Shame On You And Me – The Relationship Between Sexual Objectification And Body Shame And Appearance Anxiety In Indian Women

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Abstract

Objectification theory is a framework that aims to understand the experience of females in a culture that sexually objectifies their bodies. It suggests that females are socialized to internalize the perspective of others around them, and basing it as the primary way to view themselves physically. Cultural body standards provide an ideal body image that is impossible to achieve, and those who internalise the achievement of those standards with their identity, may have increased feelings of shame when they do not measure up. The prese

nt study aimed to investigate the relationship of sexual objectification and body shame and appearance anxiety in women in India. 400 participants who identify as female, and over the age of 18 participated in the study, and completed three questionnaires – Interpersonal Sexual Objectification Scale, the body shame subscale of the Objectified Body Consciousness Scale, and Appearance Anxiety Scale, to measure their levels of sexual objectification, body shame, and appearance anxiety respectively. The results found a significant positive correlation between sexual objectification and body shame and appearance anxiety. However, there was no statistically significant difference in levels of sexual objectification in the three age groups. Limitations of the study and potential future research has also been discussed.

Keywords: sexual objectification, self-objectification, body shame, appearance anxiety.

Introduction

Objectification theory (Fredrickson & Roberts, 1997) is a contemporary framework that suggests that the female body is sexually objectified and is thought of as an object for the use of others. It aims to understand its impact on women who live in a culture that regularly sexually objectifies women (Smith et al., 2018). Sexual objectification considers the body of a woman as a physical object for sexual desire of others, and usually takes place when a woman's body is viewed as a separate entity, rather than a person (Bartky, 1990). The two main manifestations of sexual objectification are body evaluation, such as staring at women's bodies, and unsolicited explicit sexual advances (Kozee, Tylka, Augustus-Horvarth & Denchik, 2007). Catcalling, offensive sexual jokes, and unwanted sexual attention are examples of sexual objectification (Roberts et al., 2018). Weskot (1986) stated that objectification "is the socially sanctioned right of all males to sexualize all females, regardless of age or status."

The theory of objectification also postulates that it is possible for sexual objectification to have an impact on the mental health of women such as depression, sexual dysfunctions, as well as eating disorders, through two main paths – a direct path that includes experiences of sexual objectification, and an indirect path which includes the women's internalization of sexual objectification experiences or self-objectification (Fredrickson & Roberts, 1997). Sexually objectifying experiences leads to self-objectification (Roberts et al., 2018). It involves the internalisation of the observer's view of the individual's body, as well as viewing one's body as a representation of themselves and their overall worth (Linder & Tantleff-Dunn, 2017). Objectification theory postulates that experiences with sexual objectification through media outlets and interpersonal relationships encourage women to objectify themselves, because of which they regularly monitor their physical appearance (Moradi, Dirks, & Matteson, 2005; Piran & Cormier, 2005).

Women are under sociocultural pressure to live up to unrealistic beauty (Fredrickson & Roberts, 1997; Swami et al., 2009), resulting in women objectifying their own bodies (Forrester-Knauss et al., 2008) by internalising these beauty standards. This internalization has a positive association with objectified body consciousness, which thereby leads to self-surveillance and social comparison (Fredrickson & Roberts, 1997; Yazdanparast & Spears, 2018). McKinley and Hyde (1996) suggested three components of Objectified Body Consciousness – body surveillance (representing the reflection of an observer's perspective), body shame (comparing own body, and failing to achieve cultural beauty standards), and

appearance control beliefs (beliefs that the individual is in control of their physical appearance). Body shame can be described as a negative emotion that occurs due to the comparison women make between their actual bodies and internalised cultural beauty standards, and failing to achieve these unrealistic and unattainable standards. It has been suggested that exposure to sexually objectifying media and experience of interpersonal sexual objectification are related to body shame and surveillance (Slater & Tiggemann, 2015), and body shame is related with body image concerns (Jackson et al., 2016). Research has indicated that through self-objectification, body monitoring, and consequent body shame, sexual objectification is associated with a higher prevalence of low sexual satisfaction (Manago et al., 2015), eating disorders (Jackson & Chen, 2015), and depression (Roberts et al. 2018; Szymanski and Feltman 2014). Moreover, it has been suggested that comments about an individual's appearance, whether online or offline, is associated with body surveillance and body shame (Seekis et al., 2020, 2021; Slater & Tiggemann, 2015).

