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Predicting Sexual Satisfaction from Self-Objectification and Alcohol Consumption

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Abstract

This study was conducted to examine if gender, self-objectification and alcohol consumption were predictors of sexual satisfaction. It was expected that females would self-objectify more than males and self-objectification would negatively relate to satisfaction. It was expected that drinking alcohol would also negatively relate to satisfaction. Undergraduate participants (n=235) who reported a heterosexual sexual encounter within the past three months completed an online survey. Multiple linear regression analyses were conducted separately for males and females. It was found that gender was not a predictor of satisfaction; self-objectification did however negatively relate to sexual satisfaction for males and females, and alcohol consumption at most recent sexual encounter also negatively related to sexual satisfaction. Alcohol consumption over the last month did not negatively relate to satisfaction. Control variables included gender, BMI, year in school, and relationship status.

Keywords: sexual satisfaction, self-objectification, alcohol consumption

Predicting Sexual Satisfaction from
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Engaging in sexual activity can be a very intimate and complex experience for individuals, involving many emotions, beliefs, and reactions. A large part of sexual activity is the satisfaction an individual can receive from the experience. Unsurprisingly, sexual satisfaction is a multi-faceted concept with many factors involved in it. It is defined by Offman and Mattheson (2005) as the response from an individual's evaluation of his or her sexual relationship, including things like their sexual needs being met, fulfilling expectations of both the partner and the individual, and a positive evaluation of the sexual relationship as a whole. Sexual satisfaction involves other elements as well such as arousal, desire, orgasm, and comfort with one's own body; all of which may differ for males and females. These many facets of sexual satisfaction could be influenced by outside factors including self-objectification and alcohol consumption. Since factors such as comfort with one's body, sexual performance and arousal may be parts of sexual satisfaction, it is possible that self-objectification and alcohol consumption could be contributing influences as well. The current study hopes to further examine the relationships between self-objectification, alcohol consumption and sexual satisfaction, and how the relationships may vary with gender.

Research has found many factors that impact sexual satisfaction similarly for males and females. O'Sullivan and Majerovich (2008) found that desire discrepancy, defined as when partners in a sexual relationship desire different levels or amount of sexual activity, and an individual's satisfaction with the current relationship as the factors that most highly contribute to sexual satisfaction in both males and females. Stephenson, Ahrold and Metson (2011) researched desire discrepancies within relationships; they found that the partner who has a higher sex drive

in a relationship sometimes has lower sexual satisfaction if they are not having as much sex with their current partner as they desire. Mark and Murray (2012) defined sexual desire as the experiencing of sexual thoughts, fantasies, and the urge to engage in sexual activity. Their research found desire discrepancy as an important factor impacting sexual satisfaction, but found that it impacted satisfaction in males more than females. Generally, it is the male in the relationship whose sexual satisfaction is decreased when there is desire discrepancy.

Relationship status can be seen as an important factor of sexual satisfaction; Sprecher (2002) found that participants who were not in a relationship at the time of the study reported lower sexual satisfaction than participants who were in a relationship.

In addition to desire discrepancy and committed relationship satisfaction, sexual performance and arousal also affect satisfaction. Abdo (2008) found that for males, a great deal of sexual satisfaction stems from their ability to “perform”; erectile dysfunction issues can significantly impact male sexuality and hinder male sexual satisfaction. Similarly, these researchers also found that females who have arousal, not performance, difficulties also have lower sexual satisfaction. Arousal difficulties pertain to having difficulty lubricating prior to sexual activity. In conjunction with this research, Jiann, Su, and Tsai (2013) found that when a male partner is dissatisfied due to performance issues such as erectile dysfunction, the female partner’s sexual satisfaction is also likely to decrease. Overall, male and female sexual satisfaction involves many similar factors like desire discrepancy and performance and arousal difficulties, these factors tend to overlap and respond to each other.

Based on the research about sexual satisfaction for both males and females, it is possible that self-objectification could be related to sexual satisfaction as well. Perhaps because how one views one’s body could impact some factors of sexual satisfaction such as performance and

arousal. Self-objectification theory, as defined by Frederickson and Roberts (1997) states that sexual objectification gradually socializes women to internalize outsiders' perspectives of their own bodies and they come to view themselves as an object to be evaluated (Tiggemann & Williams, 2012). Self-objectification involves individuals, largely females, internalizing images of beauty that they see in the culture, mainly from the media. This leads to them surveying, scrutinizing and being shameful of their bodies if they do not fit into the cultural mold. Calogero and Thompson (2009) suggested that this constant surveillance of their bodies and attempting to 'measure up' to a societal ideal causes much strain on self-esteem and self-worth for women which therefore can cause much strain on their sexual satisfaction.

