

**SELF-OBJECTIFICATION AND BODY DISSATISFACTION AMONG  
THE YOUTH IN PHALABORWA, LIMPOPO PROVINCE**

by

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## DECLARATION

I declare that **Self-objectification and body dissatisfaction among the youth in Phalaborwa, Limpopo Province**; hereby submitted to the University of Limpopo for the degree of Master of Arts in Clinical Psychology, has not previously been submitted by me for a degree at this or any other university. It is my work; of which I am the only author. I further declare that all sources have, to the best of my knowledge, been duly referenced.

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Maanaso, M.S (Mr.)

May 2022

## DEDICATION

I dedicate this study to my late mother, Mapula Lucy Maanaso (May her soul rest in peace); my father, Letjatji Simon Maanaso (*Monareng wa Maitjeng*); my sons, Morape, Letjatji and Tšhentšhi; and My siblings, Morape, Marobela, Pharare and Motale Maanaso. I should also wish to dedicate this work to my nieces; Baatseba, Bontle and Onkarabile; my nephews, Matome, Omphile, Katlego and Mokgethi. It is through your love and unwavering support that I have realised this marked milestone.

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A special thank you to Ba-Shai Ditlou Traditional Council, for granting me an opportunity to conduct my study within your jurisdiction, and doing so with little hassle. *Kea leboga, Batubatse.*

**LIST OF ACRONYMS**

SOBBS	Self-objectification Beliefs and Behaviors Scale
SOBBS-OP	Self-objectification Beliefs and Behaviors Scale-Observer's perspective
SOBBS-BS	Self-objectification Beliefs and Behaviors Scale-Body as Self
BPSS-R	Body Parts Satisfaction Scale-Revised
OBCS	Objectified Body Consciousness Scale

## ABSTRACT

The prevalence and co-occurrence of self-objectification and body dissatisfaction have become a noteworthy concern the world over, breaking demographic and sociocultural barriers such race, age, gender, sexuality, socio-economic background, and education level. Self-surveillance has also been shown to prevail where self-objectification and body dissatisfaction are concerned. However, there is limited research that investigates the role of cultural identity in the relationship between these phenomena. This study investigated how self-objectification interrelates with self-surveillance and body dissatisfaction within a sample of 168 participants, comprising of youth aged between 14 and 24. More importantly, the study investigated the mediational role of self-surveillance and cultural identity in the relationship between self-objectification and body dissatisfaction. This cross-sectional, quantitative study showed that neither self-surveillance nor cultural identity was shown to have any mediational effect on the relationship between self-objectification and body dissatisfaction. Specifically, the indirect effects of SOBBS-OP on Body dissatisfaction through both Self-surveillance and Cultural identity were not different to zero (CI = -.063 to .077 and -.064 to .086, respectively); and, the indirect effects of Self-objectification on Body dissatisfaction through both Self-surveillance and Cultural identity were not different to zero (CI = -.040 to .072 and -.077 to .066, respectively). As such, the results failed to support the predictions of the present study. It is recommended that future studies on the topic should focus on increasing sample size. Also, it is necessary to validate the scales for use in an African context, and rule out the possibility that lack of scale validation may have contributed to the outcomes.

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## CHAPTER ONE

### 1.1. Introduction

This chapter provides the background and motivation of the study, the research problem, aims and objectives, research hypotheses, and a brief overview of the chapters of the study.

### 1.2. Background and motivation

Self-objectification is proving to be a daunting problem globally (Cohen et al., 2018), and has attracted a lot of attention from researchers across different parts of the world in recent years (Adams et al., 2017; Vandenberg & Eggermont, 2014). Studies have linked self-objectification with deleterious behaviours such as heavy smoking, excessive physical exercise and eating disorders (Koleoso et al., 2018). These behaviours are an effort to maintain body weight and shape that is consistent with societal expectations (Rakhkovskaya & Warren, 2016). Research conducted in Western countries has found that Western and non-Western women who have high self-objectification also had food preoccupation (Tan et al., 2015).

The connection between self-objectification and the occurrence of body dissatisfaction has been further entrenched in an investigation by Koleoso et al. (2018) in Nigeria. The study indicated that self-objectification is a serious problem that manifests in many different ways, and results in different adverse effects, including psychological disturbances such as poor self-image, anxiety and depression (Dumitrescu et al., 2014; Ward et al., 2015). These studies indicate how grave self-objectification can be, and the subtle manner in which it can manifest (Elison et al., 2014).

Due to Westernisation and the role played by different media platforms in today's world, one can assume that problems affecting the youth in Western countries will also affect South African youths (Motseki & Oyedemi, 2017). It is worth repeating that self-objectification is associated with risky behaviours such as the consumption of unregulated food supplements and psychological problems such as ANOREXIA NERVOSA AND BULIMIA, which have been hypothesised to emanate from body dissatisfaction (Naumann et al., 2016; Wyssen et al., 2016).

Technological advancements have come to play some important roles in the areas of communication, entertainment, as well as research and learning. Some researchers have begun to turn their attention to researching about people's online activities; particularly activities that relate to self-objectification, body dissatisfaction, and self-surveillance (Cohen et al., 2018). Using self-objectification as a framework to examine the relationship between Social Networking Sites (SNS) photo activities and body-related concerns among youth, Cohen and colleagues discovered that greater investment in SNS 'selfie' activities was associated with increased body dissatisfaction and bulimia symptomatology, and risk factors such as thin-ideal internalisation which has been shown by Fredrickson and Roberts (1997) to lead to self-surveillance tendencies.

Other researchers have also made similar discoveries whereby studies have found that self-objectification may influence social media-related behaviours such as taking many pictures before posting and using photo editing (Lamp, 2019). Bell (2018) revealed that self-objectification, operationalized as self-surveillance, predicted depressive symptoms. Bell also found that self-

surveillance predicted taking multiple selfies before posting which, in turn, related to feelings of depression and feeling disingenuous online (2018). Another study of SNS revealed that selfie-viewing was associated with higher facial dissatisfaction (Yang, 2020). These studies need to be understood in the context of Social Networking Sites as a platform for social interaction, just as is any other context where people meet in large numbers.

On the other hand, investigations into the role of cultural identity in mediating the relationship between self-objectification and body dissatisfaction have found varying results. For instance; Calogero (2013) found that there were differences in how self-objectification manifests in African-American women than in their White counterparts. This suggests the presence of cultural influence in people's experience of these phenomena. Rakhkovskaya and Warren (2016) have also corroborated this; revealing that a strong cultural background lessens one's body dissatisfaction tendencies. This possibility of cultural influence on self-objectification and body dissatisfaction raises a keen interest to further explore these interactions.

### 1.3. **Research problem**

Self-objectification and body dissatisfaction have begun to attract a great deal of consideration from academics in many parts of the world (Adams et al., 2017; Bevens et al., 2018; Ward et al., 2015). Cross-cultural studies in Australia, Fiji and Tonga have established that high self-regard is linked to lower body dissatisfaction among males and females aged 20 to 86 years (Mellor et al., 2010; McCabe et al., 2012). The studies further revealed that adolescent males had higher body satisfaction than their female counterparts.

On the African continent, some studies have revealed self-objectification tendencies among Tanzanian and Togolese females who reportedly engage in the practice of skin-bleaching to look beautiful in order to impress their peers and to satisfy their partners (Charles & McLean, 2017; Kpanake et al., 2010; Lewis et al., 2010). These findings are consistent with the argument made by Motseki and Oyedemi (2017); that there exists a trend among popular African women wherein they alter their physical appearance. Motseki and Oyedemi argue that these tendencies are fueled by dissatisfaction with one's body, and internalised beauty ideals that adopt European beauty standards of a thin body and long hair which sees majority of women subscribing to the practice of wearing weaves (2017).

Pedro et al. (2016) also discovered significant body dissatisfaction among early and mid-to-post pubertal girls. Pedro and colleagues found that majority (83.5%) of the girls demonstrated body dissatisfaction and self-surveillance tendencies; further reporting that 58% of the girls expressed a wish for a thinner body size (2016). Interestingly, they also found that girls in the underweight and normal weight groups also wished to be thinner.

Other studies conducted in South Africa, focusing specifically on skin-lightening, revealed a notably high prevalence of the practice (Dlova et al., 2015). The study by Dlova and colleagues found that, from a total of six hundred women of African and Indian descent, 32.7% reported using skin lightening products (2015). According to the study, the motivations reported by the participants were a desire to treat skin disorders and to achieve a lighter complexion. Motseki and Oyedemi (2017) have already indicated that a desire to achieve a lighter complexion is associated with dissatisfaction with

one's skin colour. Rahiman et al. (2021) have also discovered that friends and family are likely to influence one to engage in the practice skin lightening as it reported to provide a fashionable look. The study found that darkly pigmented individuals engage in the practice in order to fit in. Rahiman and colleagues also revealed that men and women were equally likely to use skin lightening products, and that the practice is ten times more likely to occur in urban areas compared with rural areas (2021). These findings further evoke the need to investigate whether cultural identity and self-surveillance have any effect on the relationship between self-objectification and body dissatisfaction; as the literature leaves much to be desired about these phenomena within the South African context. This study seeks to examine this relationship.

#### **1.4. Purpose of the study and research questions**

##### **1.4.1. Study aim**

The aim of this study was to establish if self-surveillance (also called body monitoring) and cultural identity have the capacity to act as intervening variables in the association between self-objectification and body dissatisfaction among the youth in Phalaborwa, Limpopo Province.

