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Running Head: SELF- AND PARTNER-OBJECTIFICATION WITHIN SAME-SEX RELATIONSHIPS

The Power of the Gaze:
Self- and Partner-Objectification Within Same-Sex Relationships

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Bridgewater State University

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Abstract

Most of the literature concerning objectification is focused on the individual experiences and the consequences that manifest from objectification. This study sought to address the gap in the existing literature on objectification theory by examining self- and partner- objectification in the context of same-sex relationships. The primary hypothesis of the current study is that gay men experience higher levels of self-objectification and partner-objectification than do lesbian women. A secondary aim of the study was to explore related variables, including enjoyment of sexualization, drive for muscularity, thinness attitudes, internalized heterosexism, and fear of HIV/AIDS. Participants were gay men ($n = 32$) and lesbian women ($n = 43$), from across the United States, who were currently in a relationship. Results from an online survey revealed that gay men had marginally higher levels of self-objectification and statistically significant higher levels of partner-objectification than lesbian women; self-objectification was significantly positively correlated to thinness attitudes, marginally positively correlated with body shame and fear of HIV/AIDS; and partner-objectification was significantly positively correlated with internalized heterosexism. These results highlight the importance of studying self- and partner-objectification within same-sex relationships.

Keywords: objectification, homosexuality, romantic relationships, male gaze, self-objectification, HIV/AIDS, muscularity, thinness

The Power of the Gaze:

Self- and Partner-Objectification Within Same-Sex Relationships

In Western society, men have been acculturated to gaze at women as sex objects: to dehumanize and reduce them to ‘things,’ whose main purpose is to provide sexual gratification (Nussbaum, 1995). This theory has become widely known as Objectification Theory, popularized by Fredrickson & Roberts (1997). Generally, women are objectified by men; this implies that objectification is a gendered phenomenon (for review see Moradi & Huang, 2008). A man viewing a woman in a sexualized manner is commonly called the ‘male gaze.’ The man will look upon the woman in an objectifying manner, and these looks are usually prolonged, unwanted, and unreciprocated (Fredrickson & Roberts, 1997). When subjected to the recurring male gaze, he or she begins to internalize the suspected evaluation of the viewer (i.e., the person begins to view him or herself as an object). This is understood as “self-objectification” (Fredrickson & Roberts, 1997). There is little controversy about the importance of the male gaze in the study of self-objectification. Indeed, as early as 1997, Fredrickson & Roberts postulated that the male gaze might be a causal contributor to self-objectification. There is a great deal of research to support this claim that focuses on heterosexual women who internalize this gaze, and thus suffer the psychological consequences associated with self-objectification such as shame (e.g., Engeln-Maddox, Miller, & Doyle, 2011), anxiety (e.g., Kozak, Frankenhauser, & Roberts, 2009), depression (e.g., Szymanski & Henning, 2007), and eating disorders (e.g., Szymanski, Moffitt, & Carr, 2011).

Furthermore, once a person begins this process of self-objectification, they may carry these views of themselves into other social spheres and begin objectifying others (see Engeln-Maddox et al., 2011; Strelan & Hargreaves, 2005; Szymanski et al., 2011; Wiseman & Moradi,

2010; Wrench & Knapp, 2008). For example, it may be the case that in romantic relationships, people who objectify themselves may begin to objectify their partner, requiring them to conform to certain appearance-based standards. In other words, one begins thinking of his or her intimate partner as an object, rather than as an equal partner with his or her own thoughts and feelings. This phenomenon is referred to as “partner-objectification” (Zurbriggen, Ramsey & Jaworski, 2011).

It is unclear whether partner-objectification is primarily a positive or negative experience. The act of objectifying another person might have negative consequences when it comes to intimate relationships (Zurbriggen et al., 2011). The results of a study that looked at self- and partner-objectification in romantic relationships found that partner-objectification was related, for both heterosexual men and heterosexual women, with decreased satisfaction in a relationship (Zurbriggen et al., 2011). However, it may be argued that objectification is only offensive if it persists throughout an intimate adult relationship, but as in stages in a relationship, partner-objectification might not be offensive, and might be relatively pleasing (Nussbaum, 1995). In other words, consenting adults in a romantic relationship might find that objectifying their partner heightens their sexual arousal for one another, thereby providing a more sexually gratifying experience. Ergo, due to the assertion that objectification within romantic relationships might actually be healthy as opposed to the results of studies that report objectification lends its way to negative consequences, intimate relationships are an important domain for examining self- and partner-objectification. Therefore, the purpose of this study was to contribute to the literature and academic understanding of self- and partner-objectification within the scope of intimate relationships among gay men and lesbian women.

Self-Objectification

Objectification theory was popularized by Fredrickson & Roberts (1997). In their landmark article, Frederickson and Roberts posit that the human body, especially the female body, is viewed not as a whole, but as a composite of individual parts. Some body parts are viewed as commodities highly valued by the opposite sex (Fredrickson & Roberts, 1997; Nussbaum, 1995). Self-objectification manifests itself in a greater emphasis placed on one's appearance attributes (rather than competence-based attributes), how frequently one watches his or her appearance, and how one experiences his or her body according to how it looks rather than how it feels or what it can do (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996; Szymanski et al., 2011).

Self-objectification is generally thought of as predominately affecting heterosexual women; however, research has begun to explore this phenomenon with heterosexual men, gay men, and lesbian women (see Engeln-Maddox et al., 2011; Haines et al., 2008; Hill & Fischer, 2008; Kozak et al., 2009; Martins, Tiggemann & Kirkbride, 2007; Michaels, Parent & Moradi, 2012; Wiseman & Moradi, 2010). In several studies it was found that heterosexual men scored lower than lesbian women, gay men, and heterosexual women on self-objectification, while gay men scored significantly higher than heterosexual men and lesbian women on self-objectification (see Engeln-Maddox et al., 2011; Kozak et al., 2009; Martins et al., 2007). However, one study showed that within the lesbian population, those that reported higher levels of body surveillance attended to their appearance and scrutinized their body even more than heterosexual women and gay men (Kozee & Tylka, 2006). Furthermore, it was found that gay men reported levels of body surveillance similar to those of heterosexual women. Thus, there is not a consensus in the literature concerning self-objectification as it relates to lesbian women.

