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# Black women's experiences of gendered racial sexual objectification, body image, and depressive symptoms



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## ABSTRACT

Black women navigate unique sexual objectification experiences and concerns about their bodies as a consequence of the race- and gender-based marginalization that they face. However, less is known about the influence of gendered racial sexual objectification experiences on Black women's mental health (i.e., depressive symptoms) or the contributions of key body image indicators (i.e., body surveillance and current-ideal body image discrepancy) that reflect Black women's engagement in monitoring and managing their bodies. We surveyed 1595 Black women to test our hypotheses that experiences of gendered racial sexual objectification (i.e., frequency and stress appraisal) would be positively associated with depressive symptoms and that body surveillance and current-ideal body image discrepancy would moderate this association. Analyses showed that more frequent experiences of gendered racial sexual objectification and higher stress appraisal of these experiences were significantly associated with more depressive symptoms. Furthermore, body surveillance and current-ideal body image discrepancy moderated the relation between gendered racial sexual objectification and depressive symptoms. Findings highlight how Black women's objectification and increased engagement in body monitoring and management practices are associated with their experiences of depressive symptoms, and thus, may negatively influence their mental health.

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## 1. Introduction

Society socializes women to believe that their value rests upon their physical appearance, and that their bodies are meant to be examined and judged by others (Fredrickson & Roberts, 1997). Yet, research on this phenomenon has predominantly centered White women (Watson et al., 2019). The small body of quantitative research that examines Black women's unique experiences of sexual objectification (e.g., receiving negative comments and discrimination due to the size and appearance of their physical features) and body image pressures have not explored their individual or collective impacts on Black women's mental health, such as depressive symptoms (e.g., Davies et al., 2021; Dunn et al., 2019). Therefore, the purpose of this study was: (1) to examine how Black women's sexual objectification is associated with their experiences of depressive symptoms; and (2) to investigate the potential moderating roles of

body monitoring behaviors, such as habitually surveilling and managing one's appearance.

### 1.1. Objectification theory

Objectification theory describes the process by which society reduces women's value to the physical appearance of their body as opposed to its function (Davies et al., 2021; Fredrickson & Roberts, 1997). Sexual objectification describes how, due to living within a sexist society, women are socialized to believe that their bodies exist for the purpose of being viewed, used, and evaluated by others (Fredrickson & Roberts, 1997; Szymanski et al., 2020). Over time, women may self-objectify or form an unhealthy fixation on their physical appearance. Women's self-objectification may be associated with higher engagement in body monitoring practices, which may lead to decreased internal awareness of their bodies, reduced sexual functioning, increased disordered eating and unhealthy weight-related management, and higher body shame (Davies et al., 2021; Tiggemann & Williams, 2012).

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### 1.1.1. Using an intersectional lens to examine black women's objectification experiences

Findings are mixed regarding the utility of objectification theory to capture Black women's unique experiences of sexual objectification (Mitchell & Mazzeo, 2009; Schaefer et al. 2018). Although Black women may share similar gendered experiences about their bodies with their White counterparts, Black women also have distinct racialized and gendered body image concerns (Watson et al., 2019). Intersectionality theory provides a theoretical framework to examine the meaning of and consequences that are associated with occupying multiple social categories (Cole, 2009). Lawyer and critical race theorist, Kimberlé Crenshaw (1989), coined intersectionality theory to highlight how Black American women's unique experiences of racism and sexism oftentimes render them invisible and unprotected by the law. Psychologists have employed intersectionality theory to study Black women's simultaneous experiences of racism and sexism without trying to separate the two (Bowleg & Bauer, 2016; Lewis et al., 2017). Thus, employing an intersectional lens to objectification theory is critical to understanding how U.S. Black American women's ideals of beauty, body image, and sexual objectification have been shaped by the historical legacy of slavery and the interaction of their race- and gender-based marginalization (Collins, 2000; Watson et al., 2019).

For instance, negative racialized and gendered stereotypes about Black women, such as the hypersexualized Jezebel, were created during slavery to justify White slave owners' sexual violence against Black women (Collins, 2000). Black women still contend with these negative stereotypes in present day and may be perceived as more sexual and experience more sexual objectification in comparison to White women (Cheeseborough et al., 2020; Leath et al., 2020). Prior qualitative research demonstrates how Black women experience sexual objectification and body-based discrimination at the intersection of their racial and gender identities (Lewis et al., 2016). Black women describe being judged about the shape and size of their bodies and their physical features according to White, Eurocentric ideals that prioritize light skin tone, smaller features, long, straight hair, and thin body shapes (Awad et al., 2015; Lewis et al., 2016).

In addition to negotiating Eurocentric beauty and body ideals, Black women navigate culturally specific ideals (Avery et al. 2021; Awad et al., 2015; Davies et al., 2021). In prior qualitative studies, Black women note that hair, skin tone, and body type are salient elements of their body image (Awad et al., 2015; Capodilupo & Kim, 2014). Yet, Black women's discussions about culturally specific body ideals are nuanced, given that within the Black community, body ideals appear to value slightly larger, curvier bodies, which seemingly depart from Eurocentric ideals of thinness (Capodilupo & Kim, 2014). In comparison to White women, Black women's perceptions of an attractive body size are defined by factors such as shapeliness, fit of clothing, and overall ability to appear feminine (Allan et al., 1993). Culturally specific body ideals may be particularly salient for Black women who endorse Afrocentric worldviews, strongly self-identify with Black beauty ideals, and perceive Black people as more attractive than other groups (Falconer & Neville, 2000).

