

An Exploration of the Relationship Between Young Women's Body Esteem, Stigma Consciousness, and Ambivalent Sexism

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AN EXPLORATION OF THE RELATIONSHIP BETWEEN YOUNG WOMEN'S BODY
ESTEEM, STIGMA CONSCIOUSNESS, AND AMBIVALENT SEXISM

by

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A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Psychology
in the College of Sciences
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ABSTRACT

This thesis seeks to explore how young women's body esteem is influenced by their beliefs about ambivalent sexism and stigma consciousness. In this study, a sample of 168 undergraduate female students at the University of Central Florida were asked to complete an online battery containing six psychological measures. The measures in this study included measures of body esteem and objectified body consciousness, perception and attitudes toward sexism, experience with sexist events, and stigma consciousness. The results showed an association between positive body esteem and higher beliefs in benevolent sexism, and no relationship was found between hostile sexism and body esteem. As expected, body consciousness was positively correlated with stigma consciousness and women who experienced more sexist events had higher stigma consciousness. Additionally, regression models predicting body esteem based on hostile sexism, benevolent sexism, and stigma consciousness were only significant for benevolent sexism. These findings suggest further research to explore body esteem in relation to sexism and stigma consciousness. The results of this study can help highlight the importance of a cultural context when addressing female body esteem issues.

DEDICATION

To my family and friends, for always supporting me, bringing joy to my life and encouraging me to be the better version of myself.

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INTRODUCTION

In western cultures, women are generally exposed to objectification, degradation, and hypersexualization of their bodies. A report on the sexualization of girls conducted by the American Psychological Association (2007) found that females were depicted in the media as objectified and sexualized more often than men. In addition, this report also offered evidence of the negative consequences of sexual objectification in women. Women exposed to sexualization and objectification often experience body dissatisfaction, lower self-esteem, depression, and shame (Harrison & Fredrickson, 2003; Hawkins, Richards, Granley, & Stein, 2004; Tolman, Impett, Tracy & Michael, 2006).

The sexualization of women has various negative consequences for society such as sexism and sexist attitudes. A study conducted by Ward, Merrinwether, and Crauthers (2006) showed that men who believed that media portrayals represent reality, watched TV as a source of news, and were frequent readers of men's magazines (e.g Sports Illustrated), were more accepting of the sexual objectification of women. Lanis and Covell (1995) found that male undergraduates who were exposed to sexist magazines' ads that featured women as sexual objects, were more accepting of sex role stereotyping. Jansma, Linz, Mulac, and Imrich (1997) discovered that sex-typed men (i.e. men with a self-concept integrating predominant cultural definitions of femininity and masculinity (Bem, 1987)) who were exposed to a sexually explicit film, rated their female partner lower on intellectual competence. When they were exposed to a nonsexual film, they rated their female partner higher on intellectual competence. Non-sex typed males responded in reverse. Overall, these studies show that exposure to sexualized content shapes people's perception of the female body and often leads to sexist attitudes.

Sexist attitudes are closely related to female stereotypes about their bodies. In fact, women's pressure to have an ideal stereotypical body is not a recent discovery. Historically, there has always been a lot of value assigned to feminine beauty and there has always been an ideal definition of what the female body should look like (Franzoi, 2001). Feminine attractiveness is thought to enhance women's influence over their social environments due to the cultural value placed on feminine beauty (Bordo, 1993). Thus, women usually try to fit the ideal body stereotype as they believe this will increase their social competence, confidence and social acceptability. Females are exposed to this beauty ideal through social media, and interpersonal interactions present in their daily lives (Davis, 1990). Women that fit this stereotype constantly receive praise and appreciation, but as this beauty ideal is usually unattainable, women are often lead to body dissatisfaction and less self-confidence (Franzoi, 2001). As women are mostly valued for how they look, they are also identified more with their body than men (Rudd & Lennon, 1999). This identification can cause females to internalize stereotypes associated with their group (e.g. women are incapable to do things by themselves). The internalization of these stereotypes can be associated with having a high stigma consciousness (an individual's awareness of the stereotypes that others might hold about them (Pinel, 1999).

There seems to be an association between sexism, stigma consciousness, and the female body. Further research is needed to understand the influence of sexism and stigma consciousness on body esteem. The current study seeks to explore how young women's body esteem is influenced by their perception and experience of sexism and stigma consciousness.