A few studies suggest that the negative psychological consequences that heterosexual women face also affect lesbian women and gay men. One study found that lesbian women experience negative consequences of self-objectification such as shame and depression (Haines et al., 2008). Another study reported that the psychological consequences of self-objectification was higher with gay men than with heterosexual men (Martins et al., 2007), in particular, body shame. It has also been shown that gay men were objectified not only by the self but also by other gay men, and may be vulnerable to the same negative consequences that heterosexual women face, such as cognitive deficits, body dissatisfaction, restrained eating, and feelings of shame and anxiety (Kozak et al., 2009). Thus, in the current study the hypothesis was that gay men experience higher levels of self-objectification than do lesbian women.

Partner-Objectification

The primary domain of research on objectification theory has been centered on self-objectification. However, objectification theory (Fredrickson and Roberts, 1997) posits that self-objectification is an internalization of the male gaze; in other words, when someone feels objectified by other people, they are more likely to self-objectify. In fact, there are numerous studies that have shown how objectification by others is possibly turned inward as self-objectification (see Moradi & Huang, 2008, for a review). On the other hand, people who self-objectify might then begin to objectify others, such as their partner. From here, the partner could then begin to self-objectify, creating a vicious cycle between self- and partner-objectification. A major aim of this paper was to examine the link between self- and partner-objectification within same-sex relationships. Because there is no research that has been conducted in this domain, we exclusively look at intimate relationships as a potentially rich area to garner information and extend objectification theory.

This concept of partner-objectification is a relatively new area of research, and therefore little research has been conducted. In a study that looked at self- and partner-objectification in romantic relationships, it was found that self- and partner-objectification were positively correlated; higher levels of partner-objectification and self-objectification were linked together (Zurbriggen et al., 2011). This relationship was stronger in men than it was in women. Men reported higher levels of partner-objectification than did women; however, both men and women reported similar levels of self-objectification. Moreover, partner-objectification was linked with decreased levels of relationship satisfaction and (for men) sexual satisfaction.

Although some studies have examined self-objectification in sexual minority populations, there is none concerning same-sex relationships. This is an important area that needs investigation, because the negative consequences of objectification might also apply to same-sex relationships. It has been theorized that gay men have a tendency to largely attribute a higher degree of emphasis on attractiveness than do heterosexuals and lesbian women, with physical appearances being more crucial to their private and social identities (Wood, 2004). A study was conducted that investigated male sexual orientation regarding self-objectification and objectification of others (Kozak et al., 2009). The results suggested that among gay men, the more one identifies oneself in terms of external, appearance-based characteristics, the more one will view potential mates (other men) in a similarly objectified manner.

Furthermore, it has been theorized that lesbian women put less emphasis on their own perceptions of physical attractiveness as well as societal standards of beauty (Wood, 2004). In support of this idea, it has been shown that lesbian women place less investment in their appearance than do gay men, and lesbian women were more likely to be satisfied with discrete aspects of their appearance than gay men were (Wagenbach, 2003; Wrench & Knapp, 2008).

Consistent with this, another study found that lesbian women were more personally satisfied than gay men with their nose, teeth, buttocks, and skin (Swami, 2009). Also, compared to gay men, lesbian women were more satisfied with their partners' bodily features of weight, size, shape, and height. However, the same study reported gay men and lesbian women as having rated their partners as significantly more attractive than themselves.

A possible explanation for these results would be to speculate that while gay men are socialized as men, they are objectified like heterosexual women because both groups seek the companionship of men. Recently, some research has emerged examining how the male gaze influences gay men and lesbian women. It has been postulated that the two groups most likely to seek out men as romantic or sexual partners, and to be pursued by men as partners (gay men and heterosexual women), were the most vulnerable to the psychological experiences associated with the male gaze (Engeln-Maddox et al., 2011). The experience of objectification by a romantic partner was associated with increased emphasis on physical attractiveness, greater body dissatisfaction, more body-related shame, and greater vulnerability to eating disorders (Siever, 1996). This serves to reinforce the internal conflict leading to self- and partner- objectification. In fact, several studies have found that for gay men, there was a strong overlap between self-objectification and the degree to which other men were objectified (see Kozak et al., 2009; Martins et al., 2007). Therefore, an aim of this study was to extend the theory of objectification by looking at the phenomenon of partner-objectification within same-sex relationships, specifically to examine if gay men would report higher levels of partner-objectification than lesbian women.

Enjoyment of Sexualization

Sexualization occurs when individuals are regarded as sex objects and are evaluated in terms of their physical characteristics rather than other characteristics, such as cognitive ability. Sexualization has four constituents and is said to occur with the event of one of the following (American Psychological Association, 2007): one's moral value comes only from their physical attributes, one is held to a societal standard of beauty, one is sexually objectified, and/ or sexuality is improperly forced upon an individual. While it would seem to suggest that sexualization has negative connotations, some women may find power in being sexualized, and thus experience some positive psychological effects (e.g., Goldenberg, Cooper, Heflick, Routledge, & Arndt, 2011). These women might find a rise in self-esteem, self-confidence, self-efficacy, positive body image, etc. A recent study that consisted of 227 heterosexual women looked at the enjoyment of sexualization and concluded that some women do in fact enjoy the attention they receive when men look at them in a sexual way (Liss, Erchull, & Ramsey, 2011). However, women who reported that they enjoyed being sexualized were more likely to report that they engaged in self-sexualizing behaviors, self-objectified, felt shame about their bodies, and gained self-esteem from feeling attractive. These women were also more likely to report experiencing sexual objectification from others (Liss et al., 2011).