##### **1.4.2. Objectives of the study**

The specific objectives of the present study were to:

- Establish how self-objectification and cultural identity explains the relationship between self-surveillance and body dissatisfaction amongst the Phalaborwa youth



#### 1.4.3. Hypothesis

The relationship between self-objectification and body dissatisfaction will be mediated by self-surveillance and cultural identity.

#### 1.5. **Significance of the study**

The study will expand our theoretical knowledge with regard to understanding the role of cultural identity and self-surveillance in the interactions of self-objectification and body dissatisfaction. The findings can be used as reference to advise school management, governing bodies, welfare practitioners and Life-Orientation teachers to strategise on and implement new programmes. Furthermore, information gathered herein will add to the prevailing body of knowledge within the field of psychology.

#### 1.6. **Chapters of the study**

The organisation of chapters in the dissertation will be as follows:

1.6.1. Chapter 1: Introduces and provides background to the study.

1.6.2. Chapter 2: Presents the theoretical framework and reviews of relevant literature.

1.6.3. Chapter 3: Provides the methodology of the study.

1.6.4. Chapter 4: Explains the study results and analysis.

1.6.5. Chapter 5: Discusses the results and methodological limitations of the study.

## CHAPTER TWO: THEORETICAL FRAMEWORK AND LITERATURE REVIEW

### 2.1. Introduction

The burden of this study is to assess the mediation role of self-surveillance and cultural identity in the relationship between self-objectification and body dissatisfaction. The main variables herein are self-objectification, body dissatisfaction, self-surveillance and cultural identity.

In order to craft a logical argument for the topic under discussion, this study is guided by the Objectification theory, which was formulated by Fredrickson and Roberts (1997). The theory clarifies the extreme and persistent inclination to liken people, especially women, with their bodies.

As it will be seen throughout the body of this chapter, the key highlights in this literature seem to be that objectification of others results in self-objectification, and that this phenomenon occurs in both male and females of all ages. Self-objectification has also been found to be predominant in Westernised societies. The literature further suggests that self-objectification manifests in the form of self-surveillance, which has been shown to moderate the relationship between self-objectification and body dissatisfaction. Finally, cultural identity has been shown to negatively or positively influence body image concerns, depending on socialisation.

### 2.2. Definition of key concepts

**2.2.1. Body dissatisfaction:** refers to a person's proclivity to think negatively about their own body (Fredrickson & Roberts, 1997). These thoughts include anxieties around the size of one's body, their shape and muscle tone. This involves inconsistencies between one's ideal body type and their actual body type.

**2.2.2. Objectification:** is the process of looking at something which is not an object as if it is an object (Gruenfeld et al., 2008). The process extends to treating that which is not an object as though it is one. The perceived object is then described on the basis of its physical properties. For example, a woman may be treated as an object whereby she is described solely based on her physical features.

**2.2.3. Self-objectification:** is the process through which women internalise social expectations about their bodies as objects to be valued for external appearance rather than internal qualities (Fredrickson & Roberts, 1997). The individual sees themselves as objects to be manipulated and controlled. The self-objectifying individual begins to view him or herself through the eye of the third-person. For example, they may start to focus on attaining a certain physical appearance which is appraised by other people within the environment, while relegating their abilities to a position of less importance. This phenomenon may lead to an obsession with one's physical appearance; a phenomenon termed self-surveillance. This obsession is also known as body monitoring. As such, self-surveillance and body monitoring may be used interchangeably throughout this text.

**2.2.4. Cultural identity:** familial and cultural dimensions of a person's identity, and how others perceive him or her, that is, factors that are significant to a person's identity both as perceived by the individual and how others perceive the person's identity (Ibrahim & Heuer, 2016). According to the Center for Intercultural Dialogue (2014), the identification with, or sense of belonging to a particular group is based on various cultural categories, including nationality, ethnicity, race, gender and religion. In this study, cultural identity was

measured with a global measure called Setho/Isintu Index of Cultural Identity. Although the items were geared towards African culture, they are considered to measure the general concept of identification with traditional culture.

### **2.3. Theoretical perspective: Objectification theory**

Fredrickson and Roberts (1997) saw objectification as a psychological phenomenon that involves processes of reducing people to mere objects that can simply be described according to their physical attributes. They also observed that objectification is predominant in highly sexualised communities, and that an individual who has been objectified is likely to subject themselves to some level of objectification; a process which is termed self-objectification, which results in habitual self-surveillance and body dissatisfaction Fredrickson and Roberts (1997). This was confirmed by multiple other studies over time (Grippio & Hill, 2008; Szymanski & Henning, 2007; Tiggemann & Lynch, 2001). This theory has been used widely and successfully by keen researchers, who investigated and explained self-objectification, other forms of body image concerns, and conditions under which these phenomena tend to occur (Bevens et al., 2018; Jones & Griffiths, 2014; Rakhkovskaya & Warren, 2016). The theory has proven to be robust. For purposes of this study, the theory guides the researcher in an attempt to determine participants' tendency to self-objectify and their degrees of body dissatisfaction.

The objectification theory, as robust as Fredrickson and Roberts (1997) have made it, is useful to both the researcher and participants alike. The researcher takes advantage of the theory's ability to break down the construct of objectification into quantifiable phenomena. This will help the researcher to

better understand and measure interactional patterns of self-objectification as it relates to body dissatisfaction; and the mediational role that is played by self-surveillance and a person's cultural identity.

Fredrickson and Roberts (1996) understood that self-objectification cannot exist in a vacuum. As such, the pair developed a model to explain the processes of objectification, self-objectification, as well as the role of the social milieu in the existence of these phenomena. In their model, Fredrickson and Roberts observed that cultural practices of sexual objectification such as harassment and gazing lead to self-objectification; an internalised view of self as an object (1997). From this, they postulated that self-surveillance tendencies may develop; whereby the objectified person may start to vigilantly monitor their body. Resultantly, an individual may begin to have negative subjective experiences such as appearance anxiety and body shame; which Calogero (2013) has cited as traits of body dissatisfaction. Fredrickson and Roberts (1997) have associated these experiences with depression, eating disorders, as well as sexual dysfunction. This theory opens its argument with a hypothesis that culture and cultural identity play an integral role in the processes of objectification, self-objectification; leading to self-surveillance, and body dissatisfaction (Fredrick & Roberts, 1997). This theory, therefore, possesses the qualities needed to guide this study in examining the interrelations between the main variables.

## **2.4. What previous studies have found**

### **2.4.1. Self-objectification**

It is for the benefit of the current study that the researcher attempts to articulate as clearly as possible what self-objectification is from perspectives

of different scholars. According to Grammas and Schwartz (2009), self-objectification refers to the practice of viewing oneself as an object, particularly as a result of being viewed by others as such. Various researchers appear to agree on this definition of self-objectification. For Calogero et al. (2005), self-objectification is understood to be the adoption of a third-person perspective on the self as opposed to a first-person perspective; such that girls and women come to place greater value on how they look to others rather than on how they feel or what they can do. Calogero and colleagues also observed that an objectified body is a malleable, measurable and controllable body (2005). This explains the self-critical stance that objectified people are believed to assume as a result.

Fredrickson and Roberts (1997) had earlier laid a foundation for scholars such as Calogero et al. (2005), having postulated that self-objectification is the first psychological consequence to emerge among girls and women as a result of living in a sexually objectifying cultural milieu. Researchers have successfully demonstrated a connection between self-objectification and industrialised societies (Calogero et al., 2005; Grammas & Schwartz, 2009). A study by Briñol et al. (2017) also revealed that objectification of the human body is predominant in industrialised societies. However, Briñol and colleagues also found that women's bodies are more regularly and persistently objectified than those of men (2017). Findings from the above-mentioned studies denote a prevalent but not an exclusive link between self-objectification and industrialised societies.

Self-objectification also appears to cut through demographic boundaries. For instance, Hebl et al. (2004) conducted a study in which a sample of 400

participants of different genders and ethnicities was tested in a situation that induced a state of self-objectification. The researchers discovered that when put in a self-objectifying situation, men and women of every ethnicity experienced negative outcomes that are comparable to those previously found in white women. Hebl and colleagues' study seems to counter Fredrickson and Roberts' (1997) initial belief that self-objectification only occurs in girls and women (2004).

Similar to Hebl et al. (2004), Szymanski et al. (2019) found that there was objectification tendencies among a sample consisting of lesbians, gay and bisexual men, revealing that older men were more likely than younger men to sexually objectify other men; and gay men were more likely than bisexual men to sexually objectify other men. This further entrenches the assertion that objectification goes beyond gender and sexuality. With this in mind, it is important to note that in their extensive quest for the truth, researchers have been like-minded on the prevalence of self-objectification and the fact that it is a result of being objectified (Dakanalis et al., 2014; Mckay, 2013; Morris et al., 2018; Smolak & Murnen, 2011).

Unquestionably, there is no scarcity of literature on the subject of objectification and the consequent self-objectification. Punctuating from many different angles, some scholars have discovered that self-objectification may persist in societies where men are generally regarded as dominant, masculine and independent, while women tend to be depicted as weak, sensitive and dependent (Mckay, 2013). McKay also noted that the opposite is true in modern societies where women may take flexible roles which may otherwise be regarded as masculine (2013). This assertion appears to highlight societal

expectations as the source of self-objectification. Other scholars have cited exposure to sexualising media content, pornography, music videos and video games as drivers of self-objectification (Bell et al., 2018; Lamp et al., 2019; Szymanski & Henning, 2007; Varnes et al., 2015).