Self-objectification, specifically in females, has been linked to sexual satisfaction. The self-objectification theory helps researchers explain why some individuals may have poor sexual satisfaction or low desire for sexual activity because they self-objectify themselves in a negative way. Therefore, researchers commonly find when individuals have high self-esteem and do not negatively objectify themselves they are more likely to report higher sexual satisfaction (Calogero & Thompson, 2004). It has been found that objectification can put a strain on self-worth and lower self-esteem hence, when an individual's self-esteem is high, they are also less likely to objectify themselves (Thogersen-Ntoumani et al., 2011). Tiggemann and Williams (2012) found that self-objectification is highly related to self-consciousness during sex which they also found leads to poor sexual functioning. They found that when an individual is self-conscious during sexual activity they focus more on how their body looks rather than the sexual experience. In addition to self-consciousness, appearance anxiety is also found to be linked to self-objectification. Roberts and Gettman (2004) defined appearance anxiety as how nervous one is about their body's appearance; appearance anxiety has been found to be negatively related to

desire for physical sex. In addition, Roberts and Gettman found that if a person's appearance anxiety was high their desire for physical sex would be low, and when body appreciation was high, so were the rates of sexual functioning. Lastly, Calogero and Thompson (2009) also concluded that women who internalized appearance ideals found in mainstream media had less sexual satisfaction because the internalization of beauty ideals in mainstream media lowered their self-worth. Overall self-objectification has largely negative effects on sexual satisfaction for females because of the tendency for objectification to lower individual's self-esteem and self-worth, while increasing their self-consciousness and appearance anxiety.

Very little research has been done with males and self-objectification, specifically how males' sexual satisfaction is affected by self-objectification. What little research has been conducted has found males who have emotional difficulty connecting to others, and have various gender role conflicts, such as lacking feeling of competitiveness, can be indicators of self-objectification (Schwartz, et al., 2010). Kozak and Frankenhauser (2009) have examined self-objectification as a function of sexual orientation; they found that heterosexual men objectified themselves less than homosexual men. Morry and Staska (2001) also examined self-objectification in men and found that men who read fitness magazines in the study, compared to those who read a neutral magazine, were more likely to objectify themselves and start monitoring their eating habits. However, none of the above mentioned research analyzed self-objectification in men as a predictor of sexual satisfaction. Therefore, the current study hopes to find some insight into male self-objectification and sexual satisfaction.

Along with self-objectification and the potential impact it may have on sexual satisfaction, alcohol consumption is also an important factor to examine as a predictor of sexual satisfaction. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA)

(Gordis, 1999), females become more inebriated after drinking the same amount of alcohol as males because females metabolize alcohol differently than males. Males also may become more alcohol dependent throughout their lives. In addition, research from a multinational study also found a higher frequency of drinking in males than in females and more long-term abstinence occurring among females (Wilsnack et al., 2009). Regardless of gender, alcohol consumption can affect sexual satisfaction particularly if too much alcohol is consumed. Schaefer and Leigh (1996) found that for some individuals, specifically younger demographics like college students, drink alcohol prior to sexual activity is because there is a high sexual expectancy. The researchers found that the college students believed that if they drank alcohol prior to sexual activity they would enjoy themselves more. Despite these expectations, George, Davis, and Norris (2011) found that drinking alcohol in higher dosages prior to sexual activity actually hinders sexual performance and sexual arousal for both males and females. In another study, researchers also found that males may be more likely to have erectile difficulties and females may have difficulty lubricating when an alcohol consumption threshold is passed (George et al., 2006). In conclusion, increased alcohol consumption can hinder sexual satisfaction in both males and females due to how alcohol impacts sexual performance and arousal.

The current study is needed to fill several gaps of research. Specifically, the current study is adding to previous research about possible factors that may predict sexual satisfaction; as well as filling in research gaps about self-objectification in males and how it impacts their sexual satisfaction. Few correlational studies have examined males and self-objectification. In addition to providing more insight into self-objectification, the current study could also increase understanding about alcohol use and sexual satisfaction, specifically how it may vary by gender.

Overall, the current study is building on prior research about sexual satisfaction and the numerous variables that relate to it.

Based on the previous research that has been done on self-objectification, alcohol consumption and sexual satisfaction, several hypotheses have been proposed for the current study, which focuses on predicting sexual satisfaction from self-objectification and alcohol consumption. First, it is expected that there will be gender differences for the two predictor variables, self-objectification and alcohol consumption. Since much of the research on self-objectification suggests that females self-objectify themselves more than males (Tiggemann & Williams, 2012), it is believed that females will have higher rates of self-objectification compared to males. Second, considering the research done by the NIAAA, it is also expected that females will report less consumption of alcohol than males. Third, it is believed that self-objectification and alcohol consumption will predict sexual satisfaction for both genders. Judging by the previous research on objectification and the effects alcohol can have on sexual performance, it is expected self-objectification will negatively relate to sexual satisfaction and believe that alcohol consumption will also relate negatively to satisfaction. Gender is not expected to be related to sexual satisfaction.