Body Esteem

Body esteem refers to an individual's feelings and attitudes toward their body (e.g., weight, size, hair) (B. Mendelson, M. Mendelson, & White, 2001). A negative body esteem is usually manifested as body dissatisfaction (Brausch & Gutierrez, 2009; Frost & McKelvie, 2004; Keery, Van den Berg, & Thompson, 2004; Paxton, Neumark-Sztainer, Hannan & Eisenberg, 2006; Sarwer et al., 2005). Body dissatisfaction is defined as a negative perception of one's physical body shape and measurements (Stice & Shaw, 2002). It usually occurs because women are unable to meet the beauty ideal determined by the sociocultural environment. It is linked with disordered eating, obesity, depression, and body dysmorphic disorder (Polivy & Herman, 2002).

Body dissatisfaction is also related to self-esteem; the more a woman is dissatisfied with her body, the lower her self-esteem. In addition, body dissatisfaction is related to behaviors to modify physical appearance like dieting and cosmetic surgery (Cafri, Yamamiya, Brannick, & Thompson, 2005). In fact, two of the most common plastic surgeries among women are breast enlargement and liposuction, which reflect the extent to which women go to conform to the beauty ideal (Bordo, 1993). It can be argued that body esteem, body satisfaction, and self-esteem are all crucial to women's mental and physical wellbeing.

Given the current concerns that body dissatisfaction can harm women's health, there has been a growing body of research that is looking to understand women's dissatisfaction with their bodies. Body dissatisfaction has been explored in relation to dieting behaviors and fat talk. Fat talk is defined as ritualistic conversations related to the body that include topics like fear of becoming fat, eating and exercise habits, and other's appearance (e.g. "I'm so fat, look at my thighs, they are so big") (Nichter & Vuckovic, 1994). Cruwys, Leverington, and Sheldon (2016)

found that listening and participating in fat talk was implicated in the manifestation of body dissatisfaction, dieting intentions, negative affect, and thin ideal idealization, which are all correlates of disordered eating. A study by Arroyo and Harwood (2012) found that fat talk predicts lower body satisfaction, higher depressive symptoms and perceived sociocultural pressure to fit the thin ideal.

Another set of studies has focused on the influence of family and peers on body dissatisfaction. Sheldon (2010) found that women who are under high family and peer pressure to have perfect bodies have lower body esteem. She also found that family and friends are the most important predictors of low body esteem in women. Matera, Nerini, and Stefanile (2013) found that forms of peer influence (e.g. conversation with peers, teasing and peer attributions) impact women's body image. Women who often engaged in conversations about physical appearance and who considered being thin an important aspect were more likely to be dissatisfied with their bodies and to engage in dieting behaviors and social comparison. Teasing was also found to make women feel dissatisfied with their bodies.

Body dissatisfaction has also been explored in relation to the media portrayal of the ideal body type and social comparison. Franzoi et al. (2012) found that women's low body esteem is associated with women's tendency to engage in self-critical comparison to other same-sex individuals. They also found that women's low body esteem was associated with women's reliance on physical comparison with other women who they perceive as having better physical qualities than themselves. A meta-analysis examining 77 correlational and experimental studies reported an association between media portrayal of the ideal body type and body dissatisfaction among women (Grabe, Ward, & Hyde, 2008). This literature highlights the negative

consequences of having a negative body esteem and experiencing body dissatisfaction on women's wellbeing. The current study will focus on body esteem to assess young women's body satisfaction.

Stigma Consciousness

Stigma consciousness is defined as an individual's awareness of the stereotypes that others might hold about them (Pinel, 1999). Research has shown that individuals high in stigma consciousness are especially attentive to prejudice cues and often recognize greater discrimination against themselves and their group (Inzlicht, Kaiser, & Major, 2008; Pinel, 1999). Additionally, women high in stigma consciousness are more aware of their gender's stigmatized status (Pinel, 1999). Stigma consciousness has been associated with a greater experience of stereotype threat. Stereotype threat was first defined by Steele and Aronson (1995, p.797) as "being at risk of confirming, as self-characteristic, a negative stereotype about one's group". When individuals internalize and view themselves in terms of a stereotype associated with the group they belong to their performance can change in reaction to their worry about confirming these negative stereotypes (e.g. I am a woman. Women are not expected to do well at math.) (Spencer, Steele & Quinn, 1999). Several studies have shown an association between higher levels of perceived prejudice and negative feelings such as rejection. This rejection can lead to lower self-esteem and depression (Stroebe, Dovidio, Barreto, Ellemers, & John, 2011). Stigma consciousness is important for my study in particular because it will contribute to the understanding of how females' internalization of the stereotypes associated with their group might be related to body esteem.