Although it is not particularly clear how exposure to media causes one to self-objectify, a study that examined the long-term relationship between media habits and self-objectification found that the period of exposure to objectifying messages is less damaging than the frequency at which such messages are viewed over time (Speno & Aubrey, 2019). In a similar study, Slater and Tiggemann (2015) revealed that media exposure and social media appearance comments preceded self-objectification, while appearance comments were also set to precede self-surveillance (which will be discussed in detail later). Findings by Speno and Aubrey (2019) may provide a silver lining for those scholars who aim for an interventional approach to the problem in question, and perhaps exploratory studies would benefit from them.

All factors considered, it is instructive to conclude that another common ground for the researcher regarding self-objectification is the fact that it can have deep detrimental effects (Calogero & Jost, 2011; De Wilde et al., 2020; Erchull et al., 2013). It has been revealed that these effects can range from psychological, physiological, to behavioural effects. When Schaefer and Thompson (2018) examined the relationship between self-objectification and disordered eating, they discovered that self-objectification leads to eating disorder among Caucasian women, but not among heterosexual men and African American men in their sample. Psychological disorders appear to be a



long-standing problem. For instance, Szymanski and Henning (2007) found that self-objectification played a role in women's depression. Szymanski and Henning made this discovery five years before Fitzsimmons-Craft and Bardone-Cone (2012) discovered an association between self-objectification and trait anxiety among Caucasian women, but not African American women, and fourteen years before Xiao et al. (2021) found that there were no gender differences in the psychological risks of selfie editing. Research has associated selfie editing with self-objectification (Caso et al., 2020; Cohen et al., 2018), and has drawn a connection between selfie editing and body dissatisfaction in adult men and women (Tiggemann et al., 2020; Lonergan et al., 2019) and in adolescent girls (McLean et al., 2015).

A study conducted amongst Nigerian women discovered that above 41% of the women's selfies contain such objectification features as suggestive postures, and fair/excessive nudity (Calvain, 2018); features which are known to be indicative of self-objectification (Fredrickson & Roberts, 1997). These findings are inconsistent with the belief that Nigerian women are largely conservative in their use of selfies for self-presentation, self-imaging and self-expression in public spaces (Endong, 2019). Calvain (2018) indicates that self-objectification does not know geographical borders, and is testament to Calogero et al's (2005) assertion that self-objectification is predominant in industrialised societies. However, in disagreement with the contention by Calogero et al., (2005), Mamabolo (2019) found that black South African youth have a positive perception of their bodies. Nonetheless, Mamabolo's findings do not particularly suggest the complete absence of self-objectification among the targeted population (2019). Perhaps self-

objectification is determined by demographic factors, as Swami et al. (2010) found to be the case with body image perception among females. On this note, there appears to be a gap in the literature which focuses on self-objectification among South African youth, particularly as it relates to self-surveillance and body dissatisfaction.

Below, the current study attempts to investigate the mediational role played by self-surveillance in the relationship between self-objectification and body dissatisfaction.

#### **2.4.2. Self-surveillance**

##### **(i) Self-surveillance: a manifestation of self-objectification**

Self-surveillance (also called body monitoring) refers to the preoccupation with monitoring the body's external appearance (Schaefer et al., 2018), and has been explained by researchers as the manifestation of self-objectification (Grippio & Hill, 2008; Rollero & De Piccoli, 2017).

In line with literature on self-objectification, self-surveillance is operationalised through the construct of Objectified body consciousness (McKinley, 2011; Tiggemann, 2013), which refers to the degree to which people think about and treat their bodies as objects. Objectified body consciousness consists of three main components; namely: (a) body surveillance — the persistent thinking and constant self-monitoring, assuming an outsider's perspective to comply with cultural body standards and to avoid negative judgement; (b) body shame — feelings of shame arising due to comparison with cultural beauty standards and the perception of failure to meet them; and (c) appearance control beliefs – the belief that individuals are responsible for their bodily looks and that their physical appearance can be controlled. Such control beliefs

include dieting, physical exercise and smoking (Boursier et al., 2020; Fang et al., 2014; Moradi & Huang, 2008). More about self-surveillance in the subsections below.

(i) **Self-surveillance and body dissatisfaction**

Fredrickson and Roberts' (1997) objectification theory posits that the practice of sexual objectification leads to self-objectification, which promotes the internalisation of cultural beauty standards, leading to chronic self-surveillance and body shame (Crocker et al., 2014; Ferreira et al., 2013; Markham et al., 2005), and causing a variety of negative psychological reactions (Galdi et al., 2014; Grabe & Hyde, 2009; Jones & Griffiths, 2015). This suggests that there exists a three-way relationship between self-objectification, self-surveillance and body dissatisfaction (Gervais et al., 2010; Ghaznavi & Taylor, 2015; Feltman & Szymanski, 2018; Wright & Tokunaga, 2016).

Accordingly, self-surveillance has also been found to predict body dissatisfaction in children and adults (Fitzsimmons-Craft et al., 2016; Fuller-Tyszkiewicz, 2019; Knauss et al., 2007). Schaefer et al. (2018) found that body shame, a known component of self-surveillance (McKinley, 2011), mediated the relationship between self-surveillance and disordered eating for White and Hispanic women, but not for Black women. To understand the relevance of disordered eating, it is worth bearing in mind that this behaviour has been identified as a sign of body dissatisfaction (Jones & Griffiths, 2015) along with other adverse intrapersonal and interpersonal consequences such as sexual problems, depressive symptoms and decreased alertness to internal physiological cues (Davidson & Gervais, 2015; Erchull et al., 2013; Gapinski et al., 2003).

Research further indicates that constant vigilance to physical appearance heightens a person's awareness of flaws in their physical appearance (Gioia et al., 2020; McKenney & Brigler, 2016; Noser & Zeigler-Hill, 2014). The focus on flaws has been found to begin in childhood where researchers discovered that bodily changes that occur during adolescence can trigger constant self-surveillance through adulthood (Andrew et al., 2015; Vandenbosch & Eggermont, 2014). This discovery is consistent with earlier studies, which revealed that self-objectification and habitual self-surveillance are correlated with body dissatisfaction; and that they remain stable across the lifespan (Grippio & Hill, 2008; Myers & Crowther, 2007). This suggests that self-objectification, self-surveillance and body dissatisfaction are traceable to early life stages (Jones & Griffiths, 2015; Klump, 2013). These findings not only highlight prevalence, but also the depth to which these phenomena can entrench themselves within communities, considering that they are believed to be particularly more pronounced in industrialised societies (Briñol et al., 2017).

In a study that involved 683 participants, Dakanalis et al. (2015) revealed that media-ideal internalisation predicted the scrutinising of one's body from an external observer's standpoint, which then predicted body shame and surveillance (Duarte et al., 2015; Jankauskiene & Pajaujiene, 2012; Kroon Van Diest & Perez, 2013). In simpler terms, people who are exposed to objectifying media content begin to self-objectify, and as a direct consequence, they develop self-surveillance. While engaging in self-surveillance, if they find that their bodies are inconsistent with the cultural beauty ideals, they develop body shame, and ultimately become dissatisfied

with their bodies (Duarte et al., 2017; Oliveira et al., 2018; Slater & Tiggemann, 2010). As such, the mediator role of self-surveillance has been sufficiently demonstrated, indicating the many different ways in which self-surveillance can manifest. For instance, a study by Mercurio and Rima (2011) discovered that among Caucasian college students, self-surveillance mediated the positive relationship between self-weighing and body dissatisfaction. Self-surveillance was also found to be a specific and significant mediator of the relationship between thin ideal internalisation and body dissatisfaction (Fitzsimmons-Craft et al., 2012). More information on these relationships is provided in the body dissatisfaction section below.

#### **2.4.3. Body dissatisfaction and self-objectification**

This part of the paper burdens itself with highlighting the relationship between self-objectification and body dissatisfaction.

Body dissatisfaction is the negative subjective evaluation of one's body, and is associated with many psychological and physical health consequences (Amaral & Ferreira, 2017; Lawler & Nixon, 2011). One conceptualisation of body dissatisfaction involves an experience of discrepancies concerning the perceived body appearance and the body appearance the person aspires to attain (Halliwell & Dittmar, 2006; Karr et al., 2013; Lantz et al., 2018). Thus, body dissatisfaction is a product of an individual's perceptions, thoughts and feelings about their body (Grogan, 2016; van den Berg et al., 2007).

It must be noted that body dissatisfaction manifests in different ways (Grogan, 2016; Tiggemann et al., 2018). Paxton et al. (2006a) found that body dissatisfaction was a risk-factor for depressive mood and low self-esteem in

adolescent girls and boys. Griffiths et al. (2016) supported these findings, revealing a relationship between body dissatisfaction and impairment on mental health and quality of life (see also Bucchianeri et al., 2013).

Research has proven over time that self-objectification and body dissatisfaction prevail variably among genders and age-groups in different parts of the world (Lawler & Nixon, 2011; Marika Tiggemann & McCourt, 2013; Wood et al., 1996). Baker et al. (2019) recently found that body dissatisfaction was predominant amongst female adolescents and the youth in most Westernised countries, whereas Omori et al. (2017) did not find any significant gender differences in the experience of this phenomenon. McCabe and Ricciardelli (2004) discovered strong similarities in the levels of body dissatisfaction in both males and females, and suggested that most participants demonstrated high levels of body satisfaction. They also revealed that adolescent boys are equally divided between wanting to lose weight and increasing weight, while adult males had a stronger desire to lose weight as they get older (but, see Dye, 2016).

In a fairly recent meta-analysis, Karazsia et al. (2017) found that girls and women scored higher than boys and men in a thinness-oriented body dissatisfaction. This is consistent with the assertion that body dissatisfaction occurs variably across different levels of analysis (Lawler & Nixon, 2011; Tiggemann & McCourt, 2013). Karazsia et al. (2017) discovered that girls' and women's scores decreased gradually across time, and that male participants scored higher than girls and women on muscularity-oriented dissatisfaction

with no significant changes across time (Mäkinen et al., 2012; Murray & Lewis, 2014; Tiggemann & McCourt, 2013).

