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Through the Lens of Objectification Theory: Social Media Use and Women's Behavioral Health

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Through the Lens of Objectification Theory: Social Media Use and Women’s Behavioral Health

by

Gina-Maria Roca

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Science in Public Health
with a concentration in Behavioral Health
Department of Community and Family Health
College of Public Health
University of South Florida

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June 5, 2018

Keywords: self-objectification, appearance comparison, body surveillance, body shame

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Dedication

To my parents, Michael J. Roca and Rosanna Mannino-Roca, from an early age both of you nurtured my passion for learning, reading, and writing. I am especially grateful to both of you for instilling the value of education in me and encouraging the pursuit of my academic interests. Thank you for your unwavering support, patience, and always believing in me throughout this thesis endeavor. And Dad, I know you would have been here with waffles, chocolate ice cream, and a willing ear whenever I encountered obstacles along this journey, please know our thoughtful conversations were always enough.

To my brother, Nick Roca, I am sincerely appreciative of your countless inspirational messages, prayers, and sense of humor. Thank you for always brightening my spirits, cheering me on, and making me laugh whenever I seemed to need it the most. You are truly a blessing and light in my life.

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Abstract

**Background:** Objectification theory considers how gender and culture intersect to position women at a greater risk of developing eating disorders, depression, and sexual dysfunction. Self-objectification is defined as the internalization of a third person perspective to view one’s own body, which then leads to mental health consequences of anxiety, body shame, insensitivity to internal drives, and decreased peak motivational states. Body surveillance, the habitual and constant monitoring of the body, denotes the behavioral manifestation of self-objectification. Altogether, the accumulation of objectifying experiences and mental health consequences heighten women’s risks of developing the aforementioned mental disorders.

**Rationale:** Extant experimental and correlational research supports objectification theory, in particular regarding eating disorders and depression. Research into the effects of social media on mental health is a relatively new frontier, thus gaps exist in the current body of literature. This study endeavored to contribute to the existing research base by employing qualitative methods to impart women’s personal descriptions of the experience of self-objectification and its proposed consequences in relation to social media use.

**Purpose of the Study:** The purpose of the study was to explore how women’s social media consumption contributes to self-objectification, body surveillance, appearance comparison, body shame, and appearance-based self-worth. Also, the study sought to understand if women perceived themselves differently when they were not using social media platforms.

**Methods:** Fifteen women completed the Social Media Use and Activities Questionnaire and the in-depth, semi-structured interview. The questionnaire assessed women’s active social media
accounts, frequency of social media use, and social media behaviors. The interview protocol contained questions designed to extract explanations of constructs from objectification theory such as self-objectification, body surveillance, and body shame. A multilevel thematic data analysis was performed.

**Results:** All of the individuals interviewed were heavy social media users based on the frequency of use (66.7% visit platforms several times daily), as well as the number of accounts operated (minimum of 4). Indicative of self-objectification and body surveillance, women emphasized the importance of how their physical appearance and body attributes are portrayed on social media sites. Also consistent with the definition of self-objectification, women expressed concerns about perceptions, reactions, and disapproval from others on social media regarding their physical appearance. Three additional modalities of body surveillance surfaced including: (1) using filters to enhance or modify the appearance of skin in pictures; (2) posing to accentuate facial features, hairstyles, and body attributes; and (3) women’s personal criteria regarding uploading and “tagging” of appearance-based pictures shared on social media.

Findings strongly suggest women compare their physical appearances, features, and bodies to other women. Beauty ideals are determined by evaluating the number of individuals associated with other women’s social media accounts, as well as the distribution of ‘likes’ and positive comments written by people on their appearance-focused content. Five women recollected comparing their appearances and bodies to others, engaging in body surveillance, and feeling as if their own body and appearance failed to comply with beauty ideals, which then led to the experience of feeling body shame.

Low self-esteem, depression, disordered eating, compulsive exercise, or bulimia nervosa were cited as reasons for deletion, temporary deactivation, or taking breaks from social media.
Refraining from using social media was associated with feeling less pressured, engaging in less comparisons overall, being more mindful of the present moment, and relaxing standards for personal appearances.

**Conclusions:** This study generated contextually rich, in-depth descriptions which illustrated women’s experiences with self-objectification, body surveillance, appearance comparisons, body shame, and appearance-based self-worth in the virtual world of social media. Based on results from this study, objectification theory is clearly applicable to women’s social media use and there is definitive need for future research to address the effects of social media consumption on mental health, particularly among younger generations.

Meanwhile, primary prevention initiatives should educate people about the process of self-objectification and its associated consequences, as well as teach resistance strategies. Learning how to deconstruct media content, critically analyze others' online portrayals, and build self-esteem and self-worth may impede self-objectification and its negative mental health effects. Furthermore, public health campaigns should build upon the momentum of the body positivity movement. Known to young women as “BoPo,” this movement encourages women to see themselves as more than their bodies, inspires self-acceptance, and empowers them to be unapologetic and celebrate their body in its current form without adhering to societal beauty norms. These messages are instrumental to dismantling beauty ideals, exhibiting inclusivity of all body types, and mitigating the effects of sexual objectification of the female body.
Chapter 1: Introduction

Objectification Theory

Objectification theory, reflective of the feminist perspective, situates women’s bodies in a sociocultural context to describe how the lived experience of sexual objectification renders women susceptible to three mental disorders: 1) depression; 2) sexual dysfunction; and 3) eating disorders (Fredrickson & Roberts, 1997). The underlying assumption of this framework is that women’s reproductively mature bodies are vulnerable to sexual objectification, which occurs whenever a woman’s body, body parts, or sexual functions are separated from her person. Self-objectification and sexual victimization are hypothesized to arise from the sexual objectification of women. The former entails women gradually internalizing these experiences and adopting a third person perspective to view their own body, while the latter refers to the actual sexual victimization of women. Self-objectifying experiences can lead to mental health consequences such as increased shame and anxiety, disrupted states of ‘flow,’ and insensitivity to internal drives such as hunger and arousal. According to the theory, the accumulation of these experiences positions women at a greater risk of developing depression, eating disorders, or sexual dysfunction (Fredrickson & Roberts, 1997).

Fredrickson and Roberts (1997) contend sexual objectification can be witnessed within interpersonal and social interactions (e.g. unwelcome sexual comments concerning appearance or physique), in the media when objectifying interpersonal encounters are visually portrayed, and by media depictions spotlighting women’s bodies or body parts, thereby immersing the viewer in the sexually objectifying gaze. In contrast to the media’s visual representation of men’s bodies,
images of women’s bodies oftentimes exclude the face or head and emphasize the body or body parts. The omnipresence of sexualized images of women’s bodies proliferated by the media, coupled with social exchanges, implies objectifying experiences and images are virtually unescapable and have permeated American culture. Consequently, it is reasonable to presume these experiences have significance for women’s mental health (Fredrickson & Roberts, 1997).

Figure 1. Objectification Theory by Fredrickson, B.L., & Roberts, T.-A. (1997)

Self-objectification, both insidious and indirect, alters women’s self-perspective causing them to see their bodies as objects to be viewed and appraised by others (Fredrickson & Roberts, 1997). Women increasingly begin to focus on their external attributes and their internal dialogue transforms from “how do I feel?” to “how do I look?” The behavioral manifestation of self-objectification is a state of self-consciousness marked by habitual and constant body monitoring, which triggers women to compulsively check and adjust their appearances. The unpredictable nature of judgment and evaluation about one’s appearance, accompanied by the threat of being
deemed deficient and subsequently having that deficiency exposed, fuel appearance-based anxiety (Fredrickson & Roberts, 1997).

Coexisting with this state of body surveillance are worries and concerns pertaining to one’s safety, which together comprise the anxiety stemming from self-objectification (Fredrickson & Roberts, 1997). Safety concerns and fear are incited by warnings customarily given to women about exercising caution and remaining attentive in various situations and environments, such as walking to their cars alone at night. Anxiety, hypervigilance, and safety concerns are further reinforced by the victim-blaming culture surrounding sexual violence against women, which criticizes women’s appearances with myths such as “she was asking for it” or unnecessary commentary regarding sexual assault victims’ clothing (Fredrickson & Roberts, 1997).

Shame about the body manifests when people fail to achieve a cultural or internalized ideal (Fredrickson & Roberts, 1997). Preoccupation with individual appearance, repeated comparisons to unrealistic cultural or internalized ideals, and failure to reach these expectations impel the emotional state of shame. Global attributions (e.g. “I am a bad person” versus “I did something bad”) are integral to the experience of shame. Like anxiety, shame about the body is exacerbated by fear of public disclosure revealing presupposed inadequacies. (Fredrickson & Roberts, 1997).

Peak motivational states defined as ‘flow’ denote a task-oriented state distinguished by unselfconsciousness and resolute focus (Fredrickson & Roberts, 1997). Flow is posited to enhance well-being by facilitating undivided attention, therefore helping individuals become fully absorbed in their objectives. According to objectification theory, peak motivational states are interrupted because of objectifying experiences, hence diverting women’s attention to their
physical appearance rather than the tasks at hand. Fredrickson and Roberts (1997) propose disrupted peak motivational states contribute to the evolution of mental disorders. To explain, this disturbed flow of consciousness theoretically fosters a sense of disconnection, therefore women become oblivious to internal cues (e.g. hunger or sexual arousal). The ensuing dissociation experienced by women then produces conditions favorable to the development of depression, sexual dysfunction, and eating disorders (Fredrickson & Roberts, 1997).

In summary, self-objectification, behaviorally expressed as body surveillance, engenders shame about the body, anxieties related to appearance and safety, a dearth of peak motivational states, and unawareness of internal bodily states, which work in concert to effectuate mental disorders (Fredrickson & Roberts, 1997). Albeit more extreme, perpetrators of sexual violence against women indisputably reduce women to objects rather than people. Altogether, these constitute increased mental health risks for women. The utility of objectification theory pertains to disorders with higher prevalence rates among women, including depression, eating disorders, and sexual dysfunction (Fredrickson & Roberts, 1997).

**Epidemiology and Significance of Depression, Eating Disorders, and Sexual Dysfunction**

**Depression.** Worldwide, epidemiological studies generally find higher rates of depression among women relative to men (Jones & Griffiths, 2014; Kessler, 2003). This finding remains consistent despite utilizing assorted diagnostic instruments and interviewing procedures (Kessler, 2003). These gender differences typically emerge during early adolescence (American Psychiatric Association [APA], 2013; Jones & Griffiths, 2014; Kessler, 2003), with onset of the first depressive episode occurring between ages 11 to 14 (Kessler, 2003).

From February 2001 to December 2003, the National Comorbidity Survey Replication (NCS-R) was administered to adults ($n = 9,282$) across the United States aged 18 and older
(Hudson, Hiripi, Pope Jr., & Kessler, 2007). The Composite International Diagnostic Interview (CIDI) was the measurement instrument selected to assess mental disorders based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (Kessler et al., 2003). Survey data indicated the prevalence of major depression was 1.5 to 3 times higher in women compared with men, with the total lifetime prevalence estimates ranging from 6% to 17% (Kessler, 2003). Similarly, in 2016, data from the National Survey on Drug Use and Health (NSDUH) estimated 16.2 million adults over age 18 experienced at least one major depressive episode during the past year, demonstrating a 12-month prevalence rate of 6.7% (Substance Abuse and Mental Health Services Administration [SAMHSA], 2017).

For 12-month cases of major depressive disorder, the NCS-R investigated role impairment and comorbidity with other *DSM-IV* disorders measured by the CIDI (Kessler et al., 2003). Most respondents (96.9%) described role impairment to some extent (87.4% moderate, 59.3% severe or very severe, and 19.1% very severe) in at least one domain of functioning (i.e. home, work, relationship, or social). Overall, impairment was highest in the social domain (43.4% severe or very severe), whereas impairment was lowest in the work domain (28.1% severe or very severe). Nearly 64.0% of participants met criteria for another 12-month disorder, with the co-occurrence of anxiety disorders (57.5%) surpassing both impulse control (16.6%) and substance use disorders (8.5%) (Kessler et al., 2003).

In addition, the NCS-R examined clinical severity and health care treatment of major depressive disorder (Kessler et al., 2003). Practically all 12-month cases of major depression were distinguished as clinically significant and symptom severity was categorized as mild (10.4%), moderate (38.6%), severe (38%), and very severe (12.9%) during the worst month of the past year; this measure was strongly associated with role impairment and comorbidity with
other disorders. In the twelve months preceding the interview, 57.3% of participants disclosed receiving some form treatment, with 90% visiting specialty mental health or general medical settings, or taking psychotropic medications. Of those 51.6% 12-month cases, treatment was only deemed adequate for 41.9%, therefore reflecting a total of 21.7% of 12-month cases receiving satisfactory treatment for major depressive disorder (Kessler et al., 2003).

**Eating disorders.** Like depression, eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder typically begin during adolescence or young adulthood (APA, 2013). For both anorexia nervosa and bulimia nervosa, onset preceding puberty or beyond age 40 are uncharacteristic; however, cases of early and late onset of anorexia nervosa have been noted. Also, binge eating disorder can potentially manifest during later adulthood (APA, 2013).

Data from the NCS-R determined lifetime prevalence estimates for anorexia nervosa, bulimia nervosa, and binge eating disorder were .9%, 1.5%, and 3.5% among women, while the rates in men were .3%, .5%, and 2.0%, respectively (Hudson et al., 2007). For these disorders, lifetime prevalence rates were between 1.75 and 3 times higher among women compared with men. Although the 12-month prevalence rates were lower for bulimia nervosa and binge eating disorder than the lifetime prevalence rates, similar sex differences were observed. In this sample, cases of anorexia nervosa were not reported during the past 12 months (Hudson et al., 2007).

The NCS-R evaluated the degree of role impairment for 12-month cases across four disorders: 1) bulimia nervosa; 2) binge eating disorder; 3) subthreshold binge eating disorder; and 4) any binge eating, and identified some amount of role impairment (mild, moderate, or severe) in a minimum of one domain of functioning (i.e. home, work, personal or social life) (Hudson et al., 2007). Eating disorders were concomitant with a majority of the core mood, anxiety, impulse control, and substance use disorders comprised in *DSM-IV*. Specifically, 56.2%
of those diagnosed with anorexia nervosa, 94.5% with bulimia nervosa, and 78.9% with binge eating disorder met criteria for another DSM-IV disorder measured by the NCS-R. Fifty to 63.2% of respondents received some form of treatment for emotional problems at some point during their lives, usually within a general medical setting for anorexia nervosa and binge eating disorder, while bulimia nervosa was treated in a mental health setting. However, smaller numbers of respondents disclosed receiving explicit treatment for bulimia nervosa (43.2%) or binge eating disorder (43.6%) (Hudson et al., 2007).

With regards to all mental disorders, anorexia nervosa demonstrates the highest mortality rate (Smink, Van Hoeken, & Hoek, 2012). A current meta-analysis of 35 studies calculated the weighted crude mortality rate (CMR) as 5.1 deaths per 1,000 person-years, totaling roughly 5.1% per decade. In addition, one in five individuals with anorexia nervosa died by suicide. To compare, a meta-analysis of 12 studies found the CMR of bulimia nervosa to be 1.74 per 1,000 person-years, translating to 0.17% of deaths annually from bulimia nervosa. While considerably less data exists for binge eating disorder, one 12 year study observed 2 deaths of the 68 patients admitted for inpatient treatment, thus the CMR was 2.9% (Smink et al., 2012).

**Sexual dysfunction.** In 1992, the National Health and Social Life Survey (NHSLS) was administered to a nationally representative sample of U.S. adults aged 18 to 59 to ascertain the prevalence and risk factors associated with sexual dysfunction (Laumann, Paik, & Rosen, 1999). Sexual dysfunction encompassed the following symptoms or problems: 1) lack of desire for sex; 2) arousal difficulties; 3) inability to achieve climax or ejaculate; 4) anxiety about sexual performance; 5) climaxing or ejaculating too quickly; 6) physical pain during intercourse; and 7) finding sex unpleasant (Laumann et al., 1999).
Latent class analysis (LCA) detected clustering of individual sexual problems and symptoms experienced with at least 1 sexual partner during the preceding 12 months, resulting in four categories among women: 1) unaffected group (58% prevalence); 2) lack of sexual desire (22% prevalence); 3) arousal difficulties (14% prevalence); and 4) pain during sex (7% prevalence) (Laumann et al., 1999). In contrast, the four categories that surfaced among men included: 1) unaffected group (70% prevalence); 2) premature ejaculation (21% prevalence); 3) erectile dysfunction (5% prevalence); and 4) lack of sexual desire (5% prevalence). The total 12-month prevalence of sexual dysfunction among women and men was 43% and 31%, respectively (Laumann et al., 1999). Consistent with findings from the NHLSL, more recent data approximates 40% of women experience sexual problems, with prevalence increasing to 50% during the perimenopausal and post-menopausal stages (Palacios, Castaño, & Grazzirotin, 2009).

While the aforementioned data illustrate the prevalence of sexual problems and symptoms, the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* includes clinically significant personal distress as a qualifier for diagnosis of sexual dysfunction disorders (APA, 2013). The Prevalence of Female Sexual Problems Associated with Distress and Determinants of Treatment Seeking (PRESIDE) study surveyed women ($n = 31,581$) aged 18 and older throughout the United States to estimate the prevalence of sexual problems coinciding with personal distress (Shifren, Monz, Russo, Segreti, & Johannes, 2008).

The Female Sexual Distress Scale (FSDS) measured women’s feelings of distress about their sex lives, as well as feelings of guilt, frustration, stress, worry, anger, embarrassment, and unhappiness pertaining to their sex lives (Shifren et al., 2008). Sexual problems were considered distressing if they were associated with the FSDS. Results from this study determined the age-adjusted prevalence rate was 22.2% for sexual problems related to personal distress. The
prevalence of any sexual problem (i.e. lack of desire for sex, arousal difficulties, and orgasm difficulties) associated with personal distress was 12.0% and was highest among women between the ages of 45-64 (14.8%), whereas prevalence rates were 10.8% and 8.9% among younger and older women, respectively (Shifren et al., 2008).

