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Influence Of Gender And Race On Self-Objectification

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INFLUENCE OF GENDER AND RACE ON SELF-OBJECTIFICATION

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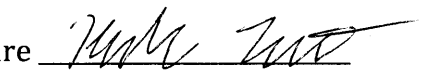
Signature 
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ABSTRACT

The current study examined how men's expectations and preferences in women's body type (the study attempts to examine the effects of men's expectations by manipulating the gender and race of the present research assistant) may affect how heterosexual women value and judge themselves. This was explored through a manipulation of the experimenter's race and gender. The researcher manipulated the experimenter's race and gender; assuming that the participants have a stereotypical expectation of what men prefer (a more slender body type) in feminine body types. The experimenters interviewed the participants on their confidence, self-esteem, and body-image. The research is important to help identify reasons why women have a greater tendency to self-objectify than men. Previous research has emphasized the role media plays on self-objectification of women. It is possible that the media is not the only influence society has on how a woman determines her worth and value. The self-objectification theory suggests that women are socialized to determine their value based on their appearance and physical attractiveness. Each participant was interviewed by an experimenter. The experimenters varied in gender and race: an African American undergraduate male student, a Caucasian undergraduate male student, and a Caucasian undergraduate female student. The current study consisted of one hundred and fifty five Caucasian female undergraduate participants from the University of North Dakota. They were divided into three groups. Fifty-three participants were in the Caucasian Male group; the African American Male and the Caucasian Female group each had fifty-one

participants. The participants had their BMI measured. They were given the Objectified Body Consciousness Scale (OBC), Rosenberg's Self Esteem Scale (RSES), and the Figure Rating Scale (FRS). The participants were also asked to fill out a questionnaire providing information regarding age, ethnicity, grade, sexuality, and their attraction to the research assistant. A Modern Racism Scale was given in order to rule out racism as a factor in the OBC scores. The current study suggested that women were more self conscious or increased their self objectification in the presence of the female experimenter. According to the present data, a women's self-objectification did not seem to depend upon a stereotyped perception of the preferences of males' sexual desires. The difference between men and women's impact on self-objectification should be researched further and in various social situations. The author proposes in the discussion, that women in a research situation did not feel in the laboratory as they would in day to day situations where they may otherwise feel objectified, such as job interviews, working, classrooms, and/or socializing.

CHAPTER I

INTRODUCTION

Influence of Gender and Race on Self-Objectification

In recent years, women have struggled with self-objectification. Self-objectification states that women are socialized to judge their self worth based on attractiveness. It is hypothesized that the sexual objectification of women can lead to a variety of negative consequences for women's physical and mental well-being (Fredrickson & Roberts, 1997; Calgero & Thompson, 2009). There have been many studies researching Objectification Theory and relating self-objectification to negative mental health (Bartky, 1990; Johnston, 1997; Kaschak, 1992; McKinley & Hyde, 1996).

The Objectification Theory asserts that women who self-objectify are more likely to have body dissatisfaction. Body dissatisfaction is closely linked to body shame (Noll & Fredrickson, 1998). Body shame is defined as an emotional reaction that occurs when a person compares him/her self to an ideal body type, that he/she does not feel that they meet.

The researcher questions the difference between racial preference for a slender body type and the likelihood of a self-objectification score. It has been shown that race does have an effect on self-esteem; for example, African American women have demonstrated less body dissatisfaction than Caucasian women (Aruguete, Nickleberry, & Yates, 2004; Schooler, Ward, Merriwether, & Caruthers, 2004). However, there has been less of an effort to explain why there is a difference in self-esteem. Researching all of the

possible causes of low self-esteem in women is important; it is the first step in developing ways to increase women's self-esteem.

The present study will research the influence that gender and race have on college age women regarding their self-esteem and feelings of self-objectification. Jackson and McGill's (1996) research revealed that African American men preferred a larger female body type than did Caucasian males, as shown by their choice of silhouettes and characteristics they considered important to attractiveness (e.g., wide hips, round buttocks). African American men also associated fewer unfavorable characteristics (e.g., lazy and uneducated) and more favorable characteristics (e.g., attractive and generous) with heavier same-race females than Caucasian males. This indicates that African American men may have different expectations of women's body type. If expectations of a particular body-type are lessened, women may feel happier with their current body type; therefore, experience less self-objectification.

Objectification Theory

Fredrickson and Roberts (1997) proposed objectification theory in an effort to clarify how cultural sexual objectification experiences affect women psychologically. The core principle of objectification theory is that it is the internalization of this cultural sexual objectification that is particularly problematic for the mental health of women (Bartky, 1990; Johnston, 1997; Kaschak, 1992; McKinley & Hyde, 1996). Fredrickson and Roberts assert that living in a culture in which women's bodies are sexually objectified socializes them to treat themselves as objects. This self objectification, or persistent body surveillance, is then theorized to lead to negative psychological and subjective experiences for women including: shame, anxiety, decreased peak

motivational states, and decreased awareness of internal bodily states. These psychological states may accumulate and contribute to certain psychological disorders: depression, sexual dysfunction, eating disorders. Thus, self-objectification may be a the cause of many mental health risks including: eating disorders, depression, and low self-esteem in women. Psychological consequences can include factors such as body shame (Fredrickson & Roberts, 1997).

According to Objectification Theory, an encounter with sexual objectification socializes girls and women to internalize an objectifying gaze. Women begin to view their bodies from an objectifying observers' or third-person perspective instead of a first-person perspective; the former is referred to as self-objectification. Self objectification is the act of observing oneself from the eyes of another. This view is as the individual perceives others see them. Importantly, this self-perspective does not merely reflect social comparison with others but actually reflects a view of the body as belonging "less to them and more to others" (Fredrickson & Roberts, 1997). Women learn that it is normative for their bodies to be looked at, commented on, evaluated, and/or sexually harassed by others. In particular, the pervasive sexual objectification of women, and resultant self-objectification, could be one explanation for the disproportionate rate of eating disorders and depression among women (Calogero et al. 2005; Fredrickson & Roberts, 1997; McKinley & Hyde, 1996; Striegel-Moore & Smolak, 2001; Thompson et al. 1999).

Objectification theory includes societal sexual objectification, or being treated as a sexual object. This occurs in many forms, ranging from sexual evaluation (visual inspection of the body in interpersonal encounters and media, often accompanied by

sexually evaluative commentary) to sexual violence (Bartky, 1990; Fredrickson & Roberts, 1997; Kaschak, 1992; Stoltenberg, 1989). It has been well documented in Western cultures that women's bodies are looked at, evaluated, and sexualized with greater frequency than are men's (Fredrickson & Roberts, 1997; van Zoonen, 1994). Becoming or being a sexual object is a daily reality for many women in the United States (Kaschak, 1992; Swim, Hyers, Cohen, & Ferguson, 2001). A central tenet of objectification theory is that women are the main targets of sociocultural pressure to attain an idealized body, and a primary source of such perceived pressure is evaluation by men (Strelan & Hargreaves, 2005).

Being sexually objectified is a pervasive aspect of being a woman in Western societies (Bartky, 1990; Huebner & Fredrickson 1999; Swim et al 2001; Thompson et al 1999). Many women experience this objectification at a very young age, 75% of American elementary school girls report having experienced sexual harassment (Mumen & Smolak, 2000). These experiences of objectification continue along the woman's lifespan. Research on middle-aged women in Britain demonstrates that body-related comments received in childhood continue to be associated with low body esteem across the life span (McLaren et al. 2004).

