that women begin to internalize an observer's perspective as a result of objectifying experiences and come to view herself as an object for the pleasure of others (Fredrickson & Roberts, 1997). Due to this internalized view of self that result from objectifying experiences, in addition to the previous empirical support between past objectifying experiences and current participation in objectifying contexts, I hypothesize that those who have past experiences of objectification will be less likely to find objectifying behaviors as problematic.

Current Study

Sexual objectification has been linked to a variety of negative mental health and wellness outcomes including body image issues, disordered eating, decreased cognitive functioning, and impaired sexual functioning. Although it has been proposed that the way women experience and respond to sexual objectification is unique (Fredrickson & Roberts, 1997), little research has focused on individual difference variables that contribute to women's sexual objectification experiences and perceptions.

Examining individual difference variables that impact sexual objectification perceptions is an important step in mitigating the prevalence and impact of sexually

objectifying experiences. First, such research will serve to provide a greater level of understanding of women's perceptions of objectification and how they came to hold such beliefs; ultimately allowing for identification of populations most vulnerable for negative wellness outcomes as a result of self-objectification and self-sexualization. Additionally, women's perceptions of objectification are important to understand as acceptance of sexual objectification may serve to perpetuate the continued objectification of self and others. For example, a woman who is accepting of objectifying behaviors may be more likely to place her daughter or other family members in objectifying situations, to teach her son or other men that objectification is acceptable, or to objectify other individuals, all of which ultimately perpetuate the problem and continue the cycle of objectification.

Additionally, research on women's perceptions of objectification can also be utilized within counseling. First, such research will provide greater information on populations served by counselors as the negative wellness outcomes that result from objectification may lead women to seek individual counseling services. Additionally, understanding women's perceptions of objectification will help counselors identify risk factors that may increase a client's likelihood of placing herself in an objectifying environment that may result in negative wellness outcomes. For those already accepting of sexual objectification and experiencing negative wellness outcomes, such research will identify specific variables to focus on in counseling that may minimize client's endorsement and participation in sexually objectifying experiences, ultimately reducing negative mental health outcomes (i.e. decrease internalization of beauty ideal, reduce level of externally contingent self-esteem, etc.). Additionally, a counselor's understanding of personal variables associated with objectification can help a therapist guide a client in

the process of examining sexual objectification experiences and feelings about the self as they relate to the presenting problem.

In an attempt to fill the current gap in the literature and to provide more information on client populations served and the cycle of objectification, this study will examine how several individual difference variables (contingent self-esteem, internalization of body ideals, hyperfemininity, traditional gender roles, and past experiences of objectification) impact a woman's perception of sexually objectifying behaviors.

Appendix B

Tables

Table 1

Sample Demographic Characteristics (N = 199)

Characteristic	<i>n</i>	<i>%</i>
Biological Sex		
Male	0	0
Female	199	100
Race		
Black/African-American Non-Hispanic	11	5.5
White, Non-Hispanic	161	80.9
Hispanic/Latino(a)	6	3.0
Asian American	7	3.5
Pacific Islander	1	.5
Native/American Indian/Alaska Native	9	4.5
Mixed	4	2.0
Sexual/Affectional Orientation		
Straight (Heterosexual)	199	100
Straight (Heterosexual)	0	0
Bisexual	0	0
Queer/Questioning	0	0
Omnisexual/Pansexual	0	0
Age		
18	16	8.0
19	48	24.1
20	51	25.6
21	18	9.0

Characteristic	<i>n</i>	%
Age		
22	22	11.1
23	10	5.0
24	12	6.0
25	3	1.5
26	3	1.5
27	1	.5
28	2	1.0
29	2	1.0
32	1	.5
39	1	.5
42	3	1.5
44	2	1.0
45	1	.5
48	2	1.0
53	1	.5
*All ages not listed had a frequency of 0.		
Year in School		
Freshman	38	19.1
Sophomore	56	28.1
Junior	39	19.6
Senior	36	18.1
Graduate	30	15.1
Relationship Status		
Single (Not in a committed relationship)	83	41.7
In a committed relationship	98	49.2
Currently married	14	7.0
Widowed	0	0