Body dissatisfaction has already been explained as a perceptual exercise that may result in persecutory psychological effects (Amaral & Ferreira, 2017; Griffiths et al., 2016). This indicates that body dissatisfaction is but one of a myriad of adverse effects of self-objectification (Calogero et al., 2011; Calogero & Thompson, 2009; Clancy, 2010). The interrelations of societal pressure, self-objectification, and body dissatisfaction among youth have been demonstrated the world over (Basson, 2018; Bernard et al., 2015; Heflick & Goldenberg, 2014). Studies suggest that sixty-seven percent (67%) of females aged between 15 and 64 have reported depressive symptoms related to self-objectification and body dissatisfaction (Cohen et al., 2018; Cox et al., 2016; Ramsey et al., 2017; Rosen et al., 2000; Tiggemann & Williams, 2012).

Wojtowicz and Von Ranson (2012) revealed that body dissatisfaction results from thin idealisation, which is predicted by self-objectification. An earlier study by Prichard and Tiggerman (2005) investigated self-objectification and body dissatisfaction among 157 female aerobics (97 participants, 60 instructors). Amongst the aerobic participants, an increase in self-objectification and body monitoring predicted body dissatisfaction. They also revealed that improvement in physical appearance was the participants' reason for exercise, whereas for the instructors, entertainment was revealed as the reason. Robinson et al. (2017) indicated that exercise is one of the common measures of body-weight control amongst individuals with body

dissatisfaction; keeping in mind that body weight control has been proven to be a product of self-objectification (Ainley & Tsakiris, 2013; Barnes & Caltabiano, 2017; Pearl & Puhl, 2014).

In their study of experiences of self-objectifying women, Heath et al. (2016) discovered that body surveillance mediated the relationship between self-objectification and body dissatisfaction among the participants. Their results also indicated that the internalisation of the body ideals mediated body surveillance through self-objectification. In agreement with Lawler and Nixon's (2011) findings, McLean et al. (2013) revealed that body dissatisfaction was predicted by appearance comparisons, internalisation, body mass index and media exposure. These results have been replicated in adolescent boys and girls (Blashill, 2011; Bucchianeri et al., 2013; de Vries et al., 2016). Internalisation appears to be the central psychological process that underpins body dissatisfaction (Fitzsimmons-Craft et al., 2012; Schaefer et al., 2018; Van Den Berg et al., 2010). These studies, thus, entrench body dissatisfaction as a perceptual exercise (McKay, 2013).

Body dissatisfaction has been shown to influence weight control behaviours in women, which may ultimately lead to the development of eating disorders, excessive physical exercise, and use of steroids (Ferreira et al., 2013; Kluck, 2010; Presnell et al., 2004). Complications resulting from self-objectification and body dissatisfaction are not a new phenomenon (Lamp et al., 2019), as subsequent evidence will indicate. Studies have demonstrated that body dissatisfaction contributes markedly to development of ANOREXIA and BULIMIA



disorder (Cash & Deagle, 1997; Jones & Griffiths, 2015; Menzel et al., 2010; Smith et al., 2013).

According to National Anorexia Nervosa and Associated Disorders (Kenny et al., 2018), up to 24 million people of all ages and genders suffer from an eating disorder. The study also reported that 5% of American females believe in a body type ideal, commonly described as “petite”. While this might not seem like a large enough number to create concern, data shows that 47% women and girls report wanting to lose weight because they compare themselves to idealised magazine photographs, and 69% of girls report that such images influence their idea of a perfect body shape (Brechan & Kvaalem, 2015; Keski-Rahkonen & Mustelin, 2016). This is consistent with findings that body dissatisfaction uniquely predicts eating pathology (Tyszkiewicz et al., 2019). Researchers have primarily attributed young people’s risk for these experiences to stressors of school transitions and the ways in which puberty may cause their bodies to deviate more from the societal thin ideal (Sharpe et al., 2013; Wardle et al., 2002). Studies have consistently proven this contention (Smart & Tsong, 2014; Tiggemann & Slater, 2015).

Early studies have attempted to identify factors that can mitigate self-objectification and body dissatisfaction (Green & Pritchard, 2003; Paxton et al., 2006b; Presnell et al., 2004). However, there appears to be a variation in some of the findings. Myers and Crowther (2007) established that strong feminist beliefs predict low self-objectification tendencies within females, and consequently less body dissatisfaction; Borowsky et al. (2016) subsequently concurred, discovering that women who identified as feminists reported

significantly higher body satisfaction than non-feminist women. Borowsky and colleagues also indicated that women who did not identify as feminists but held feminist beliefs, and non-feminist women did not differ in body dissatisfaction (2016). These findings suggest that self-identification as a feminist predicts less body dissatisfaction.

Forbes et al. (2001) revealed that self-esteem reduces these experiences of body dissatisfaction among males and females. In keeping with these findings, Andrew et al. (2016) established that body appreciation predicts less body dissatisfaction. Fuller-Tyszkiewicz et al. (2018) established that while experiences of body dissatisfaction are common due to negative appearance comments and unflattering comparisons, positive comments and efforts to avoid appearance-based comparisons may be a protective factor against these experiences.

To conclude, it must be noted that factors that promote versus protect against body dissatisfaction remain unclear, as Lonergan et al. (2019) have learned. In conformity with earlier studies (Brown & Tiggemann, 2016; Grabe et al., 2008), Lonergan and colleagues discovered that social media was a risk factor for body dissatisfaction (2019). They also found that, unlike in previous studies, which revealed self-compassion as a protective factor against body dissatisfaction (Albertson et al., 2015; Ferreira et al., 2013), self-compassion did not mitigate body dissatisfaction in either male or female participants.

#### **2.4.4. The mediating role of cultural identity in the association between self-objectification and body dissatisfaction**

Research indicates that culture, traditional masculine ideology and early relational experiences may affect male body image (Fredrickson & Roberts, 1997; Gill, 2007; Teunis, 2007). Other studies have found that a strong cultural identity promotes self-esteem and well-being, and moderates the relationship between self-objectification and body dissatisfaction (Mason et al., 2018; Schwartz et al., 2010). Studies have also found that internalised beauty ideals are rooted in people's cultural identities (Adams et al., 2017; Kroon Van Diest & Perez, 2013; Mills et al., 2014; Scharfer et al., 2018). Failure to attain these cultural standards of beauty has been proven to be a risk factor for holistic human functioning (Calogero et al., 2011; 2013). In general, bodies that are inconsistent with the cultural dictates of an acceptable body appearance may lead to body shame (Moya-Garófano & Moya, 2019; Salomon & Brown, 2019), which has been associated with self-objectification and body dissatisfaction (Calogero et al., 2009; Morry & Staska, 2001).

Literature proposes that socialisation within cultures can be effective in an effort to mitigate self-objectification and body dissatisfaction (Markus & Kitayama, 2014). This understanding of socialisation as a possible tool (Brockhoff et al., 2016; Colautti et al., 2011; Holmes et al., 2015; Mellor et al., 2010) is consistent with the discovery that Fijian girls who were socialised to value not only their body but also their family, community and relationships, were less concerned with physical appearance, regardless of traditional Fijian culture being known to emphasise a robust body shape (Chenge et al., 2019). This is also evident in a study by Schwartz et al. (2010), which discovered that

ethnicity was a significant predictor of body dissatisfaction, whereas traditional gender roles were predictors of self-objectification among college men.

Exploring self- and other- objectification amongst participants from diverse nations, Loughnan et al. (2015) discovered that culture affected self- and other-objectification. In particular, objectification was more robust among Australian, Italian, British and American participants compared to Indian, Japanese and Pakistani participants (Loughnan et al., 2015). These findings support theoretical claims that culture predicts self-objectification and body dissatisfaction (Gervais et al., 2015; Rakhkovskaya & Warren, 2016). They also support the claim that self-objectification is predominant in Western countries and Westernised societies (Kerr, 2010; Wollast et al., 2018); unlike in the Muslim culture where religious faith and the culture of modest-dressing is seen as a means to prevent objectification, and thus, moderates body dissatisfaction (Ahmad, 2011; Mussap, 2009). This suggests that sociocultural pressures, thin-ideal internalisation and self-objectification are associated with body dissatisfaction (Grippio & Hill, 2008; Myers & Crowther, 2007). There seems to be a gap for further investigation into literature concerning the subject of cultural identity, particularly its mediating role between self-objectification and body dissatisfaction.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1. Introduction**

This chapter discusses the research methodology that was adopted in the current study. It also details the research design, population and sampling design. It further indicates the area of study, the data collection process and instruments used, the study variables, and ethical considerations observed by the study.

### **3.2. Research design**

The research design method used in this study is a descriptive cross-sectional, correlational design with a quantitative methodological framework. No manipulation will be made to any of the measured variables, and there will not be an attempt to conduct follow-up data collection using the main instrument of the study.

### **3.3. Population of the study and sampling method**

The researcher distributed an overall total of two-hundred and fifteen (215) questionnaires to participants from Ga-Mashishimale Village and Namakgale Township in Phalaborwa, under the Ba-Phalaborwa Local Municipality in Mopani District, Limpopo Province. From the overall total, fifteen (15) participants did not return their questionnaires, while thirty-two (32) did not fill-in their questionnaires properly. As such, one-hundred and sixty-eight (168) filled questionnaires were considered for the study. Convenient sampling was applied to sample the participants. In convenience sampling participants are included because they are available, accessible and willing to participate (Rubin & Babbie, 2016). The study population consisted of high school

learners and community youth from Ga-Mashishimale Village and Namakgale Township in Phalaborwa.

