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Pepperdine University
Graduate School of Education and Psychology

FEMININITY AND SEXUAL WELL-BEING:

PLEASURE, AUTHENTICITY, AND SAFETY ACROSS THE FEMALE LIFESPAN

A dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

Via Strong

November, 2015

Thema Bryant-Davis, Ph.D. — Dissertation Chairperson

This dissertation, written by

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under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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TABLE OF CONTENTS

	Page
LIST OF TABLES	v
LIST OF FIGURES	vi
DEDICATION	vii
VITA	xi
ABSTRACT	viii
Chapter 1: Introduction to the Study	1
Background	1
Clarification of Terms	1
Purpose and Importance of the Current Study	4
Chapter 2: Review of Relevant Literature	5
Overview	5
Traditional Femininity	5
Factors that Promote Traditional Femininity	11
Consequences Associated with Traditional Femininity	15
Cultural Considerations	22
Age and Objectification	26
Chapter 3: Research Method	29
Overview	29
Research Approach	30
Chapter 4: Results	37
Descriptives	37
Age Differences and TFI	37
TFI and Sexual Well-Being	38
Posthoc Analyses	39
Chapter 5: Discussion	40
Overview	40
Findings Related to Age and TFI	40
Findings Related to TFI and Sexual Well-Being	43
Findings Related to Posthoc Analyses	44

Limitations	45
Implications	47
Directions for Future Research	48
Summary.....	49
REFERENCES	51
APPENDIX A: Table A1.....	57
APPENDIX B: Figure B1	59
APPENDIX C: Study Questionnaires	61
APPENDIX D: Facebook.com and Craigslist.com Language	69
APPENDIX E: Consent Form	71
APPENDIX F: Entry Form for Drawing	75
APPENDIX G: IRB Approval Notice	77
APPENDIX H: Permission to Use Measures	80

LIST OF TABLES

Table A1. Descriptive Statistics for Demographic Characteristics of Sample 57

LIST OF FIGURES

Figure B1: Model of traditional femininity ideology and its negative outcomes 58

DEDICATION

To JJ and Finn, my loves, who bring joy and meaning to each and every day. To my family, Chuck Osgood, Carol Bobrow, and Zac Osgood, who were proud of me and supported me every step of the way.

VITA

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ABSTRACT

Traditional femininity is a construct that impacts women throughout their development and manifests through inauthenticity in relationships, self-objectification and inauthentic sexuality. Traditional femininity has been associated with greater depression, body shame, dissociation, and negative sexual outcomes. Traits of traditionally defined femininity can impede women's ability to assert their sexual wants and needs and can increase the likelihood of negative health outcomes and negative psychological consequences, all of which impact relationship satisfaction and sexual well-being. To date, the majority of research in this area has focused on adolescent and college aged women. The current study addressed the gap in existing research by focusing on women in their 30s ($n=146$) and women in their 60s ($n=81$). The study assessed their level of traditional femininity ideology (TFI) and exploring whether their degree of TFI impacted their sexual well-being. The study took a quantitative approach and 230 participants were recruited through the internet to complete the studies survey. Results indicated that there was no significant difference between the two age cohorts on a measure of inauthenticity in relationships. Participants in their 30s were found to engage in greater self-objectification than the 60s cohort, and the study found that women in their 30s enjoyed sexualized attention to a greater degree than did the women in their 60s. Although the study had hypothesized that there would be a relationship between the participants' level of TFI and their sexual well-being, no relationship was found. Implications for future research and application for clinical practice are discussed.

Chapter 1: Introduction to the Study

Background

Over the last two decades many researchers and theorists have explored the construct of traditional femininity and its impact on female development (Curtin, Ward, Merriwether, & Caruthers, 2011; Impett, Henson, Breines, Schooler, & Tolman, 2011; Impett, Schooler, & Tolman, 2006; Tolman, Striepe, & Harmon, 2003). As feminist theorist Simone De Beauvoir (1989) stated: “One is not born, but rather becomes a woman” (p. 267), and this process is influenced by environmental messages and cultural expectations that comprise the template for womanhood as girls grow up (Esposito, 2011; Tolman et al., 2003). Media saturates American culture with sexualized depictions of girls and women, simplistic caricatures of females, and unattainable beauty ideals (American Psychological Association [APA], 2010; Lamb, 2010a; Leavy & Ross, 2009). These images inform young women about society’s expectations and the internalization of these expectations inform their development, emotional experience, and agency in later life (Esposito, 2011; Fredrickson & Roberts, 1997).

Clarification of Terms

Traditional femininity, as it pertains to this study and as drawn from previous literature, is comprised of self-objectification and inauthenticity in relationships (Fredrickson & Roberts, 1997; Impett et al., 2006). It will also consider enjoyment of sexualization, which has been linked to endorsements of traditional femininity (Liss, Erchull, & Ramsey, 2011), and inauthentic sexuality as broken down into pornified sexuality, and passive sexuality.

Comprehensive explanations of these terms will follow below.

Self-objectification occurs when a person internalizes the evaluative gaze of others and comes to observe and appraise their body, valuing appearance over capability (Impett et al.,

2006). Self-objectification has been linked with increased depression, decreased self-esteem, disordered eating, and shame (Fredrickson & Roberts, 1997; Hirschman, Impett, & Schooler, 2006; Impett et al., 2006). Women who engage in self-objectification are more likely to be preoccupied with their body's appearance during sex, avoid sex, and are less likely to have their partner use a condom during intercourse (Impett et al., 2006).

Inauthenticity in relationships as defined by Impett et al. (2006), is expressed through avoiding conflict, being *nice*, repressing anger, putting other's needs first, and ignoring one's own needs. Research has shown that girls and women who endorse these traits are less aware of their bodies' needs and responses ie. hunger, sexual arousal, and desire (Impett et al., 2006), are less likely to engage in condom use or hormonal birth control, and may experience less enjoyment during sexual experiences (Impett et al., 2006). Other theorists, along with empirical and non-empirical evidence, have surmised that these characteristics, being absorbed subtly and pervasively over the course of a woman's life, cause her to dissociate from her authentic self and stake her happiness and sense of purpose on her ability to predict and fulfill the needs of others, thus, making her vulnerable to depression and anxiety (Fredrickson & Roberts, 1997; Impett et al., 2006; Moradi & Huang, 2008; Woods-Giscombe, 2010).

Inauthentic sexuality is another aspect of traditional femininity that impacts female development. *Inauthentic sexuality* is defined here as the extent to which girls actively sexualize themselves (seeking sexualized attention, enacting *pornified* sexuality), perform passive sexuality (not acknowledging or asserting their own desires and preferences, compliance with partner's sexual wishes), or dissociate from their sexual thoughts and feelings (Curtin et al., 2011; Impett et al., 2006; Katz & Tirone, 2008; Peterson, 2010). Young women receive conflicting messages through the media, their peers and family, and in society about what

appropriate femininity entails. These messages direct them to be sexy and desirable while also virginal and submissive (Leavy & Ross, 2009). These depictions of femininity and female sexuality remove desire and sexual agency from the equation and leave girls with two options – to be sexualized vehicles serving the desires of others (Fredrickson & Roberts, 1997), or *good girls* who are without sexual needs and desires (Curtin et al., 2011). Neither of these scripts allows girls to explore their natural sexual curiosity and develop a sexual identity based upon their own internal drives and experience of pleasure.

Debate has been raised over whether girls and women who sexualize themselves (through wet t-shirt contests, pole-dancing, enacting pornified sexuality, etc.) are playing into a patriarchy that relegates women to the lesser social position, or whether this sexualization is a form of empowerment that reclaims one's sexuality (Liss et al., 2011; Peterson, 2010). Through a study of 282 women (primarily heterosexual and Caucasian with an average age of 25.45), seeking to determine what correlation if any exists between the enjoyment of sexualization and empowerment, Liss et al. (2011) found that although women who reported that they enjoyed being sexualized by others also reported high self-esteem, this self-esteem was fragile since it was reliant on the feedback and evaluation of others. These women also endorsed traditional beliefs about femininity and were not protected from the negative correlates of traditional femininity.

Finally, femininity is represented in the media through specific physical characteristics such as thinness, Whiteness, ample breasts, long hair, and shaved legs (Esposito, 2011; Liss et al., 2011). American popular culture sets a strict standard for female appearance and this is reflected in the unattainable beauty ideal represented in Western media. Depictions of women in Western media maintain a rigid ideal of thinness that many are unable to attain through healthy

means. This focus on female appearance draws energy away from behaviors that would help women succeed professionally and academically or that would promote well-being (Liss et al., 2011). Rather, it leads women to engage in self-surveillance (ie. a focusing on one's appearance), which has repeatedly been shown to negatively impact mental health, sexual health and general well-being (Fredrickson & Roberts, 1997; Hirschman et al., 2006; Impett et al., 2011).

Purpose and Importance of the Current Study

Much of the previous research has focused on adolescent and college age women, with little attention paid to women in their 30s and older. Moreover, the emotional, sexual, and health outcomes associated with early experiences of sexual objectification, inauthenticity in relationships, sexual inauthenticity, and self-surveillance have not been examined over a woman's lifespan. While some authors have suggested that the negative effects of traditional femininity decrease as a woman ages, other authors have argued that the patriarchal conditions that support traditional femininity simply victimize women differently as they age. In either case, there has not been enough attention paid to the longitudinal course of femininity to determine what the positive and negative outcomes may be. Additionally, the documented negative effects of femininity on adolescent females are significant enough that it may be presumed that they have ripple effects on personality development, self-esteem, relationship satisfaction, and sexual health and happiness in decades following adolescence, regardless of continued identification with traditional femininity. Hence, it is the intent of this investigation to examine how traditional concepts of femininity may have influenced the well-being of cohorts of women in their 30s and 60s.

Chapter 2: Review of Relevant Literature

Overview

To provide a thorough understanding of the complex and pervasive nature of traditional femininity messages as well as the consequences of engaging in traditional femininity ideology (TFI), the following areas of literature are reviewed: (a) traditional femininity including inauthenticity in relationships, self-objectification, and inauthentic sexuality; (b) factors that contribute to the construct and dissemination of traditional femininity; (c) positive and negative consequences associated with traditional femininity, (d) cultural considerations in understanding femininity, and (e) age and objectification.

Traditional Femininity

Traditional femininity is a construct that impacts women throughout their development and manifests through inauthenticity in relationships, self-objectification and inauthentic sexuality.

Inauthenticity in relationships. Interpersonal relationships play a key role in individual development and are an important aspect of living within one's community (Tolman & Porche, 2000). As girls develop and are exposed to messages of traditional femininity, they absorb the idea that they must put other people first, silence their own needs, and avoid conflict in order to preserve relationships (Impett, et al., 2006; Jack & Dill, 1992). These messages, what Brown and Gilligan (1992) labeled "the tyranny of nice and kind" (p. 53) restrict the degree of authenticity girls are allowed in relationships. Although the majority of studies in this area focus on Caucasian participants, a focus group study of 48 African American women conducted by Wood-Giscombe (2010) found that participants endorsed feeling a loss of identity based upon their experience focusing on the needs of others. Some participants reported difficulty saying

“no,” or expressed feeling that they were responsible for ensuring the happiness of others in their lives. These messages of TFI, which are imparted subtly over the course of development, inform the degree to which girls and women believe that their ideas, interests, personality, and very personhood are acceptable.

Much of girls’ inauthenticity in relationships stems from the belief that being true to one’s self - whether it be saying “no” to a partner or sharing a conflicting opinion - can hurt someone’s feelings and harm the relationship (O’Sullivan & Allgeier, 1998). The fear instilled through TFI is that having differing views causes conflict and, in turn, damages relationships (Tolman & Porche, 2000). These beliefs promote the notion that being one’s authentic self can prove damaging to relationships. Hence, women are trained to suppress honest thoughts in favor of compliance with their partner (Katz & Tirone, 2008).

Impett et al. (2006) conducted a study of 116 girls between the ages of 16 and 19, using surveys designed to measure femininity ideology, sexual experience, and sexual self-efficacy, and found that girls who succumb to inauthenticity in relationships were less likely to use hormonal birth control. Additionally girls who were influenced by the message that they should restrict their desires, feelings, and thoughts in relationships were less able to express or identify their sexual wants and needs, and experienced diminished sexual enjoyment. These findings are evidence that traditional femininity - particularly the attribute of inauthenticity in relationships - is so deeply contradictory to the personal traits necessary for sexual self-efficacy (i.e., assertiveness, agency, knowing one’s needs) that it severely undermines girls’ ability to develop sexual health and well-being.

