

# Self-objectification and depression: An integrative systematic review



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## ABSTRACT

**Background:** Objectification Theory positions self-objectification as a cause of depression. In particular, the authors offer Objectification Theory as a partial explanation for the higher prevalence of depression among women than men. To investigate the validity of this theory, we undertook a systematic review of quantitative studies that have investigated self-objectification as a predictor of depression.

**Methods:** Studies were identified by searching the PsycINFO, Medline, EMBASE and Cochrane Library databases. Search terms were 'objectif\*' OR 'body conscious\*' AND 'depressi\*' OR 'dysthymi\*' OR 'mood disorder'. To be eligible, studies were required to be in the English-language, to include a measure of depression and a measure of self-objectification. Studies were excluded if they did not explicitly examine the association between these variables.

**Results:** Among women most studies found a mediated effect for self-objectification on depression. All studies including adolescents found a direct effect. Each of the two prospective longitudinal studies found that an increase in self-objectification over time was associated with a concomitant increase in depression, suggesting a causal relationship. Among men the results were mixed.

**Limitations:** The review did not include a quantitative synthesis due to the heterogeneity of the included observational studies. The majority of the studies were cross-sectional precluding conclusions concerning causality. Generalisations to culturally and linguistically diverse populations must be made with caution given the limited cultural diversity within the studies.

**Conclusions:** Self-objectification may be a useful predictor of depression, particularly among women and adolescents, and may have clinical relevance among these populations.

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## 1. Introduction

### 1.1. Objectification theory

Objectification Theory (Fredrickson and Roberts, 1997) is grounded in the feminist perspective. In developing the theory, the authors have attempted to bring together a range of socio-cultural influences and describe how they result in psychological morbidity in women. Objectification Theory starts with the assumption that our cultural experience of objectifying the female body creates a mental health risk factor unique to women.

Objectification can be experienced through interpersonal interaction (e.g. comments about appearance or unwanted sexual advances), through media that depict objectifying interpersonal interactions, and through media that places the viewer in the position of objectifier. This last category includes media such as advertisements, pornography and music videos where women are depicted as being only a body, or part of a body. In particular, compared with the depictions of men, images of women are more likely to exclude a head or face and focus exclusively on her torso, buttocks or legs (American Psychological Association, 2010). The ubiquity of these images, and other objectifying experiences, mean that no woman can escape their influence. In such an environment, women and girls may begin to internalise this objectifying gaze, thereby becoming pre-occupied and dissatisfied with their physical appearance.

According to Objectification Theory, the internalisation of the objectifying gaze (self-objectification) results in serious psychological sequelae, namely: shame, anxiety, interference in peak motivational states, and alienation from internal bodily states. People experience shame when they fail to meet an internalised or cultural ideal. The experience of shame incorporates not only a feeling of inadequacy or of being a 'bad person', but also the negative feelings associated with the public exposure of that deficiency. If one is pre-occupied with one's appearance and comparing the self to an unrealistic ideal, then feelings of shame are inevitable.

According to the theory, the anxiety engendered by self-objectification is generated from two primary sources: appearance

anxiety and safety anxiety. Thus, not only are women judged and evaluated on their appearance, but they are also unable to predict when and where this will happen. This can lead to high self-monitoring and anxiety about appearance. Similarly, the authors argue that victim-blaming in sexual violence leads to anxiety in women, who are often constantly monitoring their own safety.

Peak motivational states, or 'flow' are situations in which the individual is fully immersed in a task; unselfconscious and single-minded. Maximisation of such states is thought to contribute to wellbeing. However, in a culture that objectifies females, the 'flow' of concentration in women is often interrupted, with their attention drawn back to their physical appearance either internally or by others. It is posited that this interference in peak motivational states contributes to psychological morbidity. In a similar mechanism to the interference in 'flow', it is theorised that women are alienated from their own internal cues (such as hunger or arousal) by a pre-occupation with external appearance. Fredrickson and Roberts (1997) argue that this dissociation from a person's own internal experiences can lead to sexual dysfunction and eating disorders.

Through these mechanisms the authors predict that self-objectification may contribute to mental disorder (Fig. 1). They note that self-objectification should be treated as a variable of individual difference; however, they argue that the negative psychological effects can be considered inevitable across the population. A particular strength of the theory is that it incorporates the physical elements of puberty without necessarily imposing *a priori* assumptions about hormonal effects. For example, as a girl's hormone profile changes resulting in the observable physical changes of puberty, there is a concomitant change in how she is treated, and how she views herself and her emerging womanly body. The authors particularly note the relevance of Objectification Theory for disorders that are of higher prevalence in women than men: namely, depression, sexual dysfunction and disordered eating. With regard to depression, there have been numerous attempts to explain the gender difference that is commonly observed across cultures. However, modest successes indicate the need for other explanations, such as Objectification Theory.

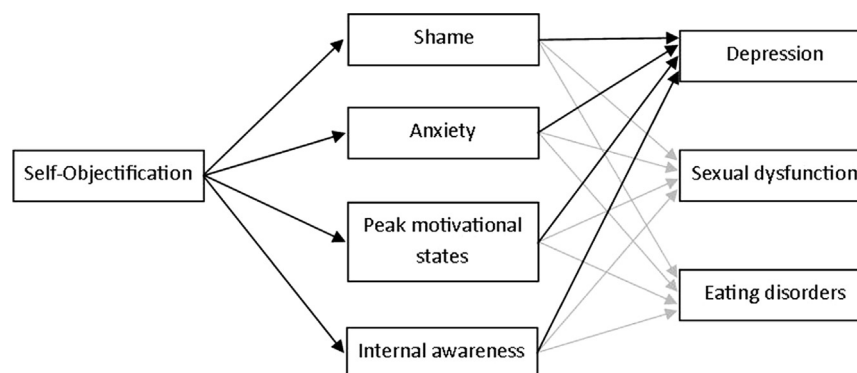


Fig. 1. Objectification Theory.

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