Characteristic	<i>n</i>	%
Relationship Status (continued)		
Divorced	4	2.0
Separated	0	0
College		
Agricultural Sciences & Natural Resources	5	2.5
Arts & Sciences	29	14.6
Center for Health Sciences	0	0
Center for Veterinary Health Sciences	0	0
Education	109	54.8
Engineering, Architecture, & Technology	4	2.0
Spears School of Business	26	13.1
Human Sciences	12	6.0
Other	13	6.5
State Primarily Raised In		
Arkansas	3	1.5
California	7	3.5
Colorado	1	.5
Connecticut	2	1.0
Illinois	2	1.0
Kansas	5	2.5
Louisiana	3	1.5
Missouri	1	.5
Nebraska	1	.5
New Mexico	1	.5
Oklahoma	123	61.8
Texas	42	21.1

Characteristic	<i>n</i>	%
State Primarily Raised In (continued)		
Virginia	1	.5
Wyoming	1	.5
Do not live in the continental U.S.	5	2.5

*All states not listed had a frequency of 0.

Religion

Atheist	7	3.5
Agnostic	8	4.0
Baptist	46	23.1
Buddhist	1	.5
Catholic	21	10.6
Christian Church (Disciples of God)	34	17.1
Church of Christ	8	4.0
Evangelical	2	1.0
Jewish	1	.5
LDS (Mormon)	1	.5
Lutheran	3	1.5
Methodist	24	12.1
Muslim	1	.5
Nazarene	4	2.0
Pentecostal	3	1.5
Presbyterian	5	2.5
Spiritual	8	4.0
Other	22	11.1

*Assemblies of God, Hindu, Seventh Day Adventist, and Universal Unitarian had a frequency of 0.

Table 2

*Bivariate Correlations between *ISOS-P, ISOS-Y, ISOS-L, SATAQ, CSW, HFS, and SRQ and Descriptive Characteristics*

Variables	Mean	SD	1	2	3	4	5	6	7
1. ISOS-P	3.82	.58	1	-.10	.06	-.06	-.01	-.34**	-.31**
2. ISOS-Y	2.29	.64		1	.83**	.24**	.15*	.19*	.15*
3. ISOS-L	2.44	.62			1	.26**	.13	.03	-.01
4. SATAQ	3.32	.77				1	.46**	.17*	-.03
5. CSW	4.56	.87					1	.25**	.00
6. HFS	.31	.15						1	.42**
7. SRQ	2.96	1.47							1

Note. * $p < .05$; ** $p < .001$ ISOS-P = Interpersonal Sexual Objectification Scale-Perceptions; ISOS-Y = Interpersonal Sexual Objectification Scale-Year; ISOS-L = Interpersonal Sexual Objectification Scale-Lifetime; SATAQ = Sociocultural Attitudes Towards Appearance Questionnaire; CSW = External Subscales of the Contingent Self-Worth Scale; HFS = Hyperfemininity Scale; SRQ = Social Roles Questionnaire.

Table 3

Regression Analysis Summary for Predictor Variables (full model)

Variable	<i>B</i>	<i>SE B</i>	β
ISOS-Y	-.01	.07	-.02
SATAQ	-.04	.06	-.05
CSW	.05	.06	.08
HFS	-.98	.31	-.26*
SRQ	-.08	.03	-.19*

Note. * $p < .05$; ISOS-L = Interpersonal Sexual Objectification Scale-Lifetime; ISOS-Y = Interpersonal Sexual Objectification Scale-PastYear; SATAQ = Sociocultural Attitudes Towards Appearance Questionnaire; CSW = External Subscales of the Contingent Self-Worth Scale; HFS = Hyperfemininity Scale; SRQ = Social Roles Questionnaire

Table 4

Regression Analysis Summary for Predictor Variables (reduced model)

Variable	<i>B</i>	<i>SE B</i>	β
HFS	-.94	.29	-.25*
SRQ	-.08	.03	-.20*

Note. * $p < .05$; HFS = Hyperfemininity Scale; SRQ = Social Roles Questionnaire

Table 5
Hierarchical Regression Analysis Summary for Social Roles and Hyperfemininity

Variable	<i>B</i>	β	R^2	ΔR^2
Step 1				
Social roles	-.08	-.20*	.09	.09**
Step 2				
Hyperfemininity	-.94	-.25*	.14	.05*

* $p < .05$

** $p < .01$

Table 6

Frequency of Scale Response Scores for Predictor Variables

Variable	Score	Frequency	Percent
Interpersonal Sexual Objectification Scale-Year			
	.00-.99	1	.5
	1.00-1.99	56	28.1
	2.00-2.99	101	50.8
	3.00-3.99	26	13.1
	4.00-5.00	3	1.5
Sociocultural Attitudes Towards Appearance			
	.00-.99	0	0
	1.00-1.99	10	5.0
	2.00-2.99	49	24.6
	3.00-3.99	86	43.2
	4.00-5.00	41	20.6
Contingent Self-Worth			
	.00-.99	0	0
	1.00-1.99	0	0
	2.00-2.99	11	5.5
	3.00-3.99	29	14.6
	4.00-4.99	89	44.7
	5.00-5.99	52	26.1
	6.00-7.00	10	5.0