Apart from body shame, appearance anxiety is another consequence of self-objectification (Calogero et al., 202l; Calogero et al., 2019; Dion et al.,1990). It can be described as a feeling of distress which is related with the perceived evaluation of an individual's physical body (Alemdag et al., 2016) caused by sexual objectification of women in society and their internalization of it (Dion et al. 1990). In general, anxiety can be defined as a negative emotion which occurs in in anticipation of real or imagined threatening situations that are often ambiguous in nature (Lazarus, 1991). The theory of objectification (Fredrickson & Roberts, 1997) proposes that self-objectification can cause two kinds of anxiety – anxiety over one's appearance and anxiety about one's safety. An individual might deal with appearance anxiety when they are unaware of how, when, or where their physical bodies are being evaluated. Research has suggested that women report higher levels of appearance anxiety compared to men (Hagger & Stevenson, 2010), and that higher self-objectification leads to higher levels of anxiety regarding their appearance (Tiggemann and Kuring, 2004). The other kind of anxiety, which is anxiety about one's safety relates to the notion that 'power lies in beauty' (Fredrickson & Roberts, 1997). It has been found that men who engage in sexual harassing activities such as rape are threatened by attractive women and (Beneke, 1982). Recent studies have suggested that women are more likely to engage in strategies such as not opening doors, learning self-defence, not making eye contact with strangers, and look for helpline numbers to protect them in certain situations (Silva & Wright, 2009). Hence, it can be suggested that sexual objectification may result in self-objectification, thereby

leading to women adopting such tactics such as restricting their movement due to heightened fear of sexual harassment (Fairchild and Rudman, 2008). Research has suggested that mental disorders such as eating disorders, depression, and sexual dysfunctions is a consequence of anxiety of both appearance and safety (Calogero et al., 2020).

Many studies aim to show the relationship between self-objectification, caused due sexual objectification, body shame and appearance anxiety. For example, Dimas (2021) examined whether self-objectification, a consequence of sexual objectification, has an impact on physique anxiety, intrinsic motivation, bodily awareness, and physical performance. The participants were randomly assigned to either condition – swimsuit or sweater, and was seen that women in the swimsuit group reported more higher levels state self-objectification, body shame and appearance anxiety, and lesser levels of intrinsic motivation, compared to women in the sweater group. Moreover, Mehak, Friedman and Cassin (2018) examined whether self-objectification, weight bias internalisation as binge eating is facilitated by body shame, appearance anxiety. The results suggested that appearance anxiety, and body shame mediated association among self-objectification and weight bias internalisation as well as binge eating and greater binge-eating was reported by women who objectified themselves and internalised negative weight-related thoughts.

The present study aims to investigate the association of sexual objectification and body shame and appearance anxiety in women in India. The study had three hypotheses – first, there is a significant relationship between sexual objectification and body shame in Indian women; second, there is a significant relationship between sexual objectification and appearance anxiety in Indian women; third, there is a significant difference in levels of sexual objectification among three age groups (Group 1, Group 2, Group 3) of Indian women.

Method

Participants

400 Indian women, between the ages 18 to 60 participated in the study. The mean age of the participants was 22.24 and the SD was 6.36. Before participating in the study, each participant gave an informed consent for their data to be included in the analysis. The participants' participation was voluntary, and they had the choice to leave if they wished to.

Materials

Interpersonal Sexual Objectification Scale (ISOS; Kozee, Tylka, Augustus-Horvath, & Denchik, 2007) is a 42 item questionnaire which assesses the participants' experiences with sexual objectification. The subject is required to think carefully about their life and answer each question twice - answer once for what their entire life (from when they were a child to now) has been like, and once for what the past year has been like, on a 5-point scale ranging from 'never', 'rarely, 'occasionally, 'frequently', 'almost always'.

The Appearance Anxiety Scale (AAS; Dion et al. 1990) is a 14-item self-report questionnaire which assesses the participants' degree of anxiety of anxiety about their physical appearance. The subject is required to rate to what extent they relate to the questions provided in the questionnaire on a 5-point scale ranging from 'never', 'sometimes', 'often', 'very often', 'almost always'.

The Body Shame Subscale of the Objectified Body Consciousness Scale (OBC; McKinley & Hyde, 1996) is an 8-item self-report questionnaire, which is a subscale of the Objectified Body Consciousness Scale (OBC; McKinley & Hyde, 1996). It assesses the participants' level of body shame. The subject is required to rate to what extent they relate to the questions provided in the questionnaire on a 7-point scale ranging from 'strongly disagree' 'moderately disagree', 'slightly disagree', 'neutral', 'slightly agree', 'moderately agree', 'strongly agree'.

Design

A repeated measures design was used for the experiment where each participant was required to complete all the questions in the questionnaires provided to them. The independent variable was the level of sexual objectification and the dependent variable was body shame and appearance anxiety.

