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Female sexualization, evolution, the mass media, disordered eating, body satisfaction, and cognitive performance; what do all these things have in common? The following will take an in depth analysis on some of the current literature surrounding the Self-Objectification Theory and the aspects of its consequences. Female objectification, the glass ceiling restricting women's rights, finally is receiving the scientific attention it deserves.

The way in which society has long objectified the female body is finally beginning to turn heads towards the negative reactions and consequences of this progressive socio-cultural issue. Long before the existence of mass media, television, or hip-hop music, women were being objectified by Egyptian Kings, Renaissance artists, and invading tribes. For as long as there has been mankind, the female body has been objectified. A simple look into the lore of Egyptian society shows this objectification; men are remembered for the accomplishments, for their feats of power or wealth, whereas women were immortalized for their beauty, for their control over others through the objectification of their bodies. Rarely is it that history books tell us of powerful, dominant women without mentioning the likes of their beauty.

Thus it is no surprise that long before we were born into this life, our ancestors laid the framing of a society where men, for their own pleasure and enjoyment, objectified the female body. Rightfully so, this objectification may have some biological grounding. Some scholars believe the objectification of women is biologically driven as a way for men to determine the potential fertility of another human. It has been proven that certain feminine characteristics are universally seen as signs of fertility and therefore being able to sustain procreation (Fredrickson & Robrets, 1997). Additionally, using a

Psychoanalyst theory of objectification, it might be assumed men objectify women to “fulfill a desire or longing to return to the mother and maternal symbiosis” (Heru, 2003, p. 113). Similarly, Freudian psychology would state the male needs to define himself against the threat of the mother and needs his father to promote separation and gender (male) identification, changing an incomplete inner representation of the mother which leads to future female objectification (Heru, 2003).

The development of female objectification is an extremely complex issue, and to discuss all possible explanations would require much more detail and research. The thoughts mentioned above are some of the more prominent points of discussion, and merely scratch the surface of the topic. It is clear there are developmental psychology issues forming individual differences in the objectification of females, while it is also clear there are deep evolutionary and biological aspects of objectification; the objectification theory truly encompass a biopsychosocial model. As such the phenomena is so complex and rooted in almost all the various aspects of life, the explanation for why society objectifies women may never truly be understood.

How does this objectification of women lead to internal drives and motifs of personal objectification? In 1997, groundbreaking research was started, officially presenting the *objectification theory* (Fredrickson & Roberts). This article proposed the theoretical framework that societal pressures are so great, females are forced to develop adaptive strategies to survive (Calogero, 2004). The main aspect of self-objectification is that society forces women to look at themselves from the viewpoint of another. Since others are constantly making the female body into an object, females then may perceive their bodies as objects (Fredrickson & Roberts, 1997). The following sections will take into consideration the following: why females self-objectify, personal consequences of

self-objectification, and the health complications and implications due to self-objectification.

Why Self-Objectify

As presented by Alison Heru, women are aware of the expectation that they turn themselves into objects for others (Heru, 2003). With the advancement of technology, there has been an even stronger attraction to the desensitized masses by objectifying themselves to the ideals of the society. The media has exposed the idealized images of what females should look like through an overwhelming bombardment of images in advertisements, television shows, etc. Exposure to these images may lead to increased body shame and appearance anxiety, two topics strongly correlated to self-objectification (Monro & Huon, 2005). While it is not safe to assume photographs and the media are to blame for self-objectification in females, it is very logical to conclude the mass abundance of pictures, specifically those including idealized images, strengthen the underlying emotions which cause self-objectification at a young age in females (Calogero, Davis, & Thompson, 2005).

Terror management theorists (TMT) have their own rationale of why objectification occurs. From a TMT point of view, objectification of women reflects efforts to protect cultural views of meaning, while self-objectification shows the motivation to gain self-worth from meeting cultural standards of value (Grabe et al., 2005). Terror management theorists have supported this theory in numerous empirical studies. TMT studies show that through the activation of death-related thoughts (mortality salience) self-objectification and objectification in general are increased in attempts for individuals to raise self-esteem about their bodies (Grabe et al., 2005).

Specifically studies done by Grabe showed that when mortality was salient or present, females objectify other women as much as men do (Grabe et al., 2005).

Another topic of consideration as to why females self-objectify their bodies is the social constructs which they often find themselves in. Our bodies are constantly looked at, evaluated, and potentially objectified. One of the more restrained ways the body is sexualized is through gaze, or visual inspection. Numerous studies have been conducted on gaze and even anticipated gaze. Studies consistently demonstrate that male gaze, as well as anticipated male gaze, negatively affects women (Calogero, 2004; Heru, 2003; Fredrickson & Roberts, 1997). The objectifying gaze occurs in three main ways: actual interpersonal and social encounters, visual media that depicts interpersonal and social encounters, and in encounters with visual media which implicitly spotlights bodies and body parts (Fredrickson & Roberts, 1997). Shockingly enough, women are victim to the gaze at alarmingly high rates when compared to their male counterparts. The gaze is a very large contributor to why females self-objectify.