Objectification Theory

Objectification theory is crucial to understanding body dissatisfaction and how the objectification of women's bodies influence women's wellbeing. This theory explains the process by which females internalize the sexualizing messages provided by their sociocultural environment (Fredrickson & Roberts, 1997). According to objectification theory, women are sexually objectified, defined by their physical appearance and treated as bodies for the pleasure and use of others (Fredrickson & Roberts, 1997). Experiencing sexual objectification can make females internalize an observer's perspectives where females may view themselves as objects. Women can be sexually objectified through daily interactions and media exposure. Examples of sexual objectification include unwanted body evaluation such as insinuating stares, inappropriate sexual comments and catcalling (Fredrickson & Roberts, 1997). Other examples include unwanted sexual advances such as degrading sexual gestures, sexual harassment, and touching or fondling someone inappropriately. Women are also depicted in a sexually objectifying way through advertisement, pornography, and television (Kozee, Tylka, Augustus-Horvath, & Denchik, 2007). According to Fredrickson and Roberts (1997) sexual objectification negatively impacts women's mental health causing body shame, appearance anxiety, and safety anxiety, which can result in depressive symptoms, sexual dysfunction, and eating disorders.

Ambivalent Sexism Theory

Sexism is closely linked to objectification theory, especially to sexual objectification events (Riemer, Chaudoir, & Earnshaw, 2014). Sexual objectification is considered a form of sexist discrimination, as it includes sexist acts where women are reduced to their bodies and treated as sexual objects (Fredrickson & Roberts, 1997). According to the Ambivalent Sexism Theory, sexism encompasses benevolent and hostile attitudes. Hostile sexism is defined as

antipathy and prejudiced attitudes toward women. Benevolent sexism involves viewing women as needing men's protection. It involves positive feelings (i.e. affection, protection, economic support), but at the same time, it views women stereotypically, reinforces that women are inferior, and contributes to inequality (Glick & Fiske, 1996, 2001).

Benevolent Sexism and Body Esteem

Benevolent sexism idealizes females and sees them as pure creatures that need to be protected, adored and taken care for (e.g. women should be put on a pedestal) (Glick & Fiske, 1996). This type of sexism attaches traditional stereotypes to women such as being delicate, caring, and affectionate. These stereotypes are considered positive characteristics and are expected for a good woman and mother to have (Good & Sanchez, 2009). Even though this type of sexism seems to involve behavior that benefits women, it is actually a form of sexism that contributes to gender inequality (Glick & Fiske, 2001). In viewing women as individuals that need protection and that need to be provided for, women are also seen as weak and less independent individuals (Glick & Fiske, 2001).

Benevolent sexism is manifested in different ways through interpersonal relations between men and women. For example, women that accept benevolent sexist attitudes often excuse acts of hostile sexism committed by their partner (Glick & Fiske, 2001). In addition, in benevolent sexism both genders are equally involved; women expect men's protection and men expect to take care of women. This pattern leads men to view themselves as superior to women and to view women in their traditional gender roles (e.g. domestic roles) (Dardenne, Dumont, & Bollier 2007).

Experiencing benevolent sexism has been shown to have repercussions for women's wellbeing. Research has shown that women who experience and hold beliefs in benevolent sexism often doubt their cognitive capabilities, have less ambitious career goals, and perform worse on executive functioning tasks (Dardenne, Dumont, & Bollier, 2007; Fernandez, Castro, Otero, Foltz & Lorenzo, 2006). One of the studies relating benevolent sexism to body esteem was conducted by Franzoi (2001). Results indicated that women who experienced benevolent sexist conceptions were more likely to enhance their physical appearance through the use of cosmetics to match the beauty standard ideal. Women with high beliefs in benevolent sexism had more positive attitudes toward sexual attractiveness body esteem. Sexual attractiveness body esteem is a subscale from the Body Esteem Scale. It deals with body parts that are associated with physical attractiveness and that can only be enhanced through the use of cosmetics (e.g. lips, eyes, face). Findings from Calogero and Host (2011) indicated that exposure to benevolent sexism increased different appearance management behaviors and was also associated with body shame, self-surveillance, and self-objectification. Some studies have shown contradictory findings where they have found a positive association between benevolent sexism and body esteem (Connely & Heesacker, 2012; Moya, Glick, Exposito, de Lemus, & Hart, 2007).

Regarding the relationship between body esteem and benevolent sexism two proposed explanations can be made. The first is that the stereotypes associated with women by benevolent sexism may affect how they feel about themselves as they may experience feelings of dependence, incapability, and incompetence. The second is that as this type of sexism is hidden behind positive attitudes (e.g. affection, protection, and provision), it can also contribute to

females' wellbeing and to a positive relationship with their bodies. The present study will further explore the relationship between benevolent sexism and body esteem.

