

Beyond Objectification: Understanding the Correlates and Consequences of Sexualization for Black and White Adolescent Girls

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Although objectification theory posits negative consequences of self-objectification for adolescent girls, few studies have tested how objectification and sexualization contribute to mental health for youth of color. Accordingly, the current study explores the relations among body surveillance, enjoyment of sexualization, and mental health for a sample of 473 Black and White adolescent girls ($M_{age} = 15.21$, $SD = 1.43$). As expected, body surveillance and enjoyment of sexualization were associated with various forms of diminished well-being. Race moderated two of these links, with Black girls who reported higher levels of body surveillance also reporting higher levels of depression and hostility compared with their White peers. Future work should examine the implications of enjoyment of sexualization for youth of color.

Objectification theorists (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996) propose that women frequently encounter sexually objectifying representations within Western culture that reduce them to a collection of sexual body parts. Over time, women may come to internalize this objectified view of the self and engage in self-objectification, valuing the body's outward appearance over its nonobservable competencies (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996). One manifestation of this tendency to self-objectify is body surveillance, whereby women attend intensely to their physical appearance. Both theory and empirical data indicate that this prioritization of appearance to the exclusion of other characteristics of the self has serious consequences for women's health. Drawing on predominantly White undergraduate samples, these tests of objectification theory have demonstrated that higher levels of body surveillance and self-objectification often predict more symptoms of depression, disordered eating, and sexual dysfunction (e.g., Gillen & Markey, 2018; Jones & Griffiths, 2015; Schaefer & Thompson, 2018). Among adolescent girls, findings indicate a link between body surveillance and anxiety and depression (Dakanalis et al., 2015; Grabe & Hyde, 2009; Tiggemann & Slater, 2015). We seek to build on this work by incorporating measures that focus more on sexual appeal, by incorporating race, and by exploring the role of pubertal timing.

First, because this body of research has focused on objectification and outward appearance, more

broadly, there has been less attention to the sexual appearance aspects of sexual objectification. Past research examining objectification among adolescent girls has almost always used the Body Surveillance subscale of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996) or the Self-Objectification Questionnaire (Noll & Fredrickson, 1998). The first of these measures captures the extent to which women monitor their appearance generally, whereas the latter captures the extent to which women value the observable, appearance-related aspects of their physical self-concept relative to the nonobservable, competence-related aspects. However, neither scale sufficiently captures the sexual element that often accompanies sexual objectification. The Enjoyment of Sexualization Scale developed by Liss, Erchull, and Ramsey (2011) is one way of capturing the more sexual nature of objectification by addressing actions women take to "appear" sexy and the positive emotions accompanying these behaviors. Among adult samples, higher reported enjoyment of sexualization has been linked to greater body surveillance, body shame, and disordered eating behaviors, as well as reduced sexual agency and relationship satisfaction; enjoyment of sexualization was unrelated to depression (Erchull & Liss, 2013; Liss et al., 2011). However, no study to date has examined the negative or positive implications of enjoying sexualization for teen girls' mental health. We address this connection, here, with the aim of elucidating if these more sexual aspects of objectification are dif-

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ferentially associated with mental health when compared to objectification measures, alone.

Second, because appearance and beauty norms are culturally constructed, it is likely that conceptualizations and experiences of objectification vary across race. For example, findings from both qualitative and quantitative work suggest that Black women define and experience body image differently from White women (e.g., Kelch-Oliver & Ancis, 2011; Poran, 2006), though findings vary by approach. Analyses drawing on measures normed with White samples suggest Black women report lower levels of body dissatisfaction and internalization of a thin ideal than do White women. Analyses using measures that incorporate culturally relevant aspects of body image show that Black women do experience dissatisfaction with their bodies, if not their body shape (for a review, see Watson, Lewis, & Moody, 2019). Extensions of this work to objectification have yielded mixed results. Some studies show that objectification is more impactful for Black women given the complex history of hypersexualized representations of Black women (Thomas, Witherspoon, & Speight, 2004); others show a diminished relevance of objectification, perhaps because of broader cultural support in the Black community for definitions of beauty that center personal style and confidence (Schaefer et al., 2018; Watson, Ancis, White, & Nazari, 2013; Watson, Robinson, Dispenza, & Nazari, 2012). Given this mixed evidence, additional analyses are needed to better understand how objectification and sexualization are experienced by Black teens.

