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## II. Sexual Objectification by Research Participants: Recent Experiences and Strategies for Coping

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The ethical standards of our profession dictate that we carefully consider any possible risk of harm to participants and do everything possible to minimize that risk. One reason for this high standard of protection is that participants have less power in the research setting than do investigators. An appreciation of the importance of this power differential has led to the requirement that extra care be taken to protect participants when additional power differences are present (for example, studies with prisoners and children).

By virtue of our role in the research process, investigators always have one kind of power advantage over participants. However, taking into consideration aspects of identity (such as gender, ethnicity, occupation or social class) that mark social power, participants may have relatively more power than do researchers. Thus, an African American researcher in some ways has less power than European Americans who participate in her study. Even though she has the advantage of her role as researcher, the participants have the advantage of skin privilege. Similarly, when researching members of a powerful group such as senior executives of multinational corporations, even a white male researcher can feel relatively powerless.

The reversal of typical power dynamics can be heightened for certain research topics. For example, studies of sexuality draw attention to gender, masculinity and femininity, and consequently male privilege can become more conspicuous or salient. In other words, given that the focus is on the participant's experience as a (sexual) man, and that part of being a man in a patriarchal culture is to experience and profit from male privilege, it would not be surprising if experiences of

male privilege were brought to mind (consciously or unconsciously) both for the male participant and the female researcher. Moreover, if experiences of male power and privilege are cognitively 'primed' for both researcher and participant, it seems plausible that this gendered power dynamic would be more likely to be experientially reenacted in the research encounter.

Studies of sexuality may lead to additional problematic dynamics in this context. Participants might assume that because the researcher is studying sexuality she must be sexually interested or available (for example, see Green et al., 1993). Because studies have shown that men sometimes misperceive female friendliness as sexual interest (Abbey, 1982, 1987; Johnson et al., 1991), these misinterpretations by male participants may be especially prevalent in any research setting where the researcher needs to project acceptance, warmth and even affection in order to facilitate open and unconstrained expression on the part of the interviewee. Misperceptions may also occur in studies on sensitive topics (like sexuality) where the researcher wants to reassure participants that their safety and comfort are paramount.

Other scholars have written about this sexualization of researchers by research participants as a type of sexual harassment (Green et al., 1993; Huff, 1997). Green et al. (1993), describing field studies on HIV-related risk, focused especially on issues related to physical risk and safety. Huff (1997) noted that sexual harassment can take place even when sexuality is not the focus of the study, and outlined a number of strategies for reducing or stopping sexual harassment when the researcher has an ongoing relationship with participants. The present article extends this feminist discussion of potential harm to the researcher by focusing on the emotional consequences of being sexualized while trying to conduct research.

Specifically, I relate my experiences of conducting research on intimate relationships and sexuality (Zurbriggen, 2000), where about 200 men and women completed a questionnaire that was mailed to them at their home. They then brought the questionnaire to an individual session in my laboratory, where they participated in a computer task. Because part of the questionnaire involved reporting and describing sexual fantasies, I was very concerned with protecting participants' rights, feelings and privacy, and spent a great deal of time discussing ways to protect them and ensure that their experiences were positive. In contrast, I did not try to anticipate potential areas of distress or harm for myself (cf. Stoler, this issue). In fact, however, I had several interactions with male participants in which I felt sexualized and objectified.

#### EXPERIENCES OF OBJECTIFICATION

The very first participant in the study included a specific reference to me in his questionnaire. He wrote that he found it arousing to think about me reading his fantasies and that he was looking forward to meeting me, 'to put a face with your

sexy voice'. Shortly thereafter, another participant wrote a fantasy in which he referred to me by name (first and last), and graphically described the encounter that would take place when he brought his questionnaire to the laboratory. He concluded by saying:

I [have never] encountered a zestier sexual response! Only later, when she was arrested did I learn that she actually had no connection to the university, and was using the fraudulent survey to initiate sexual encounters that were videotaped in hopes of selling the tapes.