Hostile Sexism and Body Esteem

Hostile sexism is the form of sexism people are most familiar with. In this type of sexism, women are objectified and degraded by others (Glick & Fiske, 1996). This form of sexism is often associated with hostility and resentment as it is based on beliefs that women are trying to control men sexually, economically or by feminist ideologies (e.g. women use sex to gain power over men) (Glick & Fiske, 1996). In hostile sexism, women are seen as inferior to men, and as incompetent and unintelligent individuals (Glick & Fiske, 1996). In fact, women that do not conform to traditional gender roles are punished with hostility and aggression.

Studies have shown that hostile sexism is associated with female body esteem. Forbes, Collinsworth, Jobe, Braun & Wise's (2007) findings showed a relation between hostile sexism and body esteem. They found a positive correlation between hostile sexism and the belief that it is important for women to be thin. Forbes et al. (2005) conducted a study on body dissatisfaction among college women and their mothers. Results showed that mothers who held beliefs in hostile sexism experienced low body esteem. For daughters, there was not an association between hostile sexism and body esteem.

The Current Study

Overall, these findings may suggest an association between benevolent sexism, hostile sexism, stigma consciousness, and women's body dissatisfaction. However, there has been very little research investigating a relationship between ambivalent sexism, stigma consciousness, and body dissatisfaction. The purpose of this research is to address this void in the literature. This

study aimed to examine the connection between young women's body esteem, stigma consciousness, and ambivalent sexism. This research aimed to see if young women's beliefs and experiences with benevolent and hostile sexist attitudes and their stigma consciousness are related to female body esteem.

The following hypotheses were proposed:

H1: Body esteem will be inversely related to benevolent sexism and hostile sexism.

H2: Benevolent sexism, hostile sexism, and stigma consciousness will be predictors of body esteem.

H3: Experiences with sexism will be positively related to stigma consciousness.

H4: Stigma consciousness will be positively related to objectified body consciousness.

METHODS

Participants

Participants were recruited using the University of Central Florida psychology department's SONA research participation system. Participants in this study were all undergraduate women between the ages of 18-24. Participants were all enrolled in undergraduate psychology courses and received extra credit in exchange for their participation. After exclusions, the final sample used for statistical analysis consisted of 168 undergraduate women.

Measures

Demographic Information. A demographic questionnaire was used to obtain information about the participant's ethnicity, and age.

Body Esteem Scale. The intent of this scale was to measure female body esteem (Franzoi & Shields, 1984). This measure contains 35 body parts and functions rated on a 5-point scale, ranging from 0 (*have strong negative feelings*) to 5 (*have strong positive feelings*). This scale contains three subscales assessing an individual's feelings regarding sexual attractiveness (e.g. items include lips, eyes, and chest or breasts) weight-related body esteem (e.g. items include waist, thighs, and stomach), and physical condition body esteem (e.g. items include reflexes, biceps, and agility). Higher scores on each subscale indicate more positive body esteem. Based on the sample used for this study, the Body Esteem Scale demonstrated acceptable levels of reliability (Cronbach alpha= .950).

Objectified Body Consciousness Scale (OBCS). This scale is closely related to objectification theory. It is based on the premise that the sexual objectification of the female body causes women's bodies to be viewed as objects by others. The beliefs that support this

experience of the body as an object are called objectified body consciousness. This scale is used to measure different aspects of body consciousness (McKinley & Hyde, 1996). The OBCS contains three subscales that measure body surveillance (e.g. I think more about how my body feels than how my body looks), body shame (e.g. I feel ashamed of myself when I haven't made the effort to look my best) and control beliefs (e.g. I think a person can look pretty much how they want to if they are willing to work at it). Each subscale contains eight items rated on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher levels of OBCS lead to a negative body experience. Based on the sample used for this study, the OBCS demonstrated acceptable levels of reliability (Cronbach alpha= .757).

Stigma Consciousness Questionnaire for Women. This measure was developed to identify the extent to which people are self-conscious of their status as a stigmatized group member (Pinel, 1999). A sample item is “When interacting with men, I feel like they interpret all my behaviors in terms of the fact that I am a woman.” It contains 10 items rated on a 6-point scale, ranging from 0 (*strongly disagree*) to 6 (*strongly agree*). Based on the sample used for this study, the Stigma Consciousness Questionnaire for Women demonstrated acceptable levels of reliability (Cronbach alpha= .776).