Age, poor physical health, and other medical conditions predicted sexual problems in both men and women (Laumann et al., 1999; Palacios et al., 2009). For example, the NHSLS found an association between urinary tract symptoms experienced by women and physical pain during sex (Laumann et al., 1999). Likewise, a literature review conducted by Palacios et al. (2009) noted medical conditions such as diabetes mellitus, cardiovascular disease, hypertension, and chronic rheumatic diseases also influenced women’s sexual functioning. Data from the NHSLS indicated psychosocial stressors such as stressful life experiences, emotional distress, and deteriorating socioeconomic position measured by diminishing household income were associated with women’s sexual dysfunction (Laumann et al., 1999). In addition, arousal disorders were strongly linked to sexual victimization. Among women, quality of life outcomes affected by sexual dysfunction included less feelings of happiness, as well as insufficient physical and emotional satisfaction (Laumann et al., 1999).

Generally, research corroborates the comorbidity of depression and sexual dysfunction among women (Palacios et al., 2009; Shifren et al., 2008). For instance, the PRESIDE study found women with current depression were more than twice as likely as their non-depressed counterparts to report distressing sexual problems (Shifren et al., 2008). Also, another important consideration is the association between sexual dysfunction and the side effects of a majority of the psychotropic drugs prescribed to treat depression (Palacios et al., 2009).
Social Media Trends

Pew Research Center (2018) surveyed 2,002 American adults aged 18 and older to analyze the social media landscape. These data reflect a mix of enduring and newly materializing trends. Consistent with previous years, 68% of American adults use Facebook. Of those, 81% are 18 to 29 years old, 78% are 30 to 49 years old, but the number falls to 65% for users 50 to 64 years old. Among all U.S. adults using social media and out of the eight platforms measured in this survey, Facebook prevailed as the most routinely visited, with 51% of users visiting multiple times per day and 23% of users visiting at least once per day, totaling 74% for net daily visits (Pew Research Center, 2018).

![Percentage of U.S. Adults Using:](image)

*Figure 2. Note. Social media site use among American adults. Adapted from “Social Media Use in 2018,” by Pew Research Center, 2018.*

Although YouTube is commonly overlooked as a social media platform, beyond video-sharing, it strives to promote social interactions by offering similar capabilities found on other social media sites (Pew Research Center, 2018). Eclipsing Facebook consumption, 73% of
American adults reported using YouTube, with 91% in the 18 to 29 age range and 85% aged 30 to 49. For this survey, Facebook and YouTube were the only social media platforms used by greater than 40% of Americans (Pew Research Center, 2018).

While YouTube and Facebook boast the largest percentages of members, other social media platforms such as Snapchat, Instagram, and Twitter are increasingly favored by young adults aged 18 to 24, even more so than their peers aged 25 to 29 (Pew Research Center, 2018). To compare, 78% of Snapchat users, 71% of Instagram users, and 45% of Twitter users were between 18 and 24 years old, whereas the percentages of users for those platforms in the 25 to 29 age range decreased to 54%, 54%, and 33%, respectively. Moreover, individuals in the 18 to 24 age bracket use both Snapchat and Instagram more frequently than the other age groups surveyed. To illustrate, 82% of Snapchat users and 81% of Instagram users conveyed visiting these platforms daily, compared with net daily rates of 63% (Snapchat) and 60% (Instagram) among U.S. adults overall (Pew Research Center, 2018).

Table 1

<table>
<thead>
<tr>
<th></th>
<th>Facebook</th>
<th>YouTube</th>
<th>Pinterest</th>
<th>Instagram</th>
<th>Snapchat</th>
<th>LinkedIn</th>
<th>Twitter</th>
<th>WhatsApp</th>
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<td>Men</td>
<td>62</td>
<td>75</td>
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<td>41</td>
<td>39</td>
<td>31</td>
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</tr>
</tbody>
</table>

*Note. Social media site use among American men and women. Adapted from “Social Media Use in 2018,” by Pew Research Center, 2018.*

In general, women tend to use social media platforms more than men, with the exception of YouTube which is used at a slightly higher rate by men (Pew Research Center, 2018). Another noteworthy trend is the extent of overlap between users and social media sites. Nearly 73% of American adults use more than one social media platform, with results establishing a median of three, though this number increases to four among adults aged 18 to 29. To illustrate, 91% of
Instagram users confirmed also using Facebook, whereas 90% of Twitter and LinkedIn users also endorsed Facebook use. Similarly, 95% of YouTube users also acknowledged using Twitter, Instagram, and Snapchat (Pew Research Center, 2018).

**Statement of the Problem**

According to objectification theory, self-objectification expressed behaviorally as habitual and constant body monitoring or body surveillance, engenders shame and anxiety concerning one’s body and appearance, decreases awareness of internal bodily states, and results in less peak motivational states (Fredrickson & Roberts, 1997). In turn, these mental health consequences accumulate, subsequently heightening women’s risk of three mental disorders: 1) eating disorders; 2) depression; and 3) sexual dysfunction, which are disproportionately prevalent among women (Fredrickson & Roberts, 1997; Tiggemann, 2011). A substantial body of experimental and correlational research supports objectification theory, in particular regarding eating disorders and depression because women’s sexual functioning remains startlingly unexplored (Calogero, 2004; de Vries & Peter, 2013; Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; Harper & Tiggemann, 2008; Hebl, King, & Lin, 2004; Jones & Griffiths, 2014; Liss & Erchull, 2015; Manago, Ward, Lemm, Reed, & Seabrook, 2015; Meier & Gray, 2014; Moradi & Huang, 2008; Quinn, Kallen, Twenge, & Fredrickson, 2006; Register, Katrevich, Arugute, & Edman, 2015; Roberts & Gettman, 2004; Szymanski & Henning, 2007; Tiggemann & Williams, 2012; Tiggemann, 2011; Tiggemann & Boundy, 2008; Tiggemann & Slater, 2015; Vandenbosch & Eggermont, 2012). Nevertheless, no prior research applies objectification theory to women’s social media use by means of qualitative methods. Thus, the literature lacks women’s personal descriptions of the experience of self-objectification and its proposed consequences in relation to social media use. In response to the problem, the investigator
proposes to bridge this gap by using a qualitative approach to investigate how women’s use of social media contributes to self-objectification and its associated experiences of body surveillance, body shame, appearance comparison, and self-worth based on physical appearance.

**Public Health Significance**

This research project is relevant and timely because of the cultural embeddedness of the sexual objectification of women, along with burgeoning social media use. Facebook alone is responsible for the distribution of nearly 10 million photographs every hour, therefore providing ample opportunity for appearance comparisons and body surveillance (Fardouly, Diedrichs, Vartanian, & Halliwell, 2015; Royal Society for Public Health [RSPH], 2017). The RSPH (2017) conducted the Youth Health Movement Survey with 1,479 14 to 24 year olds living in the U.K. The survey evaluated the degree to which YouTube, Twitter, Facebook, Snapchat, and Instagram improved or worsened 14 health-related issues: 1) awareness of other people’s health experiences; 2) access to trustworthy health information; 3) emotional support; 4) anxiety; 5) depression; 6) loneliness; 7) sleep; 8) self-expression; 9) self-identity; 10) body image; 11) real world relationships; 12) community building; 13) bullying; and 14) fear of missing out. Survey results indicated 4 of the 5 platforms worsened anxiety, depression, loneliness, sleep, body image, and bullying, with YouTube only ranking negatively for the latter three (RSPH, 2017).

Given these findings, this research is vital to understanding how women’s social media use evokes self-objectification and its proposed consequences to discover how these related experiences contribute to the development of, or influence existing, mental disorders. Information garnered from this research will be important to designing interventions aspiring to interrupt the cycle of self-objectification and its mental health consequences, in this regard, diminishing the risk of developing more serious mental disorders.
Moreover, the mental health consequences and disorders purported to arise because women live in a culture where sexual objectification is rampant underscores the importance of this research. While a myriad of research attempts to account for the variation in prevalence of depression, eating disorders, and sexual dysfunction between genders, these discrepancies cannot be solely justified by biological, genetic, and psychosocial factors (APA, 2013; Jones & Griffiths, 2014; Kessler, 2003). Therefore, it is critical to evaluate how gender and culture intersect within the social media environment by recasting these phenomena through the lens of objectification theory. As has been noted, the correlates of depression, sexual dysfunction, and eating disorders include varying degrees of role impairment and clinical severity, comorbidity with other conditions, lack of specialized treatment, risk of mortality, and impaired quality of life outcomes; all of which underpin the urgency of further investigating factors contributing to women’s mental health (Hudson et al., 2007; Kessler et al., 2003; Laumann et al., 1999; Palacios et al., 2009; Smink et al., 2012). Furthermore, this research indirectly addresses long-term objectives established by Healthy People 2020 including: 1) reducing the suicide rate; 2) reducing the number of people who experience major depressive episodes; and 3) increasing depression screening by primary care practitioners (Healthy People 2020, 2017).

**Purpose of the Study and Research Questions**

The purpose of this research study is to explore how women utilize social media sites and discover how this impacts behavioral health. Using the lens of objectification theory, the study aims to uncover women’s lived experiences of body surveillance, appearance comparison, body shame, and appearance-based self-worth in the context of social media site use. Finally, the study seeks to understand if women perceive themselves differently when they are not using social media platforms.
The study will be guided by the following research questions: 1) How does social media use contribute to self-objectification among women?; 2) Do women who use social media sites engage in body surveillance and appearance comparison?; 3) How are body shame and appearance-based self-worth influenced in the context of social media use?; and 4) Do women evaluate and/or perceive themselves differently when they are not using social media sites?

Table 2

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Objectification Theory Constructs</th>
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| 1. How does social media use contribute to self-objectification among women? | Self-objectification  
Body surveillance |
| 2. Do women who use social media sites engage in body surveillance and appearance comparison? | Body surveillance  
Appearance anxiety  
Body shame |
| 3. How are body shame and appearance-based self-worth influenced in the context of social media use? | Self-objectification  
Body shame |
| 4. Do women evaluate and/or perceive themselves differently when they are not using social media sites? | Peak motivational states |

To summarize, Chapter 1 provided an overview of objectification theory, the epidemiology and significance of depression, eating disorders and sexual dysfunction, and a description of the current social media landscape. Also, this chapter defined the statement of the problem, the public health significance of this research, the purpose of the study and the associated research questions.

The current literature as it pertains to objectification theory and social media use will be reviewed in Chapter 2. Specifically, Chapter 2 will expound upon the experimental and correlational research testing self-objectification and its proposed mental health consequences. Though limited, experimental and correlational research applying objectification theory to social media use will be addressed. In addition, the next chapter will discuss the internalization of
beauty ideals, social media consumption and features, and will explain how these affect body image and mood.
Chapter 2: Literature Review

Trait and State Self-Objectification

Objectification theory predicts some individuals are more likely than others to internalize objectifying experiences and view their own body from a third person perspective (Fredrickson & Roberts, 1997; Fredrickson et al., 1998). The existing body of research defines this as trait self-objectification, which presumably remains stable across time (Calogero, 2004; Fredrickson et al., 1998; Harper & Tiggemann, 2008; Hebl et al., 2004; Quinn et al., 2006; Tiggemann & Boundy, 2008). Alternatively, Moradi and Huang (2008) label trait self-objectification as self-reported self-objectification. In contrast to trait self-objectification, state self-objectification or experimentally heightened self-objectification theoretically fluctuates over time and ostensibly increases in situations when the awareness of an observer’s perspective of the body is amplified (Calogero, 2004; Fredrickson et al., 1998; Harper & Tiggemann, 2008; Hebl et al., 2004; Moradi & Huang, 2008; Quinn et al., 2006; Tiggemann & Boundy, 2008).

The Self-Objectification Questionnaire (SOQ), a commonly used self-report instrument, operationalizes trait self-objectification by assessing the difference between the perceived importance of physical appearance and physical competence-based attributes, with positive scores accentuating the importance of physical appearance (Fredrickson et al., 1998). Self-objectification is also operationalized through experimental design. A state of self-objectification may be induced by exposing participants to sexually objectifying situations and the impact of this exposure is then measured on criterion variables (Calogero, 2004; Fredrickson et al., 1998;
Harper & Tiggemann, 2008; Hebl et al., 2004; Moradi & Huang, 2008; Quinn et al., 2006; Tiggemann & Boundy, 2008).

**Experimental research with objectification theory.** One popular approach to manipulating self-objectification is the swimsuit-sweater method, which involves participants trying on a swimsuit or a sweater (i.e. control group) in front of a full-length mirror (Fredrickson et al., 1998; Hebl et al., 2004; Moradi & Huang, 2008; Quinn et al., 2006). Fredrickson et al. (1998) conducted a landmark study comprised of two experiments which investigated the effects of state self-objectification on eating behaviors and performance.

In the first experiment, 75 women were randomly assigned to the either the swimsuit or sweater condition (Fredrickson et al., 1998). Greater levels of body shame were found among women who scored high on the SOQ and were assigned to the swimsuit condition. Eating behaviors were grouped into three categories: 1) the true restraint group; 2) the symbolic restraint group; and 3) the no restraint group. Researchers surmised the symbolic restraint group may represent women’s reluctance to traverse a psychological boundary, as all but a small amount of cookie remained on the plate. Of note, those with high levels of body shame were 1.15 times more likely to be in true restraint group than the no restraint group, and 1.45 times more likely to be in the symbolic restraint group than in the no restraint group (Fredrickson et al., 1998).

Although similar to Experiment 1, the second experiment included both men and women ($n = 82$) and employed additional measures (Fredrickson et al., 1998). Participants in the swimsuit condition wrote four statements pertaining to the size and shape of their body, while those in the sweater condition wrote two, which was interpreted as evidence supporting state self-objectification (Fredrickson et al., 1998). For women, the experimental manipulation of trying on a swimsuit produced body shame; in contrast, body shame in men was predicted by
levels of trait self-objectification, rather than experimental condition. Women assigned to the swimsuit condition exhibited significantly poorer performance on the math test compared with those in the sweater condition, unlike men’s performance which was impervious to experimental condition (Fredrickson et al., 1998).

Trying on a swimsuit evoked different emotions in men and women (Fredrickson et al., 1998). In general, women in the swimsuit condition communicated more feelings of disgust, distaste, and revulsion compared with men who described more lighthearted, self-conscious feelings. Eating behaviors were categorized as: 1) the restraint group and 2) the no restraint group. Restrained eating was predicted by body shame, participant sex, and scores on the SOQ. Notably, women were 31.86 times more likely than men to be in the restrained eating group. Participants were 1.30 times more likely to be in the restraint group as levels of body shame increased. Furthermore, those with higher scores on the SOQ were 4.23 times more likely to be in the restrained eating group, versus those who scored lower on the SOQ (Fredrickson et al., 1998).

The swimsuit-sweater study conducted by Hebl et al. (2004) addressed two particular limitations of the earlier study by Fredrickson et al. (1998). According to Hebl et al. (2004), the swimsuit condition was unbalanced; specifically, the experimental condition for men required them to try on swim shorts or a sweater, yet swim shorts are essentially the same as men’s summertime attire, so the researchers concluded swim shorts may be ineffective at heightening state self-objectification. To rectify this issue, the Hebl et al. (2004) study had men in the experimental condition try on a Speedo. Next, the sample of the Fredrickson et al. (1998) study was described as homogenous and predominantly Caucasian. To better account for race and
ethnicity differences, the Hebl et al. (2004) study included African American, Asian American, Caucasian, and Hispanic men and women.

Similar to the Fredrickson et al. (1998) study, researchers measured trait and state self-objectification, body shame, performance, and eating behaviors; however, researchers also included state self-esteem (Hebl et al., 2004). Using randomization, participants \((n = 400)\) tried on either a Speedo (men), one-piece swimsuit (women), or sweater (control). Participants wore the assigned garment and worked on the math and self-esteem items in the allotted time, then redressed and completed the taste test, as well as a second survey (Hebl et al., 2004).

Consistent with previous research, higher levels of trait self-objectification were observed among women, and participants in the swimsuit condition evidenced more state self-objectification than those in the sweater condition (Hebl et al., 2004). Results determined a main effect for ethnicity, such that levels of trait self-objectification were highest among Hispanic participants but were lowest among African American participants. Of note, higher levels of trait self-objectification surfaced among Asian American men rather than Asian American women. Body shame levels were highest for those assigned to the swimsuit condition; and, as expected, body shame was greater for women than men. In general, women disclosed lower levels of self-esteem than men, and participants in the swimsuit condition exhibited lower self-esteem than their counterparts in the control condition. Regarding performance on the math test, participants in the swimsuit condition scored worse than those in the sweater condition. Although, men outperformed women on the math test, the difference in performance varied by race/ethnicity (Hebl et al., 2004).

Even though results from these three experiments confirm self-objectification hinders performance, Quinn et al. (2006) speculated the performance-related findings perhaps emanate
from stereotype threat (Fredrickson et al., 1998; Hebl et al., 2004). Stereotype threat occurs when tasks associated with a certain identity, such as gender, are linked to a specific domain, such as math (Quinn et al., 2006). In the domain of math, the stereotype exists that women are less proficient; hence, women possibly performed worse because wearing a swimsuit reminded them of their gender and cued this stereotyped belief. To examine the effects of self-objectification on performance, Quinn et al. (2006) replaced the math task with the Stroop color-naming task, which asked participants to state the color of the ink for the written words as they appeared.

As in the earlier studies, Quinn et al. (2006) utilized the TST, body shame measures, and the Stroop color-naming task to determine the effects of state self-objectification on performance. Seventy-nine women of varying racial and ethnic backgrounds were randomized to either the swimsuit or sweater condition. Participants wore either a V-neck sweater or a one-piece swimsuit, responded to the TST, body shame questionnaires, and completed the modified Stroop task (Quinn et al., 2006).

