A Cross-cultural Study of Biological, Psychological, and Social Antecedents of Self-objectification in Italy and Romania

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Abstract

Although there is extensive documentation of the damaging psychological consequences of self-objectification, more research is needed to explain its antecedents. With the present study we (a) investigated the correlates of self-objectification by analyzing biological (age and body-mass index), psychological (self-esteem), and sociocultural dimensions (influence of mass media and significant others) in women and men; (b) examined the role of culture in self-objectification processes; and (c) tested the effect of gender as a moderator in the relationship between both psychological and sociocultural dimensions and self-objectification. A total of 770 heterosexual adults residing in Italy and Romania completed a self-reported questionnaire. Self-objectification was operationalized as Body Surveillance (BS) and Body Shame (BSH); however, because the the BS subscale was not satisfactorily reliable, our focus was restricted to BSH. The correlates of self-objectification for BSH were analyzed separately by nationality in regression models. Overall, BSH emerged as a process influenced by agents rooted in biological and psychological domains, as well as in social and cultural domains. High educational level and high self-esteem (this last particularly in men) correlated with reduced body shame for the Romanian sample, whereas within the Italian sample, the internalization of media standards and influence of significant others emerged as risk factors for body shame. Taken together, these findings underline the need to identify cross-cultural constants of self-objectification, as well as differences across contexts, in order to better understand self-objectification and to promote protective factors in specific culturally situated interventions.

Keywords: objectification;self-objectification;body shame;body surveillance;cultural differences

A Cross-cultural Study of Antecedents of Self-objectification in Italy and Romania

Objectification theory (Fredrickson and Roberts 1997) has provided a social constructionist account of the female body, arguing that in Western societies the female body is socially constructed as an object to be looked at and evaluated. Considerable evidence consistent with this theory suggests that, rather than being recognized for their humanness, women are often regarded by society as objects, with all or parts of their bodies becoming the focus of a sexualized view. When objectified, women are reduced to the status of "mere instruments available for visual inspection, evaluation, and the pleasure of others" (Bartky 1990, p. 26). Through the pervasiveness of objectification experiences, women are socialized to internalize an observer's perspective upon their body. This process is called *self-objectification*, and it occurs when women treat themselves as objects to be viewed and evaluated based upon their appearance (Fredrickson and Roberts 1997).

Self-Objectification and Its Consequences

Since the foundational work of Fredrickson and Roberts (1997), accruing evidence has clearly demonstrated the damaging psychological corollaries of self-objectification. Experimental research (e.g., Gervais et al. 2011; Rollero 2013) has shown that heightened self-objectification promotes general shame, appearance anxiety, and drive for thinness; hinders task performance; and increases negative mood. Consistent with this research, correlational studies carried out in different Western countries (e.g., the United Kingdom, United States, Italy, and Australia) have found that self-objectification is related to appearance anxiety, body shame, positive attitudes toward cosmetic surgery, depression, sexual dysfunction, and various forms of eating disorders (Calogero 2009; Calogero et al. 2010; Miner-Rubino et al. 2002; Peat and Muehlenkamp 2011; Rollero 2015; Tiggemann and Williams 2012). Whereas most correlational

studies have been cross-sectional in design, some longitudinal data are available and report

similar outcomes (McKinley 2006).

Although objectification theory was grounded in women's experiences, researchers have

begun to investigate the applicability of this framework to explore men's experience as well.

Men seem to show lower levels of self-objectification than women do; however, more and more

young male adults pay keen attention to their physical appearance (Moradi and Huang 2008;

Weltzin et al. 2005). This preoccupation with one's looks and attractiveness may reflect the

increasing objectification of the male physique in Western societies and the ensuing concerns

men have about maintaining a healthy body image (Daniel et al. 2014; Johnson et al. 2007).

Consistent with the pattern of findings among women, men's self-objectification is correlated

with negative mood, worse perceived health, and disordered eating (Calogero 2009; Register et

al. 2015; Rollero and De Piccoli 2015). Moreover, objectification theory has been employed to

explain the drive for muscularity, excessive exercise, and steroid use in men (Daniel and Bridges

2010; Parent and Moradi 2011). In sum, work grounded in objectification theory has elucidated

strong links between self-objectification processes and relevant psychological outcomes in both

men and women (for reviews, see Moradi and Huang 2008; Tiggemann 2013).

Potential Antecedents of Self-Objectification

The American Psychological Association (2007) has recommended undertaking research

to investigate the circumstances under which self-objectification occurs and to identify the

factors that either contribute to or protect against self-objectification. Indeed, the identification of

predictors of self-objectification is essential to find ways in which individuals may be helped to

halt its development and thus avert its detrimental consequences. Although numerous studies

have examined the consequences of self-objectification, a smaller body of work has addressed its

potential antecedents. The factors contributing to self-objectification may be grouped into three general categories: biological, psychological, and sociocultural.

