

The relationship between Sexual
Objectification and Women's Sexual
Satisfaction: The role of Self-
Objectification and Body Shame

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To say that the sexual part of a person is regarded as if it could represent her is to imply that it cannot, that the part and the whole are incommensurable. But surely there are times, in the sexual embrace perhaps, when a woman might want to be regarded as nothing but a sexually intoxicating body and when attention paid to some other aspect of her person – say, to her mathematical ability – would be absurdly out of place.

Sandra Lee Bartky (1990, pp. 24-29)

Preface

Met trots presenteer ik hier mijn thesis dat als eindwerk dient voor de master Klinische psychologie en gezondheidsbevordering. Ik zeg met trots, omdat het schrijven van deze thesis me niet alleen veel werk heeft gekost, het heeft ook emotioneel veel van me gevraagd. Zo heb ik me met veel plezier en passie in het onderwerp van deze thesis verdiept. Ik was tot in het oneindige nieuwsgierig en wilde zoveel mogelijk literatuur tot me nemen. Des te moeilijker is het, echter, voor mij geweest om mezelf te beperken en niet continue perfectie te willen nastreven. Het schrijven van deze thesis heeft me daardoor niet alleen qua academische vaardigheden wat opgeleverd, ook persoonlijk is het voor mij een waardevol leerproces geweest.

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Abstract

The present study examined associations between sexual objectification, self-objectification, and sexual satisfaction. Specifically, it investigated, in line with objectification theory, the direct and indirect effect of sexual objectification on sexual satisfaction through self-objectification. Additionally, the moderating role of body shame on this proposed indirect effect was explored. In a cross-sectional design, 170 Dutch female and primarily university students completed an online survey measuring sexual objectification, self-objectification, body shame, and sexual satisfaction. Data were analyzed using correlational analyses, a mediation analysis, and a moderated mediated analysis, with sexual objectification (B-ISOS) as predictor, sexual satisfaction (GMSS) as outcome variable, self-objectification (SOQ) as a mediator, and body shame (B-OBCS) as a moderator. Correlational analysis showed that, as predicted, a significant relationship between sexual objectification and self-objectification was found. All other predictions, however, were non-significant. Nevertheless, this study contributed to the literature by proposing an expanded model with regard to objectification theory and by leaving interesting options for future research with regard to women's sexuality.

Keywords: objectification theory; women's sexuality; sexual objectification; sexual satisfaction; self-objectification; body shame

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Introduction

Sexual satisfaction can be defined as “an affective response arising from one’s subjective evaluation of the positive and negative dimensions associated with one’s sexual relationship” (Byers, 1999, p.98), and is an important component of women’s health and happiness. Previous research showed a positive relationship in women between sexual satisfaction and, for example, general life satisfaction (Stephenson & Meston, 2015), overall well-being (Davison, Bell, LaChina, Holden, & Davis, 2009; del Mar Sánchez-Fuentes, Santos-Iglesias, & Sierraa, 2014), relationship satisfaction (Holmberg, Blair, & Philips, 2010; Sprecher, 2002), and relationship stability (Sprecher, 2002). Not every woman, however, has a satisfying sex life. Mulhall, King, Glina, and Hvisten (2008) found 57% of women not fully satisfied with their sexual experiences. The Rutgers WPF, a Dutch expert centre on sexuality, reveals that 39% of Dutch women could imagine themselves to be more sexual satisfied than they currently are (de Graaf, 2012). And, since sexual desire does not decrease until the age of 75 for the majority of women (DeLamater & Sill, 2005), this suggests that sexuality for many women remains an important component in their entire life. Hence, since sexual satisfaction can affect overall quality of life and well-being, identifying determinants thereof is important.

Objectification theory

A theory often used by researchers to explain women’s sexual health and functioning, is objectification theory. Fredrickson and Roberts (1997) developed this theory as an explanation for the higher prevalence of depression, eating disorders, and problems in sexual functioning in women, as opposed to men. At the heart of the theory lays the pervasive act of Western society to sexual objectify, mostly, women (Swim, Hyers, Cohen, & Ferguson, 2001). To objectify someone sexually, also called sexual objectification, occurs “whenever a woman’s body, body parts, or sexual functions are separated out from her person, reduced to the status of mere instruments, or regarded as if they were capable of representing her” (Bartky, 1990, p.35; adopted by Fredrickson & Roberts, 1997). Fredrickson and Roberts pointed out that sexual objectification, in its most extreme and dehumanizing forms (e.g., sexual abuse, assault or harassment), may negatively affect sexual functioning, pleasure, and satisfaction, which is also supported by more recent studies (e.g., Kilimnik, Trapnell, & Humphrey’s, 2016; Lacelle, Hébert, Lavoie, Vitaro, & Tremblay, 2012).

Objectification theory complements these findings by proposing that pervasive but less extreme forms of sexual objectification, such as innocent non-verbal or verbal objectifying gestures (Kozee, Tylka, Augustus-Horvath, & Denchik, 2007; Swim, et al., 2001), might negatively affect women’s sexual experiences through a process called self-objectification (Fredrickson & Roberts, 1997). The cultural milieu of sexual objectification functions “to socialize girls and women to, at some level, treat themselves as objects to be looked at and evaluated” (Fredrickson & Roberts, 1997,

p.177). This process of self-objectification encompasses the act of seeing, evaluating, and treating one's physical self from an internalized observer's perspective (Fredrickson & Roberts, 1997). This can also be explained as focussing on how one's own body appears to others, rather than how one's body can feel and how it can perform actions in the world (see McKinley & Hyde, 1996). Empirical evidence, indeed, supports that sexual objectification leads to self-objectification in women when experiencing objectification directly in interpersonal encounters by, for example, the objectifying male gaze, evaluative comments, or unwanted sexual advances (e.g., Garcia, Earnshaw, & Quinn, 2016; Gervais, Vescio, & Allen, 2011; Hill & Fischer, 2008; Miles-McLean, et al., 2015).