Regardless of race/ethnicity, wearing a swimsuit generated the sensation “I am my body,” therefore indicative of state self-objectification (Quinn et al., 2006). Similarly, irrespective of ethnic background, women in the swimsuit condition felt more body shame than those in the sweater condition. Finally, women of all ethnicities in the swimsuit condition exhibited longer reaction times across all word types when compared with those in the sweater condition (Quinn et al., 2006).

Undeniably, the aforementioned experimental studies embraced an overt manipulation of self-objectification through the swimsuit-sweater method, but other studies employed understated tactics to assess the insidiousness of self-objectification (Calogero, 2004; Harper & Tiggemann, 2008; Roberts & Gettman, 2004; Tiggemann & Boundy, 2008). As previously
discussed, the recurrent and pervasive nature of sexual objectification of the female body is central to objectification theory; thus, women and girls slowly internalize the observer’s perspective of their own bodies as time passes (Fredrickson & Roberts, 1997; Tiggemann & Williams, 2012). Because of this, it is unnecessary to conspicuously ask women to appraise their looks, as indirect cues are capable of causing women to regard their physical appearance from a critical observer’s perspective (Calogero, 2004; Harper & Tiggemann, 2008; Roberts & Gettman, 2004; Tiggemann & Boundy, 2008).

To illustrate, Calogero (2004) subtly manipulated self-objectification by investigating how the effect of anticipating a male or female gaze influences women’s appearance concerns. Women ($n = 105$) were randomly assigned to one of three conditions, in which they were told they would interact with a male stranger, a female stranger, or no one. Those in the experimental conditions were informed they would be engaging in conversation for five minutes with a stranger and the female experimenter. While waiting, a survey consisting of body shame, social physique anxiety, and dietary intent measures were administered (Calogero, 2004).

Trait self-objectification was correlated with body shame, social physique anxiety, and dietary intent, whereas body shame was correlated with the latter two (Calogero, 2004). Women in the male gaze condition scored higher on the body shame and social physique anxiety measures than those in the female gaze condition. Notably, interactions with a male stranger never occurred, yet the mere anticipation of interaction was enough to produce negative effects (Calogero, 2004).

Another study by Roberts and Gettman (2004) unobtrusively intensified state self-objectification by exposing men and women to objectifying words. Priming, the theoretical assumption guiding this study, occurs when knowledge structures are incidentally activated.
Participants \((n = 160)\) were randomized into one of three conditions: 1) a self-objectification priming condition; 2) a body competence priming condition; and 3) a control condition (Roberts & Gettman, 2004).

Those in the self-objectification priming condition, on average, wrote 1.92 statements referring to shape and size of their body or appearance, whereas participants in the body competence condition wrote an average of 1.00 such statements (Roberts & Gettman, 2004). Women in the self-objectification condition scored higher on the shame and appearance anxiety measures compared with women in the body competence condition, while men’s scores did not differ across either condition (Roberts & Gettman, 2004).

Overall, women in the self-objectification condition reported higher levels of shame than men in both the self-objectification and body competence conditions (Roberts & Gettman, 2004). Also, ratings for disgust were higher among women in the self-objectification condition. Results from the Appeal of Physical Sex Scale showed scores differed among women in the self-objectification and body competence conditions, unlike men’s ratings, which showed no difference between conditions. Taken together, this research conveys the existence of a rather sophisticated schema involving objectification of the female body because words single-handedly intensified state self-objectification (Roberts & Gettman, 2004).

To further explore state self-objectification, Tiggemann and Boundy (2008) manipulated the surrounding physical and social environment using a 2 (objectifying vs. non-objectifying environment) x 2 (appearance compliment vs. no compliment) between-subjects experimental design. Women \((n = 96)\) were randomly assigned to one of the four conditions. The control condition featured a normal-looking, but bathroom scales, two full-length mirrors, and fashion magazines furnished the objectifying condition. Participants then received either a compliment
about their appearance or no comment at all; the compliment was embedded in the delivery of the experiment’s instructions (Tiggemann & Boundy, 2008).

Women with higher levels of trait self-objectification were more sensitive to the environmental manipulation than those with lower levels of trait self-objectification (Tiggemann & Boundy, 2008). In addition, higher levels of trait self-objectification and receiving an appearance compliment elicited greater body shame, which is consistent with objectification theory’s assertion that drawing attention to physical appearance, even something seemingly innocuous such as an appearance compliment, is capable of provoking consequences (Tiggemann & Boundy, 2008).

Harper and Tiggemann (2008) conducted the first study to examine the effects of media images on state self-objectification, appearance anxiety, mood, and body dissatisfaction. A between-subjects experimental design with three independent variable levels: 1) the product control; 2) thin-idealized female; and 3) thin-idealized female with male was employed. The product control set contained 15 full page advertisements of products alone. Four advertisements from the control set, plus 11 advertisements displaying most of a thin, attractive model’s body were showcased in the thin-idealized female set. Likewise, the thin-idealized female with male set had 11 advertisements showing a thin, attractive female model portrayed as the subject of interest by at least one male and the same four products only advertisements used in the other experimental set. Researchers established state self-objectification, appearance anxiety, negative mood, and body dissatisfaction were highest among women in both experimental conditions with no statistically significant difference between the two groups (Harper & Tiggemann, 2008).

In summary, the experimental evidence supports several propositions imparted by objectification theory. Chiefly, self-objectification existing as both a trait and context dependent
state, and even though individual differences are apparent, women tend to self-objectify and experience the associated mental health consequences of self-objectification more so than men. (Calogero, 2004; Fredrickson et al., 1998; Harper & Tiggemann, 2008; Hebl et al., 2004; Moradi & Huang, 2008; Quinn et al., 2006; Roberts & Gettman, 2004; Tiggemann & Boundy, 2008). Perhaps most compelling are the experimental findings from the studies that subtly heightened self-objectification, as these results validated the pervasive repercussions of sexual objectification of the female body by using indirect means (Calogero, 2004; Harper & Tiggemann, 2008; Roberts & Gettman, 2004; Tiggemann & Boundy, 2008).

**Correlational Studies Testing Self-Objectification and its Proposed Consequences**

The following correlational studies tested self-objectification and its proposed mental health consequences in relation to depression, eating disorders, and sexual dysfunction. Szymanski and Henning (2007) surveyed women ($n = 217$) aged 18 to 63. For the purpose of this study, researchers created a scale to measure flow, which was characterized by one’s ability to maintain concentration, unconcern about problems, lack of self-consciousness, sensitivity to performance-related feedback, and one’s ability to develop coping skills and set goals (Szymanski & Henning, 2007).

Results indicated depression was significantly correlated with self-objectification, body monitoring, flow, body shame, and appearance anxiety; however, correlations between depression and internal awareness or age were not statistically significant (Szymanski & Henning, 2007). Flow, body shame, and appearance anxiety were significantly correlated with self-objectification and body surveillance. The final path model, consistent with objectification theory, showed self-objectification decreased with age, led to habitual body monitoring, which

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then resulted in less flow and greater body shame and appearance anxiety; these consequences subsequently led to depression (Szymanski & Henning, 2007).

One limitation of the extant correlational research is the fragmentary testing of objectification theory (Tiggemann & Williams, 2012). The theory postulates the three mental health outcomes potentially manifest as a result of the underlying states generated by the experience of self-objectification, yet many studies only examine certain constructs of the theory and treat the mental health outcomes as separate from one another. In an effort to comprehensively test objectification theory, Tiggemann and Williams (2012) surveyed 116 Australian female undergraduate students using self-objectification, body surveillance, body shame, appearance anxiety, internal awareness, flow, depressed mood, disordered eating, and sexual functioning measures (Tiggemann & Williams, 2012).

Body shame, internal awareness, disordered eating, and depressed mood were significantly correlated with self-objectification and body surveillance (Tiggemann & Williams, 2012). In contrast, appearance anxiety and flow (negatively) were correlated with only body surveillance. Sexual functioning was not associated with self-objectification or body surveillance. The hypothesized mental health consequences of body shame, appearance anxiety, lack of internal awareness, and disrupted flow were associated with both disordered eating and depressed mood; however, only appearance anxiety was correlated (negatively) with sexual functioning (Tiggemann & Williams, 2012).

According to the structural equation model, body surveillance predicted body shame and appearance anxiety, which subsequently predicted lack of internal awareness and disrupted flow (Tiggemann & Williams, 2012). In turn, body shame predicted disordered eating and lack of internal awareness predicted depressed mood; flow offered no predictive value of any of the
mental health outcomes. On the other hand, appearance anxiety predicted all three outcomes: 1) depressed mood; 2) disordered eating; and 3) sexual functioning (Tiggemann & Williams, 2012).

**Recasting Social Media Use through the Lens of Objectification Theory**

**Internalization of beauty ideals and social media consumption.** While an extensive body of previous research studied the effects of television and print media on body image and mental health outcomes, the Internet and social media sites remain as relatively untapped domains (Meier & Gray, 2014; Tiggemann & Miller, 2010; Tiggemann & Slater, 2013). A vital consideration for media research is the internalization of beauty ideals, which refers to an individual’s acceptance of size and appearance norms as suitable criteria for their own size and appearance (Manago et al., 2015; Meier & Gray, 2014; Tiggemann & Miller, 2010; Tiggemann & Slater, 2013; Vandenbosch & Eggermont, 2012). Pertinent to understanding how self-objectification and body surveillance function with regards to media exposure is the extent to which these ideals are internalized. According to Vandenbosch and Eggermont (2012) the internalization of beauty ideals happens either explicitly or implicitly and potentially precedes self-objectification and body surveillance. In essence, one must measure themselves against these ideals to learn which attributes constitute beauty prior to engaging in self-objectification and body surveillance (Vandenbosch & Eggermont, 2012).

Vandenbosch and Eggermont (2012) surveyed female teenagers aged 13 to 18 (n = 558) about exposure to sexually objectifying media content, self-objectification, body surveillance, and internalization of beauty ideals. Participants reported using social media sites several times a week, whereas they reported viewing music television monthly, and occasionally watching television shows and reading magazines. Participants’ scores on the SOQ confirmed greater emphasis on physical appearance-based attributes rather than physical competence-based
attributes. Correlational analysis revealed significant relationships between the different forms of media consumption (except for primetime television) with self-objectification, body surveillance, and internalization (Vandenbosch & Eggermont, 2012).

The structural equation model showed watching sexually objectifying music television and reading fashion magazines predicted the internalization of beauty ideals, but internalization was only marginally associated with social media use (Vandenbosch & Eggermont, 2012). Reading fashion magazines and visiting social media sites predicted self-objectification, while social media use alone predicted body surveillance (Vandenbosch & Eggermont, 2012).

Notably, the greater the consumption of sexually objectifying music television, fashion magazines, or use of social media, the greater the internalization of beauty ideals, which then led to higher levels of self-objectification (Vandenbosch & Eggermont, 2012). An indirect relationship was found between body surveillance and self-objectification, such that increased exposure to fashion magazines and social media led to greater levels of self-objectification, which then predicted higher levels of body surveillance (Vandenbosch & Eggermont, 2012).

Tiggemann and Miller (2010) investigated media consumption (magazine, television, Internet) among female teenagers aged 13 to 18 ($n = 156$) and examined the effects on internalization of the thin ideal, appearance comparison, weight satisfaction, and drive for thinness. Teenagers approximated Internet use during the week as between 2 and 3 hours daily, which was similar to their weekend usage. In order, the most frequent Internet activities were: 1) homework; 2) email; 3) instant messaging; 4) downloading music; and 5) social media. Concerning time dedicated to Internet activities, social media ranked second with participants favoring Myspace and Facebook, 64.3% and 41.8%, correspondingly. To better understand the effects of social media site use, time spent using specific social media networks was calculated.
Researchers confirmed an association between the amounts of time spent using MySpace and Facebook and increased drive for thinness, while time spent using Facebook was also associated with greater internalization of the thin ideal and lower levels of weight satisfaction (Tiggemann & Miller, 2010).

Magazine exposure and Internet appearance exposure were both significantly correlated with the outcome variables of appearance comparison, internalization of the thin ideal, and drive for thinness (Tiggemann & Miller, 2010). Television exposure was only significantly correlated with appearance comparison, whereas Internet appearance exposure was exclusively negatively correlated with weight satisfaction. Further data analysis detected internalization of the thin ideal and appearance comparison mediated the relationship between Internet appearance exposure and weight satisfaction, but drive for thinness only partially mediated this relationship (Tiggemann & Miller, 2010).

Building upon Tiggemann and Miller’s (2010) research and incorporating self-objectification, Meier and Gray (2014) extended their inquiries to which particular Facebook features coincided with body image disturbance in adolescent girls (n =103). This study discovered the amount of time on Facebook allotted toward photo activities contributed to internalization of the thin ideal, self-objectification, weight dissatisfaction, and drive for thinness. Findings from these studies implicate time spent using social media and certain activities accomplished on these sites are risk factors contributing to poorer body image and eating disorders (Meier & Gray, 2014; Tiggemann & Miller, 2010).

To replicate and broaden earlier findings from the Tiggemann and Miller (2010) study, Tiggemann and Slater (2013) surveyed 1,087 female teenagers of differing socioeconomic, racial, and ethnic backgrounds. The primary aim of the study was to assess the effects of Internet
exposure on body image concerns. Previous research deduces internalization of beauty ideals and body surveillance are precursors for drive for thinness, which is regarded as the leading behavioral indicator associated with anorexia nervosa (Tiggemann & Slater, 2013).

Most of the participants (95.9%) reported having access to the Internet within their own home, with nearly half having access in their own bedroom (Tiggemann & Slater, 2013). While an array of Internet activities, including use of another social media platform (MySpace) were investigated for this study, Facebook was identified as the most popular website visited with 75.1% of participants stating they had a profile. Facebook users on average spent 1.5 hours on the website. Significant correlations were found between Internet exposure and the three measures of body concerns: internalization, body surveillance, and drive for thinness. Moreover, Facebook users scored significantly higher across all three measures of body concern when compared with their non-user counterparts. For Facebook users only, the number of Facebook friends was also significantly correlated with internalization, body surveillance, and drive for thinness (Tiggemann & Slater, 2013).

**Social media consumption.** While these two studies did not include measures addressing internalization of beauty ideals, both studies, however, evaluated participants’ involvement in social media (Manago et al., 2015; Tiggemann & Slater, 2015). Tiggemann and Slater (2015) surveyed 204 predominantly white adolescent females aged 10 to 13. The survey instrument measured media consumption (television, magazines, Internet), sports and hobbies, appearance conversations with friends, self-objectification, body shame, dieting, and depressive symptoms. Television and magazine consumption were measured by identifying the most watched program or most read magazine, whereas Internet consumption was measured by time spent using the Internet and social networking sites (Tiggemann & Slater, 2015).
Youth reported using the Internet for activities unrelated to homework approximately 1.65 hours during the week and 1.77 hours on the weekend (Tiggemann & Slater, 2015). Almost half had a Facebook profile, while only 14.7% had a MySpace profile. On average, participants spent almost 45 minutes daily using social media sites. Watching teen dramas and reality television, reading teen and women’s magazines, time spent on the Internet, time spent using social media sites, and appearance conversations with friends were all correlated with self-objectification (Tiggemann & Slater, 2015).

In accordance with objectification theory, self-objectification was significantly correlated with body shame, dieting, and depressive symptoms, and body shame was correlated with both dieting and depressive symptoms (Tiggemann & Slater, 2015). The path model showed Internet consumption and appearance conversations with friends directly predicted self-objectification, which in turn predicted body shame and then led to dieting and depressive symptoms. Magazines and Internet consumption were indirectly associated with self-objectification by means of appearance conversations; sports and hobbies offered no predictive value. The model also confirmed body shame as a mediator between self-objectification and both dieting and depressive symptoms (Tiggemann & Slater, 2015).

Employing a different approach to gauging social media consumption, Manago et al. (2015) surveyed college-aged men and women about Facebook involvement, objectified body consciousness, and body shame with regards to sexual assertiveness. Facebook involvement was conceptualized as the length of time spent using the platform, the importance of the social network in one’s interpersonal life, and the levels of both active (sharing personal content) and passive participation (observing others’ content). Appearance-based self-worth, body surveillance, and enjoyment of sexualization were encompassed within the objectified body
consciousness construct, while body shame was isolated to evaluate the state of self-objectification apart from the negative mental health outcome (Manago et al., 2015).

Across all four Facebook involvement measures, women scored higher than men (Manago et al., 2015). While women reported higher levels of body surveillance, appearance-based self-worth, and body shame, they did not differ from men with regards to enjoyment of sexualization. Separate path analyses were created for men and women, yet both paths showed men and women with greater involvement in Facebook reported higher levels of objectified body consciousness, which in turn predicted higher levels of body shame and then led to lower levels of sexual assertiveness (Manago et al., 2015).

Researchers also tested objectified body consciousness and body shame as mediators and determined for women only, the relationship between Facebook involvement and sexual assertiveness was mediated by these two variables (Manago et al., 2015). These results suggest college-aged individuals actively involved in Facebook are more likely to be preoccupied with body monitoring and experience self-worth derived from physical appearance, thus increasing their vulnerability to feelings of body shame, consequently hindering their ability to be assertive in sexual situations (Manago et al., 2015).

**Social media features.** Objectification theory posits evaluative commentary regarding women’s bodies most often occurs in public, mixed-sex, and unstructured circumstances; thus, social networking sites perhaps operate as a venue for self-objectification and its mental health consequences (Fredrickson & Roberts, 1997; Fredrickson et al., 1998). Popular features on social media sites such as viewing profiles and images of peers, in addition to posting and sharing individual photos of oneself to an online audience may potentially contribute to self-
objectification and body surveillance (de Vries & Peter, 2013; Manago et al., 2015; Meier & Gray, 2014).

In the Netherlands, a study conducted with women ($n = 221$) aged 18 to 25 randomized participants into neutral or objectifying conditions, wherein participants viewed perfume advertisements with either a landscape background or a woman dressed in lingerie alongside the perfume (de Vries & Peter, 2013). The participants subsequently created online profiles featuring an individually selected avatar and a 5 sentence self-description (de Vries & Peter, 2013).