A consistent relationship has been documented between body-mass index (BMI, weight in kilograms divided by height in meters squared) and self-objectification. Among women, elevated body mass is positively linked to increased body shame, body dissatisfaction, and self-objectification, whereas the effect of BMI on men needs to be better explored (see Slevec and Tiggemann 2011; Tiggeman and Lynch 2001). Another crucial factor is age. Most studies on self-objectification have involved young adults or adolescents, especially females, but because few to date have included samples of middle-aged women and men, there is a clear need for more research in this age group (Algars et al. 2009). What few studies there are have provided intriguing but inconsistent arguments. Some scholars argue that, as women age, they become less objectified by society, are less pressured to be attractive, and therefore may show lower levels of self-objectification (Tiggemann and Lynch 2001). Accordingly, in a cross-sectional study involving women aged between 18 and 64 years, Greenleaf (2005) found that the younger women reported higher levels of self-objectification. Other scholars, in contrast, note that the growing demand for skin creams and cosmetic surgery may indicate that older adults are becoming increasingly interested in retaining an attractive appearance (Ring 2000). Moreover, there is considerable support for a positive relationship between fear of aging and body dissatisfaction in middle-aged women (McKinley and Lyon 2008; Midlarsky and Nitzburg 2008).

Psychological variables represent the second group of potential correlates of self-objectification, among which self-esteem seems to be particularly relevant. Integrating self-esteem within the objectification framework, Tylka and Sabik (2010) found that self-esteem

negatively predicts both body surveillance and body shame: Given that women with high self-esteem are more satisfied with their personal qualities and appearance, they are more likely to accept their body as it is. Other studies investigating the relationship between self-esteem and body dissatisfaction have reliably found that women reporting lower self-esteem express higher levels of dissatisfaction (Green and Pritchard 2003; Le Page et al. 2008; Webster and Tiggemann 2003). In addition, research on eating disorders indicates that low self-esteem is a prognostic indicator for the course of bulimia and problematic attitudes regarding weight and shape (Procopio et al. 2006).

Among sociocultural factors, the mass media have received the bulk of research attention. There is abundant and convincing empirical evidence for the relationship between viewing objectified media models and self-objectification in both men and women (e.g., Grabe et al. 2008; Groesz et al. 2002; López-Guimerà et al. 2010; Rollero 2013; Tiggemann 2003; Vandenbosch and Eggermont 2014). Specifically, it is the internalization of objectifying messages from the media that causes individuals to self-objectify and guides the perception of their self-worth (Karazsia et al. 2013; Thompson and Stice 2001; Vandenbosch and Eggermont 2012). Indeed, according to the tripartite influence model (Thompson et al. 1999a; Thompson et al. 1999b), the mass media have a direct impact on self-objectification through the internalization of societal beauty standards.

Other socialization agents, such as family and peers, have been less studied. The few studies that have investigated the role of family and peer pressures found that such pressures foster body dissatisfaction and disordered eating habits (Green and Pritchard 2003; Midlarksy and Nitzburg 2008; Ricciardelli and Mellor 2012). Recently, Katz-Wise, Budge, Lindberg and Hyde (2013) examined the relationship between mothers' and adolescents' self-objectification,

highlighting that mothers' body shame positively predicts adolescents' body surveillance. To our

knowledge, the influence of significant others on self-objectification has not been tested, though

highly relevant in this context considering both current (the romantic partner and friends) and

historical pressures (parental modelling while growing up) that may affect self-objectification in

men and women.

The role culture plays in objectification processes has been emphasized since the seminal

work of Fredrickson and Roberts (1997) that framed sexual objectification mainly as a matter of

individualistic Western cultures as compared with more collectivistic Eastern ones.

Notwithstanding the connection between culture and objectification/self-objectification, few

studies have addressed the role of cultural differences (see among others, Forbes et al. 2012;

Gervais et al. 2015; Loughnan et al. 2015). Indeed, most evidence for objectification and self-

objectification comes from White college women and from Anglophone or Western European

societies (Loughnan et al. 2015; Moradi and Huang 2008).

Summarizing, more research is desirable, especially in relation to two specific aims: (a)

to extend our knowledge about the potential correlates of self-objectification by considering

biological, psychological, and sociocultural factors and (b) to compare the influence of such

factors across different, often understudied, populations such as men and middle-aged women.

Specifically, the possible moderating role played by gender in the relationship between potential

correlates and self-objectification processes should be investigated. In addition, because

objectification processes are culturally rooted (Fredrickson and Roberts 1997), the culture in

which individuals grow up and live will need to be taken into account when analyzing such

factors.

The Cultural Context: Romania and Italy

As Moradi and Huang (2008) have pointed out, scholars need to examine the cross-cultural generalizability of objectification and self-objectification processes. As suggested by Moradi and Huang (2008), research on objectification needs to: (a) evaluate the extent to which current conceptualizations and measures adequately capture the experiences of people from different backgrounds and (b) examine the links among cultures, the manifestations of objectification, and its more relevant correlates. Consistent with these recommendations, the present study compared data gleaned from self-report questionnaires investigating self-objectification in a sample from Italy, where objectification research is firmly established (Dakanalis et al. 2015; Dakanalis and Riva 2013; Loughnan et al. 2015; Rollero 2015, 2016; Rollero and De Piccoli 2015; Vaes et al. 2011), and in a sample from Romania, where such research is beginning to appear.

The differences in the cultural and historical contexts of the two countries make for interesting comparison. Italy became a democratic country in 1945. For some decades after World War II (Ceausescu's government from 1965 to 1989), Romania was part of the former communist bloc and went through different processes of economic, political, and cultural development on its course toward Westernization. Romania entered NATO in 2004 and the European Union in 2007. Whereas Romania is a relatively recent Member State, Italy numbers among the six founding countries of the European Union and figures among its most integrated members.