An example of sexual objectification is the objectifying or evaluating gaze that can occur in interpersonal encounters and media representations of women (Fredrickson & Roberts, 1997; Kilbourne & Jhally, 2000). Diary studies support the routine occurrence of sexual objectification as a dimension of daily experiences for women. Sexism as posited in objectification theory, states that women report more sexual objectification experiences than do men on a daily basis (Swim, Hyers, Cohen, & Ferguson, 2001).

Self-Esteem

Researchers have documented that women's sexuality and sexual lives are intertwined with their identities as women. This suggests that sociocultural factors contribute to the development of women's sexual self-image (Althof et al. 2005; Andersen & Cyranowski 1994; Lavie & Willig 2005; Oliver & Hyde 1993; Tiefer 2001). Fredrickson and Roberts (1997) proposed that self-objectification may trigger a variety of negative consequences for women's sexual well-being. These feelings may include negative attitudes about the sexual aspects of the self, sexual dissatisfaction, and/or sexual dysfunction. Indeed, because the sexual self almost always involves the body, self-objectification may be particularly relevant to a woman's sexual well-being. This notion raises the possibility that the degree to which women like themselves as sexual beings, value their own sexuality, and accept their sexuality as part of their self-concept is related to their degree of self-objectification. Thus, it is possible that the more that women view themselves as sexual objects for men's pleasure, the more likely they are to hold negative views of their sexual selves and sexual worth. In particular, there is evidence indicating that women who report higher body dissatisfaction and other eating disorder symptoms also report less comfort with their sexual selves. Moreover, a positive relationship has been demonstrated between body satisfaction and the frequency of masturbation, suggesting that more positive feelings about the body may be linked with more comfort with their sexual selves (Shulman & Horne, 2003).

Research examining both general and sexual components of self-esteem raises the possibility that sexual self-esteem may be associated with body image. The concept of sexual self-esteem, elaborated largely from models of global self-esteem (Rosenthal et al.

1991), has been described as an individual's sense of self as a sexual being. This definition includes the value that individuals' place on their sexual identity and sexual acceptability (Mayerset al. 2003; Snell & Papini 1989). Researchers have shown that low general self-esteem mediates the relationship between sexually-objectifying experiences (Harned and Fitzgerald 2002; Mayers et al. 2003; Pitts and Waller 1993).

Calgero (2009) demonstrated that college women with higher self-objectification reported lower sexual self-esteem. Calgero argues that in the context of Objectification Theory, socializing women to take a perspective on the self whereby the body is felt to belong less to the self and more to others (i.e., high self-objectification) leads to more negative feelings about the sexual aspects of the self as well as more negative evaluations of one's sexual competence. Rosen, Gross, and Vari (1987) indicated that weight-loss attempts are strongly related to negative physical self-esteem.

Liechty, Freeman, and Zabriskie (2006) found that women who perceive themselves as unattractive may feel less confident. These feelings may translate to feelings of being less powerful in social situations. The feeling of being less powerful in different social settings is concerning because it influences the way women behave and the decisions they make. It also alarming because these women perceive the amount of power they have in any given situation based on their appearance.

Race

Two recent studies concluded that African American women experienced less body-image disturbance than Caucasian women (Aruguete, Nickleberry, & Yates, 2004; Schooler, Ward, Merriwether, & Caruthers, 2004). Furthermore, African American women tended to endorse an ideal body image that was close to what they considered to

be a healthy weight and reported less body-image dissatisfaction. Hebl, King, and Lin (2004) found that African American women reported less trait self-objectification and less body shame than Caucasian women and Latin women.

Data shows that most African American females are less concerned with weight, dieting, or being thin (Rucker & Cash, 1992). Studies further suggest that the African American culture supports female perceptions of body type and physical attractiveness. Theoretically, the African American culture does not influence an African American female to conform to the thin ideal or dieting behaviors that are typically found with White females. For example, Rucker & Cash (1992) found that African American women tend to hold more favorable body image attitudes than Caucasian women and also hold less strict criteria for perceptions of body fatness. The personal and interpersonal consequences of being overweight are apparently not as negative for African American women as for Caucasian women (Buchanan, 2008). Adolescent African American females are more satisfied with their bodies and are less desirous of being thin than Caucasian adolescent females (Rosen & Gross, 1987). Adult African American women have a more tolerant attitude about being fat (Rucker & Cash, 1992) and in general, obesity and body image dissatisfaction do not exert as powerful a negative influence on their lives as it does on those of Caucasian women (Thomas, 1989). Furthermore, whereas a majority of Caucasian women believe that being thin is a prerequisite to attractiveness, most African American women do not.

Although there are no studies demonstrating that African American men and women idealize overweight women, a positive stereotype of overweight women has been reported for many African Americans (Buchanan, 2008). These findings are consistent

with past studies that suggest that this population perceives heavier body size as more attractive and receives less social pressure for thinness (Striegel-Moore et al, 1996).

Aruguete, Nickelberry, and Yates (2004) examined seventy-six participants (65.8% African American and 34.2% Caucasian) that were sampled at the same university. Results showed that African American students were more satisfied with their bodies and desired a larger body size on average than Caucasian students. Moreover, African American's tended to desire the body size they considered healthy, whereas Whites desired a smaller body size than what they considered healthy. Although African American participants clearly scored higher in African American acculturation, the relationship between acculturation and eating attitudes failed to emerge. These results support a body of literature that shows ethnic differences in eating disturbances but suggest that acculturation may not fully explain the observed differences (Aruguete, Nickleberry, & Yates, 2004).

According to Crocker and Major (1989), ethnic group members are more likely to compare themselves with others who share a common characteristics or fate. Festinger's (1954) hypothesis that people prefer to compare themselves with others who are similar in attitudes, values, or personality was supported by Frisby (2004). Frisby (2004) found that differences in self-esteem were not found in this study when African American females were exposed to images of physically attractive Caucasian females. Differences were found when women were exposed to physically attractive African American women. Social science researchers (Miller, 1982) have found that this preference to compare abilities with similar others relates specifically to physical attractiveness.

Fredrickson and Roberts (1997) describe body shame as the cognitive dissonance and emotional reaction that women may have when they compare their ideal self to their actual self. They assert that the ideal female body in Western culture is slender, youthful and toned. The researcher questions' whether this ideal is a Caucasian ideal which affects Caucasian woman or a cross-cultural ideal that affects all Western cultures.

Influence of Gender

A study by Strelan and Hargreaves (2005) suggested that women were more likely than men to self-objectify. Self-objectification was negatively related to body satisfaction for women but not for men and both women and men objectified women more than they objectified men. Strelan and Hargreaves (2005) concluded that women's objectification of other women was not significantly different than their objectification of men. They argued that because women are the targets of objectification, often by men, they are encouraged to believe that it is important that *women* must look good in order to be valued. However, men objectified women more than women did, and women objectified men more than men did. Their results indicated that women also objectify women, although not to the degree shown by men. Consistent with objectification theory, the study demonstrated that women are more likely than men to self-objectify (Fredrickson & Roberts, 1997). Related research on objectification (Beebe, Hombeck, Schober, Lane, & Rosa, 1996) has shown that women who placed greater importance on their own weight and shape also placed greater importance on these dimensions when evaluating other women. Strelan and Hargreaves (2005) demonstrated that higher self-objectification is related to lower body satisfaction among women, but not among men.

This confirms self-objectification as a risk factor for distorted body image among women.

