

Running head: OBJECTIFICATION

OBJECTIFICATION: IMPACT ON ADOLESCENT FEMALES  
WHAT DO COUNSELORS NEED TO KNOW REGARDING OBJECTIFICATION AND  
SEXUAL IDENTITY DEVELOPMENT TO APPROPRIATELY GUIDE THERAPEUTIC  
WORK WITH ADOLESCENT FEMALES

A

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By

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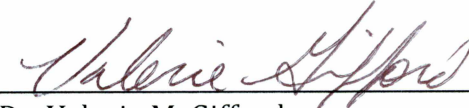
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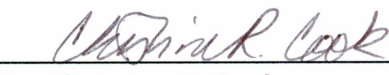
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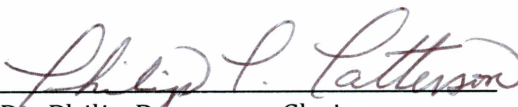
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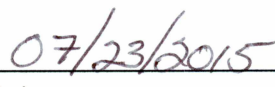
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### Objectification: Impacts on Adolescent Females

In postmodern western society, youth are bombarded by challenges unimagined by generations past. These include: a changing global economy; increasing disparity between economic classes; extreme stressors for disadvantaged and minority populations; academic challenges to compete in the future workplace; heavy burdens of debt from schooling; gang violence in communities, neighborhoods and schools; family challenges including abuse and broken homes; unprecedented access to substances including dangerous manufactured drugs; ubiquitous sexualization in entertainment and advertising media; and high stakes social messages regarding adolescent and adult sexuality (American Psychological Association [APA], 2010; McWhirtier, McWhirtier, McWhirtier, & McWhirtier, 2013; Santrock, 2012). There are also a researched body of pervasive social constructs specifically influencing adolescent girls and female sexual identity development. These include: objectification, sexualization of girls, traditional femininity ideology, sexism, privileged male interests, patriarchal norms, and the heterosexual script throughout culture and media expression (Bay-Cheng, 2012; Calogero, 2013; Gavey, 2012; Lamb 2010; Tolman, 2006; 2012; Tolman & Porche, 2000; Zurbbriggen & Roberts, 2013).

Adolescent girls in our culture are entering puberty and sexually maturing in a milieu containing conflicted and misleading messages about girls' bodies, sources of personal power, value conceptualization, sexual identity, healthy exploration and embodiment of desire and pleasure, dating and relationships and sexual interactions (APA, 2010; Fine & McClellan, 2006; Impett, Schooler, & Tolman, 2006; Tolman, 2006; Tolman & McClelland, 2011; Tolman, Striepe, & Harmon, 2003a; Vandenbosch & Eggermont, 2012). Many of these concepts are powerfully communicated via media (APA, 2010; Vandenbosch & Eggermont,

2012). Researchers point out the difference between adults consuming media and adolescents' experience of various media (Ward, 1995; Ward & Friedman, 2006). Adolescents do not have the lived experience and adult capacity for comparing and contrasting different ways of living, valuing and choosing norms and morals for one's life; ubiquitous media can have an imprinting effect on adolescents (Ward, 1995; Ward & Friedman, 2006). What media represents is more likely to be taken at face value by adolescents as the way of the world as compared to adults (Ward, 1995; Ward & Friedman, 2006).

Furthermore, media influences are saturated with sexual messages including gender roles, objectification, and oversexualization of girls and women (APA, 2010; Calogero, Tantleff-Dunn & Thompson, 2011; Kim et al., 2007; Lamb & Peterson, 2012; Tolman, 2006; Tolman & Porche, 2000; Vandebosch & Eggermont, 2012). For example, when objectified, people show less concern for the individual's pain, increased willingness to harm the objectified person and exhibit increased blaming as in the case of female rape victims and engage in dehumanizing the objectified female (Loughnan, Pina, Vasquez, & Puvia, 2013). Media consumption is directly linked to adopting a more accepting conceptualization of ideas and influences communicated.

Both male and female adolescents are disadvantaged by adoption of media norms of sexuality without media education as a component of sex education (APA, 2010; Calogero et al., 2011; Ward & Friedman, 2006). In addition to immature media processing by adolescents, Braun (2010) posits social control is perpetuated through the media and advertising. These sources claim free choice for the individual, yet what is on sale is culturally circumscribed. In the case of female adolescent sexual health, various media sources suggest sexual choices yet these choices are mainly sexualized and objectified commodities stemming from patriarchal

cultural overtones (APA, 2010; Calogero et al., 2011; Kim et al., 2007; Lamb & Peterson, 2012; Tolman, 2006; Tolman & Porche, 2000; Vandenbosch & Eggermont, 2012; Ward, 2002, 2003; Ward & Friedman, 2006).

In addition, sex education in public schools is frequently presented from a harm-based framework or abstinence platform and in many cases complements the propagation of patriarchal cultural norms (Calogero et al., 2011; Fine & McClelland, 2006; Tolman 2006; Tolman & McClellan, 2011). Parts of sexual identity development evolve from biological understanding, relational complexities and gendered issues; therefore, public sex education is a significant consideration for counselors when working with teens. The Guttmacher Institute (2015) provides a synopsis of current research on sex education, and nationwide only 22 states plus the District of Columbia mandate sex education. Some of these states are more progressive in providing research based comprehensive sex education; others are much more restrictive and only provide an abstinence platform. Recently, Federal Title V funding for Abstinence-Only education has seen a decrease in utilization while Congress has approved two more comprehensive sex education curriculums after many professional organizations including the American Medical Association made statements advocating for the health needs of teens without access to comprehensive programs (Fine & McClelland, 2006). Alaska falls into the category of non-mandated sex education. This means there is not a statewide requirement for curriculum or congruence among school districts.

Many teen girls in American public schools are denied access to comprehensive sex education, and many youth are left to the influence of peers and media to inform and influence the spectrum of sexual identity development (Guttmacher Institute, 2015). While some progressive communities may provide more comprehensive sex education, no data could be

garnered showing public school backing for curriculum supportive of the unique needs of adolescent girls; even more progressive curriculums are at the very least, missing discourses of desire (Tolman, 2002, 2006). Specifically, girls are rarely receiving education encompassing subjects such as: sexual self-subjectivity, media education, critical analysis of gender roles and cultural norms and examination of the gamut of sexual expression and identity (Fine & McClellan, 2006; Tolman & McClelland, 2011). Concurrently, low socio-economic, minority teens are more likely to receive abstinence-only sex education (Fine & McClelland, 2006; Kohler, Manhart, & Lafferty, 2008). In 1996, the federal government attached a provision to a welfare-reform law establishing a program of special grants to states for abstinence-only-until-marriage programs; the program is commonly known as Title V (Fine & McClelland, 2006). The law created very specific requirements for grant recipients. Title V-funded programs were not permitted to be used for advocating or discussing contraceptive methods except to emphasize their failure rates. Fine and McClelland (2006) explain, under this law, the term “abstinence education” (p. 306) means an educational or motivational program which: unequivocally promotes abstinence before marriage and fidelity after marriage as a societal expectation and value; yields a plethora of healthy outcomes; is the only way to avoid a host of personal, psychological and societal ills; generates a nearly unavoidable harm based framework for any child, family and society who experience childbirth out of wedlock; informs the link between drug use and sexual vulnerability; models behavior rejecting sexual advances and emphasizes self sufficiency before sexual activity.

Title V section 510, has been on the decline, both in usage and public support, since it expired in 2009. While it was reinstated in 2010, not all funding is being claimed (Sexuality Information and Education Council of the United States [SIECUS], 2015). In 2010, Congress

approved two new evidenced-based sex education programs; the Personal Responsibility Education Program and the Teen Pregnancy Prevention Initiative. This congressional action occurred largely due to a number of professional organizations, including the American Medical Association, making statements advocating for teen health and comprehensive sex education programs. The historically conservative social and political influences in our country have created a severe deficit in sex education for adolescents (Fine & McClelland, 2006; Tolman & McClelland, 2011).

Further detrimental to sexual identity development, adolescent girls traditionally hold the position of *gate keepers*, responsible for consequences of sexual behavior and accountable to keep male sexual desire in check while adolescent boys are allowed, if not actually socio-culturally encouraged, toward sexual exploration and entitlement of sexual gratification (APA, 2010; Tolman, 2002; Welsh, Rostosky, & Kawaguchi, 2000). This inequitable status between adolescent girls and boys can create a host of therapeutic variables counselors may encounter. These could range from ignorance, curiosity, anger, guilt, frustration, and even social consequences including rejection depending upon the individual. Welsh and colleagues (2000) illuminate this double standard as a consequence of the overwhelming majority of research on adolescent sexuality focused on minority females, which implicates their sexuality in particular as problematic. This is in contrast to the historical prominence of studying White, middle class, European American males for mainstream psychological research who are held as “the standard” (Welch et al., 2000, p. 116). The absence of attention to adolescent male sexuality reaffirms the patriarchal belief that male sexuality is biologically beyond management and expression of it is a valid entitlement. Therefore, the female is designated as the decision maker or final arbitrator in sexual exchanges, the gatekeeper. This is a double jeopardy type situation;

the female is socially responsible for the male, the consequences of sexual engagement and distanced from her own subjective sexual expression. Traditionally pregnancy, child bearing and contraception are the concerns and responsibilities of females, including adolescent girls (APA, 2010; Impett, Schooler & Tolman, 2006; Lamb, 2010; Tolman 2002; Welch et al., 2000).

Generally in public schools, adolescent girls are not provided research-based education such as the National Education Standards: Core Content and Skills (Future of Sex Education Initiative, 2012). Concepts examining self-subjectivity in relation to personal sexuality or a curriculum based on sexual rights as identified by the World Health Organization (2006) are also lacking. Adolescent girls are handicapped without adequate education, societal safeguards and interpersonal supports to work through the detrimental constructs listed above while sexual identity development is occurring.

Young adolescent females can be limited in educational opportunities to explore and conceptualize sexual identity development and sexual empowerment outside of media influence, peer group norms and family systems. As Alaska is a non-mandated sexual education state, school districts have leeway from the State Department of Education to decide upon and institute their own sex education programs. Teen girls' sexual identity development needs more than baseline information on the physiological functioning and dangers of sex as is commonly taught in public school sex education (Fine & McClelland, 2006). Increased and informed support and role models are needed for adolescent females to authentically cultivate and make meaning of their sexuality in the name of health and social justice. Counselors may find the need to assess and support these needs with adolescent clients.



### **Theoretical Framework**

Feminist principles embrace empowerment of the individual, self-autonomy, respect for others and a power-with philosophy while recognizing sociocultural and political schemas of oppression, sources of disempowerment and social injustices (Brown, 2009). These principles are directly applicable to working with adolescent females and sexual identity development in the therapeutic relationship. This research paper will function through a feminist platform and lens for gathering and reporting on contemporary feminist research on adolescent females, sexuality and cultural overarching patriarchal themes. The research garnered stems from leading feminist researchers in the field and conveys strong messages about controversial and provocative topics. While this paper focuses on adolescent females, much of the research and information is directly applicable to adult women who may likewise have little understanding or conceptualization of patriarchy, subtle or benevolent sexism, hegemonic gender roles, heterosexism, axes of oppression and sources of power. Feminist theory is equally applicable to men and adolescent boys, who are psychosocially affected by patriarchy and hegemonic masculinity ideals. For the purposes of this paper, it focuses solely on adolescent females as a marginalized group being denied basic sexual rights and privileges.

Feminist therapy includes goals such as: efforts to illustrate and overcome marginalization of females (or person) by cultural norms; build awareness of personal gender-role socialization process; evaluate impact of social factors on personal life; develop an understanding of sexism; conceptualize effects of oppressive societal beliefs and practices and recognize existence in one's own life; develop a sense of personal and social power; seek social change and actively work for that goal as the personal is political; maintain commitment to social change; value female ways of knowing and honor experiences; establish an egalitarian counseling relationship that focuses

on strengths; reformulate definition of psychological distress; and recognize all types of oppression.

While there may be unavoidable power hierarchies in an adult to minor relationship, counselors can remain solidly grounded in a feminist relationship of power-with. Power-with means that students and teachers as well as individuals and therapists learn and grow together, one influencing the other, neither administering to the other from a position of power (Brown, 2009; Lamb, 2010). Power-with is a concept that is not limited to feminism; person centered therapies among others, embrace this as fundamental to the therapeutic relationship (Rogers, 1961).

Gruenfeld, Inesi, Magee, and Galinsky (2008) identified conditions of power that lead to objectifying the other, the human targets. Oppression ensures continued success of the dominant group by thwarting sources of power that can lead to momentum and challenge by the oppressed (Calogero et al., 2011; Fine & McClelland, 2006; Tolman, 1994, 2002, 2006; Tolman et al., 2003a). A feminist framework seeks to subvert oppressive influences in adolescent girls' sexual identity development. In this case, eroticism, desire, entitlement to a normative process and choice have been distorted. Gill (2008) suggests the current status of distorted power in the sexual arena is not one of silencing or suppressing women's agency, but rather conditioning it in highly specific ways. In other words, the dominated group is purported to have agency, but yet that agency is only allowable in as much as it benefits the dominant group (Duschinsky, 2013; Levy, 2005; Tolman, 2006). In the case of adolescent females, sexual identity development is more of a patriarchal mandate with a predictable outcome, rather than a process that is granted social support, authentic conversation and personal exploration. Feminism conceptualized the personal as the political, therefore in this case, female sexual identity development is not only a

problem within individual girls and their families but is a societal problem dictating interventions at all levels for efficacious change (Fine & McClelland, 2007).

Sexually mature adolescents to prepubescent girls are actively absorbing larger cultural messages about sexual identity while immersed in implicit gender roles since early childhood. In addition, ethnic and religious messages can contribute layers of complexity to the developmental process of sexual identity formation (Lamb, 2010; Tolman, 2006; Tolman & Porche 2000; Tolman et al., 2003a). Public institutions such as schools have been noted to perpetuate the dominant patriarchal, White, middle class script, specifically traditional gender roles and femininity ideal. Hegemonic gender ideologies pose themselves as the norm, the way things are, the unquestioned. They are further pervasive and predominant, sustained by institutional power while operating at the individual level through internalization (Tolman & Porche, 2000).

Oppressive hegemonic ideologies have commonalities; Tolman and Porche (2002) name several,

- (a) norms for regulating subordinate group members' relationship and appropriate conduct that support and enhance the power of the dominant group and
- (b) an association of subordinate groups with a dehumanized and objectified physical body. Such ideologies can and often do jeopardize subordinate group members' self knowledge, efficacy and personal and relational power, putting them at a psychological and material disadvantage...rendering authenticity, real relationship, and access to one's own experience difficult or impossible. (p. 366)

Empowerment theory (Lee, 2001; Rappaport, 1987) claims three components: the intrapersonal, the interpersonal and the behavioral. These are seen as equal aspects, none of which can exist independently in the ongoing dynamic process of empowerment. For example, self-efficacious persons (the intrapersonal) come together with others (the interpersonal) of

similar goal to critically evaluate power and sources of imbalance and merge efforts (the behavioral) to neutralize them. One engages with empowerment rather than achieving or owning it. Empowerment aims to revolutionize society to enable well-being and health for all while upholding individual rights.

This is much different from the coping model or self improvement empowerment discourse that may be more familiar. The coping model attributes responsibility to the individual to achieve or endure in spite of injustices, flaws and biases in society (Bay-Cheng, 2012). Coping seeks to increase ability to accommodate and tolerate the status quo in society. A self-improvement discourse is empowerment stripped of social action and critical consciousness (Bay-Cheng, 2012) leaving the individual, not the social structure, as the problem to be remediated while simultaneously isolating or engendering competition with others. This is a key concept to employ while counseling adolescent girls from a feminist framework. Coping skills are surely indicated but when standing alone, the locus of control burden is deposited at the individual level. This is both disempowering and unfair to adolescent girls.

Empowerment as a tool to social justice has more recently come to symbolize only the interpersonal aspect, which leaves little room for the collective and behavioral action orientation and therefore losing its political power and feminist framework. Peterson (2010) illustrates this point; empowerment has come to be crafted for self-interest, personal gain and a sense of self efficacy, which excludes building unity with others and generating influence. Counselors can help adolescent girls understand these distinctions and find their personal reference point on an empowerment continuum. Feminist frameworks can be strong tools when therapists are assisting clients to refute the individual responsibility mindset or coping model explained above.

Considering harmful cultural norms such as objectification, sexualization, self objectification, sexism, patriarchal hierarchies and hegemonic gender roles along with lack of critical media training, comprehensive sexuality education and healthy relationship conceptualization in many adolescent girls' lives, this project seeks to answer the question: What do counselors need to know regarding objectification and sexual identity development to appropriately guide therapeutic work with adolescent females? This research paper endeavors to explore feminist research on objectification, sexualization, media, sociocultural norms and influences and their effects on adolescent girls and sexual identity development. Additionally, current research informing normative adolescent female sexual identity development will be explored.

### **Literature Review**

The literature reviewed in this paper illuminates objectification theory and self objectification and their effects on girls. It then reviews literature regarding sexualized media norms, sexual rights, female sexual identity development and health, and the discourses of sexual desire and sexual subjectivity. The previous are all discussed as aspects of cultural and educational messages adolescent girls receive.

### **Objectification Theory**

Objectification is a relatively newer field of study, which has saliency for girls and women in western culture (Fredrickson & Roberts, 1997). Objectification theory is of special interest to feminist researchers and is compatible with efforts to illustrate and overcome marginalization of females by cultural norms (Calogero et al., 2011; Slater & Tiggeman, 2002). While further research will continue to be conceptualized and reported upon, there is a solid research based framework from which to understand objectification and self-objectification

(Calogero et al., 2011). There are a variety of definitions of objectification, mostly overlapping and arguably interchangeable. Calogero et al. (2011) propose a succinct definition of objectification as, "...to be made into and treated as an object that can be used, manipulated, controlled, and known through its physical properties" (p. 5). Sexual objectification is application of the definition of objectification in any aspect relating to one's own or another's sexual self, identity, or behaviors. Counselors can be on the look out for evidence of this framework in the psyche and lives of their female adolescent clients and thereafter navigate therapy to assist healthier understandings.

Bartkey (1990) and Fredrickson and Roberts (1997) identify it as being treated as a body, for the use and pleasure of another. The APA (2010, p. 2) defines sexualization as one of four scenarios: first, when sex appeal is the sole determinant of a person's value; second, when sexual appeal is solely based on physical attractiveness which is narrowly defined; third, someone is sexually objectified; and fourth, if sexuality is forced on a person. Murnen and Smolak (2000, 2012) believe this fourth definition to be especially applicable to children and adolescents. They further expand upon the APA (2010) definitions to separate sexualization from sexuality. Sexuality is a construct based on mutuality; there is shared respect, pleasure, control and responsibility in intimacy, whereas sexualization does not have the mutuality.

Calogero et al. (2011) explain self-objectification is a key psychological response to being sexually objectified. Furthermore, sexual objectification is beyond the scope of benignly signaling sexual interest, rather it implies decorative and consumable status, and even momentary ownership by the observer. Sexual objectification lies outside the individual's locus of control and continues the cycle of gender inequality (Calogero et al., 2011; Fredrickson & Roberts, 1997) and impedes a healthy sexual identity development. The APA (2010) suggests

when girls observe peer and societal approval and reward when sexualized behavior and appearance are present in others, they are more likely to self objectify and engage in self sexualization. In addition, they issue a warning that the sexualization of girls may not only entertain sexist attitudes, hegemonic gender roles, societal tolerance of sexual violence and exploitation but it may contribute to the continuance of these phenomenon. All these phenomenon are harmful to the well being of adolescents and their sexual identity development.

Self-objectification meets the requirements the United Nations [UN] (2000) uses to determine harmful cultural practices. Their list includes: harmful to the health of women and girls; arises from material power differences between sexes; is for the benefit of men; creates stereotypes that thwart the opportunities of girls and women; and is justified by tradition (UN, 2000). When one is exposed to being objectified by another person or entity, one's community and/or larger culture including traditions, norms, and gender roles, self-objectification may occur. This internalized construct can develop both circumstantially and adoptively in self-conceptualization.

For example, a teen girl may feel embarrassed or shameful when subjected to catcalls and gazes by a group of boys; she may feel objectified, and through the sexually objectifying behavior, begin to see herself as a body that invokes male attention. In another scenario, a girl grows up in a family culture where circumstantially men speak of women or act in objectifying ways, which leads to implicit development of self objectification. Self-objectification can be understood through the lens of objectification theory, turned inward onto one's self and existence. Self-objectification, argues feminist theorists such as Calagero et al. (2011) and Slater and Tiggemann (2002), is pervasive and normative while its ill effects and negative consequences are being ignored or denied. They also posit self-objectification is a direct and

inescapable consequence of a culture which normalizes objectification and discounts women's health and well-being at the expense of men's interests. Calogero et al. (2011) puts forth that this is a challenging and insidious problem for society to overcome and negatively affects gender equality and justice efforts.

Sexual objectification is normative in our culture; interpersonal relationships, social encounters and visual media being the most common examples (APA, 2010; Calogero et al., 2011). Generally, sexual objectification is beyond female control and subversively maintains the patriarchal norm of women's subordinate status in relation to men. It can range from the violent, such as sexual crime and assault, to (perceived) innocuous gazing or *checking out* of a female figure (World Health Organization [WHO], 2005).

### **Detrimental Effects of Objectification**

Slater and Tiggeman (2002) published an examination of objectification theory and its relevance to adolescent girls. Previous studies mainly focused on adult women, often college students. These researchers wanted to know if adolescent girls' experience of objectification was similar to adult females; their study included 83 girls aged 12-16. Not only did Slater and Tiggeman confirm this hypothesis, but also identified three significantly detrimental effects of objectification in adolescent girls: unipolar depression, sexual dysfunction, and eating disorders. When girls are objectified and their bodies are under scrutiny and judgment, healthy sexual identity development is hindered (Tolman et al., 2003a). Lack of intrinsic motivation, which goes hand and hand with depression, is also an empirically validated consequence of self-objectification (Gapinski, Brownell, & LaFrance, 2003). This information is salient for counselors working with young women. If adolescent clients are presenting with these concerns, exploring personal history and status of sexual identity development may be indicated.



The American Psychological Association (2010) created a task force, which authored a report on the sexualization (specific type of objectification) of girls which explains objectification fragments consciousness and negatively effects girls' development and success academically, cognitively, physically and emotionally. Furthermore, research had linked three of the most common mental health problems to sexualization: eating disorders, low self-esteem and depression (APA, 2010; Grabe, Hyde, & Lindberg, 2007). Furthermore, some studies by Fredrickson, Roberts, Noll, Quinn, and Twenge (1998) show sexualization can engender disgust and revulsion for one's body and body functions including body fat. Fredrickson et al. (1998) had young women try on both a swimsuit and a sweater. Responses of feeling disgust, revulsion and distaste were noted, after trying on the swimsuit versus the sweater. Eating disorders, and higher levels of dieting, exercise and disordered eating symptomology are similarly associated with exposure to sexualized media (APA, 2010; Calogero et al., 2011; Hirschman et al., 2006; Peterson, Grippo, & Tantleff-Dunn, 2008; Ward & Friedman, 2006). The APA Task Force purports the way sexualization and self-objectification handicaps cognitive and physical aspects significantly limits free thinking and movement in the world.

Impett, Henson, Breines, Schooler, and Tolman (2011) studied the relationship between body objectification, depressive symptoms and self-esteem in 587 girls, age 13 and again at 18. Their study showed evidence for stronger self-esteem and decreased depression symptoms when body objectification decreased, while body objectification is associated with poor outcomes. This information can help inform a rationale for assisting adolescent females to decrease body objectification in order to develop a healthier sexual identity. They suggested some practical implications for reducing objectification, which can be incorporated into therapy and education with adolescent females (See Appendix A).

Frederickson and Roberts (1997) report additional negative consequences: body shame, appearance anxiety, decreased cognitive functioning, sexual dissatisfaction, decreased internal awareness and body states, safety anxiety, compromised flow experiences during mental and physical endeavors and increased negative subjective experiences. Tolman and Porche (2000) include traditional gender roles, the heterosexual script and femininity ideology as players in objectification and self-objectification. They reject the notion that feminine ideology is in any way a neutral or natural belief system.