Black women's endorsement of culturally specific ideals, however, may still be restrictive and harmful to their well-being. Black women's desire to attain a curvaceous body ideal may be limited to certain body shapes and smaller body sizes. Black women may aspire to achieve a "slim thick" ideal (i.e. small waist and flat stomach and larger hips, butt, and thighs) and feel that their bodies are evaluated according to this ideal (Appleford, 2016; Overstreet et al., 2010). Qualitative research with Black women discusses how "slim thick" has become widely aspirational and popularized by celebrities and social media influencers (Appleford, 2016). While the "slim thick" ideal may be increasingly appealing to Black and White women because it combines desires for both thinness and curves, it

remains difficult to obtain. Thus, Black women may feel conflicted about whether their bodies should be curvier, thinner, or more toned and face extraordinary pressure to change their bodies in accordance with unattainable, Eurocentric and culturally specific body ideals (Awad et al., 2015; Davies et al., 2021; Overstreet et al., 2010).

### 1.2. Consequences of objectification and internalization of body ideals on mental health

The adverse physical and psychological consequences of sexual objectification among women are well-documented (Moradi & Huang, 2008; Schaefer et al., 2018). Women's experiences of sexual objectification may lead to self-objectification and engagement in body monitoring practices that are associated with increased anxiety about one's body image, higher levels of body shame, disordered eating, and increased risk for depression (Moradi & Huang, 2008; Roberts et al., 2018). Among racially diverse samples of women, sexual objectification has been positively associated with trauma and depressive symptoms (Szymanski, 2020; Watson et al., 2016). Furthermore, body surveillance, body shame, and increased anxiety about one's appearance mediated the relationship between sexual objectification and depression (Jones & Griffiths, 2015; Szymanski, 2020).

Studies with Black women have shown some similar negative effects, including how: (1) Black women engage in behaviors in anticipation of or to prevent sexual objectification; and (2) Black women respond to the emotional, psychological, and physical stress associated with their experiences of sexual objectification (Dunn et al., 2019; Rogers Wood & Petrie, 2010). Black women may monitor and manage their bodies to either receive more sexual attention or to reduce their likelihood of being sexually objectified (Watson et al., 2012; Watson et al., 2019). Black women's stress-related experiences of sexual objectification at the intersection of their racial and gender identities (i.e., sexually objectifying gendered racial microaggressions) are associated with increased psychological distress and reduced body appreciation (Dunn et al., 2019). Furthermore, Black women's feelings that their self-worth is reliant upon their appearance may mediate the relationship between their stress-related experiences of gendered racial sexual objectification and body appreciation (Dunn et al., 2019).

### 1.3. The moderating roles of body surveillance and current-ideal body image discrepancy

Objectification theory proposes that body surveillance is the behavioral expression of women's self-objectification (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996). Body surveillance has been shown to mediate the relationships between objectifying experiences and outcomes, such as anxiety, depression and body shame (Moradi & Huang, 2008). Prior studies also demonstrate how body surveillance individually, or collectively with general and physical appearance social comparison, moderates the relationships between body dissatisfaction, social physique anxiety (i.e., the anxiety an individual experiences when others observe and evaluate their physique), and disordered eating (Fitzsimmons-Craft et al., 2012; Tylka, 2004).

Women who report high body surveillance place an intense focus on their bodies and engage in behaviors to monitor and manage their appearance (McKinley & Hyde, 1996). Prior research, however, has noted how body surveillance may operate differently for Black and White women (Fitzsimmons & Bardone-Cone, 2011; Fitzsimmons-Craft & Bardone-Cone, 2012). As compared to Black women, White women engage in higher levels of body surveillance and, consistently, their engagement is positively associated with body dissatisfaction (Fitzsimmons & Bardone-Cone, 2011; Fitzsimmons-Craft & Bardone-Cone, 2012). Black women, however,

tend to engage in fewer body surveillance behaviors and their engagement may not be linked to personal concerns about their body weight or shape (Fitzsimmons & Bardone-Cone, 2011; Moradi & Huang, 2008). These differences may be due to Black women embracing more expansive notions of beauty that include additional physical appearance elements such as hair, skin tone, and clothing style (Awad et al., 2015; Capodilupo & Kim, 2014; Tylka & Iannantuono, 2016). Yet, Black women still experience general dissatisfaction with their bodies and engage in body surveillance behaviors in the pursuit to attain unrealistic standards (Avery et al., 2021; Davies et al., 2021; Fitzsimmons-Craft & Bardone-Cone, 2012). For example, among Black women, studies have demonstrated a link between body surveillance and increased body shame that may result from feelings of worthlessness due to an inability to achieve Eurocentric or culturally specific beauty ideals (Davies et al., 2021; McKinley & Hyde, 1996).

Findings regarding the role of body surveillance on Black women's body image and eating disorder behaviors are mixed, and scholars critique the relevance of commonly used measures to capture Black women's experiences (Buchanan et al., 2008; Watson et al., 2019). In some studies, Black women's body monitoring practices did not significantly predict disordered eating, body shame, or body dissatisfaction (Fitzsimmons & Bardone-Cone, 2011; Schaefer et al., 2018). Other studies with Black women, however, show that higher engagement in body surveillance may be associated with increased eating disorder symptoms and body dissatisfaction (Davies et al., 2021; Tiggemann & Williams, 2012). Further, even among Black women with high body appreciation, the negative influence of body surveillance on eating disorder symptoms and body shame may persist (Davies et al., 2021). Therefore, body surveillance may play a key role in shaping the relationship between Black women's experiences of objectification and their mental health (Davies et al., 2021). Among predominantly White samples, women who frequently engage in body surveillance face an increased risk for poorer mental health and well-being, including higher reported depressive symptoms, anxiety, and decreased life satisfaction (Jones & Griffiths, 2015; Mercurio & Landry, 2008). This topic remains understudied among Black women whose vulnerability to depression has been linked to experiences with gendered racial microaggressions (Williams & Lewis, 2019). We speculate, however, that the extent to which Black women engage in body surveillance behaviors may influence their vulnerability to various negative psychosocial consequences, such as increased depressive symptoms (Fitzsimmons & Bardone-Cone, 2011; Schaefer et al., 2018).