Influence of Experimenter

Research has coined the term "stereotype threat" in order to explain how the race of the experimenter or test administrator can affect performance. It attempts to explain from the target's perspective, why certain groups perform worse than their motivations and prior performances suggest they should. This has been demonstrated for women in mathematics and Black students in most academic domains. This underperformance on important standardized tests, such as the Scholastic Assessment Test (SAT), can place them at a disadvantage in their pursuit of higher education. (Bowen & Bok, 1998). According to Steele (1997) there is a general 'threat in the air' whenever a negatively stereotyped group member enters a situation where negative stereotypes might apply. In evaluative situations, such as taking standardized tests, this threat can lead to underperformance for stereotyped targets, due to their concern about confirming a negative stereotype about their group (Steele, 1997; Steele & Aronson, 1995). Standard stereotype threat studies have reduced or eliminated the performance, either by making the test non-diagnostic of ability (Steele & Aronson, 1995), stating that the test does not show gender differences (Spencer, Steele, & Quinn, 1999), or by changing the meaning of the test in other ways, (e.g. from a test of *athletic intelligence* to one *on athletic ability;* Stone, Lynch, Sjomeling, & Darley, 1999). The study demonstrates how the race of the experimenter may impact the "threat" or atmosphere of the testing situation enough to have different results on the same exam or questions.

Marx and Goff (2005) argues that the social situation itself can have profound implications for stereotyped targets (minorities and/or women), such that something as simple as who administers a test could alter the beliefs targets have about how they may be stereotyped. This may be particularly true if that test administrator is likewise perceived as competent in the stereotyped domain (Blanton, Crocker, & Miller, 2000; Marx & Roman, 2002; Marx & Goff, 2005).

The current research hypothesis is that men (perceived as competent in measuring beauty) may have an effect on the self-esteem of women (target population). The race of the experimenter may also have an effect based on the stereotypes that African American men have a preference for heavier women than Caucasian men (Buchanan, 2008).

A study by Marx, Urland, Overbeck, and Webster (2002) demonstrated that when female participants learn about a mathematically-talented woman from the same university who is applying for a mathematics tutor position they perform better, even under evaluative conditions, compared with when the job candidate is not so highly talented in mathematics. Importantly this occurred even though the job candidate was fictitious and not part of the immediate testing situation. This study provides evidence for how gender may impact women in evaluative situations.

In 2005, Weiss et al. tested whether gender and racial concordance might influence pain reporting and pain behavior in a laboratory setting. A two (subject-race) by two (subject gender) by two (experimenter race) by two (experimenter gender) quasi-experimental design assessed pain in a laboratory through a standard cold pressure task administered by someone whose gender and/or race was similar or dissimilar. Pain tolerance was assessed by total immersion time in the ice bath. Pain ratings measured

unpleasantness and intensity of task. Total immersion time was shorter for both African Americans and women, and both African Americans and women reported higher pain intensity and unpleasantness. Racial and gender concordance did not influence pain reporting or pain tolerance. Interactions were revealed between subject race and experimenter gender, as well as between subject gender and experimenter race. These findings suggest that subjects respond to both gender and racial cues when reporting their pain. Pain unpleasantness and intensity scores were only higher among African American subjects compared to Caucasian subjects when pain was reported to a female experimenter. Pain ratings were not significantly different between African American and Caucasian subjects when the experimenters were male. In this study, they also found that gender differences in pain unpleasantness scores were revealed only when the experimenters were African American; gender differences in pain unpleasantness ratings were not evident with Caucasian experimenters. Overall, the interactions of the researchers suggest that women may feel more comfortable reporting higher levels of discomfort to African Americans than do males, and that African Americans may feel more comfortable reporting higher levels of discomfort to women. This again supports the conclusion that race and gender of the experimenter can impact the results of an assessment.

The Present Study

The current study examined how men's expectations and preferences of a particular body type may have affected how women value and judge themselves. This will be explored through manipulating the race and gender of the research assistants. The present study makes the assumption that the participants are aware of certain stereotypes.

First, there is the stereotype that men prefer a slender female body type. This is a very general and well known stereotype as evidenced by media portrayals of women. If this stereotype is known we will see a difference in self-esteem scores of women when they are being interviewed by men rather than women. The second stereotype is that Caucasian males prefer women to be thinner than their African American male counterparts. Proof of this stereotype is discussed in the Race section of this work. The research assistants asked the participants questions pertaining to their confidence, self-esteem, and body-image. Overall, studies show that African American males prefer and attribute more favorable characteristics to larger female bodies than their Caucasian counterparts (Root, 1990; Thomas & James, 1988; Jackson & McGill, 1996). Jackson and McGill (1996) assert that African American male's preference may help explain why African American females have more favorable body images. Thompson et al. (1996) point out that self-perceptions of body attractiveness are influenced by the standards of attractiveness held by relevant others. Given that African American males are less stringent in their preferences of a thin body type, the situation where participants are asked to judge themselves should be less harsh when the experimenter is a African American male.

The research is important to help identify the causes of a woman's tendency to self-objectify. The current study provides additional research and perhaps evidence of another cause other than media which affects the pressure women feel in society to maintain a slender body type. Previous research has emphasized the role media plays on self-objectification of women. Because, the effect of self-objectification can have a negative effect on the mental health of women who experience it; it is necessary to

identify the causes in society's trend of determining a woman's worth and value on her appearance and physical attractiveness. Many of the negative effects of self-objectification were explained previously in the Objectification Theory portion of the Introduction.

Ideally, the current study would have had four groups of participants. However, an African American female could not be found in time to run participants in the current research; despite several recruiting efforts. The current study consisted of three groups; the three groups were still able to test the researcher's hypothesis related to the differences in self esteem based on the manipulation of the race and gender of the experimenter. The participants were undergraduate female students attending the University of North Dakota. Each group was interviewed by a research assistant. The race and gender of the research assistant was manipulated in order to assess whether the race or gender affects how women feel about their own bodies during the interview process. The research assistants consisted of a African American undergraduate male student, a Caucasian undergraduate male student, and a Caucasian undergraduate female student. The African American female group would have added additional support in the case that a difference was found evidence that the presence of a male researcher impacted self-esteem in women. However, no current evidence to support the hypothesis that having a male researcher present impacts the self-esteem of women.

The participants initially had their weight measured, their height measured and their BMI calculated. They were given the Objectified Body Consciousness Scale (OBC) developed and validated by McKinley and Hyde (1996) and Rosenberg's Self Esteem Scale (RSES; Rosenberg, 1965). The participants were then given a Figure Rating Scale

(FRS; Singh, 1993). The participants were also asked to fill out a questionnaire providing information regarding age, ethnicity, grade, sexuality, and asked to rate their attraction to the research assistant. A Modern Racism Scale-Revised (MRS-R; McConahay, Hardee, & Batts, 1981) was also given in order to reduce racism as a factor in the survey scores.

Hypotheses

1) There will be a positive correlation between scores on the OBC and their level of attraction to the research assistant. The less attracted they feel towards the research assistant, the less likely they are to objectify themselves.
2) The score on the OBC in all three categories will be lower for the male research assistants than the female research assistants. Women's self-objectification is dependent upon what they perceive to be the preferences of male sexual desires.
3) The score on the OBC in all three categories will be lower for the African American male research assistant than the Caucasian male research assistant. Women's self-objectification is dependent upon what they perceive to be the preferences of male sexual desires.
4) There will be a positive correlation between BMI and OBC scores. The higher the women's BMI the more likely they are to self-objectify.
5) The OBC scores will positively correlate with the Figure Rating Scale. The more a woman self-objectifies the more likely she is to have body dissatisfaction.
6) The RSES scores will negatively correlate with the OBC scores. The lower her self-esteem the more likely the participant will be to self-objectify.