Adult women are further negatively affected by objectification in the workplace. While not an immediate consequence for adolescent girls, it is of concern as they are on the cusp of adulthood, poised to enter the job market and making career decisions. Girls may perceive a social cost to choosing occupations within the STEM fields (science, technology, engineering and math) as women who do are less attractive romantic partners which reflects marital statistics (Tolman et al., 2006). Historically and contemporarily, these fields are not “sexy” (APA, 2010, p. 32) and may lose ground to choices driven by self objectifying beliefs and societal objectification such as modeling or fashion careers to name a few. Self-objectification correlates to diminished cognitive ability; this alongside social beliefs that physical appearance is the best pathway to empowerment and acceptance for females, may well lead to diminished achievement and opportunities carrying into the future (APA, 2010). This is relevant for therapeutic work with teen girls by strategizing feminist therapy goals to counter these constructs.

Universal aspects of femininity ideology inform the practice of evaluating and looking at one’s body instead of feeling and experiencing; as a consequence, bodies become objects potentially controlled and used by others instead of sites of embodied subjectivity (Bartkey, 1990; Tolman & Porche, 2000). In adolescence, this psychological framework becomes a great

pressure to absorb and burden to carry. Adolescent females are influenced to treat themselves as a commodity by disassociating bodily hungers, which could explain the prevalence of eating disorders (APA, 2010). They also receive messages that lead to internal behaviors such as controlling, surveying, monitoring and feeling bodily shame, which are very similar to the effects of objectification as explained earlier (Calogero & Jost, 2011; Calogero et al., 2011; Zurbriggen & Roberts, 2013). All these are aspects of femininity ideology interrupting and coloring a healthy sexual identity development (Calogero & Jost, 2011; Calogero et al., 2011; Peterson & Lamb, 2012; Tolman, 2002, 2006, 2012; Tolman & Porsche, 2000; Zurbriggen & Roberts, 2013).

Self-objectification has been linked to decreased verbal communication in social situations and a decrease in social activism (Calogero, 2013; Saguy, Quinn, Dovidio, & Pratto, 2010). Additionally, self objectification has been determined to be positively related to gender-specific system justification and decreased participation in social justice (Calogero, 2013). Adolescent girls affected by self objectification may fail to fully develop confidence and voice necessary for personal advocacy and social activism as teen agers and into adulthood. Tolman, Impett, Tracy, and Michael (2006) and Impett and colleagues (2006) performed research that found body objectification and internalization of femininity ideology in adolescent girls were associated with weakened feelings of sexual self empowerment and efficacy. Impett and colleagues (2006) discuss adolescent girls' sexual development and link self objectification to diminished sexual health such as low incidence of condom use and diminished assertiveness, and expressing negative attitudes towards functional aspects of their bodies including reproductive functions. A counselor could infer from any of the above research that the client is experiencing disempowerment at the interpersonal level and work with adolescent girls to shift this construct.

**Benevolent sexism.** Benevolent sexism, similar to objectification in many ways, is a backdoor to enrolling females in traditional gender roles, or scripts, and maintains the status quo in patriarchal society (Goh & Hall, 2015). Adolescent girls may not be familiar with any form of sexism other than openly hostile sexism which is easy to reject (Goh & Hall, 2015). Sexism is a cultural influence existing at the implicit level. Becoming aware of its existence and having critical analysis skills developed in the counseling relationship may be helpful for sexual identity development.

Calogero (2013) and Calogero and Jost (2011) give lay people and researchers alike, an orientation to systems justification theory and its relationship to sexism. Systems justification theory posits that dominant ideologies promoted to justify group inequality enlist the disadvantaged group members to actively sustain, uphold, and even promote the status quo. In the case of females in our culture, coaxing and flattering are employed to conform to gender roles. This can also be termed benevolent sexism which is a subjectively positive orientation towards females, drawing attention to desirable and honored traits while at the same time implicitly defining a dependence or need for males, the privileged group (Calogero & Jost, 2011; Lamb, 2010; Tolman & Porche, 2000). Sexualization and objectification are appendages of sexism in our culture; as such sexism influences adolescent female sexual identity development from a wide lens view of the sociocultural landscape. Specifically, benevolent or complementary forms of sexism have the greatest effect on women's self objectification, body surveillance and shame (Calogero & Jost, 2011). Women are observed to unintentionally participate in benevolent sexism's perpetuation by adhering and aspiring to traditional feminine characteristics that identify females as wonderful, beautiful, breakable entities to be protected and provided for by males. Calogero and Jost (2011) explain benevolent sexism serves as a

rationale for the system-justifying function where in females can feel positive about their position in relation to men and male privilege. Therefore, as adolescent females are travelling through the experiential landscape of sexual identity development, media messages on sexuality, relationships, objectification and benevolent sexism play a complex role in shaping beliefs, attitudes and propagation of sexism in a variety of forms.

Complementary stereotypes depict each group as having inherent strengths and weaknesses and benefits and burdens. By reframing sexist gender expectations and family labor division as determined by who is naturally inclined, inherently more talented or able and least effective, group differences were cast as legitimized, and more balanced, logical, fair and right (Jost & Kay, 2005). This ideology rationalizes inequality between males and females while promoting and rationalizing culturally dictated gender roles. For example, consider the previously mentioned juxtaposition of the female acting as the gatekeeper in sexual relations while a male is more entitled to act on his sexual urges. Benevolent sexism unexamined serves to promote positive feelings about the disadvantaged situation, even denying disadvantaged status of the group. Some researchers call this the velvet glove (Calogero & Jost, 2011).

Calogero and Jost (2011) found by succinctly reminding women of benevolent sexist beliefs, interspersed with some hostile beliefs, women's dedication to traditional gender roles and maintenance of the social system increased, even though this very same system disadvantages women. This could possibly be understood through the lens of social rewards. For example, both men and women correlate female attractiveness with an array of desirable outcomes in life. Women may habitually attend to behavior that results in valued social rewards and affirmation (Calogero & Jost, 2011). Furthermore, the fact that these roles prevent change may very well be invisible to females, particularly when family systems, social contexts and

educational opportunities have not provided reference points for critical examination and simple options for rejection of this tradition. Females, as young as preschool-age, are able to observe the socially valued aspects of traditional femininity in greater society (Murnen & Smolak, 2012).

Accepting this role may be automatic, unless interrupted, as the interests, abilities, options and resources to succeed in this construct are easily identified and provide a sense of belonging and meaning. Additionally, benevolent sexism requires more sophistication to identify than hostile sexism. Benevolent sexism has been found to increase self objectification and body surveillance, decrease social justice, and reduce cognitive capacity by triggering interfering thoughts which mirror self doubt and rumination and self surveillance (Calogero & Jost, 2011). Unseen, uncontested and unexamined benevolent sexism may be detrimental to adolescent girls' sexual identity development and gender role identities (Calogero & Jost, 2011; Goh & Hall, 2015; Lamb, 2010; Tolman & Porche, 2000).

Benevolently sexist representations of females are connected to acceptance of gender inequalities and cripple female participation in collective action (Tolman et al., 2006; Impett et al., 2006). This connection is notable as collective action by a group is the most successful way to birth social change and social justice for that group. In this case, the existence and acceptance of benevolent sexism prohibits the masses from altering the construct. This leaves adolescent girls at a great disadvantage unless critical feminist skills and deconstruction of these influences are established in the course of therapeutic work.

Relevant to adolescent girls formulating personal sexual identity development is the pervasive notion of female passivity in gendered sexualities. This sentiment exists in contrast to male agency, which is associated with liberties, freedoms and privileged status in the bedroom for men (Lamb, 2010). Men are regarded as more in control of their agency, specifically sexual

agency, than females. Lamb (2010) notes a binary relationship of male-female sexualities which stage the feminine as less sexual, less powerful and possessing more that can be lost. While in contrast, adolescent males are regarded as choosers and agents, poised for action, never confused, seeking entitled pleasure and unafraid to demand it (Lamb, 2010). This gendered sexual design is harmful for adolescent girls navigating sexual identity development. Without other options and strong role models, this construct becomes the unchallenged foundation for further development, experiences, sexual exploration and self-concept.

**Self esteem.** Research shows perceived physical attractiveness in adolescence is closely related to self esteem, and girls who objectify their bodies more have lower self esteem (Gapinski et al., 2003; Hirschman et al., 2006). Decreased self-esteem may establish a vulnerability to social and media messages creating a destructive cycle. The APA (2010) lists appearance anxiety, checking and monitoring one's appearance and constant body policing as psychologically taxing and energy consumptive for adolescents. These activities take away from enjoying comfortable existence in one's own body, self-subjectivity and sexual development (APA, 2010; Calogero et al., 2011; Impett et al., 2011; Tolman et al., 2003a).

Having the right look and sexual appeal is sold to girls and women with the promise of popularity, male attention, sexual attractiveness, and empowerment. Adopting these social messages may also contribute to lower self esteem (APA, 2010; Calogero et al., 2011).

Adolescence is a time of identity formation and experimentation with roles, behaviors and peers. Adolescents are more easily influenced by media than adults in this critical stage of development and more likely to absorb and internalize messages of sexualization and objectification (Ward, 2002, 2003; Ward & Friedman, 2006; Tolman, Kim, Schooler, & Sorsoli 2007). When media, music videos and visual images are consumed at the individual level and the messages reinforce

the greater culture of sexualization, adolescent girls are at a greater disadvantage (APA, 2010). Empirical evidence exists showing when exposed to ideals of sexual attractiveness in the media, girls and young women have increased body dissatisfaction (APA, 2010).

**Sexual violence.** Sexual harassment and associated tolerance for it increases when sexually objectifying media is consumed (APA, 2010). Living in a culture in which objectification is a palpable influence and pervasive belief also contributes to sexual harassment. Objectification of females is associated not only with sexual harassment, but also coercion, violence and exploitation. In a study of boys and girls ages 11-16, stronger acceptance of sexual harassment resulted from exposure to frequent TV viewing and R-rated movies. Eighty four percent of TV episodes reviewed by Grauerholz and King (1997) included some form of sexual harassment.

Sexual harassment of adolescent girls is not coming solely from strangers or males at large; peers are responsible for 79% of sexual harassment in schools (APA, 2010). There are a host of psychological detriments for girls and women as a result of sexual harassment; these negative effects can be long lasting and far-reaching and include academic and professional consequences. The APA (2010) also attributes great cost to schools and society in general. Counselors will want to be aware of these statistics and be prepared to factor sexual harassment into any exploration of sexual identity development. Even if an adolescent girl does not identify direct trespasses or impacts on her psyche, living in society means being exposed to a cultural milieu colored by the gamut of sexual violence.

Sexual harassment has a strong negative impact on girls and leads to decreased academic viability and sense of safety in schools along with lower body esteem, fear and helplessness (APA, 2010; Murnen & Smolak, 2000). If media consumption increases incidents of sexual



harassment, adolescent girls are in a compromised position. The milieu for female adolescent sexual identity development should be safeguarded, free of any seeds of violence (Tolman, Spencer, Porche & Rosen-Reynoso, 2003). Girls who are sexually harassed often react by changing their behavior to avoid situations and persons, including school events (Murnen & Smolak, 2000). Some studies show a 50-85% rate of teen age females experiencing sexual harassment, with 35% reporting the first instance was at or before sixth grade; further total number of incidents were negatively related to sense of global self worth, body esteem and social acceptance all of which directly relate to objectification theory (Fredrickson & Roberts, 1997; Murnen & Smolak, 2000). Ethnic and racial minority girls are even more likely to experience sexual harassment (Murnen & Smolak, 2000). To bridge these harmful experiences, counselors may need to work with adolescent clients on sexual shaming, personal empowerment and protection concepts, alongside feminist ideology which holds the perpetrator and society, not the individual accountable.

### **Media**

Lamb and Peterson (2012) state that sexualized media and societal messages affect teen sexual conceptualization. They also point to the strong influence of older peers and sisters as younger girls are looking for information and feedback while exploring sexual concepts. Media is full of easily accessible sexual information including explicit scenes, images and messages. Media specifically contains ubiquitous examples of sexualized and objectified girls and women. Internet media increasingly provides exposure to sexualize content simply by opening a browser window (Calogero et al., 2011). Brown and Witherspoon (2002) cite a study naming sexual content in two thirds of all shows between 7 in the morning and 11 at night, save news, sports

and children's programming. They include teen consumption of popular music, focused on relationships, breakups, physical desire, sex and love/lust/infatuation.

Magazines that adolescent girls read are primarily based around self-improvement and beauty towards the end of securing and maintaining a romantic relationship. Brown and Witherspoon (2002) note more information about contraceptives and sexual health is noticeable but pales in comparison to the content focused on sexual strategy and body image. Research studies completed in England (Gill, 2008) verify the same magazine content; overarching themes of procuring a femininity that guarantees male approval under the guise of girl power. This girl power is dependent upon consumerism, obtaining the right look and being sexually appealing (Brown & Witherspoon, 2002; Tincknell, Chambers, Van Loon, & Hudson, 2003). The APA Task Force Report on the Sexualization of Girls includes commentary on the positive benefits of athletics and sports participation for girls. They cite the strengths and abilities based positive subjective experience of participating in a healthy physically based activity. However, in another section of the report the sexualization of athletes is named.

Calogero et al. (2011) and Zurbriggen and Roberts (2013) similarly name potentially body-positive influences and effects of sports participation and yet critique the sexualized portrayal of athletes in the media. Each year Sports Illustrated runs a swim suit issue featuring sexually objectified images of women, often including female athletes. Further, ESPN magazine annually publishes the Body Issue. This issue is comprised solely of naked athletes in artistic poses, often with props representing their sport. However artistic these images may be they also sexualize the female athletes. In this way, athletics could be considered synonymous with sexiness and adolescent girls are vulnerable to absorbing these cultural messages and conflicting values when participating in sports. Not only should one have a specific skill set and accomplished

performance but also females should look sexy while doing it (Calogero et al., 2011; Zurbriggen & Roberts, 2013).

Ward (2002) cites content analyses of prime time sitcoms and dramas that demonstrate abounding sexual references. These include both verbal dialog and images of intimacy, sexual attitudes, monogamous relationships and casual sexuality. Female sexuality is tethered to the gendered script virtually omnipresent in media (Calogero & Jost, 2011; Lamb, 2010; Peterson et al., 2008; Tolman, 2012; Ward, 2003; Zurbriggen & Roberts, 2013). Brown, Halpern, and L'Engle (2005) explain college students primed with sexual scenes from prime-time shows endorsed traditional gender and sex roles more than a control group not exposed to these scenes. These sexual values include: men are slaves to their sex drive, men have trouble with monogamy, dating is a recreational game and women's value is based on their hotness and sexual appeal (Brown et al., 2005). As explained earlier, the traditional sexist gender role has been confirmed to result in negative outcomes for females. Counselors can use media education and critical analysis skills to assist adolescent clients processing sexual identity in recognition of these influences.

Internet pornography generates a multi-billion dollar revenue and shows women in objectified roles, scenes, and camera shots (Stewart & Szymanski, 2012; Szymanski & Stewart-Richardson, 2014; Zurbriggen, Ramsey & Jaworski, 2011). Feminists delineate erotica from pornography as portraying gender inequality. This contrasts erotica, which is based on implied mutual consent and shared power (Frable, Johnson, & Kellman, 1997). In a longitudinal study of Dutch adolescent boys between 13 and 20, a positive correlation was found between consumption of explicit Internet media [SEIM] and the degree to which the boys endorsed women as sexual objects. In addition, SEIM was identified as both a cause and consequence of

seeing women as sexual objects in sexualized roles. Positive regard for SEIM was positively correlated with increased liking and consumption across time; this further reinforced the belief in sexualizing women as objects and reinforced SEIM use (Peter & Valkenburg, 2009).

Studies of teen age to adult males have demonstrated heavier media consumption leads to greater conceptualization of women as sex objects; valuing and finding females attractive when in a sexual role, but unattractive and less competent when serving a reproductive function (Kozak, Frankenhauser, & Roberts, 2009; Roberts, Goldenberg, Power, & Pyszczynski, 2002; Szymanski & Stewart-Richardson, 2014; Ward, Merriwether, & Caruthers, 2006). Ward et al. (2006) cite several studies which yield evidence for significantly increased gender and sex stereotyping, sexual harassment, sexually adversarial relationships and endorsement of rape myths among men who consumed mainstream media, including sexually objectified content over control groups. As teen girls navigate these societal influences that are potentially harmful on many levels, counselors and clients can deconstruct such topics through a feminist lens. This will provide an opportunity to begin changing the way these messages are internalized by adolescent females.

Durham (2009) writes an appraisal of mass medias influence and its perpetuation of the hegemonic gender script and feminine ideology harmful to girls. Duram (2009) identifies five myths purported by mainstream media. First, girls do not choose boys, boys choose girls, but only sexy girls. Second, there is only one kind of sexy; it is a slender, curvy and white beauty. Third, girls should work to be that type of sexy. Fourth, the younger a girl is, the sexier she is. And, finally, sexual violence can be hot. These media trends undermine girls' self-confidence, condone female objectification, and foster sex crimes (Durham, 2009). Durham and the APA agree the media is saturated with unhealthy cultural messages for adolescent girls. The APA

(2010) Task Force Report on the Sexualization of Girls further cites the detrimental effects of objectifying media which include increased: sexualized behavior toward women, sexist beliefs, acceptance of violence against females, acceptance of rape myths, interpersonal violence, adversarial relationships between men and women, and sexual harassment.

**Effects on girls.** According to Brown and colleagues (2005), post-menstrual girls were found to be attracted to sexualized media whereas pre-menstrual girls were noted to experience confusion or avoid sexualized media as inappropriate or uncomfortable. The pubescent girls utilized media as a source of information and actively sought out sexualized content they judged as appropriate. When polled on media use, their focus was on partially nude images and shows portraying love and sexuality. Brown et al.'s (2005) study correlates pubertal development to media use and interpretation, and confirms assumptions that media messages affect adolescent beliefs and attitudes. Murnen and Smolak (2012) cite studies in which seven year old girls were observed to experience appearance dissatisfaction up to a year after exposure to appearance oriented television. Murnen, Smolak, Mills and Good (2003) studied first through fifth grade girls who were cognizant of sexualized female celebrities. The girls who were more aware of these images experienced poorer body image, and increased interest in looking similar; even believing it very important to mimic that image. Girls' clothing has been observed to be increasingly sexualized as are toys and dolls. Pre teen and teen girls are used to seeing and consuming sexually derived styles before they may even know what sex is or beginning to sexually develop (Graff, Murnen, & Smolak, 2012). Murnen and Smolak (2012) report young children do not possess the cognitive sophistication to critically evaluate and digest sexual material in media, yet it has an influence and makes gender roles and sexist platforms seem natural and socially normative.

**Media and adolescent female consumerism.** Advertisers have been known to intentionally play upon the sexual insecurities of adolescent girls who are in the midst of sexual identity development (APA, 2010). There is a never ending array of marketed products which assist a teenage girl in becoming more attractive, sexy and desirable. Some even suggest the sexuality media supports is only acceptable when accompanied by consumer behavior (Jackson & Westrupp, 2010). Lamb and Peterson (2012) posit sexualized media, both obvious and indirect, affects by varying degrees the autonomy and control adolescent girls perceive about their sexual identity development. This construct could have tremendous ramifications for the counseling relationship. Media influence combined with other disempowering cultural influences could result in adolescent female sexual identity development being compromised a great deal. Lamb and Peterson (2012) also suggest in concurrence with the APA (2010) that producers of sexualized media seek to attract female adolescent attention and sales by playing up common adolescent insecurities and exploit fears of an inadequate sexual identity.

Murnen and Smolak (2012) warn media messages are amplified by sexist treatment and traditional gender roles. They further suggest media influence resides in an ecological framework wherein the effects and influences of media do not conclude with direct individual consumption but echo and build intensity through cultures, communities, families and peers. The exact effects of specific media on distinct age groups has not been determined, but all the references in this section provide information supporting the influential role media has on adolescent girls. Girls need critical media evaluation skills and feminist frameworks for cultural and sexual messages alongside healthy relationships with informed mentors (APA, 2010; Calogero et al., 2011; Murnen & Smolak, 2012). Avenues for evaluation of media and consciousness raising in adolescence while developing sexual identity could go far towards

assisting girls' journey toward successful sexual identity development (APA, 2010; Calogero et al., 2011; Fine & McClelland, 2006; Murnen & Smolak, 2012; Tolman, 2012; Zurbriggen & Roberts, 2013).

### **Female Sexual Identity Development**

Impett et al. (2011) utilized a ten question instrument to measure body objectification as relevant to developmental concerns of diverse girls. A Multivariate latent growth curve model was employed to test the link between adolescent body objectification and depression and self esteem. Girls who were able to objectify their bodies less as they moved through adolescence to 12<sup>th</sup> grade showed improved psychological well being in the form of higher self-esteem and decreased depression symptoms. This study was consistent with research by Paxton, Neumark-Sztainer, Hannan, & Eisenberg (2006) as noted earlier, in which body satisfaction is a significant predictor of self esteem and depression. This information can help inform professionals seeking to assist adolescent girls through the rocky period of identity formation and sexual development.

Tolman et al. (2003a) and Tolman (2006) believe gender to be an integral part of sexual health while they report on the absence of gender in sexual health models. Tolman and McClelland (2011) reviewed research from the first decade of the new millennium and communicate a salient point; adult sexual outcomes stem from adolescence. This expands upon the assumption that teens somehow get through adolescence and arrive at adulthood with intact and mature sexual identity (Tolman & McClelland, 2011; Tolman et al., 2003a). O'Sullivan Meyer-Bahlburg, & McKeague (2006) maintain early adolescence is a vitally important time for development of key constructs separate from actual sexual experiences. Further, the above mentioned feminist researchers explain the need for current models of adolescent sexual health

that go beyond Erikson's theory of resolving challenges in stages toward adulthood and full maturity (Santrock, 2012).

**Sexual self concept.** Tolman (1994, 2002, 2006) has studied the sexual identity development and socially taboo desires of adolescent girls and verifies, similar to objectification theory, a host of negative societally influenced outcomes. Tolman's research demonstrates a lack of ownership of sexual desire, along with confusion in adolescent girls' relationship to their own developing sexuality, specifically as it relates to sexual partners and societal messages (Horne & Zimmer-Gembeck, 2006; Tolman, 1994, 2002). Tolman (2006) recommends utilizing O'Sullivan et al.'s (2006) Sexual Self-Concept Inventory for Early Adolescent Girls while doing research and social inquiry. This tool was developed to be relevant to ethnically and culturally diverse urban girls and measures three dimensions of girls' sexual self concepts: sexual arousability, sexual agency, and negative sexual affect. This is the first instrument of its kind specifically targeting girls in early adolescence. Previous effort had yielded tools directed at older adolescence and young adulthood (O'Sullivan et al., 2006). This kind of tool in combination with awareness of objectification, benevolent sexism, femininity ideology and the heterosexual script, can be employed to benefit adolescent female clients sorting through social influences and personal subjectivity during sexual identity development.

Programs can build upon Piaget (Santrock, 2012) and Erikson (1968) who contributed understanding of adolescents newly refined cognitive ability, formal operational thought including perspective shifting ability, and cognitive skills enabling facilitation of intimacy, identity and complex interpersonal relationships. Western cultures recognize identity establishment as a normative adolescent process; research confirms this applies to boys as well as girls (APA, 2010). Developing a sexual identity is considered a part of the challenge of



adolescence by numerous theorists including Erikson (1968) and Sullivan (1953) and theories such as socialization theory, sociocultural theory, cognitive theories and psychoanalytic theories.