The silenced needs, wants, and thoughts associated with traditional femininity appear to lead to muted sexuality, sensation, and experience. Impett et al. (2006) hypothesize that

inauthenticity in relationships reduces sexual self-efficacy by silencing the female voice, and deeming it unladylike to consciously plan for sex. The use of hormonal birth control necessitates premeditation and time for the birth control to become effective, conditions made more difficult for girls who believe femininity requires an absence of sexual desire, or passive sexuality. As Impett et al. (2006) pointed out, it also requires the girl to share her intention to have sex with a parent or doctor. Girls who distance themselves from their sexual voice and have muted their own sexual urges would find it incongruent to actively plan for a future sexual experience.

Self-objectification. The profoundly objectifying environment in which young women are raised, impacts the subject through external messages and, eventually, internalized messages. In essence, living in an objectifying culture turns young women's private and public lives into spaces of critique and evaluation. In the current American cultural climate, women are portrayed in physical terms (Leavy & Ross, 2009). Women are not integrated human beings; rather, they are treated as a collection of body parts – breasts, butt, thighs, face, etc. (Fredrickson & Roberts, 1997; Hirschman et al., 2006). This act of deconstructing the whole woman into non-contextualized parts, dehumanizes women, and separates their humanity from their physical form. The emphasis on the female body - a body, which is regularly sexualized - perpetuates the treatment of women as sex objects and the devaluation of female intelligence and capability (Fredrickson & Roberts, 1997; Graff, Murnen, & Smolak, 2012).

A new form of self-sexualizing has come about with the prevalence of smart phones with cameras. *Sexting* - the practice of texting nude or semi-nude self-portraits to others - has become commonplace among adolescents (Brown, Keller, & Stern, 2009). Young women in particular are being pressured to send pornographic images of themselves to men and boys, as a means of showcasing their sexuality. The prevalence of *sexting* reinforces the belief among teens that

their peers are casually engaging in sexual activity, and likely leaves the impression that their peers are more sexually knowledgeable and experienced than they actually are (Brown et al., 2009). Another concern noted by Brown, Keller, and Stern (2009) was that “sexting” is another means by which young females are engaging in self-objectification, and as such, it is another source of the negative consequences already shown to be associated with self-objectification.

Fredrickson and Roberts (1997) created Objectification Theory to explain the effects of objectification on girls and women. They proposed that there are “psychological and experiential consequences of sexual objectification for (a) the emotion of shame, (b) the emotion of anxiety, (c) peak motivational states, and (d) the awareness of internal bodily states” (Fredrickson & Roberts, 1997, p. 181). They created Objectification Theory to explain the gender discrepancy seen in those states and experiences. Fredrickson and Roberts, who use the terms objectification and sexualization interchangeably, argue that being the target of sexually objectifying attention increases a female’s preoccupation with her external form, which, in turn, causes anxiety about her body’s appearance and shame about her ability to achieve societal beauty standards. The constant pressure to maintain one’s physical appearance, and awareness that the body may at any time be under the evaluative gaze of another, impedes a woman’s ability to reach peak motivational states by siphoning off creative and intellectual energy to the task of self-surveillance. Additionally, a woman’s attunement to her internal bodily states suffers, as she is required to focus her attention on her external state.

Self-surveillance - the act of internalizing the evaluative gaze and enacting appearance scrutiny upon one’s self - is a common consequence of the objectification women experience (Fredrickson & Roberts, 1997; Szymanski, Carr & Moffitt, 2011). Women regularly engage in body management (dieting, exercise, body-conscious clothing, elective plastic surgery) in an

attempt to avoid negative assessments and increase their value in an appearance driven society. The damage caused by self-objectification is compounded by the fact that women are evaluating themselves based upon the unattainable images of beauty seen in magazines, advertisements, television shows, and other forms of media. The practice of airbrushing and altering the images of models and supermodels creates an ideal that is pure fantasy; unattainable by models and certainly unreachable by the typical American female. These efforts to achieve a narrow standard of beauty are often linked to disordered eating, body shame, and low self-esteem (Fredrickson & Roberts, 1997; Szymanski et al., 2011).

Inauthentic sexuality. Women have limited options with which to respond to their pervasive sexualization. The internalization of sexualized messages about women leads some women to identify with the male fantasy of a lusty, hypersexual woman, while others conform to the patriarchal notion that *proper* women have limited sexual appetites. The options to self sexualize or suppress sexuality, are two divergent methods of engaging in inauthentic sexuality. As Curtin et al. (2011) noted: “Traditional notions of feminine sexuality, and the *objectification* of women, estrange women from their own sense of self and sexuality and make it difficult for them to negotiate safe and pleasurable sexual encounters” (p. 49). These limited sexual scripts make authentic sexual behavior difficult to actuate.

Pornified sexuality. Feminist researchers have contradictory views on what qualifies as empowered sexuality. Pornified sexuality, or the performance of sexuality in a manner that imitates male oriented pornography, has become common among adolescent women who are striving to feel ownership over their sexuality (Lamb, 2010b). Sexually provocative behavior and clothing provide some women and adolescents with a sense of control over their sexual selves - something that a faction of

theorists believe reclaims female sexuality from the constraints of male fantasy and reallocates it to the realm of female pleasure (Peterson, 2010).

Other theorists however, argue that pornified sexuality is problematic because it gives women a false sense of empowerment as they re-enact and thereby reinforce male centered and demeaning imaginings of the sexual woman. In addressing this controversy, Lamb (2010) expressed that although girls may report feeling empowered during sexual performances, the empowerment is relatively meaningless due to the limited modes of sexual expression presented for girls to model. In essence, the empowerment that self-sexualizing women and adolescents feel is an illusion. The idea of choice loses its meaning when the options are restricted to those that uphold the patriarchy and prevent women from realizing their full humanity.

Although there are alternative, non-heteronormative forms of pornography, which may convey a more woman-centric or equitable sexuality, they are over shadowed by the dominance of heterosexual, mainstream pornography. Additionally, girls who adhere to TFI are unlikely to seek out or discover non-mainstream pornography, and its limited availability (when compared with mainstream pornography) makes it unlikely to greatly mediate the negative influence of the pervasive porn media.

Passive sexuality. Traditional femininity depicts women as being nurturing, accommodating, and submissive (Katz & Tirone, 2008). These traits do not align with agentic sexuality and instead imply that *good girls* provide for the pleasure of their mates but do not harbor strong sexual urges of their own. By the standards of traditional femininity, sexual desire is unladylike and unattractive (Hirschman, et al., 2006), and many women report feeling guilty or selfish if they pursue their own sexual needs with a

partner (O'Sullivan & Allgeier, 1998). This conception of female sexuality is a passive one, which ignores or minimizes the sexual elements inherent in all human beings.

Research suggests that girls who engage in passive sexuality – not expressing or exerting their sexual wants or needs – are more likely to engage in risky sexual behavior (Impett et al., 2006). Girls who find it difficult to assert their own sexual interests for fear of damaging relationships, or facing other negative consequences, lack the tools to reject unwanted advances, assert safe sex practices, or promote their own pleasure. This silencing of the authentic sexual voice leads young women to engage in sexuality that is not pleasurable, equal, or desired (O'Sullivan & Allgeier, 1998).

Factors that Promote Traditional Femininity

Traditional femininity, as discussed above, is a cultural construct that is a product of numerous factors. While peer groups, parental attitudes, religious education and innumerable other factors can be pointed to as promoting TFI, this paper will focus on mass media, school-based sexual education, and homophobia as major influences on how developing girls construct their understanding of femininity. These three influences, which reflect cultural values and beliefs in America, have been associated with real and potentially damaging consequences to the personhood of girls and women.

Media. Mass media - including magazines, commercials, television programs, movies, and the internet - reinforces a stylized notion of womanhood. Media seeps into every aspect of a female's life and colors her beliefs about herself and the world (Leavy & Ross, 2009). By conveying a constant and inflexible representation of femininity, media pollutes the cultural environment girls develop in, ensuring the continuation of these standards (Hirschman et al., 2006). Media tells the narrative of modern life and

has the power to define *normal*. Commonly, media representations of women depict them as White, thin, sexy, and heterosexual (APA, 2010; Graff et al., 2012). This creates distress among women who do not fit this mold and further wed society to this ideal.

Public scrutiny and evaluation of the female body is pervasive and societally sanctioned (Fredrickson & Roberts, 1997). Media openly and unabashedly features the female form as an entity distinct from other human characteristics, such as intelligence or emotions, and portrays the female body as a plaything for male sexual gratification. This treatment is mirrored in public spaces regularly dominated by men (office culture, gyms, bars, etc.) and takes the form of sexualized treatment including looks and comments. This behavior is often subtle and unremarkable, which invisibly reinforces cultural norms. The APA Task Force on the Sexualization of Girls reported that objectification and sexual harassment were present in the majority of episodes of television programs surveyed, including programs aimed at children (APA, 2010). When women are present on screen - which is less frequently than men - the images of women are often presented for male rather than female viewers' enjoyment. This is one example of how the female body is treated as public property, and decoration.

Media rarely depicts a balanced, pleasurable, safe view of female sexuality. Even when media reaches out to a female audience, the message is often focused on dangerous and negative elements of sexuality. Magazines often address sexuality in terms of preventing STIs, unplanned pregnancy, and rape (Jackson & Weatherall, 2010). These conversations may be intended to protect the female population, however, rather than being empowering, they have the potential to increase fear and hypervigilance, and teach women to see themselves as potential victims (Bay-Cheng, Livingston, & Fava, 2011).

School-based sexuality education. School-based sexual education (SBSE) is another institution that promotes and perpetuates traditional gender roles and impedes authentic female sexuality (Bay-Cheng, 2003). Many theorists have examined the effects of SBSE and have discovered that even comprehensive sex education fails to address the existence of female pleasure or desire (Fine, 1988). Rather, SBSE focuses on *safe sex*, (i.e. the prevention of unplanned pregnancy or STIs). Although providing girls with information regarding anatomy, reproduction, birth control, and condoms may empower them with knowledge to keep them safe, the lessons of SBSE rarely stretch beyond the potential negative outcomes (Bay-Cheng, 2003).

The focus on negative outcomes interferes with the natural sexual curiosity of teenage girls. While education about safe sex is clearly valuable and has been shown to reduce teen pregnancy and STIs (Kohler, Manhart, & Lafferty, 2008), it may hinder an adolescent's budding curiosity if the message is too heavy handed (Bay-Cheng, 2003). Additionally, SBSE curriculum tends to place the burden of preventing STI and pregnancy on girls, a trend that is continued between men and women in adulthood. This imbalanced view of responsibility leaves boys free to pursue sexual experience while asking girls to be the *gatekeepers* of sexual safety, which impinges on their ability to acknowledge and explore their developing sexual feelings and desires (Bay-Cheng, 2003; Curtin et al., 2011; Fine, 1988; Jackson & Weatherall, 2010). Girls are not free to pursue sexual interests and initiate activity with sexual partners to the same degree as boys because they have to guard against negative outcomes. This dynamic reinforces the narrative of male aggression and female passivity, as boys must initiate sexual activity and girls must either submit or refuse. These inequitable expectations may prove damaging to both adolescent boys and girls (Jackson & Weatherall, 2010; Murnen, Wright, & Kaluzny, 2002).

Finally SBSE, like the media, has the power to define normal sexuality. Through a limited focus on sexuality that can lead to pregnancy (i.e. vaginal intercourse), SBSE ignores the sexual practices of non-heterosexual individuals, and masturbation. This bias acts to further alienate non-heterosexual adolescents and leaves teens with a limited view of sexuality that privileges penetration over pleasure. SBSE's singular focus on vaginal intercourse has the unintended consequence of teaching teens it is the gold standard of sexual experience. This in turn pressures teens to engage in intercourse rather than other pleasurable, less risky forms of sexuality (Jackson & Weatherall, 2010).