Finally, although the literature has focused on self-objectification among young adult women, this view of the self may also be highly salient among adolescent girls, whose bodies are undergoing puberty (Susman & Dorn, 2009), and who may therefore be particularly attuned to outward appearance. Indeed, the physical changes of puberty are theorized to signal girls' availability to be consumed as sexual objects (Fredrickson & Roberts, 1997), making pubertal changes relevant to include as a control in tests of objectification and sexualization among adolescents. The timing of these changes matters and may be particularly important to consider for girls of color, who enter puberty earlier than their White peers (Biro et al., 2006; Carter, Caldwell, Matusko, Antonucci, & Jackson, 2011; Ge & Natsuaki, 2009). In addition to pubertal timing, other demographic factors could impact girls' mental health and objectification experiences, including age, dating status, and maternal

education (a proxy for socioeconomic status). Including age will help account for the numerous physical and psychological changes occurring as adolescents develop (Blakemore, 2012; Christie & Viner, 2005). Controlling for dating status may also be important, as initiating romantic relationships may change girls' feelings about their body, given that their desirability to romantic partners is often grounded in their appearance or sexual appeal (Davila, Capaldi, & La Greca, 2016). Finally, including maternal education helps account for disparities in socioeconomic status between Black and White families often cited in other literature (Hurst, Fitz Gibbon, & Nurse, 2016).

Accordingly, the current study examined associations between self-objectification and mental health for Black and White girls, exploring the unique contributions of body surveillance and enjoyment of sexualization. We also examined perceived pubertal timing relative to peers, age, dating status, and maternal education as possible correlates of girls' mental health. For mental health, we focused on the following constructs: self-esteem, depression, anxiety, hostility, and body shame. This selection of indicators allowed us to assess mental well-being globally (i.e., self-esteem, body shame), and to investigate symptoms of specific internalizing (i.e., anxiety, depression) and externalizing (e.g., hostility) mental health challenges frequently experienced in adolescence (e.g., Jones, 2013). We hypothesized that higher levels of body surveillance and enjoyment of sexualization would be linked with lower self-esteem and greater depression, anxiety, hostility, and body shame. Regarding the role of race, we had no a priori hypotheses given the equivocal findings regarding Black women's body image and the limited work on Black girls' tendency to self-objectify.

METHODS

Participants and Procedure

Participants were 473 adolescent girls aged 13–18 ($M = 15.22$, $SD = 1.43$) recruited from the United States; 268 (56.7%) identified as Black, and 205 (43.3%) identified as White. Data were collected as part of a larger study of adolescent gender socialization. Approximately two-thirds (67.1%) of our sample reported that their mothers completed at least some college education, whereas approximately half (54.0%) reported that their fathers completed at least some college education. Participants were recruited and compensated via the online

survey service Qualtrics. Parents of potential participants were notified that their child qualified for the study; parents consented on behalf of their children. Following this consent, parents were provided an assent form for their child. Adolescents who offered their assent then completed the survey through their parents' account.

Measures

Please see Table 1 for reliability information for the current sample.

Pubertal timing. Participants retrospectively reported their perceived pubertal timing relative to their peers using a 5-point scale anchored by 1 (earlier than most) and 5 (later than most) to respond to the prompt: "Relative to your peers, did you start puberty:..."

Dating status. We asked participants a single question to assess their dating status: "Are you currently in a relationship?" Response options included no, not really, kind of, not a label, and yes. In our analyses, this variable was dichotomized with no and not really being set equal to 0, and the remaining response options set equal to 1.