**Changing perspectives.** After decades of a publically perceived risk and harm-based framework for adolescent sexuality, national organizations and professionals began to make efforts to change this construct. For example, 1995 marked the release of a consensus statement on adolescent sexual health authored by the National Commission on Adolescent Sexual Health (SEICUS, 1995; see Appendix B). This statement was endorsed by 50 national organizations and 35 professional organizations. It was the most comprehensive view of adolescent sexual health and went beyond the historically accepted narrow perspective of danger, disease and distress of unwanted pregnancy (Tolman et al., 2003a). Further, this document provides a developmentally normative view of adolescent sexual health, as a developmental process that includes the interactions between physical, societal, educational, economic, spiritual, psychological and cultural factors. The exact language reads:

Sexual health encompasses sexual development and reproductive health, as well as such characteristics as the ability to develop and maintain meaningful interpersonal relationships; appreciate one's own body; interact with both genders in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one's own values. (SEICUS, 1995, p. 10)

The Consensus Statement (SEICUS, 1995) adds "responsible adolescent intimate relationships" should be "consensual, non-exploitative, honest, pleasurable, and protected against unintended pregnancy and STDs if any type of intercourse occurs" (p. 10). Further, the U.S. Surgeon General's (Satcher, 2001) Call to Action to Promote Sexual Health and Responsible Sexual Behavior, communicated the universal right to sexual health and education for adolescents.

Tolman et al. (2003a) state this report endorses the contextual relationships between the developing adolescent self and the myriad of social influences, which combine as sexual identity develops. Despite these progressive public documents normalizing adolescent sexuality, adolescent clients may not experience families, peers, schools and society supportive of the same framework. Counselors can familiarize clients with the tenants these documents declare and, if appropriate, assist teenage girls in sorting through personal choices and values supported by them.

Tolman's (2006) definition of gender complementarity and her goal of factoring in further dimensional layers for race, class and ethnicity in her social research studies, has rich potential for informing the understanding of realistic healthy female adolescent sexual identity development and challenging the sociopolitical construct of compulsory heterosexuality. Tolman suggests the endpoint of adolescent sexual development to include a synergistic combination of physical, emotional and relational pleasures interacting with cognition of one's vulnerabilities, alongside pleasure, passion, mutuality, safety, embodiment, agency and emotional experience. She attributes this process a right to both female and male adolescents, developing in tandem throughout adolescence (Tolman, 2006).

**An ecological model of sexual identity.** Bronfenbrenner (1977) is known for developing an ecological model of development, Bioecological Systems Theory [BST]. This is a process-person-context-time model in which the dynamics between individual and context, systems and time, identified as ontogenic, family and historical time, are all facets of the whole. According to Bronfenbrenner (1977), human development is dynamic and demonstrates reciprocity among system relationships. There are five systems identified in this model: microsystem, mesosystem, exosystem, macrosystem and the chronosystem. A 3-D concentric

circle graphic can be utilized to illustrate the systems; each system is further removed, yet interrelated, to the individual as the center – the microsystem level.

Tolman et al. (2003a) and Jones, Meneses da Silva and Koloski (2011) propose a female sexual health and sexological systems theory, respectively, which are adjunct to Bronfenbrenner's model of development. Social scientists Meade and Ickovics (2005) have previously published research linking Bronfenbrenner's model to sexuality in an attempt to explain the sexual risk taking behaviors of adolescents. There are a variety of different approaches to understanding sexual development. These include: biological processes, sexual scripts and attitudes, life events, life stage conflicts (Santrock, 2012), social learning theory (Hogben & Byrne, 1998) and interactional parental influence. Sexuality is a product of social and historical forces coloring biological and mental possibilities and cultural forms of expression such as: bodily variations, gender identity, erotic practices, values and institutions (Jones et al., 2011). Cumulatively, Jones et al. (2011) propose sexuality a result of biological, psychological and environmental factors interrelating. They state individual sexual development grows from psychological and biological processes sparked by sociocultural contexts that define its expression.

Based on Bronfenbrenner's Ecological Systems Theory (1977), family, parents, peers, media, religion, sex education, schools, gender norms, partnered sexual experiences, sexual role depiction, contraceptive choices, healthcare options, and sexual abuse all influence and moderate facets of sexual development. Welsh et al. (2000) likewise support a sexual model for adolescent females that reflects the subjective dimension in addition to behavioral aspects.

Tolman et al. (2003a) depict a graphic model of adolescent female sexual health, very similar to Bronfenbrenner's concentric circles that designate the various systems (Appendix C).

Their graphic shows systems of influence titled: Individual, Dating/Romantic Relationships, Social Relationships with the outermost circle Sociocultural/Sociopolitical. Each concentric circle has various influences and challenges that are detailed. The Individual core, likened to Bronfenbrenner's microsystem, includes the individual personal aspects. The second ring, Dating/Romantic Relationships correlates to Bronfenbrenner's mesosystem, and included activities in relation to a significant-other relationship. The third ring is titled Social Relationships, and includes relationships with groups such as close friends, peers, older friends, teammates, siblings, parents, teachers, counselors, other adults, church members, etcetera. which offer emotional and social support and correlates to Bronfenbrenner's Macrosystem. The outer ring is titled Sociocultural/Sociopolitical, and encompasses institutional resources such as educational, religious, community-based, elected, public service, and health-related organizations; it coordinates with Bronfenbrenner's Exosystem. Counselors can study this model for an understanding of the complexity of components influencing adolescent sexual identity development. This framework can be used to individualize therapy as per each girl and her unique set of perceptions and needs.

Welsh et al. (2000) concur with the previously mentioned feminist researchers that a person-process-context model is most accurate for researching and understanding individual developmental outcomes of sexuality for adolescents. Such a model, similar to Bronfenbrenner's Bioecological Model (1977), seeks contextual understanding from variables such as: psycho-social biological and cognitive development, temperament, sexual orientation, physical characteristics, values, self esteem, religion and spirituality, moral beliefs, ethnicity, peer, family and community environment, media and sociopolitical structures. Attempts to define sexual identity development will fall short when the connection between these variables and subjective

experience and meaning are ignored (Jones et al., 2011; Tolman et al., 2003a; Welsh et al., 2000).

**Power, sex, relationships and sexual identities.** Leaders and professionals in communities may argue these intimate personal issues and media influences comprise an agenda better left to home, parents and religion to teach, define and advise. Feminism demands more of society as one of its tenants is the personal is the political. Research also presents an opposing argument (Fine & McClelland, 2006; Lamb & Peterson, 2012; Tolman & McClelland, 2011). Current research points to the dire need for adolescent girls to receive crucial media training, comprehensive sexuality education, and critical feminist based skills such as discerning sources of power and influence and thoughtful development of personal values (APA, 2010; Calogero et al., 2011; Lamb & Peterson, 2012). Research shows professionals need to be educated on the existence, effect and consequences of objectification and sexualization of girls and women (APA, 2010). The APA (2010) report introduces the juxtaposition,

Teen girls are encouraged to look sexy, yet they know little about what it means to be sexual, to have sexual desires, and to make rational and responsible decisions about pleasure and risk within intimate relationships that acknowledge their own desires. (p. 3)

Further, feminist researchers, Lerum and Dworkin (2009) remind the public of the difference between a healthy sexuality and sexual health which goes beyond the scope of the APA report. Tolman's (2006) gender specific model likened, along with sexual development research by Jones et al. (2011) and Welsh et al. (2000), have fleshed out contemporary, researched based frameworks for understanding and further investigating healthy female adolescent sexual identity.

## **Reproductive Shame**

Besides what objectification theory contributes toward understanding how the female body is evaluated, marketed, commodified and consumed, other research shows how females can experience reproductive functioning shame as a facet of self-objectification. Ward et al. (2006) report dominant American culture valuing the sexual appeal and function of the female breast to the detriment and devaluation of the biological function. Vogt Yuan (2012) based a study on the data available from the National Longitudinal Study of Adolescent Health which collected information from 8,593 girls, aged 13-18. Each age group represented at least 1000 girls. She wanted to understand how perceived breast development intersected with adolescent girls' psychological well being. Adolescent girls are socialized to adopt the thin attractive ideal body image portrayed by media as well as live in a milieu saturated by societal objectification (Vogt Yuan, 2012). Feminist perspectives suggest these influences would negatively intersect with the developing female adolescent's psychological well being (Calogero et al., 2011; Tolman, 2006; Vogt Yuan, 2012). The study showed higher perceived breast development influenced lower self-esteem and depressive symptomology in younger girls ages 13-15, but not girls aged 16-18. This study also showed a correlation between menarche, especially if occurring at a young age, and lower self-esteem and higher depression symptoms. Older girls 16-18 showed no significant self-esteem or depression symptoms if perceived breast development was normative; however, if the older group of girls thought they were more or less developed, then a correlation was found. While larger breasts are celebrated and valued on adult women, the younger adolescents with greater perceived breast development did not experience psychological well being as measured by this study; objectification was not directly tested. Vogt Yuan (2012) posits these results are consistent with the case of larger breasts leading to increased objectification and sexual attention

of adolescent female bodies. This attention and awareness of cultural objectification may be developmentally disruptive to younger adolescents healthy sense of embodiment and well-being.

Women in our contemporary western culture are aware of clear, although unspoken, messages to keep aspects of reproductive behaviors, such as menstruation, breastfeeding and at times, pregnancy concealed. If they are demonstrated, the women are demeaned, frowned upon, or ignored; all of these negative social reactions (Morris, Goldenberg, & Heflick, 2014). For example, Roberts et al. (2002) found women were liked less and perceived as less competent when dropping a tampon versus a hair clip from a handbag. Companions in their study also distanced themselves from the woman after this incident, both psychologically and physically, i.e., choosing a chair further away than previously utilized. Counselors can infer from this study that the public may be unsupportive while adolescent females navigate forming an unconcealed, healthy and normative relationship with their bodies' functions.

Scientists studying menstrual myths can identify current evidence in our culture that menstruation is shameful if obvious, embarrassing to the female who is experiencing it, socially unacceptable to fail to conceal from others and polluting (Lee, 1994; Reinholtz & Muehlenhard, 1995). Media and advertisers sell confidentiality and security to females experiencing this monthly hygienic crisis. Their message implies the stains, odor and other indicators of menstruation, if not micromanaged and camouflaged, would be socially damaging, especially if noticed by males (Roberts et al., 2002).

Adolescent girls receive conflicting messages around menarche from society and parents. Euphemisms are normative when discussing menses and girls generally exhibit shame, embarrassment and secrecy (Roberts et al., 2002). Reinholtz and Muehlenhard (1995) report many young women believe their genitals to be dirty, shameful and unpleasant smelling, and

those that did reported lower levels of participation in and enjoyment of sexual activity. This directly impacts adolescent females, as they are absorbing messages about their bodies and genitals from the social milieu, older peers, sexual harassment, verbal statements and media.

Research shows adolescent girls' primary menstrual concern is concealing any sign of it and avoiding shameful humiliating stains or odors, which according to Lee (1994) would prove female contamination, shame and lapse of responsibility to protect others around her. Schooler, Ward, Merriwether, and Caruthers (2005) author a study of the effects of menstrual and body shame among young women as it relates to self concept and sexuality. They found that menstrual and body shame is positively correlated to risky sexual choices and decreased sexual satisfaction. Adolescent girls' bodies are the site of sociopolitical conflict as gatekeepers of male sexuality, bearers of the burden of sexual violence, idealized to be groomed for the heterosexual male gaze and the stage for cultural shame (Fine & McClelland, 2007; Tolman, 2006). That is a complex web of influences for an adolescent to attempt resolution and identity establishment. Some feminists go so far as to argue females are enslaved in contemporary society by overt and implicit messages about their imperfection which must be rectified as a necessity of appealing to men and hiding their bodies shameful functions (Bartkey, 1990; Fredrickson & Roberts, 1997). This impacts adolescent female sexual identity and pubertal changes in that the shame is associated with larger facets of female sexual socialization.

### **Body Alteration**

Simone de Beauvoir (1952) declares women are more acceptable and desirable the more the natural body is disciplined and confined. Objectification theory similarly holds the female body as an idealized cultural symbol but only on condition of disciplining, transforming, adorning and sanitizing (Goldenberg, Pyszczynski, Greenberg, & Solomon, 2000). While



women are historically considered inferior creatures and aspects of their bodies render this inferiority, their bodies are also celebrated and praised as objects of beauty, desire and status if possessed (Roberts et al., 2002). For the modern woman, the American Society for Aesthetic Plastic Surgery [ASAPS] (2014a) offers a host of procedures to promote health and well being, including self confidence. Most of the procedures are marketed to women. All procedures are designed to address natural effects of aging, childbearing, weight gain, weight distribution or other perceived physical imperfections. The ASAPS (2014c) website states: “Americans spent almost \$12 billion on cosmetic procedures in 2012” (para 3).

The Internet site for the American Society of Aesthetic Plastic Surgery (2014a) references a variety of procedures for different body parts. For the breast and body (not including the face) they list over 17 different procedures. In another section, women can combat corporeal effects of pregnancy in a compilation of procedures, advertised as the “Mommy Make Over”. Besides changing publically visible body parts, a new cosmetic alteration is available for a woman’s vulva and vagina. Female Genital Cosmetic Surgery [FGCS] covers a range of procedures that aim to change aesthetic (or functional) aspects of women’s genitalia; these procedures are not medically indicated and some argue are dangerously unregulated (Braun, 2010).

Labilesurgery or Labiaplasty is a surgical procedure that alters the labia minora by removing excess tissue; it has risen in popularity by 44% between 2012 and 2013 (ASAPS, 2014b). Vaginal plastic surgery is made up of two main procedures, external and internal. The external consists mainly of enhancing appearance and the internal part is to improve sexual intercourse. The internal surgery tightens the walls of the vagina to increase pleasure during sexual intercourse (ASAPS, 2014b).

Dr. Christine Hamori, MD (2015), explains how popular this surgical operation has become and how “helpful it is for this problem”. *Sex by Design*, a book authored by a well known vaginal surgeon, Dr. David Matlock (2004), advertises his book online with the following advertisement:

Women are entitled to a lifetime of sexual satisfaction and a sense of sexual wellbeing.

Progressive Gynecologists are waking up to the fact that the medical community is responsible for providing women with knowledge, choice, and alternatives to help them keep sex as an important, pleasurable part of life.

Braun (2010) points out bodies, more specifically the female body, gains meaning through historical and cultural contexts. She continues by restating what many researchers have noted, it is well documented that cultural influence affects the feelings, perceptions and values females have regarding their body and sexuality. In the case of FGCS she claims women are seeking surgery to answer personal psychological issues projected by male served cultural norms. Chalker (2009) further cited body modification and sexual-medicine industries as entities that have capitalized upon fundamental feminist concepts such as self-determination, individual choice and empowerment for profit. In this case the assertion that one’s genitals may not be normal or sexually appealing but the empowered woman of today can utilize her resources to change this unfortunate biological abnormality rendering her once again in control of her appearance and sexual attractiveness. Teen girls are exposed to and absorbing these messages as well as adult women. Counselors can be apprised of current trends and assist adolescent girls in critical examination of desires to alter their bodies without understanding the cultural backdrop motivating such goals.

Perceived abnormalities or protuberance of genitalia are considered by some surgeons to induce great inconvenience both aesthetically and socially, and equal low self-esteem, lack of self-confidence, belittlement, diminished libido, psychosexual distress, and other psychological repercussions (Giraldo, Gonzalez, & de Haro, 2004). Braun (2010) confirms this sentiment by citing Dr. David Matlock's book, *Sex By Design* (2004). Matlock (2004) maintains women do indeed want their vulva to look playboy-pretty. Braun (2010) suggests social control is facilitated through advertising and media, both of which claim free choice, but in practice choices become culturally circumscribed and lack authentic freedom. To refute claims of genital liberation and free choice by women in claiming the body they want, Braun (2010) retorts that surgery may provide individual women with genital liberation yet it does not improve the context or socio-sexual milieu wherein women are choosing these procedures.

Statistics show early teens are now requesting labiaplasty or FGCS with women in their 20's and 30's being the predominant consumers. Braun (2010) and others cited in her research have grave concerns for women's sexual, reproductive and emotional health as FGCS becomes mainstream. To further underscore the safety issues and deregulation of FGCS, the American College of Obstetricians and Gynecologists (ACOG) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, recently authored public position statements against FGCS (Braun, 2010). The ACOG (2007) has publicized that this array of procedures is not medically indicated nor have the efficacy and safety been documented. As a profession, there is concern regarding the void of research studies demonstrating or defining long term satisfaction, complication rates and overall safety.

Continuing the aesthetic concerns for the female perineum, anal or vaginal bleaching is now reportedly a commonplace spa treatment alongside Brazilian waxing which entails full

removal of pubic hair or artful pubic waxing (Herbencik et al., 2013). The website Anal Bleaching Help (May 5, 2015) lists the best products of 2015 and explains, that for many women, bleaching the pubic area is considered another routine task, like getting a haircut or getting their nails done. While some women may not be familiar with perineum bleaching, it is rapidly becoming more and more popular.

The above-mentioned procedures are marketed and consumed by adolescent girls as well as adult women. Kriemer (2004) describes the sociocultural climate contributing to high school girls ignoring indicated risks and adamantly procuring breast augmentation. Dr. David Sarwer, a psychologist at the University of Pennsylvania School of Medicine's Center for Human Appearance in Philadelphia, collects anecdotal reports from urban suburbs that confirm cosmetic surgery, in the form of breast augmentation, is a popular Sweet 16 or graduation gift for teenagers. Diana Zuckerman, a psychologist and president of the Washington-based National Center for Policy Research for Women and Families, reports admiration of full-breasted fashion models encourages poor body image and can lead teen age girls to seek breast augmentation (as cited in Kreimer, 2004).

There exists an acceptable sociocultural continuum that condones altering the appearance of female bodies. It ranges from make up application, to shaving body hair or painful waxing, to dedicated attempts to change body shape such as extreme dieting or bodybuilding, to cosmetic surgery which will enlarge breasts or rectify the imperfections of one's vulva. Chalker (2009) attributes the negative patriarchal messages about female bodies and current FGCS popularity to historical misogynist genital disgust.

Returning to Braun (2010), she compares the dichotomy of FGCS potentially benefiting an individual's self esteem and possibly her sex life but simultaneously by it's promotion,

creating more of a problem for women as it presents yet another way in which to worry about one's body and sets a sociocultural genital norm expectation. Braun comments that one's body parts do not hold authority over increases in self confidence, the mind does that. But a more damaging sentiment that accompanies the former, is "that asymmetrical labia are disgusting, or simply sexually undesirable" which in truth "is a personal judgment that reflects certain sociocultural messages about genital morphology" (p. 1402).

For those who would argue choosing FGCS is a woman's right, Chalker (2009) retorts that while right to choose is a core feminist principle, a decision made in a vacuum of insufficient discourse and information is not much of a choice. Therein, female lives are compromised by societal media messages and expectations. This concept specifically applies to adolescent girls as well as adult women. Morris et al. (2014) contend women who self objectify may be at more risk for behaviors compatible with "an inanimate entity" (p. 195). This framework could explain self-harm, prostitution and other damaging activities mentioned above to more benign every day behavior such as painful waxing of body hair, permanent make up tattoos and invasive elective cosmetic surgery. Wolf (1991) writes in her book, *The Beauty Myth, How Images of Beauty Are Used Against Women*, that women today spend enormous resources, both time and money, aspiring to the impossible ideals of beauty through costly and consuming fashion, makeup, dieting, and cosmetic surgery. Advertisers also know this and capitalize on women by playing up inadequacies, demonstrating ever more attributes or qualities one is lacking but available through purchase. Media propaganda is seductive yet deceptive in its stance that the ideal can be realized. Counselors can be equipped with familiarization of media and cultural messages to assist adolescent girls with body image and making meaning of motivations for altering their bodies.

## **The Question of Sexual Empowerment**

Many would argue that adolescent females today are truly empowered as their feminist fore-mothers fought for the very sexual freedoms and sexualized image being cultivated, claimed and exhibited everywhere one looks (Levy, 2005). The image of adolescent girls, sexually suggestive in dress and body stance, sexually confident and always ready for it is marketed and immediately recognizable as the modern empowered girl. However, this empowerment retains a male entitlement and female responsibility framework (Calogero, 2014; Jackson & Westrupp, 2010; Tincknell et al., 2003). Girls are responsible to look and act the part for male satisfaction while being led to believe accepting these standards yield empowerment and success as a young woman.

For example, oral sex has become a common behavioral expectation of adolescent girls (Hensel, Fortenberry & Orr, 2008). To cite a study by Burns, Futch and Tolman (2011), girls narratives around performing oral sex were dissected with a feminist tool to reveal what fellatio accomplishes and means for girls. Their study showed a repetition of previous identified shame, coercion, guilt and naiveté, with an interesting common thread of performance ability and pride in accomplishment. Their narrative study suggests a link between fellatio and an academic performance mentality that was far removed from any suggestion of relational skills or embodied experience including pleasure. Girls stated performing oral sex was like doing homework (Burns et al., 2011). They noted in the girls' accounts a desire for sexual competency, satisfaction from an acceptable performance and enjoyment of a job well done while conversely, the sexual satisfaction and enjoyment belonged to the teenage boy alone. The salient aspects of giving oral sex communicated by the study subjects indicated mostly reaction to feedback from partners on the girls' performance and skills. Burns et al. (2011) cite this performance and achievement

discourse worrisome as it demonstrates an explicit focus on the other and origination outside of the girls' subjectivity.

The other spoken of, reflects feminist theory and research in which adolescent females learn to set the other above self in maintaining relationships, particularly sexual ones, at great cost to self esteem and sense of identity, including sexual self subjectivity (Burns et al., 2011; Gilligan, 1982; Tolman 2002, 2012). The opposite yet tandem commodified image of young women as agentive and subjective, and female responsibility for male satiation visually and bodily, are prevalent and identifiable in research studies. This clash of interests make adolescent sexual identity development a challenging hurdle, specifically as girls may be engaging in socially normative sexual exploration.

**Girl power.** Girl power promises a fun, independent, bold, brassy and sassy adolescence at the cost of accepting a contradictory consumerism of femininity and sexuality invisibly determined by male interests (Jackson & Westrupp, 2010; Tincknell et al., 2003). Girl Power invites adolescent females to consume desire for boys, a sexualized appearance, a sexualized self-context and innumerable consumer products to attain the former. Therein lies a dilemma for adolescent girls to navigate, within an already challenging developmental context and with few role models of embodied feminism or socially supported alternatives (Jackson & Westrupp, 2010; Peterson et al., 2008). Further, adolescent girls are supposed have the option to be sexually empowered yet are unprotected collectively by society and individually bear the social burden, risks and responsibilities of sexual activity (Fine & McClelland, 2007; Jackson & Westrupp, 2010; Tolman, 2012). Tolman (2006), Fine (2005) and Levy (2005) criticize the media image of sexually savvy and empowered adolescent girls claiming this glosses over the real and ongoing systemic male power which organizes and maintains itself in ever changing

disguises. Fine (2005) also argues against this commodification of desire as another invisible patriarchal leash on female sexuality.

Gavey (2012) reports this image of a sexually empowered teen is uncomfortably close to the “power porn sexualized female” (p. 719) advertised for adult women. This is the new available alter role in contrast to the girl with repressed or unacknowledged desire, the good girl-virgin archetype, who has not claimed her feminist right to male sexual privilege (Levy, 2005). This sentiment extends further to raunch-culture, such as girls-gone-wild masturbating, flashing flesh or being sexual with another girl on camera, as detailed by Levy (2005) in her book *Female Chauvinist Pigs*.

Gill (2012) contends the social culture of sexualization and sexist media are a post-feminist problem as gender inequality is treated dismissively, particularly in Northern and Western developed societies where sexualization is not taken seriously and is often an unrecognized form of oppression. She continues by explaining a further sexist emphasis and responsibility put on the individual adolescent girl if unhappy with the status quo. For example, she needs to become better equipped to navigate male relationships including the workplace, improve her body and dress to be more attractive and appealing and become more informed of her (male) partner’s sexual desires while providing for them. This individual responsibility alleviates the need for the greater and historically male driven society to reject the status quo in quest of secure conditions for exploration of safe, consensual and pleasurable sexuality for adolescent girls (Gavey, 2012). Gill (2012) names these contexts as fundamental patriarchal examples of a shifting in the operation of power, itself inextricably gendered. She further elucidates that sexualization is complicated by constructs of gender, race, and class. Therefore it is perplexing that while claiming empowerment, specifically sexual empowerment, there is no



discussion of actual power for adolescent girls. Gill (2012) wonders how sexual empowerment can be argued at all while untethered from sexism, racism, homophobia and socioeconomic inequality; all axes of oppression affecting women and girls across the social spectrum.