Ambivalent Sexism Inventory (ASI). Perception of sexism was measured by using the Ambivalent Sexism Inventory (Glick & Fiske, 1996). The ASI measures the participant's attitudes towards ambivalent sexism (ideology offering protection and affection to women embracing traditional roles) and hostile sexism (antipathy towards women). A sample item for hostile sexism is “women seek power by gaining control over men”. A sample item for benevolent sexism is “Women have a quality of purity few men possess”. It contains 22 items,

11 for each type of sexism, rated on a 6-point scale, ranging from 0 (*strongly disagree*) to 6 (*strongly agree*). Based on the sample used for this study, the ASI demonstrated acceptable levels of reliability (Cronbach alpha for Benevolent Sexism=.818; Cronbach alpha for Hostile Sexism= .874).

Schedule of Sexist Events (SSE). Women's experiences with sexist discrimination were measured using the Sexist Schedule of Events (Klonoff & Landrine, 1995). This measure consists of 20 items rated on a 6-point scale, ranging from 1 (*the event never happened*) to 6 (*the event happens almost all the time*). This measure was developed to assess the frequency of sexist discrimination a woman has experienced recently (in the past year) and during her entire life. For the purpose of this study, this scale was only used measuring females' experience with sexism during their entire life and was measured as a sum of the total events. A sample item is "How many times during your entire life have you been treated unfairly by strangers because you are a woman?". Based on the sample used for this study, the SSE demonstrated acceptable levels of reliability (Cronbach alpha= .937).

Paternalistic Chivalry Scale. Attitudes toward benevolent sexism were measured using the Paternalistic Chivalry Scale (Viki, Abrams, & Hutchison, 2003). This measure assesses the attitude towards paternalistic chivalrous beliefs (courteous and considerate attitudes that restrict women's roles and control in interpersonal relationships). A sample item is "It is up to the man to decide where the couple are to have their dinner date." This scale has 10 items rated on a 7-point scale ranging from 1 (*strongly disagree*) and 7 (*strongly agree*). Based on the sample used for this study, the Paternalistic Chivalry Scale demonstrated acceptable levels of reliability (Cronbach alpha= .907).

Procedure

Participants were recruited by using the psychology department's SONA research recruitment system. Participants that completed this study were all female, 18 years or older, and enrolled at the University of Central Florida. The students that participated in the study first completed an informed consent where they were assured of the anonymity of their identity. Participants that agreed to continue completed a demographic questionnaire followed by the six psychological measures studied in this research. After completing the study, participants received extra credit for their participation in their psychology courses. Prior to examining the data, participants that did not meet the inclusion criteria were excluded from the study. An initial sample of 207 female undergraduate students was collected, but 39 participants had to be excluded as they responded they were males or they did not respond to all the questionnaires. After exclusions, the sample used for statistical analysis for this study consisted of 168 participants.

RESULTS

Benevolent Sexism, Hostile Sexism and Body Esteem

The first hypothesis was that there would be a significant negative correlation between body esteem and benevolent sexism and between body esteem and hostile sexism (See table 2). To test this hypothesis a bivariate correlation between body esteem and hostile sexism was conducted, as well as a bivariate correlation between body esteem and benevolent sexism. This hypothesis was not supported. Contrary to the prediction, there was a positive significant correlation between benevolent sexism and body esteem ($r=+.214, p<.01$), and there was no significant correlation between hostile sexism and body esteem ($r=+.086, p>.05$).

Predictors of Body Esteem

The second hypothesis was that benevolent sexism, hostile sexism, and stigma consciousness will be predictors of body esteem. To test this hypothesis a multiple regression analysis was conducted (See table 3). The multiple regression model with all three predictors produced $R^2 = .067, F_{(3,163)}=3.90, p<.05$. When body esteem was predicted, it was found that the only significant predictor was benevolent sexism ($\beta= +.169, p<.01$). This indicates that women with higher beliefs in benevolent sexism are expected to have more positive body esteem, after controlling for the other variables in the regression model. Stigma Consciousness was marginally significant ($\beta = -.129, p=.056$), and Hostile Sexism did not contribute to the multiple regression model ($\beta= -.043, p=.497$).

Experiences with Sexism and Stigma Consciousness

The third hypothesis was that experiences with sexism will be positively related to stigma consciousness. To test this hypothesis a bivariate correlation was conducted among the schedule

of sexist events scale and the stigma consciousness questionnaire for women (See table 2). This hypothesis was supported. Results showed a positive significant correlation ($r= +.422, p<.001$) between experiences with sexism and stigma consciousness.