The disparities between the two countries appear on several levels, one of which is gender equality, as data from several international reports have highlighted. The Gender Development Index (2014) places Italy in Group 2 (countries with medium-high equality in Human Development Index achievements between women and men) and Romania in Group 1

(countries with high equality in Human Development Index achievements between women and

men). Nevertheless, the Gender Inequality Index (2014) ranks Italy 10 and Romania 64 (the

higher the rank, the more disparities between women and men and the more loss to human

development). As measured by the Gender Equality Index (2015), both countries experienced

shifts in gender equality between 2005 and 2012: an increase in equality (from 34.6 to 41.4) in

Italy and a decline (from 36 to 33.7) in Romania.

The collapse of socialism in Eastern Europe during the late 1980s brought with it far-

reaching transformations. Like many of the former communist bloc countries, Romania has

transitioned toward a democratic political system, a capitalistic economy, and greater personal

liberty. The rapid rebuilding of the country's economic and political systems has created

instability within communities and in society at large (Robila and Krishnakumar 2005; Tesliuc et

al. 2001).

Two theories can help to explain the extent to which these phenomena may account for

the increasing prevalence of body dissatisfaction and eating disorders: the sociocultural model

and feminist theory. Cross-cultural country studies investigating how culture can influence body

dissatisfaction and the nexus between a slim body and a beautiful body (e.g., Crawford et al.,

2009; Forbes et al., 2012; Swami et al. 2010) have addressed these issues in relation to

Westernization and its impact on attitudes to body appearance. Following the introduction of

Western mass media, an increase in the prevalence of disordered eating was found in both a

remote area of Fiji and the Ukraine (see Becker et al. 2002; Bilunka and Utermohlen 2002). An

increase in body dissatisfaction and eating disorders has also been noted in the populations of

developing countries, as they become more urban, modern, and global (Nasser 2006), and other

countries, as they take up American-style consumerism and Western values and practices

(Anderson-Fye and Becker 2004).

Societal transitions and conflicts are recognized risk factors for negative body image and

eating disorders among females (Levine and Smolak 2010). According to the sociocultural

model, internalization of the thin body ideal leads to body dissatisfaction and results in negative

affect and dieting behaviors, raising the risk for the development of eating disorders (Lawler and

Nixon 2011). Rathner (2001) mentions several studies on body dissatisfaction and eating

disorders conducted in Poland, Bulgaria, and former East Germany in the early 1990s that linked

exposure to the Westernized view of body image and the increased incidence of body

dissatisfaction and eating disorders.

Feminist theory examines the social aims behind these images. According to several

scholars (Faludi 1991; Bordo 1993; Forbes et al. 2012), the goal of unrealistic body models is to

overpower women and perpetuate gender disparity. Having women focus on their appearance is

a means to this end. Feminist theory suggests that, in the transition from communism to a free-

market globalized economy, the mass media played a pivotal role in the commercialization of the

body (Miroiu 2004b). In Eastern European countries, this transition threatened women's

educational and protected employment statuses, leading to gender-related confusion and gender

ambivalence, with greater susceptibility to developing eating disorders as a consequence

(Miroiu, 2015). The widespread gender ambivalence in the post-communist countries stems from

the conflict between the communist gender role (equalitarian) and the new emancipated gender

role borrowed mainly from Western societies (Catina and Joja 2001). Many women struggle with

concerns about their body image and outward appearance that conform to internalized sets of

values but need to be aligned with a new definition of themselves. Though adopted from Western

cultures as a personal value, physical attractiveness and a pleasing body image also serve an economic end: an attractive woman has a better chance to get a wealthy husband (Miroiu 2004a, Becker and Fay 2006).

Despite the marked changes Romanian society has undergone in the 25 years since the fall of communism, its cultural norms and traditions and people's mentality have not changed at the same pace (Gavreliuc 2012). During communism, "sexual equality" was the norm in Romania, but gender was irrelevant as a social category, and men and women were "socialist citizens." Legal gender equality actually denied women's sexuality. Besides their duties as citizens, women had an intrinsic duty to appear "feminine" and beautiful, as expressed in the ways they wore nice clothes, had their fingernails manicured, and their hair washed and trimmed. After the downfall of communism, feminine beauty became more body-focused: beauty raised to the status of having achieving a firm, toned, slim body (Mîndruţ 2006).

The situation differs by age groups. Adolescent and young adult women are more influenced by this image of the youthful body presented by the mass media, but only if they internalize this new model as a standard. Also, body dissatisfaction decreases with age and is less present in men (Nanu et al. 2013; Nanu et al. 2014). For women in their forties and fifties, there are few models in women's magazines, which typically portray young, attractive women. They represent a reality very far from the difficulties of daily living in Romania. For most middle-aged women, the decision to start on a diet or an exercise program is often prompted by a "recommendation" from a friend, mother or close relative to "do something" about their appearance (Mîndruţ 2006).