Perhaps the most psychological based effect of the Self-Objectification Theory is the motivation for why females continue to self-objectify themselves. Societal treatment can trick or force females into adopting views of themselves, and to even further build on this by treating themselves as objects (Fredrickson & Roberts, 1997). Social psychology theories, such as the effective socialization theory by Costanzo (1992), could possibly provide explanations of how the internalization of the self may develop. Other studies have empirically shown that a woman's body appearance or physical attractiveness can determine her life experiences, or that physical beauty translates into power for women (Fredrickson & Roberts, 1997). Given these aspects, its no wonder that women expect the effects of their appearance, and highly watch it themselves. Similarly, the social

psychology view of an individual's sense of self is a social construction based on the way other people view and treat them, termed the "looking-glass self" by Cooley (1902,1990). Additionally, studies have shown that a woman's positive self-concept is contingent on her perceived physical attractiveness (Fredrickson & Roberts, 1997).

There is no clear reason as to exactly why this detrimental action exists and persists. What is known is that women are socially forced into a psychological disposition of objectifying their own bodies for positive evaluation. Sadly, previous research has also gone on to demonstrate that once a woman actively engages in self-objectification she too will objectify others (Strelan & Hargreaves, 2005).

Personal Consequences of Self-Objectification

Researchers have demonstrated psychological and practical consequences of objectification: shame, anxiety, peak motivational states, and awareness of internal bodily states. These consequences may slightly explain gender differences in various psychological states. Additionally, previous research has demonstrated that once a woman internalizes the prevailing sociocultural view that appearance is tremendously important, she herself will begin to objectify other women creating somewhat of a self fulfilling prophecy in terms of female objectification (Strelan & Hargreaves 2005).

Shame results from a fusion of negative self-evaluation with the potential for social exposure (Fredrickson & Roberts, 1997). It is no surprise then that females consistently report more shame towards their bodies than men as demonstrated in numerous studies, as models sizes and shapes are almost impossible for the average woman to obtain. The emotions of shame in effect disrupt the conscious, confuse the self, while limiting the ability to think clearly, talk properly, and act promptly. In response to this overwhelming feeling of shame, women often engage in detrimental

health actions in an attempt to “correct” their body, something that will be discussed in health complications of self objectification (Fredrickson & Roberts, 1997).

Anxiety is the direct result of anticipated danger or threats to the self. Two of high importance with regards to self-objectification theory are appearance anxiety and safety anxiety. Appearance anxiety is often manifested by concerns for checking and adjusting one’s appearance. Women often engage in activities such as this simply through the clothes they choose to wear; for certain necklines/hemlines require regular body monitoring to ensure that “too much skin” is not exposed (Fredrickson & Roberts, 1997). Appearance anxiety therefore manifests safety anxiety. As Beneke (1982) reported, some male rapists claimed their victims “asked for it”, therefore women must engage in activities to ensure they are not “asking for it” (Fredrickson & Roberts, 1997). The anxiety resulting from being made an object can be overwhelming to the female, and when men are able to realize the strategies women have to deal with in such daily experiences, it can be a startling experience (Fredrickson & Roberts, 1997).

When a person’s body or mind is stretched to its limits in a voluntary effort to accomplish something difficult and worthwhile, that person is said to be in “flow” as defined by Csikzentmihalyi (Csikzentmihalyi, 1982, 1990). Conversely, as mentioned previously, females’ thoughts and actions are disrupted relatively frequently due to their self-objectifications. Observational research has shown these disturbances to occur as early as elementary school (Fredrickson & Roberts, 1997). Csikzentmihalyi goes on to state that an individual must lose self-consciousness to achieve flow; while a woman’s internalization of an observer’s perspective of her body creates self-consciousness. Thus a woman’s chances to find and keep flow or peak motivational states is hindered by her habitual body monitoring (Fredrickson & Roberts, 1997). Research done on the

disruptive effect of self-objectification on performance enhances this theory by empirically showing women wearing swimsuits report they felt more defined by their bodies and had increased body shame. At the same time the results show a decrease in performance on a simple task by those wearing swimsuits (Quinn et al, 2006).

By internalizing observer's perspectives as a primary view of the physical self, women may lose access to their own physical experiences (Fredrickson & Roberts, 1997). Research has demonstrated that in the absence of contextual cues, women are less accurate than men at detecting internal physiological sensations. Other findings also show that physiological cues are less important determinants of subjective experience for women than for men. This lack of attention to physiological cues may arise from extreme notions of dieting, where women learn to suppress their hunger. These habits of restrained eating are thought to be generalized to other physiological cues and thus create an insensitivity to internal bodily cues (Fredrickson & Roberts, 1997). A limited-resources perspective also exists to try and explain why this insensitivity occurs. Using this perspective, it is thought that women develop insensitivity to inner body cues as a result of allocating their perceptual resources to outer bodily appearance (Fredrickson & Roberts, 1997).

Health Complications/Implications of Self-Objectification

As can be inferred from the previous section, actively engaging in self-objectification creates an array of problems within an individual's daily life. The following will take what we have previously discussed on anxiety, shame, peak motivational states, and awareness of internal bodily states and apply them to a variety of health complications and implications due to self-objectification. Those that will be discussed are: depression, sexual dysfunction, eating disorders, and age related issues.