**Illusion of empowerment.** This recent body of adolescent female sexual identity research (Bay-Cheng, 2012; Calogero, 2014, Calogero et al., 2011; Gill, 2012; Kim et al, 2007; Lamb, 2010; Levy, 2005; Tolman, 1994, 2002, 2006, 2012) suggests the contemporary claim of sexual empowerment by the media and commodified girl power described herein, is revealed to be an illusion and empty promise that further supports gender inequality, socio-cultural oppression and tenacious sexism. In reality, sexual objectification is glitterized and repackaged in commodified feminist political notions, and sold back to the masses by a culture driven by subversive, sexist and dominant male privilege (Bay-Cheng, 2012; Gavey, 2012; Gill, 2012; Lamb & Peterson, 2012; Tolman; 2012).

Tolman (2006), Fine (2005) and Levy (2005) criticize the media image of sexually savvy and empowered adolescent girls claiming this glosses over the real and ongoing systemic male power which organizes and maintains itself in ever changing disguises. Fine (2005) also argues against this commodification of desire as another invisible patriarchal leash on female sexuality. Lamb (2010) posits the definition of sexual empowerment is fused with the concept of choice yet while adolescent girls may feel they are choosing, their choices are not really choices at all. She continues by explaining embracing a sexuality that is marketed and loudly visible in the media is limiting to one's agency. Dworkin (1989) confirms privilege and power are promises of an appropriate feminine appearance or more accurately, a male-defined appearance and suggests striving to attain this image is socially adaptive and reward driven in a patriarchal and male

dominated culture. Counselors may find it salient to explore social change, and social justice alongside sexual identity development with adolescent girls.

It is acknowledged adolescent girls can and do feel: sexy, emboldened, desirous, pleasure and even powerful while experimenting with a sexualized image and behavior (Jackson & Westrup, 2010; Lamb & Peterson, 2012; Levy, 2005; Murnen & Smolak, 2012; O'Sullivan et al., 2006; Tolman & McClelland, 2011). But Lamb (2010) points out feeling boldly sexual is not the same as being empowered. Neither is feeling empowered synonymous with being empowered, something Gavey (2012) reminds is likewise applicable to adult women. She continues the discussion of empowerment by suggesting instead, examining the cultural conditions and societal influences which would make possible healthy sexual identity development, embodiment, and relationships. Sexual empowerment and sexual identity development cannot be individually isolated from the multiplicity of intersections among powerful axes of influence and oppression (Tolman, 2012). This leaves adolescent females with a plethora of complicating social and political contexts around which personal sexual identity development is defined. It indicates counselors as well as other caring adults need to work towards affecting change at the societal level.

### **Sexual Rights**

Sexual health and safety for all persons, adolescent girls included, is a right that should not need justification (Fine & McClelland, 2006; Tolman et al., 2003a). Feminist scholars would argue this is not the case in our patriarchal society, and the statistics for sexual crimes against females and traditional gender ideologies confirm this sentiment. According to Koss, Heise, and Russo (1994) about one forth of college women will experience rape or attempted rape. Referencing another aspect of feminism, the very existence of sexual

violence and rape are seen as a social control model in which women are fearful for their safety and ironically turn to men for protection (Sheffield, 2007). The World Health Organization (2006) generated a universally applicable definition for sexual health.

According to the current working definition, sexual health is: "... a state of physical, emotional, mental and social well-being in relation to sexuality;... as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled" (Defining Sexual Health, Working Definitions section, para. 1).

The WHO (2006) further reflects sentiments of other feminist researchers stating, sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors (Working Definitions section, para 2).

The WHO (2006) and World Association for Sexual Health [WAS] (2008) agree on a working dialog of human sexual rights; these rights are inclusive of all persons. They have generated a list (see Appendix D) of rights, which, if factored into education and public awareness, would bridge the gap between the current status quo and a social culture encouraging healthy sexual identity development. As previously referenced under adolescent female sexual identity development, The National Commission on Adolescent Sexual Health (1995) has made a statement reflecting adolescent sexual rights (see appendix B) The WHO (2010) has also published a guide to developing sexual health programs based on universal sexual rights in five categories: laws, policies and human rights, education, society and culture, economics, and

health. This can be an informed and progressive reference for those working with youth and sexual issues, needs and cultural challenges.

**Normative sexual identity development.** Tolman and McClelland (2011) report on the previous decade of shifting perceptions of normative sexual identity development. They identify three aspects of normative sexuality in adolescence: sexual behavior, sexual selfhood and sexual socialization. These areas need to be understood, validated and promoted by leaders, professionals and families to assist adolescent girls in claiming their right to sexual health and the normative process of sexual identity development. Feminist researchers warn the changes needed lie beyond the scope of individual girls' lives. Adolescent girls can be armed with critical thinking, education promoting self subjectivity and sexual health, but without change at the societal level these problems will not disappear. Lerum and Dworkin (2009) contend sexual agency, pleasure, rights and health are vital aspects to include in education and contemporary consciousness raising. While advising from a feminist platform facilitating ownership of female sexual desires they underscore the importance of activists, scholars and the public concurrently fighting for sexual rights on behalf of girls *and* women (Lerum & Dworkin, 2009). Feminist scholars (Bay-Cheng, 2012; Gavey, 2012; Gill, 2012; Tolman, 2012) remind of the uphill trudge of previous waves in women's social reform and suggest the pervasive sexism currently faced by adolescent girls and women is worthy of similar arduous efforts. They further underscore that sexualization and questions of adolescent sexual empowerment do not reside at the individual level. Media literacy, for example, is not enough for individual girls when the intersections of social, cultural and political influences are inseparable from shaping the lives of females. They remind every personal decision is a political one as choices reach beyond one's own sphere to shaping the landscape of our very culture. This landscape of cultural life must reflect the

changes that are sought. Uniting to eliminate ubiquitous sexist, discriminatory and oppressive influences is the path for contemporary feminists including those working with adolescent girls affected by societal norms (Bay-Cheng, 2012; Gavey, 2012; Gill, 2012; Tolman, 2012).

### **Application**

A 90 minute presentation for community counselors at a professional conference, an APA continuing education event for example, will encompass feminist elements informing objectification, self objectification, sexualization and cultural influences that adolescent girls face while navigating-sexual identity development. Additionally, the need for sociopolitical change (Murnen, & Smolak, 2012) and suggestions for counselors working with adolescents will be included, as discovered in the literature. A PowerPoint lecture and handouts have been developed (see Appendix E). Therapists can utilize a feminist framework and reference some best practices publications found in the appendix when working with adolescent females. Each identifies sexual rights and educational concepts suggested by contemporary humanitarian research and policy alongside objectification and sexualization social researchers (APA, 2010; Calogero et al., 2011; Tolman, 2002; WAS, 2008; WHO, 2010). Raising awareness and education of the existence of observable and implicit female objectification and self-objectification is indicated while referencing the above-mentioned publications.

Social researchers recommend attention be given to intervention (i.e., education) and prevention of self-objectification in young girls and adult women, critical media evaluation, awareness of sexualization, development of sexual subjectivity and analysis of double standards, and knowledge of sociopolitical influences that detract from healthy female adolescent sexual identity development (APA, 2010; Calogero et al. 2011; Lamb & Peterson, 2012). Murnen and Smolak (2012) further suggest focusing on individuals is not enough to affect lasting change.

Environments such as family, peers, communities and social structures must evolve to support rich developmental processes enabling a container for healthy adolescent female sexual identity development.

### **Conclusion**

As outlined earlier, self-objectification has been identified as a harmful cultural practice, which has been empirically validated to lead to a host of detriments to well-being (APA, 2010; Lerum & Dworkin, 2009). Feminist researchers maintain the fact that women's social, economic, and legal outcomes are dependent to a much larger degree than men, on their physical appearance (Calogero, 2014; Calogero et al. 2010). Authentic empowerment promoted by feminist psychology and the accompanying sexual subjectivity necessary for healthy sexual identity are not readily available due to sociocultural and political bias and influences. Neither are these state traits accessible in society by virtue of agency and ability alone. As long as adolescent girls are dependent upon a society that objectifies and rewards based upon appearance and sexiness, this empowerment and subjectivity remain an unattainable goal (Calogero, 2014).

Social change and available education can usher in a future in which girls are entitled to sexual health and healthy sexuality. In response to harmful cultural norms and consequences of objectification and self-objectification, adolescent girls can be educated on existing power hierarchies and oppressive societal mechanisms. Counselors and adults can assist their empowerment with therapeutic and social support to claim individual sexual identity and sexual health. Calogero et al. (2011) explain oppression maintains the status quo by preventing the oppressed from accessing sources of power which could provide a means for change. In the research presented, sexual subjectivity, adolescent sexual rights, sources of empowerment and discourses of desire and eroticism, have been distorted. Feminism maintains the personal is the

political; in this case, adolescent girls have the right to a healthy sexual identity as well as respect and support for the requisite individual developmental process. This requires a cultural shift in which we must all play a part. Feminist movements of the past have shown this can be accomplished by informing, educating, raising awareness, guiding, opposing and challenging. Let us transform education and awareness into social change for adolescent girls and the universal human need for healthy sexual identity development. As counselors and mental health professionals, we can continue to pursue education and awareness raising of feminist issues, such as objectification, sexualization, socio-political norms, functions of contemporary patriarchy, sexism and gendered power constructs to therefore more holistically assist adolescent girls navigating sexual identity development.

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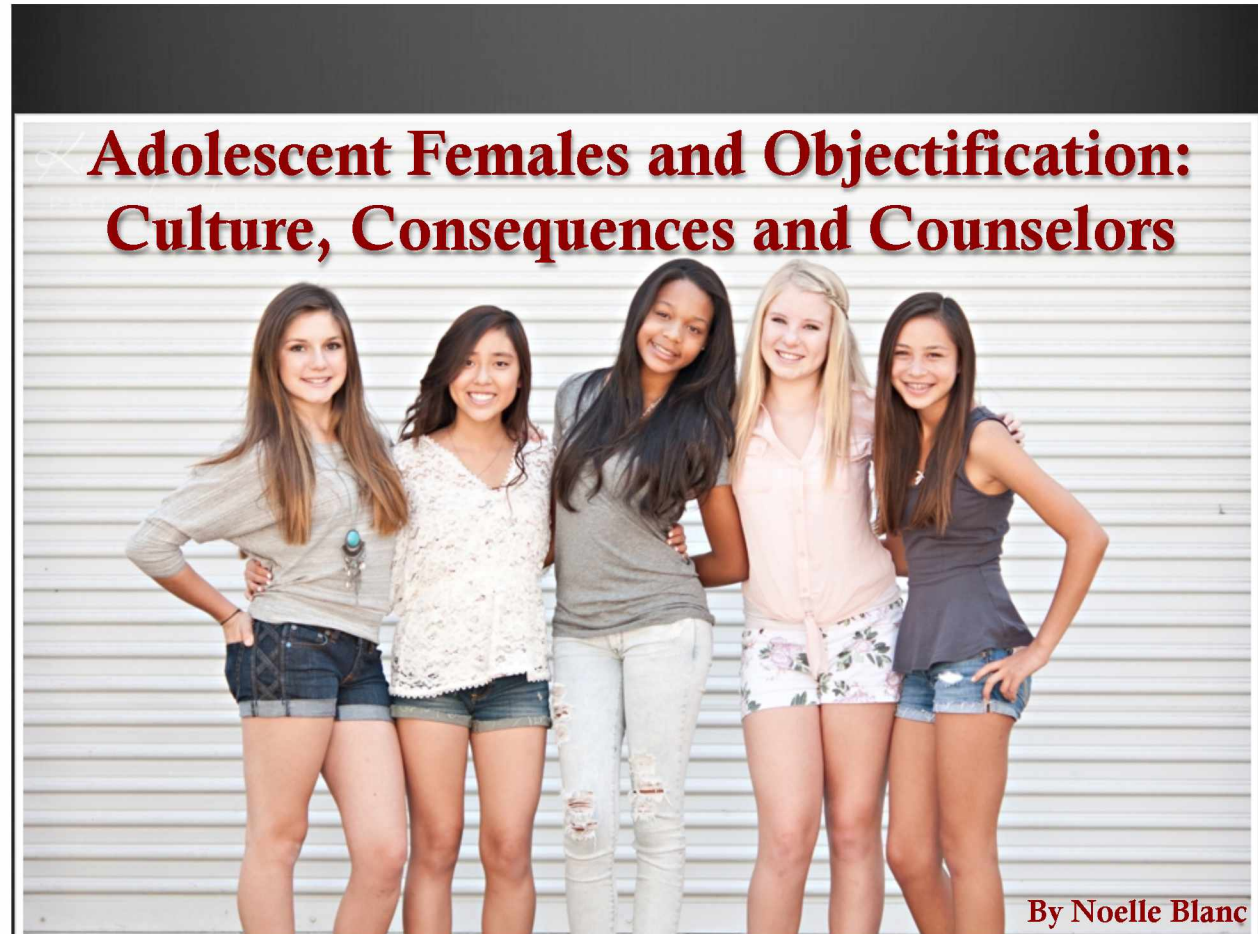
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### Appendix A

The application piece of the research paper is a PowerPoint presentation attached. The presentation would be offered as an educational session at a professional conference such as the annual American Counselor's Association Conference. The format is a 90 minute lecture, participants will be seated in a room facing the screen on which the PowerPoint will be projected. Participants will leave the presentation with a copy of the PowerPoint slides and a handout with some relevant summary information including suggestions for future work with adolescent female clients. Resources for further inquiry are included at the end of the PowerPoint.

Power Point Presentation for Counselors' Professional Conference



# What We Will Cover Today

A Feminist Framework

Objectification Theory

Sexual Health Model for Adolescent Females

What is recommended for adolescent female clients

Resources

References



# Today's Objectives

## Conference Participants Will Be Able To:

1. Explain the term "Objectification"
2. Discuss the negative effects of objectification and sexualization on adolescent females
3. Describe a researched based sexual health and identity model similar to Bronfenbrenner's Ecological Development Theory
4. Identify some overarching sociopolitical and cultural constructs inhibiting healthy sexual identity development in adolescent girls.

# Why Adolescent Girls?



APA, 2010; Fine & McClellan, 2006; Impett, Schooler, & Tolman, 2006; Tolman, 2006; Tolman & McClelland, 2011; Tolman, Striipe, & Harmon, 2003a; Vandenbosch & Eggermont, 2012.  
<http://www.newportmanners.com/faq-category/dilemmas/tricky-conversations/>

- Adolescent girls in our culture are entering puberty and sexually maturing in a milieu containing conflicted and misleading messages about girls' bodies, sources of personal power, value conceptualization, sexual identity, healthy exploration and embodiment of desire and pleasure, dating and relationships and sexual interactions
- Research shows professionals need to be educated on the existence, effect and consequences of objectification and sexualization of girls and women (APA, 2010).

# Feminist Framework

## The Personal is Political

**Takes a multi-level approach to intervention seeking to subvert oppressive influences in sexual identity development**

- **Eroticism**
- **Desire**
- **Distorted normative processes and choices**

Fine and McClelland, 2007

- Feminism conceptualized the personal as the political, therefore in this case, female sexual identity development is not only a problem within individual girls and their families but is a societal problem dictating interventions at all levels for efficacious change.
- This presentation is based on a feminist platform.
- Information presented and possibilities for change are explained with a feminist voice.

# Feminist Goals in Therapy

- ⊗ Efforts to illustrate and overcome marginalization of females (or person) by cultural norms
- ⊗ Awareness of personal gender-role socialization process
- ⊗ Evaluate impact of social factors on personal life
- ⊗ Understanding of sexism
- ⊗ Conceptualize effects of oppressive societal beliefs and practices and recognize existence in own life
- ⊗ Develop a sense of personal and social power
- ⊗ Seek social change and actively work for that goal
- ⊗ **Personal is political**
- ⊗ **Commitment to social change**
- ⊗ **Female ways of knowing valued and experiences honored**
- ⊗ **Counseling relationship is egalitarian**
- ⊗ **Focus on strengths**
- ⊗ **Reformulated definition of psychological distress**
- ⊗ **All types of oppression are recognized**

Brown, 2009; Corey, 2013; Worell and Remer, 2003

## Far Out or Too Close?

Gill (2008) suggests the current status of distorted power in the sexual arena is not one of silencing or suppressing women's agency, but rather conditioning it in highly specific ways. In other words, the dominated group is purported to have agency, but yet that agency is only allowable in as much as it benefits the dominant group (Duschinsky, 2013; Levy, 2005; Tolman, 2006).

- What is your reaction to this?
- Does it sound extreme?
- Lets dig a little deeper. I believe these contemporary feminist researchers to be reflecting upon the ways in which female bodies and sexuality are presented which are culturally conditioned states based on traditional male values and privilege.
- For example, lets think of a desirable body type for an adolescent girl. Is the focus on her look about being pleasing, attractive, pretty etcetera for the beholder to enjoy or is the focus on her body serving her to enjoy her life in the healthiest and fullest manifestation of her unique talents, interests, and life goals?

*Objectification Theory:  
Toward Understanding  
Women's Lived Experience  
and Mental Health Risks*

Frederickson & Roberts, 1997

- Objectification is a relatively newer field of study, which has saliency for girls and women in western culture
- Fredrickson and Roberts published in 1997 an in depth study of objectification and posited it as a social control theory which is harmful to women and girls.
- They listed negative consequences: body shame, appearance anxiety, decreased cognitive functioning, sexual dissatisfaction, decreased internal awareness and body states, safety anxiety, compromised flow experiences during mental and physical endeavors and increased negative subjective experiences.

# Definition of Objectification

- ⊗ Being treated as a body, for the use and pleasure of another (Bartkey, 1990) .
- ⊗ “To be made into and treated as an object that can be used, manipulated, controlled, and known through its physical properties” (Calogero et al., 2011, p. 5).

- Slater and Tiggeman (2002) studied adolescent girls and objectification theory. They wanted to see if objectification theory was as relevant to adolescent girls as research had shown it to be among adult women. Research results showed teen girls’ experience was very similar to women’s experiences and consisted of the same negative outcomes.

# Detrimental Effects of Objectification

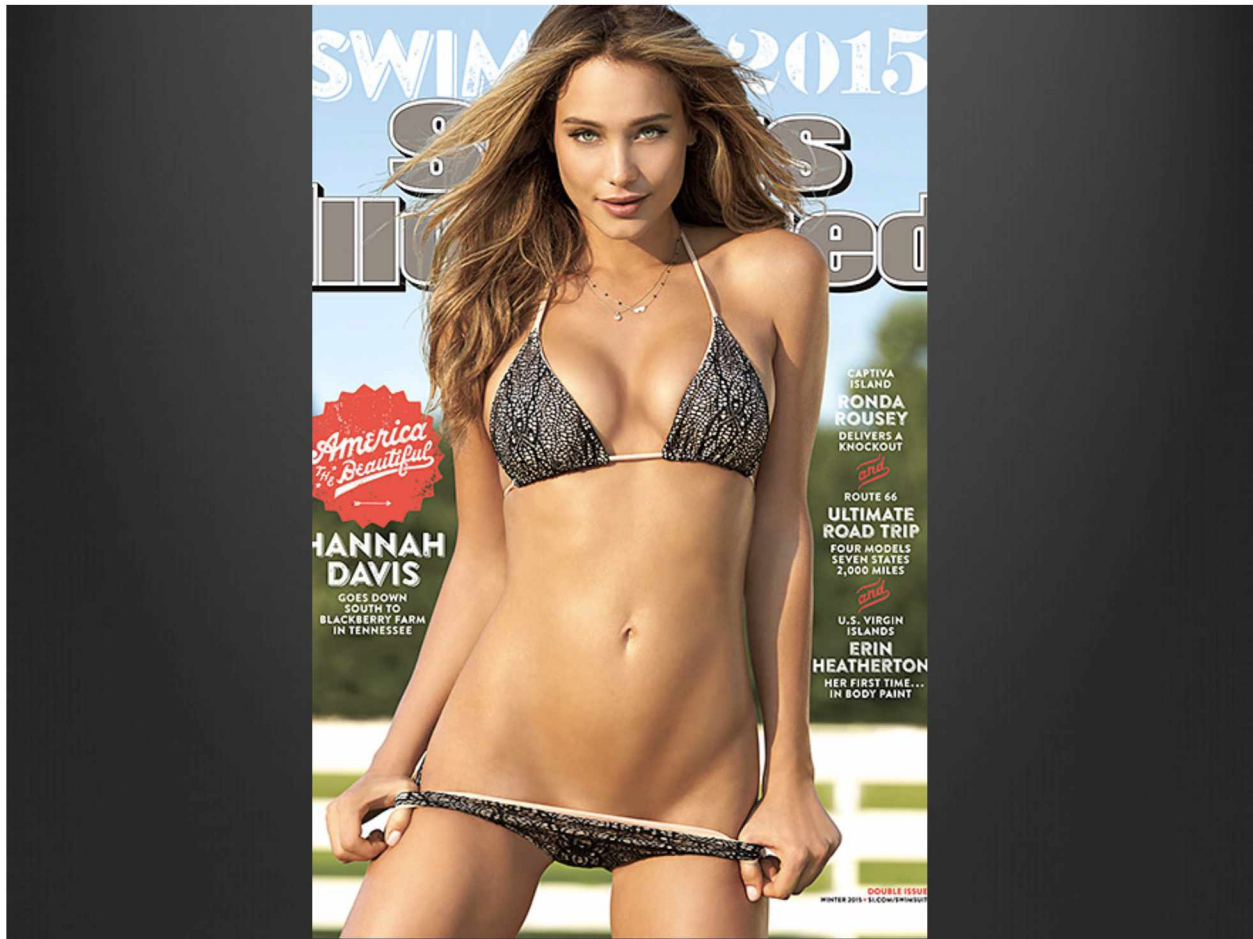
- Unipolar depression, sexual dysfunction, and eating disorders (Slatter & Tiggeman, 2002)
- healthy sexual identity development is hindered (Tolman et al., 2003)
- Lack of intrinsic motivation (Gapinski, Brownell, & LaFrance, 2003)
- Objectification fragments consciousness and negatively effects girls' development and success academically, cognitively, physically and emotionally (APA, 2010)

- Three significantly detrimental effects of objectification in adolescent girls: unipolar depression, sexual dysfunction, and eating disorders (Slatter & Tiggeman, 2002).
- When girls are objectified and their bodies are under scrutiny and judgment, healthy sexual identity development is hindered (Tolman et al., 2003).
- Lack of intrinsic motivation, which goes hand and hand with depression, is also an empirically validated consequence of self-objectification (Gapinski, Brownell, & LaFrance, 2003).
- Objectification fragments consciousness and negatively effects girls' development and success academically, cognitively, physically and emotionally (APA, 2010).