Women primed with sexually objectifying media content and informed their profiles would be visible to an audience were more likely to write statements emphasizing physical appearance, compared with women who were also in the objectifying condition, but were in the no audience group (de Vries & Peter, 2013). In contrast, the online profiles of women in the neutral condition did not contain more or less statements accentuating physical description regardless of the audience versus no audience condition. From these data, one can surmise women exposed to objectifying content may be more likely to self-objectify in instances when their personal content will be viewed by others (de Vries & Peter, 2013).

Kim and Park (2016) researched the effects of Facebook News Feed photographs on 116 women of varying racial and ethnic backgrounds. Participants were randomized into one of two conditions in which they were exposed to full-body shots of either attractive or unattractive females. Results indicated women who viewed photographs of physically attractive females experienced less satisfaction with their physical appearance compared with those who viewed photographs of less physically attractive women. Appearance comparison, self-esteem, and appearance schemas moderated the relationship between Facebook News Feed photographs and appearance satisfaction. Effects of the photographs were significant for those with moderate and
high levels of appearance comparison, as was the case for appearance schemas. On the other hand, self-esteem moderated the relationship between photographs and appearance satisfaction for those who scored low to moderate on the measure (Kim & Park, 2016).

**Effects of social media on body image and mood.** The link between social media use and depression is not well understood (Lin et al., 2016). Some studies contend the proliferation of social capital and greater levels of perceived social support garnered by social media use lessens depressive symptoms, whereas other studies show an association between repeated social media use and declines in personal well-being, sense of community, and quality of life (Lin et al., 2016).

In a nationally representative sample of Americans aged 19 to 32, Lin et al. (2016) found a statistically significant association between depression and social media use, even so, directionality of the relationship remains unclear. In particular, female sex, younger age, and lower educational level equated with more time per day spent using social media. Other variables predictive of higher levels of depression included: 1) time spent per week using social media sites; 2) number of visits to social media sites; and 3) higher global frequency scores based on the Pew Research Center questionnaire (Lin et al., 2016).

A two-part experimental study by Fardouly et al. (2015) randomized women ($n = 112$) aged 17 to 25 into one of three conditions which asked them to browse either: 1) their personal Facebook account; 2) a fashion magazine website; or 3) an appearance-neutral website (control). Participants completed the computer-based visual analog scale (VAS) which measured state negative mood and body dissatisfaction, and then browsed their designated website for 10 minutes. Once finished, a repeat VAS, along with the state appearance-discrepancy measure, which examined weight, shape, face, hair, and skin-related discrepancies, were administered. At
Time 2, participants responded to an online survey containing the Upward and Downward Appearance Comparison Scale which assessed their tendency to compare their personal appearance to others (Fardouly et al., 2015).

Women assigned to the Facebook condition experienced greater negative mood after 10 minutes of browsing compared with those in the control condition (Fardouly et al., 2015). Moreover, participants in the Facebook condition who scored high on the appearance comparison measure experienced more face, hair, and skin-related discrepancies. In agreement with objectification theory and previous research, this study demonstrates individual differences are present among women with regards to the extent of appearance concern, thus women exposed to social networking sites will not be equally impacted (Fardouly et al., 2015).

Conclusion

Chapter 2 synthesized experimental and correlational research findings corroborating objectification theory. The experimental evidence presented confirms both trait and state self-objectification, and compellingly illustrates how overt and subtle manipulations effectively augment state self-objectification (Calogero, 2004; Fredrickson et al., 1998; Harper & Tiggemann, 2008; Hebl et al., 2004; Moradi & Huang, 2008; Quinn et al., 2006; Roberts & Gettman, 2004; Tiggemann & Boundy, 2008). Correlational studies revealed the predictive value of self-objectification and body surveillance in relation to the mental health consequences of body shame, appearance anxiety, lack of internal awareness, and disrupted flow (Szymanski & Henning, 2007; Tiggemann & Williams, 2012). Though results differed between the two correlational studies, generally speaking, self-objectification, body surveillance, and the aforementioned consequences were in some way predictive of the three mental disorders
(Szymanski & Henning, 2007; Tiggemann & Williams, 2012). Altogether, findings from the experimental and correlational studies exhibited support for objectification theory.

Regarding social media and mental health outcomes, various conceptualizations of body image were discussed such as the internalization of beauty ideals, weight satisfaction, drive for thinness, and appearance comparison, in addition to constructs from objectification theory, such as self-objectification and body shame (De Vries & Peter, 2013; Fardouly et al., 2015; Kim & Park, 2016; Lin et al., 2016; Manago et al., 2015; Meier & Gray, 2014; Tiggemann & Miller, 2010; Tiggemann & Slater, 2013; Tiggemann & Slater 2015; Vandenbosch & Eggermont, 2012). This growing body of evidence disseminated the effects of the Internet, in particular social media, on self-objectification, body surveillance, body image, and mood (De Vries & Peter, 2013; Fardouly et al., 2015; Kim & Park, 2016; Lin et al., 2016; Manago et al., 2015; Meier & Gray, 2014; Tiggemann & Miller, 2010; Tiggemann & Slater, 2013; Tiggemann & Slater 2015; Vandenbosch & Eggermont, 2012).

Notably, none of the extant literature reviewed collectively explored objectification theory, social media use, and mental health using qualitative methods. Therefore, Chapter 3 will outline the qualitative approach intended to address the relevancy of women’s social media use to body surveillance, appearance comparison, body shame, and appearance-based self-worth. The next chapter will focus on methodology, essentially describing the sample, recruitment, and how data will be collected and analyzed. Ethical considerations, such as the informed consent process, privacy, confidentiality, and risks and benefits to participants will also be communicated. Finally, Chapter 3 will elaborate on the development of materials used in this research, as well as how they were pilot tested.
Chapter 3: Methodology

Data Collection

A qualitative approach will be used to explore how women use social media sites and discern how this affects behavioral health, thereby allowing the researcher to capture the subjective lived experiences of body surveillance, appearance comparison, body shame, and appearance-based self-worth from the participants’ perspective. In addition, the qualitative nature will illuminate if women’s self-perceptions change when they are not using social media platforms. According to Guest, Namey, and Mitchell (2013), in-depth interviews are particularly beneficial when the researcher is seeking to learn the answers to “how” and “why” questions about norms, processes, decision making, beliefs, interpretations, motivations, and expectations. Not to mention, an advantage over close-ended surveys is the open-ended style, which provides opportunities for the researcher to rephrase any items perceived as confusing which may have been unanswered otherwise (Guest et al., 2013). The researcher (Roca) will be exclusively responsible for data collection by means of a semi-structured interview (Appendix A). A semi-structured interview was selected due to the sensitive nature of the researcher’s inquiries (Guest et al., 2013). The researcher anticipates data collection will begin in October 2017 and will conclude by April 2018.

Sample

Non-probability purposive and snowball sampling will be utilized to select 15 female participants aged 18 to 35 from the USF Tampa campus. Mason (2010) explains sample size for qualitative studies must reflect the purpose and aims of the study. Furthermore, the sample must
be large enough to account for the majority of perceptions held by individuals, but not so large that the data becomes repetitive. In essence, more data does not always elicit more information (Mason, 2010).

Saturation, an important principle guiding qualitative research, is “the point at which no new information or themes are observed in the data” (Guest, Bunce, & Johnson, 2006, p. 59). Crucial factors affecting saturation are time limits imposed on researchers, the skill of the interviewer, and the elasticity of the concept (Mason, 2010). Evidence-based recommendations derived from an analysis by Guest et al. (2006) conveyed rudimentary features of themes emerged as early as six interviews, whereas saturation occurred after 12 interviews. Specifically, 34 of the 36 codes were identified after six interviews, while the 35th code was established after 12 interviews (Mason, 2010). Thus, researchers concluded smaller sample sizes among homogenous populations are perhaps sufficient to glean meaningful themes and inferences (Mason, 2010).

Inclusion criteria for participant eligibility will consist of: 1) enrolled at the University of South Florida (USF) Tampa campus as a full-time or part-time undergraduate or graduate student; 2) female between the ages of 18 to 35 years; 3) currently using at least one social media platform (i.e. Facebook, Twitter, YouTube, Instagram, Pinterest, Tumblr, Snapchat, Reddit, Google+) for personal use on a weekly basis by means of websites or applications; 4) English-speaking; and 5) signs an informed consent form to participate in this research study.

For the purpose of this study, dating websites and applications such as Tinder, Plenty of Fish, and Match.com will be excluded as social media sites. Also, persons using their social media accounts to promote business endeavors such as Herbalife, Isagenix, and Beach Body will be excluded.
Recruitment

Several strategies will be employed to recruit participants, including: 1) posting hard copy fliers in various locations at the USF Tampa campus; 2) word of mouth (i.e. the researcher discusses the study with interested volunteers); 3) emailing students through departmental and organizational listservs; 4) emailing recruitment information to undergraduate students enrolled in the lab section of PSY 3213 Research Methods in Psych; 5) fliers distributed to students by the Center for Student Well-Being in the USF Tampa Marshall Center; and 6) snowball sampling in which participants share information regarding knowledge of the study to other potentially interested women who may contact the researcher.

Materials

Social Media Use and Activities Questionnaire. The researcher developed the Social Media Use and Activities Questionnaire (Appendix B) to briefly assess the number of social media accounts used by each participant, the most frequented social media site, the overall frequency of use of the most visited site, favorite features used and activities performed on social media sites, and the number of years the participant has used social media. Social media platforms will be defined as websites and applications permitting users to create and share content and network for personal use (RSPH, 2017).

Social media sites listed on the Social Media Use and Activities Questionnaire include: 1) Facebook; 2) Twitter; 3) YouTube; 4) Instagram; 5) Pinterest; 6) Tumblr; 7) Snapchat; 8) Reddit; 9) Google+; and 10) “other.” The researcher will input data from the Social Media Use and Activities Questionnaire and use IBM SPSS Version 22 for descriptive statistical analyses. Demographic items on the questionnaire include the respondent’s age and race/ethnicity. A
unique participant identifier (Source ID) will be written on each questionnaire to match the questionnaire and the interview, as well as to maintain anonymity of the participants.

**Interview protocol.** An in-depth, semi-structured interview will follow the distribution and completion of the Social Media Use and Activities Questionnaire. The researcher designed the interview protocol to reflect how the behavioral manifestation of self-objectification, defined as a state of self-consciousness marked by habitual and constant monitoring of the body or body surveillance, may surface when using social media sites (Fredrickson & Roberts, 1997). Open-ended interview questions target this behavior, as well as constructs of objectification theory, such as body shame and appearance-related anxiety (Fredrickson & Roberts, 1997). Interviews are projected to last approximately 45 to 60 minutes.

**Pilot testing.** Both the Social Media Use and Activities Questionnaire and the interview protocol were pilot tested by the researcher with three individuals on two separate occasions. Two changes were made to the Social Media Use and Activities Questionnaire. First, an additional response category (*once a week*) was added to question 3, “Thinking about the social media sites you visit the most, please indicate how often you visit this site?” Second, question 5 was changed from, “When did you first begin using social media sites? to “How many years have you been using social media sites?”

The first pilot test of the interview protocol occurred with two individuals who represented the target population and lasted approximately 90 minutes. During this test, one individual role played with the researcher, while the other listened to wording and flow of the questions, as well as observed if the interview questions and answers properly reflected objectification theory. Several changes were made pertaining to the number of questions asked, the wording of questions, and the order of the questions. For example, loaded words such as
‘shame’ were removed and changed to less emotionally charged words, such as ‘embarrassed’ in this case. The second pilot test lasted approximately 45 minutes and was completed with another individual who fulfilled the requirements of the target population. No changes were made following this interview. Final changes were made to the interview protocol with the assistance of the researcher’s committee chairperson.

**Data Analysis Plan**

In anticipation of data analysis, the researcher will use two devices (one as a back-up) to audio record interviews. Abridged transcriptions were prepared for interviews one through seven because of the researcher’s expertise regarding previous research in this particular subject area, as well as familiarity with the current study. Because of time constraints, full transcriptions were prepared by Superior Outsourced Services, Inc. for interviews eight through 15. Audio recordings and transcriptions do not include the participants’ names or any other identifying information, other than the Source ID to link the questionnaire with the associated files.

A multi-level thematic analysis will be performed using Microsoft Excel 2013. Although this approach was originally proposed for the purpose of analyzing focus group data, it is applicable to in-depth interviews (Massey, 2011). The first level of analysis refers to articulated data, which is elicited by participants as direct responses to the questions and probes issued by the interviewer. Beliefs, attitudes, experiences, observations, opinions, and preferences in relation to the researcher’s inquiries typify articulated data (Massey, 2011).

The second level considers attributional data, which originates from predetermined if-then hypotheses, hence, if conditions of interest arise, then certain topics will be conveyed by participants (Massey, 2011). Meaning is attached to attributional data based on the researcher’s understanding of its value to pertinent issues. Under these circumstances, the researcher is
obligated to establish hypotheses *a priori* to bolster confidence that these findings were considered during the initial stages of project development, rather than merely occurring fortuitously (Massey, 2011).

Finally, emergent data generate new insights and hypotheses about meanings, processes, and norms because of the commentary and exchanges inherent within the group dynamic (Massey, 2011) Since this interplay is missing from this study, the researcher can instead analyze the individual content shared by participants to find the unique, underlying threads connecting broad themes and concepts. These data are not explicitly answered through direct questioning and are not accounted for by hypotheses, but rather are extracted from unearthing what is important to the participants and are discovered by tapping into underlying individual, social, or cultural issues raised by the researcher’s line of questioning (Massey, 2011).

**Attributional data hypotheses.**

**H1. Body surveillance**

a) If body surveillance is occurring, then women will be more likely to use filters to change or enhance their physical appearance or attributes. (e.g. using filters to enhance or change the clarity, texture, and color/tone of one’s skin)

b) If body surveillance is occurring, then women will digitally edit (e.g. photoshop) their photos to create thinner, more flattering images of themselves.

**H2. Appearance Comparison and Body Shame**

a) If women compare their appearance to others on social media, engage in body surveillance, and feel they fail to meet beauty norms, then body shame may be experienced.
b) If body shame is occurring, then women may refuse to take individual and group photos, may refuse to upload and share photos on social media, may “untag” themselves in photos deemed unflattering which were posted by their social media friends, and may request that social media moderators delete certain photos.

H3. Self-worth
a) If women use social media with the intention of garnering large amounts of ‘likes’ and comments on their photos, then they may prioritize physical appearance and validation from others as part of their self-worth.

H4. Effects of Unplugging from Social Media
a) If women take breaks, deactivate or delete their social media accounts, then they may be less likely to compare themselves to others on social media, may be less inclined to engage in body surveillance, may experience less body shame, and may discover their self-worth within themselves, rather than outside of themselves (i.e. physical appearance).

Ethical Considerations

Initial approval to conduct research with human subjects was obtained from the USF Institutional Review Board (IRB) in October 2017 (Appendix D). An amendment to offer compensation via $10 Starbucks gift card to study participants was filed and approved by the USF IRB in March 2018 (Appendix E).

Risks and benefits. This research study is considered to result in minimal risk of harm, meaning the risks accompanying this study are the same as what people face in their daily lives. Even so, women may experience personal discomfort due to the sensitive nature of some of the interview questions. Women will be free to skip any uncomfortable questions or stop the
interview if necessary. The researcher will offer two resources to women: 1) 20 Ways to Love Your Body; and 2) About Body Image from womenshealth.gov.

Although there are no known direct benefits for participants, the researcher and women participating in this study aspire to learn more about how social media use influences body surveillance, appearance comparison, feelings of shame, and personal self-worth. This research will potentially benefit public health practitioners and behavioral health clinicians by better informing public health initiatives aimed at reducing the sexual objectification of women, improving women's health by helping women see themselves as more than their body, and advancing public health prevention by elucidating the potential dangers of excessive social media use.

**Informed consent.** Interested participants who contact the researcher will be given a copy of the informed consent document (Appendix F) via email before scheduling an appointment for the Social Media Use and Activities Questionnaire and the interview. Prospective participants will be permitted to request a meeting with the researcher in person or contact the researcher by phone or email with any questions about the informed consent document or the study itself prior to participation. The researcher will discuss the purpose of the study, the study procedures, risks, benefits, confidentiality, and voluntary participation with the interested individuals before administering the questionnaire and interview. The researcher will ask individuals if they understood all of the information presented and answer any remaining questions. Preceding the questionnaire and the interview, both parties will sign the informed consent document. The researcher will consent all research participants and each participant's signature represents consent granted.
**Privacy and confidentiality.** A unique participant identifier (Source ID) will be written on each Social Media Use and Activities Questionnaire to match the questionnaire, audio recordings, and transcriptions. All data files will be stored with the associated Source ID to maintain anonymity of the participants. Surveys and interviews will occur in a private room reserved by the researcher, either at the USF Tampa Library or the Shimberg Health Sciences Library. Audio files will be saved on a password protected smartphone and a password protected back-up recording device accessible only to the researcher. Audio files will be immediately transferred to a password protected computer and will be stored in a password protected file box. Once audio files are stored, they will be deleted from the aforementioned devices. Transcriptions will be stored on the same password protected computer within the same password protected file box. The physical questionnaires will be scanned and stored on a password protected computer within the password protected file box. Physical copies of the questionnaire will then be destroyed. The signed informed consent document will be stored in a locked filing cabinet accessible only to the researcher. All data will be kept confidential and will be reported in an aggregate format. No one other than the researcher and the Co-Investigator will have access to the data.

To review, Chapter 3 outlined the data collection and analysis process, sampling techniques, inclusion and exclusion criteria, as well as recruitment strategies. This chapter also described the development and pilot testing of the study materials. Finally, Chapter 3 addressed ethical issues of informed consent, privacy, confidentiality, as well as risks and benefits to study participants.