Italy is considered a modern, well-established Western culture. Yet Italy is also one of the least gender-equal societies in Western Europe according to the Global Gender Gap Index

(Hausmann et al. 2009). The Index benchmarks national gender gaps on economic, political, and education- and health-based criteria, and it provides country rankings that allow for effective comparisons across regions (Hausmann et al. 2009). Self-objectification studies conducted with Italian samples generally share findings from other Western countries. The sexually objectified female model typical of Western societies is a hallmark that characterizes Italy (Dakanalis et al. 2012; Tartaglia and Rollero 2015). "Women and media in Europe," research conducted in Italy by CENSIS—Social Study and Research Institute (2016)—highlighted that Italian television conveys a sexist model and a deeply objectified image of women. Recent research has shown that acceptance of the beauty standards promoted by the mass media can have various pernicious effects on individuals. Specifically, internalization of media standards can be linked to subtle and blatant harassing behaviors, can increase cognitive and emotional focus (body surveillance and body shame) on physical appearance, can strongly predict disordered eating behaviors, and can reduce psychological well-being in Italian women and men (Dakanalis et al. 2015; Loughnan et al. 2015; Rollero 2013, 2015; Rollero and De Piccoli 2015; Vaes et al. 2011).

The Current Study

Our study had two specific aims: (a) to extend our knowledge about self-objectification by analyzing its biological, psychological, and sociocultural correlates and (b) to test such patterns by comparing two different cultural contexts, with a focus on the role played by gender. Moreover, given the critical need to involve often understudied populations, particular attention was paid to include both men and women of different age cohorts. In line with the literature, the present study operationalized self-objectification through the construct of objectified body consciousness, which refers to the degree to which people think about and treat their body as an object (McKinley 2011, p. 684). Two main components of this construct are usually measured:

(a) Body Surveillance (BS)—viewing the body as an outside observer—and (b) Body Shame (BSH)—feeling shame when the body does not conform to cultural standards.

On the basis of the literature (Midlarsky and Nitzburg 2008; Slevec and Tiggemann 2011; Tiggemann and Lynch 2001), we hypothesized that: (a) among the biological factors, lower age and elevated BMI would have a positive relationship with self-objectification (Body Surveillance and Body Shame); (b) among the psychological aspects, higher self-esteem would be negatively related to self-objectification (Tylka and Sabik 2010); and (c) among the social factors, both the internalization of media standards and the influence of significant others would be positively associated with self-objectification (Green and Pritchard 2003; Karazsia et al. 2013; Thompson and Stice 2001; Vandenbosch and Eggermont 2012). In reference to the cultural dimension, we tested these hypotheses in both Italian and the Romanian samples to investigate by means of empirical research (rather than assuming) construct equivalence for these two samples.

Method

Participants

The total sample consisted of 770 heterosexual adults ($n = 393$, 51% women) between 19 and 50 years of age ($M = 35.32$, $SD = 8.65$); 43% ($n = 331$) resided in Italy ($n = 168$, 50.8% women; age range = 20 to 50 years; $M = 34.69$, $SD = 8.88$) and 57% ($n = 439$) in Romania ($n = 225$, 51.3% women; age range = 19 to 50 years; $M = 35.80$, $SD = 8.44$). With regard to educational level and occupational status, 397 (51.9%) participants were college graduates, 253 (33.1%) high school graduates, and 115 (14.9%) had a lower educational level; 630 (82%) were employed, 69 (9%) were students, 2 (0.3%) were retired, 36 (4.7%) were housewives, and 31 (4%) were unemployed. The two samples were similar with regard to gender, $\chi^2(1) = .019$, $p = .891$.

Procedure and Measures

The Ethics Committee of the participating universities approved the study protocol. Data were collected by the researchers themselves and by research assistants trained by the researchers. The data were gleaned from a structured, self-report, pencil-and-paper questionnaire that took about 20 minutes to complete. Participants were recruited in cities in Italy and Romania via a convenience sampling method. Although this sampling technique has the limitation that it is not purely random, every effort was made to access a wide range of respondent demographics, including age and gender. We used validated scales, when available, and translated and back-translated scales for the other measures. The measures were presented to respondents in the following order, followed by demographic questions regarding age, gender, educational level, sexual orientation, and self-reported body weight and height to calculate participants' body-mass index (BMI, Garrow and Webster, 1984).

Self-esteem. Self-esteem was assessed according to Rosenberg's (1965) Self-Esteem Scale (e.g., "I feel that I am a person of worth, at least on an equal plane with others"). Items were rated on a 4-point scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Items were reversed when needed so that higher averaged scores indicated higher personal self-esteem. The measure demonstrated good consistency in both the Italian (women, $\alpha = .80$; men, $\alpha = .76$) and the Romanian (women, $\alpha = .83$; men, $\alpha = .72$) samples.

Influence of family and friends. The 20 items of the Family and Friends Scale (Myers and Crowther 2007), referring to mother, father, friends, and partner, were used to measure participants' perceptions of the emphasis by parents and friends on physical appearance (e.g., "My mother/father/friends/partner encourages/encouraged me to be concerned with my appearance in general"). Each of the 20 items was rated on a 4-point scale ranging from 1 (*completely untrue*) to 4 (*completely true*), with higher averaged scores indicating greater influence by the network of family members and friends. Given the internal consistency value

for the items in both samples (Italian sample: women, α = .89; men, α =.90; Romanian sample: women, α = 91; men α =.90), a single index was calculated (Family and Friends Influence—FFI).

