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OBJECTIFICATION AND PHYSICAL APPEARANCE IN ADOLESCENT GIRLS

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Abstract: *Objectification, understood as internalization of an external observer's perspective of their own bodies, is a phenomenon experienced by female. The present research focuses on examining the relationships among sexual objectification, body shame, body appearance anxiety, fear of negative evaluation and eating attitudes in dancer and non-dancer adolescents. The results revealed no significant differences between the two groups. However, sexual objectification was found to be associated with body shame, eating attitudes and fear of negative evaluation.*

Key words: *objectification, body shame, eating disorder, self-monitoring.*

1. Introduction

The objectification theory, formulated by Fredrickson and Roberts (1997), provides an integrated explanation for a series of negative mental health risks that disproportionately affect women. The central principle of the theory is that repeated experiences in which women are treated as objects to be viewed and evaluated lead women and girls to internalize an external observer's perspective of their own bodies, a process called "self-objectification". Self-objectification is described as a form of self-consciousness characterized by regular self-monitoring (surveillance) of physical appearance, leading to feelings of shame and anxiety about body appearance, which in turn contribute to eating disorders. Although many aspects of the theory have received considerable empirical support in samples of adult women, very few studies have examined the proposed model in younger subjects. Therefore, this study seeks to expand existing research by examining the components of objectification theory in a sample of adolescents. Self-objectification can be triggered and amplified by certain situations. One group, expected to be highly self-objectified, are female dancers, who operate in an environment that may heighten awareness of observers' perspectives on their bodies. Dancers perform on stage to be seen and spend countless hours practicing in front of mirrors. Consequently, their bodies are closely scrutinized by others and themselves. Additionally, dance represents a particular subculture with extreme

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pressures to be thin. Certain situations that elevate women's awareness of observers' perspectives on their bodies are likely to increase self-objectification. Several studies have shown that most adolescent girls are dissatisfied with their bodies and want to be thinner (Attie & Brooks-Gunn, 1989; Thompson et al., 1995), many being engaged in diets or other unhealthy weight loss methods (Stice, 2002). Eating disorders such as anorexia or bulimia nervosa usually begin in adolescence (Beaumont & Touyz, 1985). Therefore, this study seeks to determine whether objectification is associated with body monitoring behaviors and physical appearance concerns.

2. Literature review

Objectification is the act of transforming or treating something that is not an object as an object (Calogero, Tantleff-Dunn, & Thompson, 2011). To be objectified means to be transformed into and treated as an object that can be used, manipulated, controlled, and known by its physical properties. Self-objectification is defined as a process or state in which women who experience objectification subsequently adopt the observer's perspective, treating themselves as objects to be observed and evaluated (Fredrickson & Roberts, 1997, p.177). Bartky (1990, p. 26) defines sexual objectification of a person "when their sexual parts or functions are separated from the rest of their personality and reduced to the status of mere instruments as if they are capable of representing them.

In the 21st century, the most common form of objectification is sexual objectification, where women's bodies are treated as objects for sexual pleasure. In cultures that support sexual objectification, societal messages pressure women to engage in practices that enhance their sexual appeal, despite the potential risks associated with a sexualized appearance. Sexual objectification, or sexualization, is an antecedent of self-objectification, leading to body monitoring and body shame (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996). Sexualization facilitates the development of the belief among women that a sexy appearance is important not only for their image in front of others but also for success in all areas of life. This belief is key to internalizing sexual gazes, which represents self-objectification.

Women are targeted by sexual objectification in their daily lives much more often than men (Eck, 2003; Krassas, Blauwkamp, & Wesselink, 2003; Piran & Cormier, 2005; Phan, & Tylka, 2006; Reichert, 2003). Because the practice of sexual objectification of women is so universal, its negative consequences are usually minimized or dismissed. Indeed, "women are encouraged to... feel pleasure through their objectification, especially through their evaluation and identification with objects of male desires" (Lee, 1994, p. 88). However, the role of sexual objectification in the lives of girls and women is not harmless. The perception and appreciation of oneself as a sexual object, or self-objectification, is considered the main psychological consequence of regular exposure to sexual objectification experiences.

Expectations related to physical appearance to be sexually attractive are a combination of body attributes that are practically unattainable and physically incompatible: a thin waist and wide hips, to have curves but be slim, to have firm breasts, muscle mass but no fat, a flat abdomen, long legs, and perfect skin (Groesz,

Levine, & Murnen, 2002; Harrison, 2003; Harrison & Fredrickson, 2003; Orbach, 2010).

Most women experience transient states of self-objectification in situations where attention is focused on their bodies, such as when they are whistled at, or someone stares at their breasts. For some women, this objectification becomes internalized, and they begin to perceive themselves as objects all the time, whether in public or private contexts. These women are said to have the persistent trait of self-objectification, in contrast to those who are in a state of self-objectification only at certain moments.