Homophobia. Homophobia promotes traditional gender roles and silences authentic self-expression. Societal fear of homosexuality compels men and boys to prove they are straight by acting the part of aggressor, and pressuring girls and women into sexual acts (Murnen et al., 2002; Tolman et al., 2003). As Tolman et al. (2003) found in their review of comprehensive adolescent sexual health programs, as homophobia drives boys to behave coercively toward girls, girls feel threatened and are then unable to assert their own sexual needs and desires. Thus, the pressure associated with homophobia has the initial negative effect of causing boys to behave aggressively, and the secondary effect of limiting girls' ability to view sex as safe and pleasurable. When girls feel threatened in these situations, they are robbed of the opportunity to view their emerging sexuality with natural curiosity.

Women who do not behave in a manner that supports male hegemony or traditional gender scripts are often referred to as *lesbians*, a homophobic act meant to demean and marginalize them (Fink, 2012; Franklin, 2004). As Fink discovered through her research on female athletes, homophobia, and sports marketing, women who do not follow traditional feminine scripts or who are viewed as a threat to masculinity are neutralized by being labeled

lesbians. This term is used to indicate that they are *unnatural* or not *real* women. Research has shown that girls who engage in nonlean sports (sports that do not require or condition a *lean* physique), such as soccer and baseball, are less affected by objectification and experience fewer negative emotional consequences (e.g., depression and low self-esteem). Yet, the homophobic biases prevalent in society prevent some girls from engaging in these sports out of fear their womanhood will be questioned (Hirschman et al., 2006).

Consequences Associated with Traditional Femininity

Traditional femininity - including inauthenticity in relationships, self-objectification, and inauthentic sexuality – has been shown by numerous researchers to have negative consequences on the mental health and sexual health of women who ascribe to it (Fredrickson & Roberts, 1997; Graff et al., 2012; Hirschman et al., 2006; Impett et al., 2011; Lamb, 2010). The limitations and encumbrances associated with traditional femininity also impair women’s ability to protect themselves and their interests, and increase their vulnerability to victimization (Fredrickson & Roberts, 1997; Murnen et al., 2002).

Mental health. Girls and women who internalize societal messages about traditional femininity have been shown through numerous research studies to experience negative consequences such as depression, anxiety, shame, eating disorders, lowered self-esteem, reduced motivation, and reduced self-efficacy (Graff et al., 2012; Hirschman et al., 2006; Impett et al., 2011; Lamb, 2010). Fredrickson and Roberts (1997) noted that the very nature of traditionally feminine traits - being nurturing, nonassertive, and self-sacrificing - set women up to experience depression and interfere with their ability to develop a cohesive sense of self. This silencing of the self threatens women’s emotional health by depriving them of personal goals and self-driven motivation. The goal of pleasing others ties one’s own success and happiness to the success and

happiness of others. Thus, women who endorse traditional femininity are dependent on the mood and behavior of others to secure their own emotional well-being (Fredrickson & Roberts, 1997).

This underdeveloped sense of self has also been described as a “loss of self,” and occurs when girls are taught that an amorphous identity is more conducive to maintaining relationships and being loved than is a strong personal identity (Fredrickson & Roberts, 1997; Jack & Dill, 1992). This loss of self increases women’s risk for depression and low self-esteem by eviscerating the internal strength and self-knowledge that would provide a path toward fulfillment and authenticity.

When women feel that their external appearance is the true mark of their value in society, their perceived physical imperfections can cause distress and depression. The pressure to maintain a *feminine* body and pursue an unrealistic standard of beauty, causes girls to feel shame if their body shape does not conform, which often manifests in eating disorders. This body shame deprives girls of the opportunity to thrive in relationships, and excel in their academic and employment pursuits as their appearance-monitoring behavior distracts them from achieving their full potential (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; Impett et al., 2006). As discussed previously, self-objectification distracts from many essential activities in life and leads to poorer performance and lower rates of success. This reduced performance can lead to further declines in self-esteem, self-efficacy, and self-worth.

Sexual health. Sexualization and objectification intensify as girls enter puberty (Fredrickson & Roberts, 1997; Hirschman, et al., 2006). As girls physically develop into womanhood, they are taught not only that their bodies define them, but also that their newly reproductive bodies are the property of society as a whole. Girls experience increased sexualized

attention, comments, evaluations, and in some cases physical aggression as their cultural environment asserts its ownership of their female form (Hirschman et al., 2006). Objectification can be even more damaging to girls in early adolescence because they have not yet developed a “stable internal sense of self” (Impett et al., 2011, p. 48). During this developmental period, girls are particularly vulnerable to self-objectification and are more readily accepting of external evaluation and anxious to conform to external standards (Impett et al., 2011).

Sexualization can occur in many forms from a sexualized look, leering, or looking a woman *up-and-down*, to comments, whistles, cat-calls, and propositions, to unwanted touching or brushing against a woman’s body, groping, and finally sexual violence (Fredrickson & Roberts, 1997). These experiences often leave their victims feeling shame, anxiety and even fear. According to Fredrickson and Roberts (1997) girls and women experience shame and anxiety related to objectification as a result of feeling that they may not or do not measure up in the eyes of the objectifying evaluator. Anxiety also stems from the perceived threat to safety posed by the aggressive stare, comments or actions of the male objectifier.

Feeling that they are never free from the violating looks or actions of others, young women develop in an environment that undermines their success. According to Objectification Theory, living in a sexually objectifying environment causes women to be hyper-vigilant regarding their safety and their appearance (Fredrickson & Roberts, 1997). Some feminists have “argued that vigilance to safety may be the most fundamental difference between women’s and men’s subjective experiences” (Fredrickson & Roberts, 1997, p. 183), and this constant drain on women’s attention and energy prevents them from fully devoting themselves to other areas of development.

Schooler, Ward, Merriwether, and Caruthers (2005) found that college aged girls who reported discomfort with their bodies and body shame, engaged in fewer sexual experiences. They also found that when these girls were sexually active, their shame and insecurity made it less likely that they would use condoms. In a study of 148 eighth-grade girls, Tolman (1999) found a statistically significant association between the endorsement of traditional beliefs about femininity and poor sexual agency. Specifically, girls who espoused conventional beliefs were less able to reject unwanted sexual experiences, or ensure that a partner used a condom. Impett et al. (2006) likewise discovered that girls whose behavior reflected traditional femininity ideology (e.g. avoiding conflict and being *nice*) were less likely to protect their sexual health through condom use, in part due to a belief that insisting on safe sex would be damaging to their relationship. These findings suggest that the negative effects of femininity doctrines and objectification, lead to negative consequences for girl's sexual health. Additionally, girls who self-objectify endorsed higher degrees of shame and regret about their sexual experiences, indicating that when these girls do have sexual experiences they are mentally and emotionally unable to enjoy them (Hirschman et al., 2006).

Katz and Tirone (2008) found that female college students who reported being invested in traditional femininity and romantic well-being were more likely to be sexually compliant with dating partners and to report lower levels of relationship satisfaction. These women willingly acquiesced to unwanted sexual experiences in order to maintain romantic relationships and fulfill their idea of appropriate femininity. The women in this study were not responding to pressure from their partner, rather, they were basing their sexual decisions on gender socialization and the belief that they had a duty to meet their partners' needs. Although in similar studies women have reported positive outcomes from sexual compliance such as partner satisfaction and decreased

relationship conflict, negative outcomes such as emotional and physical discomfort were also noted (O'Sullivan & Allgeier, 1998).

There are many factors of traditional femininity ideology that may negatively influence a girl's ability to enjoy sexual experiences. Heterosexual scripts about strong male desire and female passivity increase the likelihood that girls will believe that pleasure is unfeminine. This understanding may cause girls to experience shame about their authentic sexuality and promote the belief that experiencing sexual pleasure is selfish (Fredrickson & Roberts, 1997; Hirschman et al., 2006). The femininity dictum that girls should not desire sex as boys do, limits girls' ability to have healthy, positive experiences with their sexuality. Numerous researchers and theorists have concluded that the absence of a positive sexual narrative, and social restrictions on natural exploration and enjoyment of sexuality, make it nearly impossible for girls to effectively promote their own interests or reject unwanted experiences. A complete and balanced understanding of sexuality empowers girls with the knowledge to make informed decisions and the self-confidence to say *no* as well as *yes*. As Bay-Cheng (2003) astutely observed:

It is difficult to imagine that an adolescent girl who does not know about the positive aspects of sexuality, or does not believe she has a right to a sexual voice, will be able to advocate very effectively for herself sexually, including the ability to 'just say no.' (p. 65)

As has been previously noted, women and girls who internalize traditional femininity and practice self-objectification often have diminished awareness of their internal states such as hunger and arousal (Fredrickson & Roberts, 1997; Hirschman et al., 2006; Impett et al., 2006). This dissociation from physical sensation decreases girls' sexual agency by effectively removing their physical pleasure from the equation of sexual decision-making. As Fredrickson and Roberts (1997) noted, a disengagement from physical arousal and response is a major barrier to

female orgasm. Girls with limited awareness of their own physical sensations base their sexual decisions upon social messages and the interests of their sexual partners, thus, casting themselves as sexual props rather than active participants. This makes girls “vulnerable to taking part in behaviors for which [they are] not ready or that [they] may not enjoy, and [they] may be less likely to assert or protect [themselves]” (Hirschman et al., 2006, p. 9).

Victimization. Sexual victimization is a pervasive and deeply harmful problem globally, including in the United States. According to findings from the National Violence Against Women Survey, 25% of the 8,000 women surveyed had been raped or physically assaulted by a partner or date in their lifetime (Tjaden & Thoennes, 2000). The CDC’s National Intimate Partner and Sexual Violence Survey (NISVS) found that one in five women reported being raped in their lifetime and nearly half of women surveyed (44.6%) reported experiencing another form of sexual violence including sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences (Black et al., 2011).

As previously stated, traditional femininity ideology promotes passivity and *being nice*, two dictums that undermine the ability of females to detect danger and protect their own safety (Impett et al., 2006; Lamb, 2010). TFI traits such as passivity and prioritizing the feelings of others over one’s own (even the feelings of a potential abuser) deter the use of resistance in rape (Weiss, 2009). Objectification and subsequent self-objectification deplete girls’ self-confidence and self-worth, making them more vulnerable to entering into unsafe situations, and accepting demeaning or harmful treatment from others (Fredrickson & Roberts, 1997; Hirschman et al., 2006).

Additionally, the heterosexual script in which men aggressively pursue women and women demurely protect their virtue or submit to male desire, normalizes the idea of sexual

coercion, and even promotes a narrative in which coercion is *romantic*. Women who are raised hearing stories about male pursuit and female submission may ignore their own discomfort in dangerous situations or may not feel they have the right to say “no” to unwanted sex (Katz & Tirone, 2008). In a meta-analysis of 39 studies, Murnen et al. (2002) found support for the sociocultural model of rape suggesting that gender-role scripts supporting male aggression and female passivity create an environment that is conducive to rape and coercion. Extreme gender role ideology, which dictates that women should cater to the interests of others while empathy is seen as a weakness in men, choreographs a dynamic that is ripe for abuse and exploitation.

Positive consequences. While the negative effects of traditional femininity have been widely documented, some theorists suggest that ascribing to traditional femininity ideology and strict gender roles have positive consequences for women as well. Living in a society that values beauty and sex-appeal, means that there are very real rewards for meeting those standards. Langlois et al. (2000) found that attractive people were not only judged more favorably by those they knew but were also treated more favorably. These findings impact areas of career, family, and social life, and have the ability to improve or damage general quality of life. In that context, it makes sense that women who achieve societally promoted beauty ideals would experience social benefits related to their appearance-success.

According to Fredrickson and Roberts’ (1997) Objectification Theory, women’s appearances are evaluated in every situation they enter, therefore, being *pretty* often leads to more positive outcomes such as employment, marriage, and special treatment. Numerous research studies have found a correlation between attractiveness and academic or employment success. In a meta-analysis of studies related to this phenomenon, Hosoda, Stone-Romero and Coats (2003) found that attractive people were more likely to be perceived as humorous,

intelligent and good-natured. Being attractive was also linked with promotions, higher earnings, and being perceived as more proficient at one's job. In examining the phenomena of women's enjoyment of being sexualized, Liss et al. (2011) determined that the real life benefits of meeting the feminine beauty ideal can temporarily increase self-esteem and the sense of empowerment.