Self-objectification. Participants responded to the Body Shame and Body Surveillance subscales of the Objectified Body Consciousness Scale (OBCS; McKinley and Hyde 1996). The Body Surveillance (BS, 8 items) subscale measures the frequency with which participants monitor their physical appearance (e.g., "I rarely think about how I look," reverse coded). The Body Shame subscale (BSH, 8 items) evaluates the negative feelings that an individual experiences when he/she perceives that his/her physical appearance does not conform to sociocultural standards of beauty (e.g., "When I can't control my weight, I feel like something must be wrong with me"). Response options ranged from 1 (*strongly disagree*) to 7 (*strongly agree*). Items were reversed when needed. Higher averaged scores correspond to a higher level of self-objectification.

In order to evaluate the factorial structure of the items of the two OBCS subscales, we performed confirmatory factor analysis (CFA) separately for each gender in the Romanian and the Italian samples. Based on the results of CFA, two items from each subscale were removed: "During the day, I think about how I look many times" and "I often worry about whether the clothes I am wearing make me look good" from the BS subscale, and "Even when I can't control my weight, I think I am an okay person" and "I never worry that something is wrong with me when I am not exercising as much as I should" from the BSH subscale. We deleted these items because their loading on the expected factor was not statistically significant and the modification indexes suggested freeing their loading on the other factor. We calculated the internal consistency of BSH and BS. BSH demonstrated good internal consistency in both the Italian

(women, α = .80; men, α =.75) and the Romanian (women, α = .75; men, α =.73) samples. Conversely, the reliability of the BS subscale was unexpectedly low in both groups (Italian sample: women, α = .64; men, α =.62; Romanian sample: women, α = .63; men, α =.63). Therefore, because of the weakness of the BS, we dropped it from subsequent analyses and focused only on BSH.

Internalization of media standards. The Internalization-General subscale of the Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3; Thompson et al. 2004) was used to assess the internalization of ideals of beauty promoted by the media (e.g., "I compare my body to the bodies of TV personalities and movie stars"). Items were rated on a 5-point scale ranging from 1 (*completely untrue*) to 5 (*completely true*), with higher averaged scores indicating higher internalization of media conception of appearance. The alpha values indicated good consistency of the scale in both the Italian (women, α = .95; men, α =.94) and the Romanian (women, α = .96; men, α =.96) samples.

Data Analyses

To test our hypotheses, we performed a multivariate hierarchical regression analysis replicated for each country sample. The two models included seven predictors of BSH, logically organized into three blocks of content: sociodemographic and biological characteristics of participants (gender, age, educational level, and BMI); psychological dimensions (personal self-esteem); and social dimensions (influence of relatives and friends and the media). The three sets of variables were entered into the model following the above-mentioned order. Moreover, because gender was considered as a moderator in the relationship between BSH and psychological and sociocultural dimensions, we included the interaction between gender and (a)

self-esteem, (b) influence of relatives and friends, and (c) internalization of media standards. All statistical analyses were carried out using IBM SPSS Statistics version 22.0 software.

Results

Characteristics of the Samples

The demographic characteristics of the two samples differed for marital status, educational level, and occupational status. Concerning marital status, $\chi^2(2) = 82.03$, $p < .001$, Cramer's $V = .33$, the number of married people was higher in the Romanian sample (66% vs. 33.6%) and the number of unmarried persons was higher in the Italian sample (59.4% vs. 28%). The samples did not differ in the number of widowed or divorced people (Italians 7%, Romanians 6.1%). Regarding educational level, $\chi^2(2) = 29.62$, $p < .001$, Cramer's $V = .20$, the samples were significantly different for the number of college graduates and the number of high school graduates: college graduates made up 60.4% of the Romanian sample and 40.5% of the Italian sample, whereas high school graduates made up 41.1% of the Italian sample and 27.1% of the Romanian sample. There were no significant differences in the proportion of participants with a low educational level between the samples (Italians 18.4%, Romanians 12.5%). Finally, concerning occupational status, $\chi^2(4) = 17.04$, $p = .002$, Cramer's $V = .15$, the proportion of unemployed participants was higher in the Italian sample (6.7% vs. 2.1%); no significant differences for other occupational categories were observed: employed (Italian 78.4%, Romanian 84.7%), students (Italian 11.2%, Romanian 7.3%), and housewives (Italian 3.6%, Romanian 5.5%).

Descriptive Analyses

Irrespective of country of origin, the BSH score was higher for women ($M = 2.90$, $SD = 1.23$) than for men ($M = 2.62$, $SD = 1.12$), $t(762) = 3.34$, $p < .001$, Cohen's $d = .24$. In order to

estimate the difference between the women and the men within the samples, we analyzed the

scores separately by country. The Romanian women outscored the men, $t(433) = 3.67$, $p < .001$,

Cohen's $d = .31$, whereas there were no differences between Italian women and men. Nearly

reversed patterns were found with regard to self-esteem. When we analyzed the sample as a

whole, without distinguishing between Italy and Romania, the SE score was lower for women (M

$= 3.21$, $SD = .52$) than for men ($M = 3.30$, $SD = .44$), $t(757) = -2.72$, $p < .01$, Cohen's $d = .19$.