Adopting a self-objectifying perspective of one's image is not an indicator of narcissism or pride but rather reflects a psychological strategy that allows women to anticipate and thus exercise some control over how they are viewed and treated by others. Given that many women learn that their value is equivalent to their physical appearance, another manifestation of this focus on physical appearance might be a diminished sense of self-worth when they do not match societal ideals (Tylka & Subich, 2004).

Objectification theory highlights the mental health alterations in women characterized by self-objectification. Theorists have identified eating disorders, depression, and sexual dysfunction as negative outcomes associated with sexual objectification (Fredrickson & Roberts, 1997). Tiggemann and Slater (2001) contributed to the literature with a study designed to test objectification in relation to eating disorders. Data were gathered from two groups of female students, of which 50 were former classical ballet students and 51 were non-dancer students. The groups were compared for self-objectification and self-monitoring (surveillance), body shame, appearance anxiety, and eating disorders.

As predicted, the dancers had significantly higher scores for self-objectification, self-monitoring, and eating disorders. Contrary to predictions, there were no significant differences between the groups for body shame and appearance anxiety. For dancers, self-objectification predicted self-monitoring, which predicted body shame and appearance anxiety. Body shame was the only variable that predicted eating disorders, a finding that replicated previous results suggesting a mediating role for body shame in the relationship between self-objectification and eating disorders (Noll & Fredrickson, 1998).

3. Methods

3.1. Objectives

This study aims to compare adolescent dancers with non-dancing adolescents in terms of self-monitoring (surveillance), body shame, sexual objectification, fear of negative evaluation, and eating disorders. We hypothesize that adolescents practicing dance will have higher values for the variables mentioned above. We also anticipate positive correlations between these variables. We expect that surveillance will predict body shame, fear of negative evaluation, and body anxiety, and that eating disorders will, in turn, be predicted by these variables.

3.2. Participants and instruments

Participants were recruited from a town in Romania, through Facebook. Informed consent was obtained, ensuring data confidentiality and allowing denying participation

or submission the questionnaires. Alongside the questionnaires, participants were asked to provide data on their height and body weight, whether they currently or previously danced, and the type of dance they practice. The dance group included those who had danced for at least one year, with at least two hours per week of practice. The group consisted of 72 Caucasian girls aged between 13 and 19 years (mean age 17.65, SD = 1.65), who had previously or still study various forms of dance, such as modern dance, ballroom dance and competitive sports dance. Training frequency and duration varied from 2 to 10 hours per week, for a minimum of 1 year, up to 14 years. The non-dancer participants were 48 Caucasian students aged between 14 and 19 years (mean age 17.03, SD = 1.03), none of whom had studied any form of dance.

Instruments

Surveillance. The Objectified Body Consciousness Scale (McKinley & Hyde, 1996), or OBCS, contains 24 items measured on a 5-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree) that assess the extent to which women internalize others' perspectives on their bodies. The OBCS comprises 3 subscales measuring different components of women's objectification: surveillance (self-monitoring), body shame, and control beliefs. The most frequently used subscale, and the one used in this study to measure self-objectification, is the surveillance subscale. Conceptualized as a behavioral manifestation of self-objectification, it captures the regular monitoring of physical appearance in women who adopt an external observation perspective of their bodies. McKinley and Hyde (1996) argued that constant self-surveillance is necessary for women to ensure they meet cultural standards and thus avoid negative judgments. This subscale comprises 8 items (e.g., “Throughout the day, I often think about how I look.”) to which participants respond using a 5-point Likert scale, from strongly disagree (1) to strongly agree (5). Scores range from 8 to 40, with higher scores representing individuals who frequently monitor their bodies. In this study, Cronbach's alpha was 0.77.

Body Shame. The Body Shame subscale is the second subscale of the Objectified Body Consciousness Scale by McKinley and Hyde (1996). Like the Self-Surveillance Scale, it consists of 8 statements, (e.g., „I would be ashamed if people knew how much I weigh”) to which respondents relate in terms of agreement or disagreement using a 5-point Likert scale. A person with a high score on the Body Shame subscale will feel unpleasant if they do not meet the cultural standard of an ideal body, reflecting the degree to which they have internalized cultural standards. For this study, Cronbach's alpha was 0.75.