# A little experiment...

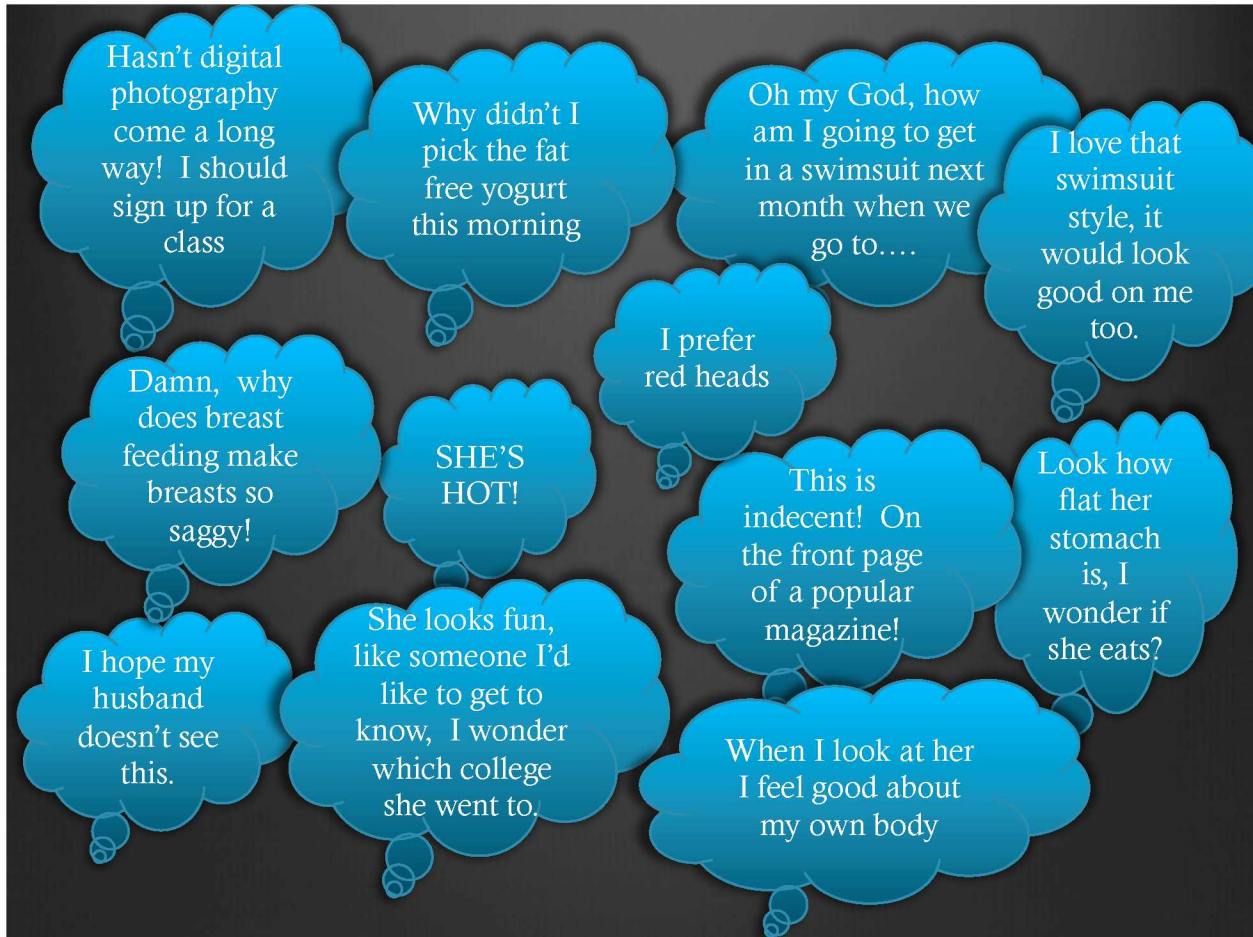
- Lets give ourselves a whole minute to look at this next slide and notice what kinds of thoughts we have.
- Feel free to jot down your impressions as they come; don't censor yourself and just observe your reaction.



### GROUP ACTIVITY

**Directions to the audience:** Everyone, look carefully at the image on this slide. Turn to someone seated next to you and share your responses. You will have 3 minutes for discussion. Please take note of you and your partner's impressions.

- Regroup participants before the next slide.



### GROUP ACTIVITY

- Lets look at some possible responses.
- By raise of hands how many people
- 1. Had negative thoughts and reactions toward self after seeing this magazine cover?
- 2. Felt uplifted and artistically inspired or felt better about themselves?

Turning to adolescent females and their responses, lets see what research says.

- Three significantly detrimental effects of objectification in adolescent girls: unipolar depression, sexual dysfunction, and eating disorders (Slatter & Tiggeman, 2002).
- Objectification fragments consciousness and negatively effects girls' development and success academically, cognitively, physically and emotionally (APA, 2010).

# Self Objectification

- Can be understood through the lens of objectification theory, turned inward onto one's self and existence.
- Is a challenging problem to overcome.
- Negatively affects gender equality and social justice efforts.
- Can occur when one is exposed to being objectified by another person or entity, one's community and/or larger culture including traditions, norms, and gender roles, self-objectification may occur.

Calagero et al., 2011 & Slater and Tiggemann, 2002

- Self-objectification, argues feminist theorists such as Calagero et al. (2011) and Slater and Tiggemann (2002), is pervasive and normative while its ill effects and negative consequences are being ignored or denied.
- They also posit self-objectification is a direct and inescapable consequence of a culture which normalizes objectification and discounts women's health and well-being at the expense of men's interests (Calagero et al., 2011).

# Self-Objectification

Self-objectification meets the requirements the United Nations uses to determine harmful cultural practices.

- Harms the health of women and girls
- Arises from material power differences between sexes
- Benefits men
- Creates stereotypes that thwart the opportunities of girls and women
- Is justified by tradition

UN, 2000

- When one is exposed to being objectified by another person or entity, one's community and/or larger culture including traditions, norms, and gender roles, self-objectification may occur.

## Self Objectification of One's Body is Maintained By:

1. Internalization of disruptive cognitions
2. Shameful and non-appreciative attitudes
3. Maladaptive behaviors
4. Lack of connection

Calogero, Tantleff-Dunn, & Thompson (2011)

- Girls internalize appearance related commentary and gender roles before cognitively able to contextualize this information (Calogero, Tantleff-Dunn, & Thompson, 2011).
- Examples from the slide would include: believing one's body is fat and unacceptable, feeling the body is a burden to fix, monitoring eating at an unhealthy level or chronic dieting and being unable to recognized all body sensations and messages.

# Sexual Objectification

- ⊗ Defines of objectification in any aspect relating to one's own or another's sexual self, identity, or behaviors.
- ⊗ Implies decorative and consumable status, and even momentary ownership by the observer and exceeds benignly signaling sexual interest.
- ⊗ Lies outside the individual's locus of control
- ⊗ Continues the cycle of gender inequality

Calogero et al., 2011, Fredrickson & Roberts, 1997

- The APA (2010) suggests when girls observe peer and societal approval and reward when sexualized behavior and appearance are present in others, they are more likely to self objectify and engage in self-sexualization.



From This...



<http://asianmusiccover.blogspot.com/2012/06/dsp-medias-new-girl-group-puretty.html>

- I am going to show two slides that draw a comparison between two groups of girls.



## To This



- As you can easily recognize, this one demonstrates sexual objectification.
- Body posture, clothing, and facial expressions all contribute aspects to the sexualized image.



The APA (2010) defines sexualization as one of four scenarios:

1. Sex appeal is the sole determinant of a person's value.
2. Sexual appeal is solely based on physical attractiveness, which is narrowly defined.
3. Someone is sexually objectified.
4. Sexuality is forced upon a person.

- The APA authored a report on the sexualization of girls. It can be found online and should be a wealthy reference for anyone, especially counselors and parents interested in media and social influences coloring girls' lives. This is the graphic on the cover of the report.

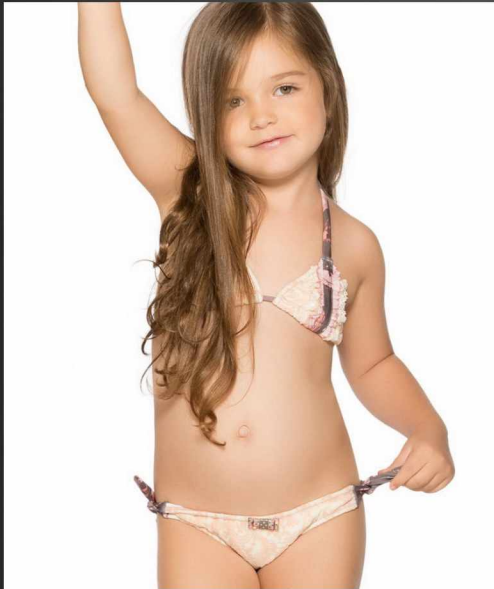
## Sexualized?



- Sexual objectification is normative in our culture; interpersonal relationships, social encounters and visual media being the most common examples (APA, 2010; Calogero et al., 2011).
- Objectification, self-objectification and sexualization are major players in female adolescent sexual identity development and health.

## Too Similar?

Sexualization of  
childhood

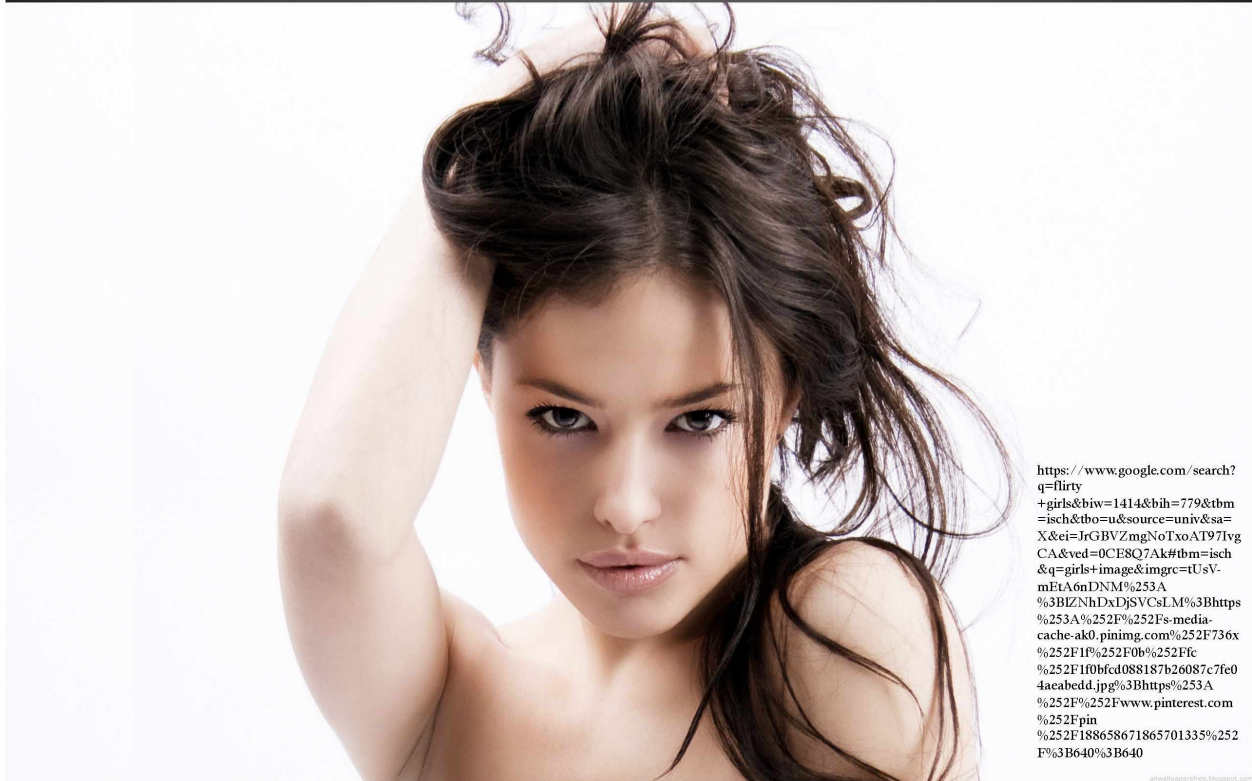


Objectified and  
sexualized



- Generally, sexual objectification is beyond female control and subversively maintains the patriarchal norm of women's subordinate status in relation to men. It can range from the violent, such as sexual crime and assault, to (perceived) innocuous gazing or *checking out* of a female figure (World Health Organization [WHO], 2005).

# The Right Look



- Having the right look and sexual appeal is sold to girls and women with the promise of popularity, male attention, sexual attractiveness, and empowerment. Adopting these social messages may also contribute to lower self esteem (APA, 2010; Calogero et al., 2011).

# Media

## Effects on Girls

- We have just covered a feminist framework and objectification theory which encompasses self objectification and sexual objectification. Now, we are going to segue into the effects of media on girls.



Pervasive social constructs influencing female sexual identity development include: objectification, sexualization of girls, traditional femininity ideology, sexism, privileged male interests, patriarchal norms, and the heterosexual script throughout culture and media expression

Bay-Cheng, 2012; Calogero, 2013; Gavey, 2012; Lamb 2010; Tolman, 2006; 2012; Tolman & Porche, 2000; Zurbriggen & Roberts, 2013.

- This sentiment is found repetitively throughout the literature and research.
- Media is especially targeted by these researchers as the vehicle for the mentioned constructs.

## Media Influence

Detrimental effects of objectifying media include increased: sexualized behavior toward women, sexist beliefs, acceptance of violence against females, acceptance of rape myths, interpersonal violence, adversarial relationships between men and women, and sexual harassment (APA, 2010).

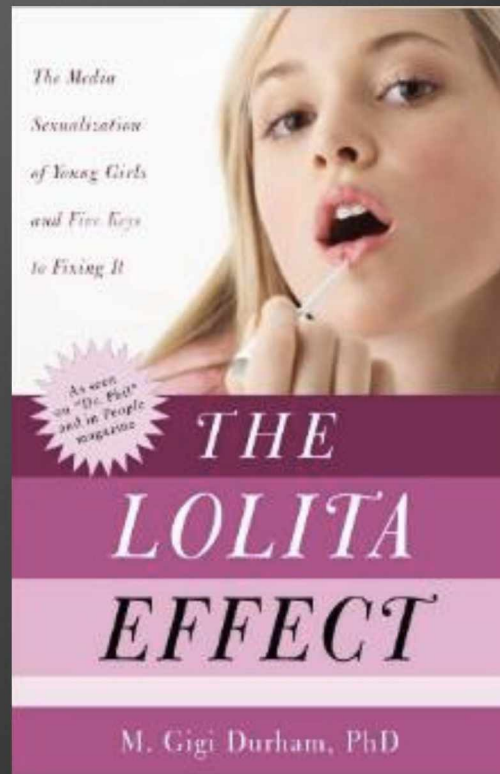
- ⊗ Magazines
- ⊗ Internet
- ⊗ Advertisements
- ⊗ Billboards
- ⊗ Music
- ⊗ Music videos
- ⊗ Movies
- ⊗ Social media
- ⊗ Radio

- Female sexuality is tethered to the gendered script virtually omnipresent in media (Calogero & Jost, 2011; Lamb, 2010; Peterson, Grippo, & Tantleff-Dunn, 2008; Tolman, 2012; Ward, 2003; Zurbriggen & Roberts, 2013).



## Five Media Myths

1. Girls don't choose boys, boys choose girls--but only sexy girls
2. There's only one kind of sexy--slender, curvy, white beauty
3. Girls should work to be that type of sexy
4. The younger a girl is, the sexier she is
5. Sexual violence can be hot



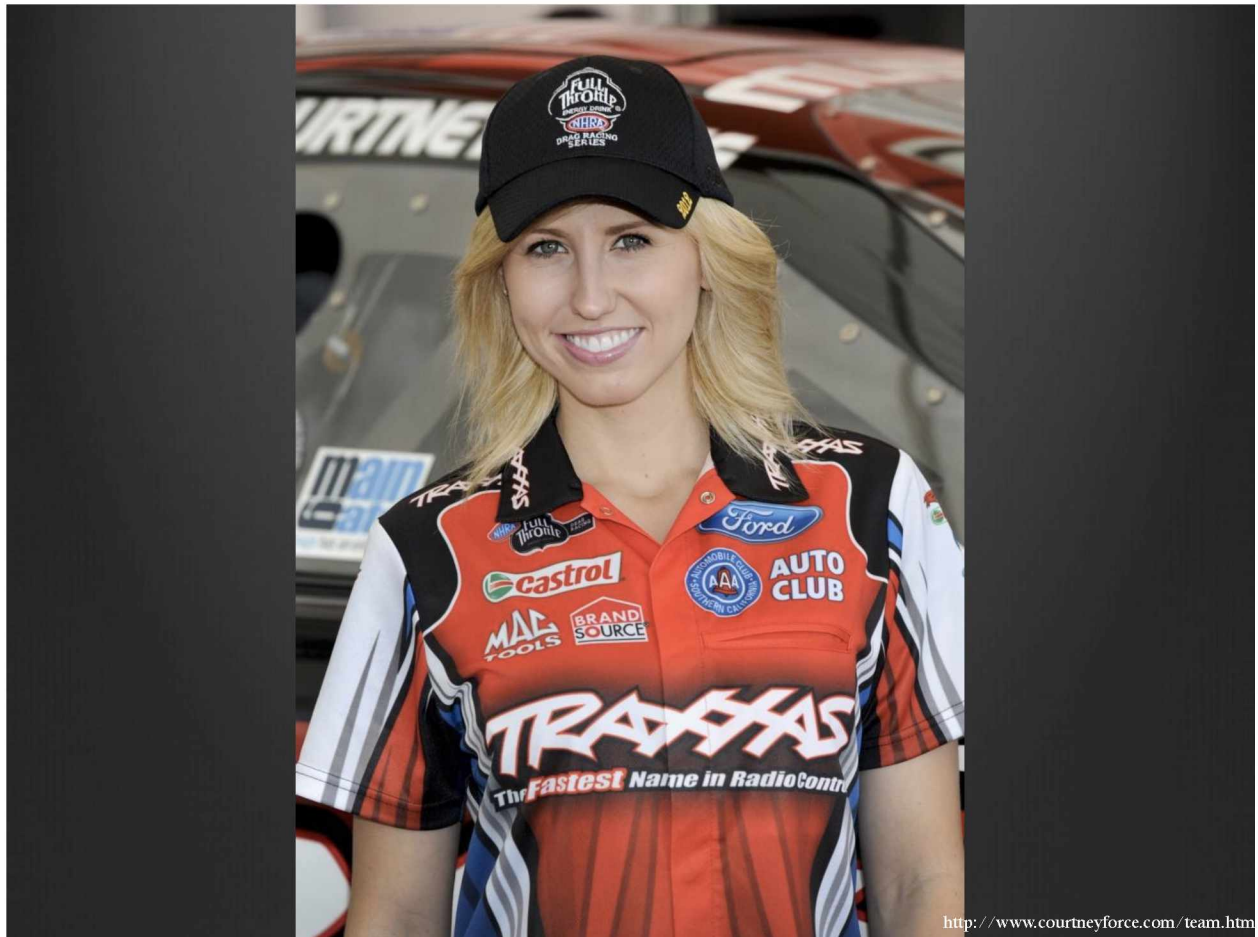
- One researcher's investigation led to a book on media influences
- Together, these five myths make up the Lolita Effect, the mass media trends that work to undermine girls' self-confidence, that condone female objectification, and that tacitly foster sex crimes.
- Identifying these myths and breaking them down can help girls learn to recognize progressive and healthy sexuality and protect themselves from degrading media ideas and sexual vulnerability

# Sexualized Athletes

<http://espn.go.com/espnw/video/9462305/swin-cash>



- Female sexuality is tethered to the gendered script virtually omnipresent in media (Calogero & Jost, 2011; Lamb, 2010; Peterson, Grippo, & Tantleff-Dunn, 2008; Tolman, 2012; Ward, 2003; Zurbriggen & Roberts, 2013).
- Athletes are not spared this media exploitation.
- These messages impact adolescent identity development (APA, 2010).
- Cultural standards of beauty and sexiness are heaped upon an arena historically focused on strength, ability and performance.



- Here is well know drag racer Courtney Force representing her sport and uniform.
- Compare this to the next picture from ESPN magazine.



- The APA reports when media, music videos and visual images are consumed at the individual level and the messages reinforce the greater culture of sexualization, adolescent girls are left at a great disadvantage (APA, 2010).

# Athletes posing

[Republicanfaithchat.wordpress.com](http://Republicanfaithchat.wordpress.com)



- This tongue in cheek photo published on a conservative website draws attention to scantily clad or tight clothing around a female derriere does not have to be sexualized or risqué.
- Compare this photo to another photo of athletes backsides



# Athletes posing



<http://www.examiner.com/slideshow/2014-nfl-cheerleader-bikini-calender-photo-shoot-sneak-peek>

- Having the right look and sexual appeal is sold to girls and women with the promise of popularity, male attention, sexual attractiveness, and empowerment. Adopting these social messages may also contribute to lower self esteem (APA, 2010; Calogero et al., 2011).
- Empirical evidence exists showing when exposed to ideals of sexual attractiveness in the media, girls and young women have increased body dissatisfaction (APA, 2010).
- Fredrickson, Roberts, Noll, Quinn, and Twenge (1998) show sexualization can engender disgust and revulsion for one's body and body functions including body fat.

## Television Characters



<http://pichost.me/1644245/>

- Images and advertisements are not the only sources of sexualized and objectified messages.
- Television show characters and scripts can communicate the same messages.
- Popular teen show, *Pretty Little Liars* actress Ashley Benson is photographed on this slide.
- Murnen and Smolak (2012) cite studies in which seven year old girls were observed to experience appearance dissatisfaction up to a year after exposure to appearance oriented television.

# Miley Cyrus Teen Idol and Pop Star



[http://www.huffingtonpost.com/2013/11/10/miley-cyrus-mtv-ema\\_n\\_4251562.html](http://www.huffingtonpost.com/2013/11/10/miley-cyrus-mtv-ema_n_4251562.html)

- Murnen, Smolak, Mills and Good (2003) studied first through fifth grade girls who were cognizant of sexualized female celebrities.
- The girls who were more aware of these images experienced poorer body image, and increased interest in looking similar; even believing it very important to mimic that image.
- Surely adolescent girls are also receiving similar messages to highly sexualized pop star images.



# Lee Jeans Lolita Campaign



- This very provocative ad features an 18 year old who is made to look younger. The APA (2010) voices concern over the sexualization of girls and childhood.
- Researchers are concerned that children and adolescents do not have the lived experience, filters, and cognitive schemas to process sexualized media in a healthy way (Ward, 1995, 2002, 2003)
- Murnen and Smolak (2012) report young children do not possess the cognitive sophistication to critically evaluate and digest sexual material in media, yet it has an influence and makes gender roles and sexist platforms seem natural and socially normative.

Media messages play a complex role in shaping adolescent females' beliefs and attitudes and propagates sexism throughout society.

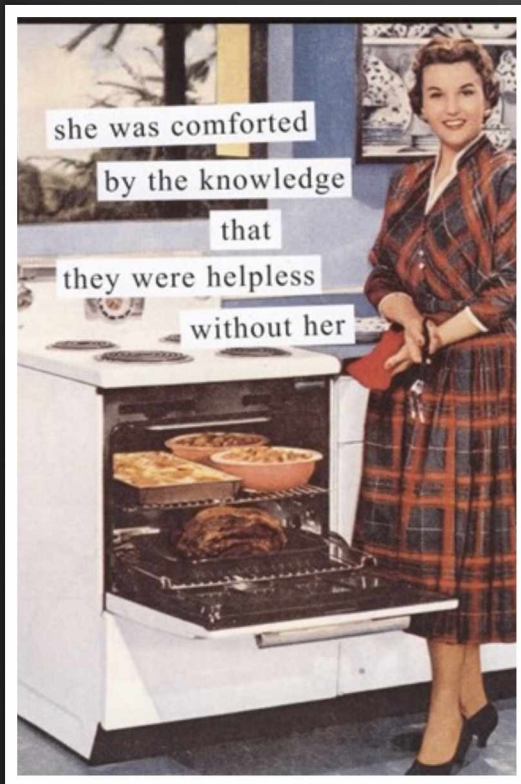
(Tolman, Kim, Schooler & Sorsoli, 2007; Vandebosch & Eggermont, 2012).

- In this section of today's presentation, we will move onto less obvious but no less powerful messages such as sexism and gendered ideologies.
- These are also communicated heavily through media as well as being an implicit part of sociocultural interactions.

**Benevolent Sexism:** is a subjectively positive orientation towards females, drawing attention to desirable and honored traits while at the same time implicitly defining a dependence or need for males, the privileged group.



[http://visualize.us/anne\\_why\\_id\\_be\\_delighted\\_put\\_my\\_needs\\_last\\_again\\_anne\\_taintor\\_picture\\_tcC.html](http://visualize.us/anne_why_id_be_delighted_put_my_needs_last_again_anne_taintor_picture_tcC.html)  
Calogero, 2013; Calogero and Jost, 2011; Lamb, 2010; Tolman & Porche, 2000



Calogero and Jost (2011) explain benevolent sexism serves as a rationale for the system-justifying function wherein females can feel positive about their position in relation to men and male privilege.