In another study consisting of 150 male and female undergrads, it was found that the objectifying gaze motivates women to engage in more interaction with the person objectifying them (Gervais, Vescio, & Allen, 2011). In other words, those women in the objectifying gaze condition reported that they would like to have future interaction with the person who is objectifying them. The overall results showed that men reported less body discontent, body shame, and body surveillance than did women. Therefore, it appears that some women do enjoy objectification, even though the consequences of sexualization are mixed at best.

To date there has been no research on whether gay men and lesbian women show any enjoyment of sexualization, which seems surprising since it has been theorized that while feminists have been fighting in opposition to the male gaze, many gay men are fighting fervently for it (Wood, 2004). The male gaze conveys acceptance, attractiveness, and sexual desirability. If a gay man does not generate looks from other gay men, he may have a tendency to feel unattractive, undesirable, and alienated. Gay men tend to enjoy being viewed as objects of sexual desire, and they were more prone to indulge in acts of sexual promiscuity, as compared to their counterparts (Kelly, Bimbi, Nanin, Izienicki, & Parsons, 2009). In a study consisting of 1,543 respondents (1,214 men and 329 women), self-identified as either lesbian women, gay men, or bisexual, it was found that gay men and bisexual men were higher in sexual compulsivity (sexual addiction or impulsivity) than were lesbian women and bisexual women. Therefore, in the present study we predicted that gay men would report higher enjoyment of the sexualizing gaze and the attention received from others. This may motivate gay men to place stronger emphasis on appearance compared to lesbian women who are less likely to seek the sexualizing gaze, which could contribute to the tendency for gay men to report higher levels of both self- and partner-objectification.

Internalized Heterosexism

One reason why objectification has been understudied in same-sex relationships is that this population is very small and hard to reach due to the various fears these individuals have about their sexual disclosure. These fears stem from the internalization of cultural and gender standards within western society. In everyday society, there are stories of discrimination and victimization of those whose sexual orientation does not conform to conventional gender models (for review see Herek, 1990; Reilly & Rudd, 2006). This is understood as heterosexism.

Heterosexism has been defined as the conceptual supposition that rejects, vilifies, and denounces any non-heterosexual form of behaviour, individuality, association, or community. It is possible for gay men and lesbian women to internalize heterosexism by encompassing negative attitudes towards disclosure of homosexuality, other gay men and lesbian women, social comfort with gay individuals, and moral or religious acceptability of being homosexual. Therefore, due to the internalization of cultural standards within the western society to conform to gender roles, it is suspected that these internalized standards will increase how much one objectifies oneself and objectifies others when subjected to the male gaze.

As the male gaze is a significant part of heterosexuality, lesbian women who were high in internalized heterosexism may value the male gaze and consequently be more likely to self-objectify, even though they were not pursuing sexual relationships with men (Haines et al., 2008). Moreover, a link between internalized heterosexism and body image has been examined among gay men (Greentree & Lewis, 2011; Reilly & Rudd, 2006; Wiseman & Moradi, 2010), with results showing that attitudes toward one's own gay sexual orientation predicted appearance evaluation, appearance satisfaction, and self-esteem, whereas attitudes toward others' gay sexual orientation predicted bulimic behaviors (Reilly & Rudd, 2006). In a study that consisted of 180 male students from a university in Israel, it was found that as compared to heterosexual men, gay men reported lower levels of self-acceptance and greater body image awareness (Gil, 2007). The decreased level of self-acceptance may stem from internalized heterosexism. Additionally, levels of internalized heterosexism have been shown to have negative consequences for gay men and lesbian women's mental health, affecting levels of depression, alcoholism, and self-esteem (Igartua, Gill, & Montoro, 2003). Since this variable has not been examined as a predictor of self- and partner-objectification among lesbian women and gay men in same-sex relationships,

we predicted that gay men who score higher on measures of internalized heterosexism would report higher levels of self- and partner-objectification than do lesbian women.

Drive for Muscularity & Attitudes towards Thinness

Muscularity plays a dominant role in gay men's perceptions of masculinity, attractiveness, self-esteem, and ability to attract a potential partner (e.g., Drummond, 2005; Kaminski et al., 2005). It has been theorized that gay men might conform to masculine norms in response to their perceived inadequacy and gender nonconformity by putting greater importance on their body shape (Wood, 2004). A motive for gay men to desire an increase of muscularity includes stimulating personal attraction, and the craving to attract sexual and romantic partners who are perceived as being analogous in desirability (see Martins et al., 2008; Swami & Tovée, 2008; Tylka & Andorka, 2012). A plausible assumption for this may be that the unrealistic sociocultural cues of muscularity may be more rampant within the gay male community.

However, when looking at drive for muscularity/ thinness within the lesbian community it has been found that lesbian women were less concerned with dieting and thinness than were gay men (Wagenbach, 2003). At a summer gay pride fair in Sacramento, California, volunteers completed an anonymous questionnaire that surveyed aesthetic and non-aesthetic reasons for exercise (Cogan, 1999). Eighty-eight percent of the women self-identified as lesbian women and 12% as bisexual women. The results of the survey found that lesbian women and bisexual women exercised for more functional reasons rather than to attain traditional beauty goals. Therefore, we predict that gay men will have a higher drive for muscularity than lesbian women do, because lesbian women are not under the same social pressure to adhere to current standards of beauty and thus are less prone to self- and partner-objectification.

Relationship between Drive for Muscularity/Thinness and Fear of HIV/AIDS

Another reason that drive for muscularity/ thinness might be an important domain to investigate within same-sex relationships is because there might be a link between the perceived stigma of having contracted HIV/AIDS if he or she appears thin and without muscle tone. It has been theorized that because of the AIDS epidemic, gay sex became associated with HIV/ AIDS, even though most cases of HIV/AIDS were not because of gay sex (Altman, et al., 2012). Therefore, gay men felt there was a need to be perceived as healthy by becoming muscular (Wood, 2004). Buff muscular bodies consisting of a large upper body and large biceps helps to boost the immune system and represents to the public that he is not suffering from HIV/AIDS (Wood, 2004).