Body Appearance Anxiety. The degree of body appearance anxiety was assessed using the abbreviated version (14 out of 30 items) of the Body Appearance Anxiety Scale, developed by Dion, Dion and Keeler (1990). Participants respond to statements such as “I am worried that others are evaluating how I look,” using a 5-point Likert scale, from never (1) to always (5). Higher values indicate a higher degree of appearance-related anxiety. Dion and colleagues (1990) reported evidence of internal consistency (α = .89), test-retest reliability (2 weeks, r = .89), and validity (r = .32 with public self-consciousness and r = .34 with interaction anxiety) for the 30-item scale. Slater and

Tiggemann (2002) reported high internal reliability for the 14-item version of this scale among adolescent girls (α = .91). Internal consistency for the present sample was high, α = 0.92.

The Eating Attitudes Test-26 (EAT-26, Garner et al., 1982) was used to assess women's attitudes in this domain. The 26 items (e.g., „I avoid eating when I am hungry", "I vomit after eating") are rated on a 6-point Likert scale, ranging from 1 (never) to 6 (always). In the statistical analyses reported in this study, EAT-26 scores were treated as continuous variables, as researchers (e.g., Mazzeo, 1999) have suggested that EAT-26 can be used as a continuous measure in non-clinical samples of women. This continuous scoring procedure was used because the base rate of clinical eating disorders is relatively low, and the distribution of EAT-26 scores was expected to be skewed, which would jeopardize the assumptions of planned analyses. Thus, total scores equaled the sum of all coded responses (i.e., ranging from 26-156), where higher scores reflect greater symptomatology. This scoring procedure led to high internal consistency, α = 0.82.

Interpersonal Sexual Objectification. The Interpersonal Sexual Objectification Scale (ISOS; Kozee et al., 2007) was created to reflect aspects of interpersonal sexual objectification identified by Fredrickson and Roberts (1997). The scale contains 42 items rated on a 5-point Likert scale (1 = never, 5 = almost always) that evaluate the frequency of sexual objectification events experienced by subjects (e.g., in the past year). Higher scores reflect higher levels of interpersonal sexual objectification. Kozee and colleagues (2007) demonstrated excellent psychometric properties for ISOS across construct validation studies with predominantly Caucasian, middle-aged women. Cronbach's alpha for the present study is 0.94.

Fear of Negative Evaluation of Appearance Scale. The abbreviated version of the Fear of Negative Evaluation of Appearance Scale (FNAES; Thomas et al., 1998) is a 6-item self-report scale measuring perceptions of appearance evaluation. Scores are recorded on a 5-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree), with higher scores indicating a greater fear of negative evaluations by others. Among a student sample, FNAES demonstrated a Cronbach's alpha of .90 and a test-retest reliability for a 4-week period of .75. For the present research, Cronbach's alpha is .90.

4. Results

The dancers studied various forms of dance for an average period of 5 years and spent approximately 3 and a half hours per week in the dance hall. They had an average height of 164 cm and an average weight of 55.1 kg, resulting in a body mass index (BMI) of 20.4. The non-dancers had an average height of 164 cm and an average weight of 55.1 kg, resulting in a BMI of 20.3, as shown in Table 1.

The comparison between the group of dancers and non-dancers yielded statistically insignificant results. The two groups do not differ in terms of the compared variables, so the first hypothesis was not supported by the results.

Regarding the relationship between sexual objectification and surveillance, contrary to expectations, the association is not statistically significant (see table 2). There is a low

but significant association between sexual objectification and body shame, as well as with the fear of negative evaluation. The association with eating disorders is moderate (r = .427).

Descriptive statistics for the variables included in the research Table 1

	Participants	***N***	***Min***	***Max***	***M***	***SD***	**Skewness**	**Kurtosis**
Age	Non-dancer	48	14	17	17.65	1.13	-1.32	2.70
	Dancer	72	13	19	17.03	1.35	-.85	.55
High (cm)	Non-dancer	48	148	185	1.64	.66	.20	1.32
	Dancer	72	149	178	1.64	.58	.01	.23
Weight (kg)	Non-dancer	48	40	72	55.17	7.6	.45	-.42
	Dancer	72	39	80	55.35	7.2	.58	.13
Dancing period (years)	Non-dancer	48	0	0	0	0	0	0
	Dancer	72	1	15	5.15	3.67	.80	-.16
Dancing time (hours/week)	Non-dancer	48	0	0	0	0	0	0
	Dancer	72	2	10	3.35	1.8	1.4	2.3
BMI	Non-dancer	48	16.79	27.58	20.34	2.28	.96	.98
	Dancer	72	16.51	27.74	20/40	2.47	.55	.71

Table 2

Associations between Sexual Objectification and surveillance, body shame, body anxiety, and eating disorder

	Eating attitudes	Body appearance anxiety	Fear of negative evaluation	Body shame	Surveillance
Sexual obiectification	.427**	.121	.288**	.219*	.093

N = 120, ∗p <.05. ∗∗p <.01

To verify the effect of surveillance on body anxiety, fear of negative evaluation, and body shame we conducted simple linear regressions. The analysis shows that surveillance explains 20% of the variance in body shame (F = 30.54, p < .01), 27% of body anxiety (F = 49.64, p < .01), and 35% of the fear of negative evaluation of appearance (F = 24.05, p < .01), as shown in Table 3.

