Extending Sexual Objectification Theory and Research to Minority

Populations, Couples, and Men

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Abstract

This reaction highlights several strengths of this major contribution and discusses some future directions in this line of research. We offer research ideas in the areas of cultural and cross-cultural issues, couples and relationships, as well as direct and indirect effects of sexual objectification on men. In terms of providing increasing support for the model of sexual objectification and substance use, we suggest more exhaustive studies that can look at the causal order of variables and consider such possibilities as a reciprocal effect of depression and substance use, or a combined effect of depression and eating disorders leading to substance use, as well as examine possible moderating variables that could serve as risk or protective factors for negative outcomes. Furthermore, we also offer future directions for research on the interpersonal effects of sexual objectification. Specifically, we offer research ideas related to sexual objectification and relationship disruptions, continued gender stereotyping, as well a negative direct and indirect consequences for men, such as conveying unrealistic messages about how to establish and maintain genuine intimate relationships with women.

Keywords: Sexual Objectification, Diversity, Cross-Cultural, Masculinity, Relationships

Extending Sexual Objectification Theory and Research

to Minority Populations, Couples, and Men

We applaud [insert authors'] (2010; [this issue]) review of the existing literature on sexual objectification (SO) as well as their attempts to extend SO theory to substance use and their qualitative examination of sexually objectifying environments (SOE). In our reaction, we will first share some thoughts about the presented papers. In particular, we will highlight the authors' important acknowledgement of the possible relationships between sexual objectification and other variables and propose the need to continue to examine alternative models. We will also highlight some additional areas we believe are in need of future research in order to make SO theory even more widely applicable, to different populations and environments. Specifically, we will expand on the authors' discussion of cultural variables and the potential impact of SO on interpersonal relationships and on men. Within each of these areas, we will offer some thoughts regarding future research.

Reactions to the Major Contribution

The first article in the major contribution "Sexual Objectification of Women: Advances to Theory, Research, Practice and Training" by [insert authors] (2010 [this issue]) discusses SO theory and research. One of the important points made in this first theory paper [insert authors] (2010 [this issue]) is the discussion of the co-occurrence of SO, self-objectification, body shame, depression, disordered eating, and substance abuse. This presentation not only extends the connection of SO to substance abuse but also presents several alternative models that researchers can test to examine how these factors are related. For example, the first model suggests that SO experiences lead to self-objectification, self-objectification leads to body shame, body shame to depression and disordered eating, and finally depression and disordered eating to substance abuse. The second model suggests that SO experiences lead to both more (a) self-objectification and then increased depression and disordered eating through body shame and (b) substance

abuse which could then also lead to more depression and disordered eating. The third model has the relationships between depression, disordered eating, and substance abuse as reciprocal effects. The final model, suggests that the relationship between the variables are the result of a shared common risk factor.

The second article in the major contribution "Sexual Objectification and Substance Abuse in Young Adult Women" by [insert authors] (2010 [this issue]) examines the first of the proposed models between SO, depression, and substance abuse. The authors (2010 [this issue]) do a nice job of testing this model and showing that there are connections between SO, depression, and substance abuse. One surprise given the discussion above, however, was that they tested just model one leaving the reader unsure of the true connections between the variables. While some of the noted links between variables need other methodologies (e.g., longitudinal data to test temporal relationships) the data could have be used to test more than one plausible alternative model. As such, future researchers may want to test alternative models to better assert the connections between variables and to examine these connections across different substances separately, such as nicotine and alcohol.

Another important contribution of the major contribution is the discussion of SOEs and the characteristics of these environments that lead to SO. In particular, in the third article: "Experiencing Sexually Objectifying Environments: A Qualitative Study" by [insert authors] (2010 [this issue]) the authors report a qualitative study of the experiences of 11 heterosexual women working in an environment exhibiting these characteristics. One finding that stood out for us was the different responses or coping strategies women had to the environment. As such, a promising next step for researchers could be to examine the effects of using different protective or resistance strategies. For example, are different types of strategies such as minimization, establishing boundaries, and establishing psychological and physical distance related to differential effects? Experiences with sexual discrimination may lead some women to develop resilience and independence that allows them to be less dependent on the dominant culture's

standards and these attributes may allow them more freedom in how they interface with SOEs. For example, some authors have argued a feminist orientation could provide such protection (Drown, 1987; Ojerholm & Rothblum, 1999). Furthermore, consistent with research on the protective factors of developing a positive racial identity (e.g., Chavous, Rivas, Green & Helaire, 2002), developing a positive gender identity may be a protective factor by building resilience and coping strategies. Growing up, women may learn from other women how to respond to sexual objectifying experiences and, therefore, fostering positive gender socialization may be a protective factor. In all, while the damaging effects of SO and SOEs has been established, research on protective factors against SO has been more sparse and therefore as counselors knowing what we can do to help build a client's ability to withstand these negative effects is important.