According to objectification theory this act of self-objectification leads to depression, eating disorders, and sexual dysfunction (Fredrickson & Roberts, 1997). Although with regard to depression and eating disorders these hypotheses are largely supported, with respect to sexuality there are less empirical studies (see review of Moradi & Huang, 2008). This is surprising, since sexual activity by definition involves another person focusing attention on one's body, which could, easily imagined, magnify the extent to which one self-objectifies.

Even less studies have focused on the link between self-objectification and sexual satisfaction. Yet two studies showed a significant negative relationship between body surveillance (i.e., the considered behavioural manifestation of self-objectification) and sexual satisfaction (Calogero & Thompson, 2009; Claudat & Warren, 2014). Likewise, Vencill, Tebbe, and Garos (2015) found body surveillance significantly negatively related to sexual well-being, which is, like sexual satisfaction, emphasizing cognitive and emotional facets of one's sexual experiences.

In short, objectification theory and the findings from the few empirical studies that are conducted, suggest that sexual objectification is directly and indirectly negatively related to sexual satisfaction via self-objectification. In other words, objectification theory seems to have its value in understanding how the Western culture shapes women's sexual experiences in a detrimental way.

The moderating role of body shame

There are, however, reasons to believe that not all women suffer in all contexts to the same extent of these negative consequences, as already given little attention by Fredrickson and Roberts themselves (1997, p.174). Moreover, Bartky (1990, p.26) and Nussbaum (1995, p.231) both speak of a form of sexual intimacy where sexual objectification and self-objectification seem appropriate and even beneficial. Indeed, psychological sciences have revealed sexual fantasies in women that do not make any sense in light of objectification theory, such as (erotic) rape fantasies (see review Critelli & Bivona, 2008), and forceful submission fantasies (Hawley & Hensley, 2009). In these fantasies women imagine themselves to be (partly) ripped of their own subjectivity and being forced in whatever the sexual predator wishes for, suggesting

that some women, at least in their fantasies, actually *want* to become sexually objectified and see themselves as sexual objects.

Although there are different hypotheses about the reasons and/or causes of such fantasies (Bivona, Critelli, & Clark, 2012), one theory is that women desire to be desired in an irresistible object-like way (Meana, 2010). In feminist and psychological literature, however, this *wanting* is often understood as a product of a social-cultural construction, a sexual urge, not inherent to women's own authentic subjectivity, but merely learned and harmful (e.g., Dworkin, 2007; Sanchez, Kiefer, & Ybarra, 2006; Tolman, 2002).

In criticizing the Report of the APA Task Force on the Sexualization on Girls (American Psychology Association, 2010) as overly negative and oversimplified, Lerum and Dworkin (2009a; 2009b) form an example of those who strongly oppose this one-line of thinking. Moreover, empirical findings also showed that girls with high self-esteem and high appearance-contingent self-worth could actually profit from self-objectification (Breines, Crocker, & Garcia, 2008), or found that being 'overpowered' or being 'looked at' in a sexual context could be arousing (Graham, Sanders, Milhausen, & McBride, 2004; Weinberg & Williams, 2010). Similarly, a unique study from Martinez (2016) showed how the consensual sadomasochistic sexual context, wherein sexual objectification is taken to its extreme, could buffer against the negative effects of sexual objectification and self-objectification.

What these studies have in common is that the self-objectifying participants within these studies seemed little affected by feelings of body shame (Breines, et al., 2008; Weinberg & Williams, 2010) or even explicitly reported low levels of body shame (Martinez, 2016). Shame refers to "the tendency to feel worthless or like a bad person in response to a perceived failure to live up to specific cultural ideals" (Sanchez & Kiefer, 2007, p.809). This is remarkable, because according to objectification theory self-objectification is related to women's sexuality *through* body shame (Fredrickson & Roberts, 1997). And, indeed, the association between self-objectification and body shame has been supported by scientific studies (Calogero & Thompson, 2009; Claudat & Warren, 2014; Lehman, 2014; Steer & Tiggemann, 2008).

Nonetheless, it seems that self-objectification and body shame are not *necessarily* interrelated. Since women with a low level of body shame seem to be able to enjoy and feel sexually aroused by sexual objectification and self-objectification, this implies that it is, in all or some contexts, actually possible for women to consider themselves as sexual objects, meant to satisfy men's desires, and at the same time not being influenced by the cultural standards of bodily acceptability. So the indirect association between sexual objectification and women's sexual satisfaction through self-objectification might probably be more complex than initially thought. Body shame may actually alter the indirect association between sexual objectification and sexual satisfaction in a way that the extent to which one experiences body shame determines if one's sexual satisfaction is reduced. In the absence of body shame, sexual

objectification and self-objectification might even be positively related to sexual satisfaction.