To achieve convenience sampling, the researcher randomly approached youth within the community and explained the nature of the study and asked whether they would be willing to participate. However, very few community youth showed interest in taking part in the study. Owing to this lack of participation of community youth, the researcher proceeded to approach two (2) popular secondary schools in Ga-Mashishimale. The schools are known for their ability to attract learners both Ga-Mashishimale and Namakgale. The researcher explained the nature of the project to the school Principals and teachers. Upon reaching an agreement, the researcher visited classrooms, explaining the nature of the project to the learners, and indicating that only individuals who are willing to take part may do so voluntarily.

The inclusion and exclusion criteria were used to select the prospective participants. The ability to read and understand basic English was a key aspect of inclusion and exclusion during the selection of participants. Participants were also required to be aged from 14-24 years, as narrowly defined by the United Nations' General Assembly. As a result, the sample predominantly consisted of learners from Grades 10 to 12.

The researcher did not investigate the reasons for individuals' lack of interest in participating in the study. However, because this lack of interest presents a limitation to the study, the researcher inferred that potential participants may have been discouraged by the fact they were not incentivised or compensated for their participation. Another inference made by the researcher is that among the learner-participants, some may have felt obligated to partake in the

study even without possessing the required abilities to read and understand basic English. This may explain the high number of improperly-filled questionnaires.

#### **3.4. Area where data was collected**

Ga-Mashishimale Village is approximately 14km outside Phalaborwa, in Mopani District, Limpopo Province.

#### **3.5. Procedure for data collection**

Prior to collecting data, the researcher applied to be ethically cleared by the Turfloop Research Ethics Committee (TREC). After being granted ethical clearance, the researcher sought permission to conduct research from the local traditional authority (Ba-Shai Ditlou Traditional Council). Upon obtaining permission, the researcher approached the youth within the community of Ga-Mashishimale. The researcher later approached school principals and teachers at two (2) schools in order to ask for permission to conduct research among the learners within the school premises, as well as to get assistance in getting the learners' cooperation. The researcher was allowed to address the learners in order to recruit potential participants.

To collect data, a self-report questionnaire was used. Respondents were required to complete the questionnaires by following the instructions at the top of the protocols. Participating community youth were informed about the research, and then provided with questionnaires which they completed. The same procedure was followed with the participating learners. The selected learners were given questionnaires to complete at the end of study periods, as per agreement with the principals. It took between 30 to 40 minutes for each group of respondents to complete the questionnaires. Upon completion

of the questionnaires, the researcher collected them. On the first page of the questionnaire, there was information about the study, ethics pertaining to the research and voluntary participation. This included the consent form which the respondents signed. The questionnaires were checked for accuracy and those that were not completely filled in with a substantial number of items were discarded. Procedure for analysis of the collected data is reported in Chapter four.

### **3.6. Instruments used in data collection**

Data was collected through a comprehensive questionnaire, which consisted of demographic information and subscales extracted from different standardised scales, as outlined below:

#### **3.6.1. Demographical variables questionnaire**

This self-constructed questionnaire is used to collect a person's biographical information, such as age, area of residence, gender, ethnicity and level of education. In addition, a personal socio-economic standing method adapted from the South African Social Attitudes Survey was utilised to determine the respondents' family social status.

#### **3.6.2. Self-Objectification Beliefs and Behaviours Scale (SOBBS)**

SOBBS is a 14-item tool created and validated by Lindner and Tantleff-Dunn (2014) to measure self-objectification. It is comprised of two dimensions, namely; Observer's Perspective – which measures the extent to which a woman takes on an observer's perspective when she thinks about her own body; and Body as Self – which measures the extent to which a person values his/her physical appearance over his/her capabilities. The scale has a five-point Likert-type scale wherein 1 represents *Strongly disagree*; and 5



represents *Strongly agree*. Examples of items include: “Looking attractive to others is more important to me than being happy with who I am inside”, and “My physical appearance says more about who I am than my intellect.” Lindner and Tantleff-Dunn (2014) indicated a good internal consistency estimate of for the sub-scales. They also indicated high test–retest reliability, convergent, discriminant and incremental validity. Internal consistency for the SOBBS-BS and SOBBS-OP was  $\alpha = .701$  and  $.583$  in the present study.

### **3.6.3. Objectified Body Consciousness Scale (OBCS)**

OBCS measures an individual’s body monitoring or self-surveillance tendencies (McKinley & Hyde, 1996). The scale, which has 24 items, is a 7-point Likert scale where 1 represents *Strongly Disagree*; and 7 represent *Strongly Agree*. Further, the scale consists of 3 sub-scales, namely (1) surveillance, (2) body shame and (3) appearance control beliefs (McKinley & Hyde, 1996). The Surveillance subscale is an 8-item scale measuring how one sees oneself from an observer’s perspective (McKinley & Hyde, 1996). Examples of the items are: “I rarely think about how I look” and “I think more about how my body feels than how my body looks”. The scale is reported to have an internal consistency of  $\alpha = .89$ .

The Body shame subscale is an 8-item scale that measures feelings of shame resulting from inability to attain a body weight that conforms to societal expectations (McKinley & Hyde, 1996). Examples of the items are: “When I can’t control my weight, I feel like something must be wrong with me” and “I feel ashamed of myself when I haven’t made the effort to look my best”. The scale has an internal consistency of  $\alpha = .75$ . The Appearance control beliefs subscale. This scale also contains 8 items measuring an individual’s

appearance-oriented concerns regarding their skin colour, such as the desire to look lighter or darker (McKinley & Hyde, 1996). Examples of the items are: “I often compare my skin colour with that of other people” and “I often wonder whether or not my skin colour is attractive to other people”. The scale has an internal consistency of  $\alpha = .72$ . McKinley and Hyde (1996) concluded that the OBC scale has good test-retest reliability. They also reported that there is sound convergent and discriminant validity. In this study, OBCS is used to examine the mediator role of self-surveillance on self-objectification and body dissatisfaction.

#### **3.6.4. Body Parts Satisfaction Scale-Revised (BPSS-R)**

This is an 11-item scale measuring body satisfaction (Petrie et al., 2002). The individual's body satisfaction is rated on a 6-point Likert-type scale that ranges from 1 (*Extremely dissatisfied*) to 6 (*Extremely satisfied*). The scale generates a total score by averaging the items on a continuum, whereby 1 indicates less satisfaction and 6 indicates greater satisfaction. Examples of items include Weight, Hair and Complexion. A Cronbach alpha of  $\alpha = .86$  was reported for the BPSS-R in a study conducted among minority women in the USA, indicating that the scale is reliable (Petrie et al., 2002). The total BPSS-R achieved a reliability of  $\alpha = .900$ .

#### **3.6.5. Isintu/Setho life orientation index**

The Isintu/Setho life orientation index (Mashegoane & Makhubela, 2018) is a 7-item scale which was used to assess participants' cultural inclination or identity. The index measures the extent to which individuals live their lives according to their respective cultural influences. As such, the scale measures identification with African culture. Further, the index uses a 6-point Likert-type

scale ranging from 1 (Strongly disagree) to 6 (Strongly agree). Examples of items are: "I live my life according to the guidance and precepts of "setho"/"isintu" and "I am more comfortable in social situations when I conduct myself according to the guidelines of "setho"/"isintu". Being a self-generated measurement scale, the reliability of the Isintu/Setho life orientation index was determined during the data analysis process. The internal consistency of the Isintu/Setho life orientation index was high at  $\alpha = .846$ . Isintu/setho life orientation index was used in this study to assess the effect of cultural identity on self-objectification and body dissatisfaction.

### **3.2. Study variables**

The table below lists the variables of the study.

**Table 1:****Variables of the study**

<b>Independent variable:</b>	<b>Mediator variable:</b>	<b>Dependent variable:</b>
Self-objectification (SOBBS)	Self-surveillance Cultural identity	Body dissatisfaction (BPSS)

### **3.7. Ethical considerations**

The current study was supported by ethical guidelines for the discipline of Psychology from the Health Professions Council of South Africa (Psychology Board). Before data was collected from participants, the researcher applied for and obtained ethical clearance from the Turfloop Research Ethics Committee (TREC). The ethical approval number from the UL ethics committee is TREC/79/2021: PG. Permission to conduct data collection was sought, and obtained from the Ba-Shai Ditlou Traditional Council. Participants signed informed consent forms. Names and identifying information were not required on the questionnaires, in which cover letters were attached assuring respondents of their anonymity and confidentiality. The researcher informed participants that they would not be deceived, and the nature of the study was explained. Participants were also alerted about any risks for them arising out of the study, and were informed about voluntary participation. They were told that the study had no material benefits for them. Respondents were not forced to participate and had been told of their right to withdraw their participation at any point while filling in the questionnaire. They were also informed that should they feel uncomfortable in any way, they should tell the researcher or his supervisors (their names and e-mail addresses were on the letter explaining the research) for referral or debriefing intervention. No respondents reported feeling uneasy or troubled after filling in the questionnaire.

There is no scientific evidence of harm caused by completing a questionnaire of this nature. However, arrangements were made to assist respondents who might seek therapeutic intervention for any distress experienced as a result of taking part in the study.

## **CHAPTER FOUR: STUDY RESULTS**

### **4.1. Introduction**

This chapter presents the findings of the current study. The chapter includes a plan for the analysis of data, presentation of demographics of the sample, data analysis, results of data normality tests, and the main analyses employed in the current study. It also reports the results as they were found.