There have been few studies that specifically surveyed the link between drive for muscularity and sexual risk (Brennan, Craig, & Thompson, 2012). One such study recruited 400 participants who self-identified as lesbian women, gay men, bisexual and transgender at a festival. The results found that having a high risk for disordered eating symptomology, high levels of internalized heterosexism, higher levels of depression, and having ever been diagnosed with an STI, predicted a higher score on the Drive for Muscularity scale (Brennan et al., 2012). Gay men and lesbian women who appear thin and without muscle tone, may be subjected to the stigma of having contracted HIV/ AIDS. Ergo, we predict that drive for muscularity is linked to the fear of HIV/AIDS with gay men and not for lesbian women. A disease-free appearance is extremely important in a culture that objectifies based upon appearance; therefore those whose appearance is tone and buff might be perceived as disease-free. We also predict that fear of HIV/AIDS will be correlated with self- and partner-objectification.

Overview of Present Study

This study sought to add to the existing knowledge of objectification theory by examining self- and partner- objectification in the context of same-sex relationships. First, we tested objectification theory within the domain of same-sex relationships. Second, we examined connections between variables such as self-objectification, partner-objectification, enjoyment of sexualization, drive for muscularity, attitudes regarding thinness, internalized heterosexism, and fear of HIV/ AIDS, in a sample of gay men and lesbian women who were currently in a relationship. By exploring the context of same-sex relationships, we will add to the current literature that has previously explored some of these variables within the heterosexual population.

Our main research questions were: Do gay men objectify themselves and their partners' more than lesbian women? How does enjoyment of sexualization, drive for muscularity, attitudes regarding thinness, internalized heterosexism, and fear of HIV/AIDS relate to self- and partner-objectification for lesbian women and gay men? In order to answer these questions the following hypotheses were tested in the present study.

- H1. Gay men experience higher levels of self- and partner-objectification than do lesbian women
- H2. Self- and partner-objectification will be positively correlated
- H3. Enjoyment of sexualization, Internalized Heterosexism, OBCS-Shame, OBCS-Control, Drive for Muscularity, Attitudes for Thinness, and Fear of HIV/AIDS will be positively correlated to self- and partner-objectification

Method

Participants

Data were collected from 75 individuals who self-identified as gay (42.7%) or lesbian (57.3%). Participants ranged in age from 18 to 63 years old, ($M = 27.68$; $Mdn = 31.5$; $SD = 10.08$). Participants were from across the United States. Most participants were White (77.3%), but African American (2.7%), Asian/Pacific (9.3%), Latino (4.0%), and Multiracial (6.7%) were represented. Political positions of the participants were Independent (29.7%), Democrat (59.5%), Republican (2.7%), or Other (8.1%), and participants considered themselves Very Liberal (17.3%), Liberal (52.0%), Moderate (26.7%), or Conservative (4.0%). The participants reported their economic status as working class (22.7%), middle class (52.0%), upper middle class (24.0%), and wealthy (1.3%). Participants reported their relationship status as dating (17.3%), steady partner (41.3%), engaged (5.3%), living together (18.7%), and married (17.3%).

Procedure

The survey was made available utilizing Qualtrics online survey software. We utilized Internet data collection for recruiting sexual minority people, due to this target population being difficult to reach and some of whom may not feel at ease to participate in person. Advertisements were sent to online groups for lesbian, gay, bisexual, and transgender (LGBT) individuals (e.g., University Pride Centers across the United States, Community Pride Centers across the United States, and Facebook LGBT groups). Moreover, advertisements were distributed through researchers' personal contacts, and personal contacts were invited to distribute the survey to their contacts in order to increase survey sample size.

Advertisements invited participants to the web link for a survey study about same sex relationships. Upon connecting to the survey, the informed consent was presented outlining the confidentiality of responses and voluntary nature of participation; no compensation was offered to individual participants. However, upon completion of the survey, the participants were invited

to select one of three LGBT groups where a monetary donation would be made once the survey was closed. Furthermore, participants were presented with the criteria they needed to meet in order to participate: (a) must be 18 years of age, (b) must be either gay men or lesbian women, and (c) must be in a current relationship. Participants clicked the “Start” button, which indicated that they read and understood the consent form, criteria for participation, and agreed to participate. The total of 117 submissions were screened to eliminate (a) responses of being heterosexual, bisexual, or transgender, (b) incomplete submissions, (c) those who were not in a current relationship, and (d) those who answered questions based upon a previous relationship, resulting in a final sample size of 75.

Measures

Objectified Body Consciousness Scale (OBCS). This is a 24-item scale, used to measure the elements of self-objectification (McKinley & Hyde, 1996). The current study utilized the surveillance section of the OBCS to measure self-objectification (e.g., “I rarely compare how I look with how other people look”), body shame to measure the consequences of self-objectification (e.g., “I would be ashamed for people to know what I really weigh”), and control beliefs to measure eating disorders (e.g., “I think a person can look pretty much how they want to if they are willing to work at it”) were measured on a 1-to-6 Likert-type scale (disagree strongly/disagree/disagree mildly/ agree/ agree mildly/ agree strongly). Higher scores indicate higher levels of self-objectification. The original investigation (McKinley & Hyde, 1996) determined that the OBCS had good construct validity and reliability. Cronbach’s alphas from the original investigation were .89 for surveillance, .75 for body shame, and .72 for control beliefs (McKinley & Hyde, 1996). Cronbach’s alphas for the current study were .80 for surveillance, .75 for body shame, and .78 for control beliefs.

Modified Version of the Measure of Partner-Objectification. This is an 8-item scale used to measure partner-objectification (Zurbriggen et al., 2011). Statements such as “I think it is more important that my partner's clothes are comfortable than whether they look good on him or her” were measured on a 1-to-7 Likert-type scale (disagree strongly/moderately/mildly, neither agree nor disagree, agree mildly/moderately/strongly). The Cronbach’s alpha for partner-objectification was .67 (Zurbriggen et al., 2011). Cronbach’s alpha for the current study was .65.

