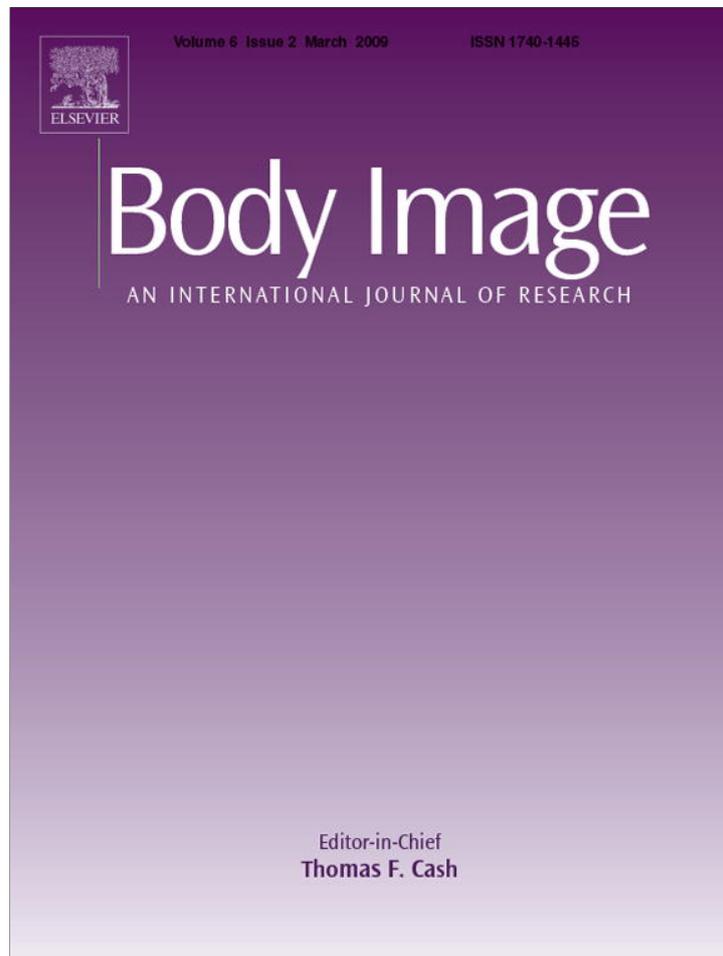


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Brief research report

Self-objectification and depressive symptoms: Does their association vary among Asian American and White American men and women?[☆]Shelly Grabe^{a,1,*}, Benita Jackson^{b,1}^a Department of Psychology, University of California-Santa Cruz, 1156 High St., Santa Cruz, CA 95064, USA^b Department of Psychology, Smith College, Clark Science Center, 44 College Lane, Northampton, MA 01063, USA

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ABSTRACT

Objectification Theory (Fredrickson & Roberts, 1997) posits that viewing one's body as an object – i.e., self-objectification – increases depressive symptomatology. Though a handful of studies to date have found self-objectification and depressive symptoms correlated among White American women, few studies have examined whether this finding generalizes to other social groups. We examine whether self-objectification and depressive symptoms are associated among Asian Americans and White Americans in a college sample of women and men ($N = 169$). Self-objectification and depressive symptoms were positively associated among White American women but not among White American men or Asian American men or women. These data suggest the parameters of Objectification Theory are circumscribed by both race/ethnicity and gender and self-objectification may put White women, in particular, at risk for depressive symptoms.

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Introduction

According to Objectification Theory (Fredrickson & Roberts, 1997), sexual objectification occurs when the female body is reduced to an object available for visual inspection (Bartky, 1990). This objectification occurs in many forms of interpersonal encounters (e.g., social gatherings) and the mass media (e.g., advertisements, television). One profound psychological consequence of objectifying the female body is girls and women come to internalize an observer's perspective as the primary view of their physical selves, rather than a first-person subjectivity of their own physical attributes such as health or body competence. This view of the physical self has been termed *self-objectification* (Bartky, 1990; Fredrickson & Roberts, 1997).

Self-objectification and negative affect

Although Fredrickson and Roberts (1997) speculated the experiences of objectifying oneself are a root cause of female preponderance of depressive symptoms, there has been little focus

on the association between self-objectification and depressive symptomatology. The few empirical investigations in this area have been predominantly among White American college women and demonstrated self-objectification is positively related to depressive symptoms (e.g., Miner-Rubino, Twenge, & Fredrickson, 2002; Szymanski & Henning, 2007).