Current-ideal body image discrepancy has been conceptualized as both a dimension of women's body satisfaction or dissatisfaction and a unique risk factor for their well-being (Cox et al., 2011; Webb, Warren-Findlow et al., 2013). Body dissatisfaction is a distinct public health concern that directly influences women's quality of life and has been associated with lower self-esteem, decreased life satisfaction, and less positive affect across the lifespan (Bucchianeri & Neumark-Sztainer, 2014; Slevic & Tiggemann, 2011; Watt et al., 2017). Additionally, appearance and weight-related body dissatisfaction have been associated with depressive symptoms and may be a predictor for chronic depression (Rosenström et al., 2013; Scheffers et al., 2019). Yet, the influence of Black women's current-ideal body image discrepancy on their well-being remains understudied. Prior studies have used figure rating scales (i.e., a series of silhouettes for participants to rate) to quantify the difference between women's current and ideal body sizes as an assessment of body satisfaction. Many of these scales, however, have been critiqued for being developed with predominantly White samples, and thus, may be less relevant for Black women (Webb et al., 2013). Numerous figure rating scales depict Eurocentric features or idealize thin body figures (Webb et al., 2013).

Research on current-ideal body image discrepancy demonstrates a narrowing gap between Black and White women's body dissatisfaction (Webb et al., 2013). Black women have been reporting higher body dissatisfaction, across time, due to shifting cultural norms, beauty standards, and frequent exposure to media representations that may promote their increased internalization of the thin ideal (Franko & Roehrig, 2011). These findings align with studies that center Black women's unique body image experiences rather than compare their experiences to White women. Thus, it is unacceptable for scholars to presume that Black women, unanimously, have better body image and therefore experience more body satisfaction and greater well-being than their White counterparts (Capodilupo & Kim, 2014). More research is needed to examine how Black women navigate body dissatisfaction and whether current-ideal body image discrepancy influences the strength of the relationship between Black women's experiences of gendered racial sexual objectification and depressive symptoms.

#### 1.4. The current study

Black women report distinct experiences of sexual objectification and body image concerns due to race- and gender-based discrimination (Watson et al., 2019). Further, although prior research has examined women's engagement in body monitoring and management behaviors as moderators (for example, see Fitzsimmons-Craft et al., 2012; Tylka, 2004; Webb et al., 2014), less is known about Black women's experiences. To our knowledge, no prior studies have examined the association between Black women's gendered racial sexual objectification and depressive symptoms. Further, given that Black women have unique experiences of body surveillance and perceptions of current-ideal body discrepancies that may influence the link between Black women's gendered racial sexual objectification and their mental health and well-being (Cox et al., 2011; Davies et al., 2021), the present study sought to investigate the following hypotheses:

**H1.** Black women's experiences of gendered racial sexual objectification (frequency and appraisal) will be associated with more depressive symptoms.

**H2a.** Black women's engagement in body surveillance will moderate the association between their experiences of gendered racial sexual objectification (frequency) and depressive symptoms.

**H2b.** Higher reported current-ideal body image discrepancy will moderate the association between Black women's experiences of gendered racial sexual objectification (frequency) and depressive symptoms.

**H3a.** Black women's engagement in body surveillance will moderate the association between their experiences of gendered racial sexual objectification (appraisal) and depressive symptoms.

**H3b.** Higher reported current-ideal body image discrepancy will moderate the association between Black women's experiences of gendered racial sexual objectification (appraisal) and depressive symptoms.

We expected that Black women's experiences of gendered racial sexual objectification, body image, and depressive symptoms would vary according to socio-demographic factors, such as age, sexual orientation, skin tone, religiosity, and socioeconomic status (SES). Body image formation is particularly salient for women during emerging adulthood and remains a significant predictor of their mental health across the lifespan (Sabik, 2015). Prior research shows that Black sexual minority women experience multiple marginalization based on their race, gender, and sexual orientation, (i.e., triple jeopardy or multiple minority stress) that may negatively influence their mental health outcomes, such as depressive symptoms



(Calabrese et al., 2015). Further, studies show that for Black women, skin tone is a significant predictor of negative life and mental health outcomes, such that darker skin tone has been associated with poorer self-reported mental health and an increased likelihood of depression (McCleary-Gaddy & James, 2020). Additionally, previous research has demonstrated: (1) associations between religious involvement and Black women's positive well-being (Lincoln & Chatters, 2003); and (2) SES indicators, such as income, social status, and education level are important predictors of Black women's mental health, such that lower SES is associated with higher depression (Scarinci et al. 2002). Thus, we examined age, sexual orientation, skin tone, religiosity, and SES as potential covariates.

## 2. Method

### 2.1. Participants and procedure

Participants were 1595 self-identified Black women ( $M_{age} = 23.44$  years;  $SD_{age} = 3.40$ ) recruited by Qualtrics Panels and collected as part of an online survey that the authors conducted to examine Black women's intersectional identity, femininity ideology endorsement, and health. Data were collected from June 2019 to July 2019. Participants were required to self-identify as Black/African American women and to be between the ages of 18–30. Prior to taking the 60-minute survey, participants were given a brief description of the study and completed an informed consent form. After completing the survey, participants were debriefed and compensated. To ensure high quality samples and reduce bias, Qualtrics Panels contracts with numerous carefully selected panel organizations to recruit participants. Qualtrics Panels provides participants with the option to receive different types of compensation. As such, we did not manage this process or have access to specific compensation details. Participants were compensated directly through Qualtrics Panels (Boas et al., 2020; Ibarra et al., 2018).