### **4.2. Plan for Analysis of data**

A total of one-hundred and sixty-eight questionnaires were completed and included in the data analysis. Data was analysed using the software Statistical Product and Service Solutions (IBM SPSS - 27), and the Process Macro developed by Hayes (2018). Demographic characteristics such as age and gender were described by generating frequency distributions and percentages. IBM SPSS was also used to calculate scale reliability. The first step in the main analyses of the study involved the determination of the normality of the data. Once this was done, parallel mediation analyses were conducted to investigate the study hypothesis.

### **4.3. Demographics of the sample**

This section provides the demographic characteristics of participants. The data analysis comprised 168 completed questionnaires. The majority (98.8%) of participants were aged 20 and below; whereas only 1.2% were aged 21 years or older. A total of 112 respondents were female and 56 were male. There were one-hundred and sixty-four (164) participants who reported their ethnicity to be black; and two reported that they were coloured; while another two did not indicate their ethnicity. A total of 129 (78%) participants reported that they live in a rural area. Participants totalling thirty-seven (37), which is

22% of total, reported that they live in an urban area. At least one hundred and six (106), which is over 60% of the participants, are from working class families, 38 (23%) from lower middle class, 14 (9%) from upper middle class, while 4 (2%) reported that they are from upper class families. Demographic information from six of the participants is missing. Only 4 (2%) participants reported having tertiary level education. As many as 164 (98%) respondents had only high school level education.

**Table 2:**  
**Characteristics of the sample (N = 168)**

<b>Variable</b>	<b>Frequency</b>	<b>%</b>
<b>Gender:</b>		
Female	112	66.7
Male	56	33.3
<b>Ethnic group:</b>		
Black African	166	98.8
“Coloured”	2	1.2
<b>Age</b>		
20 years and below	166	98.8
Over 20 years	2	1.2
<b>Area of living</b>		
Rural	129	78
Urban	37	22



<b>Variable</b>	<b>Frequency</b>	<b>%</b>
<b>Socio-economic status</b>		
Working class	106	60
Lower middle class	38	23
Upper middle class	14	9
Upper class	4	2
<b>Education level</b>		
High school	164	98
Tertiary level	4	2

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Note: N varies for each calculation because of missing values;

#### **4.4. Testing for data normality**

A normal P-P plot was generated with the intention of using it to determine if the residuals are normally distributed. The data appeared to be normal because the circles followed the normality line. The data also appeared to be homoscedastic in that the circles (representing residuals) were not spread according to any particular form. The variables were then tested for multicollinearity. The results of variance inflation factor (VIF) values hovered around 1.00, suggesting that multicollinearity was absent. Besides inspecting the VIF values, correlation analyses were conducted and inspected. According to table 3, only the SOBBS-BS and SOBBS-OP correlated above .80 with Self-objectification (SOBBS). Both subscales are components of the Self-objectification scale, and therefore, it is unsurprising that they correlate so high with the measure.

#### **4.5. Results**

##### **4.5.1. Preliminary results: Correlation analyses**

The researcher assessed linearity by plotting residuals against predicted values using regressions, which included simple and multiple regressions because they accommodated all the paths, including the indirect effect. The regressions included the independent variable (Self-objectification (SOBBS)) predicting the two mediators (self-surveillance and cultural identity (Setho/Isintu Index), a1 and a2), the independent variable (Self-objectification (SOBBS)) predicting the dependent variable (Body dissatisfaction (BPSS)), c), and each of the mediators (body surveillance, Setho/Isintu Index) predicting the dependent variable (Body dissatisfaction, b1 and b2). Analysis was done at the level of the subscales of Self-objectification, meaning that the first set of

analysis involved Self-objectification Beliefs and Behaviors Scale – Observer’s Perspective (SOBBS-OP) serving as the independent variable; and the second set of analysis involved Self-objectification Beliefs and Behaviors Scale – Body as Self (SOBBS-BS) serving as the independent variable.

**Table 3:**  
**Correlation analyses of all the main study variables**

		1	2	3	4	5	6	7	8	
1.	Age of participants	<i>r</i>	1							
		<i>p</i>								
2.	Gender of participants	<i>r</i>	-.078	1						
		<i>p</i>	<i>ns</i>							
3.	SOBBS-Observer's perspective	<i>r</i>	.001	-.103	1					
		<i>p</i>	<i>ns</i>	<i>ns</i>						
4.	SOBBS-Body as self	<i>r</i>	-.004	-.014	.458	1				
		<i>p</i>	<i>ns</i>	<i>ns</i>	.000					
5.	SOBBS	<i>r</i>	-.002	-.069	.856	.852	1			
		<i>p</i>	<i>ns</i>	<i>ns</i>	.000	.000				
6.	Self-surveillance	<i>r</i>	.062	.017	-.204	-.138	-.200	1		
		<i>p</i>	<i>ns</i>	<i>ns</i>	.008	.076	.009			
7.	Cultural identity	<i>r</i>	.030	.117	.195	.234	.251	.066	1	
		<i>p</i>	<i>ns</i>	<i>ns</i>	.012	.003	.001	<i>ns</i>		
8.	Body dissatisfaction	<i>r</i>	-.025	-.111	.327	.338	.390	-.083	.079	1
		<i>p</i>	<i>ns</i>	<i>ns</i>	.000	.000	.000	<i>ns</i>	<i>ns</i>	

#### **4.5.2. The main analyses of the study: Regression analysis findings**

Before dwelling on data analysis, the researcher first established if there is linearity between the Self-Objectification Beliefs and Behaviors Scale (SOBBS, used to measure self-objectification) and Body Parts Satisfaction Scale (BPSS, used to measure body satisfaction). Because the study was an assessment of mediation, there was also a need to assess linearity for the indirect effect. With regards to the latter, it meant that linearity had to be established for the paths constituting the indirect effect. The study used two mediators, namely; a body surveillance component of the Objectified Body Consciousness Scale, and a measure of cultural identity named Setho/Isintu Index of Cultural Identity. The two mediators are assessed within parallel mediation analysis.

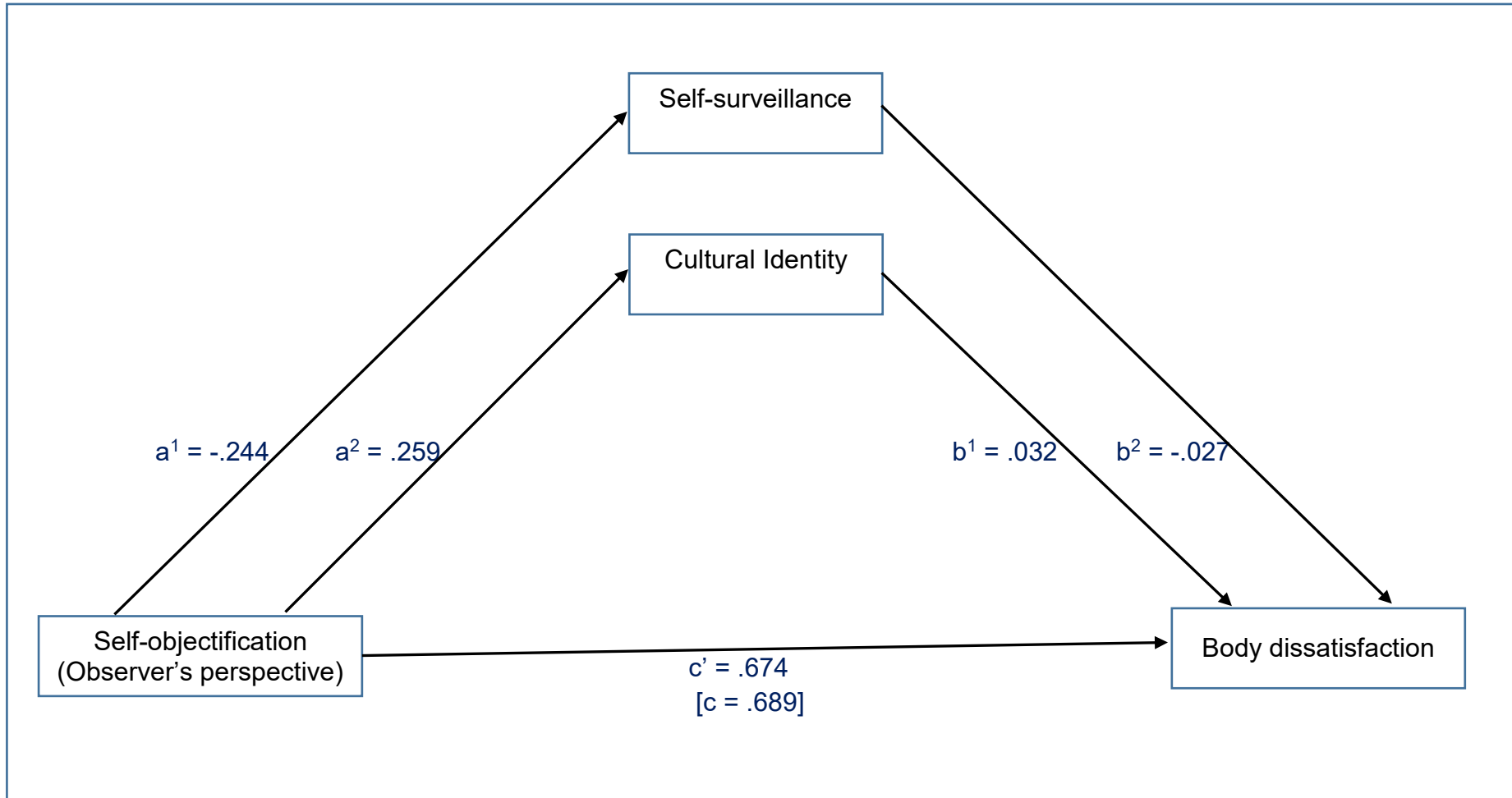
#### **4.5.3. Mediation analysis**

Parallel mediation analysis was conducted to assess whether Self-surveillance and Cultural identity mediate the relationship between Self-objectification and Body dissatisfaction. Analysis was conducted with the two Self-objectification dimensions serving as the independent variable. In terms of the findings, there was no mediation observed. First, as observed in figure 1, the indirect effects of SOBBS-OP on Body dissatisfaction through both Self-surveillance and Cultural identity were not different to zero (CI = -.063 to .077 and -.064 to .086, respectively).