Procedure

A Google form was prepared and was posted on Facebook and Instagram. The participants were required to give their consent, and complete the three questionnaires - Interpersonal Sexual Objectification Scale (ISOS; Kozee, Tylka, Augustus-Horvath, & Denchik, 2007), The Appearance Anxiety Scale (AAS; Dion et al. 1990), and The Body Shame Subscale of the Objectified Body Consciousness Scale (OBC; McKinley & Hyde, 1996). In total, participation took approximately 15 to 20 minutes. The participants were divided into three groups based on their age for data analysis – 'Group 1 (18-29 years), 'Group 2' (30-40 years), and 'Group 3' (41 years and above).

Results

Table 1 Descriptive Statistics for scores of each scale

	Mean	SD	N
Sexual Objectification	107.66	27.77	400
Appearance Anxiety	46.72	13.55	400
Body Shame	31.66	8.71	400

Table 1 shows descriptive statistics for all the key variables, suggesting that levels of sexual objectification experiences (M = 107.66, SD = 27.77), body shame (M = 31.66, SD = 8.71), and appearance anxiety (M = 46.72, SD = 13.55) for the present sample were generally close to the midrange of possible scores on each instrument.

Table 2 Correlations

	Sexual Objectification	Appearance Anxiety	Body Shame
Sexual Objectification	.	.31*	.33**
Appearance Anxiety	.31**	.	.66*
Body Shame	.33**	.66*	.

Note: ** Correlation is significant at the 0.01 level (two-tailed)

Table 2 shows all the correlations of the three variables. The results suggest that the sexual objectification significantly correlated with appearance anxiety (.31) and body shame (.33), suggesting that higher the levels of sexual objectification, higher the levels of body shame and appearance anxiety. Moreover, a significant positive correlation was between appearance anxiety and body shame (.66), suggesting a positive relationship between the two. Thus, the results support the first hypothesis that sexual objectification is positively correlated with body shame in Indian women. Moreover, the results also supported the second hypothesis that sexual objectification is positively correlated with appearance anxiety in Indian women.

Table 3 Descriptive Statistics for the three age groups

	Sexual Objectification	Appearance Anxiety	Body Shame

Group	N	M	SD	M	SD	M	SD
Group 1 (18-29 years)	378	108.37	27.73	47.35	13.06	31.91	8.61
Group 2 (30-40years)	7	102.43	24.24	44.86	21.96	27.71	9.12
Group 3 (41 years and above)	15	92.13	27.21	31.87	13.39	27.07	10.08
Total	400						

A one-way ANOVA was conducted to compare the levels of sexual objectification among the three age groups – 'Group 1' (18-29 years), 'Group 2' (30-40 years), and 'Group 3' (41 years and above). The results revealed that there was no statistical significant difference in levels of sexual objectification among the three age groups [F(2, 397) = 2.53, p = 0.075]. Post hoc comparisons using the Tukey HSD test indicated that there was no statistically significant difference between 'Group 3' (M = 92.13, SD = 27.21), 'Group 1' (M = 108.37, SD = 27.73) and 'Group 2' (M = 102.43, SD = 24.24) (p = .84). Thus, the results do not support the third hypothesis that there is a significant difference in levels of sexual objectification among three age groups of Indian women.

Discussion

The present study aimed to understand the relationship of sexual objectification and body shame and appearance anxiety in women in India, across various age groups. The study had three hypotheses – first, there is a significant relationship between sexual objectification and body shame in Indian women; second, there is a significant relationship between sexual objectification and appearance anxiety in Indian women; third, there is a significant difference in levels of sexual objectification among three age groups of Indian women.

The results of the present study supported the first hypothesis that sexual objectification is positively correlated with body shame, suggesting that there exists a significant positive correlation between sexual objectification and body shame, indicating that higher the levels of sexual objectification, higher the levels of body shame. These findings are in line with Lim, Lennon and Jones (2021) who aimed to understand the experiences of school

girls' experiences in school. Thirteen high school girls were interviewed to investigate the internal, interpersonal and contextual factors that may worsen or lessen objectifying conditions. Three themes emerged including dressing as a life skill, experiencing a sexually objectifying environment, and coping with the sexually objectifying environment. Moreover, eight superordinate themes showed that the emergent themes suggest school girls' everyday experiences and embodiment of their school dress codes. The results implied that the enforcement of dress code and sex education furthers an environment that is sexually objectifying where girls feel unsafe, both physically and psychologically. Moreover, it was also suggested that through dress code enforcement and sex education, young school girls experience more self-objectification, powerlessness and body shame.