Body Consciousness and Stigma Consciousness

The fourth hypothesis was that stigma consciousness will be positively related to objectified body consciousness. To test this hypothesis a bivariate correlation among the objectified body consciousness scale and the stigma consciousness scale was conducted (See table 2). This hypothesis was supported. Results showed a positive significant correlation between body consciousness scale and stigma consciousness ($r=+.184, p<.005$).

Other Exploratory Analyses

Other interesting results were obtained as correlations among all the variables were conducted (See Table 2). Observation of table 2 shows a significant positive correlation between hostile and benevolent sexism ($r=+.366, p<.001$); a significant negative correlation between hostile sexism and stigma consciousness ($r=-.389, p<.001$); a significant negative correlation between sexist events and hostile sexism ($r=-.299, p<.001$); a significant positive correlation between hostile sexism and paternalistic chivalry ($r=+.477, p<.001$). A factor analysis for body esteem was also conducted using principal axis factoring and varimax rotation. Four factors were identified, based on eigenvalues greater than 1 (See table 4 and 5).

DISCUSSION

The primary purpose of this research was to explore the relationship between young females' perceptions of sexism, stigma consciousness, and body esteem. When examining benevolent sexism and body esteem, it was found that contrary to the predictions, there was a positive significant correlation between body esteem and sexism. A possible explanation for these findings is that as benevolent sexism is harmless and hidden behind positive attitudes, women often accept these ideas and interpret benevolent sexist attitudes as caring actions (Glick & Fiske, 2001).

In addition, these results are consistent with some studies. Kilianski and Rudman (1998) asked females to rate descriptions of men with hostile sexist attitudes, benevolent sexist attitudes, and non-sexist attitudes. They found that the majority of women rated the benevolent sexist description as favorable. Moya, Glick, Exposito, Lemus, and Hart (2007) found that women often see acts of benevolent sexism engaged by their partners as benign and protective actions. Their findings showed that women with high beliefs in benevolent sexism assume that their loved ones' intentions are positive, and always welcome protective restrictions from them even if they know they are discriminatory (i.e. because you are a woman). Finally, Connely and Heesacker (2012) found that benevolent sexism was positively correlated with one's life satisfaction. These studies point to a possible explanation of the results obtained in this study. The women in my study might have had a positive perception of benevolent sexism, which can be an explanation of the positive correlation between benevolent sexism and body esteem.

Results revealed that hostile sexism was not related to body esteem in college-aged women. I had hypothesized that there would be a negative significant correlation between hostile

sexism and body esteem. The premise behind this hypothesis was based on previous research findings that showed a negative association between body esteem and hostile sexism (Oswald, Franzoi, & Frost, 2012). A study conducted among college females and their mothers by Forbes et al. (2005) showed that only for mothers, and not daughters, body esteem was negatively associated with hostile sexism. The results obtained in this study were consistent with Forbes et al. (2005) results. This suggests that age may play an important role in the relationship between hostile sexism and body esteem. This study points to a possible explanation for the results obtained as it may suggest that even though young women haven't developed a negative body esteem in college, maybe they will experience it later in life. Further research addressing body esteem and hostile sexism could address age as a possible explanatory variable.

I also had hypothesized that benevolent sexism, hostile sexism, and stigma consciousness were predictors of body esteem. Consistent with the correlational studies conducted for the first hypothesis, the only variable that contributed to the prediction for body esteem was benevolent sexism. Again, these findings can be explained as benevolent sexist ideas are based on positive attitudes such as protection and care (Glick & Fiske, 2001). In addition, the stereotypes associated with women in this type of sexism can also be seen by women as positive (e.g. women are delicate, affectionate and sensitive). Therefore, as this type of sexism is hidden in protective and caring actions, it can make women feel loved and cared for, which can explain why benevolent sexism may be a predictor for body esteem. It is worthy of noting that stigma consciousness was considered marginally significant as a predictor of body esteem. This can be explained as a statistical power issue. If the sample was bigger, maybe the results might have

been significant. That said, further research should address stigma consciousness as a predictor of body esteem.