Overall, 83.9% of the sample identified as Black/African American, whereas another 5.1% identified as Afro-Latina, 4.5% Bi/Multi-Racial, 4.2% African, and 2.3% West Indian/Caribbean. Participants' estimated median household income was \$25,000 to \$34,999, and their highest level of educational attainment was as follows: 5% of participants indicated that they had completed a few years of high school or less. Of the remaining 95%, 26.8% indicated that their highest level of educational attainment was high school, 37.9% had completed some college, junior college, or trade school, 16.9% had completed Bachelor's degrees, 3.0% had completed some graduate school, and 10.5% had earned a graduate or professional degree. Further, 75.7% of participants identified as exclusively or predominately heterosexual/straight, whereas 6.1% identified as exclusively or predominately gay/lesbian.

### 2.2. Measures

#### 2.2.1. Gendered racial sexual objectification

We used the 10-item Assumptions of Beauty and Sexual Objectification subscale of the Gendered Racial Microaggressions Scale (Lewis & Neville, 2015) to measure the frequency and stress appraisal of Black women's experiences of sexual objectification. Sample items include "Someone has made a sexually inappropriate comment about my butt, hips, or thighs" and "Someone objectified me based on my physical features as a Black woman." Participants rated their frequency and stress appraisal of experiencing sexual objectification-related microaggressions on 6-point scales (frequency: 0 = never to 5 = once a week or more; Appraisal: 0 = this has never happened to me to 5 = extremely stressful). Mean scores were computed across items such that higher scores indicate greater frequency and higher appraisal of stress. Similar to prior studies among Black women (for example, see Dunn et al., 2019;  $\alpha_{frequency}$

=0.90 and  $\alpha_{appraisal}$  =0.92), these scales demonstrated high internal consistency ( $\alpha_{frequency}$  =0.96 and  $\alpha_{appraisal}$  =0.94). The scale demonstrated convergent validity with its positive correlations with measures of perceived sexist events, racial microaggressions, and psychological distress (Lewis & Neville, 2015).

#### 2.2.2. Body image

##### 2.2.2.1. Body surveillance

We used the 7-item Attention to Body Shape scale (Beebe, 1995) to assess the amount of attention Black women place on their body shape and the extent to which they surveil their bodies (i.e., view their bodies as outside observers) (Fitzsimmons-Craft & Bardone-Cone, 2012; McKinley & Hyde, 1996, p. 181). Participants indicated their agreement with and engagement in body surveillance behaviors on a 5-point scale (1 = definitely disagree to 5 = definitely agree). Sample items include "I place a great deal of importance on my body shape" and "I wear clothes that highlight the best aspects of my body and hide the worst aspects of my body." A mean score was computed across the items with higher scores indicating greater body surveillance. In the current study, the scale demonstrated adequate internal consistency ( $\alpha = 0.65$ ) and was validated among a racially mixed sample with internal consistency estimates from .70 to .82 in the original study (Beebe, 1995). The scale showed convergent validity with its positive correlations with measures of disordered eating, dietary restraint, and general-appearance orientation (i.e., the amount of focus one places on their personal appearance) (Beebe, 1995; Lokken et al., 2003). The scale demonstrated discriminant validity by a lack of correlation between the scale and measures that assess one's tendency to eat in response to emotional and environmental pressures, body dysphoria, and percentage of ideal body weight (i.e., reported weight divided by ideal body weight) (Beebe, 1995). To our knowledge, this scale has not been previously used among predominantly Black samples.

##### 2.2.2.2. Current-ideal body image discrepancy

We used the Culturally Relevant Body Image Instrument as adapted by Pulvers et al.(2004) (Fig. 1). Participants viewed a series of nine body figures (1 = smallest to 9 = largest) and were asked to select the figure that most closely approximated their current body figure (BF) and to select the figure that represented their ideal BF. Similar to previous studies with samples comprised predominantly or exclusively of Black women (e.g., Cox et al., 2011), we calculated a current-ideal body image discrepancy (BD) score for each participant:  $BD = BF_{current} - BF_{ideal}$ . BD scores ranged from -8–8. We then took the absolute value of each BD score (i.e., BD scores 0–8) such that higher scores indicate a greater discrepancy in either direction (i.e., one's ideal figure is either smaller or larger than their current figure) between Black women's current and ideal figures. Figs. 2 and 3.

#### 2.2.3. Depressive symptoms

The 20-item Center for Epidemiologic Studies' Depression Scale (Radloff, 1977) measured participants' self-reported depressive symptoms. Sample items include "I thought my life had been a failure" and "I felt depressed." Participants indicated how they felt or behaved in the past 7 days using a 4-point scale (1 = rarely or none of the time/less than 1 day to 4 = all of the time/5–7 days). A mean score was computed across the items such that higher scores indicate more depressive symptoms. The scale was validated among two subsamples of Black women from the Black Women's Health Study, which is the largest and most socio-demographically diverse study of Black women in the US (Makambi et al., 2009). Furthermore, the scale demonstrated good internal consistency in the current study ( $\alpha = 0.86$ ) and in previous studies among Black women ( $\alpha = 0.94$ ; Stanton et al., 2017).