Although it is theorized that females are more strongly socialized to self-objectify, the definition of self-objectification does not preclude this as a behavior in which men might engage. Two additional studies to date that investigated the association between self-objectification and depressive symptoms did so among mostly White samples including both women and men. Analyzing data from a sample of students at an Australian university, Tiggemann and Kuring (2004) reported that trait levels of self-objectification and self-surveillance were significantly correlated with depressed mood among undergraduate women, but not men – although self-objectification led to self-surveillance and, in turn, body shame among both women and men. Grabe, Hyde, and Lindberg (2007) found in an American sample that girls reported higher levels of self-objectification and depressive symptoms at ages 11 and 13 than boys and that body shame and rumination mediated a direct relationship between self-objectification and depression among girls, but not boys. These examinations suggest self-objectification in Western cultures put White girls and women at risk to experience depressive symptoms; the extent to which aspects of Objectification Theory are also applicable to men remains unclear.

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Racial/ethnic variations in self-objectification and depressive symptoms

It is even less clear how the association between self-objectification and depressive symptoms might vary by racial/ethnic background. In the United States, for example, Asian Americans² comprise an understudied group in the domain of body concerns generally (Grabe & Hyde, 2006), despite that they are the second fastest-growing minority in the nation (U.S. Census Bureau, 2007). In one of only two studies published examining self-objectification in ethnically diverse samples, Hebl, King, and Lin (2004) found situationally induced self-objectification led to increased body shame, lowered self-esteem, and lowered cognitive performance among Asian American, African American, Hispanic American, and White American women and men. They did not examine the effects on depressive symptoms. The only published study to date expressly examining trait differences between Asian American and White American college students found White American participants showed higher body satisfaction but no difference in body surveillance. Further, no racial/ethnic group differences were found in the association between body dissatisfaction and body surveillance (Frederick, Forbes, Grigorian, & Jarcho, 2006). Yet research also suggests that Asian American women are least likely to value appearance as important to their self-esteem when compared to White American, African American, and Hispanic American women (Altabe, 1998) despite that Asian American women report lower satisfaction with distinct physical characteristics that set them apart from the White American norm pervading media images (e.g., nose, skin color; Mintz & Kashubeck, 1999). Thus, the somewhat mixed picture of findings, combined with a scarcity of systematic research including Asian American women in this literature, contributes to a lack of knowledge regarding whether Asian American women may be less susceptible – than has been demonstrated of White American women – to societal pressures to internalize their body as an object. Furthermore, because we know Asian Americans demonstrate higher levels of depressive symptomatology than White Americans (e.g., Okazaki, 1997), the relation to self-objectification seems important to test.

Current study

We set forth predictions based on the small but growing literature. We expect women will report greater self-objectification and depressive symptoms than men and Asian Americans will report greater depressive symptomatology than their White American counterparts. Given mixed findings across investigations examining body concerns among Asian Americans and White Americans, we offer no prediction regarding race/ethnicity differences in levels of self-objectification or the association between self-objectification and depressive symptoms.

Method*Procedures and participants*

Questionnaires regarding gender, race/ethnicity,³ self-objectification, and depressive symptoms were administered as part of a

² Psychologists have demonstrated utility in examining Asian Americans as a group because of pan-Asian shared values, while acknowledging the diverse cultures of Asia and the importance of within-culture examinations (see Sue & Okazaki, 1990 for a review).

³ Cultural psychologists view culture as shared meanings. These meanings can be conveyed through customs in food, dress, language, and social interactions, and together are expressed in “ethnicity,” whereas race is reflected in physical markers – like skin tone – that take on social meanings. Following recent others (e.g., Oyserman, 2008), we prefer the term “racial/ethnic” to acknowledge complexities and limitations of using just one of them as a means of social categorization.

larger packet in the University of Wisconsin's psychology department subject pool composed of students enrolled in psychology courses and approved by the Institutional Review Board. Students received course credit for their participation. All Asian American ($N = 80$, 63% female) participants and a random sample of White American participants ($N = 90$, 66% female) and were considered for inclusion in the current study. One Asian male participant was dropped from the analyses because there were no reported data on depressive symptomatology, yielding a final total sample of 169.

*Measures**Self-objectification*

Self-objectification was measured using the Self-Objectification Questionnaire (SOQ) developed by Noll and Fredrickson (1998). The SOQ assesses the relative importance of appearance-related (objectified) and competence-related (non-objectified) attributes. Participants were asked to rank the impact of 10 different physical attributes on their evaluations of their own bodies, five attributes pertaining to physical attractiveness (e.g., firm/sculpted muscles) and five based on physical competence (e.g., health). Scores were calculated by subtracting the sum of the ranked competence items from the sum of the appearance items. They ranged from –25 to 25 with higher scores reflecting greater self-objectification. Positive values indicate predominant focus on appearance; negative values indicate predominant focus on functionality of one's body.