In conclusion, objectification theory describes a process in which women are confronted with sexual objectification in interpersonal encounters, then take over this objectifying perspective onto the self and as a consequence experience reduced sexual satisfaction. Although body shame seems to be an important link within this sequence, there are also scientific findings suggesting that body shame may actually change this indirect process in a way that the less one is experiencing body shame the less one's sexual satisfaction is reduced, and that experiencing a low level of body shame may actually be positively related to sexual satisfaction.

The present study

This present study investigated the relationships between sexual objectification, self-objectification, body shame, and sexual satisfaction. In line with objectification theory and consistent with previous findings, it was expected to find (1a) a negative relationship of sexual objectification with sexual satisfaction (e.g., Kilimnik, et al., 2016; Lacelle, et al., 2012), (1b) a negative relationship of self-objectification with sexual satisfaction (Calogero & Thompson, 2009; Claudat & Warren, 2014; Vencill, et al., 2015), and (1c) a negative relationship of sexual objectification with self-objectification (Garcia, et al., 2016; Gervais, et al., 2011; Miles-McLean, et al., 2015). In addition, based on objectification theory (Fredrickson & Roberts, 1997), it was expected to find (2) an *indirect* relationship between sexual objectification and sexual satisfaction through self-objectification. Because it is expected that sexual objectification and self-objectification will not affect sexual satisfaction to the same extent in all women, it is lastly hypothesized that body shame is a moderator in this mediated relationship. Based on literature (e.g., Bartky, 1990; Nussbaum, 1995) and previous empirical research (e.g., Breines, et al., 2008; Martinez, 2016; Weinberg & Williams, 2010), this study predicted that (3a) the less one is experiencing body shame the less one's sexual satisfaction would be reduced by sexual objectification and self-objectification, and that (3b) there is a positive relationship between sexual objectification and sexual satisfaction through self-objectification when the level of body shame is very low. These proposed hypotheses are summarized schematically in Figure 1.

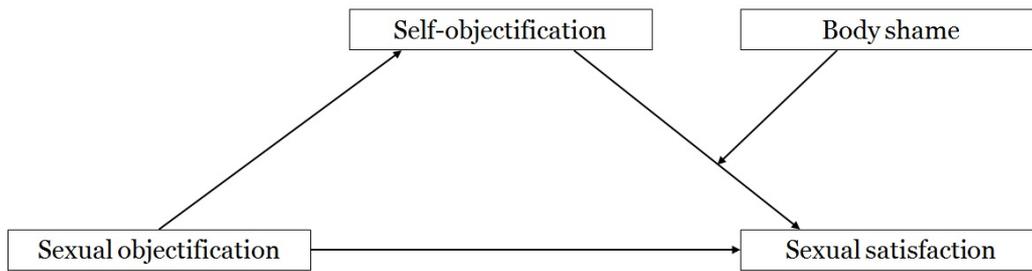


Figure 1. Schematic presentation of the hypothesized indirect link between sexual objectification and sexual satisfaction through the mediating role of self-objectification, and the moderating role of body shame.

Method

Procedure and participants

Participants were recruited through the Internet. The website of Utrecht University provided a link to the questionnaire. The program LimeSurvey was used to create the online questionnaire. Criteria for participation were female gender, between 18 and 30 years old, and some sexual experiences with a partner (i.e., more than kissing). When opening the link, participants first completed an informed consent form (Appendix I), and then answered control (female, age), demographic (ethnicity, education) and personal questions about their relationship status, sexual identity and sexual experiences (Appendix II). On average it took 45 minutes to complete the questionnaire. For students from the Faculty of the Social Sciences of Utrecht University there was the possibility to receive course credits for their full participation. All other participants were not compensated for their participation.

From the 244 participants who started, a total of 172 female participants fully completed the questionnaire. No specific reasons for non-response are suspected. Two participants had to be removed from the sample because of no sexual experiences. A total of 170 participants remained, whose data was used for analysis. Age ranged from 18 to 30 years ($M=22.13$, $SD=2.36$). The large majority of the sample (97.6%, $n=166$) had a European ethnicity, one participant (0.6%) identified as African, one participant (0.6%) as South American, one participant (0.6%) as Asian, and one participant (0.6%) as Russian. Of all participants 87.1% ($n=148$) reported to be student, most attending (98.6%, $n=146$) University or University of Applied Sciences, and two participants (1.4%) attending Secondary Vocational Education. From the other non-students 81.8% ($n=18$) finished University or University of Applied Sciences, 9.1% ($n=2$) finished Secondary Vocational Education, 4.5% ($n=1$) finished high school, and 4.5% ($n=1$) did not finish any education program. Slightly more than a half of the participants reported to be in a current relationship (62.4%, $n=106$).

From the participants who were not in a current relationship (37.6%, $n=64$) 81.3% ($n=52$) have at least been once in a relationship or been intimate with someone for a long time. The large majority of the participants self-identified as heterosexual (91.2%, $n=155$), 5.9% as bisexual ($n=10$), 1.8% as not otherwise specified ($n=3$), and 1.2% as homosexual ($n=2$).

Measures

All scales (Appendix III) were translated from English to Dutch using the translate-retranslate method (retranslation by a native speaker). Cronbach's alphas in current study are presented in Table 1.

Sexual Objectification. The 15-item Body evaluation subscale of the Interpersonal Sexual Objectification Scale (Kozee, et al., 2007) was used to measure interpersonal sexual objectification (e.g., "How often have you been whistled at while walking down a street?"). Participants were asked to answer on a 5-point Likert scale from 1 = never to 5 = almost always. Item responses were averaged so that higher scores indicated higher levels of interpersonal sexual objectification. This subscale showed strong internal reliability, good test-retest reliability over a 3-week period, and good discriminant, convergent and construct validity in college women (Kozee, et al., 2007).