CHAPTER II

METHOD

Experimental Design

A one-way between groups MANCOVA was run with the assigned group as the fixed factor. The dependent variables are the scores on the surveys; OBC, RSES, and the FRS. The independent variables were the race and genders of the experimenter. The covariates were the BMI and MRS scores. The Covariates were run to ensure that these two variable did not impact the effect of the independent variables. A G power analysis was run with a MANCOVA using the A priori special effects and interactions analysis, it suggests using 104 participants. The effect size was 0.25, the alpha was 0.05, and power was 0.95. However, the MANCOVA will be followed up by ANCOVA for significant factors; a separate G power analysis was run on an ANCOVA with three groups and two covariates. The analysis suggests using 135 participants. The ANCOVA was run with an effect size of 0.25, the alpha 0.05, and the power was 0.80. The minimum number of participants will be a minimum 135; at minimum, forty-five women were run in each group.

Participants

Undergraduate Females

One hundred and fifty five White female undergraduate participants from the University of North Dakota were recruited. They were offered extra credit for psychology courses in return for participating. They were divided into three groups.

Fifty-three participants were in the Caucasian Male group and the African American Male and the Caucasian Female group each had 51 participants

Measures

Objectified Body Consciousness Scale (OBCS)

The OBCS was developed and validated by McKinley and Hyde (1996). The OBCS consists of twenty-two Likert items (1 = strongly disagree, 7 = strongly agree). They were designed to assess the extent to which respondents internalize and feel bad about the female body. It is a measure used to assess for self-objectification in women. Higher scores indicate greater self-objectification. The OBCS is divided into three subscales: surveillance (viewing the body as an outside observer), body shame (feeling shame when the body does not conform), and appearance control beliefs (the amount of control the respondents feel they have over their appearance. The three scales were demonstrated to be distinct dimensions with acceptable reliabilities (McKinley & Hyde, 1996). McKinley and Hyde (1996) developed this scale for middle-aged women but validated it for college-aged women. The reliability for college-aged women was alpha = 0.76 to 0.89.

Figure Rating Scale (FRS)

The FRS developed by Singh (1993) will be used to measure body dissatisfaction. The FRS has a reliability of Cronbach's alpha = 0.90 (Rand & Wright, 1999). The FRS is made up nine silhouette drawings, which range from underweight to overweight. The women participating in the current study will be asked to choose a figure that best matches their current figure, the figure that best matches their ideal figure, and the figure

they think would be most attractive to men. Body dissatisfaction is measured by the discrepancies between current and ideal figures.

Rosenberg Self-Esteem Scale (RSES)

This scale contains ten items that can be used to assess for global self-esteem (Rosenberg, 1965). Rosenberg demonstrated internal consistency of Cronbach's alpha = 0.78. The scale is a Likert scale scored one to four (1 = strongly agree, 4 = strongly disagree). Questions 1,2,4,6 and 7 are scored in reverse. The higher the general score the lower the self-esteem.

Modern Racism Scale-Revised

The Modern Racism Scale – R (MRS-R; McConahay, Hardee, & Batts, 1981) is a 6-item, self-report measure of masked racism scored on a 5-point Likert scale (1=Strongly Agree, 5=Strongly Disagree). Statements include, "It is easy to understand the anger of black people in America". Higher scores indicate a higher degree of racism, question one is reversely scored. Henry and Sears (2002) questioned the reliability of the MRS-R scale. They concluded that symbolic racism is an internally consistent and unitary construct. Cunningham, Preacher, and Banaji (2001) found that scores on the MRS-R significantly correlated with racial attitude. McConahay (1983) found strong additional support for the construct validity of the Modern Racism Scale-R as a measure of racial prejudice.

Procedure

Caucasian undergraduate female students at the University of North Dakota were recruited. Participants were offered the opportunity to earn extra credit in their classrooms. They were directed to the first level of Corwin-Larimore to sign up for

studies in order to earn the extra credit. A folder with a signup sheet and an informed consent for the current study was located in Corwin-Larimore. If they were interested in participating in the study they signed up for an available time.

The experimenter gave a brief description of the study and the informed consent. The participant was asked to sign the consent form before continuing with the study. The participant was unaware of the varying condition of the race and gender of the experimenter. To ensure that the participant was unaware of the manipulated variable they were asked to state what they believed to be the purpose of the study at the end of the interview. The answers suggested that participants understood that the study was about weight and self-esteem. None of the participants stated that the researcher was manipulating the race and gender of the experimenter.

The women participating were interviewed with the questions on the OBCS and the RSES. The questions were asked via tape recorder. The women were asked to report their answers to the experimenter. After the women answered the questions they were asked to fill out the FRS, the background information, and the MRS-R. Participants were asked to place the papers in a folder so that the experimenter does not see the responses. The last survey was filled out by the participants. The brief questionnaire asked the participants to identify their gender, race, and sexuality, age and grade; these questions were asked to ensure that the researched did not have any outliers. The survey also asked what they believe the study was researching and what variable they believe was being manipulated. Women reported that the study was about their own self-esteem.

Finally, the participants were debriefed about the study. They were offered services if the study brought up any upsetting feelings. Experimenters had the researcher's cell phone number in case of emergencies.

CHAPTER III

RESULTS

There were 155 participants tested in the present experiment (see table 1). The participants were all self identified Caucasian college women 18 – 36 years of age. A one-way between-groups MANCOVA (see table 2) was performed to investigate the differences between women run by varying experimenters. The experimenters varied in race and gender. Three dependent variables were used to measure self-esteem and body satisfaction: RSES, OBC, and FRS. The independent variable was the group that the participant was assigned to. BMI and MRS scores were run as the covariates. Preliminary assumption testing was conducted to check for normality, linearity, univariate, and multivariate outliers, with no serious violations noted. There was not a statistically significant difference between the groups and the combined dependent variables, $F(6,296) = 1.36$, $p = .23$; Wilk's Lambda = .95; partial eta squared = .03. There is no significant difference when the three dependent measures were run together.

The MANCOVA was followed up by separate ANCOVA analysis for each dependent measure. A one-way group analysis of covariance (see table 3) was conducted to compare the difference in RSES scores in the varying groups. The independent variable was the group (WMRA, WFRA, BMRA), and the dependent variable was the scores on the RSES. Preliminary checks were conducted to ensure that there was no violation of the assumptions of normality, linearity, homogeneity of variances (Table 5).

There was a significant difference between groups on RSES scores, F (2,150) = 3.49, p = .03, partial eta squared = .04. Post hoc comparisons using the Tukey HSD (see table 4 and 5) test indicated that the mean scores for the WMRA group (M = 33.91, SD = 5.12) was significantly lower than WFRA (M = 35.94, SD = 4.13). This indicates that women in the WFRA group had lower self-esteem than the women in the WMRA group. The scores for the BMRA group (M = 35.84, SD = 3.16) did not differ significantly from either WFRA group or WMRA group. In the MANCOVA and ANCOVA the hypothesis 2 and 3 were not supported. Women's self-objectification did not seem to depend upon a stereotyped perception of the preferences of males sexual desires. In fact, the ANCOVA may suggest that women were least self conscious when in the presence of the Caucasian Male.

Hypothesis 1was not supported, there was no significant correlation between scores on the OBC and their level of attraction to the research assistant (see table 6). The participants were not less likely to objectify themselves when they felt less attracted towards the research assistant.