When we analyzed the scores separately by country, the data indicated that the Italian women

had a lower level of SE than the men $t(325) = -2.65$, $p < .01$, Cohen's $d = .30$, whereas there

were no differences within the Romanian sample. The results regarding the influence of family

and friends showed that, overall, the Romanian sample outscored the Italian sample, $t(742) = -$

3.32, $p < .001$, Cohen's $d = .24$. Comparison of the scores separately across gender indicated

that the Romanian women tended to be more susceptible to pressure from family and friends

than the Italian women, $t(376) = -3$, $p < .005$, Cohen's $d = .33$, whereas were no differences

between the Italian and the Romanian men. No differences in internalization of media standards

between gender and country were found (see Table 1).

The zero-order correlations showed that among the women in both the Italian and the

Romanian samples, BSH was significantly and positively related to social influence (FFI and

media) and negatively related to self-esteem (see Table 1). Similar, but not fully superimposable,

findings emerged for the men in both samples: among the Romanian men, BSH was not related

to the influence of relatives and friends.

Turning to the correlations among study variables (see Table 1), higher body shame was

related to lower self-esteem, greater influence from family and friends, and stronger

internationalization of media among women in both Italy and Romania. The same patterns were

found for men in Italy and in Romania except that body shame was unrelated to influence from

family and friends among men in Romania.

The patterns of relationships among the predictors were somewhat different across

gender and country. Whereas higher self-esteem was associated with lower influence of family

and friends for Italian women, these variables were unrelated for Romanian women. Among

Romanian women, higher self-esteem was linked to lower media internalization whereas these

variables were not correlated for Italian women. Higher self-esteem was linked to greater

influence from family and friends for Romanian men, but not for Italian men, and self-esteem

was unrelated to media internalization among men from both countries. Stronger media

internalization was associated within influence of family and friends among all women and

Romanian men, but not among Italian men.

Regression Models

The regression model showed a better model fit for the Italian data (see Table 2). In the

Italian sample, the influence of FFI and the internalization of media standards were the only

significant predictors of BSH. Differently, the significant predictors in the Romanian sample

referred to individual dimensions, where high self-esteem and a high educational level negatively

affected BSH. Moreover, there was a significant interaction between gender and self-esteem in

the Romanian sample (see Figure 1): the relationship between self-esteem and body shame

remained negative, but high self-esteem was more protective for the men ($t = -4.78$, $p < .001$)

than for the women ($t = -6.01$, $p < .001$).

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Discussion

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With the present study we investigated the role of biological, psychological, and

sociocultural dimensions associated with self-objectification in adults from Italy and Romania.

We focused exclusively on Body Shame because, unfortunately, BS showed low internal consistency preventing is application to both Italian and Romanian sample. The limitations associated with the application of the BS subscale to Italian and Romanian data will be discussed below. In any case, BSH is a core construct that refers to self-objectification and highlights both its emotional (Noll and Fredrickson, 1998) and cultural components (McKinley and Hide, 1996). In general, the mean BSH scores were close to the mid-point of the scale for both samples; nonetheless, the data captured several interesting differences regarding the antecedents of BHS that highlight different patterns between the two samples and within each sample as well. Scientific research about body image concerns among men is still limited and its results are inconsistent. In our study, the BSH scores were higher for the women in both samples, and significantly so in the Romanian one, consistent with previous data (e.g., Dakanalis et al. 2012; Grabe and Jackson 2009).

Contrary to our hypotheses and previous research (see Algars et al. 2009; Greenleaf 2005; Sleivec and Tiggemann 2011; Tiggemann and Lynch 2001), the patterns of influence did not highlight a significant role of biological factors: neither BMI nor age influenced self-objectification. Taken collectively, our findings depict self-objectification as a widespread, life-long phenomenon.

The two samples differed markedly for individual and social dimensions. In the Romanian sample, two factors emerged as being protective against Body Shame: high educational level and high self-esteem. The protective effect of a high educational level has not been examined in the literature probably because the samples are usually composed of young people and college students. The association between self-esteem and BSH is debated (Choma et al. 2010; Mercurio and Landry 2008), with some authors (e.g., Tylka and Sabik 2010) arguing

that individuals with low self-esteem may turn to societal ideals for guidance to determine their

self-worth. Moreover, people with high self-esteem may be more likely to accept their

appearance as it is, being generally satisfied with their other qualities.

Highly salient is our finding of the interaction between gender and self-esteem in the

Romanian sample. While gender was not a significant predictor *per se*, it acted as moderator,

indicating that high self-esteem was particularly protective for the men. This observation is

consistent with previous studies that found a link between self-esteem and affective body image

(BSH) for both genders, but particularly for men (Choma et al. 2010; Petrie et al. 2010; Tylka et

al. 2005).

Within the Italian sample, internalization of media standards and influence of significant

others emerged as risk factors for body shame. Consistent with previous observations (Grabe et

al. 2008; Dakanalis and Riva 2013), the positive relationship between internalization of beauty

standards promoted by the media and BSH among the Italian respondents was not completely

surprising (Tartaglia and Rollero 2015).