Enjoyment of Sexualization Scale (ESS). This is an 8-item scale used to measure the enjoyment of sexualization (Liss et al., 2011). Item responses ranged from 1 (Disagree strongly) to 6 (Agree strongly) on a 6-point scale. Items include such statements as “When I wear revealing clothing, I feel sexy and in control” and “I like showing off my body.” We changed the wording from “beautiful” to “hot” in question 8 in order to make it more neutral for both male and female participants. In addition, for female participants, we changed the words representing “men” to “women.” Cronbach’s alpha for enjoyment of sexualization was .86 (Liss et al., 2011). Cronbach’s alpha for the current study was .79.

Internalized Heterosexism Scale. This is a 4-item scale used to measure attitudes about homosexuality (Johnson, Carrico, Chesney, & Morin, 2008). Statements such as “I am glad to be gay” (reverse scored) and “Whenever I think a lot about being gay, I feel critical about myself” were rated on a 6-point Likert-type scale ranging from 1 (strongly disagree) to 6 (strongly agree), with higher scores indicating higher internalized heterosexism. Cronbach’s Alpha was .77 (Johnson et al., 2008) and for the current study was .76.

Drive for Muscularity Attitudes Questionnaire (DMAQ). The Drive for Muscularity scale, (Morrison, Morrison, Hopkins, & Rowan, 2004), used to measure how satisfied a person is with their muscularity (e.g. “I should work out more to increase muscle mass”) as well as

dispositions linked with increasing muscle mass (e.g. “When I see a guy who is really muscular, it inspires me to get bigger myself”). This scale consists of 8-items and is rated on a five-point Likert-type format (1 = strongly disagree, 5 = strongly agree). Two items are reverse coded so that a higher score indicates a higher level of drive for muscularity. Cronbach’s alpha for the eight-item DMAQ was .84, which suggests good reliability (Morrison et al., 2004). Cronbach’s alpha for the current study was .82.

Conformity to Feminine Norms Inventory (CFNI). The Thinness subscale of the Conformity to Feminine Norms Inventory was used to measure thinness attitudes (Mahalik et al., 2005). This section consists of 11 questions. Statements such as “I am always trying to lose weight,” and “I would only diet if a doctor ordered me to do so” were measured on a 4-point Likert-type scale of "Strongly Disagree," "Disagree," "Agree," "Strongly agree." Cronbach’s alpha for Thinness was .88 (Mahalik et al., 2005). Cronbach’s alpha for the current study was .87.

Sexual Attitudes and Behaviors Questionnaire. The sexual attitudes and behaviors questionnaire was used to measure attitudes towards sexually transmitted disease (Pendergrast, DuRant, & Gaillard, 1992). We utilized the Summarized Attitudinal Scales Regarding Serious Adverse Outcomes of Sexual Activity. We used one question from this section (e.g. “How worried are you that you might get the AIDS virus?”) This question was rated on a 5-point Likert-type scale (not at all worried, a little worried, worried, somewhat worried, and very worried).

Results

Comparing Gay Men & Lesbian Women In order to test the hypothesis that gay men experience higher levels of self-objectification and partner-objectification than do lesbian

women, independent samples t-tests were conducted (see Table 1 for results). Our first independent samples t-test revealed that, as expected, gay men had a marginally significant higher level of self-objectification (i.e., surveillance) than did lesbian women. Our second independent samples t-test revealed that, as expected, gay men had a statistically significantly higher level of partner-objectification than did lesbian women. Therefore, H1, that gay men experience higher levels of self- and partner-objectification than do lesbian women, was supported.

Correlations between Self- and Partner-Objectification

To test which of the measured variables were related to self- and partner-objectification, bivariate correlations among self- and partner-objectification and the other measured variables among the whole sample (i.e., including both gay men and lesbian women) were conducted (see Table 2 for the results). Self- and partner-objectification were significantly positively correlated, supporting H2, such that individuals who objectified their partner tended to also objectify themselves.

Correlations with Self-Objectification

The correlational analyses revealed that self-objectification was significantly positively correlated with attitudes for thinness and body shame, supporting H3. This suggests that the more one self-objectifies, the psychological manifestations of self-objectification (i.e., drive for thinness and body shame) increase. Self-objectification was marginally positively correlated with fear of HIV/AIDS, supporting H3, such that those high on self-objectification experienced increased fears of contracting HIV/AIDS.

Correlations with Partner-Objectification

As seen in Table 2, partner-objectification was significantly positively correlated with enjoyment of sexualization, supporting H3. This suggests that the more one objectifies his or her partner, the more one enjoys being sexualized. Furthermore, partner-objectification was significantly positively correlated with internalized heterosexism and fear of HIV/AIDS, supporting H3. This suggests that those who objectify their partner have an increased perception of the stigma of homosexuality and an increased fear of contracting HIV/AIDS.

Correlations Among Gay Men and Lesbian Women Separately

Because these correlations were conducted with the entire sample (i.e., including both gay men and lesbian women), there might be a statistical artifact of the mean differences between gay men and lesbian women. That is, partner- and self-objectification may be correlated because gay men reported higher mean scores on both of these variables compared to lesbian women. Therefore, correlational analyses were conducted among gay men and lesbian women separately.

Table 3 presents the correlations between self- and partner- objectification and the other variables among gay men. Results show that for gay men, self-objectification was significantly positively correlated to drive for thinness and marginally positively correlated with body shame, supporting H3. This suggests that gay men who self-objectify tend to be more concerned with body weight and have a tendency for increased feelings of shame. Moreover, partner-objectification was significantly positively correlated with internalized heterosexism, supporting H3, for gay men. This might suggest that gay men who were high in partner-objectification might have an increased focus on the stigmas associated with homosexuality.