Hypothesis 4, 5, and 6 were partially supported. There was no positive correlation between BMI and OBC or RSES scores. The results did not indicate that the higher a women's BMI the more likely they are to self-objectify. However, there was a positive correlation between the FRS scores and BMI (see table 6) indicating that FRS scores increased as BMI increased (women were less happy with their body as BMI increased).

CHAPTER IV

DISCUSSION

The current study examined how men's expectations and preferences in women's body type (the study attempts to examine the effects of men's expectations by manipulating the gender and race of the present research assistant) may affect how women value and judge themselves. The experimenters interviewed the participants on their confidence, self-esteem, and body-image. Each participant was interviewed by an experimenter. The experimenters varied in gender and race: an African American undergraduate male student, a Caucasian undergraduate male student, and a Caucasian undergraduate female student. The current study consisted of one hundred and fifty five Caucasian female undergraduate participants from the University of North Dakota. They were divided into three groups. Fifty three participants were in the Caucasian Male group; the African American Male and the Caucasian Female group each had fifty one participants. The participants initially had their BMI measured. Next, they were given the Objectified Body Consciousness Scale (OBC), Rosenberg's Self Esteem Scale (RSES), and the Figure Rating Scale (FRS). The current study suggested that women were more self conscious or increased their self objectification in the presence of the female experimenter. According to the present data, a women's self-objectification did not seem to depend upon a stereotyped perception of the preferences of males' sexual desires.

Hypothesis two (women's self-esteem will be lower for the male research assistants than the female research assistants) and hypothesis three (women's self-esteem will be lower for the black male research assistant than the white male research assistant) were not supported, there was evidence to suggest that women were more self conscious or increased their self objectification when in the presence of the White female experimenter. In the MANCOVA and ANCOVA analysis women's self-objectification did not seem to depend upon a stereotyped perception of the preferences of males sexual desires. The evidence in the current study suggests that women may be more concerned about the perceptions of other women than men.

One more possible conclusion is that perhaps the experimenters were not important enough to the participants in order to significantly affect the participant's ideas about how her body appears. Research evidence may also suggest that men who hold objectifying beliefs about women may have difficulty forming intimate relationships with them (Brooks, 1995); therefore they more regard their partners more as objects and less as a companion. Zurbriggen, Ramsey & Jaworski (2011) commented in their research that intimate romantic relationships are understudied and clearly a rich and important social situation for studying the effects of self-objectification and the objectification of others. The authors emphasize that an empirical focus on objectification in romantic relationships can highlight important consequences of a culture saturated with objectification. The study of romantic relationship can greatly contribute to the theoretical understanding of objectification.

Resneck-Sannes (1991) relates that a girls' earliest shameful experiences to interactions with their parents. She details the cultural expectations that girls are taught to

be soft, quiet and lovable, especially towards their fathers, so they can become "daddy's little girl" and receive his affection and attention. "So, she sees Daddy, not as role model like her brother does, but as someone to love and be loved by. The cultural message is that women are sexual objects". Resneck (1991) also asserts that women sometimes describe their mothers as poor role models in terms of sexual empowerment for women. Thompson's (1990) study of first experiences of sexual intercourse showed that girls who reflected with pleasure upon the experience and were tuned in to their bodily pleasures frequently reported that they spoke openly with their mothers about issues of sexuality. "The mothers of the pleasure narrators are forthcoming not just as to the biological facts of life, but about adult life itself" (Thompson, 1990). All of this research suggests that women's opinion and self-objectification may be influenced by men/women that are close to her.

It may be possible that the current study would have seen differences in self-objectification scores if the women were influenced by people they have close relationships with. People women have intimate relationships with may have more influence over the way she perceives her own body. The experimenters may not have been influential in affecting the women's self-esteem because the women were not invested in caring about what the opinion of the experimenter. In which case, who is important in developing a woman's experience as objects of male desire. Do mother's, father's, boyfriend's, brother's, and/or husbands complicate a woman's ability to fully experience their own embodied sexual desire. The possibility of close family members and spouses influencing self-objectification should be further researched. Change may

then need to be made not only in educating our young women about self-objectification in society but also men, fathers, and brothers.

The difference between men and women's impact on self-objectification should be researched further and in various social situations. It may be that women in a research situation did not feel as they would in day to day situations where they may otherwise feel objectified, such as job interviews, working, classrooms, and/or socializing.

Hypothesis four, five, and six were partially supported; there was not a positive correlation between BMI and OBC or RSES scores. The results did not indicate that the higher a women's BMI the more likely they are to self-objectify. However, there was a positive correlation between the FRS scores and BMI indicating that FRS scores increased as BMI increased (women were less happy with their body as BMI increased).

In the current study, there was some evidence to suggest that women were more self conscious or increased their self objectification when in the presence of the female experimenter. According to the present data, a women's self-objectification did not seem to depend upon a stereotyped perception of the preferences of males sexual desires. Rolnik, Engeln-Maddox, & Miller (2010) demonstrated that women who joined a sorority showed an increase in body shame one month after joining compared to those who did not join a sorority. There seems to be some confirmation to support the idea that women may be more concerned about the perceptions of other women than men. However, the difference between men and women's impact on self-objectification of women in our society should be researched further and in various social situations and with various people (family, significant others, close friends). A good area to start

would be to research the situations (family roles, career, and intimate relationships) where women report feeling most objectified or worry most about their beauty impacting their lives. Once researchers have narrowed down the situations where women are more likely to worry about being objectified, we can begin to also identify the people who may have more influence over a woman's development and adjustment to these areas.

Table 1: Descriptive Statistics

Descriptive Statistics

	Group	Mean	Std. Deviation	N
FRS	WMRA	2.4151	2.17002	53
	WFRA	2.3333	1.94594	51
	BMRA	2.2157	2.17544	51
	Total	2.3226	2.08873	155
totRSES	WMRA	33.9057	5.11883	53
	WFRA	35.9412	4.12510	51
	BMRA	35.8431	3.15831	51
	Total	35.2129	4.30190	155
totBSS	WMRA	102.1509	15.19412	53
	WFRA	104.3333	15.61751	51
	BMRA	104.7647	13.94502	51
	Total	103.7290	14.88672	155

Table 2 : MANCOVA

Multivariate Tests[c]

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Intercept	Pillai's Trace	.536	57.070[a]	3.000	148.000	.000	.536
	Wilks' Lambda	.464	57.070[a]	3.000	148.000	.000	.536
	Hotelling's Trace	1.157	57.070[a]	3.000	148.000	.000	.536
	Roy's Largest Root	1.157	57.070[a]	3.000	148.000	.000	.536
BMI	Pillai's Trace	.262	17.491[a]	3.000	148.000	.000	.262
	Wilks' Lambda	.738	17.491[a]	3.000	148.000	.000	.262
	Hotelling's Trace	.355	17.491[a]	3.000	148.000	.000	.262
	Roy's Largest Root	.355	17.491[a]	3.000	148.000	.000	.262
totMRS	Pillai's Trace	.001	.048[a]	3.000	148.000	.986	.001
	Wilks' Lambda	.999	.048[a]	3.000	148.000	.986	.001
	Hotelling's Trace	.001	.048[a]	3.000	148.000	.986	.001
	Roy's Largest Root	.001	.048[a]	3.000	148.000	.986	.001
Group	Pillai's Trace	.053	1.351	6.000	298.000	.234	.026
	Wilks' Lambda	.947	1.355[a]	6.000	296.000	.233	.027
	Hotelling's Trace	.055	1.359	6.000	294.000	.231	.027
	Roy's Largest Root	.051	2.536[b]	3.000	149.000	.059	.049

a. Exact statistic

b. The statistic is an upper bound on F that yields a lower bound on the significance level.