Other sources of social influence (i.e., partner, friends and family) emerged as significant

predictors of BSH in the Italian sample. Peer groups, family, and romantic partners are of central

concern when exploring peer influence on self-objectification (Arroyo and Andersen, 2016;

Carlson 2012). Interestingly, our results showed that the perceived attention from friends and

family is a source of BSH that crosscut gender and age.

The two factors that significantly influenced body shame in the Romanian sample are of

an individual nature (psychological and sociodemographic). Differently, the Italian respondents

showed a pattern deeply shaped by social and media influences. Influential factors refer to the

influence of significant others (FFI) and the internalization of beauty as proposed by media

standards. These different patterns of influence seem to frame self-objectification more as a

social matter in the Italian sample, whereas it refers to individual characteristics in the Romanian

sample. In keeping with a sociocultural interpretation, this result could refer to the qualifying

role of culture (Fredrickson and Roberts 1997). As mentioned, Italy is a Western European

country in which a solid tradition of research on self-objectification usually confirms the results

obtained for Anglophone countries (e.g., the U.S., the U.K., Australia, see Loughnan et al. 2015).

Differently from other former communist countries considered to be collectivist, Romania seems

to refer more to individualist values. This type of individualism is not to be viewed as a

traditional form, but rather as an 'autarchic individualism' defined as "the valorization of

individual resources oriented to self-accomplishment, but in a social context of precarious

solidarity" (Gavreliuc 2010, p.32). In this context, our results support the need to adopt a cultural

perspective when studying self-objectification.

Limitations and Future Directions

Our findings contribute to advancing our knowledge about the factors related to self-

objectification examined using a cross-cultural design in a sample from a country not usually

involved in objectification studies. As a pioneering study on self-objectification in a post-

communist, transition country, its findings merit attention. In addition, our data refer to samples

of both men and women from different age cohorts. Finally, another strength of the study is that

it analyzed a complex pattern of variables together.

These strengths notwithstanding, we acknowledge some limitations. First, our analysis

included   only BSH because the BS scale scores for both the Italian and the Romanian sample

had a low alpha (from .62 to .64). As some researchers have noted and amply discussed in the

literature (e.g., Forbes et al. 2012; van de Vijver and Leung 1997), cross-cultural research

presents some problems with translation, comparability of measures, and applicability of theories

outside their cultural context. Although several authors (e.g., Calogero, 2011) have reported the

lack of a systematic evaluation of measurement methods in self-objectification studies, the poor

reliability of the BS scale was discouraging because, as Forbes and his associates have pointed

out (2012), research has shown that "feminist theory, particularly as reflected in the OBCS, has

provided powerful tools for understanding and predicting body dissatisfaction and related

phenomena in U.S. populations" (p. 687). Therefore, further research should address the

methodological issues pertaining to these dimensions and the related instruments, in order to

analyze their cross-cultural validity and appropriateness. Another limitation of the present study

is its cross-sectional design: a future area of focus should be longitudinal studies of societies not

ordinarily included in research on this topic, with particular attention to countries undergoing

Westernization.

The cultural differences in the patterns influencing self-objectification that we analyzed

could form the basis from which to explore whether there are different kinds of objectification

(e.g., public, private, sexual, domestic) and their expression in different cultural contexts

(Loughnan et al. 2015). Moreover, because objectification "results from local processing and

power" (Gervais et al. 2015, p. 175) and "vertical individualism through a social comparison

mechanism predicts body evaluation" (Gervais et al. 2015, pp. 171-172), there is a need to more

closely examine the role of social norms and values in self-objectification and body shame.

Practice Implications

Our results highlight the multidimensional and culturally rooted nature of self-

objectification and the need to act on psychological, as well as on social factors, in order to

oppose self-objectification and its negative effects. Moreover, our results support the need for

culturally tailored interventions. Professionals and policymakers should consider not only the classical dimensions of the target (i.e., gender, age) but also the political and social dimensions where the intervention will be framed in order to promote effective actions in specific culturally situated interventions. Indeed, socio-political conditions contribute to shaping the individual and collective variables that can play a protective role or constitute risk factors for self-objectification.

Conclusions

Overall, our study describes several aspects of the multifaceted nature of self-objectification related to different variables rooted in the sociodemographic (e.g., educational level) and psychological domains (e.g., self-esteem), as well as in social and cultural contexts (e.g., influence of significant others and the mass media). As these factors can play different roles across cultures, our study points to the need to identify not only the cross-cultural constants of self-objectification but also the differences across contexts to gain a better understanding of the phenomenon and to promote protective factors in specific culturally situated interventions.

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Table 1

Descriptive Statistics and Correlations among Study Variables

Variables	Women M (SD)	Men M (SD)	BSH	SE	FFI	IG
				Correlations		
(a) Italy						
Body Shame (BSH)	2.82 (1.29)	2.69 (1.17)	--	-.433**	.545**	.478**
Self-esteem (SE)	3.20 (.52)	3.35 (.47)	-.325**	--	-.186*	-.150
Family and Friends Influence (FFI)	1.90 (.54)	2.00 (.57)	.476**	-.123	--	.420**
Media Internalizational-General (IG)	1.95 (1.01)	1.90 (.95)	.417**	-.155	.151	--
(b) Romania						
Body Shame (BSH)	2.96 (1.19)	2.56 (1.08)	--	-.335**	.396**	.411**
Self-esteem (SE)	3.21 (.52)	3.27 (.42)	-.324**	--	.069	-.140*
Family and Friends Influence (FFI)	2.09 (.62)	2.10 (59)	.135	.200**	--	.154*
Media Internalizational-General (IG)	2.07 (1.08)	1.90 (1.00)	.253**	.029	.292**	--

Note. Correlations for women are reported above the diagonal; for men, below. Italy: Women (n = 168) and Men (n = 163); Romania: Women (n = 225) and Men (n = 214).