In Chapter 4, the characteristics of the sample and the results from the Social Media Use and Activities Questionnaire will be detailed. Additionally, the next chapter will summarize
articulated, attributional, and emergent data in relation to study’s four research questions: 1) How does social media use contribute to self-objectification among women?; 2) Do women who use social media sites engage in body surveillance and appearance comparison?; 3) How are body shame and appearance-based self-worth influenced in the context of social media use?; and 4) Do women evaluate and/or perceive themselves differently when they are not using social media sites?
Chapter 4: Results

Sample Characteristics and Social Media Use and Activities Questionnaire Results

Fifteen women signed the informed consent document and completed the Social Media Use and Activities Questionnaire and in-depth, semi-structured interview. Participants’ ages ranged from 19 to 29 years old ($m = 23, s = 3.2$). Concerning race and ethnicity, 47% of participants identified as White, 20% as Black or African American, 13% as Hispanic or Latina, 13% as Other, and 7% as Asian. On average women reported using social media for 8 years ($s = 1.9$).

On the questionnaire, from a list of nine choices plus one box marked ‘Other’ participants identified their current active social media accounts (Table 3). Participants then listed which social media platform they used the most. Facebook and Instagram tied with approximately 40% of women preferring one of these platforms, whereas Pinterest, Tumblr, and Snapchat were listed as the most visited platform among 7% of women, correspondingly. Next, participants reported the frequency of their social media use. Results indicated 66.7% of participants visit social media sites several times per day, 26.7% visit several times an hour, and 6.7% visit social media sites on an hourly basis. Notably, all participants would qualify as heavy social media users based on the frequency of social media site visits, in addition to the minimum number of accounts currently operated which totaled four ($m = 5, s = 1.1$). Two participants reported having accounts with seven of the ten options listed.
Table 3
Active Social Media Accounts among Participants (n = 15)

<table>
<thead>
<tr>
<th>Social Media Accounts</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook</td>
<td>14</td>
<td>93.3%</td>
</tr>
<tr>
<td>YouTube</td>
<td>12</td>
<td>80</td>
</tr>
<tr>
<td>Instagram</td>
<td>12</td>
<td>80</td>
</tr>
<tr>
<td>Snapchat</td>
<td>11</td>
<td>73.3%</td>
</tr>
<tr>
<td>Pinterest</td>
<td>10</td>
<td>66.7%</td>
</tr>
<tr>
<td>Tumblr</td>
<td>6</td>
<td>40</td>
</tr>
<tr>
<td>Twitter</td>
<td>6</td>
<td>40</td>
</tr>
<tr>
<td>Reddit</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Google+</td>
<td>3</td>
<td>20</td>
</tr>
</tbody>
</table>

Finally, participants were asked to describe their favorite features to use and activities to perform on social media. From this open-ended question two categories of behavior emerged, passive social media use and active social media use. Active social media use included posting pictures and status updates, ‘liking’ and commenting on others’ content, instant messaging, video chatting, sharing news, videos, or live streams, buying/selling from the marketplace, and using social media to gain validation. Passive social media use included ‘following’ peoples’ stories, watching videos, browsing others’ pictures, entertainment (e.g. viewing memes), finding events and recipes, reading the news, and learning about social justice. Nearly 80% of participants use social media in active manner and 73.3% use social media in a passive manner.

Articulated Data

Research question (RQ) 1: How does social media use contribute to self-objectification among women? The opening interview question asked women, “What does body image mean to you with regards to your social media use?” Three themes materialized in response to this question: self-objectification and emphasis of physical appearance and self-presentation, social media shaping beauty ideals, and the body positivity movement. The
following findings yield strong evidence suggesting women’s social media use contributes to self-objectification.

**Self-objectification and emphasis of physical appearance and self-presentation.** More than half of the women interviewed characterized social media as a virtual world where an individual presents their best-looking self. For example, one participant stated, “Social media is all about putting your best image forward, so how you look is important.” By definition, self-objectification means women see their bodies as objects to be viewed and appraised by others and references the transition in internal dialogue to emphasize one’s appearance over physical sensations and emotional feelings (Fredrickson & Roberts, 1997). Further supporting self-objectification and evincing body surveillance, participants discussed the significance of physical appearance centering on beauty which encompassed wearing makeup, styling one’s hair, and wearing fashionable clothing, as well as the importance of how one’s body actually appears on social media sites. To illustrate, one woman communicated about photos shared on social media, “I have to make sure that in my photos I look thin… but not too thin.” In addition, several women highlighted the relationship between body image and fitness by acknowledging their keen interest in “following” fit women on social media, learning about exercise routines to improve their own physique, and prioritizing “being in shape” as part of their body image.

Also indicative of self-objectification, women voiced concern about perceptions, reactions, and disapproval from others on social media regarding their physical appearance. For instance, one woman spoke about feeling uncomfortable wearing swimsuits because of her weight. She stated:

> How do people view me? … maybe they think I am maybe sick or I don’t eat enough. I get questions like that all the time. So I don’t like to wear a lot of clothing that shows more skin because it just makes me feel more thin.
Other participants expressed preoccupations with beliefs about how their physical appearances are perceived by people on social media. Paradoxically, one interviewee discussed social media’s role in the development of a judgmental and critical attitude toward other women. She recounted an example, “Well she’s posing a certain way or she’s trying to do something.’ And that would make me feel angry and I wonder if it’s because that’s kind of how I felt about myself.”

**Social media shaping beauty ideals.** Beauty norms are important to self-objectification and body surveillance because women compare themselves to these ideals and evaluate whether or not this is suitable criteria for their own appearance (Vandenbosch & Eggermont, 2012). Consistent with this notion and unveiling rudimentary beginnings of appearance comparison, participants explained social media shapes body image because one can examine how their body compares with others’ bodies. In addition, participants infer beauty norms and determine what is considered most attractive by assessing the social media audience, specifically the number of followers other women have associated with their social media accounts, as well as the distribution of ‘likes’ and positive comments written by that audience on other women’s photos. The following quote illustrates the process:

> The pictures with the most ‘likes’ and the most comments are the girls wearing bikinis and they look obviously great, and that is what all the guys seem to be dreaming about, so I am like, maybe that is what they want.

Another individual discussed ideals related to fitness, beauty, and fashion on social media and stated, “…it just really creates this image like what is the ideal person…in terms of beauty, in terms of Islam, in terms of fashion, and fitness.” Altogether, social media shapes beauty ideals because of the manner in which women are using it.

**The body positivity movement.** Several women responded to this question by referencing the body positivity movement. According to participants, the body positivity movement
encourages women to accept their own body and feel comfortable within their own body without making changes to adhere to beauty ideals. Also, women felt this movement inspired them to celebrate all different types of bodies, to not be afraid to be oneself, and to resist conformance to societal beauty norms. One impassioned woman talked about her annoyance with the lack of diversity depicting women’s body types on social media sites so she indicated she responds to this purposefully by posting pictures of women with curvier body types.

Even though the body positivity movement was largely touted as a positive and empowering, one participant juxtaposed messages such as “love your body” and “[expletive] your beauty standards” from individuals with what she deemed as in-shape and out-of-shape physiques and said:

I know some people on social media who have great physiques and they are saying, ‘you should still love your body whatever shape or size.’ But, sometimes because they already look great, it is like, mmm…not that I am like, big or anything.

In this regard, body positivity messages from those who are already “have great physiques” may feel less meaningful, disingenuous, and perhaps dismissive of others’ experiences.

**RQ 2: Do women who use social media sites engage in body surveillance and appearance comparison?** Responses from three interview questions explored constructs of appearance comparison and body surveillance. The first of which was “How does viewing pictures of others on social media make you feel about yourself?” The dominant theme emerging from this research question was appearance comparison, while body shame was evidenced to a lesser degree.

*Appearance comparison.* Evidence from this study strongly suggests women compare their bodies and physical appearances to other women on social media. From the data gathered, appearance comparison and its concomitant effects exist on a continuum. To clarify, women
unanimously acknowledged comparing their physical appearances, features, and bodies to other women; however, participants were not equally affected by the comparisons. Appearance comparisons were often accompanied by “I wish” statements surrounding insecurities which revealed desires to change specific body and appearance attributes. Notably, these desires to change body and appearance attributes, the extent to which one would go to enact such changes, and the particulars of the changes varied across women interviewed and were distinctly reflective of differing race and ethnicity beauty ideals.

Two of the three participants who identified their racial background as black reported comparing their appearances, features, and bodies to both white and black women. Responses demonstrated the closer the representation of the comparison target to their own physical appearance, the more likely the process of comparing appearances would evoke reactions and influence emotional and mental states. One woman shared:

If I see somebody who looks like me and they’re considered beautiful, then maybe I can feel better about myself, but also just in the sense of black women, um, if I don’t look as beautiful as another black woman then I feel kind of like – ‘You’re an ugly black person.’

Another interviewee compared her hair which she said is not entirely her real hair to other black women’s hairstyles and conveyed, “If they have really pretty, big, natural hair, mine is really kinky and kind of dry and not fun looking. I wish my hair was like that.”

Two other participants, one who identified as racially white, but ethnically Albanian, and another who identified her racial background as Asian spoke about comparing their physical appearances and bodies to white beauty norms. The first participant spoke about frustration regarding her body, stating, “I wasn’t skinny the way white girls are supposed to be, and then I wasn’t thick and curvy and sexy and voluptuous the way that minorities get to be, so I kind of just didn’t fit in anywhere.” Further compounding these feelings of exclusion from white beauty
norms, both women shared being mocked and bullied by peers due to their appearance differences. One stated, “…my hair was too dark and it was too thick and too curly…I was just like I can’t do anything about the fact that my hair is not thin, straight, blonde, etc.” Together, appearance comparisons and negative remarks from peers contributed to the individual feeling, “I’m just not white enough or beautiful enough.”

Also included in appearance comparisons, but transcending race and ethnicity differences, were comparisons about health and fitness. For instance, one participant described social media as a competition stating, “…everyone is in a competition to share – ‘this is what I look like, this is my body, I’m so healthy, I work out.’” In response to these fitness-focused photos she exclaimed, “I am just like, ‘Oh my God, I wish I could look like that!’” Along these lines, another participant said, “I feel like I don’t look healthy enough as (compared to) other social media pictures. Like, they look great, they are toned and everything. When I see myself in a picture, I feel like I don’t look great.”

Women clearly experienced varying effects of appearance comparison. For example, one individual expressed, “I don’t really feel obligated to subject myself to the body image of everybody else. I understand that everyone has a different body structure and body shape.” Another woman mentioned her self-confidence is bolstered when she views too many posed photos posted by other women because she “doesn’t want to get up to that standard.” In contrast, one participant explained, although she admittedly compares her appearance to others, she is more apt to feel disgusted by her own appearance, rather than engage in wishful thinking. Exemplifying both appearance comparison and wishful thinking another woman commented:

I compare to an extent to where I am just like, ‘I wish I looked like that.’ Or, ‘I wish I had their features.’ But it is not to the point where I want to make those changes, like putting plastic surgery or whatever they do on their face.

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Undeniably the most extreme desire emanating from appearance comparison, one interviewee said, “I wish I had money so I could like try to fix it.” When probed further she conveyed “fix” meant wanting cosmetic surgery to change perceived flaws regarding her appearance and body.

**Body shame.** Among three participants, early evidence of body shame surfaced at this point during the interviews. For two participants, body shame occurred as a result of comparing their physical appearances and bodies to others and subsequently ascertaining their appearances and bodies did not adhere to beauty norms. According to Fredrickson et al. (1998), the feeling of shame functions as a mechanism to disrupt and encourage conformity, thus individuals feel compelled to change their physical appearance to abide by societal standards. To illustrate, one woman said, “I follow lots of blogs that promote beautiful black women…I feel like if I don’t meet the beauty that they’re meeting, I’m not pretty.” Following this remark was discussion of “fixing” perceived flaws by means of cosmetic surgery. Next, another participant described her use of Instagram as “obsessive,” reported repeated exposure to the same fit images of women, and consequently developed excessive exercise and disordered eating habits resulting in rapid weight loss. Regarding this experience she said, “And I just remember feeling like really angry about my body because it just wasn’t working out,” meaning despite her intentions to conform to beauty standards, in her opinion she was still unable to attain these goals.

Distinctly more subtle than the previous examples and perhaps on the precipice of shame, another participant’s behavior patterned as appearance comparison, self-objectification, and the desire to change her body. Concerning appearance comparison, she discussed pondering how she is perceived by others especially with regards to the number of images on social media and with the potential for those images to influence their feelings about her. She stated, “Do they like me? Do they wish that I was curvier or had longer hair?” Consistent with shame as a motivator to
repair that which is perceived as imperfect, she shared a conversation she had with her friend, stating, “I want to look like these Instagram models one day. I want to have like their body or physique and I was going to try and do it.”

**Body surveillance.** The third and fourth interview questions asked women, “Do you do anything to make sure your portrayal looks a certain way on social media sites?” and “What is most important to you about the way you appear in photos or videos that you post on social media sites?” To recap, body surveillance is the behavioral component indicative of self-objectification, which is evidenced by a state of self-consciousness driving women to continually monitor and adjust their external appearances (Fredrickson & Roberts, 1997). Evidence from the study presents strongly convincing evidence that engage in body surveillance while using social media. Demonstrative of body surveillance, women discussed manipulating their photos by applying filters and adopting specific poses. Women also outlined certain conditions pertaining to their decisions to upload and allow “tagging” of photos or videos shared; these conditions were reflective of body surveillance. Finally, women identified the importance of capturing their “essence” or physical appearance in photos shared on social media.

**Photo manipulation: Using filters.** Universally, participants admitted to using filters accessible on social media sites. Also, two participants disclosed using external applications and websites to manipulate photographs plus the filters offered on social media platforms. The most common reasons for using filters were to alter and contrast colors within photographs or to enhance the appearance of one’s skin. For color contrast, participants described using filters to make colors seem more “vivid” or create special effects, such as black and white photos. The other purpose of modifying color contrast was to make one’s skin tone or hair color appear differently, which ranged from lightening or darkening skin tone to reddening one’s hair color.
Aside from changing one’s skin tone, individuals mentioned using filters to smooth, brighten, and improve the clarity and texture of skin. One woman spoke about circumstances when she would use a filter to change the appearance of her skin, stating:

…so when I take pictures on Snapchat if I just use no filter, like, I can see the dark circles, but if I use one of those filters that brighten up your face, I’m like okay, I don’t have to put makeup on and I can still post a picture.

Another individual recounted using the beauty face filter whenever she uses Snapchat to lighten her skin tone and reduce blemishes, stating “otherwise I feel like poop.” Overall referencing the use of filters and skin appearance, one woman explained:

Nine times out of 10 you're going to post the picture that has a filter on it because it's enhanced. Even when women will post pictures that don't have filters they go out of their way to #nofilter - like it's an accomplishment to not have a filter these days.

*Photo manipulation: Posing.* When asked about posing for pictures some women emphasized their desire to capture their best angles by accentuating facial features, hairstyles, and their bodies; however, women’s preferences were mixed in regards to accomplishing this objective. For example, some women favored ‘selfie’ photographs with the camera held above them focusing downwards, whereas others labeled selfies as “disingenuous,” “unnatural,” and “vain” to support their preference for candid or group photos over selfies.

*Sharing content on social media.* After evaluating how women alter their photos in preparation for sharing on social media, participants delved into circumstances when they would refuse to upload pictures or ‘untag’ themselves from pictures posted by friends on social media. According to participants, any physical or appearance-based attributes deemed unflattering, such as messy hair, fashion faux pas, over- or underweight bodies, and unattractive facial features (e.g. double chin, droopy eyes, etc.), would result in refusing to upload photos or untagging oneself from photos posted by friends. Correspondingly, three women reported general
avoidance of taking photos, with two believing they are not photogenic and another expressing feelings of embarrassment and concern regarding the accuracy of the photo’s representation of her.

Women’s decisions to share photos and allow oneself to be tagged in photos by friends were also guided by other factors, such as concerns for privacy and permanency of content shared. These concerns were verbalized in reference to pictures where one’s body may be exposed (e.g. wearing a swimsuit or lingerie), as well as outings with friends where alcohol may be present. To demonstrate, one interviewee stated in reference to swimsuit photos, “…they don’t need to see me like that… – they shouldn’t look at me that way.” Along with her staunch refusal to be objectified by others, she further discussed the potential for hackers to obtain photos without her consent, as well as the notion that once something is shared on the Internet, “it never gets truly erased.”

_Essence-focused versus appearance-focused photos._ In terms of what is most important to women about how they appear on social media sites, participants spoke about wanting their essence to be conveyed to others or wanting their physical appearance to “look good.” Of note, for some women essence and appearance were not mutually exclusive, whereas others solely focused on either essence or appearance.

For the essence-focused photos, women aspired to communicate to their social media audiences their authenticity, personal happiness and well-being, and depict their enjoyment of having fulfilling, well-rounded lives. One participant elaborated on the important aspects and motivations facilitating her decision to post certain photos on social media in this manner:

I think it probably would be that it is authentic. I mean, of course I want to look as flattering as I can, but the decision not to do things like filters and such is purposeful. Because as much as I may struggle with not always being happy with how I look, I try to have a commitment to just being as authentic as I can be… I don’t want to seem
disingenuous by only wanting to put up things that make me feel like I look good or videos where my behavior is different than how I normally am because I know I am on video.

Other commonalities among interviewees were the desire to be photographed “in the moment” and “having fun” with friends or family, examples included attendance at major events (e.g. Women’s March) or being active and visiting trendy places.

On the other hand, appearance-focused photos meant women wanted to “look good,” feature their physical attributes, and “look pretty.” Looking good and looking pretty meant different things among the women interviewed. Most participants contextualized looking good and pretty as wearing makeup, having one’s hair nicely styled, having one’s eyebrows filled in and properly shaped, and wearing nice, well-fitting, and fashionable clothing, whereas others emphasized appearing fit and “in shape.” Conversely, another participant talked about wanting her accessories to be visible, such as her earrings and gold chain, rather than wearing makeup or having her eyebrows highlighted because in her opinion the accessories symbolized wealth and status.

