



Exploring gender differences in body image, eating pathology, and sexual harassment



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ABSTRACT

This study examines the relationship between body image (weight/shape concerns), eating pathology, and sexual harassment among men and women ($N = 2446$). Hierarchical regressions controlling for depression revealed main effects of gender such that women reported greater weight/shape concerns, eating pathology, dietary restraint, eating concerns, and binge eating compared to men. Main effects for sexual harassment indicated that as harassment increased, participants reported increased weight/shape concerns, eating pathology, dietary restraint, eating concerns, binge eating, and compensatory behaviors. There were small but significant interactions between gender and harassment for eating pathology total score (which included each of the domains listed above), weight/shape concerns, dietary restraint, and eating concerns such that the relationship between increased harassment and increased pathology was stronger for women compared to men. The largest interaction was found for compensatory behaviors, such that while women and men's scores both increased as harassment increased, the relationship was stronger for men.

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Introduction

A sizable number of women and a rising number of men in the United States feel significant dissatisfaction with their bodies and engage in dysfunctional eating behaviors (McFarland & Petrie, 2012; Stice & Whitenton, 2002). It is recognized that mistreatment, particularly if it is focused on one's body (e.g., sexual victimization), is associated with increased weight/shape concerns and disordered eating. Although a small body of research has begun to examine whether sexual harassment may have similar effects, this relationship has not been sufficiently investigated, particularly across gender. Given that sexual harassment is associated with increased body monitoring and shame (Lindberg, Grabe, & Hyde, 2007), we predict that targets of sexual harassment will report increased weight/shape concerns and eating pathology.

Objectification theory (Fredrickson & Roberts, 1997; see Moradi & Huang, 2008 for a review) proposes that women are routinely sexualized and objectified throughout their lifetimes. Women frequently internalize these views and begin to objectify themselves (e.g., tie their self-worth to their appearance), which is, in turn,

associated with distortions in body image (weight/shape concerns), body shame, and disordered eating behaviors (Forbes, Jobe, & Revak, 2006; Harrell, Fredrickson, Pomerleau, & Nolen-Hoeksema, 2006; Lindberg, Hyde, & McKinley, 2006; Prichard & Tiggemann, 2005). Although rarely studied, there is evidence that men are also vulnerable to self-objectification, albeit at lower rates than women, and that it may be directly associated with similar effects on body shame and disordered eating behaviors (Engeln-Maddox, Miller, & Doyle, 2011; McKinley, 2006). Further, objectification theory proposes that personal experiences of sexual objectification (e.g., appearance evaluations and inappropriate sexual comments) will exacerbate negative outcomes. Consistent with this proposal, sexual harassment and appearance-based harassment have been associated with increased body surveillance, body shame, and disordered eating (Harned, 2000; Lindberg et al., 2007; Tylka & Hill, 2004). Given the findings on weight/shape concerns and disordered eating related to self-objectification, as well as the ways in which sexually objectifying behaviors such as sexual harassment may exacerbate these outcomes, the current study examines the role of sexual harassment in predicting weight/shape concerns and disordered eating behaviors across men and women.

Past research has examined the impact of sexual abuse on weight/shape concerns and eating behaviors and has found that sexual abuse is not a specific etiologic factor for eating disorders (Fischer, Stojek, & Hartzell, 2010; Waller, Halek, & Crisp, 1993). Conversely, sexual harassment may have direct effects on weight/shape

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concerns and eating disturbances because it is pervasive across situations and time, especially for women, and contributes to the general milieu of women being sexualized and objectified (Petersen & Hyde, 2012). Estimates suggest that over half of all women experience harassment at work (Ilies, Hauserman, Schwochau, & Stibal, 2003), 70% of college women report harassment (Buchanan, Bergman, Bruce, Woods, & Lichty, 2009; Paludi & Paludi, 2003), and 95% of high school girls report sexual harassment (Ormerod, Collinsworth, & Perry, 2008). Sexual harassment also comes from a variety of perpetrators and is present in a variety of settings. For example, targets report harassment from peers, bosses, and subordinates (DeSouza, 2011), random strangers on the street, and people of the same or opposite sex (Street, Gradus, Stafford, & Kelly, 2007).

Further, the content of sexually harassing comments are often appearance-based, focusing on the target's body, which objectification theory proposes will increase the likelihood that s/he will develop weight/shape concerns and eating disturbances (Petersen & Hyde, 2012). By elementary and middle school (Murnen & Smolak, 2000), children who report receiving negative comments based on their bodies and physical appearance respond with increased body shame and monitoring; although more common and severe for girls, similar relationships are found for boys (Lindberg et al., 2007; Lunde & Frisé, 2011; Petersen & Hyde, 2012). Consistent with this, the handful of studies examining sexual harassment and eating behaviors among adults have found that sexual harassment is a specific risk factor for disordered eating behaviors (e.g., Harned, 2000; Harned & Fitzgerald, 2002). As such, the relationship between weight/shape concerns, eating pathology, and sexual harassment warrants further examination.