Variable	Score	Frequency	Percent
Social Roles Questionnaire			
	.00-.99	20	10.1
	1.00-1.99	34	17.1
	2.00-2.99	44	22.1
	3.00-3.99	40	20.1
	4.00-4.99	34	17.1
	5.00-5.99	19	9.5
	6.00-6.99	1	.5
	7.00-7.99	1	.5
	8.00-8.99	0	0
	9.00-10.00	0	0
Hyperfemininity Scale			
	0-.25	75	37.7
	.26-.55	94	47.2
	.51-.75	18	9.0
	.76-1.00	1	.5

Appendix C

Figures

Figure 2. Residual plot used to assess for homoscedasticity of residuals

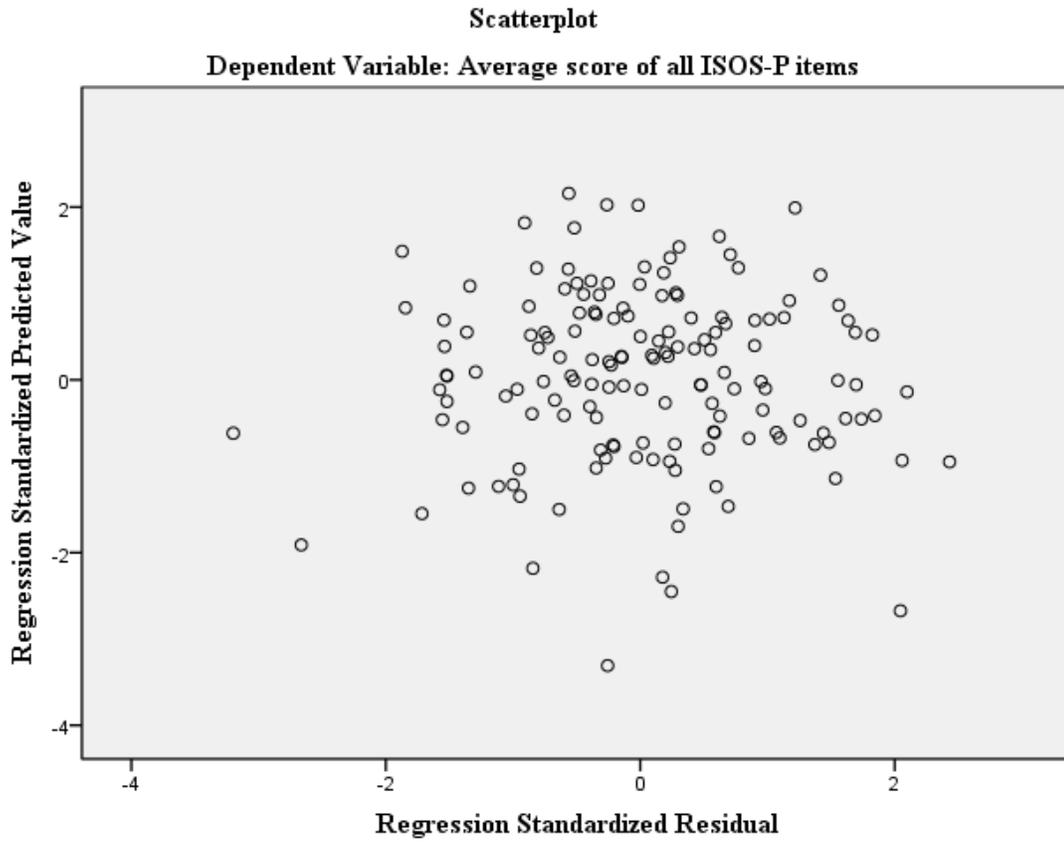
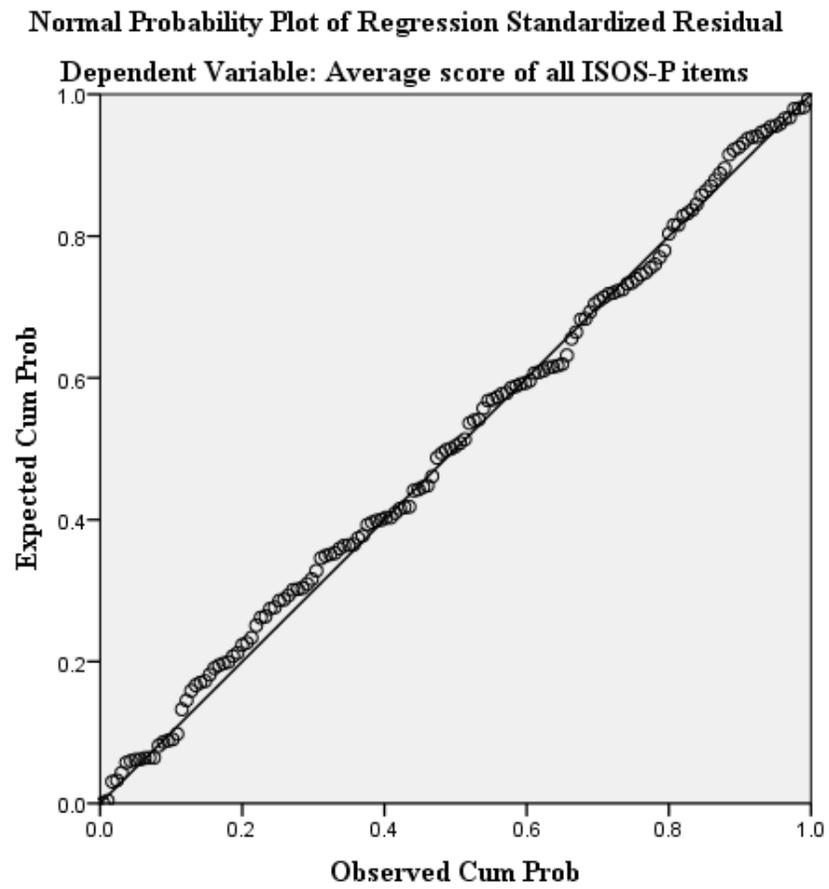