Depressive symptomatology

Depressive symptoms were assessed using the 21-item self-report Beck Depression Inventory (Beck, 1987). Each item consists of 4 statements representing increasing severity rated from 0 to 3 (e.g., I have not felt sad; I felt sad; I was sad all of the time and I couldn't snap out of it; I was so sad and unhappy that I couldn't snap out of it) and respondents are instructed to choose the item that best described how they felt in the past two weeks. Items were summed to yield a total score. The possible range of responses was from 0 to 63; actual responses in this sample were from 0 to 34. The coefficient alpha for this study was 0.87.

Results

Table 1 shows minimum and maximum values, means, and standard deviations. Women reported self-objectification scores across a narrower range than men did. In particular, White American women reported the lowest levels for competence focus and were the only group reporting a mean self-objectification score above 0. In contrast, Asian American women, White American men, and Asian American men each reported mean levels suggestive of a greater emphasis on functional rather than appearance-related aspects of the body. Regarding depressive symptoms, White American men reported the lowest levels, while Asian American men, White American women, and Asian American women reported higher levels.

To test our first prediction, we conducted a 2 (female/male) \times 2 (Asian American/White American) analysis of variance (ANOVA) test, with self-objectification as the dependent variable and gender and race/ethnicity as the independent variables. We did not find robust main effects for either gender $F(1, 165) = 3.43, p = .07$ or race/ethnicity $F(1, 165) = 3.84, p = .05$ on self-objectification; instead we found a significant gender by race/ethnicity interaction, $F(1, 165) = 6.36, p = .01$, driven by White American women's relatively high scores. Follow-up analyses indicated that White American women reported significantly higher levels of self-objectification than both their White American male ($t = 3.19, p < .01$) and Asian American female counterparts ($t = 3.73, p < .01$),

Table 1
Descriptive statistics by race/ethnicity and gender.

	Asian American women (n = 50)	White American women (n = 59)	Asian American men (n = 29)	White American men (n = 31)
Self-objectification				
Minimum	–25.00	–15.00	–25.00	–25.00
Maximum	23.00	25.00	25.00	25.00
Mean (SD)	–2.06 (13.21)	7.08 (12.39)	–0.69 (11.85)	–1.84 (13.05)
Depressive symptoms				
Minimum	0.00	0.00	0.00	0.00
Maximum	30.00	34.00	27.00	14.00
Mean (SD)	9.88 (6.69)	9.36 (7.60)	8.83 (7.24)	4.58 (4.15)

Note: Higher values reflect greater self-objectification and depressive symptoms, respectively.

whereas Asian American women and men did not differ ($t = -0.46$, $p = .65$). The mean effect sizes consistent with this interaction are noteworthy. The effect size for the difference between White American women's and men's mean levels of self-objectification was $d = 0.70$ and the magnitude of the difference between White American and Asian American women's self-objectification was $d = 0.71$, both representing moderate-large effects by Cohen's (1988) criteria.

To test our second prediction, we conducted another 2 (female/male) \times 2 (Asian American/White American) analysis of variance (ANOVA) test with depressive symptomatology as the dependent variable. As predicted, we found main effects for both gender, $F(1, 165) = 7.18$, $p = .01$ and race/ethnicity, $F(1, 165) = 4.81$, $p = .03$. Although the interaction between race/ethnicity and gender in predicting depressive symptoms was not statistically significant, $F(1, 165) = 2.93$, $p = .09$, inspection of the means suggests the gender difference in depressive symptoms was much less pronounced among Asian Americans compared to White Americans.

Finally, examining whether self-objectification was related to depressive symptoms in each of the four racial/ethnic groups we conducted a series of correlations. We found self-objectification and depressive symptoms were positively and significantly correlated only among White American women ($r = .34$, $p = .01$). There was no significant association between self-objectification and depressive symptoms among White American men ($r = .21$, $p = .26$), Asian American women ($r = .02$, $p = .88$), or Asian American men ($r = .30$, $p = .11$).

Discussion

This is the first investigation examining the association between self-objectification and depressive symptoms for women and men, across two different American racial/ethnic groups (White Americans, Asian Americans). The findings both support a central argument of Objectification Theory and suggest the central tenants of the theory cannot be generalized. A key finding was self-objectification and depressive symptoms were positively associated for White American women, but not for White American men or Asian Americans. In addition, the mean effect size differences in self-objectification between White American women and their White American male and Asian American female counterparts can be compared with published effect sizes in unrelated domains to better interpret their magnitude. For example, small gender differences have been demonstrated in the area of mathematics performance ($d = .15$, difference favoring males; Hyde, Fennema, & Lamon, 1990), whereas gender differences in spatial ability and aggression are in the moderate range ($d = .44$, Voyer, Voyer, & Bryden, 1995). By comparison, the magnitude of the differences reported in the current study (e.g., $d = .70$) are larger than the effect sizes found for much-publicized gender differences. Given the high cost of depressive symptoms, these findings warrant increased attention. What is it

about White American females' self-objectification that seems to put them at particular risk for depressive symptoms, or what factors buffer this association for the other groups?