[http://vi.sualize.us/anne\\_why\\_id\\_be\\_delighted\\_put\\_my\\_needs\\_last\\_again\\_anne\\_taintor\\_picture\\_tcC.html](http://vi.sualize.us/anne_why_id_be_delighted_put_my_needs_last_again_anne_taintor_picture_tcC.html)



Benevolent sexism has been found to increase self objectification and body surveillance, decrease social justice, and reduce cognitive capacity by triggering interfering thoughts which mirror self doubt and rumination and self surveillance (Calogero & Jost, 2011).

[http://vi.sualize.us/anne\\_why\\_id\\_be\\_delighted\\_put\\_my\\_needs\\_last\\_again\\_anne\\_taintor\\_picture\\_tcCT.html](http://vi.sualize.us/anne_why_id_be_delighted_put_my_needs_last_again_anne_taintor_picture_tcCT.html)

- While these witty retro illustrations provide some comedy, contemporary media contains large amounts of gender stereotyping, sexist images and scenes and messages about cultural expectations.





Unseen, uncontested and unexamined benevolent sexism may be detrimental to adolescent girls' sexual identity development and gender role identities (Calogero & Jost, 2011; Goh & Hall, 2015; Lamb, 2010; Tolman & Porche, 2000).

[http://vi.sualize.us/anne\\_why\\_id\\_be\\_delighted\\_put\\_my\\_needs\\_last\\_again\\_anne\\_taintor\\_picture\\_tcC.html](http://vi.sualize.us/anne_why_id_be_delighted_put_my_needs_last_again_anne_taintor_picture_tcC.html)

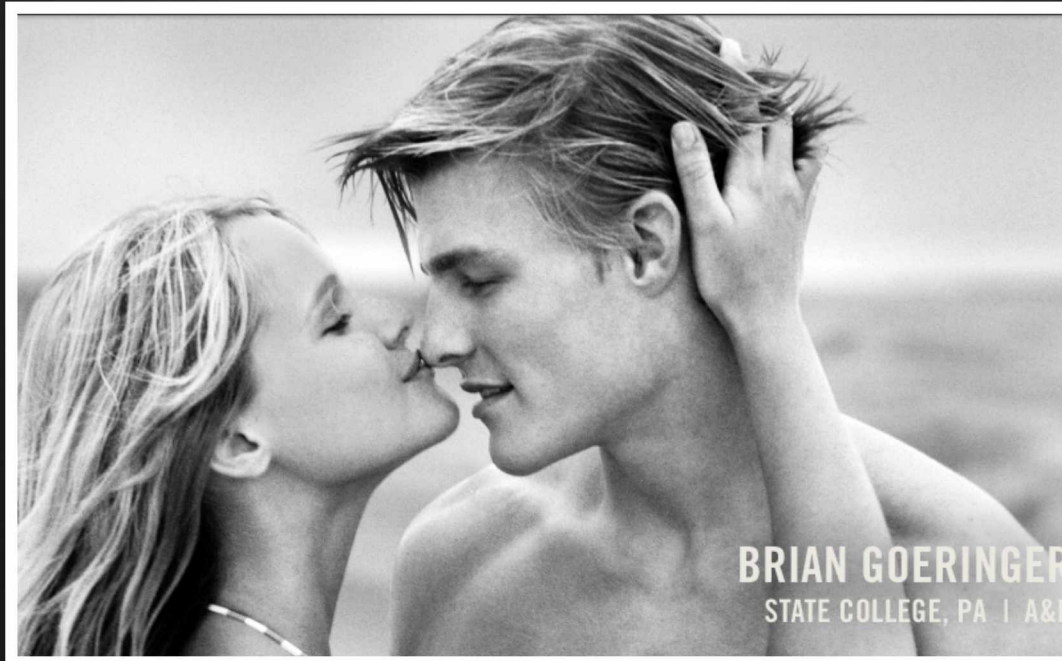


- Adolescent girls are disadvantaged without comprehensive sex education, access to healthcare and reproductive support, mentors and positive support groups, media literacy and an understanding of feminist principles guiding critical evaluation of sociocultural messages.

# Adolescent Female Sexual Identity Development and Cultural Messages

- Prevalent research reflects feminist studies and theory in which adolescent females learn to set the other above self in maintaining relationships, particularly sexual ones.
- This at great cost to self esteem and sense of identity, including sexual self subjectivity (Burns et al., 2011; Gilligan, 1984; Tolman 2002; Tolman, 2012).





A commodified image of young women as agentive and subjective, and female responsibility for male satiation visually and bodily, are prevalent and identifiable in research studies.

Tolman, 2002, 2006, 2012; Ward, 2002, 2003  
<http://www.abercrombie.com/webapp/wcs/stores/servlet/Casting?catalogId=10901&storeId=10051&langId=-1#>

- Tolman (2002, 2006, 2012) and Ward (2002, 2003) have each performed multiple research inquiries into the socially internalized construct in which girls feel they must look a certain way and have sex appeal according to male dictated standards. The internalized construct spoken of reflects a traditional femininity ideology that is often labeled an oppressive hegemonic ideology. It is powerfully communicated through media and also social norms. This ideology is implicitly observed and recognizable by even very young children (APA, 2010; Calogero et al., 2011).



- Further complicating the navigation of cultural messages is the role of gatekeeper that society casts for young women.
- Adolescent girls traditionally hold the position of *gate keepers*, responsible for consequences of sexual behavior and accountable to keep male sexual desire in check while adolescent boys are allowed, if not actually socio-culturally encouraged, toward sexual exploration and entitlement of sexual gratification (APA, 2010; Tolman, 2002; Welsh, Rostosky & Kawaguchi, 2000).
- This double standard is recognizable but generally irreparable for individual girls. Societal norms require shifts to encompass a healthier and supportive environment for sexual identity development.
- This clash of interests make adolescent sexual identity development a challenging hurdle, specifically as girls may be engaging in socially normative sexual exploration (Burns et al., 2011; Gilligan, 1984; Tolman 2002; Tolman, 2012).

## Beyond sexual challenges...



- Hegemonic ideologies further complicate female adolescent sexual identity development. These ideologies are presented sociocultural as the only acceptable option or the normal way to be, by social tradition.



## Oppressive Hegemonic Ideologies

1. Norms for regulating subordinate group members' relationship and appropriate conduct that support and enhance the power of the dominant group
2. An association of subordinate groups with a dehumanized and objectified physical body. Such ideologies can and often do jeopardize subordinate group members' self knowledge, efficacy and personal and relational power, putting them at a psychological and material disadvantage... rendering authenticity, real relationship, and access to one's own experience difficult or impossible.

(Tolman & Porche, 2000, p. 366)

- The referred to gender ideologies are pervasive and predominant, sustained by institutional power while operating at the individual level through internalization (Tolman & Porche, 2000).





In our culture it is a woman's body which is considered important while it is a man's mind or his activities which are valued. A woman is sexy. A man is successful.

meetville.com

Alleen Pace Nilsen

- Hegemonic Ideologies powerfully communicated through Media



- To restate that last definition, hegemonic ideologies affect adolescent girls by jeopardizing self knowledge, efficacy and personal and relational power, putting girls at a psychological and material disadvantage and rendering authenticity, real relationship, and access to one's own experience difficult or impossible.

## Feminine Ideology

- ⊗ Adolescent girls receive feminine ideology messages from many sources, which leads to internal behaviors such as controlling, surveying, monitoring and feeling bodily shame, which are very similar to the effects of objectification (Calogero & Jost, 2011, Calogero et al., 2011; Zurbriggen & Roberts, 2013).

- A feminist framework can assist effective therapy with adolescent girls including a deconstruction of socially promoted sexuality messages, gender roles and feminine ideology.

# Hegemonic or Romantic?

The three things  
a guy should want  
to change about  
his girl is her last  
name, address, and  
her viewpoint on men.

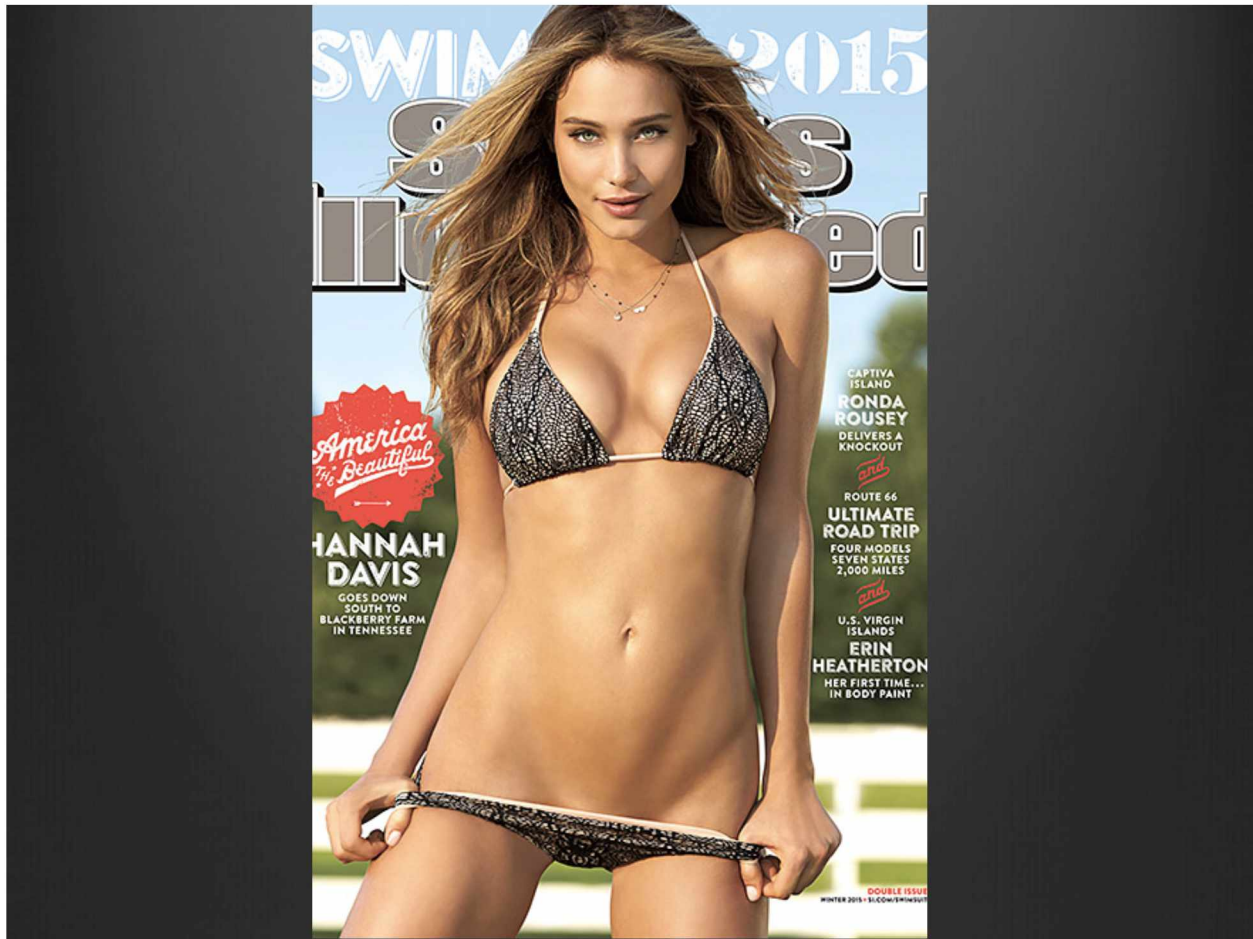
-Kid Cudi



<https://princessfionacrystalworld.wordpress.com/2013/02/01/love/rickquotescom-1248/#main>

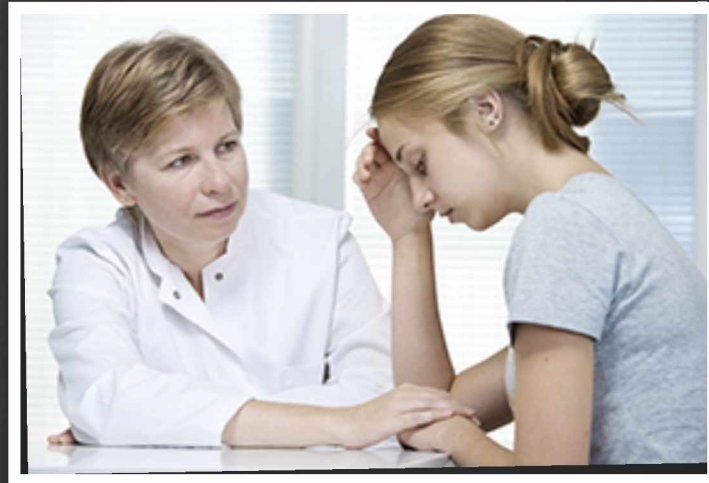
- Tolman and Porche (2000) include traditional gender roles, the heterosexual script and femininity ideology as players in objectification and self-objectification.
- They reject the notion that feminine ideology is in any way a neutral or natural belief system.
- Of further interest, females, as young as preschool-age, are able to observe the socially valued aspects of traditional femininity in greater society (Murnen & Smolak, 2012).





### ACTIVITY

- Lets revisit a previous slide featuring this years Sports Illustrated Cover.
- Remember what thoughts you had earlier when first viewing this image?
- Many girls can't contextualize and depersonalize underlying cultural messages, they just feel badly or negatively about themselves when intersecting with objectifying, sexualizing, sexist messages and hegemonic gender roles.
- Further damaging to girls' futures as adult women is the fact that women's social, economic, and legal outcomes are dependent to a much larger degree than men, on their physical appearance (Calogero, 2014; Calogero et al. 2010).



## Theoretical Orientation?

How can you incorporate your own style with some of the feminist principles presented today?

<http://www.thefix.com/content/why-you-probably-shouldn%E2%80%99t-become-drug-counselor>

### GROUP ACTIVITY

- After reviewing this last slide, take a moment to remember what your own reaction was earlier today and imagine you had your own client with a similar reaction.
- How might you approach this client through your own usual therapeutic framework?
- I'm going to give you three minutes to turn to a neighbor and share your initial thoughts.



How can you stretch therapeutically and insert one feminist principle from today's presentation into this same imagined client session?

<http://www.gettyimages.com/detail/video/sign-old-new-stock-footage/463373359>

- This time I'm going to give you four minutes to work with the same neighbor and see if you can generate a couple of ideas together, ones that you could actually use back in your own office.
- I'll put the feminist therapy goals slide back up on the screen to reference if you get stuck.

# Feminist Goals in Therapy

- ⊗ efforts to illustrate and overcome marginalization of females (or person) by cultural norms
- ⊗ Awareness of personal gender-role socialization process
- ⊗ Evaluate impact of social factors on personal life
- ⊗ Understanding of sexism
- ⊗ Conceptualize effects of oppressive societal beliefs and practices and recognize existence in own life
- ⊗ Develop a sense of personal and social power
- ⊗ Seek social change and actively work for that goal
- ⊗ **Personal is political**
- ⊗ **Commitment to social change**
- ⊗ **Female ways of knowing valued and experiences honored**
- ⊗ **Counseling relationship is egalitarian**
- ⊗ **Focus on strengths**
- ⊗ **Reformulated definition of psychological distress**
- ⊗ **All types of oppression are recognized**

Brown, 2009; Corey, 2013; Worell and Remer, 2003

## **AFTER 4 minutes:**

- I hope you have gotten the cogs spinning and can take some of these ideas back home to germinate and develop into further helpful feminist therapy tools with clients.

So What Do We Know  
And What Do We Do  
Now?

Pervasive social constructs influencing female sexual identity development include: objectification, sexualization of girls, traditional femininity ideology, sexism, privileged male interests, patriarchal norms, and the heterosexual script throughout culture and media expression

Bay-Cheng, 2012; Calogero, 2013; Gavey, 2012; Lamb 2010; Tolman, 2006; 2012; Tolman & Porche, 2000; Zurbriggen & Roberts, 2013.

- Lets revisit a previous quote. **NOW READ SLIDE**
- With all these challenging constructs, how do we affect a change with adolescent clients and support a healthier sexual identity development?

## Research Findings

- Girls' lived experience of sexual self profoundly informed by gender and femininity ideologies
- Sexual behaviors were multiple layered and very dependent upon many contexts
- Gendered aspects of relationships with family, peers and other adults, affected ability to make decisions based on own needs and make meaning of their experiences
- The greater socio-cultural, political and material environment of girls' lives interfered and shaped experiences of sexuality

Calogero, Tantleff-Dunn, & Thompson, 2011; Zurbriggen & Roberts, 2013; Tolman, Striepe, & Harmon, 2003

- These four research points inform an understanding of the greater contextual framework of sexual identity development.
- A feminist framework can assist effective therapy with adolescent girls including a deconstruction of socially promoted sexuality messages, gender roles and feminine ideology.

# What are Adolescent Girls Formally Taught?

- We are going to switch gears a bit and focus more on specific and overt influences on girls' sexual identity development, such as public education and a model of adolescent sexual health.





### Abstinence Only?

Fine & McClelland, 2006; Tolman 2006; Tolman & McClelland, 2011

- Sex education in public schools is frequently presented from a harm-based framework or abstinence platform and in many cases complements the propagation of patriarchal cultural norms.
- Generally in public schools, adolescent girls are not provided research-based education such as the National Education Standards: Core Content and Skills (Future of Sex Education Initiative, 2012).
- Concepts examining self-subjectivity in relation to personal sexuality or a curriculum based on sexual rights as identified by the World Health Organization (2006) are also lacking.
- Even more progressive curriculums are at the very least, missing discourses of desire (Tolman, 2002, 2006), subjectivity, media education, critical analysis of gender roles and cultural norms and examination of the gamut of sexual expression and identity (Fine & McClelland, 2006; Tolman & McClelland, 2011).



## Deborah Tolman

- A well known developmental psychologist, adolescent sexuality researcher and expert
- Authored *Dilema's of Desire: Teenage Girls Talk About Sexuality*
- Created with others, a model of sexual health based on findings from feminist narrative research on girls sexuality

<https://deborahtolman.wordpress.com/>

- Lets turn to an ecological systems model of sexual identity and health developed by Tolman (2002) and associates.

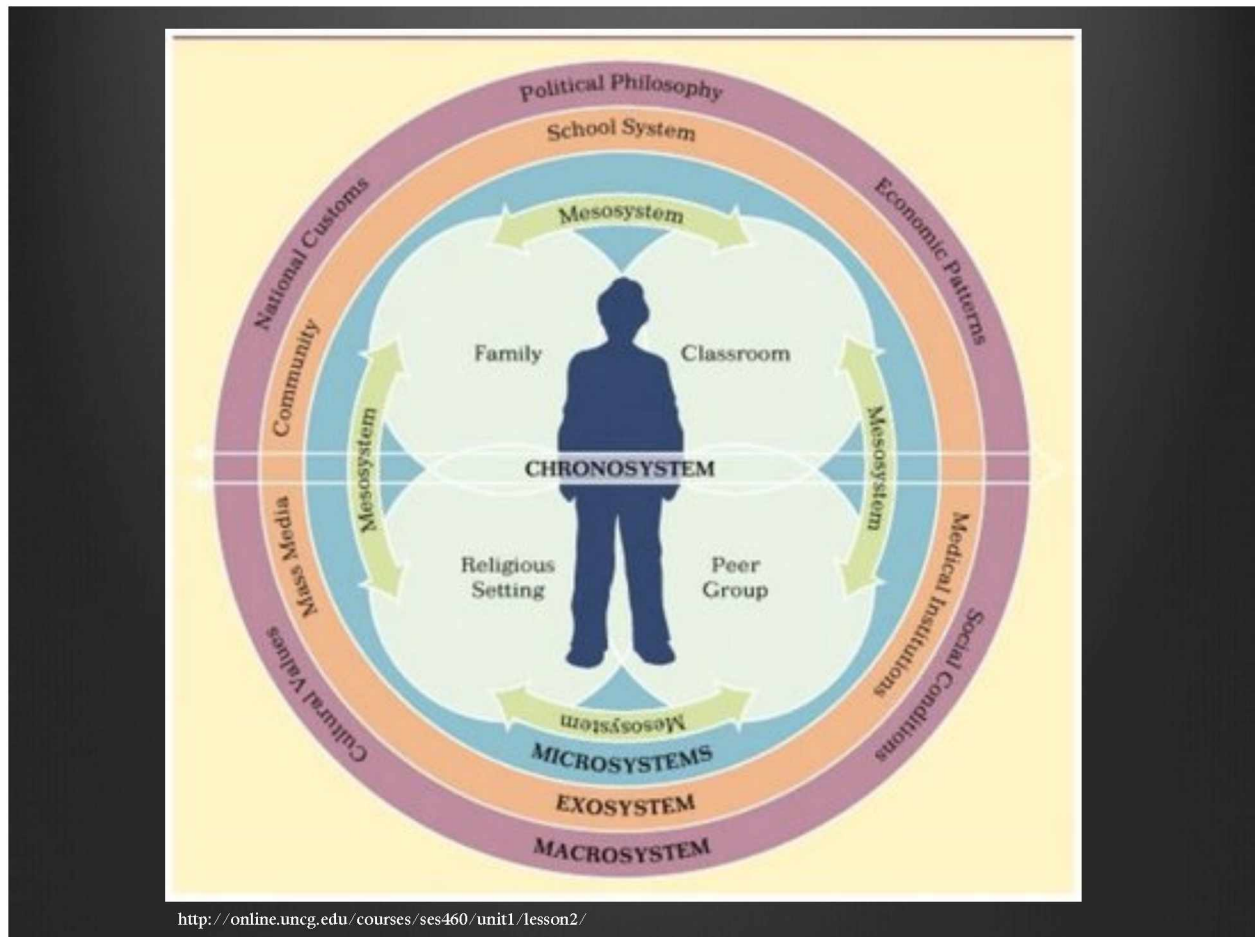
NOW READ SLIDE



## Uri Bronfenbrenner

Ecological Systems Theory of  
Development

- Uri Bronfenbrenner is a widely known figure and author of Bronfenbrenner's Model of Development (1977).