Figure 3. Normal probability plot used to assess for normal distribution of residuals with a mean of zero.



Appendix D

Demographic Questions

What is your biological sex?

- Male
- Female

What best describes your race/ethnicity?

- Black/African-American Non-Hispanic
- White, Non-Hispanic
- Hispanic/Latino(a)
- Asian American
- Pacific Islander
- Native/American Indian/Alaska Native
- Mixed

What is your sexual/affectional orientation?

- Gay or Lesbian
- Straight (Heterosexual)
- Bisexual
- Queer/Questioning
- Omnisexual/Pansexual

Which of the following best describes your current relationship status?

- Single (Not in a committed relationship)
- In a committed relationship
- Currently married
- Widowed
- Divorced
- Separated

What is your current classification?

- Freshman
- Sophomore
- Junior
- Senior
- Graduate

Under what college does your major fall under?

- Agricultural Sciences & Natural Resources
- Arts & Sciences
- Center for Health Sciences
- Center for Veterinary Health Sciences
- Education
- Engineering, Architecture, & Technology
- Spears School of Business
- Human Sciences
- Other

Within which state were you primarily raised?



New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania

YToxOntzOjc6llF:

How old are you? _____

What best describes your religious affiliation?

- Assemblies of God
- Atheist

- Agnostic
- Baptist
- Buddhist
- Catholic
- Christian Church (Disciples of God)
- Church of Christ
- Evangelical
- Hindu
- Jewish
- LDS (Mormon)
- Lutheran
- Methodist
- Muslim
- Nazarene
- Pentecostal
- Presbyterian
- Seventh-Day Adventist
- Universal Unitarian
- Spiritual

Appendix E

Interpersonal Sexual Objectification Scale - Year & Interpersonal Sexual Objectification Scale - Lifetime

Please think carefully about your experiences in **the past year** and throughout your **lifetime** as you answer the questions below.