Self-Objectification. The Self-Objectification Questionnaire (SOQ) from Noll and Fredrickson (1998) was used to measure self-objectification. This 12-item scale measures individual differences in "the extent to which individuals view their bodies in observable, appearance-based (objectified) terms versus nonobservable, competence-based (nonobjectified) terms" (Noll & Fredrickson, 1998, p.628). Respondents were asked to rank order a list of six appearance-based (e.g., physical attractiveness, weight) and six competence-based (e.g., stamina, health,) attributes by how important each is to their physical self-concept. Scores were obtained by separately summing the rankings associated with the appearance-based and competence-based attributes and then subtracting the sum of appearance ranks from the sum of competence ranks, resulting in difference scores ranging from -36 to 36, with higher scores indicating a greater emphasis on appearance. Evidence for construct validity was reported by Noll and Fredrickson (1998).

Body shame. The 12-item Body shame subscale of the Objectified Body Consciousness Scale (B-OBCS; McKinley & Hyde, 1996) was used to measure body shame (e.g., "When I'm not the size I think I should be, I feel ashamed."). Participants answered on a 7-point scale from 1 = strongly disagree to 7 = strongly agree. Items were recoded if appropriate and averaged so that higher scores indicated higher levels of body shame. This subscale is reported to be a good representation of the internalization of cultural beauty standards (McKinley & Hyde, 1996). This subscale showed good

construct validity, and has been found to be internally consistent, and stable over a 2-week period (McKinley & Hyde, 1996).

Sexual satisfaction. The Global Measure of Sexual Satisfaction (GMSS; Lawrance & Byers, 1995) was used to assess satisfaction with one's sexual relationship. Respondents rated their relationship with their partner on five 7-point bipolar scales: good–bad, pleasant–unpleasant, positive–negative, satisfying–unsatisfying, valuable–worthless. Possible scores on the GMSS range from 5 to 35, with higher scores indicating greater sexual satisfaction. When participants did not have a current sexual relationship the instructions stated to think of one's last sexual partner. Internal consistency was reported to be high and the test-retest reliability over an 18-month period was good (Lawrance & Byers, 1995).

Statistical Analysis

All statistical analyses were performed with IBM SPSS Statistics Version 24. First, bivariate associations between the study variables were analysed using Pearson correlation coefficient. Second, a mediation analyses was conducted with sexual objectification as independent variable, self-objectification as mediator, and sexual satisfaction as dependent variable. The mediation analysis comprises a number of subanalyses that estimate the total, direct, and indirect effects of sexual objectification on sexual satisfaction. The total and direct effects were estimated by means of a stepwise multiple regression analysis in which sexual objectification was entered in the first step and self-objectification was entered in the second step. Total effects refer to the specific relationship between sexual objectification and sexual satisfaction (first step), and direct effects refer to the specific relationship between sexual objectification and sexual satisfaction while controlling for self-objectification (second step). The indirect effect of sexual objectification on sexual satisfaction through self-objectification and its significance was determined by means of bootstrap analysis with 5000 bootstrap samples to calculate bias-corrected 95% confidence intervals (CIs). Significance was determined based on the presence or absence of the value 0 within the CIs. Lastly, the hypothesized moderated-mediation was tested with sexual objectification as independent variable, self-objectification as mediator, body shame as moderator, and sexual satisfaction as dependent variable. The indirect effect of sexual objectification on sexual satisfaction through self-objectification, moderated by body shame, was determined by conducting a similar bootstrap analysis as for the mediation analysis. The mediation- and moderated-mediation analyses were conducted using Hayes' Process Macro model 4 and 14 respectively (Hayes, 2015). Model coefficients will be reported in completely standardized form, with the exception of the coefficients of the conditional indirect effects, which will be reported in unstandardized form.

Results

Bivariate associations between sexual objectification, self-objectification, sexual satisfaction and body shame

The results of the correlation analysis of the study variables are presented in Table 1. In contrast with the expectation, both sexual objectification and self-objectification were not significantly related to sexual satisfaction. As expected sexual objectification was significantly related to self-objectification.

Table 1

Descriptive Statistics and Bivariate Correlations Among Study Variables (n=170)

Variable	α	M	SD	Min.	Max.	Scale range	1	2	3
1. Sexual objectification	.91	2.85	0.64	1.27	4.36	1 – 5	-	-	-
2. Self-objectification	-- ^a	11.32	13.95	-28	36	-36 – 36	.24*	-	-
3. Body shame	.86	3.25	1.25	1.00	7.00	1 – 7	.39*	.22*	-
4. Sexual satisfaction	.93	5.76	1.14	1.60	7.00	1 – 7	-.03	-.07	-.14

Note. Higher scores indicate greater levels of the construct they are intended to measure. Sexual objectification was measured by the subscale 'Body evaluation' of the Interpersonal Sexual Objectification Scale (B-ISOS), self-objectification by the Self-Objectification Questionnaire (SOQ), body shame by the subscale 'Body shame' of the Objectified Body Consciousness Scale (B-OBCS), and sexual satisfaction by the Global Measure of Sexual Satisfaction (GMSS).

^a Because of the ranking nature of the data Cronbach's alpha could not be calculated.

* $p < .01$.