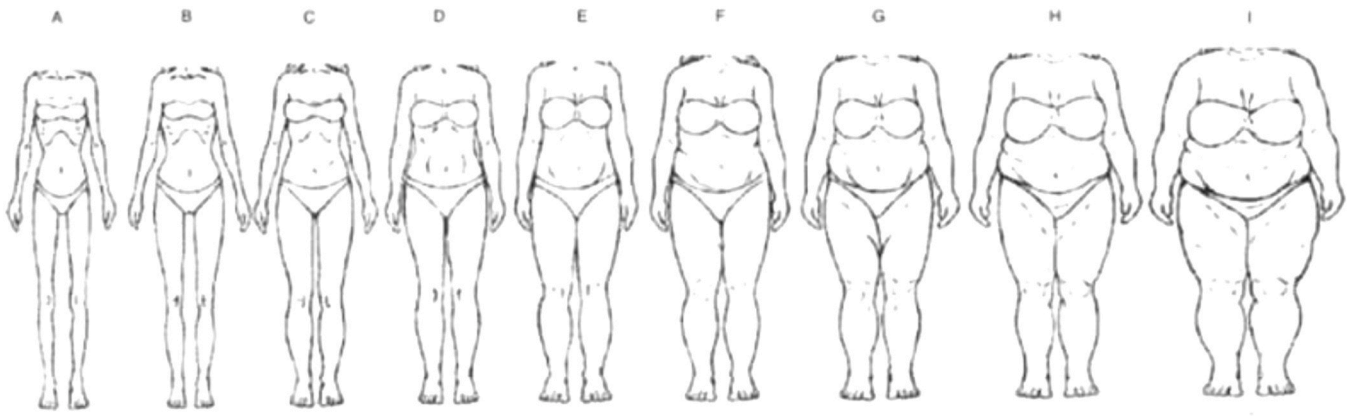


Fig. 1. Culturally Relevant Body Image Instrument as adapted by Pulvers et al. (2004).

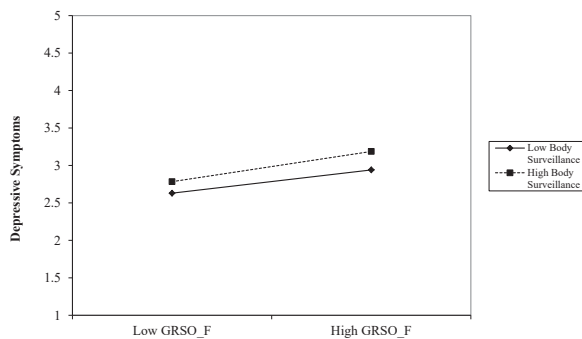


Fig. 2. The interaction between gendered racial sexual objectification (frequency) and body surveillance on depressive symptoms.

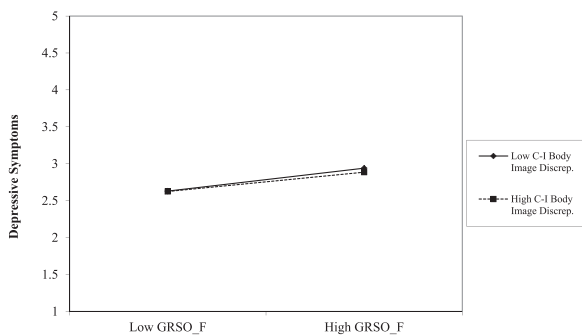


Fig. 3. The interaction between gendered racial sexual objectification (frequency) and current-ideal body image discrepancy on depressive symptoms.

## 2.2.4. Control variables

### 2.2.4.1. Age

Participants indicated their age (in years) ( $M = 23.44, SD = 3.40$ ).

### 2.2.4.2. Sexual orientation

Participants indicated their sexual orientation using a 5-point scale (1 = exclusively heterosexual/straight to 5 = exclusively homosexual/gay/lesbian).

### 2.2.4.3. Skin tone

Participants responded to a question “Compared to most Black people, what skin color do you believe you have?” and indicated their skin tone using a 5-point scale (Jackson & Williams, 2002; 1 = very dark brown to 5 = very light brown).

### 2.2.4.4. Religiosity

Similar to prior studies among Black women (e.g., Stanton et al., 2017), participants used a 3-item measure to indicate the role of religion in their lives. Participants were asked the following questions: (1) “How often do you pray”; (2) “How often do you attend religious services”; and (3) “How religious are you?” Responses to questions one and two were provided on a 5-point scale (1 = never to 5 = very regularly, at least once a day). Similarly, responses to question three were provided on a 5-point scale (1 = not at all to 5 = very). Scores on the scale were averaged to create a religiosity index ( $M = 3.34, SD = 1.16$ ). This scale demonstrated good internal consistency ( $\alpha = 0.77$ ).

### 2.2.4.5. Socioeconomic Status (SES)

Participants indicated their SES using a subjective measure (Adler et al., 2000) in which they viewed an image of a ladder and used a 10-point scale (1 = worst off to 10 = best off) to indicate their numerical position in comparison to other people in the United States ( $M = 6.17, SD = 2.16$ ).

## 3. Results

### 3.1. Preliminary Analyses

See Table 1 for descriptive statistics for the demographic, gendered racial sexual objectification, body image, and depressive symptoms variables. We conducted a series of zero-order correlations and examined contributions of potential control variables (see Table 2). We controlled for age, sexual orientation, skin tone, religiosity, and SES in the regression analyses.

### 3.2. Testing the main hypotheses

To test H1, we conducted a hierarchical multiple regression analysis for our outcome variable, depressive symptoms. The demographic control variables (age, sexual orientation, skin tone, religiosity, and SES) were entered on the first step, gendered racial sexual objectification variables (frequency and appraisal) were entered on the second step, and the body image variables (body surveillance and current-ideal body image discrepancy) were entered on the third step. To test the moderation hypotheses (H2 and H3), we used Hayes’ (2012) SPSS PROCESS macro (model 2). Continuous predictors were mean centered (Aiken et al., 1991), and the two-way interaction terms between the gendered racial sexual objectification and body image variables were entered on the final steps of the regression.