	1	2	3	4	5					
	Never	Rarely	Occasionally	Frequently	Almost always					
	<i>Past Year</i>					<i>Lifetime</i>				
1. How often have you been whistled at while walking down the street?	1	2	3	4	5	1	2	3	4	5
2. How often have you noticed someone staring at your breasts when you are talking to them?	1	2	3	4	5	1	2	3	4	5
3. How often have you felt like or known that someone was evaluating your physical appearance?	1	2	3	4	5	1	2	3	4	5
4. How often have you felt that someone was staring at your body?	1	2	3	4	5	1	2	3	4	5
5. How often have you noticed someone leering at your body?	1	2	3	4	5	1	2	3	4	5
6. How often have you heard a rude, sexual remark made about your body?	1	2	3	4	5	1	2	3	4	5
7. How often have you been touched or fondled against your will?	1	2	3	4	5	1	2	3	4	5
8. How often have you experienced sexual harassment (on the job, in school, etc.).	1	2	3	4	5	1	2	3	4	5
9. How often have you been honked at when you were walking down the street?	1	2	3	4	5	1	2	3	4	5
10. How often have you seen someone stare at one or more of your body parts?	1	2	3	4	5	1	2	3	4	5

- | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|
| 11. How often have you heard someone make inappropriate sexual comments about a woman's body? | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 12. How often have you noticed that someone was not listening to what you were saying, but instead gazing at your body or a body part? | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 13. How often have you heard someone make sexual comments or innuendos when noticing your body? | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 14. How often has someone grabbed or pinched one of your private body areas against your will? | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 15. How often has someone made a degrading sexual gesture towards you? | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

Appendix F

Interpersonal Sexual Objectification Scale - Perceptions

Please respond regarding how problematic you find the following situations.

	1	2	3	4	5
	Not at all Problematic	Slightly problematic	Moderately problematic	Very problematic	Extremely problematic
1. Someone whistling at a woman while she is walking down the street.	1	2	3	4	5
2. Someone staring at a woman's breasts while she is talking to them.	1	2	3	4	5
3. Someone evaluating a woman's physical appearance.	1	2	3	4	5
4. Someone staring at a woman's body.	1	2	3	4	5
5. Someone leering at a woman's body.	1	2	3	4	5
6. Someone making a rude, sexual remark about a woman's body.	1	2	3	4	5
7. Someone touching or fondling a woman against her will.	1	2	3	4	5
8. Someone sexually harassing a woman (on the job, in school, etc.)	1	2	3	4	5
9. Someone honking at a woman while she is walking down the street.	1	2	3	4	5
10. Someone staring at one or more of a woman's body parts.	1	2	3	4	5
11. Someone making inappropriate sexual comments about a woman's body.	1	2	3	4	5
12. Someone not listening to what a woman is saying, but instead gazing at her body or a body part.	1	2	3	4	5

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 13. | Someone making a sexual comment or innuendo when noticing a woman's body. | 1 | 2 | 3 | 4 | 5 |
| 14. | Someone grabbing or pinching a woman's private body areas against her will. | 1 | 2 | 3 | 4 | 5 |
| 15. | Someone making degrading sexual gestures towards a woman. | 1 | 2 | 3 | 4 | 5 |

Appendix G

Sociocultural Attitudes Towards Appearance Scale

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

Definitely Disagree = 1
Mostly Disagree = 2
Neither Agree Nor Disagree= 3
Mostly Agree = 4
Definitely Agree = 5

1. TV programs are an important source of information about fashion and "being attractive." _____
2. I've felt pressure from TV or magazines to lose weight. _____
3. I do not care if my body looks like the body of people who are on TV. _____
4. I compare my body to the bodies of people who are on TV. _____
5. TV commercials are an important source of information about fashion and "being attractive." _____
6. I do not feel pressure from TV or magazines to look pretty. _____
7. I would like my body to look like the models who appear in magazines. _____
8. I compare my appearance to the appearance of TV and movie stars. _____
9. Music videos on TV are not an important source of information about fashion and "being attractive." _____
10. I've felt pressure from TV or magazines to look pretty. _____
11. I would like my body to look like the people who are in movies. _____
12. I do not compare my body to the bodies of people who appear in magazines. _____
13. Magazine articles are not an important source of information about fashion and "being attractive." _____
14. I've felt pressure from TV or magazines to have a perfect body. _____
15. I wish I looked like the models in music videos. _____
16. I compare my appearance to the appearance of people in magazines. _____
17. Magazine advertisements are an important source of information about fashion and "being attractive." _____
18. I've felt pressure from TV or magazines to diet. _____
19. I do not wish to look as athletic as the people in magazines. _____
20. I compare my body to that of people in "good shape." _____
21. Pictures in magazines are an important source of information about fashion and "being attractive." _____
22. I've felt pressure from TV or magazines to exercise. _____
23. I wish I looked as athletic as sports stars. _____
24. I compare my body to that of people who are athletic. _____
25. Movies are an important source of information about fashion and "being attractive." _____

- 26. I've felt pressure from TV or magazines to change my appearance. _____
- 27. I do not try to look like the people on TV. _____
- 28. Movie stars are not an important source of information about fashion and "being attractive." _____
- 29. Famous people are an important source of information about fashion and "being attractive." _____
- 30. I try to look like sports athletes. _____

Appendix H

Contingencies of Self-Worth Scale

INSTRUCTIONS: Please respond to each of the following statements by circling your answer using the scale from "1 = Strongly disagree" to "7 = Strongly agree." If you haven't experienced the situation described in a particular statement, please answer how you think you would feel if that situation occurred.