Total, direct and indirect effects through self-objectification of sexual objectification on sexual satisfaction

The results of stepwise multiple regression are displayed in Table 2. No total (step 1) or direct effect (step 2) of sexual objectification on sexual satisfaction was found. The bootstrap analysis revealed no significant indirect effect of sexual objectification on sexual satisfaction, -.01, bias corrected 95% CI [-.06, .02], via self-objectification.

Moderated-mediation analysis with body shame as moderator

As shown in Table 3 no conditional indirect effects were found. Accordingly, the bootstrap analysis revealed no significant moderated mediation with an index of -.01, bias corrected 95% bootstrap CI [-0.07, 0.04]. In other words, no mediation effects were found at a particular value of the moderator that differed significantly from each other and differed significantly from the direct effect.

Table 2

Results of the stepwise regression analysis with sexual satisfaction as outcome: Total and direct effects of sexual objectification on sexual satisfaction

Predictor	β step 1	β step 2
Step 1: adj. $R^2 = -.01$, $F(1,168) = 0.18$, $p = .676$		
Sexual objectification	-.03	-.02
Step 2: adj. $R^2 = -.01$, $F(2, 167) = 0.39$, $p = .679$		
Self-objectification		-.06

Note. β in step 1 represents the total effect of sexual objectification on sexual satisfaction. β in step 2 represents the direct effect of sexual objectification on sexual satisfaction. Completely standardized coefficients are reported.

Table 3

Bootstrapped Indirect Effects of Sexual Objectification on Sexual Satisfaction through Self-Objectification at Three Specific Values of the Moderator Body Shame

Bootstrap analysis ^a		Conditional indirect effects			
		Unstandardized coefficient		Bias corrected bootstrap CIs	
Level of body shame	Value	<i>B</i>	<i>SE</i>	LLCI	ULCI
Low (- 1 SD)	2.01	-.01	0.04	-.11	.07
Medium (M)	3.25	-.02	0.03	-.10	.04
High (+ 1 SD)	4.50	-.03	0.05	-.15	.07

^a Number of bootstrap samples = 5000

Discussion

The present study examined associations between sexual objectification, self-objectification, and sexual satisfaction. Specifically, it investigated, in line with objectification theory, the direct and indirect effect of sexual objectification on sexual satisfaction through self-objectification. Additionally, the moderating role of body shame on this proposed indirect effect was explored.

As expected and consistent with previous research (e.g., Gervais, et al., 2011; Hill & Fischer, 2008; Miles-McLean, et al., 2015), a significant positive relationship between sexual objectification and self-objectification was found.

However, results showed no significant association between sexual objectification and sexual satisfaction. This was in contrast with the expectation, as objectification theory (Fredrickson & Roberts, 1997) hypothesized that sexual objectification in its most extreme and dehumanizing forms undermines sexual functioning and enjoyment. Although in this study it was assumed that being chronically sexually objectified, as women in Western society are (Swim, et al., 2001), could be considered as destructive as sexual abuse, assault or harassment, there is perhaps a fundamental difference in such extreme moment to moment sexual

objectification and the less extreme but chronic and pervasive form of interpersonal sexual objectification as measured in this study.

One could additionally argue that such chronic and pervasive forms of sexual objectification are only related to sexual satisfaction through an indirect process of self-objectification. However, neither a significant association between self-objectification and sexual satisfaction was found, as shown in previous research (Calogero & Thompson, 2009; Claudat & Warren, 2014; Vencill, et al., 2015), nor an indirect relationship between sexual objectification and sexual satisfaction via self-objectification, as predicted by objectification theory (Fredrickson & Robert, 1997). Moreover, in contrast to expectations, no indirect effects were found between sexual objectification and sexual satisfaction through self-objectification when measured at different levels of the moderator body shame.

Remarkably, there are no associations between sexual satisfaction and any of the other variables. One possible reason for this could be the relatively restricted range of sexual satisfaction, for which different explanations are possible.

The restricted range could be due to the self-selection procedure participants were recruited by. The respondents who chose to participate may not represent the entire target population. Previous research suggests that women who volunteer to participate in sex research tend to be more sexually experienced, hold less traditional sexual attitudes, and report higher sexual esteem and sexual sensation seeking (Wiederman, 1999).

It might also be possible that the population of which the current sample is drawn, is truly highly sexually satisfied. Indeed, Van den Brink, Vollmann, Smeets, Hessen, and Woertman (2016) took a sample from a similar population (i.e. primarily student and high-educated) and also identified a highly sexually satisfied sample.

However, in contrast to this present study, Van den Brink and colleagues (2016) *did* find significant relationships between sexual satisfaction and body appreciation and relationship quality. As Van den Brink and colleagues used the Dutch version of the Golombok Rust Inventory of Sexual Satisfaction (GRISS; Rust & Golombok, 1986), the Global Measure of Sexual Satisfaction (GMSS; Lawrance & Byers, 1995) was used in this study, raising doubts about the sensitivity of the GMSS to detect small differences within groups. Indeed, the GRISS has been reported to discriminate well between those with and without sexual problems, and to be a good outcome measure of change during therapy (Rust & Golombok, 1986). Likewise, in the studies of Claudat and Warren (2014) and Vencill and colleagues (2015) *significant* negative relationships were found of self-objectification with sexual satisfaction/well-being when using the Sexual Satisfaction Survey for Women (SSS-W; Meston & Trapnell, 2005) or the Questionnaire on Sexual Quality of Life (SQoL; Symonds, Boolell, & Quirk, 2005). Both instruments are reported to discriminate well between sexually functional and dysfunctional women (Meston & Trapnell, 2005; Symonds, et al., 2005).