In the current study, another hypothesis I explored was a positive significant association between stigma consciousness and objectified body consciousness. As expected, there was a significant positive correlation between stigma consciousness and objectified body consciousness. These results are consistent with objectification theory and stigma consciousness theory (Fredrickson & Roberts, 1997; Pinel, 1999). According to objectification theory, women are sexually objectified and seen as objects. By a process called “self-objectification” women internalize the view of themselves as objects and internalize cultural body standards (Fredrickson & Roberts, 1997). This internalization of cultural body standards leads females to constantly assess their bodies in an effort to conform to the beauty ideal (McKinley & Hyde, 1996). Additionally, women high in stigma consciousness are more aware of their gender’s stigmatized status (Pinel, 1999). Self-objectification can reflect stigma consciousness as it makes females internalize a view of a stereotypical ideal body making them more aware of the stereotypes associated to females (e.g. Most men have a problem viewing women as equals; When interacting with men, I feel like they interpret all my behaviors in terms of the fact that I am a woman). Given the correlational nature of the data, it is unspecified if an increase in stigma consciousness causally increases objectified body consciousness, or if objectified body consciousness causally increases stigma consciousness. Future research could explore the directionality of the relationship between stigma consciousness and experiences with sexism.

When examining young women’s experiences with sexism and stigma consciousness, I hypothesized that there would be a positive significant relation between experiences with sexism,

and stigma consciousness. Consistent with my predictions, there was a significant positive correlation between stigma consciousness and women experiences with sexism. The rationale underlying this hypothesis was based on the association between sexism and objectification theory. A form of sexism women can experience is through acts where they are sexually objectified (e.g. catcalling). When women are sexually objectified, their value is only put on their bodies (Fredrickson & Roberts, 1997). By putting women's value only on their external appearance, there is a lot of importance placed on the female body and how it should look like. My reasoning behind this hypothesis was that the self-objectification women engage in after sexist acts contribute to making females more aware of their bodies, and therefore it makes them more aware of their gender's stigmatized status (high scores in stigma consciousness). This finding is consistent with objectification theory (Fredrickson & Roberts, 1997). It is worthy of noting that given the correlational nature of the data it is unknown which variable caused the other. Future research could explore the directionality of the associations among stigma consciousness and objectified body consciousness.

As part of other exploratory analyses, bivariate correlations were conducted among all variables. Some interesting findings were a positive correlation between benevolent and hostile sexism and a significant positive correlation between stigma consciousness and hostile sexism. These findings may suggest a relationship between these three variables. Future studies may want to explore the association between benevolent sexism, hostile sexism, and stigma consciousness. A factor analysis for body esteem was also conducted. The findings of the factor analysis are consistent with Franzoi and Shields (1984) who identified three factors for body esteem (sexual attractiveness, weight-related body esteem, and physical condition body esteem).

The factor analysis conducted in this study identified four factors named body anatomy, physical ability, attractiveness, and sexual activities. These results showed that this scale is not unitary, it has dimensions. This finding is very interesting as it shows that body esteem is a complex scale. Future research could explore the relationship between each subscale, sexism, and stigma consciousness.

Limitations and Future Research

As with all studies, the present study has some limitations. First, the sample used for this study consisted of undergraduate college females, so generalization of the results to other populations is unclear. Future research could replicate this study with a larger sample representing a more diverse population.

Second, participants completed this study online and without supervision. In fact, 39 among 207 participants had to be eliminated from the sample as they did not complete the surveys or indicated they were males. The surveys used in this study were presented in the same order for each participant, this may have influenced participants to respond in a specific way. In addition, validity scales were not used in this study, which makes it difficult for the results to be accurate. Future studies could address these issues by doing this study in person, adding validity scales and randomizing the surveys' order for each participant.

Third, I decided to analyze the results taking into consideration the scales in general. However, some scales like body esteem scale and objectified body consciousness scale have different subscales. It might be interesting to conduct further research analyzing the relationship between body esteem's different subscales (sexual attractiveness, weight-related body esteem, and physical condition body esteem) and sexism and sexist stereotypes.

Finally, further research could explore the relationship between female body esteem and sexism as a function of race, age and culture. This topic varies among different cultures as the standard beauty ideal changes and people beliefs and perception with sexism also change in function of the socio-cultural environment a person is raised in. In addition, some beliefs might also change with age. Also, to determine the influence of sexism and sexist stereotypes on body esteem, longitudinal studies would be very informative.

Conclusion

The relationship between body esteem, stigma consciousness, and ambivalent sexism illustrates the complexity of the influence of cultural factors on female body dissatisfaction. The findings from this study have contributed to the body of knowledge on the associations between body esteem, stigma consciousness, and sexism. Future studies can help clarify the relationship between these variables. This further research could contribute to the understanding of the influence of cultural aspects when treating body esteem issues among women.