Conversely, examining factors that make it more likely women would experience the negative effects of a SOE may be needed. While the overall goal may be to change society so that SO occurs less often, in the meantime, it may be important to better understand how to assist women and men currently being affected by these environments. As such, we wonder whether common correlates of depression, such as low self-esteem, tendency to rumination and internalization, or level of depression itself, maybe risk factors of greater exposure to SOEs and greater internalization of SO. This in no way implies any fault on part of the women, but it should be researched whether depressed women may be less likely to speak up for themselves, be protective of themselves, and/or attempt to remove themselves from sexually objectifying situations.

More research also appears to be needed on the effects of different types of environments (e.g., comparing sexually objectifying and non-objectifying environments) as well as the short and long-term effects of SOEs. The authors of the third article of the major contribution (2010 [this issue]) note some important negative and positive effects of working in such environments. Longitudinal and comparative studies seem to be warranted to better tease apart the connections.

For example, do the initial positive effects on self-esteem noted by the authors last or are they temporary and replaced by decreases in self-esteem over time? We may feel good when someone praises use for some aspect of ourselves (e.g., our looks). However, if that aspect is the only thing we get praise for then we may start to have a skewed outlook and start to neglect other strengths. Examining the long-term effects that lead an individual to continue to grow would be a great help to counselors and therapists.

Sexual objectification across minority identities. Throughout the major contribution the authors discuss how SO might be affected by different minority statuses. We agree with their assertions and believe that future research is needed to better understand how multiple identities impact minority women. Research on the impact of SO is sparse, particularly when looking at whether members of minority groups may be impacted differently. Most researchers have not examined the experiences of minority women separately, or sample sizes have not been sufficient to allow for separate comparisons of applicable constructs for diverse groups of women. There may be important differences in terms of model and theory for majority vs. minority populations. For example, while some studies (e.g., Gordon, 2008) found exposure to and identification with black women portrayed as sex objects contributed to black teenage girls' emphasis on their appearance as a source of self-worth, other studies (e.g., Buchanan, Fisher, Tokar & Yoder, 2008) found that the connections between SO and body surveillance was not the same as has been established in European American samples. These difference call in to question the generalizability of models developed on European American samples to non-European-American women, as well as the validity of the scales used to measure this construct for women of color. As such, we definitely agree with the authors of the major contribution (2010 [this issue]) assertions that more research is needed into the specific ways that minority women experience SO.

It is also crucial to test the validity of the models for women from non-western societies. Frith, Shaw and Cheng (2005) examined sexual portrayals in advertisement across cultures, and

found ads containing higher levels of SO tended to use European American women rather than models from the native (non-western) countries. Given this tendency, it would be important to study how SO of European American women impacts women from different cultures who are exposed to these images. For example, although SO is thought to be a more westernized phenomenon, some feminist scholars (e.g. Duits & van Zoone, 2006) postulate interesting similarities in how SO may affect, for example, Muslim women in Western societies. Duits and van Zoone argued in an examination of how attempts at prohibiting the traditional headscarf in public schools in the Netherlands is as much an attempt to deny women independence and autonomy over their bodies as are regulations aimed to curb SO by setting clothing standards and prohibiting clothing that is deemed to be too revealing. This is certainly not SO as we usually tend to think of it, but its impact may be similar to that of other experiences of SO.

Recently, interest has also increased in understanding the unique experiences of older women. Research has shown body dissatisfaction to be largely stable across the lifespan (e.g. Tiggemann, 2004; Tiggemann & Lynch, 2001), but self-objectification and habitual body surveillance to be decreasing as women get older. Accordingly, Grippo and Hill (2008) found age to be a moderator for the relationship of habitual body monitoring and body dissatisfaction. It is questionable whether the model of SO can be applied to older women as well, and more research is needed to explore other potential important factors.

In clinical practice and training, emphasis needs to be placed on understanding an individual woman's experience of SO, which may differ vastly based on her environment and well as cultural background. Research looking at cultural variables appears to suggest no sub-group of women to be immune to SO or negative consequences from such, although some groups may be at higher risk (Patton, 2001). It is important to teach clinicians to not overlook SO in groups of women in which common knowledge would suggest less objectification, such as older women or women that adhere to faiths that prescribe modesty. Clinicians, researchers, and

supervisors need to be vigilant of these forms of objectification to gain a better understanding of them and help women impacted by these experiences.