The sight of my name on the page was a shock, and I experienced a physiological stress reaction (the generalized fight/flight arousal response). Even as I laughed a bit about the idea of my making videotapes, I also felt upset. Moreover, the presence of two personalized responses so early in the process (within the first dozen questionnaires) gave me pause. Would this type of response be a frequent occurrence? In fact, although only two more disturbing incidents occurred during the rest of the data-collection process, they were quite a bit more upsetting to me.

The third incident happened about one-third of the way into data collection. In the laboratory session, this participant made several comments about my body and interacted with me in a way that made me feel uncomfortable and objectified. Months later (while entering data), I finally looked at his fantasies, which were violent and disturbing (for example, he wrote about killing people with his hands). Although I had not had any intervening interactions with this participant, it was still frightening to think that the vague intuitions I experienced while alone with him in my laboratory were likely quite accurate – this was a man who neither liked nor respected women and who was capable of hurting them (his score on a measure of sexually aggressive behavior was also very high).

The final example was from a man who was not an official participant in the study as he did not meet the age criteria (he was over 45), but because he was very interested in the study I sent him a copy of the questionnaire. Shortly after I mailed it, he phoned and said that even though he couldn't participate in the study he had completed the questionnaire because he found it so intriguing. He thought I would be interested in his data and was eager for me to look at his questionnaire. Deciding that it was foolish to turn down possible pilot data for an older population, I told him I was interested in seeing his questionnaire. He offered to bring it to me at my office (he worked on campus) but I asked him to send it through campus mail instead.

I found his responses the most disturbing of all. His sexualization of me was more explicit than that of the other participants – he literally invited me to have sex with him. At the end of one fantasy he wrote, 'I'd like to meet you for some pleasurable possibilities. You have an invite. Just let me know. I won't disappoint you!! I'm good.' And in the last portion of the questionnaire, where participants were able to write whatever was on their mind, he wrote a more extended invitation, concluding:

I get lots of compliments from my sexual partners and I suspect you do too. But even if you were a virgin, I'd love to show you the way to achieve great pleasure from sex with a sensitive, caring, and talented partner. It's your call! Just say you'd like to visit me. Please, and thanks!

## STRATEGIES TO MINIMIZE HARM: BEFORE AND DURING DATA COLLECTION

A number of strategies can be used to minimize and manage emotional and psychological distress before and during data collection.

### *Compartmentalization*

After looking at the first 10 or 12 questionnaires, I decided to postpone reading them until after data collection was finished. Although this was done to protect participants' privacy, by not looking at people's questionnaires immediately after meeting them I kept my knowledge of our interpersonal interactions isolated from my knowledge of what they had written. For those people who were problematic in both the questionnaire and in our meeting, I was not overwhelmed by the sum total of their sexualized statements and actions.

I kept questionnaires in a locked cabinet in a laboratory room rather than my office. This was done to protect participants, but it also meant that my immediate work space was physically distant from the problematic questionnaires (that is, I didn't see them every time I opened my filing cabinet).

### *Denial and Forgetting*

One participant's fantasy was to have sex with two women at once, 'preferably a nurse, or some other type of medical professional, research scientists, vets, etc'. I never noticed that this fantasy referred specifically to people in my field (that is, research scientists). After I read the questionnaire from the final participant (the one who was too old for the study), I immediately stuffed it down in the bottom of a file drawer in order to help me forget about it (out of sight, out of mind). As I went back to the questionnaires to write this article, I realized that I had forgotten some of the details that had been most upsetting to me.

### *Change Behavior*

After the first two disturbing incidents, I tried to be more formal and less solicitous during my phone screening conversations with potential participants. Green et al. (1993) and Huff (1997) also described ways in which they changed their dress and behavior in order to minimize sexual harassment (for example, pulling back hair and wearing little or no makeup; mentioning a real or fictitious boyfriend).