Another parallel mediation analysis was conducted, with SOBBS-BS serving as the dependent variable (figure 2). The indirect effects of Self-objectification on Body dissatisfaction through both Self-surveillance and Cultural identity were not different to zero (CI = -.040 to .072 and -.077 to .066, respectively).

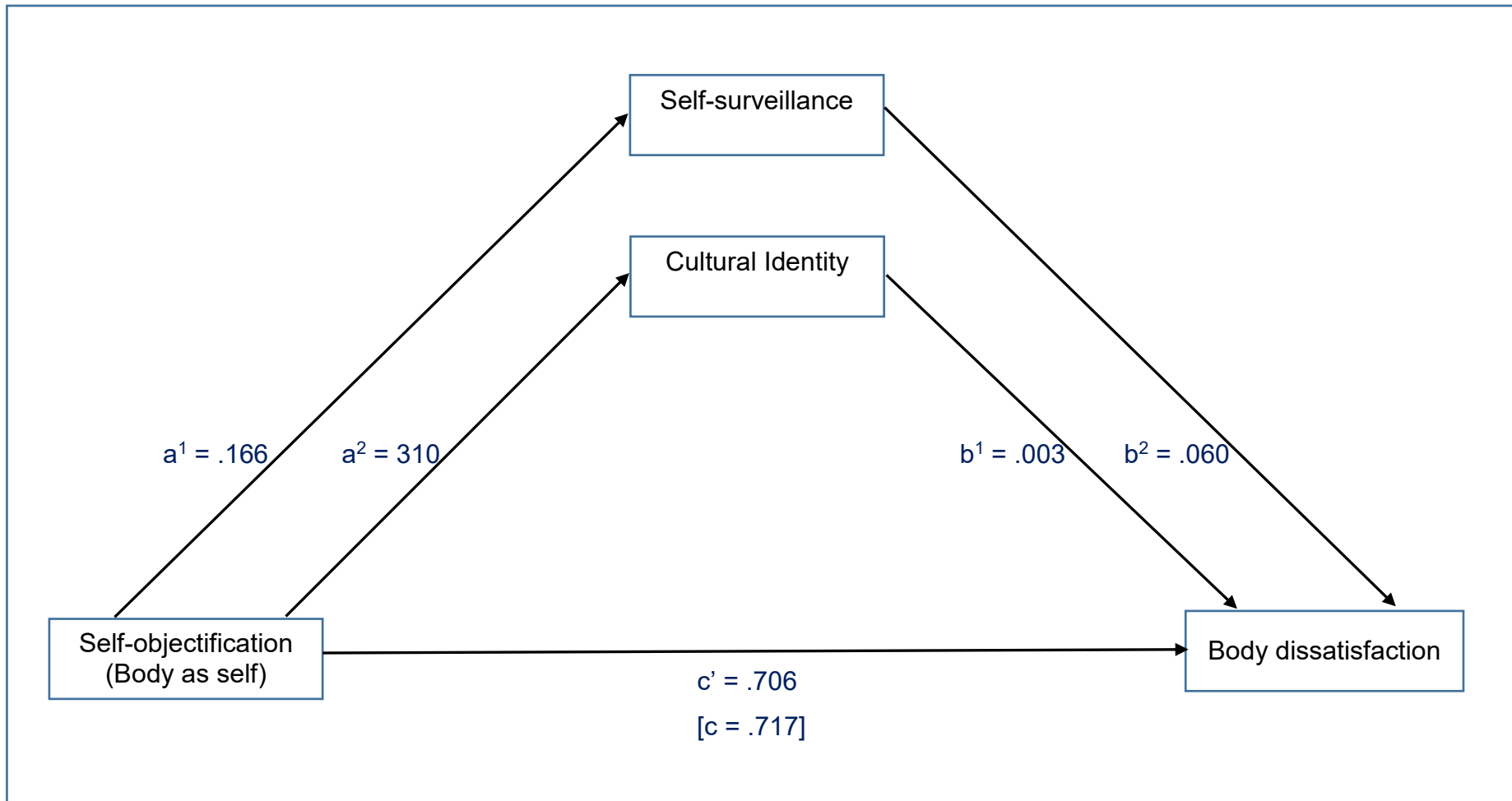
**Figure 1:**

**Test of mediation by self-surveillance and cultural identity with Self-objectification Beliefs and Behaviours Scale – Observer’s Perspective as independent variable**



**Figure 2:**

**Test of mediation by self-surveillance and cultural identity with Self-objectification Beliefs and Behaviors Scale - Body as Self as independent variable**



## **CHAPTER FIVE: DISCUSSION OF FINDINGS**

### **5.1. Introduction**

This chapter provides a detailed discussion of the results of the current study. In particular, self-objectification and body dissatisfaction are discussed, including the role of body surveillance and cultural identity as mediators in the association of the two variables. Discrepancies between some findings of this study and those by other researchers will also be highlighted; particularly in respect to body monitoring failing to mediate self-objectification and body dissatisfaction. The chapter also addresses the limitations of the study, and then makes recommendations on the basis of findings.

### **5.2. Self-objectification and body dissatisfaction**

The current study investigated the mediation roles of both Self-surveillance and Cultural identity on the relationship between self-objectification and body dissatisfaction among the youth. Research has indicated that societies that objectify women lead them (the women) to self-objectify and begin to focus on their physical appearance rather than abilities (Fredrickson & Roberts, 1997; Morris et al., 2018; Smolak & Murnen, 2011). Researchers have also shown that self-objectification predicts body dissatisfaction (Brown & Keel, 2015; Krawczyk & Thompson, 2015). This is in line with the current findings, as will be demonstrated in the discussion below.

The current study hypothesised that self-surveillance and cultural identity will mediate interactions between self-objectification and body dissatisfaction. Although the current results indicated that there was no mediation effect, the study did establish an association between self-objectification and body dissatisfaction among the surveyed sample. This association is consistent



with findings from previous studies (Dakanalis et al., 2014; McKay, 2013). This means that people from the community within which the sample was extracted may tend to view themselves through the eye of an observer.

Scholars have also demonstrated a transactional cycle of interactions between objectification and self-objectification (Calogero, 2009; Schaefer et al., 2018), wherein men subject women to appraisals for their appearance while those women try to conduct themselves in ways that elicit positive attention from men, viewing it as flattering, validating and advantageous to themselves and their in-group (Fox et al., 2021; Szymanski et al., 2011; Wars et al., 2016). These appraisal-seeking behaviours include controls such as dieting and physical exercise; both of which have been associated with body dissatisfaction (Caso et al., 2020; Rollero, 2013).

Further, scholars have discovered that objectification affects self-esteem, and can cause eating disorders in people from diverse backgrounds, regardless of age, gender or sexuality (Frederick et al., 2016; Harriger et al., 2014; Mäkinen et al., 2012; Paxton et al., 2006b; Rakhkovskaya & Warren, 2016). This implies that there might be some degree of eating and other psychological disorders among some of the individuals surveyed. Therefore, it would not be surprising to discover that all of the control behaviours associated with body dissatisfaction are also present in most of the participants, especially considering their age groupings.

Studies have further discovered that objectification carried out through the use of media and virtual gaming contents has the capacity to affect the evaluative processes that lead to self-objectification (Briñol et al., 2017; Uszkoreit, 2017; Zheng et al., 2019). Accordingly, considering that objectifying behaviours and

self-objectification have been found to be more pronounced in westernised societies (Brockhoff et al., 2016; Dakanalis et al., 2014), the perspective that self-objectification goes beyond gender (Mckay, 2013; Morris et al., 2018; Smolak & Murnen, 2011; Szymanski et al., 2019) should be acceptable. As the world is quickly becoming a global village, it can be rightly deduced that objectifying media content will cause self-objectification within liberal African societies, and by extension, the same effect can be expected within the surveyed sample. This means that exposure to objectifying imagery should be expected to result in self-objectification and, ultimately lead to body dissatisfaction.

### **5.3. Self-surveillance: lack of mediation between self-objectification and body dissatisfaction**

Findings from the current study indicate that self-surveillance does not play a mediator role between self-objectification and body dissatisfaction within the surveyed sample. These findings are contrary to the researcher's anticipation. The results are also inconsistent with studies that found that habitual self-surveillance of skin tone predicted specific skin-tone dissatisfaction as well as general shame regarding body shape and size (Buchanan et al., 2008; Grippo and Hill, 2008). Although the reasons for the lack of mediation are not known due to the nature of the current study, it is worth noting that previous studies have indicated that self-objectification and habitual self-surveillance were positively correlated with body dissatisfaction; that self-objectification and habitual body monitoring remained stable across the lifespan; and that self-surveillance can have a mediation effect in the relationship between self-objectification and body dissatisfaction (Cole et al., 2013; Fitzsimmons-Craft &

Bardone-Cone, 2012; Frederick et al., 2016; Pedro et al., 2016). This may implicitly suggest that the mediation effect of self-surveillance is contextual, thus explaining the lack thereof in the current study, even though the specific contextual dynamics are not yet known.