Objectification theory posits that "in American culture, girls and women tend to see themselves through a veil of sexism, measuring their self-worth by evaluating their physical appearance against our culture's sexually objectifying and unrealistic standards of beauty" (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998, p. 269). Prior research has suggested that the intense and gendered process of self-objectification learned during adolescence may contribute directly to the development of a disruptive cognitive state that puts White girls at risk to experience depression (Grabe et al., 2007). Thus, the demonstrated association among self-objectification and depressive symptoms among White American women is not surprising given that White women's bodies, in particular, are routinely viewed by others as sexual objects, with beauty and thinness highly valued. While research has demonstrated advertising that objectifies all women's bodies reinforces power differences between the sexes, it has also demonstrated Asian American and White American women's bodies are portrayed differently and with different predominance in the media (Kim & Chung, 2005). Therefore, it is possible that the mainstream view of the thin, idealized White woman's body contributes to a racialized construction of femininity leaving White American women particularly more vulnerable to depression than their Asian American or male counterparts. It is also possible because the number of situations in which men experience sexual objectification is notably less frequent, they are protected from developing higher levels trait self-objectification and, in turn, comparable levels of depressive symptoms. Results of previous work suggest when placed in situations that parallel common female body objectification (i.e., wearing a Speedo bathing suit), men do experience psychological consequences from the state of self-objectification (Hebl et al., 2004). Yet our data suggest that for men trait self-objectification is not associated with depressive symptoms. Thus, the processes whereby individuals internalize cultural messages about their own bodies may differ based on racialized or gendered backgrounds and identities.

There are numerous explanations for different levels of self-objectification among Asian American women compared to White women. For example, on average, Asian American women's actual and self-perceived (Barnett, Keel, & Conoscenti, 2001) body sizes tend to be closer to the thin ideal thereby freeing them from exhibiting as much preoccupation with the body as do White American women. This may also explain why Asian American men, compared to their White male peers, had relatively elevated levels of self-objectification: because their smaller mean body sizes might be further from the Western male ideal of a tall, lean, and muscular frame. Another possibility is that because Asian American women experience multiple and intersecting areas of marginalization (e.g., racism, sexism, xenophobia) related to

characteristics ascribed to the appearance of their bodies, they seek areas of attainment outside of appearance. For example, Asian cultural values and practices promote values such as high expectations for educational achievement (see Sue & Okazaki, 1990). Thus, Asian American women could be buffered from self-objectification, and the related psychological consequences, to the extent their self-worth is derived from other, non-body related areas (e.g., academics) that thwart the negative effect of exposure to idealized images. Finally, past research suggests that depressive symptoms among Asian Americans could be related to factors linked to marginalization (e.g., racial microaggressions in daily life, Sue, Bucceri, Lin, Nadal, & Torino, 2007) overshadowing potential effects of self-objectification. Future research on self-objectification would be strengthened by including measures of potential non-appearance sources of self-worth and also experiences with discrimination.

There are additional important potential moderators of the association between self-objectification and depressive symptoms that are worth examining in future research with Asian Americans and White Americans alike, including levels of acculturation to Western culture (there may be variance among both groups), height, weight, perceived weight, body mass index, age, and sexual orientation. With Asian Americans, membership in more specific Asian subgroups (e.g., Chinese, Hmong, Indian, Japanese) it is worth exploring cultural nuances in the meaning and consequences of self-objectification.

Limitations and conclusion

While the findings among the White American women are consistent with the assertion that self-objectification increases depressive symptoms, we cannot infer causality from these correlational data. However, longitudinal investigation has suggested that prior levels of self-objectification predict subsequent depressive symptoms among White American adolescent females (Grabe et al., 2007). Nevertheless, additional longitudinal and experimental work is necessary to understand better how self-objectification may put some groups of women at risk for depressive symptoms.

Although the current study is an important initial step in broadening the examination of objectification beyond White American women, the sample is small and the findings cannot be generalized to groups of women and men that were not included in the study (e.g., other U.S. ethnic minority subgroups; non-Americans). The findings suggest it is unwise to generalize the experience of women and their bodies and future research must include participants from diverse backgrounds.

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