Table 3

Regression coefficients for the prediction of Body Shame, Body Anxiety, and Fear of Negative Evaluation

	Body shame	Body appearance anxiety	Fear of negative evaluation
β	.45**	.52**	.59**
R^2	.20	.27	.35
F	30.54***	44.81***	64.02***

Note*:* predictor: **Surveillance**

R^2 = explained variance by the predictor, F = Value of the regression analyze; N= 120

Level of significance: * < .05, ** < .01, *** < .001

To test the final hypothesis, the variables included in the regression analysis were: Self-objectification, Body Shame, Body Anxiety, and Sexual Objectification as predictor variables, and Eating attitudes (disorders) as the criterion variable. The Pearson correlation coefficients show statistically significant associations between the four predictors and the criterion. Linear regression analysis shows that 47% of the variance in Eating attitudes (disorders) can be explained by surveillance, body shame, body anxiety, and interpersonal sexual objectification, with the model being statistically significant ($F = 26.29$, $p < .01$). The analysis of regression coefficients shows that Body Shame ($t = 3.46$, $p < 0.01$), Body Anxiety ($t = 3.74$, $p < 0.01$), and Sexual Objectification ($t = 4.68$, $p < 0.01$) are significant predictors, while surveillance is not a significant predictor ($t = -1.34$, $p > 0.05$).

Regression coefficients for the prediction of Eating attitude (disorders) Table 4

	Nonstandardized regression coefficients		Standardized regression coefficients	
	B	$SE\ B$	β	t
R^2 = .47 **F = 26.29*****				
Surveillance	-.32	.24	-.10	-1.32
Body-shame	.11**	.26	.32**	3.46
Body appearance anxiety	.42**	.12	.34**	3.74
Sexual objectification	.22**	.04	.32**	4.68

Note: R^2 = explained variance, F = Value of the regression analysis; N= 120
Level of significance: $^{*} < .05$, $^{**} < .01$, $^{***} < .001$

4. Discussion

The comparisons between the group of dancers and non-dancers were not statistically significant. The literature mentions mixed results. On one hand, Tiggermann and Slater (2001) reported that adults who were former classical ballet students had higher scores for self-objectification, self-monitoring, and eating disorders than women who had never studied classical ballet. On the other hand, Slater and Tiggemann (2002, 2010) found no significant differences between dancing and non-dancing girls in body surveillance, body shame, and body appearance anxiety.

While objectification theory assumes that all women exist in a culture where their bodies are closely scrutinized and evaluated and thus always potentially objectified, objectification will not affect all individuals equally. Self-objectification can be triggered and amplified by certain situations, such as dance and performing in front of others (LeGrange, Tibbs, & Noakes, 1994). In the present research, participants studied various forms of dance, including modern and sports dance, not classical ballet. It is possible that the lack of differences is also because all the girls in both studied groups pay similar attention to their bodies and relate similarly to others' expectations, given their adolescent age.

The literature has shown an associative relationship between sexual objectification (Kozee et al., 2007) and the consequences proposed by the objectification theory, namely self-monitoring, body shame, body anxiety, fear of negative evaluation, and eating disorders. The obtained results partially support the hypothesis, sexual objectification is positively associated with body shame, fear of negative evaluation of appearance, and eating disorders, but not with surveillance and body anxiety. A result supported by the literature is the predictive value of surveillance for the variance of body shame, body anxiety, and fear of negative evaluation (Augustus-Horvath & Tylka, 2009; Tiggermann & Slater, 2001; Tylka & Hill, 2004). Additionally, Tiggermann and Slater (2001) mention the effect of sexual objectification on eating disorders, a result also obtained in the present research.

A limitation of the present research could be considered the fact that the dance group included quite different categories depending on the type of dance practiced, the frequency with which they practiced, and whether they considered dance a hobby or a profession. A better differentiation could lead to results that highlight if and when it becomes harmful to be highly conscious of one's body. Additionally, information on the level of satisfaction while practicing dance was not collected, which could have interfered with the results.

Another aspect is that the participants did not present eating disorders, with the group being non-clinical. A clinical group might cast a different light on the relations among variables. Nevertheless, the results relating sexual objectification to body anxiety, body shame, and eating disorders draw attention to a risk that adolescent girls are exposed to. It is important to provide correct information and support to young women to promote mental health and reduce the risk of mental health issues.

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