Table 4 presents the correlations between self- and partner-objectification and the other variables among lesbian women. Results indicated that a significant positive correlation was

found between self-objectification and shame, and a marginally positive correlation between self-objectification and drive for thinness, supporting H3. These results suggest that lesbian women high in self-objectification have a tendency for increased feelings of body shame and increased weight concerns. Furthermore, a significant negative correlation was found between self-objectification and control beliefs. Therefore, this supports part of H3 in that we had predicted that OBCS-Control and self-objectification would be positively correlated. This suggests that lesbian women high in self-objectification were less likely to feel that they can control how their body looks. Furthermore, partner-objectification was marginally positively correlated with the enjoyment of sexualization, supporting H3. This might suggest that for lesbian women, the more they objectify their partner, the more they enjoy being sexualized. Partner-objectification was marginally positively correlated with self-objectification, supporting H2. This suggests there might be a tendency for lesbian women who were high in self-objectification to objectify their partner.

Discussion

A major aim of this correlational study was to examine the link between self- and partner-objectification, and how the variables of enjoyment of sexualization, drive for muscularity, attitudes regarding thinness, internalized heterosexism, fear of HIV/ AIDS, correlated differently for gay men and lesbian women, who were currently in a same-sex relationship. This work advances the literature on self- and partner-objectification in two ways. First, the main contribution of this study is that it specifically examines objectification in the context of same-sex relationships by including both gay men and lesbian women in our sample. Second, we looked at the similarities and the differences between the two groups to expand our knowledge of objectification theory. The current study provides preliminary correlational

evidence that self- and partner-objectification extends outside the heterosexual population to include same-sex relationships.

The primary hypothesis tested in this study was that gay men would have higher levels of self- and partner-objectification than lesbian women. The results suggested that gay men do in fact partner-objectify significantly more than do lesbian women. For gay men, it might be the case that partner-objectification precedes self-objectification as suggested in previous research (Moradi & Huang, 2008). Furthermore, it might be suggested that because the gay community places a high emphasis on appearance that gay men seek a partner who is analogous to them (e.g., Martins et al., 2008) resulting in partner-objectification. Further research ought to be conducted to flesh out why it might be that gay men tend to partner-objectify more so than lesbian women.

Moreover, the results showed that gay men only marginally self-objectified more than lesbian women. This finding was expected because previous literature has suggested that lesbian women tend to self-objectify less because they do not seek the attention of a man and do not adhere to the social standards of beauty (Haines et al., 2008). Thus, lesbian women might transcend social norms of beauty. Further research might want to investigate the dynamics of beauty standards among and between these gay men and lesbian women in same-sex relationships and as individual members of society.

Furthermore, when separate correlations were completed for our individual groups (i.e., gay men and lesbian women), the results showed that self- and partner-objectification did not correlate for gay men. This result is inconsistent with previous literature in that it has been reported that among gay men, the more one tends to identify oneself in terms of external, appearance-based characteristics, the more one will tend to construe potential mates (other men)

in a similarly objectified manner (e.g., Kozak et al., 2009). This might suggest that gay men, more so than heterosexual men and women, tend to view others as they view themselves. Moreover, the fact that self- and partner-objectification did not correlate for gay men might suggest that there was not a large enough sample size to detect statistical power. However, because this sample of gay men was in committed relationships, it might be the case that these men no longer place a strong emphasis on the male gaze and no longer seek the male gaze from others. The lack of emphasis placed upon the male gaze might offer protection from self- and partner-objectification in relationships, whereas if the sample were not in committed relationships, there might have been a correlation between self- and partner-objectification. Further research ought to tease out the difference in relationship status to investigate the differences between relationship status and self- and partner-objectification.

However, the results did show a marginal correlation for lesbian women. This might imply that as cultural standards of beauty continually shift, lesbian women might find themselves adhering more to these standards of cultural beauty because they do not want to be labeled as gender non-conformists. Therefore, lesbian women might attend to their outward appearance and monitor their bodies slightly more than gay men. Further research might investigate the differences within same-sex relationships to see if supportive differences affect how these two groups may or may not be protected from cultural standards of beauty. Therefore, these findings suggest that further research into the domain of same-sex relationships, as it relates to self- and partner-objectification, should explore a theory that explains why self- and partner-objectification correlate for lesbian women but not for gay men.

Contrary to our third hypothesis, enjoyment of sexualization was not correlated to self- or partner-objectification for gay men. This finding was surprising given the emphasis gay men

place on attractiveness (e.g., Tylka & Andorka, 2012). A plausible explanation as to why enjoyment of sexualization was not correlated with self- and partner-objectification in this sample of gay men might be that because these men were in current relationships, and being viewed as a sex object might be enjoyable, thus, not turned inward to cause self-objectification. Moreover, viewing one's partner as a sex object might be a wonderful experience as long as it is within the scope of a respectful, loving relationship (Nussbaum, 1995).

For lesbian women, enjoyment of sexualization was marginally positively correlated to self-objectification, and not for partner-objectification. This was consistent with previous literature where women who reported that they enjoyed being sexualized were more likely to report that they engaged in self-sexualizing behaviors, self-objectified, felt shame about their bodies, and gained self-esteem from feeling attractive (e.g., Liss et al., 2011). This might suggest that even though one self-objectifies after experiencing sexualization, the increase in self-esteem from feeling attractive carries over into a positive experience for one's partner; therefore, partner-objectification is not experienced as a negative but as a positive, as Nussbaum (1995) suggested. For example, enjoyment of sexualization is a positive experience when two people engage in the act of sexual intercourse. Each person derives pleasure from providing the other pleasure; therefore objectifying one's lover increases the pleasure derived from sexual activities.

For gay men and lesbian women, the overall correlations showed that enjoyment of sexualization did significantly correlate with partner-objectification. This is consistent with previous literature that shows women may find power in being sexualized, and thus experienced some positive psychological effects (e.g., Goldenberg et al., 2011). These women might enjoy sexualization because it offers a rise in self-esteem, self-confidence, self-efficacy, and a positive body image. It might be the case that because this sample was in committed relationships that

each partner assumes that if he or she enjoys sexualization that the other will also. Therefore, in a committed relationship, partner-objectification might not be an issue.