* $p < .05$.   ** $p < .01$.

Table 2

Hierarchical Multiple Linear Regression Models Predicting Body Shame

|	Step 1		Step 2		Step 3		Step 4	
Predictors	Beta	*SE*	Beta	*SE*	Beta	*SE*	Beta	*SE*
(a) Italy								
Female	.146	.152	.188	.352	.182	.308	.189	.288
Age	-.077	.008	-.048	.008	-.011	.007	.034	.006
Years of study	-.049	.021	-.017	.019	-.002	.017	-.019	.016
BMI	.251	.020	.225***	.019	.069	.017	.095	.016
Self-esteem (SE)			-.250	.426	-.186	.376	-.115	.353
SE*Gender			-.166	.258	-.159	.229	-.205	.214
Family and Friends Influence (FFI)					.383**	.320	.441**	.306
FFI*Gender					.092	.205	-.074	.201
Media Internalizational-General (IG)							.330*	.181
IG *Gender							-.009	.114
Adjusted R^2	.042		.185		.379		.464	
(b) Romania								
Female	.226***	.109	.007	.293	-.053	.263	-.122	.252
Age	-.023	.006	-.018	.006	.000	.006	.039	.005
Years of study	-.134*	.019	-.119**	.017	-.119**	.017	-.119**	.016
BMI	.127**	.007	.124**	.007	.074	.006	.066	.006
Self-esteem (SE)			-.537**	.382	-.643***	.345	-.668***	.330
SE*Gender			.325	.225	.406*	.203	.479**	.194
Family and Friends Influence (FFI)					.222	.250	.146	.249
FFI*Gender					.210	.153	.234	.151
Media Internalizational-General (IG)							.119	.145
IG *Gender							.149	.088
Adjusted R^2	.066		.146		.322		.384	

* $p <.05$. ** $p < .01$. *** $p < .001$.
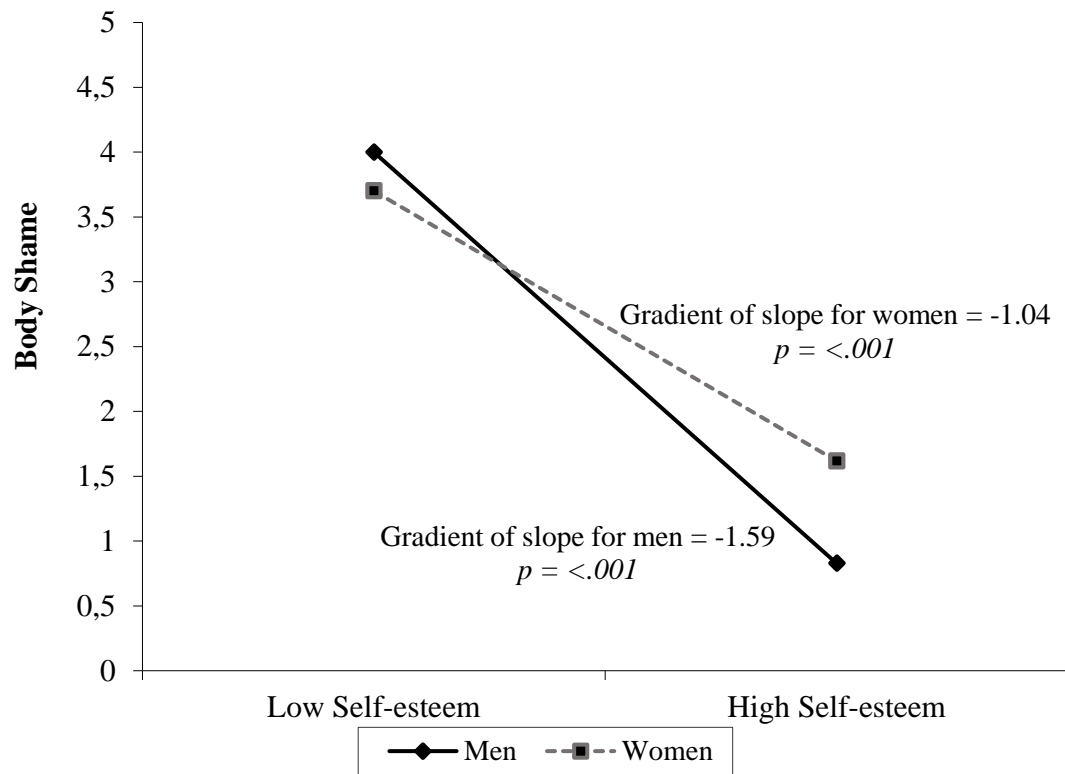
Figure 1. Regression lines for relations between self-esteem and Body Shame as moderated by gender (Gender x Self-esteem) for the Romanian sample.