Body surveillance and body shame. To assess their levels of body surveillance and body shame, participants completed the Objectified Body Consciousness Scale-Youth (Lindberg, Hyde, & McKinley, 2006). The body surveillance and body shame subscales have 5 and 4 items, respectively, anchored on 6-point scale from 1 (strongly disagree) to 6 (strongly agree). Sample items include "During the day, I think about how I look many times" and "When I'm not the size I should be, I

feel ashamed." The surveillance subscale demonstrated good test-retest reliability in its validation sample ($\alpha = .81$), whereas the body shame subscale demonstrated adequate test-retest reliability ($\alpha = .62$, Lindberg et al., 2006). This measure has been utilized with Black women in the past and showed acceptable to good internal consistency (alphas ranging from .70 to .86; e.g., Buchanan, Fischer, Tokar, & Yoder, 2008; Claudat, Warren, & Durette, 2012).

Enjoyment of sexualization. Participants reported their enjoyment of sexualization using the 8-item Enjoyment of Sexualization Scale (Liss et al., 2011). Response options on this scale range from 1 (strongly disagree) to 6 (strongly agree). A sample item includes "I love to feel sexy" For relevant items, the word "men" was replaced with "guys" to be more age appropriate. Mean scores were computed such that higher scores reflect greater enjoyment of sexualization. This scale's construct and discriminant validity were upheld across two samples of undergraduate women, as was as its internal consistency (alphas =.85 and .86, respectively; Liss et al., 2011).

Self-esteem. To assess self-esteem, participants responded to 10 items from the Rosenberg Self-Esteem Scale (Rosenberg, 1965), including "On the whole, I am satisfied with myself." Items are anchored on a 1 to 5 scale, with 1 = strongly disagree and 5 = strongly agree; higher scores reflect higher self-esteem. Its construct validity, internal consistency, and test-retest reliability have been supported in a variety of studies since its initial validation, though its factor structure has been debated (Donnellan, Ackerman, & Brecheen, 2016). Among samples of Black women, this measure has

TABLE 1
Descriptive Statistics for the Main Study Variables

	<i>Black Girls</i>			<i>White Girls</i>			<i>Race Diff.</i>		
	N	M	SD	N	M	SD	Range	t-value	Cronbach's α
Body Surveillance	264	3.80	1.21	202	3.80	1.26	1-6	.01	.82
Enjoyment of Sexualization	262	3.40	1.19	201	3.41	1.35	1-6	.04	.92
Self-Esteem	266	3.70	.80	203	3.75	.84	1-5	.76	.89
Depression	266	2.13	1.19	204	1.78	.97	1-5	3.42**	.94
Anxiety	266	1.96	1.04	203	1.69	.85	1-5	2.92**	.90
Hostility	266	2.16	1.05	203	1.85	.91	1-5	3.40**	.88
Body Shame	264	2.67	1.28	202	2.65	1.25	1-6	.15	.85
Pubertal Timing	257	2.66	1.05	196	2.62	1.04	1-5	.44	-

Note. * $p < .05$, ** $p < .01$, *** $p = .000$.

shown good internal consistency, with alphas ranging from .74–.87 (Hatcher, 2007).

Depression, anxiety, and hostility. To assess feelings of depression, anxiety, and hostility, participants responded to 17 items from the Brief Symptom Inventory (BSI), an abbreviated version of the Symptom Checklist (SCL-90-R, Derogatis & Melisaratos, 1983). Participants responded to the prompt “During the past 7 days, how much were you distressed by:” regarding symptoms such as “Feeling lonely” (depression; 6 items), “Nervousness or shakiness inside” (anxiety; 6 items), and “Temper outbursts that you could not control” (hostility; 5 items). The convergent validity, construct validity, and internal consistency of the BSI has been upheld in both adult and adolescent samples (Molan & Tan, 1998). The BSI has been shown to be invariant at the factorial level between Black and White samples, with Black women reporting higher mean levels of all three subscales compared to White women (Wiesner et al., 2010).

Analytic Plan

Prior to running our main analyses, we examined the descriptive statistics and zero-order correlations for our main study variables. To test the main research questions, we ran a series of five hierarchical regressions that included self-esteem, depression, anxiety, hostility, and body shame as dependent variables. Prior to analyses, we mean centered all variables. At Step 1, we entered a dummy-coded race variable (White = 0, Black = 1), the pubertal timing item, age, maternal education, and dating status as controls. To explore the main effects of body surveillance and enjoyment of sexualization on our outcome variables, we entered these variables at Step 2. Finally, we entered the interaction between racial group and each predictor at Step 3 to determine whether the predictors of interest operate differently with well-being for girls of different races.