However, enjoyment of sexualization did not correlate in the overall analysis with self-objectification. This might be because both the groups of interest tend to find it more stimulating to be viewed by another, whereas attempting to view oneself in a sexualizing manner is much harder to achieve. This is the first study to examine enjoyment of sexualization within the context of same-sex relationships; ergo, further research is warranted in this area.

It was predicted that gay men would score higher on internalized heterosexism than lesbian women, and that internalized heterosexism would be correlated with partner-objectification for gay men; this prediction was supported. One plausible explanation as to why gay men in this sample scored higher on internalized heterosexism than did lesbian women might be that these men tend to feel they have violated traditional gender standards that dominate male and female roles, and thus were subject to prejudices from other populations (e.g., Reilly & Rudd, 2006). This might suggest that as gay men internalize the social stigma, they begin to analyze their partner in a critical manner, i.e., partner-objectify. Objectifying one's partner to avoid the social stigmas might be an attempt to make sure each partner conforms to societal rules of gender conformity thereby reducing the possibility of being targeted by others as gender non-conformists.

Furthermore, internalized heterosexism did not correlate with self- or partner-objectification for lesbian women. As previous research noted, lesbian women who were high in internalized heterosexism may value the male gaze and consequently be more likely to self-objectify, even though they were not pursuing sexual relationships with men (Haines et al., 2008). Thus, it might be that the current sample of lesbian women did not place emphasis on the

male gaze. A stronger influence of the male gaze on lesbian women might be age dependent; i.e., lesbian women in their late teens to early twenties might feel stronger about the male gaze than someone in their fifties, although age was not controlled for in this study. Because this is the first study to examine internalized heterosexism and its relationship to self- and partner-objectification, further research is needed to explore this variable with its relationship to self- and partner-objectification.

The overall correlation revealed that drive for muscularity did not correlate with self- and partner-objectification. Moreover, drive for muscularity did not correlate with self- and partner-objectification for gay men when separate correlations were completed between the two groups of interest. This was surprising because previous literature showed that significant correlations were found between self-objectification and drive for muscularity for gay men (Greentree & Lewis, 2011). Furthermore, this was surprising because muscularity plays a dominant role in gay men's self-perception of attractiveness, masculinity, self-esteem, and ability to attract a partner (Drummond, 2005). This might suggest that drive for muscularity is not tied to the gay community and the pressures imposed upon its members in order to avoid social stigmas. This assumption would contradict previous literature (e.g., Hunt et al., 2012). It might be the case that drive for muscularity and self- and partner-objectification did not correlate because the sample in this study were involved in romantic relationships. Therefore, a motive for gay men to desire an increase of muscularity might not be tied to internalization of social standards, but to increase their enjoyment of sexualization within a romantic relationship. Ergo, further research is warranted in examining the link between gay and lesbian communities, self- and partner-objectification, and the role that drive for muscularity might or might not play in same-sex relationships.

The overall correlations showed that drive for thinness did correlate significantly positively with self-objectification and did not correlate with partner-objectification, and this result carried over when separate correlations were completed for gay men. Furthermore, the results showed that there was a marginal correlation between drive for thinness and self-objectification for lesbian women in this sample. This suggests that as one values the thin ideal more, he or she might tend to have a heightened awareness of his or her appearance and begin to self-objectify. Therefore, further research is needed to flesh out if a relationship between attitudes for thinness, social stigmas, and self- and partner-objectification have more in common than what is noted in this current study.

Overall independent t-tests showed that gay men have a marginally higher fear of HIV/AIDS than do lesbian women. This might be because some gay men partake in risky sexual behaviors (Kelly et al., 2009). Furthermore, this may be because the stigma surrounding a thin gay man might signify to the community that he has some type of illness, such as HIV/AIDS (Brennan et al., 2012), whereas this is not a significant concern for lesbian women. However, for gay men, drive for muscularity did not correlate with fear of HIV/AIDS when separate correlations were completed. This might suggest that gay men do not desire to gain muscle mass to signify they are disease-free, but to enhance their overall appearance and make themselves more attractive to a potential partner. This conjecture is marginally supported by the results of a separate correlational analysis for gay men. The result showed that fear of HIV/AIDS was marginally correlated to self-objectification for gay men. Therefore, the fear of HIV/AIDS tends to cause gay men to have a slightly increased awareness of bodily appearance.

For lesbian women, fear of HIV/AIDS was negatively and significantly correlated with drive for muscularity. This suggests that as their fear of HIV/AIDS decreases—their drive for

muscularity increases. Therefore, even though lesbian women do not necessarily exercise for appearance reasons, there seems to be a connection with valuing muscularity and a decreased fear of HIV/AIDS in this population. Furthermore, fear of HIV/AIDS did not correlate with self- and partner-objectification for this group. This might suggest that some lesbian women might feel as though they were less likely to acquire HIV/AIDS. Further research might want to explore the possibility that self- and partner-objectification, as well as drive for muscularity, might be correlated to HIV/AIDS in a population that is STI positive.

Limitations and Implications

The current study had several limitations. Given the correlational nature of the study, and a relatively small sample size of 75 participants, the results are speculative at best; therefore, generalization needs to be viewed cautiously. In this study, researchers used snowball sampling in order to obtain more participants; therefore, a random sample was not used and construct validity ought to be viewed cautiously. Another limitation was that partner-objectification had a relatively low alpha of .65 suggesting the findings related to partner-objectification need to be interpreted with caution. Although demographics were obtained in the current study, the researchers in this study did not control for things such as educational level, political affiliations, or socioeconomics, and these factors might have biased the results. Because this study was strictly correlational, researchers cannot determine causality. In addition, another limitation was that the results of this study might have been prejudiced by the order in which the questions were posed possibly creating a response bias.