		Strongly Disagree	Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Agree	Strongly Agree
1.	When I think I look attractive, I feel good about myself.	1	2	3	4	5	6	7
2.	My self-worth is based on God's love.	1	2	3	4	5	6	7
3.	I feel worthwhile when I perform better than others on a task or skill.	1	2	3	4	5	6	7
4.	My self-esteem is unrelated to how I feel about the way my body looks.	1	2	3	4	5	6	7
5.	Doing something I know is wrong makes me lose my self-respect.	1	2	3	4	5	6	7
6.	I don't care if other people have a negative opinion about me.	1	2	3	4	5	6	7
7.	Knowing that my family members love me makes me feel good about myself.	1	2	3	4	5	6	7
8.	I feel worthwhile when I have God's love.	1	2	3	4	5	6	7
9.	I can't respect myself if others don't respect me.	1	2	3	4	5	6	7
10.	My self-worth is not influenced by the quality of my relationships with my family members.	1	2	3	4	5	6	7

		Strongly Disagree	Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Agree	Strongly Agree
11.	Whenever I follow my moral principles, my sense of self-respect gets a boost.	1	2	3	4	5	6	7
12.	Knowing that I am better than others on a task raises my self-esteem.	1	2	3	4	5	6	7
13.	My opinion about myself isn't tied to how well I do in school.	1	2	3	4	5	6	7
14.	I couldn't respect myself if I didn't live up to a moral code.	1	2	3	4	5	6	7
15.	I don't care what other people think of me.	1	2	3	4	5	6	7
16.	When my family members are proud of me, my sense of self-worth increases.	1	2	3	4	5	6	7
17.	My self-esteem is influenced by how attractive I think my face or facial features are.	1	2	3	4	5	6	7
18.	My self-esteem would suffer if I didn't have God's love.	1	2	3	4	5	6	7
19.	Doing well in school gives me a sense of self-respect.	1	2	3	4	5	6	7
20.	Doing better than others gives me a sense of self-respect.	1	2	3	4	5	6	7
21.	My sense of self-worth suffers whenever I think I don't look good.	1	2	3	4	5	6	7
22.	I feel better about myself when I know I'm doing well academically.	1	2	3	4	5	6	7
23.	What others think of me has no effect on what I think about myself.	1	2	3	4	5	6	7

		Strongly Disagree	Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Agree	Strongly Agree
24.	When I don't feel loved by my family, my self-esteem goes down.	1	2	3	4	5	6	7
25.	My self-worth is affected by how well I do when I am competing with others.	1	2	3	4	5	6	7
26.	My self-esteem goes up when I feel that God loves me.	1	2	3	4	5	6	7
27.	My self-esteem is influenced by my academic performance.	1	2	3	4	5	6	7
28.	My self-esteem would suffer if I did something unethical.	1	2	3	4	5	6	7
29.	It is important to my self-respect that I have a family that cares about me.	1	2	3	4	5	6	7
30.	My self-esteem does not depend on whether or not I feel attractive.	1	2	3	4	5	6	7
31.	When I think that I'm disobeying God, I feel bad about myself.	1	2	3	4	5	6	7
32.	My self-worth is influenced by how well I do on competitive tasks.	1	2	3	4	5	6	7
33.	I feel bad about myself whenever my academic performance is lacking.	1	2	3	4	5	6	7
34.	My self-esteem depends on whether or not I follow my moral/ethical principles.	1	2	3	4	5	6	7
35.	My self-esteem depends on the opinions others hold of me.	1	2	3	4	5	6	7

Appendix I

Hyperfemininity Scale

Choose the response that is more characteristic of you by circling (a) or (b):