Since these instruments discriminate well between sexually functional versus sexually dysfunctional women, one might wonder if the GRISS, the SSS-W, and the SQoL might measure different constructs as opposed to the GMSS. The GRISS for women is a 28-item instrument that includes, alongside sexual satisfaction, aspects such as sexual frequency, disfunction, and communication. The SSS-W consists of 30 items and covers, alongside sexual contentment (i.e. sexual satisfaction), components of sexual distress and communication. The SQoL consists of 18 items and represents physical, social, emotional, and psychological dimensions – as expressed in, for example, sexual avoidance, relational distress, sexual self-confidence, and personal distress. The GRISS, the SSS-W, and the SQoL are therefore much more comprehensive instruments regarding women’s sexuality than the GMSS, which covers only five broad facets about how satisfied one is with their sexual relationship (e.g., pleasant-unpleasant).

Moreover, as the GRISS focuses on sexual frequency and disfunction, the SSS-W on sexual distress, and the SQoL on sexual avoidance and relational and personal distress, it seems that all three instruments cover items that could be interpreted as *sexual distress*. Sexual distress has been described as worry, frustration, and anxiety regarding sexual activity, and is related, but cannot be considered as the opposite of sexual satisfaction (Meston & Stephenson, 2010). Since the GMSS lacks the component of sexual distress, it is perhaps this specific construct that is a crucial element regarding objectification theory for measuring the subjective judgements regarding one’s sexual quality of life. However, those explanations remain hypothetical needing further investigation.

Another variable that could be of interest measuring the emotional facets of one’s sexual experiences is sexual pleasure. According to objectification theory women suffer more from sexual objectification than men (Fredrickson & Roberts, 1997). Indeed, with regard to sexual pleasure, women experience less sexual pleasure than men (de Graaf, 2012; Garcia, Cavalie, Goins, & King, 2008; Sanchez & Kiefer, 2007), while with regard to sexual satisfaction this difference seems absent (Holmberg & Blair, 2009). Besides, de Graaf (2012), on behalf of the Rutgers WPF, explicitly recommends focusing on enhancing sexual pleasure, not satisfaction, by becoming more informed on the factors that promote and reduce it. However, no qualified instruments of sexual pleasure are available yet (Pascoal, Sanchez, Raposco, & Pechorro, 2016).

A second remarkable observation is that in the present study the Self Objectification Questionnaire (SOQ; Noll & Fredrickson, 1998) was used to measure self-objectification, while in previous studies (Calogero & Thompson, 2009; Claudat & Warren, 2014; Vencill, et al., 2015) the surveillance subscale of the Objectified Body Consciousness Scale (S-OBCS; McKinley & Hyde, 1996) was used. The SOQ was used deliberately, because the SOQ focuses on respondents’ *interest* with their appearance rather than their *satisfaction* with their bodies. Moreover, as the S-OBCS contains items that explicitly express one’s *concern* with how one looks (e.g. “I often

worry about whether the clothes I am wearing make me look good” or a reversed item “I am more concerned with what my body can do than how it looks.”), this instrument overlaps in content with the concept of body shame, while self-objectification does not *necessarily* encompass such worrying emotions.

That no significant associations were found between self-objectification and sexual satisfaction when using the SOQ, while previous research did when using the S-OBCS, may imply theoretically that worrying emotions about one’s look are probably of more importance in relation to sexual satisfaction than self-objectification in its narrow sense (i.e., perceiving oneself as a sexual object rather than a human being). More research about this conceptual difference is important, because this difference would influence the way society speaks about sexual objectification and self-objectification. If, indeed, some women with low body shame could benefit from sexual objectification and self-objectification when understood in its narrow sense, speaking about sexual objectification and self-objectification as inherently bad would restrict the freedom of women to discover their own sexuality – as considered very important by scientist like Fine (1988), Levy (2005), Meana (2010), Nussbaum (1995), and Van Ness, McInnes Miller, Negash, and Morgan (2017).

Limitations

Several limitations warrant acknowledgment. First, generalization of results is limited by the homogeneous nature of this sample. Participants were primarily Dutch, student, highly educated, and around the 22 years old. Since sexuality especially develops in young girls in the age from 15 to 19 years old (Impett, Schooler, & Tolman, 2006) and self-objectification seems to play a greater role in young women than in older women (McKinley, 2006; Tiggemann & Lynch, 2001), the results of this study could have turned out differently when measured in a sample of young adolescences. Similarly, as one could imagine that women who are low-educated are more inclined to depend their self-worth on aspects such as sexual attractiveness than high-educated women, who could rely on their intelligence to pursuit self-esteem (Crocker & Park, 2004), research could possibly also benefit from more heterogeneous samples with regard to level of education. Furthermore, this study has focused merely on *interpersonal* sexual objectification, while sexual objectification can also occur via other sources, such as being exposed to sexualized depictions of women or sexualized texts in the media (e.g., Aubrey, 2007; Roberts & Gettman, 2004; VandenBosch & Eggermont, 2015). Lastly, although directionality was specified in the used analyses, this study is of cross-sectional nature. This implies that the proposed directions might also function in the opposite direction or bidirectional. To illustrate, women who self-objectify may wear sexy clothes or behave in such a way this easily attracts the objectifying male gaze or other sexual attention (Levy, 2005). This, in turn, might motivate girls to self-objectify even more. Longitudinal research could provide more insight regarding directions of relationships.