RESULTS

First, we tested to see if there were any racial group differences on the main study variables (see Table 1). There were no significant differences in Black and White girls’ perceived pubertal timing, body surveillance, enjoyment of sexualization, body shame, or self-esteem, but Black girls reported higher levels of depression, anxiety, and hostility. We then examined the zero-order

correlations between all of the study variables, including demographic controls (see Table 2). Results indicated that each of the demographic controls (except for maternal education) was related to several of the predictor and outcome variables, with correlations ranging from $r = -.12$ (age and self-esteem) to $r = .26$ (age and dating status); maternal education was only related to symptoms of hostility ($r = -.10$).

Regression equations testing the main hypotheses are provided in Table 3. Results at step one indicated a main effect of race for depression, anxiety, and hostility, with Black girls reporting higher mean levels of each. Age and dating status were unrelated to any of the outcomes, whereas maternal education was positively related to self-esteem and negatively related to hostility. Results at step one also indicated that perceiving an earlier pubertal timing was associated with more symptoms of anxiety and depression, and greater body shame. At Step 2, greater body surveillance was associated with lower self-esteem, greater anxiety, and more body shame. Similarly, enjoyment of sexualization was associated with greater anxiety, depression, and hostility, but was not significantly associated with body shame. Finally, at step 3, two significant interactions emerged: a Race \times Body Surveillance interaction predicting depression, and a Race \times Body Surveillance interaction predicting hostility (See Figure 1 for the plotted interaction effects). The interaction effect was consistent: For Black girls, body surveillance was positively related to depression and hostility; for White girls, body surveillance was unrelated to depression and hostility. Simple slopes analysis for the interaction effect on depression revealed that the slope of the line was not significantly different from 0 for White girls ($t(204) = 1.59, p = .11$), but was significantly different for Black girls ($t(267) = 6.04, p = .000$). Simple slopes analysis for the interaction effect on hostility revealed a similar effect, with the slope of the line not significantly different from 0 for White girls ($t(204) = .58, p = .56$), but significantly different from 0 for Black girls ($t(267) = 4.00, p = .000$). Thus, depression and hostility were positively related to body surveillance only for Black girls.

DISCUSSION

This study sought to extend past tests of objectification theory in three ways: by examining these processes in adolescent girls, by examining more sexual measures of objectification, and by examining how these associations are moderated by race.

TABLE 2
Intercorrelations Between Main Study Variables

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. Age	-										
2. Dating Status	.26***	-									
3. Maternal Education	.05	-.002	-								
4. Pubertal Timing	-.05	-.12**	.03	-							
5. Body Surveillance	.04	.10*	.07	-.05	-						
6. EOS	.12*	.18***	.02	-.04	.49***	-					
7. Self-Esteem	-.12*	-.06	.07	.06	-.32***	-.16**	-				
8. Depression	.12**	.12*	-.05	-.11*	.36***	.29***	-.66***	-			
9. Anxiety	.06	.15**	-.03	-.11*	.32***	.29***	-.53***	.84***	-		
10. Hostility	.07	.15**	-.10*	-.09	.31***	.33***	-.51***	.76***	.77***	-	
11. Body Shame	.08	.12*	-.03	-.14**	.49***	.41***	-.53***	.59***	.58***	.52***	-

Note. * $p < .05$, ** $p < .01$, *** $p = .000$.

TABLE 3
Regression Results Demonstrating the
Association Between Objectification and
Mental Health

	Self-Esteem β	Depression β	Anxiety β	Hostility β	Body Shame β
Step 1					
Age	-.08	.06	-.01	-.02	.03
Dating Status	-.01	.02	.07	.04	0
Maternal Education	.09*	-.06	-.03	-.11*	-.04
Pubertal Timing	.03	-.09*	-.09*	-.07	-.11**
Race	-.02	.16***	.14**	.14**	.01
Step 1 Adj R^2	.01	.04***	.04**	.04***	.02
Step 2					
Surveillance	-.24**	.14	.18*	.05	.42***
EOS	-.03	.20**	.17*	.26**	.14
Step 2 Adj R^2	.09	.17	.14	.167	.29
Change in Adj R^2	+.08***	+.13***	+.13***	+.127***	+.27***
Step 3: Interactions					
Surv*Race	-.07	.17*	.04	.16*	-.05
EOS*Race	.03	-.05	.02	-.07	.11
Step 3 Adj R^2	.09	.18	.14	.174	.29
Change in Adj R^2	0	+.01	0	+.007	0
Final Equation F:	5.68***	11.54***	9.13***	11.20***	21.00