<div align="center">*Other Outcomes Linked Sexual Objectification*</div>

The major contribution focuses on extending sexual objectification theory to substance abuse and discussing SOEs. As such, not all aspects of sexual identification could be addressed. However, to further extend counseling psychologists' understanding of sexual objectification we wanted to also discuss the potential role of sexual objectification in two additional areas: interpersonal relationships and men.

Interpersonal relationships. Most of the current work on sexual objectification has examined intrapersonal outcomes. However, SO may also play a big role on interpersonal outcomes. How women relate to men and other women can be profoundly impacted by SO. For example, SO may lead to more shallow connections and interpersonal relationships. Women's relationships with other women may be lessened, as SO may be a barrier to true connections. Consistent with this, one study found that women also objectify other women and do so to a greater degree than they self-objectify (Strelan & Hargreaves, 2005). It may be that women who experience SO and have internalized these experiences engage in more objectifying behaviors. In fact, higher self-objectification is linked with more objectification of others (Strelan & Hargreaves, 2005). While few studies have directly examined the role of sexual objectification on women's relationships with other women, Calogero, Herbozo, & Thompson (2009) found that comments (either positive or negative) about women's appearance by friends has been linked with body dissatisfaction and surveillance. This is potentially consistent with some of the findings of the qualitative study in this major contribution ([insert authors] 2010 [this issue]), in that some women had negative reactions to the other women. In these instances, it is not hard to see how sexually objectifying behaviors can lead to less satisfying relationships and less

authentic connections between people as individuals would not be able to show their true selves. SO then should lead to decreased relationship satisfaction and less self-disclosure.

In regards to heterosexual intimate relationships, there have been a number of recent studies looking at the effect of SO and body image, sexual functioning, sexual satisfaction, and intimacy. In general, body image is inversely related to intimacy (Schooler & Ward, 2006), sexual functioning (Weaver & Byers, 2006), and sexual satisfaction (Pujols, Meston, & Seal, 2010). These findings are important, as sexual intimacy is a key factor for most intimate relationships. However, sexual objectification is likely not only limited to decreased sexual fulfillment, but may also lead to decreased communication and connection and ultimately decreased relationship satisfaction and feeling of relationship closeness.

In more extreme forms, sexual objectification in intimate relationships can have devastating effect on the relationship. Some research has looked at the link between sexual objectification and cheating behaviors in relationships, and more recently, the role of sexual objectification on consumption of pornography and cybersex (e.g., Goldberg et al., 2008). For example, addiction to cybersex has been linked with separation and divorce (Schneider, 2003). In a review, Manning (2006) found addiction to pornography and cybersex was linked to such factors as (a) risk of divorce, (b) marital distress, (c) infidelity, and (d) negative outcomes for children (i.e., depression, decreased parental involvement). Most of the work in these areas has come from marriage and family therapists; however, it is importance for Counseling Psychologists to also be involved given our focus and understanding of multiculturalism and promoting of social justice.

Sexual objectification and men. Witnessing or participating in the sexual objectification of women in daily life, in the media, and in SOEs may have several negative consequences for men as well. As noted above, sexual objectification can decrease relationship intimacy. This is true for men as well as women. Exposure to sexual objectification can lead men to perceive

women as one-dimensional entities who's only purpose is to gratify the sexual desires of men (Worell & Remer, 2003). This focus on the sexual aspects may also reduce satisfaction with sexual performance of their partners and themselves by creating performance anxieties. In the most extreme forms these performance expectations have been found to engender greater acceptance of interpersonal violence and sexual aggression against women (Ward, Hansbrough, & Walker, 2005). Hardcore pornography, in particular, may restrict some men's experience of sexual pleasure to only those situations in which their female partner is hurt, humiliated, or dominated. Therefore, sexual objectification may play a negative role in the healthy maintenance of intimate relationships, and additional research is needed to explore for whom and under which circumstances sexual objectification engenders these changes in men.

Similarly, patronizing SOE's may also have unique detrimental effects upon men's abilities to establish and maintain an intimate partnership. Based on the statements provided by the SOE employees in the third article of the major contribution ([insert authors], (2010 [this issue]), it appears that some male customers came to mistakenly believe that they could buy women's affection, attention, and tolerance of their disrespect. These men bought into the counterfeit intimacy present in these environments, misreading the signals of the female staff. Such learning experiences may exacerbate men's tendency to mistake friendliness for seduction (Abbey, 1982), and promote the development of a faulty understanding of how to build connection with women. Dwelling in these SOEs may misleadingly teach men that the intense level of SO that is intentionally fostered and condoned within the SOE will be tolerated or even welcomed in the outside world, in day-to-day interactions with female acquaintances. Similarly, repeated exposure to SO may be related to an increase in stereotypical beliefs and attitudes regarding gender role expectations. Greater exposure to and participation in SO activities could increase endorsement of traditional gender roles and have direct negative consequences for men as well. This area is wide open for study. For example, a follow up qualitative inquiry into the experiences of male patrons of SOE's would provide an interesting contrast to those reported by

the female employees. What messages are men absorbing from these environments in regards to gender roles, sexuality, etc? How do these beliefs influence their everyday behavior and interpersonal relationships with women?