Benevolent sexism, which focuses on the ideas that women should be protected and cherished, often feels positive to women on the receiving end. Communities that practice benevolent sexism tend to have more stringent ideas about what is appropriate for women; however, some women experience these protective attitudes as validating (Glick & Fiske, 1997). Glick and Fiske (2011) reported that the perpetrators of benevolent sexism do not experience their views as hostile. Rather they feel that they cherish women and feel a desire to protect them. Many of these men feel that women are special beings that complete the lives of men. The negative side of this perception of women, argue Glick and Fiske, is that it justifies uneven power distribution between the sexes through the idea that men must be more powerful in order to protect and care for women.

For illustration of the interplay between environmental influences, TFI, and the negative consequences of TFI see Appendix B: Figure B1.

Cultural Considerations

The majority of research in the area of femininity has focused on White, college-age women. Thus, more research is needed to fully assess how femininity is defined in various cultural groups, and what impact adhering to those values has on women in those cultures. In a major review of literature related to Objectification Theory in the decade following Fredrickson and Roberts' seminal article, Moradi and Huang (2008) were able to make within-group comparisons based upon studies using White and non-White participants. They found White and

ethnically diverse participants experienced similar amounts of objectification, self-objectification, body surveillance, and body shame. However, there was some indication that adolescent girls from racial minorities had higher self-esteem than White adolescent girls (Gray-Little & Hafdhl, 2000).

Moradi and Huang (2008) also found that sexual minority participants had similar experiences of objectification and body shame. A study they reviewed comparing White lesbian women to White heterosexual women (Kozee & Tylka, 2006) found that both groups equally experienced sexual objectification and body shame. Interestingly, body surveillance was higher among lesbian women than heterosexual women, which may reflect their feeling of being sexually evaluated by both men and women, or heightened self-monitoring resulting from being a minority population. Disordered eating, however, was lower among lesbian women, a fact the authors relate to lesbian women's rejection of traditional gender roles and identification with feminist principles. A different study comparing lesbian women ($N=479$) and heterosexual women ($N=400$), found that lesbian women expressed greater body satisfaction than heterosexual women, and endorsed a larger ideal body type than heterosexual women (Alvy, 2013).

In a study by Harrison and Fredrickson (2003) reviewed by Moradi and Huang (2008), White women were found to experience heightened self-objectification when watching lean sports (e.g. ballet); however, a group of primarily African American women reported higher self-objectification when watching nonlean sports (e.g. basketball). The authors concluded that self-objectification is more likely to be triggered when women are presented with images that are relevant to their own culture and identity. According to Moradi and Huang's (2008) review of literature, men reported lower levels of self-objectification than females in predominantly White samples; however, African American men and women endorsed similar levels of self-

objectification, and Asian American men reported higher levels than Asian American females (Hebl, King, & Lin, 2004).

One within-group difference Moradi and Huang (2008) found was in a study by Bretkopft, Littleton, and Berenson (2007) that found White women were more likely to engage in body surveillance than Latina females; however, Latina females born in the United States enacted more body surveillance than Latinas who had been born elsewhere and moved to the United States. Thus, those who acculturated to American values and expectations appear to develop behaviors associated with American traditional femininity ideology. Acculturation among both Latina and Asian females has been linked to varying sexual and well-being outcomes. While less acculturation tended to be linked with lower self-objectification and self-sexualization, it was also linked to higher endorsement of traditional gender traits such as passivity. Greater acculturation to western culture was also associated with earlier engagement in sexual experimentation, greater number of partners, and increased numbers of unplanned pregnancy, STIs, and HIV (Hahm, Lahiff & Barreto, 2006; Kaplan, Erickson & Juarez-Reyes, 2002).

Fredrickson and Roberts' (1997) Objectification Theory was developed to explore the objectification of women in dominant American culture, which they acknowledge is a White male construct. They noted that objectification oppresses African American women differently than White women, primarily through rejecting them. The authors cautioned that the effects of objectification would likely manifest differently in women of low SES, and racial and/or sexual minority women. The cumulative effect of multiple oppressions - including sexual objectification - are expected to have different effects than those observed in White, middle-class women.

One noted expectation of women in the African American community is to combine sacrifice with strength. This female ideal is known as the *superwoman* role and in a study by Woods-Giscombe (2010) the pressures associated with this role, along with scarce social support or community resources lead to extreme levels of psychosocial stress amongst African American women. This female ideal, which requires African American women to give everything for others, not express emotions, and be the *rock* for their families and communities gave some women a sense of value and self-worth, yet also lead to stress related health problems.

In addition to the Superwoman role, African American women are portrayed through a number of problematic, limiting, and racist archetypes in current media outlets. Stephens and Phillips (2003) detailed the evolution of sexual scripts for African American women beginning with Jezebel, Mammy, Matriarch, and Welfare Mother, and leading to current depictions of African American womanhood including Diva, Gold Digger, and Freak. Their discussion addresses how the history of racial oppression in America, stemming from slavery, has led to restrictive depictions of African American women, which focus on their sexuality. The roles of Jezebel, Gold Digger, and Freak all to varying degrees describe black women through their sexuality. African American female sexuality is positioned as a commodity, a tool for manipulation, or an insatiable physical urge. The role of Mammy, on the other hand, presents an asexual image. These restrictive envisionings of African American women assume either a ravenous sexuality (Stephens & Phillips, 2003) or present the idea that strong black women resist or are uninterested in sex (Richardson, 2013).

Stereotypes, as well as socioeconomic disadvantages and racial oppression, place African American adolescents at higher risk for sexual abuse, early sexual experience, older sexual partners, HIV, pregnancy, and STIs (Richardson, 2013). Additionally, the risk of violence and

the depiction of African American females as sexual commodities is illustrated by the treatment of African American women in pornography, which is notably more violent than treatment of European American pornographic actresses (Cowan & Campbell, 1994).

Age and Objectification

Few studies have examined the effects of femininity ideology and objectification on middle-aged and aging cohorts. Most of the studies that have been conducted focused on body image, self-objectification/body surveillance, and body shame (McKinley, 1999, 2006). In a study that measured self-objectification among 278 college women and their mothers using several scales including the Objectified Body Consciousness Scale, the Body Esteem Scale, and a measure of psychological well-being, the findings suggested that college women had higher levels of self-objectification than their middle-aged mothers (McKinley, 1999). A 10-year follow up showed that as the college women aged, their level of body-surveillance decreased, thus, narrowing the difference in experience between mothers and daughters. For both the college-age women and the middle-age women, participation in self-surveillance was positively correlated with body shame (McKinley, 1999).

Theories about the effects of objectification on women as they age suggest that as females leave their reproductive years their bodies receive less scrutiny from others, and consequently their self-objectification decreases (McKinley, 1999, 2006). As women age, their bodies transform to meet new biological stages. Menopause, decreased metabolism, decreased skin elasticity, and decreased muscle tone, lead to natural changes in women's appearance. For women living in an appearance-obsessed culture that idolizes youthfulness and thinness, the changing female body, which no longer reflects the ideal, receives less wanted and unwanted attention, and less objectified treatment (McKinley, 2006).

Women may experience this decrease in sexualized attention positively, leading them to reduce their self-surveillance and experience greater self-satisfaction. However, they may also experience this as rejecting and invalidating, causing them to experience greater body shame. In a study of 322 women, ages 20-84, Tiggemann and Lynch (2001) found that body dissatisfaction remains constant and stable across the lifespan. This trend was so prevalent that Rodin, Silberstein, and Striegel-Moore (1985) termed it “normative discontent.” Tiggemann and Lynch also discovered that although this dissatisfaction was stable over time, self-objectification, body monitoring, appearance anxiety, and eating disorders were all seen to decrease as women aged. In other words, although self-objectification and body monitoring decrease with age, the associated negative emotional consequences appear to remain stable.

Women in long-term relationships are less dependent upon their appearance to meet important interpersonal and developmental needs such as finding a partner (McKinley, 1999, 2006). It has been suggested that being in a long-term relationship decreases body surveillance and body shame. However, as divorce rates rise and media increasingly represents older women as attractive and sexy (ie. *cougars*) there are new pressures on middle-aged women to attain high standards of beauty and attractiveness.

Several studies have examined sexual satisfaction among aging men and women (Carpenter, Nathanson, & Kim, 2009; Waite & Joyner, 2001), and noted that sexual satisfaction declines, particularly for women, beginning in middle age. Carpenter et al. (2009) found that sexual satisfaction was markedly lower for older women than older men and attributed this finding to relationship dissatisfaction, physical discomfort, and symptoms of menopause. Jacobs and Thomlison (2009) performed an examination of the psychosocial factors that contribute to sexual behaviors and sexual health risks among older women (ages 50-93), including self-

silencing, self-esteem, and sexual assertiveness. They found that women who engaged in self-silencing, a behavior associated with traditional femininity ideology, were shown to have a diminished capacity for sexual assertiveness and sexual agency. These results parallel the impact that traits of TFI have been shown to have on adolescent and college-aged women's sexual health and well-being.

Chapter 3: Research Method

Overview

Traditional femininity (self-objectification, inauthenticity in relationships, and inauthentic sexuality) has been associated with greater depression, body shame, dissociation, and negative sexual outcomes. Traits of traditionally defined femininity can impede women's ability to assert their sexual wants and needs and can increase the likelihood of negative health outcomes and negative psychological consequences, all of which impact relationship satisfaction and sexual well-being.

Although some research indicates that the negative effects of self-objectification and other traits of traditional femininity decrease with maturity and age, the aforementioned argument suggests that regardless of the diminished power of traditional femininity ideology over time, the damage caused in adolescence and young adulthood has the potential to negatively impact women's well-being over the course of their life span. This study aims to address the gap in research regarding women in older age-groups. Rather than focusing solely on adolescent and college-age participants, this study will explore the experiences of women in their 30s and women in their 60s.

The current study addresses the following research questions:

RQ1: Do women in distinct age-cohorts (30-39; 60-69) significantly differ in their adherence to traditional femininity ideology specifically: (a) self-objectification, (b) inauthenticity in relationships, and (c) inauthentic sexuality.

RQ2: Within each age cohort, is there a significant correlation between endorsement of traditional femininity ideology and sexual well-being?

Research Approach

The current study seeks to address the gap in research focusing on women in mature adulthood, with regard to traditional femininity and sexual well-being. The study used a causal-comparative research approach to determine what relationship exists between the level of endorsement of traditional femininity ideology (TFI) and sexual well-being, among women in two distinct age cohorts. The independent variable was the participants' endorsement of TFI, with three levels (a) self-objectification, (b) inauthenticity in relationships, and (c) inauthentic sexuality. The dependent variable was the participant's sexual well-being.

This study used an internet-based survey instrument and recruited participants using the social media website Facebook.com and the national classified-advertisements website Craigslist.com. The Facebook link was posted by the study's primary investigator on her personal Facebook page that has access to 510 "friends." The post asked for participants and also asked that people share the study link on their own Facebook pages and with women they believed would be interested in participating. The Craigslist.com posting was placed in the Volunteers subsection of the Community section, used the same language as the Facebook.com posting (omitting the request to repost), and shared the same link to the survey.

Participants. Participants were 230 women recruited through Facebook and Craigslist.com. This study's aim was to examine women in their 30s ($n=146$) and 60s ($n=81$), as those age cohorts have not been widely studied. Inclusion criteria for the study was: (a) being female, (b) being in the age cohort of 30-39 or 60-69, and (c) having been born in the United States or immigrated to the United States before the age of 14. The participants were largely Caucasian (women in their 30s: 83%; women in their 60s: 91%), and heterosexual (women in their 30s: 86%; women in their 60s: 94%). The majority of participants had been born in the

United States (women in their 30s: 95%; women in their 60s: 96%). Participants in their 30s had a mean education level of 17.56 years (*SD*: 1.92) and participants in their 60s had a mean education level of 17.10 years (*SD*: 2.43). The participants made up a geographically diverse sample (37 states and the District of Columbia were represented). See Appendix A: Table A1 for a detailed demographic breakdown.

Instruments. Participants completed a demographic questionnaire, three measures assessing traits of traditional femininity ideology, and one measure of sexual well-being.