Note. * $p < .05$, ** $p < .01$, *** $p = .000$. Standardized betas from Step 3 reported. EOS = Enjoyment of Sexualization. Race is coded such that 1 = Black girls and 0 = White girls.

We also explored the roles of age, dating status, maternal education, and perceived pubertal timing in these relations. As expected, both body surveillance and enjoyment of sexualization were linked to negative mental health and body perception outcomes for adolescent girls; in two cases, these associations were moderated by race. Results also revealed some interesting links between maternal education, perceived pubertal timing, and the outcomes, but not age or dating status.

These results are consistent with prior research in many ways. Regarding the links between body surveillance and mental health, our findings echo prior research with adolescent girls, which

identified negative associations between body surveillance and self-esteem, anxiety, and body shame (e.g., Slater & Tiggemann, 2015). The current study built on that work by exploring whether the enjoyment of sexualization yields similar associations among Black and White girls, and reveals that even as teens endorse enjoying sexualization, doing so is linked with more depressive affect, anxiety, and hostility. Perhaps these negative associations are a result of objectification's reductive nature: being valued by others mostly for one's sexual appearance may limit adolescents' valuing of other aspects of their own identity at a time when they should be exploring different aspects of self. Future

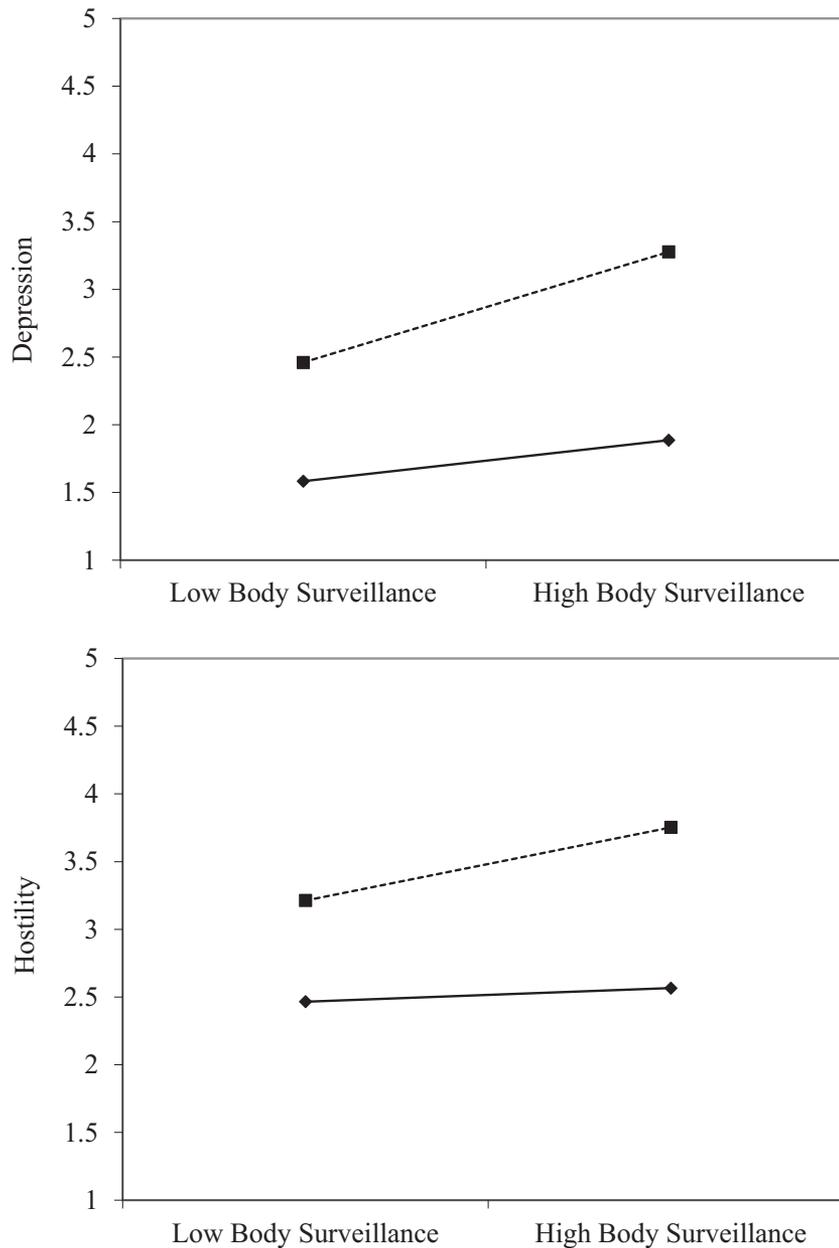


FIGURE 1 Plots demonstrating the interactive effect of racial group membership and objectification. *Note.* In each figure, the dotted line represents changes in the mean for Black girls; the solid line represents White girls.

work should explore whether enjoyment of sexualization is tied to other aspects of teens' well-being (e.g., academic motivations) and test potential moderators.

Second, this study is the first to examine these associations among Black adolescents, revealing significant racial group differences in the contributions of body surveillance to girls' depressive

symptoms and hostility. Given prior work suggesting that Black women report less body dissatisfaction than White women (Watson et al., 2019), it is noteworthy that Black and White girls did not differ in their levels of body surveillance or enjoyment of sexualization. Furthermore, although mean levels of body surveillance and enjoyment of sexualization did not differ by race, their consequences