1. a. These days men and women should each pay for their own expenses on a date.
b. Men should always be ready to accept the financial responsibility for a date.
2. a. I would rather be a famous scientist than a famous fashion model.
b. I would rather be a famous fashion model than a famous scientist.
3. a. I like a man who has some sexual experience.
b. Sexual experience is not a relevant factor in my choice of a male partner.
4. a. Women should never break up a friendship due to interest in the same man.
b. Sometimes women have to compete with one another for men.
5. a. I like to play hard-to-get.
b. I don't like to play games in a relationship.
6. a. I would agree to have sex with a man if I thought I could get him to do what I want.
b. I never use sex as a way to manipulate a man.
7. a. I try to state my sexual needs clearly and concisely.
b. I sometimes say "no" but really mean "yes."
8. a. I like to flirt with men.
b. I enjoy an interesting conversation with a man.
9. a. I seldom consider a relationship with a man as more important than my friendship with women.
b. I have broken dates with female friends when a guy has asked me out.
10. a. I usually pay for my expenses on a date.
b. I expect the men I date to take care of my expenses.
11. a. Sometimes I cry to influence a man.
b. I prefer to use logical rather than emotional means of persuasion when necessary.
12. a. Men need sex more than women do.
b. In general, there is no difference between the sexual needs of men and women.
13. a. I never use my sexuality to manipulate men.
b. I sometimes act sexy to get what I want from a man.

14. a. I feel anger when men whistle at me.
b. I feel a little flattered when men whistle at me.
15. a. It's okay for a man to be a little forceful to get sex.
b. Any force used during sex is sexual coercion and should not be tolerated.
16. a. Effeminate men deserve to be ridiculed.
b. So-called effeminate men are very attractive.
17. a. Women who are good at sports probably turn men off.
b. Men like women who are good at sports because of their competence.
18. a. A "real" man is one who can get any woman to have sex with him.
b. Masculinity is not determined by sexual success.
19. a. I would rather be president of the U.S. than the wife of the president.
b. I would rather be wife of the president of the U.S. than the president.
20. a. Sometimes I care more about my boyfriend's feelings than my own.
b. It is important to me that I am as satisfied with a relationship as my partner is.
21. a. Most women need a man in their lives.
b. I believe some women lead happy lives without male partners.
22. a. When a man I'm with gets really sexually excited, it's no use trying to stop him from getting what he wants.
b. Men should be able to control their sexual excitement.
23. a. I like to have a man "wrapped around my finger."
b. I like relationships in which both partners are equal.
24. a. I try to avoid jealousy in a relationship.
b. Sometimes women need to make men feel jealous so they will be more appreciative.
25. a. I sometimes promise to have sex with a man to make sure he stays interested in me.
b. I usually state my sexual intentions honestly and openly.
26. a. I like to feel tipsy so I have an excuse to do anything with a man.
b. I don't like getting drunk around a man I don't know very well.

Appendix J

Social Roles Questionnaire

We are interested in the ways that people think about different social roles. The following statements describe attitudes different people have towards roles for men and women. There are no right or wrong answers, only opinions. *Please express your personal opinion about each statement.* Think about your opinions now and indicate how much you agree with each statement with 0% meaning you strongly disagree and 100% indicating you strongly agree with the statement.

1. The freedom that children are given should be determined by their age and maturity level and not by their sex.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

2. Some types of work are just not appropriate for women.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

3. A father's major responsibility is to provide financially for his children.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

4. Tasks around the house should not be assigned by sex.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

5. Only some types of work are appropriate for both men and women; for example, it is silly for a woman to do construction and for a man to do sewing.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

6. Mothers should make most decisions about how children are brought up.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

7. Men are more sexual than women.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

8. People can be both aggressive and nurturing regardless of their sex.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

9. For many important jobs, it is better to choose men instead of women.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

10. People should be treated the same regardless of their sex.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

11. Girls need to be protected and watched over more than boys.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

12. Mothers should work only if necessary.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

13. We should stop thinking about whether people are male or female and focus on other characteristics (e.g., kindness, ability, etc.).

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

Appendix K:

INFORMED CONSENT

Project Title: “The impact of individual difference variables on women’s perceptions of sexual objectification”

Investigators: Kristen Dinneen, M.S. Counseling Psychology Doctoral Student
Hugh Crethar, Ph.D. Associate Professor in Counseling

Purpose: The purpose of this study is to examine the relationship between your belief systems, views of self, past personal sexual objectification experiences and your current perceptions of sexually objectifying behaviors. You are being asked to participate in this study based on your undergraduate or graduate student status at Oklahoma State University.

Procedures: If you agree to participate in this study you will fill out six questionnaires and a demographic form through an online research system. This study will take approximately 30 minutes to complete. You will be asked questions regarding your beliefs related to women and men’s roles within society and within relationships, views of self, adherence to appearance ideals, past personal objectifying experiences, and your current perceptions of sexually objectifying behaviors.