Demographic questionnaire. Participants will be asked to complete a brief demographic questionnaire consisting of age, ethnicity, level of education, sexual orientation, relationship status, geographical residency, country of origin, and when applicable, the age of immigration to the United States. This information will be used to separate the data by age cohort, determine eligibility for study participation, and assemble a demographic profile for respondents. Although this is not the primary focus of the study, the demographic data was included in the initial correlational analysis to explore differences that may exist based on ethnicity, migration status, and sexual orientation.

Traditional femininity ideology. Traditional femininity ideology was measured through the use of the Adolescent Femininity Ideology Scale (Tolman et al., 2006), the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), and the Enjoyment of Sexualization Scale (Liss et al., 2011).

Adolescent Femininity Ideology Scale. Although the participants are not adolescents, the Adolescent Femininity Ideology Scale (AFIS) is considered an appropriate measure for several reasons. First, it is believed to be an excellent measure of femininity ideology as it assesses both inauthenticity in relationships (ISR) and self-objectification (ORB), with a high reliability

coefficients (ISR, $\alpha=.71$; ORB, $\alpha=.77$) The dearth of research focusing on femininity ideology in older groups of women makes it difficult to find a measure specifically intended for adult women; however, it is believed that the statements contained in the AFIS are capable of capturing TFI at all ages. Finally, the AFIS was validated on a racially diverse population of girls, and was thus applicable to all participants in this study. The AFIS was modified for this study by changing the word *girl* to *woman*.

The AFIS is a 20-item questionnaire with ten items assessing inauthenticity in relationships and ten items assessing self-objectification. Items measuring inauthenticity in relationships include statements such as: “I worry that I make others feel bad if I am successful” and “I wish I could say what I feel more often than I do.” Items assessing self-objectification include statements such as: “I think a woman has to be thin to feel beautiful” and “I am more concerned about how my body looks than how my body feels.” The items are rated using a 6-point Likert scale and are scored with greater scores equating with greater adherence to traditional femininity principals.

Self-Objectification Questionnaire. The Self-Objectification Questionnaire (Noll & Fredrickson, 1998) is a 12-item measure, which examines the degree to which participants view their bodies in terms of their capability versus their appearance. The questionnaire presents six items related to appearance and six items related to capability and asks participants to rank them in order of their importance. Items related to appearance include *sex appeal* and *physical attractiveness*, while items related to capability include *physical coordination* and *strength*. The participant’s score is calculated by subtracting the competence related scores from the appearance related scores, with greater scores indicating greater importance placed on the body’s appearance. This measure was administered to over 1,200 undergraduate women and was

validated through comparisons with other, similar measures. Results on the Self-Objectification Questionnaire were found to be positively correlated with the Appearance Anxiety Questionnaire (Dion, Dion, & Keelan, 1990; $r = .52, p < .01$) and the Body Image Assessment (Williamson, Davis, Bennett, Goreczny, & Gleaves, 1985; $r = .46, p < .01$).

Enjoyment of Sexualization Scale. The Enjoyment of Sexualization Scale is used in this study to measure inauthentic sexuality. It is an 8-item measure that asks participants to rate the degree to which being sexually attractive is important to them and the degree to which they enjoy receiving sexualized attention. The items are rated using a 6-point Likert scale, with 1 indicating *disagree strongly* and 6 indicating *agree strongly*. Items include: “It is important that men are attracted to me” and “I love to feel sexy.” The measure was normed on a college population, which was primarily Caucasian, heterosexual, and self-identified as middle or upper-middle class, which is acknowledged to be a limitation of the measure. The scale was found to have acceptable internal consistency reliability with a Cronbach’s alpha of .85.

Sexual well-being. The sexual well-being of participants will be measured using the Female Sexual Well-Being Scale (Rosen et al., 2009).

Female sexual well-being scale. The Female Sexual Well-Being Scale (Rosen, et al., 2009) is a 17-item self-report measure, assessing the sexual well-being of sexually functional women. The questionnaire lists statements that cover four domains of sexual well-being (interpersonal, cognitive-emotional, physical arousal, and orgasm-satisfaction) and asks participants to select the number 1-7 that best describes how true that statement is for them. Sample items include: “I looked forward to having sex,” and “My orgasm was satisfying.” The rating numbers are then tallied with higher scores indicating greater sexual well-being. The measures enquire about “sex,” but participants are instructed that “sex” includes masturbation

and non-penetration sexual activities. This allows the measure to be useful in assessing the well-being of women who are not currently in sexual relationships, or not engaged in heterosexual relationships. The authors assessed the reliability of the FSWB using Cronbach's alpha, and values ranged from 0.66-0.90, which were deemed satisfactory.

Procedures. An on-line survey instrument was used in this study to access a geographically diverse sample of women. The internet was deemed an efficient way to engage participants, both in recruitment and in survey completion, because of its accessibility across the country and due to its widespread use. As of January 2014, the Pew Research Center (PRC) found that 87% of adults used the internet. With regard to the population sought in this study, PRC found that 86% of adult women use the internet; 93% of adults between the ages of 30-49, 88% of adults between the ages of 50-64, and 57% of adults over the age of 65 use the internet.

After IRB approval was obtained, participants were recruited through the social media website Facebook.com, and the classified advertisements website Craigslist.com. Participants accessed the survey through links provided in the Facebook and Craigslist postings. After consenting to participate in the research study, participants completed a demographic questionnaire that was used to screen participants and gather descriptive data. Participants who did not meet inclusion criteria were redirected to the final page of the survey ("Thank you" page) following completion of the demographic questionnaire and they did not have the opportunity to complete the study's survey items. Participants who met the inclusion criteria were then directed to the four survey measures. All participants, whether or not they met inclusion criteria, and regardless of whether they completed all the survey items, were ultimately directed to the final page of the survey ("Thank you" page), which provided information for entering a drawing to win a \$100 Target gift card. 224 participants completed the demographic questionnaire. 218

completed the inauthenticity in relationships (ISR) subscale of the AFIS, 215 completed the self-objectification (ORB) subscale of the AFIS. 200 participants completed the Self-Objectification Questionnaire, 198 completed the Enjoyment of Sexualization Scale, and 182 completed the Female Sexual Well-Being Scale.

IP addresses were not recorded in order to protect participant anonymity. This was ensured by turning off the function within SurveyMonkey that collects IP addresses, prior to the collection of any survey responses. This function is called *make anonymous* and ensures that respondent IP addresses are not stored. Furthermore, SurveyMonkey utilizes SSL (Secure Sockets Layer) which is a protocol developed for transmitting private documents or information via the Internet. SSL creates a secure connection, encrypting sensitive information being transmitted through the web page.

Human research subjects protection. Permission for this study was obtained from the Pepperdine University's Graduate and Professional School IRB in order to ensure the protection of human research subjects. Exempt status was sought as it was believed that this study posed minimal risk to participants. Subjects' identifying information was not gathered, IP addresses were not stored, and there was no means to link subjects who later entered the gift card drawing with their responses. Participants were provided with a description of the study's purpose, were informed that participation was voluntary and that they could cease participation at any time without consequence, and were informed that their responses would be confidential.

Consent. A waiver of informed consent was also obtained from the Pepperdine GSEP IRB as collecting signed informed consent forms from participants located across the country was felt to pose a significant obstacle to the study. In place of traditional informed consent, participants indicated consent by clicking *yes* after reading the informed consent page of the

survey. People who clicked *no* were directed to the “Thank you” page of the survey and did not have the opportunity to complete the survey.

Risks and benefits. Participation in this study was considered to be of low risk to participants. The risks included feeling fatigued, bored or inconvenienced due to the time spent completing the survey, feeling disturbed or distressed by the questions, or experiencing feelings of shame, regret, sadness, loss, anger or fear while contemplating their sexual history and current sexual existence. Resources for supportive services available as needed and participants were warned about the nature of the questions at the outset of the survey. The primary supportive service resource was the Psychology Today therapists database (https://therapists.psychologytoday.com/rms/prof_search.php). Participants were also allowed to skip any question they found to be too sensitive. Participants were aware that although they may not personally benefit from participation in the study, their answers may help individuals who work in the field of psychology better understand the relationship between traditional femininity ideology and female sexual well-being.

Chapter 4: Results

Descriptives

Initial exploratory analyses were run to examine the relationship between the descriptive variables (ethnicity, sexual orientation and immigration status) and endorsement of TFI. The relationship between ethnicity – with 5 levels of ethnicity (African American, Hispanic/Latina, Caucasian Non-Hispanic, Asian, and Multiracial) – and TFI was explored, using a multivariate analysis of variance (MANOVA). No significant differences were found across ethnicities ($p > .05$). MANOVA was also used to analyze the relationship between sexual orientation with 5 levels (Lesbian, Straight, Bisexual, Questioning, and Queer) and TFI. No differences were found across sexual orientation ($p > .05$). A Pearson's Point Biserial Correlation was run to analyze the relationship between immigration status and TFI. With regard to AFIS-ISR ($p > .05$) there was no significant difference found between immigrants and nonimmigrants. With regard to AFIS-ORB ($p > .05$) no significant difference was found. SOQ was also nonsignificant ($p > .05$) as was the ESS ($p > .05$).

Age Differences and TFI

To determine whether women in distinct age-cohorts (30-39; 60-69) significantly differ in their adherence to traditional femininity ideology specifically: (a) self-objectification, (b) inauthenticity in relationships, and (c) inauthentic sexuality, a one-way ANOVA was used to compare total scores on each of the measures of the IV (ESS; SOS; AFIS-ISR; AFIS-ORB). There was a significant difference between age cohorts on the self objectification subscale of the AFIS, $F(1, 214) = 9.72, p = .0021$, 30-39 ($M = 1.85, SD = 1.00$), 60-69 ($M = 1.42, SD = .87$) with women in their 30s reporting higher scores on self objectification. A one-way ANOVA revealed no significant differences across age cohorts on the SOQ.

A one-way ANOVA revealed no significant differences across age cohorts with regard to reported inauthenticity in relationships as reported by the AFIS subscale of ISR. A one-way ANOVA, $F(1, 197) = 24.51, p < .01$, revealed significant difference with regard to sexual inauthenticity as recorded on the ESS. Women in their 30s reported a mean of 3.65, $SD = 0.93$ and women in their 60s reported scores averaging 2.96 with a SD of 0.92. When a two-sample t -test with equal variance was run to look at the impact of sexual orientation on enjoyment of being sexualized within each cohort, a significant difference was found in the 30-39 age cohort with heterosexual women ($M = 3.72, SD = .08$) endorsing higher scores than non-heterosexual women ($M = 3.24, SD = .28$), $t(124) = -2.11, p = .02$. Interestingly, among women in their 60s, a marginal difference was found with sexual minority women ($M = 3.59, SD = .30$) endorsing greater enjoyment of sexualization than heterosexual women ($M = 2.93, SD = .11$), $t(70) = 1.43, p = .08$. When the results of this measure were looked at in relation to sexual orientation for the whole sample there was no statistical difference between heterosexual women ($M = 3.41, SD = .07$) and women who endorsed another sexual orientation ($M = 3.30, SD = 0.24$), $t(196) = -0.49, p = 0.31$.

TFI and Sexual Well-Being

To determine whether there is a significant correlation between endorsement of traditional femininity ideology and sexual well-being within each age cohort a multivariate regression analysis was run predicting sexual well-being as measured by total scores on the FSWB from the three aspects of TFI as measured by AFIS, SOQ and ESS. Data from each age cohort was examined separately and it was hypothesized that higher endorsements of TFI would predict lower levels of sexual well-being among participants in both age cohorts. For 30-39 year olds no significant relationships were found predicting sexual well-being on any of the four TFI

measures. For 30-39 year olds, $F(4, 114) = 1.20$ R -squared = .0402, $p = .32$. Similarly, no significant relationships were found predicting sexual well-being on any of the four TFI measures for women in their 60s. For women in their 60s, $F(4, 58) = 1.35$ R -squared = .0855, $p = .261$.