c. Design: Intercept + BMI + totMRS + Group

Table 3: ANCOVA Rosenberg Self Esteem Scale

Tests of Between-Subjects Effects

Dependent Variable:totRSES

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	140.761[a]	4	35.190	1.948	.105	.049
Intercept	2497.891	1	2497.891	138.300	.000	.480
BMI	.648	1	.648	.036	.850	.000
totMRS	2.023	1	2.023	.112	.738	.001
Group	125.916	2	62.958	3.486	.033	.044
Error	2709.213	150	18.061			
Total	195042.000	155				
Corrected Total	2849.974	154				

a. R Squared = .049 (Adjusted R Squared = .024)

Table 4: Homogeneity of Regression Slopes

Tests of Between-Subjects Effects

Dependent Variable:totRSES

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	219.917[a]	8	27.490	1.526	.153
Intercept	1952.340	1	1952.340	108.379	.000
Group	31.759	2	15.880	.882	.416
totMRS	19.174	1	19.174	1.064	.304
BMI	.213	1	.213	.012	.913
Group * totMRS	43.663	2	21.832	1.212	.301
Group * BMI	32.442	2	16.221	.900	.409
Error	2630.057	146	18.014		
Total	195042.000	155			
Corrected Total	2849.974	154			

a. R Squared = .077 (Adjusted R Squared = .027)

Table 5: Post Hoc Tests – Tukey HSD; ANCOVA Rosenberg Self Esteem Scale

Multiple Comparisons

totRSES

Tukey HSD

(I) Group	(J) Group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
WMRA	WFRA	-2.0355*	.82856	.040	-3.9966	-.0744
	BMRA	-1.9375	.82856	.054	-3.8986	.0236
WFRA	WMRA	2.0355*	.82856	.040	.0744	3.9966
	BMRA	.0980	.83649	.992	-1.8818	2.0779
BMRA	WMRA	1.9375	.82856	.054	-.0236	3.8986
	WFRA	-.0980	.83649	.992	-2.0779	1.8818

Based on observed means.

The error term is Mean Square(Error) = 17.843.

*. The mean difference is significant at the .05 level.

Table 6: Mean Scores for Rosenberg Self Esteem Scale

Estimates

Dependent Variable:totRSES

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
WMRA	33.906	.580	32.759	35.052
WFRA	35.941	.591	34.773	37.110
BMRA	35.843	.591	34.675	37.012

Table 7: Correlations

		totRSES	Group	BMI	Age	Attracted	FRS	totBSS	totMRS
totRSES	Pearson Correlation	1	.186*	-.028	-.038	-.077	-.258**	.444**	.069
	Sig. (2-tailed)		.020	.734	.641	.341	.001	.000	.396
	N	155	155	155	153	155	155	155	155
Group	Pearson Correlation	.186*	1	-.001	-.098	.040	-.039	.072	.233**
	Sig. (2-tailed)	.020		.987	.229	.623	.628	.370	.004
	N	155	155	155	153	155	155	155	155
BMI	Pearson Correlation	-.028	-.001	1	.296**	.033	.498**	-.080	-.080
	Sig. (2-tailed)	.734	.987		.000	.681	.000	.321	.320
	N	155	155	155	153	155	155	155	155
Age	Pearson Correlation	-.038	-.098	.296**	1	-.118	.127	.041	-.031
	Sig. (2-tailed)	.641	.229	.000		.145	.118	.618	.701
	N	153	153	153	153	153	153	153	153
Attracted	Pearson Correlation	-.077	.040	.033	-.118	1	.070	.025	.048
	Sig. (2-tailed)	.341	.623	.681	.145		.389	.758	.552
	N	155	155	155	153	155	155	155	155
FRS	Pearson Correlation	-.258**	-.039	.498**	.127	.070	1	-.281**	-.064
	Sig. (2-tailed)	.001	.628	.000	.118	.389		.000	.427
	N	155	155	155	153	155	155	155	155
totBSS	Pearson Correlation	.444**	.072	-.080	.041	.025	-.281**	1	.046
	Sig. (2-tailed)	.000	.370	.321	.618	.758	.000		.570
	N	155	155	155	153	155	155	155	155
totMRS	Pearson Correlation	.069	.233**	-.080	-.031	.048	-.064	.046	1
	Sig. (2-tailed)	.396	.004	.320	.701	.552	.427	.570	
	N	155	155	155	153	155	155	155	155

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Table 8: Correlations Caucasian Male Research Assistant

		Group	BMI	Age	Attracted	FRS	totBSS	totMRS
Group	Pearson Correlation	.	.	.	.	.	.	.
	Sig. (2-tailed)							
	N							
BMI	Pearson Correlation	.	1	.397**	-.118	.512**	-.073	-.104
	Sig. (2-tailed)	.		.004	.399	.000	.605	.459
	N	53	53	52	53	53	53	53
Age	Pearson Correlation	.	.391**	1	-.153	.200	.080	.015
	Sig. (2-tailed)	.	.004		.278	.154	.573	.913
	N	52	52	52	52	52	52	52
Attracted	Pearson Correlation	.	-.118	-.1563	1	.064	-.158	.167
	Sig. (2-tailed)	.	.399	.278		.648	.260	.233
	N	53	53	53	52	53	53	53
FRS	Pearson Correlation	.	.512**	.200	.064	1	-.344*	.154
	Sig. (2-tailed)	.	.605	.573	.260		.012	.270
	N	53	53	52	53	53	53	53
totBSS	Pearson Correlation	.	-.073	.080	-.158	-.344*	1	-.098
	Sig. (2-tailed)	.	.459	.913	.233	.270		.486
	N	53	53	52	53	53	53	53
totMRS	Pearson Correlation	.	-.104	.015	.167	.154	-.098	1
	Sig. (2-tailed)	.	.459	.913	.233	.270	.486	
	N	53	53	52	53	53	53	53

*. Correlation is significant at the 0.05 level (2-tailed).** Correlation is significant at the 0.01 level (2-tailed).

Table 9: Correlations Caucasian Female Research Assistant

		Group	BMI	Age	Attracted	FRS	totBSS	totMRS
Group	Pearson Correlation	.	.	.	.	.	.	.
	Sig. (2-tailed)							
	N							
BMI	Pearson Correlation	.	1	.490**	-.112	.282*	-.233	-.205
	Sig. (2-tailed)	.		.000	.434	.045	.100	.148
	N	51	51	51	51	51	51	51
Age	Pearson Correlation	.	.490**	1	-.099	.103	-.043	.042
	Sig. (2-tailed)	.	.000		.489	.471	.765	.770
	N	51	51	51	51	51	51	51
Attracted	Pearson Correlation	.	-.112	-.099	1	-.137	.237	-.118
	Sig. (2-tailed)	.	.434	.489		.338	.094	.408
	N	51	51	51	51	51	51	51
FRS	Pearson Correlation	.	.282*	.103	-.137	1	-.343*	-.211
	Sig. (2-tailed)	.	.045	.471	.338		.017	.138
	N	51	51	51	51	51	51	51
totBSS	Pearson Correlation	.	-.233	-.043	.237	-.343*	1	.188
	Sig. (2-tailed)	.	.100	.765	.094	.014		.186
	N	51	51	51	51	51	51	51
totMRS	Pearson Correlation	.	-.205	.42	-.118	-.211	.188	1
	Sig. (2-tailed)	.	.148	.770	.408	.138	.186	
	N	51	51	51	51	51	51	51

*. Correlation is significant at the 0.05 level (2-tailed).**Correlation is significant at the 0.01 level (2-tailed).