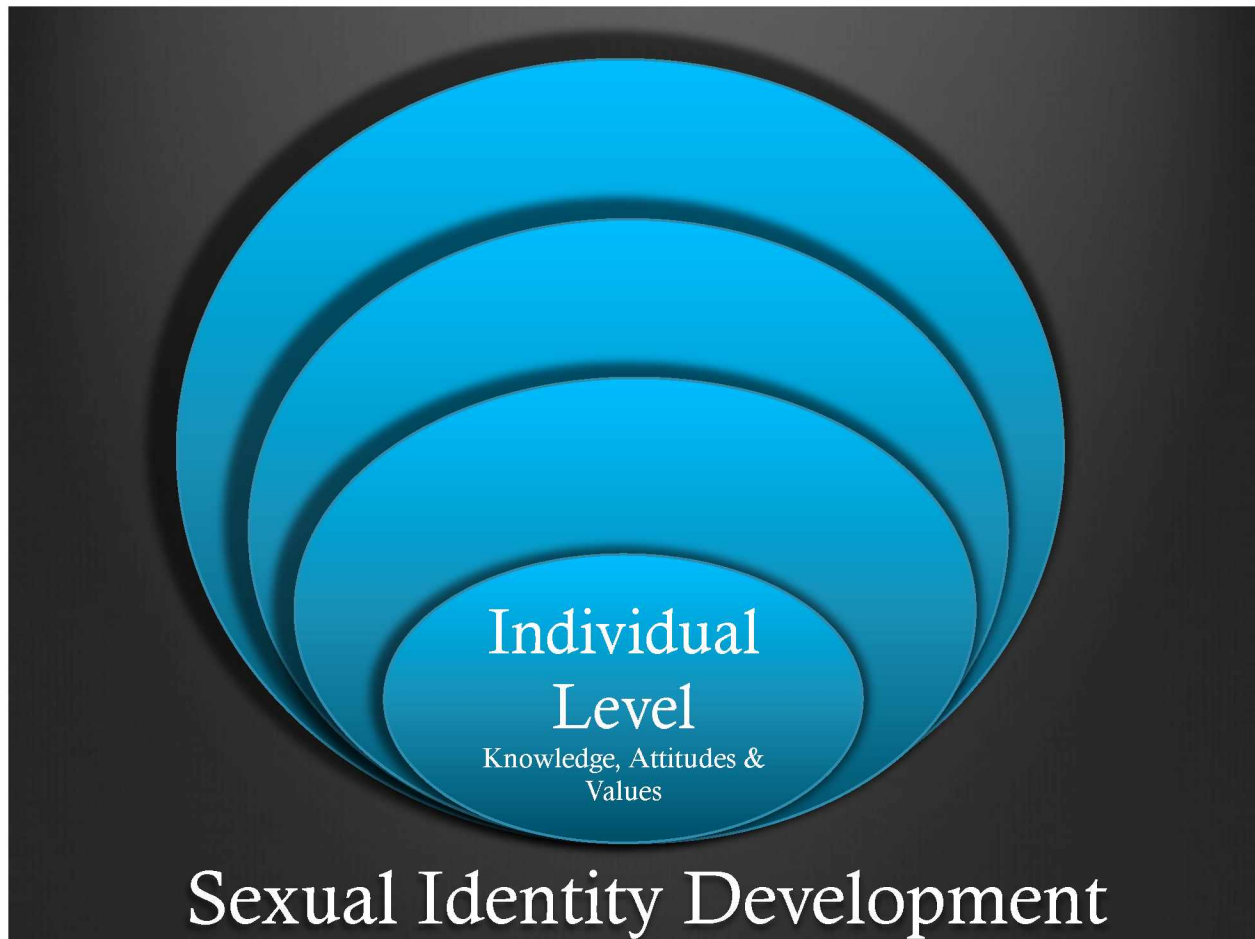


- **Explain** the model starting in the middle at the Individual level.
- The Mesosystem represents the relationship of intersections within the Microsystem and the effect upon the individual.
- The MicroSystem includes the relationships and influences of one's family, peer group, educational setting and other values based involvement such as a religious setting.
- The Exosystem is the way greater aspect of community intersect with the individual and Microsystem. These aspects include available healthcare, educational systems, media and the local community.
- The MacroSystem includes the greater cultural and societal influences such as economics, customs, values and social conditions.
- The Chronosystem is the combination of all the other systems changing through the passage of linear time.



- Initially constructed based on feminist narrative research on girls' sexuality.
- This model was originally intended for educators, counselors, service providers and others working with young women and Tolman and associates intended it to guide future innovative research.
- This model seeks contextual understanding from variables such as: psycho-social biological and cognitive development, temperament, sexual orientation, physical characteristics, values, self esteem, religion and spirituality, moral beliefs, ethnicity, peer, family and community environment, media and sociopolitical structures.
- Attempts to define sexual identity development will fall short when the connection between these variables and subjective experience and meaning are ignored (Jones et al., 2011; Tolman et al., 2003a; Welsh et al., 2000).





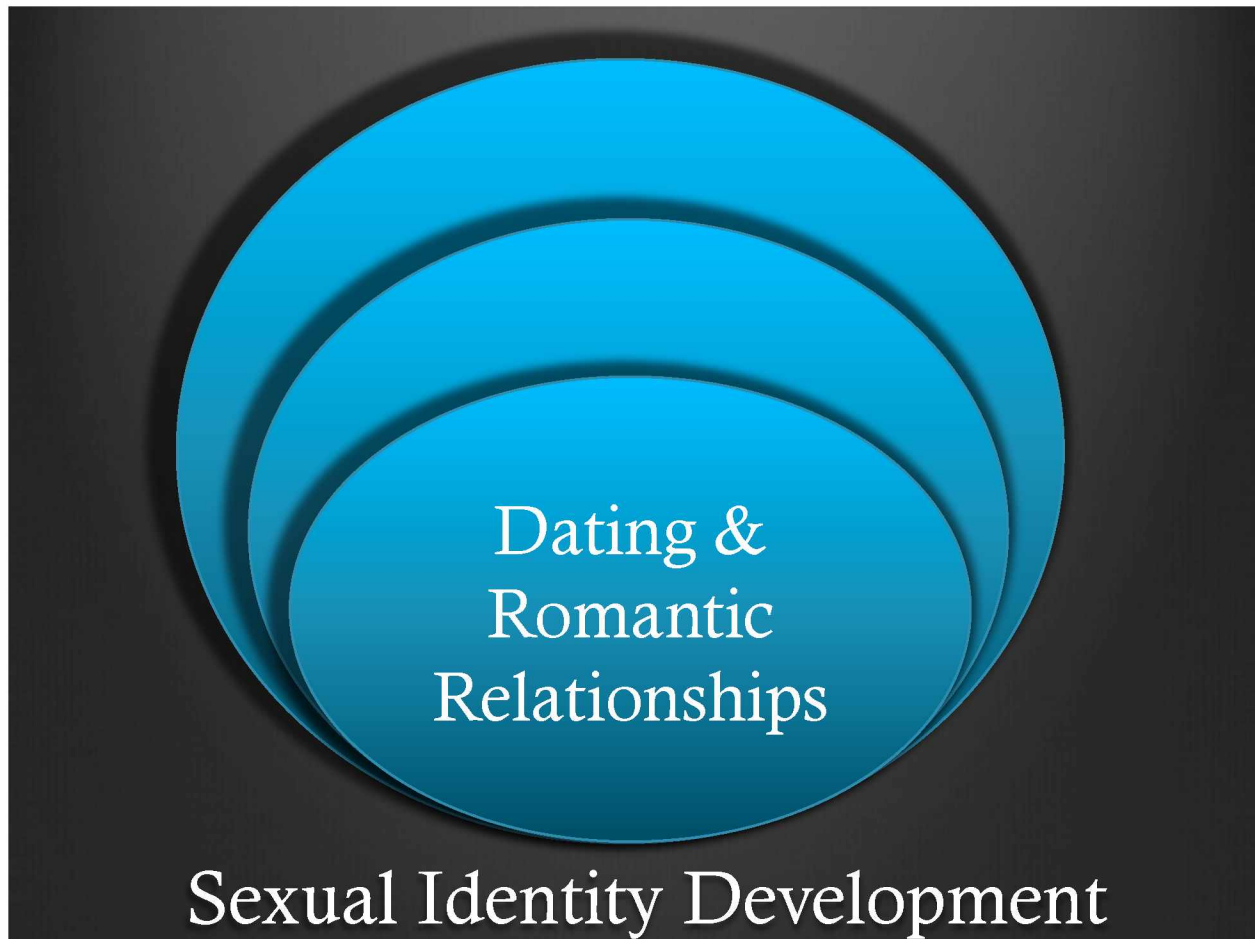
- Tolman (2002) and associates flesh out a variety of characteristics, abilities and supports which intersect at the site of individual girl's lived experience.
- Specifically included at each level are aspects of knowledge, attitudes and values.

## Individual Level

- Feel own sexual feelings
- Comfort with own sexuality
- Entitled to explore sexuality
- Knowledge about reproductive health and sexual activity
- Differentiate sexual desire and behavior
- Entitled to pleasure and sexual experiences, including self pleasure, without guilt
- Positive attitude and sense of responsibility about protection from pregnancy and STD's
- Aware of and respect for one's own values about sexuality and relationships

Tolman, Striepe & Harmon, 2003

- Tolman, Impett, Tracy, and Michael (2006) and Impett and colleagues (2006) performed research that found body objectification and internalization of femininity ideology in adolescent girls were associated with weakened feelings of sexual self empowerment and efficacy.
- Impett and colleagues (2006) discuss adolescent girls' sexual development and link self objectification to diminished sexual health such as low incidence of condom use and diminished assertiveness, and expressing negative attitudes towards functional aspects of their bodies including reproductive functions.



- At this second concentric circle, abilities to be proactive for self in relationship and health relational characteristics are named.
- All of these influence and intersect with all the other levels; as in Bronfenbrenner's model.



# Dating and Romantic Relationships

- Prevent unwanted conception & STD's
- Feel entitled and able to make active choices in consensual romantic and sexual relationships
- Identify limits of female control and responsibility in situations that involve sexual violence
- Express love, affection, intimacy and sexual desire in harmony with ones own values
- Develop a critical perspective on romantic conventions regulating heterosexual relationships
- Feel entitled and free to choose a partner of any race, class, gender, ableness or sexual orientation
- Feel entitled and communicate with partner about sexuality
- Feel entitled to own needs and feelings while balanced by respect for needs and feelings of partner

Tolman, Striepe & Harmon, 2003

- Notice the last bullet point references work Carol Gilligan started over 40 years ago and subsequent relational theories.
- Supporting our female clients to have this ability to know and maintain one's own needs and feelings in relationship counters the self silencing and disconnection to self identified by Gilligan and other researchers.



- At this third level of the concentric circles, close social supports systems and people intimately involved in one's life are identified and the individual's healthy relational abilities, values and attitudes are named.

# Social Relationships

- Make own choices about sexuality and relationships
- Identify and leave abusive relationships
- Get information about sexuality, contraception and protection
- Develop and express critical perspectives on traditional beliefs about girls' sexuality
- Evaluate quality of relationships
- Work through confusion and questions about sexuality and relationships
- Understand ones' own perspective on the values of ones' culture regarding sexuality and relationships
- Make safe choices about sexuality and relationships
- Share information and getting advice about relationships

Tolman, Striepe & Harmon, 2003

- Notice the tone implying the existence of an individual's healthy self-subjectivity and sexual-subjectivity.

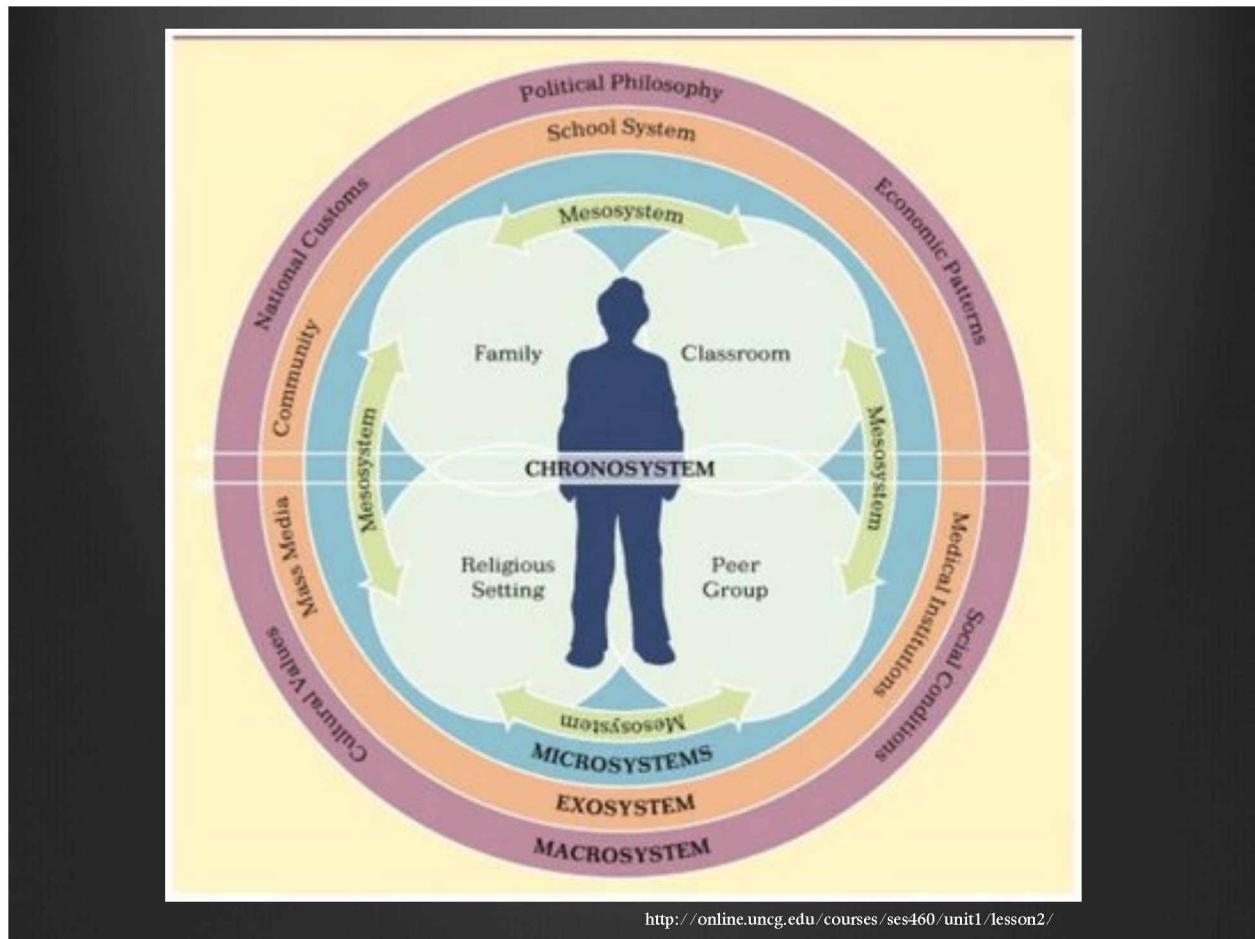
## Sociocultural & Sociopolitical Access to:

- Images of girls' sexuality as normal and acceptable for all girls
- Institutional support in making personal choices about sexuality and romantic relationships
- Information about sexual expression besides sexual intercourse
- Violence free home and relationships
- Reproductive healthcare
- Comprehensive sex education
- Information and material to sustain sexual health

- Note these scenarios are not a current reality for any adolescent girl and would require greater cultural shifts to become universally realistic.
- This type of movement speaks to the heart of feminism and political activism and would involve all parties invested in the health of adolescent girls and sexual identity development.



- Tolman, Striepe and Harmon maintain gender matters a great deal when conceptualizing adolescent female sexual identity and health.
- They explain this model is distinctive in that specific social constructions of female adolescent sexuality are integrated challenging patriarchal ideologies, beliefs and practices which have regulate and policed girls sexuality.



- Likening Tolman (2002) and colleagues model back to Bronfenbrenner (1977) we can revisit a visual image detailing the interrelatedness of all levels and systems.
- Notice the Chronosystem which intersects in a linear fashion with the very complex, inferred 3-D construct with the individual at the center.
- Tolman's (2002) model of sexuality can be referred to while assisting our adolescent clients.
- We can help clients to contextualize a myriad of sociocultural influences that they may not recognize in their lives.
- In so doing, we take the first step in feminist therapy to assist recognition of power dynamics and choices that do exist.



As long as adolescent girls are dependent upon a society that objectifies and rewards based upon appearance and sexiness, this empowerment and subjectivity remain an unattainable goal (Calogero, 2014).

- Authentic empowerment promoted by feminist psychology and the accompanying sexual subjectivity necessary for healthy sexual identity are not readily available due to sociocultural and political bias and influences.





Environments such as family, peers, communities and social structures must evolve to support rich developmental processes enabling a container for healthy adolescent female sexual identity development.



# Suggestions for Counselors

working with adolescent females

- The following suggestions were found in the literature noted in the references section.
- Counselors can network with other feminist minded professionals and pursue more specificities depending upon the particular client.
- In many ways the counseling and healthcare field are in an infancy stage in understanding and addressing the issues presented today.
- Staying current on the literature and being fluent in feminist principles, even if that is not your therapy framework, will assist individuals practice as more knowledge becomes available and social change continues.

As counselors and mental health professionals, we can continue to pursue education and awareness raising of feminist issues, such as objectification, sexualization, socio-political norms, functions of contemporary patriarchy, sexism and gendered power constructs to therefore more holistically assist adolescent girls navigating sexual identity development.

## Strengths based approach with participation in:

- Sports and athleticism which emphasize bodily strength and functions versus appearance
- Yoga
- Socio-political Critical Analysis Skills
- Programs that focus on individual's values possessed in attributes other than appearance
- Programs that encourage math and science skills
- ⊗ E-zine blogs and other social media communities
- ⊗ Mindfulness
- ⊗ Emotional Regulation
- ⊗ Group based social support or cognitive dissonance interventions groups
- ⊗ Social activism against objectification
- ⊗ Media Literacy

Calogero, Tantleff-Dunn and Thompson (2011)  
Zurbriggen and Roberts (2013)

- Researchers recommend after historical over emphasis on deficits and problems and dangers girls encounter during sexual identity development that a strengths-based platform for any intervention is the most effective and supportive.

# Suggestions

- ⊗ Promote a contextualization schema of sexual objectification
- ⊗ Participate in media literacy education
- ⊗ Understand how to confront and regulate exposure to sexually objectifying media
- ⊗ Build awareness of weightism or sizeism
- ⊗ Develop assertiveness skills
- ⊗ Create scripts for various social encounters, ex. sexual harassment, focus on body image or weight loss etc.
- ⊗ Find triggers for self objectification

American Psychological Association (2010)  
Calogero, Tantleff-Dunn, & Thompson (2011)  
Zurbriggen & Roberts (2013)

## Suggestions Continued

- ⊗ Exercise to honor the body
- ⊗ Seek out embodying experiences to counter disembodiment
- ⊗ Emphasize internal qualities
- ⊗ Participate in comprehensive sexuality education
- ⊗ Employ sensate enhancement interventions
- ⊗ Build body respect
- ⊗ Involve parents and families in evocative conversations and co-viewing media
- ⊗ Discover and refine intuitive eating

## Suggestions Continued

- ⊗ Avoid body comparison
- ⊗ Learn to recognize and employ efforts to reduce *fat talk* and diet talk
- ⊗ Cultivate *Tend and Befriend* response for stress relief; develop strong social supports
- ⊗ Analyzing environmental and ecological objectifying circumstances
- ⊗ Replace maladaptive thoughts
- ⊗ Develop or strengthen spiritual, religious and/or meditative practices

Proposed Law in Europe  
“Photograph retouched to modify the  
physical appearance of a person.”



<https://plus.google.com/+CoriBakeroutoftherabbitHole33/posts>

- **EXPLAIN** there has been a movement to support a law which requires all media with retouched images to have a disclaimer
- **INTRODUCE** example activity to examine objectifying and modified advertising messages and the accompanying negative personal reactions

## Sample Activity

- ⊗ Explore why this disclaimer may be proposed as a law?
- ⊗ Watch <https://www.youtube.com/watch?v=17j5QzF3kqE>
- ⊗ Discuss reactions to the Photo Shopped model, especially the before and after images
- ⊗ Generate ideas for advertisers motivations for Photoshopping models
- ⊗ Brainstorm/Freewrite an extensive list of possible responses an individual can decide to choose
- ⊗ Develop a personal motto to repeat when encountering media images which are activating
- ⊗ Homework- Research Ms. Magazine blog or other pro real bodies websites or groups

<http://msmagazine.com/blog/2011/07/05/warning-models-in-this-image-may-not-be-as-thin-as-they-appear/>

### **Example:**

- This is an activity one could use with a group or an individual during a session. There are elements of psychotherapy but also feminist analysis, meaning making and initial steps to connect with a larger community for activism and empowering social involvement.



## Social Change

Research has shown reduced body dissatisfaction and a buffering of sexual objectification on disordered eating when females engage in social activism against objectification.

<http://jeannevb.com/>



- This quote can be utilized in therapy as an example of a feminist theoretical tool leading to a positive outcome for clients.
- In addition, another way to discuss the concept in the quote is to explain there is research showing objects don't object that details the effect of objectification on females who desist social activism when experiencing objectification and self-objectification.

Feminist movements of the past have shown sociopolitical and cultural change can be accomplished by informing, educating, raising awareness, guiding, opposing and challenging. Let us transform education and awareness into social change for adolescent girls and the universal human need for healthy sexual identity development.



- We CAN help our clients and society shift perspectives.
- Many of the following listed resources are sites or organizations already engaging in these efforts, which set an example to follow or pose an invitation for persons to become involved with their activities.

# What We Have Covered Today

A Feminist Framework

Objectification, Self-Objectification & Sexualization

Media Messages: Benevolent Sexism and  
Hegemonic Ideologies including Feminine Ideology

Sexual Health Model for Adolescent Females

Recommendations for adolescent female clients

Resources

References

- Thank you for your attendance and participation today.
- We have a brief question and answer period until lunchtime.
- If you have a question please raise your hand and speak loudly.
- I'll repeat your question for the audience if necessary.