RQ 3: How are body shame and appearance-based self-worth influenced in the context of social media use? Interview question five, “Can you give me an example of a time when you felt uncomfortable or embarrassed about your appearance or body on social media,” cultivated understanding of women’s experiences with embarrassment, discomfort, and body shame in relation to their social media use. Altogether, results from this study found moderate evidence of the presence of body shame and milder negative emotional states. In reference to pictures posted by themselves or others on social media sites, these emotional states were either attached to recollection of specific memories captured in photographs, or were expressed generally about the appearance of their weight, body shape, and facial features.
Swimsuit photos and social media. Objectification theory imposes three conditions to generate a state of body shame: 1) body surveillance; 2) appearance comparison; and 3) failure to achieve a cultural or internalized ideal (Fredrickson & Roberts, 1997). The experience of shame intensifies when people fear public revelations of their perceived imperfections, therefore social media sites are opportune environments for shame to flourish (Fredrickson & Roberts, 1997). Two participants elaborated on being photographed wearing swimsuits, which engendered appearance comparisons, feelings of failure about meeting beauty ideals, and body shame. One woman’s experience undoubtedly matches objectification theory’s prerequisites for body shame and also supports the idea of shame compelling individuals to fix their physical appearance to conform to societal norms:

Anytime it's a bathing suit picture…I love the beach and I'm by the beach so I'm there all the time, but if anyone takes a picture of me in a bathing suit, it's hard to post. Even when I'm with my friends at the beach, I'll always wear a one-piece, I know that I'm not overweight or fat or anything like that, but I don't know… I think that there are so many girls that look so much better than me, like on social media, and then also in real life. Um, and it makes me feel bad, because, especially if, I don't know someone I may like sees it, and they would be like, ‘Oh I didn't know she was like, that thick.’ And then I feel kind of ashamed of it and I feel like I could always work out more and make myself look better, but I don't, so I feel kind of ashamed of it.

Similarly, another woman spoke about being photographed in a swimsuit and comparing her body to her friend’s body which she described as “…the perfect, ideal body that every woman should have.” However, she conveyed refraining from posting pictures on social media where her body is exposed and felt this was protective against feeling body shame.

Other women were adamantly opposed to sharing swimsuit photos on social media because they felt it violated their privacy and they worried about being objectified by others. To illustrate, one participant encapsulated her concerns about being sexually objectified in this way:

I just don’t like for people to look at me in that way… I don’t want to make a sexy face and someone think of me as doing something dirty. I just don’t like the idea of that… I
guess I am pretty or whatever, but that is not all there is to me. Like, there is more to me and I know that. I just don’t want people to reduce me down to my cleavage in a photo or my butt in a photo.

**Embarrassment, discomfort, and body shame.** A myriad of reasons contributed to women feeling uncomfortable, embarrassed, or ashamed of certain photographs shared on social media sites. Some reasons included photographs taken unexpectedly, featuring one’s physical appearance or body in an unflattering manner, or where one’s bodily attributes were too exposed. Unlike these explanations, one participant shared feeling uncomfortable about her wedding photos posted on social media, citing, “when you’re in a wedding dress that’s not you every day.” Prior to even taking her wedding photos she worried, “I was going to look fat in my dress,” and that the dress she selected was not compliant with normative behavior of wearing a form-fitting dress.

Independent from the idea of feeling exposed in photos, other women described feeling embarrassment, discomfort, and body shame about their weight, body shape, and facial features. For example, one participant identified these variables as contributors to body shame: “Being overweight, um, having a nonmainstream appearance I guess, but still not being ethnic enough to be ethnic.” In contrast, another participant shared an experience about a photo uploaded to social media by her significant other that initially produced embarrassment because it showed her weight gain of nearly 50 pounds, but eventually led to personal growth, acceptance, and embracement of her body in its current form. She compared the current picture uploaded by her partner with older pictures of herself prior to the weight gain and said:

…when I go back and look at pictures of myself when I did look like that, I looked sick, so now that I've put on weight, I look, you know healthy, I don't look sick anymore, I don't look like I have an eating disorder. I didn't think about that back in the day when I was young and would post pictures on Facebook. In particular, I have this one picture on Facebook right after all the stuff happened that I posted on Facebook and it was like, the caption was like, ‘So happy to be free.’ It was a picture of me and I just looked so skinny.
Validation and appearance-based self-worth. Questions six and seven from the interview protocol investigated how social media use contributes to validation and appearance-based self-worth. The first of which asked, “Describe your experiences on social media in relation to your body image and appearance.” While the second inquired, “One of the features on social media sites allows you to ‘like’ and comment on others’ content and they can do that to your posted content. How do you feel about that?” These questions elucidated women’s sentiments and rationale for their feelings about ‘liking’ and commenting on social media, as well as the definition, sources, and effects of validation.

Social media features: ‘Liking’ and commenting. All but one participant reported their enjoyment of these features on social media. Many women felt ‘liking’ and commenting on others’ content fostered a sense of connection, facilitated social interactions, and helped maintain long distance friendships. Other positive aspects of these features included learning about trendy places, posting content for peoples’ enjoyment, receiving funny comments and social support. When probed about the negative effects of having these capabilities women referred to comments bullying or harassing others both generally and more specifically regarding race or sexual orientation. Other participants said though this had not happened to them personally, they have witnessed shaming or objectifying comments written on other women’s content. Several participants felt people place too much emphasis on the number of ‘likes’ received, whereas a few others conveyed interactions on social media detract from in-person interactions.

Validation. One participant defined validation as, “It just means I am looking good and living up to that social media expectation.” According to her, “looking pretty on social media, trying to be candid, (and) looking happy” epitomizes the “social media expectation.”
Alternatively, validation was defined as giving and receiving love in the form of ‘likes’ and comments.

Results from this study provide moderate evidence identifying ‘likes’ and positive comments on appearance-focused content uploaded to social media sites as sources of validation for some women. For instance, one participant acknowledged using a goal-directed approach to obtaining validation. She stated, “I upload pictures that look good that I know will get ‘likes.’” When probed further about how she has this knowledge she referenced the television show *Game of Thrones* and conveyed appealing to her audience on social media in this way:

I don’t watch it, but I know - they have that sword – they have that chair made of swords – I don’t know, but it looked cool! And I know that Game of Thrones is a show that a lot people watch, so I sat on it and I took a picture, and it was a cute picture. So I was like, ‘people are going to like this’ - because … one, my hair looked good that day because I had just washed it, so it looked pretty. And I know my outfit was fun, and my legs looked nice – that was the one thing I liked about the picture, is that I knew my legs looked good. So I was like, ‘I will get a lot of likes’ – because the CHAIR, because people are going to think that is cool, and my outfit is fun.

Another individual reported deliberately writing self-deprecating remarks on her appearance-focused content to garner positive feedback from her social media audience to boost her self-confidence and gain validation.

As can be seen, participants defined and identified sources of validation because of their social media use, but again, like appearance comparison, validation and its subsequent effects differed across women interviewed. The women in the previously mentioned circumstances openly acknowledged feeling validated, but some of these women also alluded to a sense of ambivalence regarding validation, while several others reported null effects of ‘likes’ and comments. Those who felt ambivalent were reluctant to admit feeling validated in these circumstances because of belief systems regarding validation coming from within oneself versus feeling validated externally by others. To illustrate:
…social validation. I hate that…I just feel like, why can’t my own opinion be enough for me to feel good about myself? Why do I have to have X amount of people tell I look pretty to be like, Oh my God, I actually look pretty!’

On the contrary, when asked about feeling validation from ‘likes’ and comments given on social media another participant said:

…it does feel nice to, once you post a picture and then you get notifications on your phone like that someone ‘liked’ or someone commented, or something like that. But, I mean, I don’t put too much on how many ‘likes’ or comments that I get…it is easy to throw a ‘like,’ anyway, all I do is tap on the like or the heart button – it is just taking one second out of all the other pictures you see. So, it is not a big deal for me.

*Effects of validation and appearance-based self-worth.* Results from this study convey weak and inconsistent evidence regarding appearance-based self-worth. The effects of validation were nuanced as some women reported improvements to self-esteem, self-worth, and self-confidence because of how their social media audience responded to their appearance-focused pictures. Similarly, several participants noted an influx of ‘likes’ and comments on pictures featuring heavily made-up appearances and more exposed bodily attributes. To illustrate, one woman talked about getting dressed up in corsets for a night out with her roommates and posting these photographs on social media. She detailed the response she received on social media and the effects of it here:

And I remember I had gotten like 60 comments, everyone was like, ‘Oh my God you're so pretty! Girl, you look fine!’ And I remember that being like the best and the prettiest I've ever really felt. So I think social media kind of added to that because I was getting confirmation, people were like, ‘Oh she's so pretty,’ because on a day to day basis I don't get that a lot.

Broadly, feelings of validation garnered from social media and their influence on self-worth coincided with women’s life experiences. For example, the body positivity movement and acceptance for women with different size bodies were fundamental to one participant feeling validated because she could see her body type reflected, therefore affirming her value and
including her within a community. When asked if these feelings of validation contributed to her self-worth she stated:

I think in some ways it does because I recognize that I like to get it. I like to get ‘likes’ and positive feedback on these photos and, I mean, if I didn’t get any intrinsically I still know that I have value and worth, but in just the culture of social media, it still feels important to get validation in that way.

Two other women contextualized validation and appearance-based self-worth in relation to their intimate partner relationships. For example, one individual after ending a long-term abusive relationship posted a picture where she received “100 likes” and said:

…if I would have went right back to social media after that relationship and I would have posted pictures and people would have just ignored it altogether and not liked or anything, like if I got like 5 likes, I probably wouldn’t have felt as good about myself and as confident about myself to keep moving forward from that relationship.

When probed further about validation factoring into appearance-based self-worth she explained it was meaningful to her self-worth at the time because she “was in a negative mental state.”

Another participant discussed a life transition of moving away from home and attending college. For her this significant life change was pivotal to her reliance on social media for gaining validation and enhancing self-worth, both of which helped solidify her identity. Here she discussed why the validation was significant to her overall self-worth:

…getting the validation online kind of means a lot, I feel like that sounds shallow, but I mean, having people see how much other people like you, I think can boost someone's self-esteem a lot. Day to day somebody may see you, like, ‘Who's that? Who is she? Oh she's nobody.’ But if they go on social media, they'll be like, ‘Oh my God, people like her. She's cool. She takes cool pictures.’ Sometimes I rely on my social media to say more about me then I will, because since coming to college I've gotten more introverted. I use to be really extroverted, but I would much rather someone see my social media first, then meet me to know what I'm about, then me try to fumble over my words to make somebody like me that way.

To contrast these experiences of social media use, validation, and self-worth, one interviewee denied feeling validated by ‘likes’ and comments received on social media and

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identified other aspects of her life which foster her self-worth. She spoke of her self-worth in this manner:

…my self-worth is probably wrapped up a lot like in my schooling and education. And then like how I perform at work. If someone was like, “Yeah, that looked like crap.” I would be like, ‘Oh, my heart!’ You know, if someone was like, ‘Ah, that doesn’t look so good on social media.’ I would be like, ‘So, you don’t have to look!’ So I would definitely say my self-worth is more-so in being successful rather than in social media.

RQ 4: Do women evaluate and/or perceive themselves differently when they are not using social media sites? To conclude the semi-structured interviews participants were asked, “What do you think about taking breaks or completely unplugging from social media?” Findings from the study strongly suggest there are benefits associated with taking breaks from social media beyond how women evaluate and perceive themselves. A majority voiced support for temporarily unplugging from social media and perhaps deactivating or deleting accounts for lengthier periods of time. Eight of 15 participants discussed their rationale and the effects of taking breaks, deactivating, or deleting their accounts. Four women reported the frequency of their social media use in their personal opinion did not require them to take breaks, while three other individuals simply felt it was too difficult or challenging to abstain from using social media.

Mental health and well-being. Three women reported either deleting or deactivating certain social media accounts because their usage either contributed to the development of or exacerbated low self-esteem, depression, disordered eating, compulsive exercise, and bulimia nervosa. One participant talked about how deleting Facebook and Instagram affected her, she said:

I feel like I’ve gotten better with my body image now that I don’t use Instagram and Facebook…And with Tumblr, I mean I try to appreciate the other people that I see, but I still do find myself comparing myself to others like I said before. But, I mean, the
thoughts aren’t as obsessive as before and I’m not like depressed because of it and I’ve learned to stop those thoughts.

Another woman admitted even though deleting Instagram alleviated some of her symptoms, it “was step one of five more things I had to do to help myself get better.” Generally speaking, the severity of the mental health issues experienced by these women warranted a multi-faceted treatment approach, so while these individuals found relief in removing themselves from social media, most indicated the need for additional treatment modalities.

Four other participants associated deactivation of their social media accounts with feeling less pressured, engaging in less comparisons, and being more mindful of the present moment. In effect, deactivation alleviated pressure surrounding their physical appearance and helped them relax their personal standards for their appearances. One woman discussed her decision to deactivate her Instagram account for two months, she said:

…it is so easy to go on there and get carried away, like stalking people, like looking at their pages and be like, ‘Oh my God, my life is awful! She is having so much fun all the time!’…It makes me feel bad about myself for not having this amazing life…And it is nice to have a break and not go on there and feel pressured to like have a fun life and look good.

Another participant summarized the effects of deactivation from social media in this manner:

I feel like I don't have to see or think about as many people or think about how many people are seeing me so it takes that kind of pressure off, I don't know to be myself more and enjoy myself more not worrying about like - oh if I go here, I'll have to take a picture. I don't have to worry about that, like, I can just go and eat the ice cream and go home - I don't have to take a picture of it. And so, I think it feels a little bit freeing also.

Finally, a third participant spoke about how limiting social media use changed her perceptions:

I think when you're not so caught up in everyone else's lives and you slow down and it's just kind of you...when you stop seeing what's going on with everybody else you see yourself, and things weren't so bad for me. I think I saw how good things could be for myself, because you look at everyone else's lives and everyone else looks so good all the time and everyone's so put together and everyone's always working out and eating good. I think when you're back in your own groove of things without everybody else around, you refocus on yourself and what's important.
Notably, all of these women talked about how their decision to delete or temporarily deactivate their accounts changed how they currently interact with social media platforms. These individuals admittedly either no longer use the platforms deemed problematic or use them much less frequently, they choose to celebrate and embrace diversity by ‘following’ the body positivity movement, or they decided to entirely alter the content they post. In addition, one participant mentioned how she no longer accesses Instagram from the application designed for cell phones, stating, “I actually don’t ever use the app. I go on Instagram.com and it is because Instagram.com is really annoying and hard to navigate.” By modifying the methods of accessing social media sites such as Instagram, she effectively lessened social media use because of the unfriendly user interface.

Among participants, peripheral benefits to well-being emerged from taking a break, deactivating, or deleting social media accounts. Productivity was most commonly referenced with women describing how they used time that would have been spent on social media doing other things like reading, journaling, fostering connections with people in-person, or refocusing and reprioritizing themselves. Others mentioned removal from social media lessened the amount of negativity and clutter in their lives.

**Attributional Data**

**H1. Body surveillance.**

a) If body surveillance is occurring, then women will be more likely to use filters to change or enhance their physical appearance or attributes. (e.g. using filters to enhance or change the clarity, texture, and color/tone of one’s skin)

b) If body surveillance is occurring, then women will digitally edit (e.g. photoshop) their photos to create thinner, more flattering images of themselves.
Findings from the study provide moderate evidence supporting the first part of the body surveillance hypothesis. Seven of the 15 participants reported using filters to enhance or change the appearance of their skin with brightening, removing blemishes, smoothing and blurring skin texture, lightening or darkening skin tone, and giving the illusion that they were wearing makeup identified as reasons for using filters. The second part of the body surveillance hypothesis was not supported. No participants reported using Photoshop or any other external applications to alter the portrayal of their body; however, one participant described cropping images of herself to make her arms appear slimmer in photos.

**H2. Appearance comparison and body shame.**

a) If women compare their appearance to others on social media, engage in body surveillance, and feel they fail to meet beauty norms, then body shame may be experienced.

b) If body shame is occurring, then women may refuse to take individual and group photos, may refuse to upload and share photos on social media, may “untag” themselves in photos deemed unflattering which were posted by their social media friends, and may request that social media moderators delete certain photos.

There was minimal support for both parts of the appearance comparison and body shame hypothesis. Among interviewees, five women described comparing their physical appearances and bodies to other women, engaging in body surveillance, and then feeling as if their bodies and appearances failed to meet beauty ideals, which subsequently resulted in the experience of body shame. All of these participants provided a thorough description of specific moments when they recounted feeling body shame. Several recollections pinpointed the significance of clothing garments worn in the photographs (e.g. wedding attire or bathing suit) in relation to feeling body
shame, whereas other participants spoke about body shame in reference to how they felt about their weight, body shape, or facial features in certain pictures shared on social media.

Another woman talked about a recent experience containing all of these elements, yet she said since she does not post pictures of her body in an exposed manner, she was protected from the feeling of shame. Two other women discussed previous experiences with body shame, but both discussed protective factors insulating them against current feelings of body shame (i.e. body positivity movement and aging).

Three of the eight participants who reported body shame talked about refusal to take or upload individual and group photos. These behaviors minimized the intensity of feelings of body shame. Another woman recalled feeling body shame because of how her body appeared in the photos, along with the being surrounded by others who were representative of the beauty ideals that she felt she failed to meet. She preemptively untagged herself from these photos on social media because she knew the individuals who posted them had large social networks and she wanted to curtail the amount of traffic they received, in particular by her personal social media audience. None of the individuals who indicated feeling body shame requested that social media moderators remove photos.


a) If women use social media with the intention of garnering large amounts of ‘likes’ and comments on their photos, then they may prioritize physical appearance and validation from others as part of their self-worth.