Previous research shows that women are near twice as likely as men to suffer from depression at some point in their lives. As proposed by Fredrickson and Roberts (1997) objectification theory draws from three main possible reasons for the abundance of females suffering from depression: biological differences, social status differences, and differences in personality characteristics. Specifically the theory implies that internalizing an observer's perspective on the self creates habitual body monitoring which results in persistent feelings of shame, anxiety, and prevents peak motivational states (Fredrickson & Roberts, 1997). As shown from previous studies, the combination of these three puts women at a higher risk of becoming clinically depressed. Additionally many women also learn to feel helpless, not only helpless to control their perceived physical faults but also to helpless to control other people's reactions to their physical appearance, which in itself could cause depression in women.

Another theory building off of Csikszentmihalyi's (1990) work on flow implies that having few self-initiated positive experiences (flow) serves to extinguish active behavior, creating the motivational deficit characteristic of depression. Finally, Fredrickson and Roberts (1997) feel that the sexual victimization and harassment that women experience may account for these gender differences in depression. It is clear that the objectification of the female body puts women at risk for depression.

Numerous research studies have concluded that women report more sexual dissatisfaction and dysfunction in heterosexual relations than men. Objectification theory states that habitual attentiveness to one's own visual image may consume energy that could otherwise be spent on other activities (Fredrickson & Roberts, 1997). Supporting this thought, sex researchers believe women act more as watchers rather than fully engaging in sexual encounters. Additionally the shame and anxiety women experience

could potentially cross over into their sexual lives as well, reducing their enjoyment. Finally sex researchers believe that orgasm requires attention and responsiveness to internal bodily signals of arousal. As was discussed previously, women's habitual attentiveness to external bodily appearance, combined with habits of restrained eating, may lead to a generalized insensitivity to internal bodily cues. Obviously the experience of sexual abuse, assault, or harassment will also impact a woman's enjoyment of sex (Fredrickson & Roberts, 1997).

In research presented by Fredrickson and Roberts (1997) it was shown that women account for about ninety percent of those who suffer from bulimia and anorexia nervosa and are also more likely to be obese than men. Obviously these empirical studies show a huge difference between genders in terms of eating disorders, a direct result due to a culture that objectifies the female body (Muehlenkamp & Saris-Baglama, 2002). One thought on the frequency of female's eating disorders is that they are an extreme of normal eating patterns. Women are taught through objectification they must adhere to strict dieting methods and restrained eating habits, and these severe eating disorders are drastic examples. Another theory states that women having less power through action, often use the one thing they can manipulate (their body) as a means of influence (Fredrickson & Roberts, 1997).

Eating disorders may be aimed at either obtaining the ideals of the society, or as a means of ending the cycle of objectification. They may lessen the discontent, shame, and anxiety that nearly all women feel about their bodies resulting from objectification. Eating disorders may also function as resistance to the feelings and a means to obtain the ideals. Regardless of the reason for their occurrence, eating disorders are passive,

pathological strategies reflecting the female's lack of power to more directly control objectification (Fredrickson & Roberts, 1997).

From an early age, females experience the results of objectification and societal pressures. During puberty, females are not only exposed to their gender differences, they are also made aware of their objectification. According to Fredrickson and Roberts (1997) young girls do not like the changes of puberty in which their bodies become "public domain" (Fredrickson & Roberts, 1997). With the changes of puberty young women become "initiated" into the culture of sexual objectification, internalizing the feelings, and beginning their life-long struggle with self-objectification (Fredrickson & Roberts, 1997).

In previous research it was found that when a woman's age of fertility has passed, her well-being also declines (Fredrickson & Roberts, 1997). Objectification theory predicts that how aging influences a woman's mental health depends on the extent to which she continues to internalize the ideals of the culture and encounters contexts that objectify her own body (Fredrickson & Roberts, 1997). Growing old is an extremely difficult experience for a woman to endure, as societal constructs tell her the ideal female is young, beautiful, and attractive. Studies by Rodeheaver and Stohs (1991) show that women are more likely to misperceive their age, and reject their actual physical images in favor of more youthful subjective physical images. These findings present a learned adaptive strategy, which allows older women to maintain a positive self-concept within a culture that objectifies the young female body (Fredrickson & Roberts, 1997).

Conclusion

In conclusion, the topic of female objectification and internalizing those feelings as self-objectification is an extremely complex issue with numerous facets. There are not

only the aspects of personal consequences (shame, anxiety, lack of peak motivational states, and lack of awareness of internal bodily states) but also the long-term health complications (depression, eating disorders, sexual dysfunctions, age issues) resulting from self-objectification.

Luckily, not all women handle the self-objectification theory the same. Some women are more likely to internalize feelings of objectification while others may not internalize such emotions. Future research then should focus not so much at building on the current understanding of the effects and consequences of objectification or self-objectification, but at the individual differences in reducing or monitoring self-objectification. Finding a behavioral or cognitive treatment to prevent self-objectification or reject objectification in general would make unprecedented advancements in women's rights.

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