Table 10: Correlations African American Male Research Assistant

		Group	BMI	Age	Attracted	FRS	totBSS	totMRS
Group	Pearson Correlation	.	.	.	.	.	.	.
	Sig. (2-tailed)							
	N							
BMI	Pearson Correlation	.	1	.040	.301*	.657**	.064	.006
	Sig. (2-tailed)	.		.782	.032	.000	.656	.966
	N	51	51	50	51	51	51	51
Age	Pearson Correlation	.	.040	1	-.077	.038	.087	-.077
	Sig. (2-tailed)	.	.782		.593	.793	.548	.595
	N	50	50	50	50	50	50	50
Attracted	Pearson Correlation	.	.301*	-.077	1	.305*	-.059	.028
	Sig. (2-tailed)	.	.032	.593		.029	.682	.845
	N	51	51	50	51	51	51	51
FRS	Pearson Correlation	.	.657**	.038	.305*	1	-.144	-.207
	Sig. (2-tailed)	.	.000	.793	.029		.313	.144
	N	51	51	50	51	51	51	51
totBSS	Pearson Correlation	.	.064	.087	-.059	-.144	1	.075
	Sig. (2-tailed)	.	.656	.548	.682	.313		.599
	N	51	51	50	51	51	51	51
totMRS	Pearson Correlation	.	.006	-.077	.028	-.207	.075	1
	Sig. (2-tailed)	.	.966	.595	.845	.144	.599	
	N	51	51	50	51	51	51	51

*. Correlation is significant at the 0.05 level (2-tailed).** Correlation is significant at the 0.01 level (2-tailed).

APPENDICES

Appendix A
Objectified Body Consciousness Scale

Experimentor: Please rate these questions on a scale of 1-7, one being strongly agree, four being neutral, and seven being strongly disagree

Surveillance Scale

1. I rarely think about how I look.
2. I think it is more important that my clothes are compfortable than that they look good on me.
3. I think more about how my body feels than how my body looks.
4. I rarely compare how I look with how my body feels.
5. During the day, I think about how I look many times.
6. I often worry about whether the clothes I am wearing make me look good.
7. I rarely worry about how I look to other people.
8. I am more concerned with what my body can do than how it looks.

Body Shame Scale

9. When I can't control my weight, I feel like something must be wrong with me.
10. I feel ashamed of myself when I haven't made the effort to look my best.
11. I feel like I must be a bad person when I don't look as good as I could.
12. I would be ashamed for people to know what I really weigh.
13. I never worry that something is wrong with me when I am not exercising as much as I should.
14. When I'm not exercising enough, I question whether I am a good enough person.
15. Even when I can't control my weight, I think I'm an okay person.
16. When I'm not the size I think I should be, I feel ashamed.

Control Scale

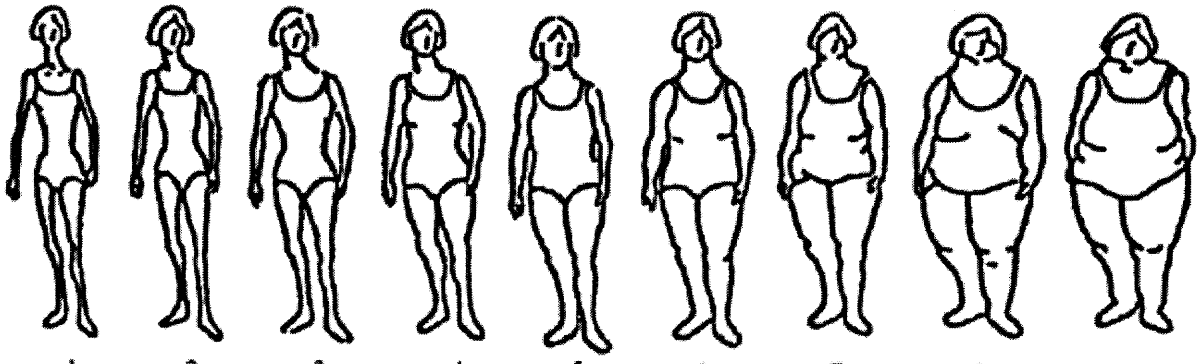
17. I think a person is pretty much stuck with the looks they are born with.
18. A large part of being in shape is having that kind of body in the first place.
19. I think a person can look pretty much how they want to if they are willing to work at it.
20. I really don't think I have much control over how my body looks.
21. I think a person's weight is mostly determined by the genes they are born with.
22. It doesn't matter how hard I try to change my weight

Appendix B
Rosenberg Self Esteem Scale

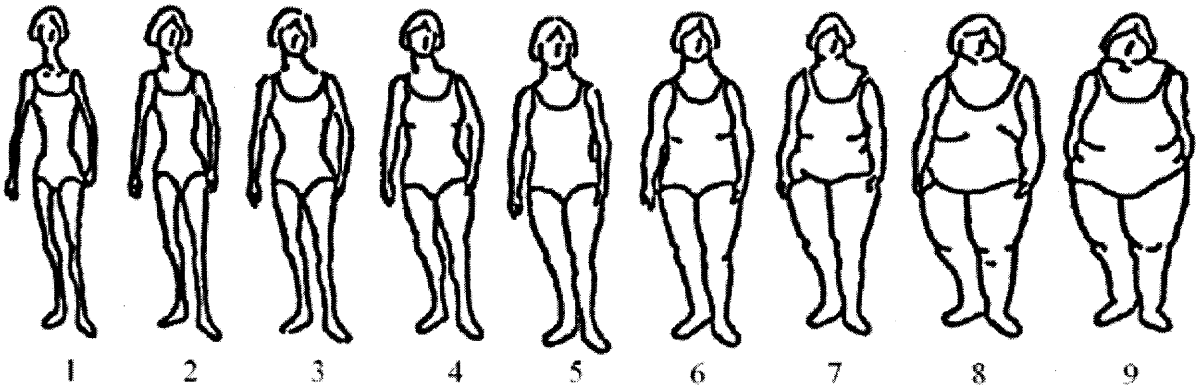
Experimenter : I am going to ask you a few questions related to how you feel about yourself. One equals strongly agree and four equals strongly disagree.