The third hypothesis regarding self-worth yielded weak support. Among all of the women interviewed, only one participant clearly intended to appeal to her social media audience to garner large amounts of ‘likes’ and comments, thereby prioritizing her physical appearance and
validation from others as part of her self-worth. On the other hand six other participants, albeit somewhat reluctantly (rationale discussed on p. 62), equated ‘likes’ and comments from others on social media with validation which then factored into their appearance-based self-worth. Of note, two other women stated ‘likes’ and comments from others, though these responses make them feel good about themselves, are not associated with validation; however, both women indicated their physical appearance is a component of their self-worth.

**H4. Effects of unplugging from social media.**

a) If women take breaks, deactivate or delete their social media accounts, then they may be less likely to compare themselves to others on social media, may be less inclined to engage in body surveillance, may experience less body shame, and may discover their self-worth within themselves, rather than outside of themselves (i.e. physical appearance).

Findings from the study suggest partial support for the fourth hypothesis regarding unplugging from social media. Of the eight participants who acknowledged taking breaks, temporarily deactivating, or deleting their social media accounts, six reported decreased appearance comparisons and less body surveillance as a result of those decisions. Less body shame and improved self-worth were not referenced with regards to social media abstinence, which was perhaps related to the interview protocol. In discussing unplugging from social media, women spoke broadly about the overarching effects of these experiences, without necessarily recollecting distinctive moments when they felt shame or felt validated.

**Emergent Data**

**Negative life experiences and protective factors.** In considering the evidence gathered across all interviews, participants with more negative experiences associated with social media
use also tended to have more negative life experiences with their body and physical appearance preceding current social media use. A few women talked about being bullied, mocked, and criticized by peers about their external appearance, whereas others cited damages incurred by dating and intimate partner relationships which conditioned negative self-beliefs, low self-esteem, and poor self-worth. In addition, these women seemed more inclined to gain validation and prioritize their appearance as part of their self-worth by using social media when compared with those who had described other sources of validation and self-worth.

Among the women who reported more profound negative effects using social media, protective factors surfaced. To protect against appearance comparison and conformance to beauty ideals, strategies such as thought stopping, involvement with the body positivity movement, and using social media to showcase participation in activities, traveling or visiting places, and for communication purposes only were employed. Other women reported insulating themselves from negative effects of social media by building self-esteem and self-worth through interpersonal relationships, school, or work.

**Women’s social media behaviors.** Unexpectedly, participants clarified how ‘likes,’ comments, and validation from others guide their individual behaviors on social media. Many participants upload pictures on social media featuring their appearance, but for some women if a particular amount of ‘likes’ and comments are not obtained, then those pictures will be deleted from their social media accounts. Feeling disappointed, feeling bad about oneself, and questioning relationships with others coincided with this behavior. Also, one woman revealed she no longer posts appearance-focused photos on social media because from lack of ‘likes’ and comments she determined she “wasn’t pretty” and did not “look good enough for people to ‘like’ it.”
In addition to ‘likes,’ comments, and validation received from others on social media guiding women’s actions, their personal audiences associated with particular accounts also influence behaviors. Social media audiences are generally comprised of family members, close friends, acquaintances, or strangers. Most women discussed how their Facebook audience consists of individuals they actually know and have relationships with, thus their photos are more censored. In contrast, audiences on Snapchat or Instagram seem to consist of less people known to the individual posting, therefore the pictures shared on those platforms tend to be more risqué. Also, participants consistently referenced the auto delete feature on Snapchat. In essence, women can program their Snapchat preferences to automatically delete content shared with others after a specific amount of time set by the individual user, sometimes within mere seconds; consequently, women believe this feature enhances their privacy. One individual detailed some of her social media posting habits here:

Well on Snapchat I'm more or less like, posting, like more full-body photos showing, you know, downward. I feel more comfortable doing that because you know, it deletes after a certain time. So, like if I have something where I look extra sexy and whatever like that, I feel more comfortable when it's on Snapchat or Instagram because I don't have many of my friends on there that can see it. I'd rather people like randomly see me in a more like, hot way, than on Facebook, which people can see it like forever. So, I put more of like racy stuff on Snapchat and Instagram.

**Positive and negative aspects of using social media.** The researcher’s line of questioning did not directly address the positive and negative aspects of using social media, yet these facets materialized over the course of the study. Participants recognized social media’s role in expanding and redefining friendship parameters as beneficial. Also, social media was favored among women with more introverted personalities since they felt less pressure and discomfort initiating social interactions with strangers. Albeit in different capacities, women’s empowerment was mentioned in relation to trying out new identities, procuring role models, in
particular for black women, and for life transitions such as after leaving an abusive relationship. Finally, spreading positivity, bolstering others’ confidence, and acquiring motivation were distinguished as advantages derived from social media use.

Paradoxically, social media was purported to negatively influence interpersonal relationships by promoting narcissism, therefore inhibiting emotional intimacy and fostering feelings of isolation. Women also characterized social media as a negative environment with people constantly complaining and ventilating their problems, while simultaneously attempting to one up each other with their complaints about their lives. These were seen as byproducts of overreliance on technology, overexposure to others’ lives, and personal fears of missing out. In addition, social media was viewed as a contributor to antisocial behavior toward others, examples included dehumanizing people, threatening others, and making socially unacceptable jokes (e.g. mass shooting at Marjory Stoneman Douglas High School).

In conclusion, findings from this study illuminated how women’s use of social media contributes to self-objectification, body surveillance, appearance comparison, ascertaining beauty ideals, and experiencing body shame. By framing women’s social media use with these constructs and exploring women’s experiences with abstaining from social media use, effects to women’s mental health and well-being emerged. The next chapter summarizes conclusions and strengths of the study. Limitations of the current study, recommendations for future research, and implications for public health and behavioral health practice and policy will also be discusses in the following chapter.
Chapter 5: Discussion and Study Limitations

Overall Study Conclusions

Flourishing social media use, the deep entrenchment of the sexual objectification of women in American culture, along with role impairment, clinical severity, risk of mortality, insufficient treatment, and comorbidity with other mental disorders associated with depression, eating disorders, and sexual dysfunction impelled this research (Fredrickson & Roberts, 1997; Hudson et al., 2007; Kessler et al., 2003; Laumann et al., 1999; Palacios et al., 2009; Pew Research Center, 2018; Smink et al., 2012). Findings from this study showed how women self-objectify while using social media. Self-objectification means women see their bodies as objects to be viewed and appraised by others (Fredrickson & Roberts, 1997). Women’s descriptions emphasizing the importance of their physical appearance, self-presentation, and body attributes on social media sites demonstrates both self-objectification and body surveillance. Furthermore, women expressed worries about perceptions, reactions, and disapproval from others on social media regarding their appearance and physique, thus signifying viewership of their own bodies from a third person perspective.

Body surveillance is the behavioral indicator of self-objectification, which subsequently leads to the mental health consequences of body shame, appearance anxiety, interrupted peak motivational states, and insensitivity to internal drives (Fredrickson & Roberts, 1997). In this study, body surveillance manifested as applying filters to one’s photographs to enhance or change the appearance of skin, posing to capture one’s best angles, as well as women’s criteria to allow uploading and ‘tagging’ of oneself in pictures shared on social media.
According to objectification theory, body surveillance, appearance comparison, and failure to achieve cultural or internalized beauty ideals results in feelings of body shame (Fredrickson & Roberts, 1997). Findings from this study ascertained participants compare their physical appearances, features, and bodies to other women. In addition, this study revealed women determine beauty norms by evaluating the number of individuals associated with other women’s social media accounts, as well as the distribution of ‘likes’ and positive comments written on their appearance-focused content. The accordance between women’s narratives of body shame with the theoretical assumption of how body shame functions per objectification theory was a strength of this study. Another strength included exposing differences among women in terms of their desires to alter their bodies and physical appearances, the particulars involved in making these changes, and their ambitiousness to initiate change; all of which were framed by beauty ideals relative to one’s race and ethnicity. This finding is consistent with previously presented experimental research because studies found evidence of trait self-objectification, meaning some individuals are predisposed to internalizing objectifying experiences more so than others; hence, the effects of internalization will vary from person to person (Calogero, 2004; Fredrickson et al., 1998; Harper & Tiggemann, 2008; Hebl et al., 2004; Moradi & Huang, 2008; Quinn et al., 2006; Roberts & Gettman, 2004; Tiggemann & Boundy, 2008).

Garnering ‘likes’ and comments from others on social media and appealing to one’s social media audience by sharing content facilitated feelings of validation for some women about their physical appearances. Receiving validation in this way was met with conflicting feelings as women’s belief systems reflected the importance of feeling intrinsic validation from oneself, rather than extrinsic validation from others. The qualitative nature of this study allowed the
researcher to distill these nuanced experiences which differed among participants mainly because of their association with past and present life experiences. For some women, validation in the form of ‘likes’ and comments from others on photographs featuring their physical appearances and bodies was associated with improved self-esteem, greater self-confidence, and contributed to appearance-based self-worth.

Low self-esteem, depression, disordered eating, compulsive exercise, or bulimia nervosa were cited as reasons for taking breaks, deleting, or temporarily deactivating social media accounts. Refraining from using social media was associated with feeling less pressured, engaging in less comparisons overall, being more mindful of the present moment, and relaxing standards for personal appearances. Notably, all of the women who abstained from using social media reported transformations as to how they currently interact with social media platforms. These changes included no longer using the platforms deemed problematic or using them much less frequently, choosing to ‘follow’ the body positivity movement to inspire self-acceptance, altering their shared content, and changing the means of access to platforms.

Both objectification theory and social media platforms were introduced in 1997 (Fredrickson & Roberts, 1997; Hale, 2015). This study sought to bring a fresh perspective to women’s social media consumption by applying an existing theory to a domain which research has only begun to explore. Thus, an overarching strength of this study was the novelty of employing qualitative methods to investigate how women’s social media use contributed to self-objectification, body surveillance, appearance comparison, body shame, and appearance-based self-worth. This qualitative approach generated contextually rich, in-depth descriptions of these experiences, advanced the application of objectification theory, and deepened our understanding of how social media influences women’s mental health and well-being.
Implications for Public Health and Behavioral Health

Study limitations and future research. Although women of differing racial and ethnic backgrounds participated in this study, nearly half of the sample was comprised of white women. In this study, the most apparent differences between white women and women of differing racial and ethnic backgrounds arose surrounding the themes of appearance comparison and beauty ideals. Also, these women tended to recall previous life experiences when they were bullied or mocked about their physical appearance or body, and most felt there was an underlying racial or ethnic component to these behaviors. These women were inclined to compare themselves to white beauty ideals, as well as whichever ideals more closely matched their external appearance, with the latter generally being more influential. In a larger sample of racial and ethnic minority women, future qualitative research might want to explore how previous life experiences with one’s physical appearance or body, coupled with social media use guides the formation of beauty ideals and appearance comparisons, as well as what the effects of these experiences altogether entail.

According to objectification theory, women are more susceptible to sexual objectification as their bodies become reproductively mature, and so this theoretical assumption guided the 18 to 35 years old inclusion criteria (Fredrickson & Roberts, 1997). The age range for participants in this study was 19 to 29 years old. Although there is a small body of previous quantitative research that investigated the effects of the Internet and social media site visits on various outcomes pertaining to female youth, to my knowledge, no prior studies apply qualitative or mixed methods to frame social media use using objectification theory (Meier & Gray, 2014; RSPH, 2017; Tiggemann & Miller, 2010; Tiggemann & Slater, 2013; Tiggemann & Slater, 2015; Vandenbosch & Eggermont, 2012). Thus, replicating this qualitative study with a younger
population is encouraged, especially as youth are unaccustomed to the world prior to the advent of social media. There is some evidence to suggest aging mitigates the effects of sexual objectification, therefore it may be unnecessary to repeat this study with an older population (Kirby, 2016; Szymanski & Henning, 2007).

Similar to the majority of extant objectification theory research, participants in this study were either undergraduate or graduate level full- and part-time students (Calogero, 2004; Fredrickson et al., 1998; Harper & Tiggemann, 2008; Hebl et al., 2004; Liss & Erchull, 2015; Manago et al., 2015; Register et al., 2015; Roberts & Gettman, 2004; Szymanski & Henning, 2007; Tiggemann & Williams, 2012; Tiggemann & Boundy, 2008). It is worth noting, however, that response patterns may differ for women outside of the collegiate environment. Also, some of the participants’ fields of study included psychology, behavioral healthcare, sociology, social work, and public health, thus the knowledge and insights procured from their academic endeavors may have influenced their responses. Future research applying objectification theory to social media use with undergraduate and graduate student samples should include students across disciplines to reveal any potential differences. Furthermore, future research should attempt to diversify samples by recruiting beyond university settings.

Both sexual objectification and the accompanying self-objectification are based on perspectives that women are mere objects primarily for male pleasure (Tiggemann, 2011). Thus, a majority of previous research has focused on college-aged heterosexual women (Tiggemann, 2011). Future studies should therefore consider how sexual orientation, gender identity, and relationship status function with regards to the theory.

Future research examining social media consumption with objectification theory may employ a mixed methods approach. For instance, studies might include the SOQ to measure trait
self-objectification, as well as interviews or focus groups to explore self-objectification, body surveillance, appearance comparison, and body shame. The SOQ is a short, self-report instrument which measures appearance and competence based attributes, with positive scores representing the importance of appearance (Fredrickson et al., 1998). By incorporating the SOQ women may be categorized by high versus low levels of trait self-objectification, consequently helping researchers ascertain if social media experiences differ between the two groups of women. Also, focus groups may lead to new discoveries about how to apply objectification theory to women’s social media use because of the inherent group dynamics.

Fortuitously, participants identified some social media platforms as having more deleterious effects than others, therefore future research should consider which aspects of these sites elicit more negative effects on women’s self-confidence and self-esteem, as well as contribute to or exacerbate disordered eating, compulsive exercise, and depression. To accomplish this objective, future quantitative studies should assess the frequency of social media use, the number of platforms accessed, the specific features utilized by individuals, self-objectification, body surveillance, body shame, appearance anxiety, internal awareness, and flow to test the relationships between these constructs and the three mental health outcomes of depressed mood, disordered eating, and sexual functioning.

**Practice.** The findings from this study will be of interest to public health professionals and behavioral health clinicians. Primary prevention initiatives should educate young girls, teenagers, and adult women about the process of self-objectification and its associated consequences, as well as teach resistance strategies to impede self-objectification and its negative mental health effects (Register et al., 2015; Tiggemann & Williams, 2012). Multifaceted interventions targeting the individual and interpersonal levels should demonstrate
how to deconstruct media content, encourage critical analysis of individuals’ online portrayals, emphasize body functionality over physical appearance, and should incorporate activities to build self-esteem and self-worth (Kim & Park, 2016; Register et al., 2015; Tiggemann & Williams, 2012). Based on the data gathered from this study, women acknowledged numerous areas important to their self-esteem, self-worth, and identity apart from their physical appearance. Some of these included their interpersonal relationships with others, their occupations, their academics, and their personal value in being kind-spirited, generous, and successful individuals, therefore refocusing and emphasizing these areas of women’s lives may bolster intrinsic self-esteem and self-worth.

Primary prevention at the organizational and community levels should continue to promote diverse representation of women featured in the media and should warn men and women about the harmful effects of treating one another as objects, rather than people (Tiggemann & Williams, 2012). Roughly half of the sample for this study mentioned the body positivity movement which was synonymous with women seeing themselves as more than their bodies, accepting their body as is, and empowering them to be unapologetic and celebrate their body in its current form. The body positivity movement is instrumental to dismantling beauty ideals, thus organizational and community level interventions need to broadcast similar messages, exhibit inclusivity of all body types, and perhaps use social media as a modality to expand the reach of this movement.

Compared with other forms of media transmitting messages about appearance norms, the Internet and social media sites, in particular, are bidirectional and offer greater control over content shared and information sought (Tiggemann & Miller, 2010). Carefully editing and refining images of oneself indicates greater concern about how one appears to their online
audience (Manago et al., 2015). The one-to-many mode of communication facilitated by social media sites, in addition to perceived control over one’s appearance may underlie the connections between self-objectification, body surveillance, and body shame (Manago et al., 2015). Thus, public health campaigns should educate people about how and why social media impacts body image and mental health. These initiatives should focus on the bidirectional interactions of social media sites, the level of control regarding one’s self-presentation, the depiction of an idealized self, and how these synergistically influence mental health and well-being.

Secondary prevention may consist of screening for self-objectification among women in clinical practice settings. To accomplish this endeavor, women alluding to the mental health consequences associated with self-objectification such as body shame or appearance anxiety, or presenting with subclinical or diagnosable mental disorders (i.e. depression, eating disorders, or sexual dysfunction) may be screened with the SOQ (Fredrickson et al., 1998). Screening for self-objectification among women may mitigate the effects of self-objectification, prevent more serious mental health issues from developing, and may lead to increased diagnosis and subsequent treatment of eating disorders, depression, and sexual dysfunction.

Also, secondary prevention may entail evaluating the amount of time individuals spend visiting social media sites and inquiring about the number of platforms used as this may uncover maladaptive patterns contributing to mood and body image disturbance (Lin et al., 2016; Meier & Gray, 2014; RSHP, 2017). Findings from this study affirm the entire sample consisted of heavy social media users based on frequency of site visits and number of platforms operated. Other research found heavy social media use was associated with mental distress including feelings of inadequacy, self-consciousness, poor self-esteem, perfectionism, and suicidal thoughts, while managing more than one social media account simultaneously was linked to
symptoms of social anxiety disorder (RSPH, 2017). Furthermore, prior research found correlations between depression and social media use in young adults (Lin et al., 2016; RSPH, 2017). With the exception of suicidal thoughts, themes from this study are consistent with previous research involving social media and mental health. Altogether, these reasons necessitate screening for excessive social media consumption and simultaneously educating individuals about the potential dangers of spending too much time using social media sites and managing too many accounts.