Calogero (2009) discovered that the impact of appearance criticisms and compliments predicted higher body surveillance and more body dissatisfaction. This further supports the contention that social context may have an influence on the role of self-surveillance in body dissatisfaction. Since the current study did not find any mediational role played by self-surveillance, perhaps the truth is parallel to popular knowledge that self-objectification emanates from being objectified through media imagery and social interaction (Calogero, 2013; Fredrickson & Roberts 1997; Krawczyk & Thompson, 2015; Rollero, 2013).

Perhaps in some contexts what causes people to self-objectify in a manner that results in self-surveillance consistent with body dissatisfaction is the level of other-objectification in which they engage. This means that for an individual to develop self-surveillance, they may first have to objectify others; and in the process of doing so, they may become self-conscious about their own physical appearance; and thus begin to engage in social comparison. Studies have demonstrated that social comparison can lead to self-surveillance; and that self-surveillance can lead to decreased body appreciation (Betz et al., 2019), body shame (Claudat & Warren, 2014; Manago et al., 2015), and ultimately body dissatisfaction (Fuller-Tyszkiewicz, 2019). Therefore, if this postulation is true, it would mean that the participants of the current study do

not engage in social comparison, and as such may not develop self-surveillance consistent with body dissatisfaction.

#### **5.4. Cultural identity: failing to mediate self-objectification and body dissatisfaction**

The researcher hypothesised that cultural identity and self-surveillance will mediate the relationship between self-objectification and body dissatisfaction among the youth. The current study did not find any mediating effect. Accordingly, these findings are inconsistent with the anticipated results. Previous studies have suggested that the influence of culture on the relationship between self-objectification and body dissatisfaction is dependent on context (Hebl et al., 2004), the dynamics of which were not the focus of the current study. As such, cultural factors that influence the relationship between self-objectification and body dissatisfaction may need to be investigated in order to understand and explain the current findings. Hebl and colleagues' suggestion is also supported by studies that have associated a strong ethnic identity with an increase in body satisfaction within minority women in America (Rakhkovskaya & Warren, 2016).

Although the current study was unsuccessful in demonstrating a mediation effect by culture, previous studies have shown that identification with one's culture can indeed mediate the relationship between self-objectification and body dissatisfaction (Rakhkovskaya & Warren, 2016). Rakhkovskaya and Warren's studies of diverse groups, much like that of Warren (2014), bring some insights regarding the current findings. For instance, the problem of lack of ethnic diversity within the surveyed sample may explain why cultural identity did not mediate the relationship between self-objectification and body

dissatisfaction in the current study. Scholars concur that European-American women have lowermost scores on ethnic identity and highest on indicators of body dissatisfaction. Black American women indicated least aspirations to become thinner (Fitzsimmons-Craft and Bardone-Cone, 2012; Rakhkovskaya & Warren, 2016; Warren, 2014), and Warren brings a different and insightful perspective to understanding body dissatisfaction.

Warren (2014) examined dissatisfaction with racially salient appearance areas such as hair, eyes and lips. Some of Warren's (2014) findings were that Latina women were considerably more dissatisfied with their eyes and nose than white and black women, and that white and Latina women reported being significantly dissatisfied with their facial features such as lips, lower body and overall body than black women. This is an indication that a stronger ethnic identity can predict lower levels of body dissatisfaction on most appearance areas for all women. These findings suggest that there are indeed disregarded factors that affect people's subjective experiences within their cultures. It is these factors that trigger a common internal reaction. This may explain the discrepancy in consequences of self-objectification on women's body dissatisfaction depending on race/ethnicity (Prichard & Tiggemann, 2005; Schaefer et al., 2018; Teng et al., 2017).

Interestingly, Awad et al. (2020) revealed that pre-encounter self-hatred attitudes appeared to be the only ethnic identity dimension to significantly predict body dissatisfaction, and that African American women who were highly enculturated experienced greater body dissatisfaction. This revelation highlights a possible explanation for the discrepancy in Rakhkovskaya and Warren (2016) and Warren's (2014) findings above. The revelation also

validates the said scholars' claims that cultural identity is a possible mediator of body dissatisfaction. It also validates the suggestion that ethnic identity may be a protective factor for Asian American and African American women against eating disorders, which are known to represent body dissatisfaction. Knowing this, one can surmise that even within the surveyed sample, enculturation and self-hatred will result in body dissatisfaction. This may also suggest that cultural awareness might trigger a need to resist self-objectification and body dissatisfaction. In essence, this would mean that if the surveyed sample had some cultural enlightenment, a mediation effect would automatically emerge.

#### 5.5. **Limitations of the study**

As expected, the researcher has noted some inevitable limitations to the study. The first one is the inherent limitation of collecting data through a self-report questionnaire, as respondents may underreport or opt to present themselves in a manner that they consider to be more favourable.

The sample size may also have a limiting effect on the main outcomes of the study. Sample size most likely did not provide adequate statistical power for conducting parallel mediation analysis. According to the analysis conducted with the Power Analysis with Mediation Models app (a Monte Carlo power analysis for mediation app; Schoemann et al., 2017), the sample size required to detect any effect using parallel mediation analysis should at the least be 780 for a power of .80 (CI = 0.74—0.85). A sample size of 168 only provides a power of 0.26 to 0.27 for all parameters.

Lastly, the generalizability of the findings may be undermined by the homogeneous demographic characteristics of the participants, and of course by the small sample size.

## 5.6. **Recommendations**

As guided by findings of the current study, future research should expand the demographic diversity and sample size of participants. Researchers should aim to examine participants' self-stated practical reactions that emanate from feelings of self-objectification and body dissatisfaction.

Knowing that self-objectification tends to manifest in majority societies, awareness workshops should be organised to educate communities, especially younger people about these phenomena.

There appears to be a need to explore as much as possible the occurrence of self-objectification, body dissatisfaction and other related reactions to objectification. Therefore, future studies should take a more exploratory approach to these problems.

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## APPENDICES

### Appendix 1: Ethical clearance



**University of Limpopo**  
 Department of Research Administration and Development  
 Private Bag X1106, Sovenga, 0727, South Africa  
 Tel: (015) 268 3935, Fax: (015) 268 2306, Email:anastasia.ngobe@ul.ac.za

#### TURFLOOP RESEARCH ETHICS COMMITTEE

#### ETHICS CLEARANCE CERTIFICATE

**MEETING:** 11 May 2021

**PROJECT NUMBER:** TREC/79/2021: PG

**PROJECT:**

**Title:** Self-objectification and body dissatisfaction among the youth in Phalaborwa, Limpopo  
**Researcher:** MS Maanaso  
**Supervisor:** Prof S Mashegoane  
**Co-Supervisor/s:** Mr K Mashaba  
**School:** Social Sciences  
**Degree:** Master of Arts in Clinical Psychology

**PROF P MASOKO**

**CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE**

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

**Note:**

- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

## Appendix 2: Permission to conduct research

**BA-SHAYI DITLOU TRADITIONAL COUNCIL**



**P O BOX 1298, BATUBATSE, 1398**      **TEL: 0810895856**

**TO WHOM IT MAY CONCERN**

**RE: PERMISSION TO CONDUCT A RESEARCH**

This letter serves to certify that Mr Mokhosana Sylvester Maanaso has been granted permission to conduct research within Ga-Mashishimale village by Ba-Shayi Ditlou traditional council.

**Researcher's details**

Full Names: Mokhosana Sylvester Maanaso  
 ID Number: 8602265774088  
 Student Number: 201419582  
 Research Topic: self-objectification and body dissatisfaction among the youth in Phalaborwa, Limpopo.

Your cooperation will be highly appreciated

Regards

Secretary 

Chief council 

Council 

DEPARTMENT OF CO-OPERATIVE DEVELOPMENT  
 HUMAN SETTLEMENTS & INFRASTRUCTURE  
 BA-SHAYI DITLOU TRADIT DIBAL COUNCIL  
**19 MAY 2021**  
 P.O. BOX 1298 BATUBATSE 1398  
 MOPANI DISTRICT SUPPORT

### **Appendix 3: Letter of invitation to participants**

**PROJECT TITLE: SELF-OBJECTIFICATION AND BODY DISSATISFACTION AMONG THE YOUTH IN PHALABORWA, LIMPOPO PROVINCE.**

**PROJECT LEADER: Maanaso Mokhosana Sylvester**

1. You are invited to participate in the following research project:

**Self-objectification and body dissatisfaction among the youth in Phalaborwa, Limpopo Province.**

2. Participation in the project is completely voluntary and you are free to withdraw from the project (without providing any reasons) at any time.

3. It is possible that you might not personally experience any advantages during the project, although the knowledge that may be accumulated through the project might prove advantageous to others.

4. You are encouraged to ask any questions that you might have in connection with this project at any stage. The project leader and her/his staff will gladly answer your question. They will also discuss the project in detail with you.

5. Known consequences of completing a questionnaire on self-objectification and body dissatisfaction: there is no evidence that suggests or proves that completing a questionnaire on self-objectification and body dissatisfaction can cause any psychological distress. However, should participation in this project tamper your psychological health, you will be referred to the local hospital and/or community clinic for psychological intervention.

6. Should you at any stage feel unhappy, uncomfortable or concerned about the research, please contact Prof Mashegoane S at the University of Limpopo, Private Bag X1106, Sovenga, 0727, Tel: 015 263 2317.