# Resources

- ⊗ Girl's Empowerment Network
- ⊗ GENaustin
- ⊗ GirlSports – Girl Scouts of America
- ⊗ SPARK [www.sparksummit.com](http://www.sparksummit.com)
- ⊗ Fat Talk Free Week in October
- ⊗ The Men's Program
- ⊗ TeenVoices
- ⊗ New Moon Magazine
- ⊗ Independent Films:  
Dreamworlds, Killing Us Softly,  
The Strength to Resist, Desire,  
Four Girls
- ⊗ Full of Ourselves Wellness Program
- ⊗ *Back off: How to Confront and Stop Sexual Harassment*
- ⊗ GO GIRLS! Prevention Program
- ⊗ Sorority Body Image Program
- ⊗ Media Watch
- ⊗ *Ms. Magazine*
- ⊗ Campaign for a Commercial-Free Childhood
- ⊗ BodyTalk Workshops
- ⊗ Girlsforchange
- ⊗ GirlZone

# Websites

- ⊗ [medialiteracy.com](http://medialiteracy.com)
- ⊗ [newmoon.com](http://newmoon.com)
- ⊗ [parentfurther.com/technology-media](http://parentfurther.com/technology-media)
- ⊗ [seejane.org](http://seejane.org)
- ⊗ [teenvoices.com](http://teenvoices.com)
- ⊗ [thirdwavefoundation.org](http://thirdwavefoundation.org)
- ⊗ DoveSelf Esteem Program
- ⊗ Worldscanwork.com
- ⊗ [about-face.org](http://about-face.org)
- ⊗ [act-aet.tv/index\\_en.html](http://act-aet.tv/index_en.html)
- ⊗ [advocates for youth.org](http://advocatesfor-youth.org)
- ⊗ [www.commercialexploitation.org/](http://www.commercialexploitation.org/)
- ⊗ [campaignforrealbeauty.com](http://campaignforrealbeauty.com)
- ⊗ [thedadman.com](http://thedadman.com)
- ⊗ Girlsinc.org
- ⊗ Wwwwmedianadowmen.org
- ⊗ Hardygirlhealthwomen.org
- ⊗ Media.awareness.ca
- ⊗ <http://catherinesteineradair.com/books/full-of-ourselves/>
- ⊗ Iamthatgirl.com
- ⊗ [frankwbaker.com](http://frankwbaker.com)
- ⊗ [beaconstreetgirls.com](http://beaconstreetgirls.com)
- ⊗ Dadsanddaughters.com
- ⊗ Bamboo Girl bamboogirl.com
- ⊗ [www.thoughtworm.com](http://www.thoughtworm.com)
- ⊗ [medialit.org](http://medialit.org)

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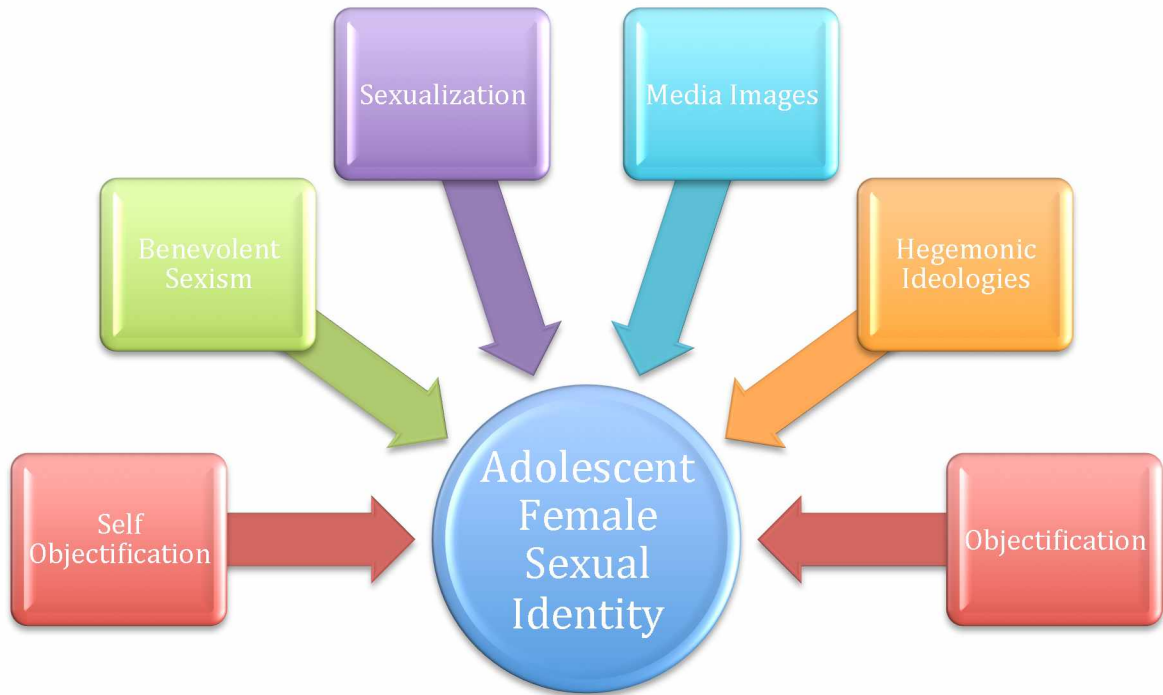


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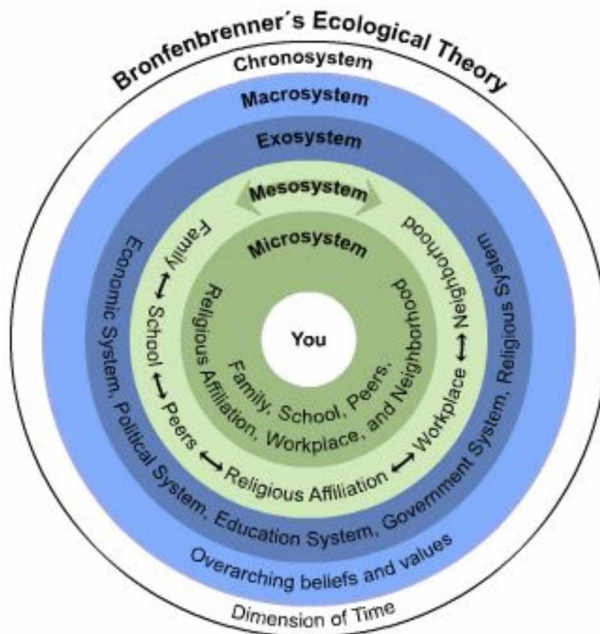
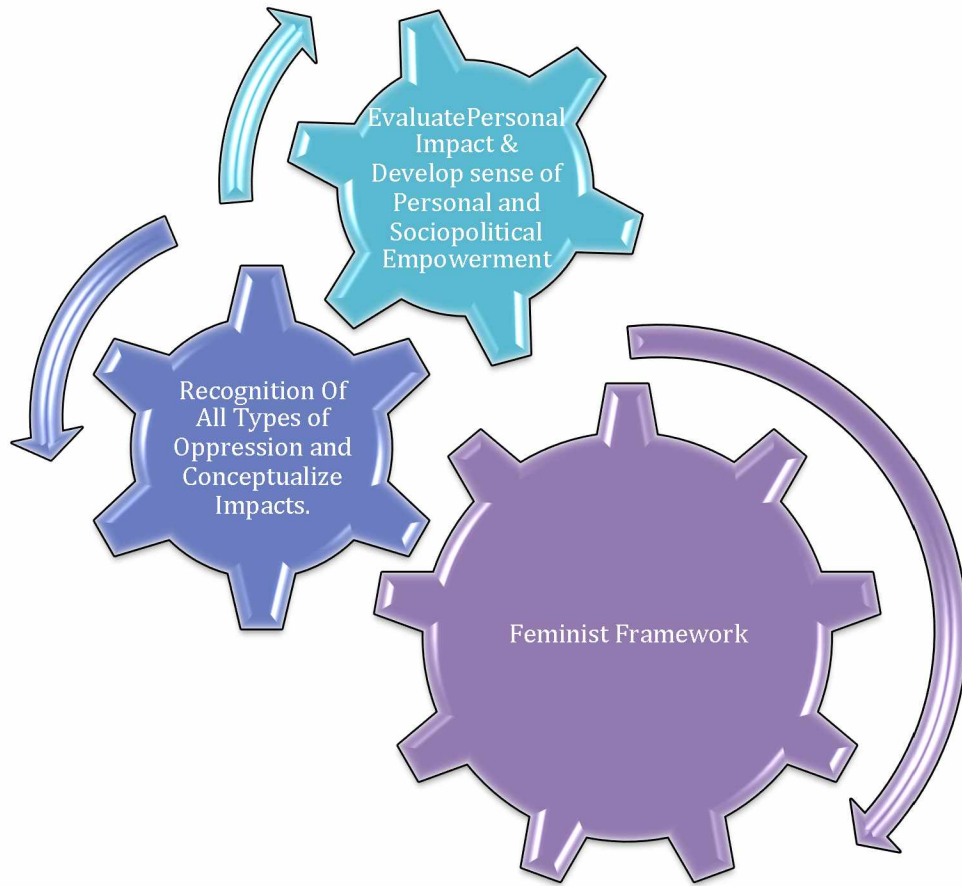
## *Objectification: Causes, Consequences and Counselors* By Noelle Blanc



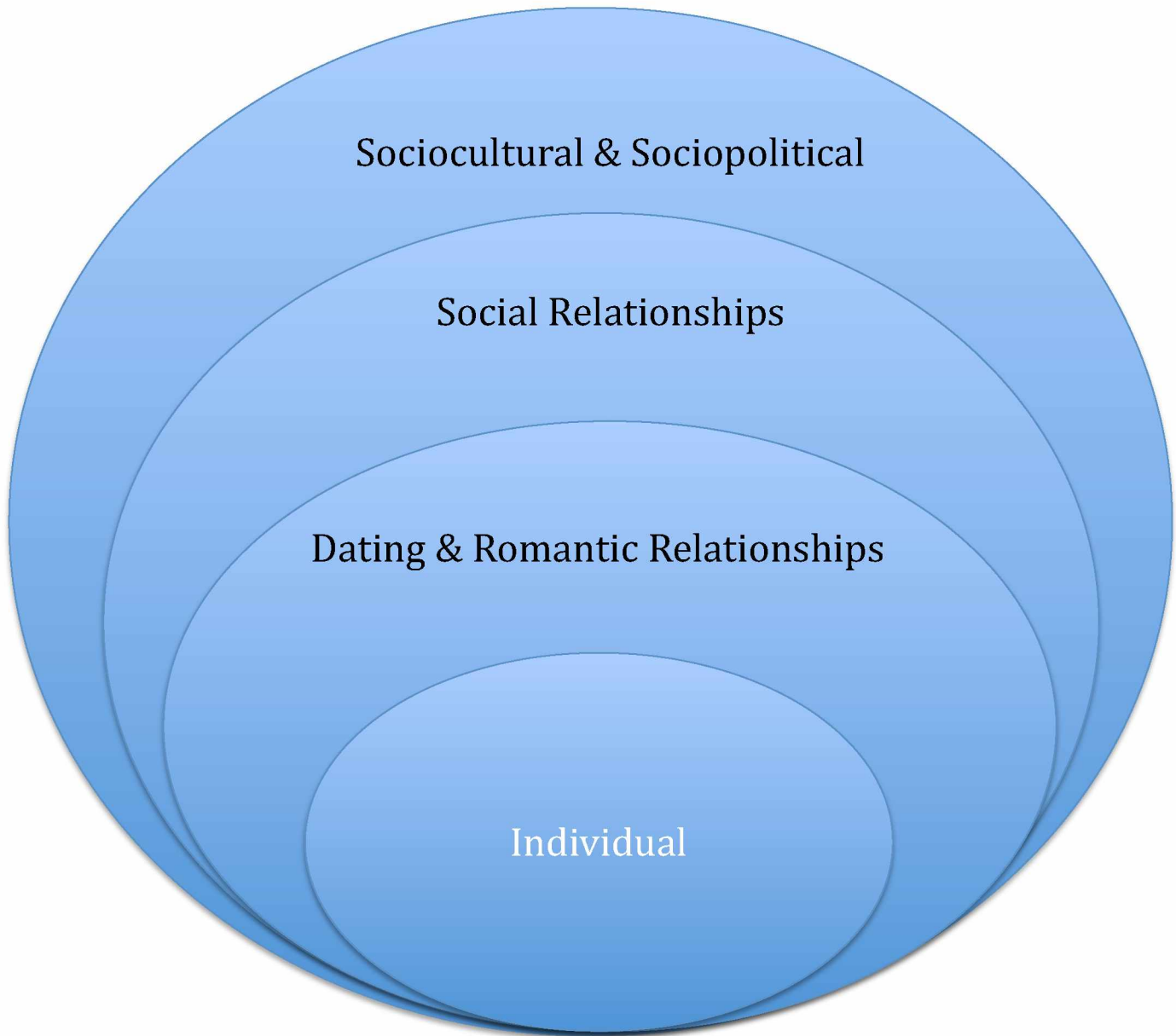
### The Effects of Objectification on Adolescent Girls



# Feminist Therapy



Bronfenbrenner, 1977



# Adolescent Sexuality

# Resources

[about-face.org](http://about-face.org)

[act-aet.tv/index\\_en.html](http://act-aet.tv/index_en.html)

[advocates for youth.org](http://advocatesforyouth.org)

[beaconstreetgirls.com](http://beaconstreetgirls.com)

[medialit.org](http://medialit.org)

[thedadman.com](http://thedadman.com)

Girlsinc.org

Wwwmedianadowmen.org

Hardygirlhealthwomen.org

Media.awareness.ca

<http://catherinesteineradair.com/books/full-of-ourselves/>

Iamthatgirl.com

[frankwbaker.com](http://frankwbaker.com)

[medialiteracy.com](http://medialiteracy.com)

[newmoon.com](http://newmoon.com)

[parentfurther.com/technology-media](http://parentfurther.com/technology-media)

[seejane.org](http://seejane.org)

[teenvoices.com](http://teenvoices.com)

[thirdwavefoundation.org](http://thirdwavefoundation.org)

DoveSelf Esteem Program

Worldscanwork.com

*Back off: How to Confront and Stop Sexual Harassment*

GO GIRLS! Prevention Program

Sorority Body Image Program

Media Watch

Full of Ourselves Wellness Program

*Ms. Magazine*

Dadsanddaughters.com

Bamboo Girl bamboogirl.com

www.thoughtworm.com

Campaign for a Commerical-Free Childhood

[www.commercialexploitation.org/](http://www.commercialexploitation.org/)

[campaignforrealbeauty.com](http://campaignforrealbeauty.com)

BodyTalk Workshops

Girlsforchange

Girl's Empowerment Network

GENaustin

GirlSports – Girl Scouts of America

SPARK [www.sparksummit.com](http://www.sparksummit.com)

Fat Talk Free Week in October

The Men's Program

TeenVoices

New Moon Magazine

GirlZone

Independent Films: Dreamworlds, Killing

Us Softly, The Strength to Resist, Desire,

Four Girls

## Appendix B

### **Consensus Statement on Adolescent Sexual Health**

Becoming a sexually healthy adult is a key developmental task of adolescence. Achieving sexual health requires the integration of psychological, physical, societal, cultural, educational, economic, and spiritual factors.

Sexual health encompasses sexual development and reproductive health, as well as such characteristics as the ability to develop and maintain meaningful interpersonal relationships; appreciate one's own body; interact with both genders in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one's own values.

Adults can encourage adolescent sexual health by:

- Providing accurate information and education about sexuality;
- Fostering responsible decision making skills;
- Offering young people support and guidance to explore and affirm their own values; and
- Modeling healthy sexual attitudes and behaviors.

Society can enhance adolescent sexual health if it provides access to comprehensive sexuality education and affordable, sensitive, and confidential reproductive health care services, as well as education and employment opportunities.

Families, schools, community agencies, religious institutions, media, businesses, health care providers, and government at all levels have important roles to play. Society should encourage adolescents to delay sexual behaviors until they are ready physically, cognitively, and emotionally for mature sexual relationships and their consequences. This support should include education about:

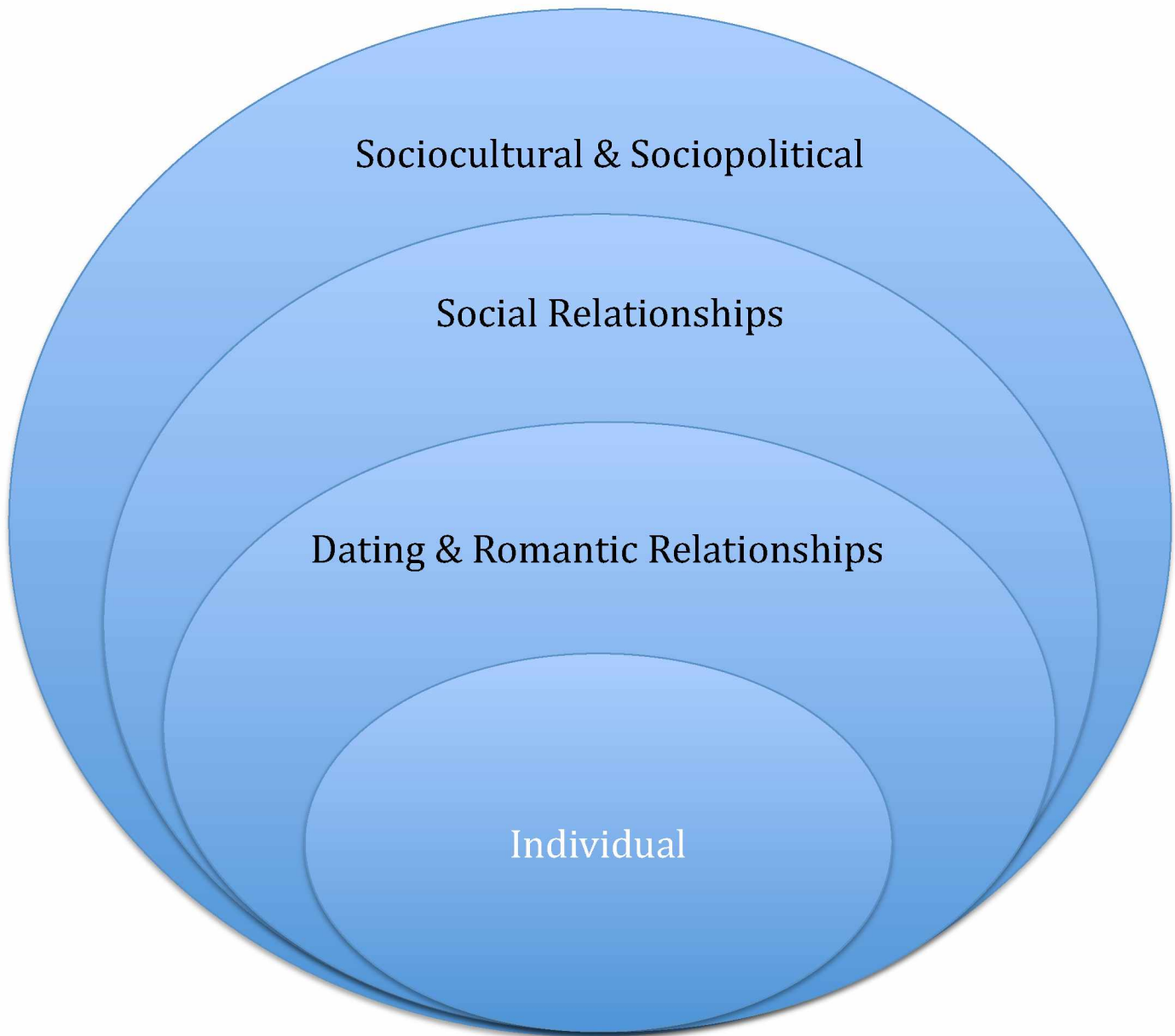
- Intimacy;
- Sexual limit setting;
- Resisting social, media, peer, and partner pressure;
- Benefits of abstinence from intercourse; and
- Pregnancy and sexually transmitted disease prevention.

Society must also recognize that a majority of adolescents will become involved in sexual relationships during their teenage years. Adolescents should receive support and education for developing the skills to evaluate their readiness for mature sexual relationships. Responsible adolescent intimate relationships, like those of adults, should be based on shared personal values, and should be

- Consensual;
- Nonexploitative;
- Honest;
- Pleasurable; and
- Protected against unintended pregnancies and sexually transmitted diseases, if any type of intercourse occurs.

Sexuality Information and Education Council of the United States [SIECUS]. (1995). *Consensus statement from the National Commission on Adolescent Sexual Health*. New York: Author. Retrieved from <http://files.eric.ed.gov/fulltext/ED391779.pdf>

Appendix C



# Adolescent Sexuality

Tolman, D. L., Striepe, M. I., & Harmon, T. (2003a). Gender matters: Constructing a model of adolescent sexual health. *Journal of Sex Research*, 40, 4-13.

## Appendix D

## DECLARATION OF SEXUAL RIGHTS

In recognition that sexual rights are essential for the achievement of the highest attainable sexual health, the World Association for Sexual Health:

STATES that sexual rights are grounded in universal human rights that are already recognized in international and regional human rights documents, in national constitutions and laws, human rights standards and principles, and in scientific knowledge related to human sexuality and sexual health.

REAFFIRMS that sexuality is a central aspect of being human throughout life, encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors.

RECOGNIZES that sexuality is a source of pleasure and wellbeing and contributes to overall fulfillment and satisfaction.

REAFFIRMS that sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

REAFFIRMS that sexual health cannot be defined, understood or made operational without a broad understanding of sexuality.

REAFFIRMS that for sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

RECOGNIZES that sexual rights are based on the inherent freedom, dignity, and equality of all human beings and include a commitment to protection from harm.

STATES that equality and non-discrimination are foundational to all human rights protection and promotion and include the prohibition of any distinction, exclusion or restriction on the basis of race, ethnicity, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, including disability, age, nationality, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation.

RECOGNIZES that persons' sexual orientations, gender identities, gender expressions and bodily diversities require human rights protection.



RECOGNIZES that all types of violence, harassment, discrimination, exclusion, and stigmatization are violations of human rights, and impact the wellbeing of individuals, families and communities.

AFFIRMS that the obligations to respect, protect and fulfill human rights apply to all sexual rights and freedoms.

AFFIRMS that sexual rights protect all people's rights to fulfill and express their sexuality and enjoy sexual health, with due regard for the rights of others.

Sexual rights are human rights pertaining to sexuality:

**1. The right to equality and non-discrimination**

Everyone is entitled to enjoy all sexual rights set forth in this Declaration without distinction of any kind such as race, ethnicity, color, sex, language, religion, political or other opinion, national or social origin, place of residence, property, birth, disability, age, nationality, marital and family status, sexual orientation, gender identity and expression, health status, economic and social situation and other status.

**2. The right to life, liberty, and security of the person**

Everyone has the right to life, liberty, and security that cannot be arbitrarily threatened, limited, or taken away for reasons related to sexuality. These include: sexual orientation, consensual sexual behavior and practices, gender identity and expression, or because of accessing or providing services related to sexual and reproductive health.

**3. The right to autonomy and bodily integrity**

Everyone has the right to control and decide freely on matters related to their sexuality and their body. This includes the choice of sexual behaviors, practices, partners and relationships with due regard to the rights of others. Free and informed decision making requires free and informed consent prior to any sexually-related testing, interventions, therapies, surgeries, or research.

**4. The right to be free from torture and cruel, inhuman, or degrading treatment or punishment**

Everyone shall be free from torture and cruel, inhuman, or degrading treatment or punishment related to sexuality, including: harmful traditional practices; forced sterilization, contraception, or abortion; and other forms of torture, cruel, inhuman, or degrading treatment perpetrated for reasons related to someone's sex, gender, sexual orientation, gender identity and expression, and bodily diversity.

**5. The right to be free from all forms of violence and coercion**

Everyone shall be free from sexuality related violence and coercion, including: rape, sexual abuse, sexual harassment, bullying, sexual exploitation and slavery, trafficking for purposes of sexual exploitation, virginity testing, and violence committed because of real or perceived sexual practices, sexual orientation, gender identity and expression, and bodily diversity.

**6. The right to privacy**

Everyone has the right to privacy related to sexuality, sexual life, and choices regarding their own body and consensual sexual relations and practices without arbitrary interference and intrusion. This includes the right to control the disclosure of sexuality-related personal information to others.

**7. The right to the highest attainable standard of health, including sexual health; with the possibility of pleasurable, satisfying, and safe sexual experiences**

Everyone has the right to the highest attainable level of health and wellbeing in relation to sexuality, including the possibility of pleasurable, satisfying, and safe sexual experiences. This requires the availability, accessibility, acceptability of quality health services and access to the conditions that influence and determine health including sexual health.

**8. The right to enjoy the benefits of scientific progress and its application**

Everyone has the right to enjoy the benefits of scientific progress and its applications in relation to sexuality and sexual health.

**9. The right to information**

Everyone shall have access to scientifically accurate and understandable information related to sexuality, sexual health, and sexual rights through diverse sources. Such information should not be arbitrarily censored, withheld, or intentionally misrepresented.

**10. The right to education and the right to comprehensive sexuality education**

Everyone has the right to education and comprehensive sexuality education. Comprehensive sexuality education must be age appropriate, scientifically accurate, culturally competent, and grounded in human rights, gender equality, and a positive approach to sexuality and pleasure.

**11. The right to enter, form, and dissolve marriage and other similar types of relationships based on equality and full and free consent**

Everyone has the right to choose whether or not to marry and to enter freely and with full and free consent into marriage, partnership or other similar relationships. All persons are entitled to equal rights entering into, during, and at dissolution of marriage, partnership and other similar relationships, without discrimination and exclusion of any kind. This right includes equal entitlements to social welfare and other benefits regardless of the form of such relationships.

**12. The right to decide whether to have children, the number and spacing of children, and to have the information and the means to do so**

Everyone has the right to decide whether to have children and the number and spacing of children. To exercise this right requires access to the conditions that influence and determine health and wellbeing, including sexual and reproductive health services related to pregnancy, contraception, fertility, pregnancy termination, and adoption.

**13. The right to the freedom of thought, opinion, and expression**

Everyone has the right to freedom of thought, opinion, and expression regarding sexuality and has the right to express their own sexuality through, for example, appearance, communication, and behavior, with due respect to the rights of others.

**14. The right to freedom of association and peaceful assembly**

Everyone has the right to peacefully organize, associate, assemble, demonstrate, and advocate including about sexuality, sexual health, and sexual rights.

**15. The right to participation in public and political life**

Everyone is entitled to an environment that enables active, free, and meaningful participation in and contribution to the civil, economic, social, cultural, political, and other aspects of human life at local, national, regional, and international levels. In particular, all persons are entitled to participate in the development and implementation of policies that determine their welfare, including their sexuality and sexual health.

**16. The right to access to justice, remedies, and redress**

Everyone has the right to access to justice, remedies, and redress for violations of their sexual rights. This requires effective, adequate, accessible, and appropriate educative, legislative, judicial, and other measures. Remedies include redress through restitution, compensation, rehabilitation, satisfaction, and guarantee of non-repetition.

World Health Organization. (2006). *Defining Sexual Health, List of sexual rights*

World Association for Sexual Health Advisory Council (2015). Declaration of Sexual Rights.

Retrieved from: [http://www.worldsexology.org/wp-content/uploads/2013/08/declaration\\_of\\_sexual\\_rights\\_sep03\\_2014.pdf](http://www.worldsexology.org/wp-content/uploads/2013/08/declaration_of_sexual_rights_sep03_2014.pdf)