At the tertiary level, psychologists, therapists, and counselors may find utilizing compassion-focused therapy with their clientele valuable to negating the effects of self-objectification. Previous research linked self-compassion with numerous benefits such as lower levels of depression, anxiety and stress, less concern about weight, reduced likelihood of binge eating, and lower levels of body surveillance and body shame (Liss & Erchull, 2015). Protective factors fostered by self-compassion include greater acceptance of body image, as well as enhanced overall well-being and optimism. Essential to compassion-focused therapy are compassion and empathy modeled by the practitioner and outwardly expressed toward the client. The practitioner coaches the individual to treat the self with kindness and compassion, in effect reinforcing self-affection. Similar to the body positivity movement, self-compassion helps people acknowledge their body and notice while it does not necessarily comply with societal norms, one can remain open, accepting and compassionate toward that realization, rather than feeling anxious and shameful (Liss & Erchull, 2015).

One positive aspect of social media and the array of platforms one can access relates to the possibility of reducing stigma of behavioral health issues and promoting treatment, particularly among individuals unable to access traditional face-to-face services. For instance,
people inputting search terms such as “suicidal,” “depressed,” or “hopeless” on the blog site, Tumblr, are relayed to a message stating “Everything OK?” and are given resources (Lin et al., 2016). Likewise, Facebook has features permitting friends to anonymously flag and notify personnel about troublesome posts. After the post is forwarded, the individual posting worrisome content subsequently receives a message encouraging them to reach out to a friend or helpline (Lin et al., 2016). Also, communities such as The Mighty inspire people to share their behavioral health challenges and follow others’ experiences to decrease stigma, educate, improve awareness, and foster empowerment and connection.

**Policy.** Policies designed to regulate social media consumption because of the associated risks of eating disorders, depression, and other negative mental health effects may be warranted (Lin et al., 2016; RSPH, 2017; Tiggemann & Miller, 2010). Previous research linked internalization of the thin ideal, drive for thinness, and weight dissatisfaction with viewing and posting photos on social media sites (Meier & Gray, 2014; Tiggemann & Miller, 2010; Tiggemann & Slater, 2013). In addition, appearance-based websites or social media pages endorsing eating disorders and promoting unhealthful methods to lose weight amplify drive for thinness, which together with body surveillance are the precursors for anorexia nervosa (Tiggemann & Miller, 2010; Tiggemann & Slater, 2013) Other studies linked appearance comparison and body dissatisfaction with body image disturbance, disordered eating, lower self-esteem, and higher levels of depression (Fardouly & Vartanian, 2015; Fredrickson & Roberts, 1997; Harper & Tiggemann, 2008). The presence of these constructs were obvious in women’s narratives from this study. Therefore, policies aimed at limiting screen time should be explored. Reducing screen time might be accomplished by requiring social media sites to implement pop-ups warning of heavy usage, requiring use of software monitoring programs, or restricting social
media use after a predetermined daily allotment is met (RSHP, 2017; Tiggemann & Miller, 2010). Public health campaigns targeting adults responsible for youth, such as parents and other members of the community, should educate about the potential harmful effects of excessive social media use and should reiterate the importance of adequate adult supervision regarding youths’ Internet usage (RSHP, 2017; Tiggemann & Miller, 2010).

Policy initiatives should consider implementing warning labels to identify digitally altered content to deter appearance comparisons, challenge beauty ideals, improve body image, and prevent eating disorders (NPR, 2017; RSHP, 2017). This initiative would align with current trends to either label digitally altered content or refuse airbrushed advertisements. For example, last year France enacted legislation requiring disclaimers for all retouched photos that appear in advertisements (NPR, 2017). Failure to obey this law is punishable by a fine greater than $44,000. Similarly, Getty Images, an American stock photo agency, terminated acceptance of retouched creative content, and earlier this year, CVS opted to no longer advertise cosmetics with airbrushed or digitally altered images (Horowitz, 2018; NPR, 2017). These decisions reflect societal movement toward ending the proliferation of unrealistic beauty ideals and recognizing the well-documented negative effects these images have had on women’s health (Horowitz, 2018; NPR, 2017).

Using social media to advance public health and related policies are newly emerging areas of research. Social media generates information about individuals’ behaviors, thoughts, and feelings, thereby giving researchers’ opportunities to examine real-time, first person accounts (Conway & O’Connor, 2016). For example, data obtained from Twitter helped surveil influenza outbreaks, understand public attitudes toward vaccination, and market new e-cigarette products. Specifically related to mental health, analyzing language containing negative-emotion words
from Twitter users yielded positive correlations with U.S. state level suicide statistics (Conway & O’Connor, 2016). In addition, monies from federal grants were allocated to researching the utility of social media as a surveillance tool, as well as for interventions to screen, prevent, and treat substance use and addiction disorders (NIH, 2016). Thus, research efforts should be expanded to include evaluating social media as a surveillance tool for mental disorders, as well as to reduce stigma and expand treatment reach, particularly among individuals who face barriers to accessing traditional face-to-face services.
References


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Substance Abuse and Mental Health Services Administration [SAMHSA]. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. Retrieved from


Appendices
Appendix A: Interview Protocol

1. What does body image mean to you with regards to your social media use?

2. How does viewing pictures of others on social media make you feel about yourself?
   **Probe:** Appearance comparison to others on social media

3. Do you do anything to make sure your portrayal looks a certain way on social media sites?
   **Probe:** Using filters and/or digitally editing content
   **Probe:** Posing a certain way and/or deleting/untagging “bad” photos
   **Prober:** Refusal to upload photos of self

4. What is most important to you about the way you appear: 1) in photos; 2) or videos that you post or are tagged in on social media sites?

5. Can you give me an example of a time when you felt uncomfortable or embarrassed about your appearance or your body on social media?

6. Describe your experiences on social media in relation to your body image and appearance.
   **Probe:** Validation and self-worth
   **Probe:** Body surveillance

7. One of the features on social media sites allows you to ‘like’ or ‘comment’ on others’ content and they can do the same to your posted content. How do you feel about that?
   **Probe:** Positive and negative aspects of these capabilities
   **Probe:** Participant’s feelings if their content does not receive desired response

8. What do you think about taking breaks or completely unplugging from social media?
   **Probe:** If participant has engaged in this behavior, and why?
   **Probe:** Influence on body image and physical appearance
9. Is there anything else that would be helpful for me to know about your experiences using social media?
Appendix B

Social Media Use and Activities Questionnaire

Instructions: Please read and answer the following questions about social media use and activities.

1. Which of the following social media websites do you have an account with? (Check all that apply)
   - Facebook
   - Twitter
   - YouTube
   - Instagram
   - Pinterest
   - Tumblr
   - Snapchat
   - Reddit
   - Google+
   - Other (please specify):

2. Which of these social media sites do you visit the most?

3. Thinking about the social media site you visit the most, please indicate how often you visit this site?
   - Several times an hour
   - Hourly
   - Several times a day
   - Once a day
   - A few times a week
□ Once a week

4. What are your favorite features to use and activities to do on social media? (Please describe)

5. How many years have you been using social media sites?

About you:

Age: 

Race/Ethnicity (circle one): American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latina
Native Hawaiian or Other Pacific Islander
White

Researcher’s Use Only:

Source ID: 
# Appendix C: Research Questions Matched to Interview Protocol Questions

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Interview Protocol Questions</th>
</tr>
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<tbody>
<tr>
<td>1. How does social media use contribute to self-objectification among women?</td>
<td>1. What does body image mean to you with regards to your social media use?</td>
</tr>
<tr>
<td>2. Do women who use social media sites engage in body surveillance and appearance</td>
<td>2. How does viewing pictures of others on social media make you feel about yourself?</td>
</tr>
<tr>
<td>comparison?</td>
<td>3. Do you do anything to make sure your portrayal looks a certain way on social media sites?</td>
</tr>
<tr>
<td>3. How are body shame and appearance-based self-worth influenced in the context of</td>
<td>4. What is most important to you about the way you appear: 1) in photos; 2) or videos that</td>
</tr>
<tr>
<td>social media use?</td>
<td>you post or are tagged in on social media sites?</td>
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<td>4. Do women evaluate and/or perceive themselves differently when they are not</td>
<td>5. Can you give me an example of a time when you felt uncomfortable or embarrassed about</td>
</tr>
<tr>
<td>using social media sites?</td>
<td>your appearance or your body on social media?</td>
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<td></td>
<td>6. Describe your experiences on social media in relation to your body image and appearance.</td>
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<td></td>
<td>7. One of the features on social media sites allows you to ‘like’ or ‘comment’ on others’</td>
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<td>content and they can do the same to your posted content. How do you feel about that?</td>
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<td></td>
<td>8. What do you think about taking breaks or completely unplugging from social media?</td>
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</tbody>
</table>

*Note.* Interview question 9. “Is there anything else that would be helpful for me to know about your experiences using social media?” concludes the interview.
Appendix D: IRB Approval Letter

10/23/2017

Gina-Maria Roca  
Community and Family Health  
12448 Country White Circle  
TAMPA, FL  33635

RE:  Expedited Approval for Initial Review  
IRB#:  Pro00032354  
Title: Through the Lens of Objectification Theory: Social Media Use and Women’s Behavioral Health  

Study Approval Period: 10/22/2017 to 10/22/2018

Dear Ms. Roca:

On 10/22/2017, the Institutional Review Board (IRB) reviewed and APPROVED the above application and all documents contained within, including those outlined below.

Approved Item(s):
Protocol Document(s):
IRB Protocol.v3.docx

Consent/Assent Document(s)*:
Informed Consent.pdf

*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab. Please note, these consent/assent documents are valid until the consent document is amended and approved.

It was the determination of the IRB that your study qualified for expedited review which includes activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the categories outlined below. The IRB may review research through the expedited review procedure authorized by 45CFR46.110 and 21 CFR 56.110. The research proposed in this study is categorized under the following expedited review category:
(6) Collection of data from voice, video, digital, or image recordings made for research purposes.

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB. Any changes to the approved research must be submitted to the IRB for review and approval via an amendment. Additionally, all unanticipated problems must be reported to the USF IRB within five (5) calendar days.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

[Signature]

Kristen Salomon, Ph.D., Vice Chairperson
USF Institutional Review Board
Appendix E: IRB Amendment Approval Letter

3/20/2018

Gina-Maria Roca
Community and Family Health
12448 Country White Circle
TAMPA, FL 33635

RE: Expedited Approval of Amendment
IRB#: Ame1_Pro00032354
Title: Through the Lens of Objectification Theory: Social Media Use and Women’s Behavioral Health

Dear Ms. Roca:

On 3/19/2018, the Institutional Review Board (IRB) reviewed and APPROVED your Amendment. The submitted request and all documents contained within have been approved, including those outlined below, as described by the study team.

To improve recruitment, they would like to offer study volunteers a $10 gift card to Starbucks as a thank you for their time, efforts, and participation. The revised informed consent document states, "You will be compensated with one $10 gift card to Starbucks at the end of the interview. If you withdraw from the study for any reason you are entitled to keep the $10 gift card to Starbucks." The revised advertisements inform participants that they will receive a $10 gift card to Starbucks for volunteering to participate. The revised protocol indicates, "Volunteers will be compensated for their participation with one $10 gift card to Starbucks upon completion of the Social Media Use and Activities Questionnaire and in-depth interview. If volunteers choose to withdraw at a later date they are entitled to keep the gift card that was offered during the first and only appointment. Individuals that choose to skip questions or who stop the interview entirely are entitled to compensation in the full $10 amount paid by Starbucks gift card."

Approved Item(s):
Protocol Document(s):
IRB Protocol March 8, 2018.v4 clean.docx

Consent Document(s)*:
Informed Consent - March 8, 2018.v2 clean.docx.pdf
*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab on the main study's workspace. Please note, these consent/assent document(s) are valid until they are amended and approved.

The IRB does not require that subjects be reconsented.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with USF HRPP policies and procedures and as approved by the USF IRB. Any changes to the approved research must be submitted to the IRB for review and approval via an amendment. Additionally, all unanticipated problems must be reported to the USF IRB within five (5) calendar days.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

[Signature]

Kristen Salomon, Ph.D., Vice Chairperson
USF Institutional Review Board
Appendix F: Informed Consent

Through the Lens of Objectification Theory: Social Media Use and Women’s Behavioral Health
eIRB Study # Pro00032354
Informed Consent for Questionnaire and Interview

You are being asked to take part in a research study. Research studies include only people who choose to take part. This document is called an informed consent form. Please read this information carefully and take your time making your decision. Ask the researcher to discuss this consent form with you, please ask her to explain any words or information you do not clearly understand. Please discuss any questions you may have about this consent form or any words or information you do not clearly understand. Feel free to discuss your decision to take part in this study with any friends or family members. The nature of the study, risks, benefits, discomforts, and other important information are listed below.

We are asking you to take part in a research study called: “Through the Lens of Objectification Theory: Social Media Use and Women’s Behavioral Health.”

The person in charge of this study is Gina-Maria Roca. This person is called the Principal Investigator. Gina-Maria Roca is being guided in this research by Dr. Tom Massey.

This research will take place in a private room reserved by the Principal Investigator, either at the USF Tampa Library or the Shimberg Health Sciences Library, whichever location you choose.

Purpose of the Study
The purpose of this research study is to explore how women use social media sites and discover how this impacts behavioral health at the University of South Florida-Tampa campus (USF-Tampa). The goal of the study is to learn about women’s experiences with observing and monitoring their own body, labeled body surveillance, comparing their own appearance to others on social media, feelings of shame, and personal self-worth. Another goal of the study is to learn if women think about themselves differently when they are not using social media platforms.

Why are you being asked to take part?
We are asking you to take part in this research study because you are a female student at the University of South Florida who uses social media sites.
**Study Procedures:**
If you take part in this study, you will be asked to spend approximately 5 minutes answering questions about your social media habits such as the number of social media accounts you have, which social media platform you use the most, how frequently you use that social media account, and your favorite social media features and activities. After you have completed the social media questionnaire, an interview lasting between 45-60 minutes will take place. With your permission, the interview will be audio recorded. The interview questions will ask about your experiences using social media. Some questions will ask about your social media habits and how these habits affect how you feel about yourself. While other questions will ask about your use of certain features, such as ‘liking’ and commenting on posts. There are no right or wrong answers to any of these questions. Your responses will be pooled with the responses of other participants and all responses will remain anonymous. Both the questionnaire and interview will take place in a private room reserved by the principal investigator, either at the USF Tampa Library or the Shimberg Health Sciences Library, whichever location you choose.

**Total Number of Participants**
About 20 individuals will take part in this study at USF.

**Alternatives/Voluntary Participation/Withdrawal**
You do not have to participate in this research study. You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study.

**Benefits**
There are no direct benefits for you as a participant. However, it is hoped that through your participation, we will learn more about how social media use influences body surveillance, appearance comparison, feelings of shame, and personal self-worth. Lessons learned from this research may benefit public health practitioners and behavioral health clinicians. Societal benefits include better informed public health initiatives aimed at reducing the sexual objectification of women, improvements to women's health by helping women see themselves as more than their body, and better explaining the potential dangers of excessive social media use.

**Risks or Discomfort**
This study is considered to be low or minimal risk. This means the risks associated with this study are the same as what you face every day; however, the sensitive nature of these questions may cause personal discomfort. If any question makes you uneasy, you are free to stop the interview or skip that question.

**Compensation**
You will be compensated with one $10 gift card to Starbucks at the end of the interview. If you withdraw from the study for any reason you are entitled to keep the $10 gift card to Starbucks.

**Costs**
It will not cost you anything to take part in this study.

**Conflict of Interest Statement**
There is no conflict of interest.

**Privacy and Confidentiality**
All data obtained from the questionnaire and interview will be kept confidential and will be reported in an aggregate format. Interview responses will be recorded using a password protected smartphone device and a back-up recording device. No names will be collected or associated with your responses. No one other than the Principal Investigator and Co-Investigator will have access to the data. The audio files will be transferred to a password protected computer and will be locked in a password protected file. Once uploaded, the recordings will be deleted. Your paper questionnaire will be scanned and stored on a password protected computer and will be locked in a password protected file. The questionnaire will be destroyed after it is scanned to the computer. Your signed informed consent document will be stored in a locked filing cabinet accessible only to the Principal Investigator. Data collected will remain stored for 5 years in a secure, password protected database and will be deleted by the Principal Investigator after this period has ended.

Authorized research personnel, employees of the Department of Health and Human Services, and the USF Institutional Review Board and its staff, and any other individuals acting on behalf of USF, may inspect the records from this study. The results of this study may be published. However, the data obtained from you will be combined with data from others in the publication. The published results will not include your name or any other information that would personally identify you in any way.

**Questions about the Research**
If you have questions regarding this study, you may contact Gina-Maria Roca, (Principal Investigator), at (516) 852-3100 or groca1@health.usf.edu or Dr. Tom Massey (Co-Investigator) at massey@usf.edu or (813) 974-6403.

**Questions about your Rights as Research Participants**
If you have questions about your rights as a participant in this study, general questions, or have complaints, concerns or issues you want to discuss with someone outside the research, please call the USF IRB at (813) 974-5638.

**Refusal to Sign and Withdrawal:**
You can refuse to sign this form. If you do not sign this form you will not be able to take part in this research study. You can revoke this form at any time by sending a letter clearly stating that
you wish to withdraw your authorization to participate in this research study. If you revoke your permission:

- You will no longer be a participant in this research study;
- We will use the information collected prior to the revocation of your authorization. This information may already have been used or shared with others, or we may need it to complete and protect the validity of the research.

To revoke this form, please email the Principal Investigator: Gina-Maria Roca at groca1@health.usf.edu with eIRB Study # Pro00032354 in the subject line.

Consent to Take Part in this Research Study

I freely give my consent to take part in this study. I understand that by signing this form I am agreeing to take part in research. I have received a copy of this form to take with me.

__________________________________________  ________________
Signature of Person Taking Part in Study          Date

_____________________________________________
Printed Name of Person Taking Part in Study

Statement of Person Obtaining Informed Consent

I have carefully explained to the person taking part in the study what she can expect from their participation. I confirm that this research subject speaks the language that was used to explain this research and is receiving an informed consent form in their primary language. This research subject has provided legally effective informed consent.

__________________________________________  ________________
Signature of Person obtaining Informed Consent  Date

_____________________________________________
Printed Name of Person Obtaining Informed Consent