APPENDIX A: DESCRIPTIVE STATISTICS

Table 1. Means and Standard Deviations for all the Variables

Variable	Mean	Standard Deviation
Benevolent Sexism	3.78	1.018
Hostile Sexism	3.12	1.04
Body Consciousness	4.41	.65
Body Esteem	3.38	.75
Stigma Consciousness	4.49	.93
Paternalistic Chivalry	3.16	1.02
Sexist Events	46.88	19.37

1. Benevolent Sexism measured by the Ambivalent Sexism Inventory (Klonoff & Landrine, 1995).
2. Hostile Sexism measured by the Ambivalent Sexism Inventory (Klonoff & Landrine, 1995).
3. Objectified Body Consciousness Scale (McKinley & Hyde, 1996).
4. Body Esteem Scale (Franzoi & Shields, 1984).
5. Stigma Consciousness Questionnaire for Women (Pinel, 1999).
6. Paternalistic Chivalry Scale (Viki, Abrams, and Hutchison, 2003).
7. Schedule of Sexist Events (Klonoff & Landrine, 1995).

APPENDIX B: CORRELATIONAL TESTING AMONG ALL VARIABLES

Table 2. Bivariate Correlations Among all Variables

Variable	1	2	3	4	5	6	7
1. Benevolent Sexism	1.000	.366**	-0.025	.214**	-0.031	.570**	0.106
2. Hostile Sexism		1.000	-0.074	0.086	-.389**	.477**	-.299**
3. Body Consciousness			1.000	-.384**	.184*	0.040	0.009
4. Body Esteem				1.000	-0.144	0.093	-0.087
5. Stigma Consciousness					1.000	-0.086	.422**
6. Paternalistic Chivalry						1.000	-0.130
7. Sexist Events							1.000

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

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

1. Benevolent Sexism measured by the Ambivalent Sexism Inventory (Klonoff & Landrine, 1995).

2. Hostile Sexism measured by the Ambivalent Sexism Inventory (Klonoff & Landrine, 1995).

3. Objectified Body Consciousness Scale (McKinley & Hyde, 1996).

4. Body Esteem Scale (Franzoi & Shields, 1984).

5. Stigma Consciousness Questionnaire for Women (Pinel, 1999).

6. Paternalistic Chivalry Scale (Wiki, Abrams, and Hutchison, 2003).

7. Schedule of Sexist Events (Klonoff & Landrine, 1995).

APPENDIX C: REGRESSION ANALYSES

Table 3. Benevolent Sexism, Stigma Consciousness and Hostile Sexism Predicting Body Esteem in Young Women

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.259 ^a	.067	.050	.72985

Predictors: (Constant), Stigma, Benevolent, Hostile

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	6.226	3	2.075	3.896	.010 ^b
	Residual	86.828	163	.533		
	Total	93.054	166			

a. Dependent Variable: Body Esteem

b. Predictors: (Constant), Stigma, Benevolent, Hostile

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficient	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.416	.301		8.025	.000
	Hostile	-.043	.064	-.061	-.681	.497
	Benevolent	.169	.060	.231	2.813	.006
	Stigma	-.129	.067	-.160	-1.927	.056

Dependent Variable: Body Esteem

APPENDIX D: FACTOR ANALYSIS FOR BODY ESTEEM

Table 4. Factor Analysis for Body Esteem Scale

Items	Body Esteem Factors			
	Body anatomy	Physical ability	Attractive -ness	Sex activities
Body scent		0.442		
Appetite		0.462		
Nose			0.345	
Physical stamina	0.415	0.661		
Reflexes		0.561	0.406	
Lips			0.544	
Muscular Strength		0.312		
Waist	0.634			
Energy Level		0.433		
Thighs	0.554			
Ears				
Biceps	0.366	0.33		
Chin				
Body build	0.733			
Physical Coordination		0.519	0.319	
Buttocks	0.411		0.456	
Agility	0.351	0.615		
Width of shoulders				
Arms	0.415			
Chest or breasts			0.407	
Appearance of eyes			0.551	
Cheeks			0.518	
Hips	0.614			
Legs	0.599			
Figure or physique	0.799			
Sex drive				0.835
Feet				
Sex organs				0.629
Appearance of stomach	0.722			
Health	0.488	0.617		
Sex activities				0.807
Body hair				
Physical condition	0.639			
Face	0.338			
Weight	0.656			

Extraction Method: Principal Axis Factoring.

Rotation Method: Varimax with Kaiser Normalization.

Table 5. Factor Analysis Body Esteem Total Variance Explained

Factor	Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %
Body Anatomy	12.89	36.84	36.84
Physical Ability	2.07	5.91	42.76
Attractiveness	1.73	4.94	47.70
Sex Activities	1.21	3.46	51.16

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