appeared to be stronger for Black girls. Perhaps this differential contribution stems from unique cultural stereotypes of their group that Black girls and women must confront. Most notable is the “controlling image” of the Jezebel, a stereotype of Black women as hypersexual that has been used historically to denigrate Black women (Collins, 2002). The Jezebel stereotype, like sexualization, reduces Black women to their bodies and sexual functioning, and greater awareness of this societal stereotype among Black women is associated with reduced well-being (Jerald, Cole, Ward, & Avery, 2017). Therefore, with this additional stigma in the air, Black girls who are attentive to their appearance may feel even more depressed and hostile than Black girls who are less attentive. Future work should explicitly capture aspects of Black girls’ experiences that directly inform their experiences of objectification and sexualization.

Finally, although age was not significantly related to any of the outcomes, it is likely that these processes may look different as girls get older, with socialization forces acting to further emphasize that young women’s value is equated with their sexual attractiveness. Similarly, dating status was unrelated to any of the outcome variables. Maternal education, our proxy for socioeconomic status, was linked to greater self-esteem and less hostility. Our findings regarding perceived pubertal timing mirror prior research that failed to find a link between pubertal timing and self-objectification (e.g., Rousseau, Trekels, & Eggermont, 2018), yet also fall in line with work that demonstrated associations between pubertal timing, mental health, and body shame, a consequence of self-objectification (Slater & Tiggemann, 2012). Future work should investigate the role of these different demographic predictors for Black and White girls’ mental health outcomes, as well as the role of pubertal timing using a more nuanced measure.

Although these results help extend objectification research to adolescent girls’ mental health, to sexual aspects of objectification, and to Black populations, we acknowledge several limitations of the data. First, these cross-sectional data do not allow us to determine causality and only demonstrate associations; it is possible that girls with worsened mental health (e.g., low self-esteem) may be more likely to self-objectify. Second, although using an online survey service allowed us to obtain a national sample of adolescents, there may be biases in the types of adults who register for such a service. Third, we used a retrospective report of perceived pubertal timing, which may yield different

results than concurrent assessments of pubertal timing. A final limitation of the current study is that for participants who identified as lesbian, wording in the Enjoyment of Sexualization Scale that referenced attention from male peers may not have been as relevant. Future work may want to replicate these patterns with school samples that can be followed over time, with attention given to potential modified wordings of the Enjoyment of Sexualization Scale or the use of sexual orientation as a control variable.

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