**Table 1**  
Descriptive statistics for variables of interest.

	N	M	SD	Range
Gendered Racial Sexual Objectification				
Frequency	1595	3.38	1.49	1–6
Stress Appraisal	1595	2.60	1.24	1–6
Body Image				
Body Surveillance	1595	3.14	0.71	1–5
C-I Body Image Discrep.	1595	1.22	1.23	0–8
Mental Well-Being				
Depressive Symptoms	1595	2.28	0.52	1–4
Demographics				
Age	1595	23.44	3.40	18–30 years
Sexual Orientation	1540	1.68	1.05	1–5
Skin Tone	1595	3.08	0.97	1–5
Religiosity	1589	3.34	1.16	1–5
SES	1595	6.17	2.16	1–10

Note. SES = Socioeconomic Status. C-I Body Image Discrep. = Current-Ideal Body Image Discrepancy.

### 3.2.1. Hypothesis 1

H1 tested whether Black women’s experiences of gendered racial sexual objectification (frequency and stress appraisal) would be associated with more depressive symptoms. The frequency and stress appraisal of sexual objectification accounted for 14% of the variance in depressive symptoms,  $F(7, 1528) = 35.93, p < .001, R^2 = .14$ . H1 was supported as gendered racial sexual objectification frequency,  $b = 0.09, t(1528) = 10.19, \beta = 0.26, p < .001, sr^2 = .06$  and reported stress appraisal,  $b = 0.09, t(1528) = 8.09, \beta = 0.20, p < .001, sr^2 = .04$  were positively associated with more depressive symptoms (Table 3).

### 3.2.2. Hypothesis 2

H2 tested whether Black women’s engagement in body surveillance (H2a) and current-ideal body image discrepancy (H2b) would moderate the association between Black women’s experiences of gendered racial sexual objectification (frequency) and depressive symptoms. Findings revealed that H2 was supported (Table 3). Body surveillance ( $\beta = .03, F = 22.34, p < .05, \Delta R^2 = .03$ ) and current-ideal body image discrepancy ( $\beta = -.02, F = 22.34, p < .05, \Delta R^2 = .03$ ) moderated the effects of gendered racial sexual objectification (frequency) on depressive symptoms. Using procedures developed by Dawson (2014), the interaction was plotted at two levels of gendered racial sexual objectification (frequency)– one standard deviation above and below the mean of body surveillance. Simple slopes tests were conducted to provide further interpretation of the interaction effect (Aiken et al., 1991).

Results showed that among those who reported low body surveillance,  $t(1536) = 10.44, \beta = .10, p < .001$ , and high body surveillance,  $t(1536) = 9.59, \beta = .14, p < .001$ , gendered racial sexual

**Table 2**  
Bivariate correlations among demographic covariates, gendered racial sexual objectification, body image, and mental health variables.

	1	2	3	4	5	6	7	8	9	10
1. Age	–									
2. Sexual Orientation	<b>-.07**</b>	–								
3. Skin Tone	-.04	<b>-.05*</b>	–							
4. Religiosity	<b>.08**</b>	<b>-.15**</b>	<b>-.06*</b>	–						
5. SES	.01	-.03	-.01	<b>.18**</b>	–					
6. GRSO_F	-.02	<b>.05*</b>	<b>-.07**</b>	<b>.09**</b>	<b>.16**</b>	–				
7. GRSO_A	.00	<b>.06*</b>	<b>-.07**</b>	<b>.06*</b>	-.01	<b>.30**</b>	–			
8. Body Surveillance	.04	-.02	-.03	<b>.12**</b>	<b>.13**</b>	<b>.13**</b>	<b>.16**</b>	–		
9. C-I Body Image Discrep.	<b>.06*</b>	<b>.06*</b>	-.03	-.02	<b>.10**</b>	.05	<b>.06*</b>	<b>.14**</b>	–	
10. Depressive Symptoms	.02	.05	<b>-.05*</b>	.01	-.05	<b>.31**</b>	<b>.28**</b>	<b>.16**</b>	<b>.10**</b>	–

Note. N = 1595. SES = Socioeconomic Status. GRSO\_F = Gendered Racial Sexual Objectification Frequency. GRSO\_A = Gendered Racial Sexual Objectification Stress Appraisal. C-I Body Image Discrep. = Current-Ideal Body Image Discrepancy.

\*  $p \leq .05$ . \*\*  $p \leq .01$ .

objectification (frequency) was significantly associated with depressive symptoms. As such, whether participants reported low or high body surveillance, gendered racial sexual objectification (frequency) was associated with more depressive symptoms. This association, however, was stronger for Black women who reported high body surveillance compared to those who reported low body surveillance.

Similarly, results showed that among those who reported low current-ideal body image discrepancy,  $t(1536) = 10.44, \beta = .10, p < .001$ , and high current-ideal body image discrepancy,  $t(1536) = 8.76, \beta = .09, p < .001$ , gendered racial sexual objectification (frequency) was significantly associated with depressive symptoms. Whether women reported low or high current-ideal body image discrepancy, gendered racial sexual objectification (frequency) was associated with more depressive symptoms. This association was slightly stronger for Black women who reported low current-ideal body image discrepancy compared to those who reported high current-ideal body image discrepancy.

### 3.2.3. Hypothesis 3

H3 tested whether Black women’s engagement in body surveillance (H3a) and current-ideal body image discrepancy (H3b) would moderate the association between Black women’s experiences of gendered racial sexual objectification (stress appraisal) and depressive symptoms. Findings revealed that H3 was not supported (Table 3). Body surveillance ( $\beta = .02, F = 16.93, p > .05, \Delta R^2 = -.05$ ) and current-ideal body image discrepancy ( $\beta = .00, F = 16.93, p > .05, \Delta R^2 = -.05$ ) did not significantly moderate the effects of gendered racial sexual objectification (stress appraisal) on depressive symptoms.