Traditional notions of masculinity encourage men to sexually objectify women (Tewksbury, 2008). While many men do not endorse these notions, sexually objectifying situations may place additional pressures on men to conform. For example, when witnessing sexual objectification in the form of sexist remarks in a male group context, men who respect the well-being of women are placed in a difficult situation. If they speak out, they may be subject to social exclusion or other social consequences by the group members. If they stay silent, they not only perpetuate inequities (Stoltenberg, 1989), but they may also personally feel anxiety, anger, or guilt. So, they may feel caught between themselves being rejected or going along with the inappropriate behavior. Furthermore, tolerating sexual objectification has also been found to increase women's anger, disgust, and distrust towards men as a group (Chaudoir & Quinn, 2010), thereby creating an environment in which the actions of some men impede opportunities for positive relations between the sexes. This was poignantly highlighted in the qualitative study of the major contribution ([insert authors], 2010 [this issue]), where some of the women working in the SOE reported becoming more wary and distrusting of men. Such outcomes may keep men in a woman's life from developing true closeness and intimacy with her. Consequently, we recommend that future research continue to explore how SO may impact both men's and women's feelings as well as their behaviors toward each other. Evidence of deleterious effects could be highlighted in social outreach programs designed to encourage men to hold themselves and others accountable to eliminating sexism in their midst, as both men and women stand to benefit.

While witnessing the sexual objectification of women may lead to the outcomes mentioned above, there is emerging evidence that men themselves are being increasingly objectified and experiencing negative effects from such objectification. While men are not

objectified at a personal level to the extent that women are, objectification of men in the media is increasingly prevalent (Frith & Gleeson, 2004). A recent meta-analysis found that exposure to objectifying electronic and print media impacts body image concerns for men to the same degree that it does women (Grabe, Ward, & Hyde, 2008). For instance, body shame has been found to relate to men's tendency to see themselves as less muscular than they actually are and in the extreme forms lead to body dysmorphia (Olivardia, 2001), a condition which some mental health professionals assert should be classified as an eating disorder (Grieve, 2007). In their summary of objectification theory research with men, Moradi and Huang (2008) concluded that the existence and strength of the relationships among the theory's constructs for men and women were similar, with a few potential exceptions (e.g., flow, but not body shame, appeared to mediate the relationship between body surveillance and depression in men). Thus, while men may be less sexually objectified than women in Western culture, the objectification that is internalized by men appears to detrimentally affect their health in similar ways. Therefore, we recommend expanding theory, research, practice, and training related to sexual objectification to encompass both women and men.

Research may also be needed to examine the Sexual Objectification model across men from different racial/ethnic groups. For example, there is a growing literature focused on how sexual objectification affects gay and bisexual men (Kozak, Frankenhuser, & Roberts, 2009). Being that gay and bisexual men put greater emphasis on physical characteristics than heterosexual men (Silberstein Mishkind, Striegel-Moore, Timko, & Rodin, 1989), Objectification Theory has excellent promise for accounting for negative outcomes such as drive for thinness and disordered eating within this population (Martins, Tiggemann, & Kirkbride, 2007). Overall, testing the tenets of Objectification Theory with other sexually objectified groups represent an important opportunity to evaluate the robustness and applicability of the theory which has done an excellent job of accounting for women's experiences in a sexist society.

Conclusion

In summary, this major contribution provides an important overview of the current state of sexual objectification theory. Our suggestions for further research center around three areas: First, we suggest more extensive model testing to solidify the connections of sexual objectification and negative outcomes. Specifically, when extending the model to substance abuse, we suggest testing plausible alternatives such as reciprocal relationships of depression, eating disorders and substance abuse, and testing moderating protective and/or risk factors for negative consequences. Second, for greater external validity, future research could focus on testing sexual objectification theory with relatively neglected minority populations such as older women and women from non-western backgrounds. Third, subsequent research should also explore interpersonal effects of sexual objectification more thoroughly. We argue sexual objectification precludes genuine intimate relationships, sets up unrealistic expectations between the genders, and aids in maintaining gender stereotypes, and relationship aggression. Finally, we also offered some ideas into research of the emerging field of the effects of sexual objectification of men. Increasingly, men are subject to objectification, most often related to muscular build and sexual performance. Continuing and expanding research on sexual objectification theory into these areas has the potential to greatly enhance the generalizability of the theory as well as offer valuable insight for clinical work.

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