### *Support from Others*

Like Stoler (this issue), I developed a ‘support team’ of friends and colleagues who were willing to help me deal with these incidents. I found it was especially helpful if I could debrief soon after an incident occurred, tell these stories more than once, and be reassured that it was normal to feel upset. In addition, I also enlisted people for practical support. For example, the participant who invited me (in his questionnaire) to have sex with him called my office to ask about the results of the study and to express his continued willingness to be interviewed in person. Having no desire to speak to him, I composed a short impersonal script thanking him for his interest, declining his offer to be interviewed, and promising to mail results of the study when they became available. One of my male friends called the participant and left this message on his answering machine.

### *Humor*

I believe that joking about participants can be ethical as long as the humor is balanced by an overall attitude of respect. I know that joking about these incidents was very helpful to me. For example, the fantasies of the man who made comments about my body were violent and frightening. But I felt safer and less upset when a friend responded to these fantasies by making jokes about them (‘Six inches in *diameter*? This guy must have flunked geometry . . . that’s the size of a coffee can!’).

### *Journaling*

There is evidence that writing about traumatic or negative emotional experiences leads to improved mental and physical health (Pennebaker, 1997). Other researchers who study sensitive topics have recommended that researchers keep an emotions journal when doing difficult field work (Israel, this issue; Mattley, 1997; Stoler, this issue) as a way to minimize emotional distress and negative affect.

### *Regular ‘Supervision’*

It might be useful to schedule regular times to talk with someone about the emotional and personal aspects of the work – similar to the supervision that clinicians often receive. The ‘supervisor’ would not necessarily be someone knowledgeable about the scientific side of the study, but would be someone with whom it is safe to discuss emotions. Having regular discussions with someone not involved with the study would be especially useful as a counterbalance to minimization and denial – you can count on someone else to notice things that shouldn’t be minimized (for example, any potential physical danger).

### *Outside Review of Data*

Unless it would breach participant confidentiality, it seems wise to have someone read each protocol as it is returned. That way, if a dangerous situation is revealed, precautions can be taken. For example, if a participant had written a very personal and violent fantasy about me, it would be helpful to know about this right away, in order to assess whether or not I was in physical danger.

### STRATEGIES TO MINIMIZE HARM: AFTER DATA COLLECTION IS COMPLETE

Some strategies that are useful during data collection continue to be helpful during data analysis and interpretation (for example, making jokes and seeing the humorous side, keeping an emotions journal and having a support network). Other strategies that worked well for me during data collection did not work well in the post-data-collection phase of the project. In particular, denial, compartmentalization and forgetting are all strategies that distance the researcher from the project and make analyzing, interpreting and publishing the data less likely. Other strategies (outlined below) may be more appropriate during this latter phase of the research process.

### *Talk About the Defenses Used*

If one is consciously aware of minimization or denial, then those defenses don't work. They require a certain amount of unawareness to be effective. So the first step in moving beyond those defenses (once it is safe to do so) might be to talk more about the experiences being defended against and (specifically) about the defenses used. It might make sense to schedule a specific time (post-data collection) to revisit the difficult aspects of the work, with the aim of processing one's emotional reactions.

### *Use Therapy for Trauma as a Model*

Some of the therapeutic techniques that are helpful for trauma victims may also prove helpful in this type of research. For example, talking and thinking about the disturbing incidents might best be done in only small doses. However, it's also useful to have a commitment to returning to the material on a regular basis (for example, perhaps weekly 'supervision' could continue even after data collection is over). Finally, compartmentalization in time can be useful – that is, only think and talk about the distressing incidents during scheduled periods. You are then free to *not* think about these incidents at other times.

## CONCLUSION

Female researchers should be aware of the possibility that they may be sexualized and objectified by male participants, especially if their research concerns sexuality or sexual aggression. This possibility should be discussed when designing studies so that appropriate safeguards and protective interventions can be developed. Several strategies may be generally useful; others, tailored to specific research questions and designs, can doubtless be developed. In any case, more discussion among psychologists of the importance of protecting researchers from harm is essential.

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