Posthoc Analyses

It was observed that some participants did not complete the FSWB measure and it was hypothesised that this was related to experiencing embarrassment stemming from holding higher TFI values. We conducted post-hoc analyses to explore this question with independent samples t -tests. Analyses revealed no significant difference between finishers and non-finishes on the AFIS-ORB, a marginally significant difference was found on the AFIS-ISR, $t(216) = 1.32$, $p = .09$. Survey completers ($n = 182$) scored on average 1.90 with SD of .81 and noncompleters ($n = 36$) had an average score of 1.71 and had a $SD = .66$. No difference was found with regard to the ESS. There was a marginal difference, $t(198) = -1.60$, $p = 0.06$ for the SOQ with survey completers ($n = 182$) the average score was 4.81, $SD = 14.79$ and noncompleters ($n = 18$) with the average score of 10.611 and $SD = 13.56$.

Chapter 5: Discussion

Overview

The aim of the current study was to explore the endorsement of traditional femininity ideology among women in their 30s and 60s. These age groups of women have not been studied as robustly with regard to gender roles and sexual outcomes as women in adolescence and college age women. In particular, the study sought to determine if there was a significant difference in level of TFI between women in their 30s and women in their 60s. Further, the study hypothesized that there would be a significant correlation between women's endorsement of TFI and their self-reported sexual well-being with greater levels of TFI equating lower levels of sexual well-being in both age groups. Additionally, exploratory analyses were run to determine whether there was a significant difference in participants' endorsement of TFI based upon ethnicity, sexual orientation and immigration status.

Findings Related to Age and TFI

In regard to the question of whether women in distinct age-cohorts (30-39; 60-69) significantly differ in their adherence to traditional femininity ideology specifically: (a) self-objectification, (b) inauthenticity in relationships, and (c) inauthentic sexuality, the results of the study found no significant difference in participants responses on the AFIS-ISR subscale, which measures inauthenticity in relationships. On the AFIS-ORB subscale, which measures self-objectification, women in the 30-39 year old cohort scored higher than women in the 60-69 year old cohort. This finding is consistent with earlier research, which found that younger women self-objectify more than older women do (Tiggemann & Lynch, 2001). The findings also align with the reduction in objectified attention aimed at women as they age (McKinley, 1999), and may indicate that as women receive less objectified attention they in turn objectify themselves

less. Another possibility is that women in their 60s were not raised in an environment that was as objectifying as the women in their 30s, and thus never developed as high a degree of self-objectification as the women in the younger cohort. Research has shown that the sexualization of women and girls through media and society at large has increased dramatically (APA, 2010). Therefore, it can be assumed that younger women have been exposed to greater degrees of objectification perhaps intensifying the degree to which they self-objectify. Of note, each group's score on this subscale indicated a relatively low degree of self-objectification. This finding is also consistent with the results of McKinley's (1999, 2006) studies, which showed that adolescent girls had higher levels of self-objectification than their middle aged mothers, and in a 10-year follow up the women's degree of self-objectification had reduced with age.

Although women in their 30s endorsed greater levels of self-objectification than women in their 60s on the AFIS-ORB subscale, the two cohorts did not significantly differ on their responses to the Self-Objectification Questionnaire. One reason for this may be that the AFIS-ORB inquires into objectifying beliefs about one's self and other women, while the SOQ simply asks participants to rank aspects of their physical self-concept. The SOQ may feel more clinical while the AFIS-ORB may feel more personally engaging, potentially influencing how participants respond. Ultimately, this difference is noteworthy, but no clear conclusions can be drawn.

The results of the study indicated that women in their 30s enjoyed being sexualized by men and enjoyed receiving attention directed at their body to a greater degree than did women in their 60s, although neither group endorsed strong levels of enjoyment. It can be argued that enjoyment of sexualizing or objectifying treatment goes hand in hand with self-sexualizing or self-objectifying practices. Enjoyment of sexualization and self-objectification appear to be

different sides of the same coin. It is not surprising that the cohort that endorsed more objectified relationships with their own bodies also endorsed enjoying and seeking greater levels of sexualizing or objectifying attention from others, since self-objectifying is rooted in being objectified. There are also stage-of-life issues that may explain this finding. Women in their 60s — being largely post-menopausal — are likely to have gained weight as their estrogen declined, and may be experiencing other physical changes. American society tends to treat weight gain unfavorably, as well as physical signs of aging in women (Tiggemann & Lynch, 2001). Thus, it may be that women in their 60s are less comfortable with or desirous of having attention directed at their bodies for those reasons, where as women in their 30s are still accustomed to attention directed at their bodies and may find it flattering or empowering.

While it may be expected that sexual minority women would be less interested in receiving male approval of their physical appearance, and thus would endorse less enjoyment of being sexualized by men, that was only found to be the case in the 30-39 year old cohort. In fact, sexual minority women in their 60s actually endorsed higher enjoyment than did heterosexual women of that cohort. One possible explanation for these results is that sexual minority women in their 30s grew up in an environment that was more accepting of lesbian, queer, and bisexual identities than did women in their 60s. Thus, women in their 30s may have felt greater freedom to reject patriarchal beauty ideals, where as women in their 60s may have grown up feeling different and unacceptable and may therefore have been more desirous of proof that they fit into society. Women in their 60s may experience internalized heterosexism, which Szymanski and Chung (2001) found led some lesbian women pursue heterosexual or male-focused standards of attractiveness. Women in the 60-69 cohort, who grew up in a more heterosexist society, may regard male praise as proof of being acceptable.

Findings Related to TFI and Sexual Well-Being

With regard to the hypothesis that higher endorsement of TFI would correlate with lower degrees of sexual well-being, the results did not support the hypothesis. No relationship was found to exist between participants' responses on the TFI measures and their endorsement of sexual well-being, which confirmed the findings of previous research that found no predictive relationship between self-objectification and sexual functioning (Tiggemann & Williams, 2011). Previous studies have found that adolescent women who endorsed higher degrees of TFI also had higher degrees of negative sexual outcomes such as unplanned pregnancies, STIs, and coercive sexual experiences, as well as lower rates of sexual satisfaction (Curtin et al., 2011; Impett et al., 2006). It can be assumed that the majority of women in those studies were single, as would be expected based upon age and stage of life. Approximately 75% of total participants in the current study were married or in a relationship, though, which likely influenced their experience of sexual well-being. Steer and Tiggemann (2008) found that satisfaction with one's relationship was predictive of one's sexual functioning. Thus, the lack of correlation between TFI and sexual well-being in the current study may indicate that the participants in relationships were being influenced by their relationship satisfaction and their history of intimacy with the partner, rather than factors related to traditional femininity. The large number of participants in relationships may then have skewed the results.

Other stage-of-life related factors may also be influencing sexual well-being independent of participants' level of TFI. For example, women in their 30s may have children in the home, which can impact sexual relations between partners. Women in their 60s are experiencing physical changes related to menopause, such as decrease lubrication (Tiggemann, 2004), which may impact their report of sexual well-being. Additionally, as women age they have had more

experience with their bodies and their sexuality, and may develop more comfort and mastery with their sexual experiences. The study also revealed that women in their 30s endorsed higher levels of sexual satisfaction, which again, may be related to the 60-69 year old cohort's experience of decreased lubrication (which is directly assessed by the FSWB measure) and changes related to menopause.

Findings Related to Posthoc Analyses

After data collection closed there was a question as to why some participants did not complete the FSWB scale. It was presumed that the non-finishers experienced embarrassment when answering questions about their sexuality, thus terminating the survey early. Analysis found, however, that survey finishers actually had higher scores on the AFIS-ISR, which measures the level of inauthenticity in relationship. While this was not the hypothesized outcome, it makes sense when you consider that inauthenticity in relationships causes women to put others' needs before their own. The finishers may have completed the entire survey out of a sense of obligation or being *nice* and may not have felt the freedom to stop mid-survey.

As mentioned previously, neither cohort of women endorsed high degrees of TFI. These results should be interpreted with caution as the women who self-selected to participate in the survey were likely women who found the idea of scholarly research related to gender roles interesting, and women drawn to discussing gender roles are more likely to challenge and examine gender roles that uphold them. Additionally, this sample had an average education level of just over 17 years. This is far from the national norm and it is likely that women with higher levels of education have lower endorsement of traditional femininity ideology.

Limitations

The current study has several limitations. First, the majority of research done in the areas of female sexuality, Objectification Theory, and traditional femininity has been conducted with adolescent and college-age women. Due to the predominance of young female participants in this area of study, many of the measures being used in the current project were created for and normed on adolescent and college age women. This is acknowledged to be a limitation.

While the current study made efforts to attract a diverse sample, the participants were predominantly Caucasian, heterosexual and highly educated. This group of women self-selected to participate in the study and may not adequately reflect the beliefs of their same-aged peers. Greater levels of education are likely to correlate with reduced levels of TFI, and perceptions of femininity and the impact of TFI may vary depending upon ethnic background. The current study found no significant difference based upon ethnicity; however, it is acknowledged that the small number of ethnic minority participants is a limitation of this study. Additionally, the nature of this study's recruitment process required that women self-select to participate. While it cannot be known whether women who participated in the survey significantly differed from women who never began the study, it is possible that the personal factors that influenced women's decision to participate also influenced their answers. It is possible that women who were willing to participate in a study described as relating to *traditional femininity* and/or gender roles were innately more comfortable with sexuality and more inclined to question or critique *traditional femininity*, thus skewing the results of the study.

The survey measures used for the study had several limitations. The demographic survey created for this study gave participants the options of identifying as married, single, in a relationship, or divorced. In hindsight, it is unclear whether women who indicated *Divorced* are

currently single, or whether some may also be in relationships. Being in a relationship has been shown to be a protective factor against the negative implications of self-objectification, therefore, it would be useful to clarify the relationship status of the divorced women.

After data analysis, it was noted that both age cohorts had reported relatively low levels of TFI. As previously mentioned, because the participants self-selected to complete the survey it is more likely that they hold feminist leanings or see themselves as being critical of gender norms. Traditional femininity traits are so insidious and pervasive that even women who are *intellectually* opposed to the ideas promoted by TFI may be surprised to discover that they do hold traditional beliefs, or that they engage with others in a manner that is in keeping with traditional gender roles. For women who hold feminist ideals, they may have under reported their degree of TFI because it was not in keeping with their perception of themselves as *feminist* or *educated*. As the measures used by this study are face-valid, women may have experienced cognitive dissonance endorsing items that clearly aligned with traditional femininity while holding beliefs that contradict traditional femininity. This is a limitation in that the degree of TFI found in this study may be based upon under-reporting.

The Female Sexual Well-Being scale presented a limitation in the current study because it contained four items that enquired about one's *partner*. It is difficult to determine how participants who did not have sexual partners may have answered these items, as there was not a "Not Applicable" answer option. It is possible that these participants answered "Neither Agree Nor Disagree," but there is no way to determine if that was the case, and their answers impact the total results of the measure.

The study found varying results with regard to self-objectification. On the self-objectification subscale of the AFIS women in their 30s scored significantly higher than women

in their 60s, but no significant difference was found on the Self-Objectification Questionnaire. No additional qualitative information was gathered that might better explain how participants understood or reacted to the different measures. A more complete understanding of these results, and women's self-objectification practices, would help direct clinical interventions.

The study recruited participants using Facebook.com and Craigslist.com. It is possible that Facebook participants felt a greater commitment to completing the survey because of the perception that they were *friends* with or had a personal connection to the primary investigator. The Facebook participants may also have believed that the primary investigator would be able to identify their personal responses, even though every effort was taken to assure participants of their anonymity. The study provided the same web link to both sets of participants so it was not possible to compare the responses and completion patterns of the two groups. The study's inability to assess the impact of participants' Facebook *friend* status is a limitation.

Finally, it would have been beneficial to explore the relationships between other demographic variables (relationship status, education, geographic characteristics) and TFI; however, due to small sample sizes there were power issues that prevented further analysis. Despite these limitations, the present study offers several implications for future work with women.

Implications

The current study adds to the small amount of previous research examining the impact of traditional femininity on women in adulthood and offers several implications with regard to clinical practice. Although the women in this study did not endorse particularly high levels of self-objectification or enjoyment of sexualization, in both cases women in their 30s scored significantly higher than women in their 60s. While further research is needed to understand

what influenced the levels of self-objectification experienced by women in their 30s, the negative consequences associated with self-objectification (e.g. body shame, depression, anxiety, disordered eating, decrease in peak states, and dissociation from physical sensation) are likely to be impacting them insofar as they self-objectify. Additionally, as education is likely to be a protective factor, it can be predicted that the general population, which has less education than this sample, may be experiencing higher degrees of self-objectification and the associated negative consequences. The current study indicates that self-objectification does not end with women's emergence into adulthood and, thus, the negative consequences of self-objectification should inform therapeutic work with adult women as well as adolescents. Therapeutic interventions can focus on increasing connection to aspects of one's identity not related to the physical appearance, and helping women develop the ability to be critical of how their environment affects their mental health and self-perception.