Even with these limitations, this research will help in the growing knowledge of the dynamics of same-sex relationship and the roles of self- and partner-objectification within these relationships. To summarize, for gay men, self-objectification was associated with drive for

thinness, shame, and fear of HIV/AIDS. Partner-objectification was associated with internalized heterosexism. For lesbian women, self-objectification was associated with shame, control, and drive for thinness. Partner-objectification was associated with self-objectification and enjoyment of sexualization. Independent samples t-tests revealed that gay men had higher levels of self-objectification, partner-objectification, fear of HIV/AIDS, and drive for muscularity than lesbian women. Overall correlations revealed that self-objectification was associated with shame, fear of HIV/AIDS, drive for thinness, and enjoyment of sexualization. Partner-objectification was associated with self-objectification, fear of HIV/AIDS, internalized heterosexism, and enjoyment of sexualization. These findings might prove useful in clinical settings, and community outreach programs that work with gay men and lesbian women. Clinicians might find it useful to assess for issues related to self- and partner-objectification to detect possible negative mental health and behavioral risks. Furthermore, these findings might help in the development of preventative measures and interventions associated with self- and partner-objectification. Moreover, these results might assist in understanding the protections or lack there-of that the gay community might or might not offer, and these results might help in the development of focus groups specifically designed to address some of the unrealistic standards of beauty, and the various beliefs held by the gay population.

Suggestions for Future Research

This study advances our knowledge of objectification theory in same-sex relationships. Overall, this study illustrates that gay men and lesbian women in same-sex relationships are not impervious to self- and partner-objectification. In other words, gay men and lesbian women tend to self- and partner-objectify just as do heterosexual men and women. Future research ought to explore these variables more thoroughly as gay men and lesbian women are at risk for

developing some of the same mental health problems, similar to other populations, related to self- and partner-objectification. Future research should explore differences among races, culture, and other ostracized populations, as self- and partner-objectification might play a significantly different role. It might be that those members of other ostracized populations hold different standards of beauty than the Caucasian population, and this too would apply to the various cultures in western society. For example, the bisexual sub-culture might show higher levels of self- and partner-objectification as this group might have conflicting ideas of which standard of beauty to adhere to, and these beauty standards might be changing constantly depending upon which social environment one is currently participating in. Furthermore, for example, the transgender population might tend to have higher levels of self- and partner-objectification because this population has had a strong internal conflict of identity and that of what society has demanded of them concerning gender conformity.

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Table 1*Descriptive Statistics and Gender Differences*

	Lesbian Women	Gay Men	<i>t</i>
Partner-Objectification	3.09 (0.91)	3.60 (0.69)	2.47*
OBCS-Surveillance (Self-Objectification)	3.79 (0.75)	4.14 (0.74)	1.86†
OBCS-Shame	2.86 (0.92)	3.00 (0.77)	0.62
OBCS-Control	4.17 (0.77)	4.44 (0.79)	1.35
Fear of HIV/AIDS	14.78 (25.60)	28.90 (28.97)	1.72†
Drive for Thinness	2.56 (0.59)	2.62 (0.56)	0.40
Internalized Heterosexism	1.85 (0.76)	2.02 (0.87)	0.92
Enjoyment of Sexualization	3.35 (0.60)	3.24 (0.50)	-0.82
Drive for Muscularity	2.79 (0.68)	3.37 (0.70)	3.54***

Note. † $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2*Means, Standard Deviations, and Bivariate Correlations for Study Variables*

Survey Scale	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9
1. Partner-Objectification	3.30	0.87	-								
2. Self-Objectification-Surveillance	3.93	0.77	.33**	-							
3. OBCS-Shame	2.92	0.86	.01	.37**	-						
4. OBCS-Control	4.28	0.79	-.16	-.12	-.05	-					
5. Fear of HIV/AIDS	21.52	27.87	.25 [†]	.27 [†]	.09	-.08	-				
6. Drive for Thinness	2.59	0.58	-.10	.35**	.65***	.31**	-.13	-			
7. Internalized Heterosexism	1.92	0.82	.21 [†]	.17	.22 [†]	-.22	.10	.05	-		
8. Enjoyment of Sexualization	3.30	0.57	.23*	.15	-.03	.05	-.12	.09	-.05	-	
9. Drive for Muscularity	3.04	0.75	.04	.04	.01	.20 [†]	.04	.11	.02	.22 [†]	-

Note. [†] $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3*Means, Standard Deviations, and Bivariate Correlations for Study Variables: Gay Men*

Survey Scale	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9
1. Partner-Objectification	3.59	0.69	-								
2. Self-Objectification-Surveillance	4.14	0.74	.26	-							
3. OBCS-Shame	2.99	0.77	.28	.37 [†]	-						
4. OBCS-Control	4.43	0.79	-.25	.11	-.08	-					
5. Fear of HIV/AIDS	28.90	28.97	.25	.36 [†]	.15	-.13	-				
6. Drive for Thinness	2.62	0.56	.15	.46*	.63***	.39 [†]	-.06	-			
7. Internalized Heterosexism	2.02	0.87	.37*	.12	.44*	-.29	.12	.15	-		
8. Enjoyment of Sexualization	3.23	0.50	.25	.15	-.15	.28	.36 [†]	.27	-.13	-	
9. Drive for Muscularity	3.36	0.70	.14	.14	-.13	.07	.24	.07	.70	.52**	-

Note. [†] $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

Table 4*Means, Standard Deviations, and Bivariate Correlations for study variables for Lesbian Women*

Survey Scale	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9
1. Partner-Objectification	3.09	0.91	-								
2. Self-Objectification-Surveillance	3.78	0.75	.29 [†]	-							
3. OBCS-Shame	2.86	0.92	-.14	.36*	-						
4. OBCS-Control	4.16	0.77	-.20	-.35*	-.06	-					
5. Fear of HIV/AIDS	14.78	25.60	.16	.07	-.09	-.16	-				
6. Drive for Thinness	2.56	0.59	-.23	.29 [†]	.67***	.26	-.23	-			
7. Internalized Heterosexism	1.84	0.76	.08	.16	.08	-.23	.01	-.02	-		
8. Enjoyment of Sexualization	3.34	0.60	.29 [†]	.20	.05	-.05	-.51**	.02	.03	-	
9. Drive for Muscularity	2.78	0.68	-.19	-.21	.03	.22	-.48*	.12	-.07	.13	-

Note. [†] $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$