## 4. Discussion

Limited research has examined how Black women experience sexual objectification and body-based discrimination at the intersection of their racial and gender identities (e.g., Dunn et al., 2019; Lewis et al., 2016). The current study investigated previously unexplored questions about how Black women’s gendered racial sexual objectification influences their experiences of depressive symptoms and how their engagement in body surveillance and their reported current-ideal body image discrepancy may moderate this relationship. Overall, findings showed that Black women’s experiences of gendered racial sexual objectification were positively associated with depressive symptoms. Furthermore, Black women’s engagement in body monitoring practices and their reported current-ideal body image discrepancy scores moderated the relation between gendered racial sexual objectification (frequency) and depressive symptoms but did not moderate the relation between gendered racial sexual objectification (stress appraisal) and depressive symptoms.

**Table 3**  
Multiple regression analyses of demographic, sexual objectification, and body image variables predicting depressive symptoms.

	<i>B</i>	<i>SE B</i>	$\beta$	<i>sr</i> <sup>2</sup>	<i>Adj R</i> <sup>2</sup>	$\Delta R^2$	<i>F</i>
<b>Step 1: Demographics</b>					.00		
Age	.00	.00	.02	.00			
Sexual Orientation	.02	.01	.05	.00			
Skin Tone	-.03	.01	-.05	.00			
Religiosity	.01	.01	.02	.00			
SES	-.01	.01	-.05	.00			
<b>Step 2: Gendered Racial Sexual Obj.</b>					.14	+.14	
Frequency	.09***	.01	.26***	.06***			
Appraisal	.09***	.01	.20***	.04***			
<b>Step 3. Body Image</b>					.15	+.01	
Body Surveillance	.07***	.02	.10***	.01***			
C-I Body Image Discrep.	.02*	.01	.05*	.00*			
<b>Step 4. Interaction Terms</b>					.10	-.05	
GRSO_A x Body Surveillance	.02	.01					
GRSO_A x C-I Body Image Discrep.	0.00	.01					
<b>Step 5. Interaction Terms</b>					.13	+.03	<b>22.34***</b>
GRSO_F x Body Surveillance	.03*	.01					
GRSO_F x C-I Body Image Discrep.	-.02*	.01					

Note. *N* = 1595. Adj = Adjusted. SES = Socioeconomic Status. Gendered Racial Sexual Obj. = Gendered Racial Sexual Objectification. GRSO\_F = Gendered Racial Sexual Objectification Frequency. GRSO\_A = Gendered Racial Sexual Objectification Stress Appraisal. C-I Body Image Discrep. = Current-Ideal Body Image Discrepancy.  
\**p* < .05. \*\**p* < .01. \*\*\**p* < .001.

Consistent with Hypothesis 1, we found that the frequency by which Black women reported experiencing gendered racial sexual objectification and their stress appraisal of these experiences were significantly positively associated with depressive symptoms. These findings align with previous research that demonstrates the direct and indirect associations between women’s sexual objectification, body image negotiation, and depression (Jones & Griffiths, 2015; Moradi & Huang, 2008; Szymanski, 2020). Moreover, we found that Black women’s engagement in body surveillance and current-ideal body image discrepancy moderated the association between Black women’s experiences of gendered racial sexual objectification (frequency) and depressive symptoms (Hypothesis 2). Under conditions of low and high body surveillance, there were positive associations between gendered racial sexual objectification (frequency) and depressive symptoms, such that high levels of gendered racial sexual objectification (frequency) relates to more depressive symptoms. Similarly, under conditions of low and high current-ideal body image discrepancy, there were positive associations between gendered racial sexual objectification (frequency) and depressive symptoms, such that high levels of gendered racial sexual objectification (frequency) relates to more depressive symptoms.

These findings are novel because they show the deleterious mental health impact of Black women’s awareness and scrutiny of their bodies among those who frequently experience gendered racial objectification. It is notable that these findings persist for Black women whether they report high or low engagement in body surveillance and whether they report small or large differences between their current and ideal body figures. Our results support prior evidence that Black women’s body monitoring behaviors are associated with their internalization of Eurocentric and culturally specific body ideals and their experiences of sexual objectification (Dunn et al., 2019). Further, these findings mirror those among White women, where body surveillance and current-ideal body image discrepancy are key predictors of mental health outcomes, such as depressive symptoms (Rosenström et al., 2013; Scheffers et al., 2019; Szymanski, 2020).

Contrary to our expectations, body surveillance and current-ideal body image discrepancy did not significantly moderate the association between gendered racial sexual objectification (stress appraisal) and depressive symptoms (Hypothesis 3). Although Black women’s stress appraisal of their experiences of gendered racial sexual objectification was positively associated with depressive symptoms, their engagement in body surveillance and their reported

current-ideal body image discrepancy did not impact this relationship. These findings were unexpected, given that Black women’s habitual body monitoring and higher discrepancies reported between their current and idealized body types are associated with disordered eating and reduced well-being (Cox et al., 2011; Davies et al., 2021; Mitchell & Mazzeo, 2009). We speculate that our disparate results may reflect issues with self-reporting and prior ambivalent research findings regarding the role of body surveillance on Black women’s well-being (Fitzsimmons & Bardone-Cone, 2011; Mitchell & Mazzeo, 2009; Schaefer et al., 2018).

Although we drew upon prior research that examined body surveillance and current-ideal discrepancy as moderators (for example, see Fitzsimmons-Craft et al., 2012; Tylka, 2004; Webb et al., 2014), these null findings may reflect how objectification theory conceptualizes these variables as mediators, and as such, mediational analyses may be best suited to test these relationships (Fitzsimmons & Bardone-Cone, 2011; Zeigler-Hill & Noser, 2015). Overall, to explain our differential findings regarding whether body surveillance and current-ideal body image discrepancy moderated the relationship between gendered racial objectification (stress appraisal and frequency) and depressive symptoms, we draw upon research that has highlighted how Black women’s frequency and stress appraisal of their experiences of gendered racial sexual objectification might differ from each other and vary based on several demographic variables, such as age, SES, workplace context, and geographic region (Lewis & Neville, 2015).