Risks of Participation: Although there is minimal risk associated with participating in this study, the personal nature of questions assessed in the sexual objectification and perceptions of sexual objectification scales have the potential to elicit an emotional response. Participants will have the option to opt out of the study at any point if they feel uncomfortable with disclosing any of the information being assessed in the study.

Benefits: The primary benefit of participating in this study is the knowledge that you are contributing to research that will help provide a greater understanding of sexual objectification and potentially help mitigate the prevalence and impact of objectifying experiences.

Confidentiality: Participation in this study will be completed through a confidential online website. Participant responses to study questions will not be associated with their name, providing anonymity for research participants. Responses will be transferred from a secure/encrypted server online, and logged without any specific identifying information to protect confidentiality. The records of this study will be kept private. Any written results will discuss group findings and will not include information that will identify you. Research records will be stored securely and only researchers and individuals responsible for research oversight will have access to the records. It is possible that the consent process and data collection will be observed by research oversight staff responsible for safeguarding the rights and wellbeing of people who participate in research.

Compensation: Completion of this study may result in you receiving one unit of credit

to be applied toward your course research requirement or extra credit opportunity in participating College of Education courses. If you are enrolled in a course offering research credit, you also have alternative opportunities for course credit as determined by your instructor.

Contacts: Any questions regarding the research study may be addressed to Kristen Dinneen in the Oklahoma State University Counseling Psychology Program at 402-310-1315 [e-mail: kristen.dinneen@okstate.edu] or Dr. Hugh Crethar in the Oklahoma State University Counseling Psychology Program at (405) 744-9442 [e-mail: crethar@okstate.edu]. If you have questions about your rights as a research volunteer, you may contact Dr. Shelia Kennison, IRB Chair, 219 Cordell North, Stillwater, OK 74078, 405-744-3377 or irb@okstate.edu.

Participant Rights: Participation in this research study is voluntary and subjects have the right to discontinue the study at any time without any penalty. By continuing to the next page you are accepting the conditions in the informed consent document and acknowledge that you have read and fully understand the consent form and participate freely and voluntarily.

Appendix L

IRB Approval

Oklahoma State University Institutional Review Board

Date: Monday, December 16, 2013

IRB Application No ED 13197

Proposal Title: The Impact of Individual Difference Variables on Women's Perceptions of Sexual Objectification

Reviewed and Processed as: Exempt

Status Recommended by Reviewer(s): Approved Protocol Expires: 12/15/2016

Principal Investigator(s):

Kristen Dinneen
606 E. Redbud Dr
Stillwater, OK 74075

Hugh C. Crethar
422 Willard
Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

- The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval. Protocol modifications requiring approval may include changes to the title, PI, advisor, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms.

2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Dawnett Watkins 219 Cordell North (phone: 405-744-5700, dawnett.watkinsokstate.edu).
Sincerely,

Shelia Kennison, Chair
Institutional Review Board

VITA

Kristen N. Dinneen-Sievert

Candidate for the Degree of

Doctor of Philosophy

Dissertation: THE IMPACT OF INDIVIDUAL DIFFERENCE VARIABLES ON WOMEN'S PERCEPTIONS OF SEXUAL OBJECTIFICATION

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Completed the requirements for the Doctor of Philosophy in Educational Psychology (option: Counseling Psychology) at Oklahoma State University, Stillwater, Oklahoma in July 2016.

Completed the requirements for the Master of Science in Educational Psychology at Oklahoma State University, Stillwater, Oklahoma in July 2012.

Completed the requirements for the Bachelor of Arts in Psychology at the University of Nebraska, Lincoln, Nebraska in May 2011.

Experience:

- Psychological Technician, Psychology Specialists of Oklahoma, Oklahoma City, Oklahoma, 2014 – Present
- Grief and Loss Counselor, Oklahoma State University Counseling Center, Stillwater, Oklahoma, 2013 - Present
- Diabetes Clinic Behavioral Health Intern, Oklahoma University Health Science Center, Oklahoma City, Oklahoma, 2013-2014.
- Practicum Counselor, Payne County Youth Services, Stillwater, Oklahoma, 2012-2013.
- Practicum Counselor, Counseling and Counseling Psychology Training Clinic, Oklahoma State University, Stillwater, Oklahoma, 2011-2012.

Professional Memberships:

- American Psychological Association (APA)
- American Psychological Association for graduate Students (APAGS)