Sexual Harassment, Weight/Shape Concerns, and Eating Pathology

From a legal perspective, sexual harassment has two forms: *quid pro quo* and hostile environment (Equal Employment Opportunity Commission, 1980). *Quid pro quo* harassment is defined as sexual threats or bribery that are implicitly or explicitly established as a condition of employment or used as the basis for employment or educational decisions. For example, *quid pro quo* harassment would include using one's willingness to comply with sexual acts as a criterion for determining a course grade. *Hostile environment* harassment involves any sexual harassment behaviors, such as sexual jokes, comments, and touching that create an intimidating or offensive working environment that interferes with an individual's ability to do his or her job or to perform academically.

Social science research also defines three subtypes of sexual harassment behaviors: gender harassment, unwanted sexual attention, and sexual coercion (Schneider, Pryor, & Fitzgerald, 2010). *Gender harassment* is defined as verbal and nonverbal gender-based behaviors that are insulting, hostile, and degrading. *Unwanted sexual attention* is considered any unwanted sexual behavior that is deemed offensive to the target. Hostile environment claims frequently involve gender harassment and unwanted sexual attention. Finally, in *sexual coercion* (equivalent to *quid pro quo*), sexual cooperation is extorted via promises of benefits (e.g., promotions, raises, better grades) or threats (e.g., failing a class, being fired).

Women report sexual harassment at a significantly higher frequency than men (Berdahl, 2007; Cortina & Berdahl, 2008; Cortina et al., 2002; McLaughlin, Uggen, & Blackstone, 2012). Furthermore, women report experiencing greater distress and more psychological problems following sexual harassment than do men (Cortina & Berdahl, 2008; Freels, Richman, & Rospenda, 2005; Rotundo,

Nguyen, & Sackett, 2001). Despite this gender disparity in frequency, sexual harassment has been associated with a wide array of distressing psychological symptoms, including depression, post-traumatic stress, physical health problems, and work or academic disengagement in both men and women (Avina & O'Donohue, 2002; Buchanan, Bergman, Bruce, Woods, & Lichty, 2009; Buchanan & Fitzgerald, 2008; Larkin & Rice, 2005; Larkin, Rice, & Russell, 1996).

More specifically, research has provided preliminary support for relationships between sexual harassment, weight/shape concerns, and eating pathology. Namely, sexual harassment is associated with decreased self esteem, particularly body-based self esteem (Brinkman & Rickard, 2009; Harned, 2000; Harned & Fitzgerald, 2002; Lindberg et al., 2007; Ormerod et al., 2008; Tiggemann & Kuring, 2004), which concomitantly increases the likelihood of developing pathological eating behaviors (Backhouse & Cohen, 1978; Hofschire & Greenberg, 2002; Lindberg et al., 2006; Petersen & Hyde, 2012). It is also true that sexual harassment may instill fear and heighten bodily discomfort, increasing the likelihood of developing concerns about one's weight and shape. Additionally, pre-existing weight/shape concerns heighten the risk of developing eating pathology following a sexual harassment experience (Barker & Galambos, 2003; Fredrickson & Roberts, 1997; Hofschire & Greenberg, 2002; Larkin & Rice, 2005; Petersen & Hyde, 2012).

A limitation of the current literature is the relative absence of research exploring men's weight/shape concerns, eating pathology, and experiences of sexual harassment. Studies rarely examine eating pathology among men, but the research done to date consistently finds that men report less body dissatisfaction and eating pathology than do women (Hudson, Hiripi, Pope, & Kessler, 2007). Similarly, there is a dearth of information examining the impact of sexual harassment on men because they are frequently excluded in sexual harassment research (Cortina & Berdahl, 2008). Research that has included men finds that not only do they report far fewer experiences of sexual harassment compared to women (Berdahl, 2007; Cortina et al., 2002; Kalof, Eby, Matheson, & Kroska, 2001), but they also perceive harassment as less severe (Rotundo, Nguyen, & Sackett, 2001).

Recent research examining psychological distress associated with sexual harassment suggests that typically men also report less psychological distress following harassment compared to women (Rotundo et al., 2001), but can experience depression and psychological distress, particularly if they perceive the harassment as bothersome or frightening (Settles, Harrell, Buchanan, & Yap, 2011; Street et al., 2007). Regarding its relationship with eating pathology, whereas a link between sexual harassment and symptoms of disordered eating in women has been established, few studies have investigated this relationship in men. Notably, the relationship between general eating pathology and sexual harassment was not significant in one of the only studies assessing men (Harned & Fitzgerald, 2002). However, it is important to note that this study examined harassment in the U.S. military, which may not generalize to civilian populations. Active duty military personnel must meet stringent requirements for physical fitness and weight. As a result, they may not be as likely to have concerns about their body weight or shape, nor engage in disordered eating. Therefore, a comprehensive understanding of the experiences of men necessitates examination of weight/shape concerns, eating disturbances, and sexual harassment among civilian men. Further, while it is likely that sexual harassment is a risk factor for weight/shape concerns and eating pathology among civilian men, the relationship is suspected to be stronger among women than men because men often do not perceive harassment as negatively and typically have less psychological distress following harassment.

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