1. I feel that I am a person of worth, at least on an equal basis with others
2. I feel that I have a number of good qualities
3. All in all, I am inclined to feel that I am a failure
4. I am able to do things as well as most other people
5. I feel I do not have much to be proud of
6. I take a positive attitude toward myself
7. On the whole, I am satisfied with myself.
8. I wish I could have more respect for myself
9. I certainly feel useless at times
10. At times I think I am no good at all

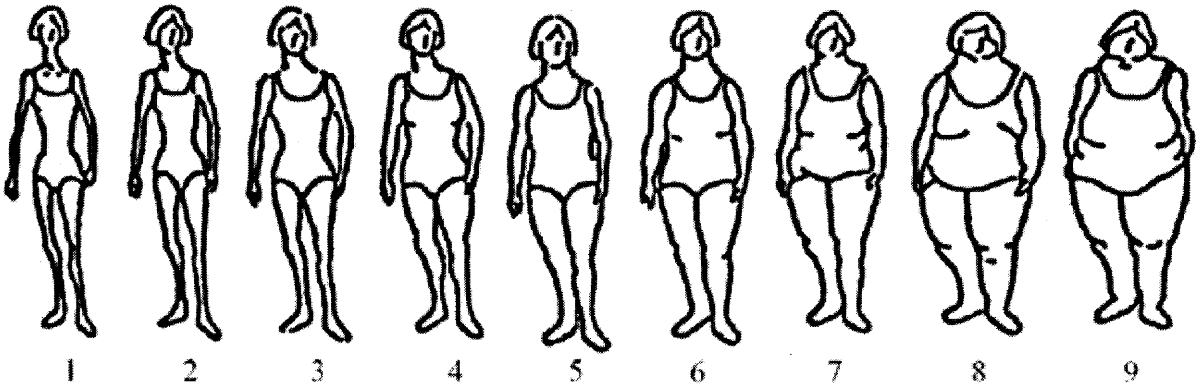
Appendix C
Figure Rating Scale



1) Choose the figure that best matches your current figure



2) Choose the figure that most closely resembles your ideal figure



3) Choose the figure that you think would be most attractive to men.

Appendix D

UNIVERSITY OF NORTH DAKOTA

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Principle Investigator: Kaylee Trottier (218)791-5614

Dr. Richard Ferraro (701) 777-2414

Purpose

You are invited to participate in a voluntary research project that is attempting to study body image and self-esteem in women.

Duration of Study

The duration of this study is 1 hour.

Subjects

You have been selected to participate in this study because you are female college student. You will complete several questionnaires.

Procedures

Participation in this study is confidential. All names and identifying information will be removed from the data. You will be asked a few questions regarding your self-esteem and body image. You will also be given several surveys. The research assistant will also measure your weight, height and BMI.

Risks

There are a few potential risks of this study. We will be asking personal questions that may be uncomfortable to answer. It is not uncommon to have difficult feelings when filling out the questionnaires. If for any reason you feel uncomfortable and wish to discontinue your participation, you are encouraged to inform the experimenter and are free to discontinue participation at any time without penalty. Referral information for mental health services will be provided to all participants.

Benefits

The benefits of this study include the increased knowledge of characteristics that affect women. This may help understand the varying degrees of difficulties women face.

Confidentiality

Information gathered from the questionnaires will be coded with an identification number and your name will not be associated with the data. Consent forms will be kept separately from the data. All materials gathered during this study will be kept securely in a locked file cabinet in the laboratory of Dr. Richard Ferraro at the University of North Dakota. Information will be kept for a period of 5 years, after which the information will be destroyed (shredding paper). The study experimenters (including graduate and undergraduate research assistants working with Kaylee Trottier and Dr. Richard Ferraro) and people who audit IRB procedures will have access to the data during this 5-year period. You will not be personally identified in any reports or publications that may result from this study.

Cost and Compensation

There will be no costs to you other than the time it takes to participate in this study. You will receive 1 hour of extra credit, depending on the amount of time you participated in the study.

Right to Refuse or Withdraw

You may refuse to participate or withdraw from this study at any time without penalty. If you decide to withdraw from the study, please tell the experimenter. If the study design or use of the data is to be changed, you will be so informed and your consent re-obtained.

Questions

If you have any questions about this research, please feel free to ask the experimenter. If you have additional questions later, contact Kaylee Trottier or Dr. Richard Ferraro at the UND Psychology Department. The phone number for Richard Ferraro is (701) 777-2414. The phone number for Kaylee Trottier is (701) 757-0229. If you have any other questions or concerns, please call the Office of Research Development and Compliance at (701) 777-4279.

You may report (anonymously, if you so choose) any complaints or comments regarding the manner in which this study is being conducted to the University of North Dakota Social Behavioral Institutional Review Board at (701) 777-4279 or by addressing a letter to the IRB at UND, P.O. Box 7134, Grand Forks, ND 58202-7134

MY SIGNATURE BELOW INDICATES THAT I HAVE DECIDED TO VOLUNTEER AS A RESEARCH SUBJECT AND THAT I HAVE READ, UNDERSTAND AND RECEIVED A COPY OF THIS CONESNT FORM.

_____ _____

Date Signature of Participant

MY SIGNATURE BELOW INDICATES THAT I HAVE EXPLAINED THE PROCEDURES, RISKS AND BENEFITS OF THIS STUDY TO THE PARTICIPANT.

_____ _____

Date Signature of Investigator

Appendix E

Debriefing Statement

The purpose of the current study will examine how women respond to the presence of men and race in the area of body image and self-esteem. This will be explored through manipulating the race and gender of the research assistants. The research is important to help identify all of the causes of a woman's tendency to self-objectify. The current study will consist of four groups. The participants will be undergraduate female students attending the University of North Dakota. Each group will be interviewed by a research assistant. The research assistants will be a black undergraduate male student, a black undergraduate female student, a white undergraduate male student, and a white undergraduate female student. The participants will have their weight, height and BMI measured. The participants will also be asked to fill out a questionnaire providing information regarding age, ethnicity, grade, sexuality, and asked to rate their attraction to the research assistant. If you have any questions or concerns about this study or you would like the results please contact Kaylee Trottier (218) 791-5614, e-mail kaylee.trottier@und.nodak.edu or Dr. Richard Ferraro, e-mail f_ferraro@und.nodak.edu. Sometimes the topic of self-esteem and body image is upsetting. If you feel distressed in any way, please talk with the experimenter before you leave today. If you do not wish to talk to the experimenter but find that you are distressed later on, please feel free to contact Kaylee Trottier (218) 791-5614 or Dr. Richard Ferraro at (701) 777-2414. If you would like counseling services for any reason, please contact the Psychological Services Center at (701) 777-3691 or the University Counseling Center at (701) 777-2127.

Appendix F
Demographic Questionnaire

1. Circle the appropriate letter to indicate gender.
   a. Female
   b. Other _____

2. Identified Sexuality
   a. Heterosexual
   b. Homosexual
   c. Other _____

3. Date of Birth? _____

4. Circle your grade level
   a. Freshman
   b. Sophmore
   c. Junior
   d. Senior
   e. Other_____

5. Identified Race/Culture/Ethnicity (please circle all that apply)

Caucasian	African American	Native American
Asian American	Hispanic	Other _____

6. In your own words, what was this study about and what do you believe was being manipulated in the current study

_____

_____

7. On a scale 1-6, how attracted were you to the experimenter?

1 2 3 4 5 6

Appendix G

Modern Racism Scale Revised

In this study, we are interested in how the opinion items are perceived. In particular, we would like to know the extent to which agreement or disagreement with these opinion statements. We would like for you to go through the list and record your perceptions. For each item, please rate the extent to which agreeing or disagreeing with it reflects (in your opinion) a negative attitude toward American Indian people, please use the following scale:

1 Strongly agree with statement
2 Agree with statement
3 Neutral
4 Disagree with statement
5 Strongly disagree with statement

Please circle 1-5 for the following 6 questions

1. It is easy to understand the anger of black people in America.

   1 2 3 4 5

2. Blacks have more influence up school policies than they ought to have.

   1 2 3 4 5

3. The streets are not safe these days without a policeman around.

   1 2 3 4 5

4. Blacks are getting too demanding in their push for equal rights.

   1 2 3 4 5

5. Over the past few years blacks have gotten more economically than they deserve.

   1 2 3 4 5

6. Over the past few years the government and news media have shown more respect to
   blacks than they deserve.

   1 2 3 4 5

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