Directions for Future Research

The current study found that women in their 30s endorsed significantly higher degrees of self-objectification and enjoyment of receiving sexualized attention than did women in their 60s. It is unclear, however, what factors best explain these findings. One possibility is that age is the causal factor, in which case it would be predicted that the women in the younger cohort would endorse lower degrees of self-objectification and enjoyment of sexualization if they were surveyed again in 30 years. Another possibility is that the women in the younger cohort grew up in a more objectifying environment than did the women in their 60s and thus developed greater degrees of self-objectification. In that case, it is possible that the women in their 30s would not see as great a decrease in self-objectification and enjoyment of sexualization over time. Future research could help to answer this question by better understanding what objectifying messages

women were exposed to in adolescence, perhaps by asking about television and movie viewing habits. Longitudinal research with adult women would also help to understand how elements of TFI change over the course of adulthood.

Additionally, future research would benefit from looking at larger groups of women with average levels of education (according to the US Census the most common level of completed education among adults in the US is 12 years), larger groups of ethnic minority women, and larger groups of sexual minority women. The current study was able to make some comparisons, however, the sample size for racial minority and sexual minority women was very small. While this study provides information on older groups of women than are normally studied, the sample is predominantly Caucasian, heterosexual, and of higher than average education level as are the participants in the majority of study in this area. A better understanding of the impact of traditional femininity ideology on older women in ethnic and sexual minority groups would positively impact clinical work and social policies affecting these groups.

Summary

Traditional femininity ideology influences how girls develop, how they perceive themselves, and how they engage in relationship. The current study examined how traditional femininity ideology affects groups of women in mature adulthood (30s and 60s) and whether endorsements of traditional femininity ideology was related to women's reported sexual well-being. The results of the study indicated that women in their 30s both self-objectified and enjoyed being sexualized by others to a greater degree than did women in their 60s. The study also found that no relationship existed between the participants' endorsement of TFI and their reported sexual well-being. This indicates that other factors (e.g. relationship satisfaction, stage of life issues, and physical changes) are likely influencing women's sexual experience. The

current research supports previous findings that traits related to traditional femininity are not predictive of sexual satisfaction. It also provides some insight into mature women's experience of traditional femininity traits. It appears that although traditional femininity ideology is believed to peak in late adolescence, women in their 30s are still experiencing self-objectification and enjoyment of sexualized attention. This likely influences how they interact with their environment, their romantic and sexual partners, and attitudes they hold about themselves. These findings can help guide clinicians when working with women in adulthood, and add to their understanding of sociocultural stressors that may be impacting their patients.

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APPENDIX A

Table A1

Table A1

Descriptive Statistics for Demographic Characteristics of Sample

Variables	30s Cohort		60s Cohort	
	<i>n</i>	%	<i>n</i>	%
Ethnicity				
African American	7	5	3	4
Hispanic/Latina	7	5	0	0
Caucasian	121	83	74	91
Asian	6	4	0	0
Multiracial	5	3	1	1
Decline to State	0	0	3	4
Sexual Orientation				
Lesbian	4	3	3	4
Straight	126	86	76	94
Bisexual	11	8	1	1
Questioning	0	0	1	1
Queer	5	3	0	0
Immigration Status				
Non-Immigrant	138	95	78	96
Immigrant	8	5	0	0
Decline to State	0	0	3	4
Relationship Status				
Single	32	22	16	21
In a Relationship	32	22	5	6
Married	80	55	45	58
Divorced	2	1	12	15

APPENDIX B

Figure B1

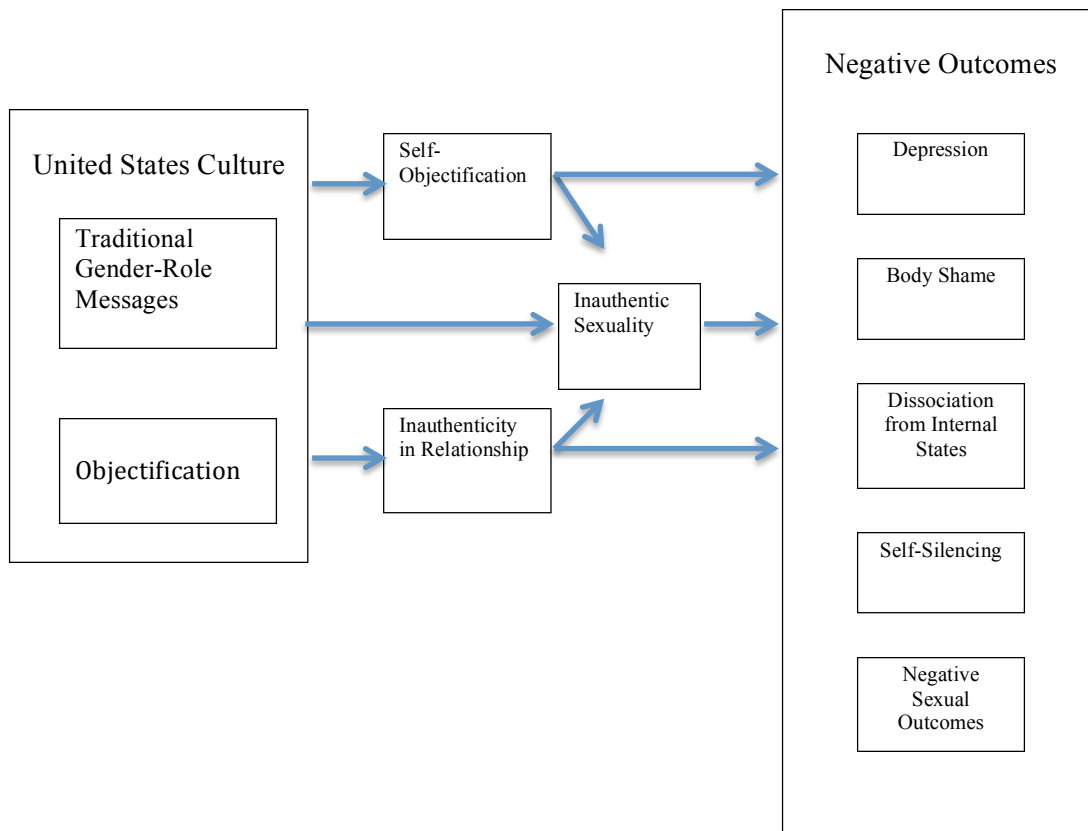


Figure B1. Model of traditional femininity ideology and its negative outcomes.

APPENDIX C

Study Questionnaires

Demographic Questionnaire

Please answer the following to help us better understand our study participants

Age: _____

Ethnicity: _____

Sexual Orientation: _____

Numbers of Years of Education: _____

Relationship Status:

_____ Single _____ In a relationship _____ Married _____ Divorced

State of residency: _____

Please indicate the best description of your location:

_____ City _____ Suburb _____ Rural

Country of origin if not the United States: _____

If applicable, age at immigration: _____

Adolescent Femininity Ideology Scale

(To be rated using a 6-point Liker Scale)

Inauthentic Self in Relationships Subscale

1. I would tell a friend I think she looks nice, even if I think she shouldn't go out of the house dressed like that.
2. I express my opinions only if I can think of a nice way of doing it.
3. I worry that I make others feel bad if I am successful.
4. I would not change the way I do things in order to please someone else.
5. I tell my friends what I honestly think even when it is an unpopular idea.
6. Often I look happy on the outside in order to please others, even if I don't feel happy on the inside.
7. I wish I could say what I feel more often than I do.
8. I feel like it's my fault when I have disagreements with my friends.
9. When my friends ignore my feelings, I think that my feelings weren't very important anyway.
10. I usually tell my friends when they hurt my feelings.

Objectified Relationship with Body Subscale

1. The way I can tell that I am at a good weight is when I fit into a small size.
2. I often wish my body were different.
3. I think that a girl has to be thin to feel beautiful.
4. I think a girl has to have a light complexion and delicate features to be thought of as beautiful.
5. I am more concerned about how my body looks than how my body feels.
6. I feel comfortable looking at all parts of my body.
7. I often feel uncomfortable in my body.
8. There are times when I have really good feelings in my body.
9. The way I decide I am at a good weight is when I feel healthy
10. I decide how much to eat by how hungry I am.

The Self-Objectification Questionnaire

We are interested in how people think about their bodies. The questions below identify 10 different body attributes. We would like you to *rank order* these body attributes from that which has the **greatest impact** on your physical self-concept (rank this a "9"), to that which has the **least impact** on your physical self-concept (rank this a "0").

Note: It does not matter how you describe yourself in terms of each attribute. For example, fitness level can have a great impact on your physical self-concept regardless of whether you consider yourself to be physically fit, not physically fit, or any level in between.

Please consider first consider all attributes simultaneously, and then select your rank order.

IMPORTANT: *Do Not Assign The Same Rank To More Than One Attribute!*

- 9 = greatest impact
- 8 = next greatest impact
- ...
- 1 = next to least impact
- 0 = least impact

When considering your *physical self-concept*...

- ...what rank do you assign to *physical coordination*?(1,2,3,4,5,6,7,8,9,10) _____
- ...what rank do you assign to *health*? _____
- ...what rank do you assign to *weight*? _____
- ...what rank do you assign to *strength*? _____
- ...what rank do you assign to *sex appeal*? _____
- ...what rank do you assign to *physical attractiveness*? _____
- ...what rank do you assign to *energy level (e.g., stamina)*? _____
- ...what rank do you assign to *firm/sculpted muscles*? _____
- ...what rank do you assign to *physical fitness level*? _____
- ...what rank do you assign to *measurements (e.g., chest, waist, hips)*? _____

In administering the measure, the title is not included. Scores are obtained by separately summing the ranks for appearance-based items (3, 5, 6, 8 and 10) and competence-based items (1, 2, 4, 7 and 9), and then subtracting the sum of competence ranks from the sum of appearance ranks. Scores may range from - 2 5 to 25, with higher scores indicating a greater emphasis on appearance, interpreted as higher trait self- objectification. Copyright 1998 by Barbara L. Fredrickson. Individuals who wish to reprint all or part of the Self-Objectification Questionnaire should contact Barbara L. Fredrickson.

Enjoyment of Sexualization Scale

(To be rated using a 6-point Likert Scale; 1 = *disagree strongly* ... 6 = *agree strongly*)

Please mark the number that best represents your answer.

1. It is important to me that men are attracted to me.

Disagree Strongly --- 1 --- 2 --- 3 --- 4 --- 5 --- 6 --- *Agree Strongly*

2. I feel proud when men compliment the way I look.

Disagree Strongly --- 1 --- 2 --- 3 --- 4 --- 5 --- 6 --- *Agree Strongly*

3. I want men to look at me.

Disagree Strongly --- 1 --- 2 --- 3 --- 4 --- 5 --- 6 --- *Agree Strongly*

4. I love to feel sexy.

Disagree Strongly --- 1 --- 2 --- 3 --- 4 --- 5 --- 6 --- *Agree Strongly*

5. I like showing off my body.

Disagree Strongly --- 1 --- 2 --- 3 --- 4 --- 5 --- 6 --- *Agree Strongly*

6. I feel complimented when men whistle at me.

Disagree Strongly --- 1 --- 2 --- 3 --- 4 --- 5 --- 6 --- *Agree Strongly*

7. When I wear revealing clothing, I feel sexy and in control.

Disagree Strongly --- 1 --- 2 --- 3 --- 4 --- 5 --- 6 --- *Agree Strongly*

8. I feel empowered when I look beautiful.

Disagree Strongly --- 1 --- 2 --- 3 --- 4 --- 5 --- 6 --- *Agree Strongly*

FEMALE SEXUAL WELL-BEING SCALE® (FSWB SCALE™)

Please answer these questions about your sexual feelings and responses during the past 4 weeks.