#### 4.1. Implications for research and practice

Our findings highlight how Black women’s experiences of sexual objectification, individually and coupled with body monitoring, are associated with depressive symptoms, and thus, may negatively influence Black women’s mental health. The current study seeks to dispel the notion that, in comparison to White women, Black women have scant body image concerns, aspire to less restrictive ideals, and engage in fewer body management behaviors. By connecting Black women’s experiences of gendered racial sexual objectification and body image to depressive symptoms, we have provided the foundation for future studies to further explore the relationships between Black women’s gendered racial sexual objectification, body image, and mental health. As has been demonstrated by research among predominantly White samples (Moradi & Huang, 2008; Roberts et al., 2018; Schaefer et al., 2018), objectification is



detrimental to various aspects of women's well-being. By illuminating Black women's experiences, we expand the body image literature and highlight unique opportunities for intervention.

It is critical that body image related mental health interventions for Black women are culturally relevant in that they consider how their experiences of sexual objectification are shaped by race- and gender-based oppression (Davies et al., 2021; Dunn et al., 2019). Buchanan and colleagues (2008) propose that culturally-relevant body image interventions at the individual (e.g., therapy) and structural level (e.g., community discussions and workshops) include: (1) culturally sensitive facilitation; (2) education about how history has shaped Black American women's body and beauty ideals; and (3) discussions about the role of socializing agents, such as one's family and the media, in perpetuating these ideals. Further, interventions that provide Black women with the tools to foster radical self-love, including a positive body image (i.e., critique Eurocentric and hegemonic body ideals, reduce body shame, promote body satisfaction and positive gendered racial identity, and cultivate a renewed connection to all that one's body can do at an individual, collective, and sociopolitical level) rather than those that solely reduce body dissatisfaction might be better suited to address their body image concerns and to promote positive well-being (Davies et al., 2021; Taylor, 2021; Tylka & Wood-Barcalow, 2015).

#### 4.2. Limitations and future directions

First, although informed by robust theoretical rationale, this study used a cross-sectional research design and correlational and regression analyses to assess the associations between Black women's experiences of gendered racial sexual objectification, body image, and depressive symptoms. Thus, we cannot determine the directionality of these associations nor make inferences regarding causality. Future research should use longitudinal and experimental methods to test these models.

Second, given that we did not propose hypotheses specific to Black women's sexual identity, we controlled for sexual orientation in our analyses. Although a majority of our sample (75.7%) identified as exclusively or predominately heterosexual/straight, a sizeable portion (24.2%) identified as bisexual or exclusively or predominately gay/lesbian. Although prior studies document how sexual minority women's nuanced objectification experiences compare to other groups (Moradi et al., 2019), less is known about the relationship between Black sexual minority women's experiences with gendered racial sexual objectification and their depressive symptoms. Future research should center Black sexual minority women's unique experiences and consider how sexual identity and gender presentation may influence this relationship.

Third, we could potentially improve how we measured body surveillance and current-ideal body image discrepancy. To our knowledge, no prior research has used the Attention to Body Shape scale (Beebe, 1995) to assess engagement in body surveillance among a sample of Black women, which may explain why the measure demonstrated only adequate reliability in our study. Future research might consider using item response theory to analyze the capacity of the Attention to Body Shape scale to measure Black women's engagement in body surveillance behaviors. Further, previous research has used the current study's current-ideal body image discrepancy measure to assess the difference between Black women's current and ideal figures (e.g., Cox et al., 2011). However, this measure was created based on body mass index (BMI) norms, and as such, may not represent the diversity of body shapes (i.e., hourglass, pear, rectangle, apple, etc.) and proportions that Black women have or may aspire to achieve. Future studies should use additional culturally relevant measures to assess Black women's body image and current-ideal discrepancy.

#### 4.3. Conclusion

Although Black women may share similar objectification experiences and pressures about their bodies with White women, Black women also navigate distinct, racialized and gendered experiences. The present study notes: (1) the limitations of objectification theory and dominant body image literature to capture Black women's unique body concerns and gendered racial sexual objectification; and (2) provides a quantitative examination of how Black women's sexual objectification experiences and socio-cultural pressures that they face to attain unrealistic body ideals are associated with depressive symptoms. Findings highlight the complexity of Black women's body image concerns and demonstrate how the deleterious mental health impact (i.e., increased depressive symptoms) of their sexual objectification experiences persists across low and high engagement in body monitoring and management behaviors.

#### Credit authorship contribution statement

**Alexis G. Stanton:** Conceptualization, Methodology, Formal analysis, Investigation, Data curation, Writing – original draft, Writing – review & editing, Visualization, Supervision, Project administration. **Lanice R. Avery:** Conceptualization, Methodology, Investigation, Writing – review & editing, Supervision, Project administration, Funding acquisition. **Sara Matsuzaka:** Methodology, Formal analysis, Data curation, Writing – review & editing, Visualization. **Sarah Espinel:** Writing – review & editing.

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#### Ethics Approval

The questionnaire and methodology for this study was approved by Institutional Review Board for the Social and Behavioral Sciences at the University of Virginia (protocol number: 2538).

#### Consent to Participate

Informed consent was obtained from all individual participants included in the study.

#### Consent to Publish

The authors affirm that participants provided informed consent for publication of the overall results of the study.

#### Author Contributions

All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by Alexis G. Stanton and Lanice R. Avery. The first draft of the manuscript was written by Alexis G. Stanton and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

#### Conflict of Interest

The authors declare that they have no conflict of interest.

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