Conclusion

This study examined the relationships between sexual objectification and sexual satisfaction in women, and expanded this association by also focusing on the mediating role of self-objectification and the moderating role of body shame. Except for the one hypothesized association between sexual objectification and self-objectification, all other predicted relationships were non-significant. Nevertheless, this study pointed at several explanations that could count for these non-significant results. By using other measurements in more heterogeneous samples, or by testing other but similar variables, this model and its underlying theoretical basis remains an important inspiration for future research.

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Appendix I

Introduction and Informed Consent

Welkom bij dit onderzoek.

Wij zijn Halim Jarrar en Leanne Reijners en hebben dit onderzoek opgesteld in het kader van onze master Klinische Psychologie en Gezondheidsbevordering. Voor ons onderzoek maken we gebruik van verschillende vragenlijsten die gericht zijn op hoe u over uw lichaam en seksuele ervaringen denkt. Het gehele onderzoek zal ongeveer 45 minuten in beslag nemen.

Wij zijn hiervoor op zoek naar vrouwen tussen de 18 en 30 jaar, die minstens één maal seksuele intimiteit hebben ervaren (bijvoorbeeld knuffelen/vrijen zonder kleding, orale seks, geslachtsgemeenschap).

Deelname aan dit onderzoek is anoniem en vrijwillig. Bovendien bent u vrij om te allen tijde uw deelname te beëindigen zonder u hier verder voor te hoeven verantwoorden.

Wanneer u bij het einde van de vragenlijsten bent gekomen, krijgt u de gelegenheid het emailadres te noteren waar u ons mee kunt bereiken voor eventuele vragen en/of opmerkingen. Tevens is het voor studenten van de faculteit Sociale Wetenschappen mogelijk 1 PPU (proefpersoonuur) te ontvangen bij volledige deelname aan dit onderzoek. Daarvoor dient u op het eind uw studentnummer (Solis-ID) en studentenmail op te geven. Wilt u deelnemen aan dit onderzoek, klik dan op 'volgende'.

Fijn dat u wilt deelnemen aan ons onderzoek. Ons verzoek of u onderstaande informatie nauwkeurig wilt lezen en 'ja' wilt aanvinken als u hiermee akkoord gaat.

Hierbij bevestig ik dat mijn deelname aan dit onderzoek vrijwillig is. Tevens bevestig ik dat ik ervan op de hoogte ben dat mijn antwoorden anoniem zullen worden verwerkt, en dat ik het recht heb zonder opgave van reden(en) mijn deelname op ieder moment te mogen beëindigen.

- Ja
- Nee

Appendix II

Demographic and personal questions

Om aan dit onderzoek te kunnen deelnemen, dient u van het vrouwelijk geslacht te zijn. Klik 'ja' om te bevestigen dat u een vrouw bent.

- Ja
 Nee
-

Om aan dit onderzoek te kunnen deelnemen, dient u tussen de 18 en 30 jaar te zijn. Wat is uw leeftijd?

Elk antwoord moet tussen 18 en 30 zijn. In dit veld mag alleen een geheel getal worden ingevoerd.

.....

Met welke etnische achtergrond voelt u zich het meest verwant?

Kies één van de volgende antwoorden

Europees/Arabisch/Afrikaans/Noord-Amerikaans/Latijns-Amerikaans/Zuid-Amerikaans/Aziatisch/Other.....

Bent u student?

- Ja
 Nee
-

Van welk opleidingsniveau is uw huidige opleiding?

Kies één van de volgende antwoorden

2. Lagere school (inc. speciaal onderwijs, bv. LOM, BLO)
 3. Lagere Beroepsonderwijs (LBO, LTS), VMBO basisberoepsgerichte- of kaderberoepsgerichte leerweg
 4. MAVO, VMBO theoretische of gemengde leerweg, ULO, MULO
 5. HAVO, VWO, Gymnasium, HBS, MMS
 6. Middelbaar beroepsonderwijs (MBO, BOL, BBL)
 7. HBO, Universiteit
-

Wat is uw hoogst afgeronde opleidingsniveau?

Kies één van de volgende antwoorden

1. Geen opleiding
 2. Lagere school (inc. speciaal onderwijs, bv. LOM, BLO)
 3. Lagere Beroepsonderwijs (LBO, LTS), VMBO basisberoepsgerichte- of kaderberoepsgerichte leerweg
 4. MAVO, VMBO theoretische of gemengde leerweg, ULO, MULO
 5. HAVO, VWO, Gymnasium, HBS, MMS
 6. Middelbaar beroepsonderwijs (MBO, BOL, BBL)
 7. HBO, Universiteit
-

Heeft u op dit moment een relatie?

- Ja
 - Nee
-

Heeft u wel eens een relatie gehad of dat u voor een langere periode met dezelfde persoon was? (basisschooliefdes tellen niet mee)

- Ja
 - Nee
-

Wat betreft uw seksuele identiteit, hoe zou u uzelf omschrijven?

Kies één van de volgende antwoorden

Heteroseksueel/Homoseksueel/Biseksueel/Niet gespecificeerd

Heeft u wel eens geslachtsgemeenschap gehad?

- Ja
 - Nee
-

Heeft u ervaring met orale seks?

- Ja
 - Nee
-

Heeft u met iemand op seksueel gebied wel eens meer gedaan dan zoenen?