Please answer these questions as honestly and clearly as possible.

Your responses will be kept completely confidential.

In answering these questions, please remember that “sex” refers to sexual intercourse, oral sex, masturbation and manual caressing/stimulation of your genitals.

Please circle the number that best describes how satisfied you were with the following during the past 4 weeks.

1.	Feeling in the mood for sex.							
	1	2	3	4	5	6	7	
	Extremely Dissatisfied			Neither Satisfied Nor Dissatisfied			Extremely Satisfied	
2.	Feeling close with your partner.							
	0	1	2	3	4	5	6	7
	No Sexual Activity	Extremely Dissatisfied			Neither Satisfied Nor Dissatisfied			Extremely Satisfied
Please circle the number that best describes how much you agree or disagree with the following statements about your <u>sexual thoughts and feelings</u> during the <u>past 4 weeks</u>.								
3.	I often thought about having sex.							
	1	2	3	4	5	6	7	
	Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree	
4.	I looked forward to having sex.							
	1	2	3	4	5	6	7	
	Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree	
Please circle the number that best describes how much you agree or disagree with the following statements about your <u>sexual relationships</u> during the <u>past 4 weeks</u>.								
5.	I felt close to my partner in general.							
	1	2	3	4	5	6	7	
	Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree	

FEMALE SEXUAL WELL-BEING SCALE® (FSWB SCALE™) - continued

6.	My partner and I are sexually attracted to each other.							
	1	2	3	4	5	6	7	
	Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree	
7.	Sex with my partner was enjoyable.							
	0	1	2	3	4	5	6	7
	No Sexual Activity	Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
8.	I felt an emotional connection with my partner during sex.							
	0	1	2	3	4	5	6	7
	No Sexual Activity	Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
Please circle the number that best describes how much you agree or disagree with the following statements about your <u>sexual arousal and lubrication</u> during the <u>past 4 weeks</u>.								
9.	I often felt sexually excited.							
	1	2	3	4	5	6	7	
	Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree	
10.	It was easy for me to get lubricated (wet) during sex.							
	0	1	2	3	4	5	6	7
	No Sexual Activity	Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
11.	I had enough lubrication (or wetness) during sex.							
	0	1	2	3	4	5	6	7
	No Sexual Activity	Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree

FEMALE SEXUAL WELL-BEING SCALE® (FSWB SCALE™) - continued

Please circle the number that best describes how much you agree or disagree with the following statements about your sexual orgasm and feelings after sex during the past 4 weeks.

12.	It was easy for me to have an orgasm.							
	0	1	2	3	4	5	6	7
	No Orgasm	Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
13.	My orgasm was satisfying.							
	0	1	2	3	4	5	6	7
	No Orgasm	Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
14.	I felt emotionally satisfied after sex.							
	0	1	2	3	4	5	6	7
	No Sexual Activity	Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
Please circle the number that best describes how satisfied you were with the following aspects of your <u>sex and sexual relationship</u> during the <u>past 4 weeks</u>.								
15.	During the <u>past 4 weeks</u>, how satisfied were you with your sexual desire when having sex?							
	0	1	2	3	4	5	6	7
	No Sexual Activity	Completely Dissatisfied			Neither Satisfied Nor Dissatisfied			Completely Satisfied
16.	During the <u>past 4 weeks</u>, how satisfied were you with the amount of NATURAL lubrication or wetness you have had during sex?							
	0	1	2	3	4	5	6	7
	No Sexual Activity	Completely Dissatisfied			Neither Satisfied Nor Dissatisfied			Completely Satisfied
17.	During the <u>past 4 weeks</u>, how satisfied were you with the sexual intercourse you had?							
	0	1	2	3	4	5	6	7
	No Sexual Intercourse	Completely Dissatisfied			Neither Satisfied Nor Dissatisfied			Completely Satisfied

APPENDIX D

Facebook.com and Craigslist.com Language

Facebook and www.Craigslist.com Language:

Hello! I am happy to share an exciting opportunity to participate in research about the female experience. I am conducting research for my doctoral dissertation in psychology and my study is seeking to understand women's experiences with "traditional" femininity and/or gender roles, and sexuality. I am seeking female participants in their 30's and 60's. Participation is anticipated to require 30-60 minutes of your time and you will be eligible to **WIN a \$100 Target gift card**. The current research is expected to provide the field of psychology with greater information on the issues impacting women's emotional health and well-being, and will increase our understanding of women's experiences over their lifespan.

Participation in this study is voluntary and completely confidential. If you choose to enter your email address for the prize drawing, it is immediately separated from your responses and there is no way to re-associate them. If you would like further information about the study please contact me at (email provided).

You can begin the surveys NOW by clicking the following link: (link needed)

Thank you for your time and consideration. Feel free to repost this information and help spread the word!

Best,
Via Strong, M.A.

APPENDIX E

Consent Form

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

Title of Project: Femininity and Sexual Well-Being: Pleasure, Authenticity, and Safety Across the Female Lifespan.

Principal Investigator: Via Strong, M.A.,

1. I, _____, agree to participate in the research study being conducted by Via Strong, M.A., a doctoral student in clinical psychology at Pepperdine University, Graduate School of Education and Psychology, under the supervision of Dr. Thema Bryant-Davis, Ph.D.

2. The purpose of this research study is to evaluate the relationship between women's adherence to traditional femininity ideology and their sexual well-being. Participation in this study will help the researcher to understand the impact of the beliefs, thoughts, feelings, and behaviors associated with traditional femininity ideology on women's sexual well-being and satisfaction. Participating in this study may also add to the general knowledge about the effects of traditional femininity ideology.

3. After I accept the terms of this consent form, I will be asked to complete a demographic questionnaire and four surveys. The questions will ask about your ethnicity, age, level of education, geographical location, sexual orientation and country of origin. The surveys will ask about your beliefs and behaviors in interpersonal relationships, beliefs and feelings about your body, beliefs and feelings about female appearance and sexuality, and your sexual experiences, interests, and concerns.

4. My participation in the study will take place in one sitting and there is no expected or required follow up participation. Each of the four surveys will take approximately 5-15 minutes to complete and it is expected that your total participation will require 30-45 minutes. The surveys will be completed online and can be done from the comfort of your own home or a location of your choice.

5. Although I may not directly benefit from completing the questionnaire and surveys, the answers may help individuals who study and work in the field of psychology to better understand the relationship of traditional femininity ideology and women's sexual well-being. Such knowledge may impact the way psychologists and educators think of female development, and may alter practices in the treatment and education of females.

6. I understand that there are certain risks and discomforts that might be associated with this research. The risks of this study include: inconvenience due to time spent in participation (approximately 30-45 minutes), fatigue, feeling embarrassed answering a question, feeling anxiety, shame, sadness, or discomfort, or becoming bored. You may skip any question that makes you feel uncomfortable, and you may stop at any time without losing eligibility to enter

the gift card drawing.

7. I understand that I may choose not to participate in this research.

8. I understand that my participation is voluntary and that I may refuse to participate in the project without penalty or loss of benefits to which I am otherwise entitled, and I may withdraw from the research at any time.

9. I understand that the investigator will take all reasonable measures to protect the confidentiality of my records and my identity will not be revealed in any publication that may result from this project. The confidentiality of my records will be maintained in accordance with applicable state and federal laws. The data will be kept for up to 3 years, and it will not be linked to identifying information. All electronic data will be password protected and stored on an external hard drive. Under California law, there are exceptions to confidentiality, including suspicion that a child, elder, or dependent adult is being abused, or if an individual discloses an intent to harm him/herself or others.

10. I understand that the investigator is willing to answer any questions I may have concerning this research study. I understand that I may contact Via Strong at (xxx) xxx-xxxx or Dr. Bryant-Davis, the research advisor, at (xxx) xxx-xxxx if I have other questions or concerns about this study. If I have questions about my rights as a research participant, I understand that I can contact Veronica Jimenez, manager of the Graduate and Professional School Institutional Review Board, Pepperdine University at veronica.jimenez@pepperdine.edu.

12. I will be informed of any significant new findings developed during the course of my participation in this research, which may have a bearing on my willingness to continue in the study.

13. I understand that in the event of psychological distress resulting from the research procedures in which I am to participate, no form of compensation is available. Psychological treatment may be provided at my own expense or at the expense of my health care insurer, which may or may not provide coverage. In the event that I experience ongoing psychological distress following participation in this research the investigator will provide a list of resources. Some resource options include: the Psychology Today therapists database (https://therapists.psychologytoday.com/rms/prof_search.php).

14. I have received a copy of this informed consent form, which I have read and understand. All of my questions have been answered to my satisfaction. I hereby consent to participate in the research described above.

Participant's Signature

Date

I have explained and defined in detail the research procedure in which the subject has consented to participate. Having explained this and answered any questions, I am cosigning this form and accepting this person's consent.

Principal Investigator
Via Strong, M.A.

Date

APPENDIX F

Entry Form for Drawing

Thank you for completing the surveys! If you are interested in being entered into the drawing for the \$100 Target gift cards, please email the following information to viaostrong@gmail.com:

Name: _____

Email address: _____

The drawing will not occur until the period of data collection has ended, which is estimated to take 3 months.

All participants who enter the drawing will be notified by email that the drawing has taken place, and will be informed whether they are a winner.

APPENDIX G

IRB Approval Notice

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

PROTOCOL #: P0113D03-AM12

Project Title: Femininity and Sexual Well-Being: Pleasure, Authenticity, and Safety Across the Female Lifespan

Dear Ms. Strong:

Thank you for submitting your amended exempt application, *Femininity and Sexual Well-Being: Pleasure, Authenticity, and Safety Across, the Female Lifespan*, to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you and your faculty advisor, Dr. Bryant-Davis have done on the proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations (45 CFR 46 - <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>) that govern the protections of human subjects. Specifically, section 45 CFR 46.101(b)(2) states:

(b) Unless otherwise required by Department or Agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:

Category (2) of 45 CFR 46.101, research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: a) Information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and b) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

In addition, your application to waive documentation of informed consent has been **approved**.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit a **Request for Modification Form** to the GPS IRB. Because your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the GPS IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* (see link to "policy material" at <http://www.pepperdine.edu/irb/graduate/>).

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact Kevin Collins, Manager of the Institutional Review Board (IRB) at gpsirb@peppderdine.edu. On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

Sincerely,

A handwritten signature in cursive script that reads "Thema Bryant-Davis".

Thema Bryant-Davis, Ph.D.
Chair, Graduate and Professional Schools IRB

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives
Mr. Brett Leach, Compliance Attorney
Dr. Thema Bryant-Davis, Faculty Advisor

APPENDIX H

Permission to Use Measures

Subject: Re: Femininity Ideology Scale

Dear Via,

I'm glad that you're finding my work useful. You do not need my permission to use the scale; it is in the public domain and included in the two papers in which it was developed (the second one in PWQ, Tolman, Impett, Tracy & Michael 2006 is two items shorter and further validated, which I would recommend you use). There are no norms for this scale.

Best of luck with your work,

Yours,

Deb Tolman.

From: Fredrickson, Barbara L
Date: August 24, 2013 8:38:47 AM PDT
To: Via Strong
Subject: **RE: request**

Dear Via,

You certainly have my permission to use the scale. You'll find it in our 1998 JPSP paper as an Appendix.

Best wishes,

--Barbara L. Fredrickson, Ph.D.

Regarding Self-Objectification Questionnaire

From: Jennifer Reese
Date: October 14, 2013 9:49:29 AM PDT
To: Via Strong
Subject: **RE: request**

Dear Ms. Strong,

I have obtained a copy of the Female Sexual well-Being Scale and attached both a PDF version and a Word version, in case you need to add headers to it in your research.

You have permission from Johnson & Johnson to use the scale in your research, and I am assuming that you will cite the prior work when doing so. Please refer to the original manuscript for scoring information.

Good luck in your work.

Best,

Jenny

From: Miriam Liss

Date: October 6, 2013 5:25:24 PM PDT

To: Via Strong

Subject: RE: Enjoyment of Sexualization Scale

You are welcome to use the scale and do not actually need our permission. All of the items are printed in the table and the response scale is in the method section. Let me know if you need any further information in order to proceed!

Miriam Liss, Ph. D.

Professor of Psychology

University of Mary Washington