Moreover, the results supported the second hypothesis that there is a positive association between sexual objectification with appearance anxiety, suggesting that greater the levels of sexual objectification, higher the levels of appearance anxiety. These results are consistent with past literature. Dimas (2021) aimed to examine whether self-objectification, which occurs due to sexual objectification, has an impact on physique anxiety, intrinsic motivation, bodily awareness, and physical performance. 54 undergraduate students participated in the study and were randomly assigned to either condition – swimsuit or sweater. They completed cover story and body image measures, changed into clothing based on their group, completed state body image measures and performed a series of balance tasks. The results indicated that women in the swimsuit group reported more higher levels state self-objectification, body shame and appearance anxiety, and lesser levels of intrinsic motivation, compared to women in the sweater group. Another study by Szymanski, Swanson and Carretta (2020) aimed to investigate three aspects of fear of rape (taking rape precautions, safety concerns, and fear of men), and body shame and appearance anxiety, as potential mediators in the association between sexual objectification through body surveillance to depression. The study suggested that sexual objectification was related to more body surveillance, thereby associated with more body shame, appearance anxiety, extra rape precautions, increased safety concerns, and more fear of men.

One potential explanation for these findings could be that through media exposure and social encounters such as catcalling, gazing at women's bodies, and sexual comments, women are under sociocultural pressure to live up to unrealistic beauty (Fredrickson & Roberts, 1997; Swami et al., 2009), resulting in women objectifying

their own bodies (Forrester-Knauss et al., 2008) by internalising these beauty standards. Sexually objectifying experiences leads to self-objectification (Roberts et al., 2018). It involves the internalisation of the observer's view of the individual's body, as well as viewing one's body as a representation of themselves and their overall worth (Linder & Tantleff-Dunn, 2017). Another possible explanation is that how an individual looks has an impact on various social judgments and biases such as perceived personality traits (Feingold, 1992), professional success (Hosoda, Stone-Romero, and Coats, 2003), and pursuing romantic partners (Puts, 2010). Hence, women may have anxiety over their appearance when they are unaware of how, when, or where their physical bodies are being evaluated.

On the other hand, the results of the present study did not support the third hypothesis that there is a significant difference in levels of sexual objectification among three age groups ('Group 1': 18-29 years), 'Group 2': 30-40 years), and 'Group 3': 41 years and above) of Indian women. These results are in line with Hill (2003), that aimed to explore the effects of age on sexual objectification. 502 participants, between the age of 18 to 79 years participated in the study, and it was seen that there was no significant difference between women ages 18 to 29 and 30 to 49 years in levels of sexual objectification. However, there are various studies have contradicted these results. Szymanski and Henning (2007) suggested that self-objectification, a consequence of sexual-objectification, reduced with age and led to habitual body monitoring, thereby leading to increased body shame and appearance anxiety. Greenleaf (2005) found that younger women reported higher levels of self-objectification, body shame, and dieting compared to older women. Moreover, McKinley (1999) indicated that greater body surveillance and body shame was reported by college women more than their middle-aged mothers. One possible for such results can be that as women age, their reproductive potential decreases and they are less likely to be sexually objectified. However, one possible reason why our results did not support the second hypothesis could be that there were only 7 participants in the 'Group 2' and only 15 participants in the 'Group 3'. This is a major limitation of the study. To resolve this, future research can focus on equal number of participants in each group.

Another limitation of the present study was the self-report questionnaire because the participants knew what they were being tested on, which could have led to demand characteristics in which they changed their responses to conform to the experimenter, thus leading to lower validity. Furthermore, our sample was of women from ages of 18-60, and as such was gender homogenous. This could lead to a potential bias in the results as this demographic is more likely to be exposed to sexual objectification.

Taking into account these limitations, future studies should consider a gender heterogeneous set, including non-binary and trans individuals over a range of ages. Moreover, studies could also be conducted in a real-world natural scenario, instead of using self-report questionnaires, where the experimenters could put the participants in a situation where they encountered situations of sexual/self-objectification, body shame, and anxieties about their appearance. Furthermore, if the study took place outside the lab, it could result in high ecological validity.

In conclusion, the results of the current study suggests the complex interplay between sexual objectification, body shame, and appearance anxiety among Indian women. The objectification theory's framework suggests how cultural norms and societal pressures may contribute to the internalisation of an unattainable ideal body, leading to high levels of body shame and appearance anxiety. The findings of the study indicate a positive correlation between sexual objectification and the negative psychological outcomes such as body shame and appearance anxiety, which implies an urgent need for a societal shift towards body positive attitudes. Moreover, the results did not suggest a significant difference in levels of sexual objectification among the three age groups, which may raise questions about the persistent nature of these experiences. This suggests the efforts to counteract sexual objectification should target individuals across all age groups.

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