- Ja
- Nee

Appendix III

Questionnaires (translated and in order of presentation)

Self-Objectification Questionnaire (Noll & Fredrickson, 1998)

We zijn geïnteresseerd in hoe mensen denken over hun lichaam. De vragen hieronder onderkennen 12 verschillende lichaamseigenschappen. Wij zouden graag willen dat je bij deze lichaamseigenschappen een ranking maakt, beginnende bij de lichaamseigenschap die de grootste impact heeft op je lichamelijke zelfbeeld (zet deze bovenaan), tot aan de lichaamseigenschap die de minste impact heeft op je lichamelijke zelfbeeld (zet deze onderaan).

Nota: Het maakt niet uit hoe je jezelf zou beschrijven aangaande elke lichaamseigenschap. Bijvoorbeeld, lichamelijke conditie kan een grote impact hebben op je lichamelijke zelfbeeld, ongeacht of je jezelf een goede, een slechte, of een lichamelijke conditie daar tussenin, vindt hebben.

Gelieve eerst alle 12 lichaamseigenschappen bij langs lopen, en daarna jouw ranking noteren door de verschillende lichaamseigenschappen naar rechts te verslepen. Houd deze volgorde aan:

Bovenaan = meeste impact op
Onderaan = minste impact op

Denkend aan je lichamelijke zelfbeeld...
Wat voor positie zou jij geven aan ?

Dubbelklik of klik-en-sleep items van de linkerlijst naar de rechterlijst. Zet in de rechterlijst de items op volgorde van belangrijkheid. Zet het voor u belangrijkste item bovenaan.

Uw keuzes:

Lichamelijke coördinatie
Gezondheid
Gewicht
Spierkracht
Seksuitstraling
Lichamelijke aantrekkelijkheid
Lichamelijk energielevel
Stevig en goed gevormde spieren
Lichamelijke conditie
Kleuring
Afmetingen
Uithoudingsvermogen

Global Measure of Sexual Satisfaction (Lawrance & Byers, 1995)

U krijgt zo vijf maal dezelfde vraag te zien, die u telkens op een schaal van 1 tot 7 moet beantwoorden. Let op, de 1 en de 7 betekenen op iedere schaal iets anders!

Hieronder volgt de eerste.

Hoe zou jij in het algemeen je seksuele relatie met je partner beschrijven?

Nota: Mocht je op dit geen partner hebben, neem dan de meest recente partner in gedachten.

Antwoord op een schaal van 1 tot 7.

1 = slecht en 7 = goed

1 = niet aangenaam en 7 = aangenaam

1 = negatief en 7 = positief

1 = niet bevredigend en 7 = bevredigend

1 = waardeloos en 7 = waardevol

Subscale Body Evaluation of the Interpersonal Sexual Objectification Scale (Kozee, Tybka, Augustus-Horvath, & Denchik, 2007)

U krijgt 11 stellingen te zien. Gelieve per item aangeven in hoeverre deze bij u van toepassing is. U kunt kiezen uit *nooit, zelden, soms, vaak, of bijna altijd*.

1. Hoe vaak is er naar je gefloten terwijl je over straat liep?
2. Hoe vaak heb je gemerkt dat iemand naar je lichaam staarde terwijl je met diegene praatte?
3. Hoe vaak heb je het gevoel gehad of geweten dat iemand je uiterlijk beoordeelde?
4. Hoe vaak heb je het gevoel gehad dat iemand naar je lichaam staarde?
5. Hoe vaak heb je gemerkt dat iemand naar je lichaam loerde?
6. Hoe vaak heb je gehoord dat er een onbeleefde, seksuele opmerking werd gemaakt over je lichaam?
7. Hoe vaak is er naar je getoeterd terwijl je over straat liep?
8. Hoe vaak heb je gezien dat iemand staarde naar één of meerdere van jouw lichaamsdelen?
9. Hoe vaak heb je opgevangen dat iemand ongepaste seksuele opmerkingen maakte over je lichaam?
10. Hoe vaak heb je gemerkt dat iemand niet luisterde naar wat je zei, maar in plaats daarvan naar je lichaam of een lichaamsdeel staarde?
11. Hoe vaak heb je gehoord dat iemand seksuele opmerkingen of toespelingen maakte wanneer deze persoon je lichaam gewaar werd?

Subscale Body Shame of the Objectified Body Consciousness Scale (OBCS;
McKinley & Hyde, 1996)

Vink voor elk item het antwoord aan dat het best bij jouw attitudes of gedragingen past.

1= helemaal mee oneens en 7= helemaal mee eens

1. Wanneer ik mijn lichaamsgewicht niet kan controleren, dan krijg ik het gevoel dat er iets mis is met mij.
2. Ik schaam me voor mijzelf wanneer ik niet de moeite heb gedaan er op mijn best uit te zien.
3. Ik voel me als een slecht mens, wanneer ik er niet zo goed mogelijk uit zie.
4. Ik zou me ervoor schamen als andere mensen zouden weten hoeveel ik echt weeg.
5. Ik maak me er nooit zorgen over dat er iets mis met me is, wanneer ik niet zoveel sport als ik zou moeten.
6. Wanneer ik niet genoeg sport, dan vraag ik me af of ik als mens wel goed genoeg ben.
7. Zelfs als ik mijn lichaamsgewicht niet kan controleren, denk ik dat ik een oké persoon ben.
8. Wanneer ik niet de afmetingen heb die ik denk te moeten hebben, dan schaam ik me.