Prediction of sexual satisfaction will also be examined separately for males and females. Based on research from Tiggemann and Williams (2012) as well as other researchers who found that self-objectification can negatively impact self-esteem and self-worth in women, it is expected that female participants who report high self-objectification, will report lower sexual satisfaction. Since little research has been done with males and self-objectification theory, for the purposes of this study, it will only be examined whether self-objectification in males predicts sexual satisfaction.

The findings of the current study would be beneficial in helping to better understand how self-objectification and alcohol use relates to sexual satisfaction in males and females, and if those variables predict satisfaction differently between males and females. This research will also provide insight into whether males' sexual satisfaction is affected by self-objectification similarly to how it impacts females' satisfaction. This research will lend insight into the relationships between self-objectification and alcohol consumption and whether they vary by gender, but more importantly if they are significant predictors of sexual satisfaction.

Method

Participants

There were originally 235 participants, 135 females, 100 males; all students from a Northeastern private university. Sixteen participants were excluded due to missing or incomplete data; leaving 219 participants for the multiple regressions run on the data. All participants reported a heterosexual sexual encounter within the past year. The ages of the participants ranged from 18 to 25, 42% of the participants were 19 years old. The participants were predominantly White (90.6%) other races in the sample included: Latino/Hispanic (5.5%), Asian/Pacific Islander (3.4%), Black/African American (1.7%), Native American (.9%) and other (.9%). The majority of the participants were fulfilling a research requirement for a psychology class. All academic classifications in school were present in the sample, freshmen (23%), sophomores (44.3%), juniors (20%) and seniors (12.8%).

Self-Objectification. The Objectified Body Consciousness Scale (McKinley & Hyde, 1996) assesses how shameful participants feel about their bodies and how frequently they survey their bodies. On the scale's 15 items, divided into two subsets of shame and surveillance, participants were asked to rate the extent to which they agreed or disagreed with each item using

a Likert scale (1=strongly disagree, 7=strongly agree). McKinley and Hyde (1996) defined body shame as the extent to which cultural standards about the body have been internalized and involves the scrutinizing of one's body to compare to cultural norms, and surveillance as focusing on how one appears to others externally, with no focus on one's internal processing. A sample item is, "During the day I think about how I look many times." Higher scores on this scale indicate a greater frequency of self-objectification.

Alcohol Consumption. The alcohol consumption scale was adapted from the Basic Alcohol Consumption History (Sanchez-Craig & Wilkinson, 1996). The scale assessed alcohol consumption or drinking habits of the participants within the last month. Questions included, "how often did you drink alcohol per week, how many times did you get drunk, what is the largest number of drinks you have in a single day etc." On the scale's four items, participants were asked to answer on a Likert-scales ranged from never/zero to 7-9 times. For the first item "times" meant days, for the second item "times" meant number of times drunk, for the third item "times" meant number of drinks in a single day, and for the fourth item it was asked how many drinks the participant had on the days they drank. Higher scores on this scale indicated higher rates of alcohol consumption.

Participants were also asked about alcohol consumption in the most recent sexual encounter scale; only two of the items were used. The items of the scale that asked about alcohol use prior to the most recent sexual encounter included items such as: "did you have any alcoholic drinks (including 2-3 hours prior to the encounter), if you did drink, how drunk were you, and if you did drink alcohol how many drinks did you have (one drink=one beer, one glass of wine, one shot etc.). High scores on the alcohol consumptions items of the scale indicate participant consumed alcohol prior to the sexual encounter.

Sexual Satisfaction. The sexual satisfaction scale items were adapted from Meston and Trapnell (2005) and aimed to assess how satisfied participants were overall sexually. The scale was broken up into four sub-scales: contentment, communication, compatibility, and concern/distress. In this study, not all items of each sub-scale were included. Only fourteen of the original thirty items were included because the original scale was initially used to assess female satisfaction only. We chose to eliminate items that were not gender neutral. On the 14 scale items, participants were asked to rank the extent to which they agreed or disagreed with each item using a Likert scale (1=strongly disagree, 7=strongly agree). A sample item is, “my sexual difficulties affect how I feel about myself.” Higher scores on this scale indicate a higher frequency of sexual satisfaction.

Control Variables. Gender, relationship status, body mass index (BMI), and year in school served as control variables for the current study. These variables were chosen as control variables to eliminate any variance these variables may have contributed to the results.

Participants completed an online survey at a time of their choosing in one sitting (approximately 30 minutes). Participants were directed to the study by a *SurveyMonkey* link from the Sona Systems website. The Sona website is a site used by students to register for study participation on campus. Before starting the study, participants read an informed consent page that provided a brief description of the study and were informed that the study was exploring the relationships between alcohol use and body image as well as examine sexual satisfaction. The online survey contained the various scales discussed above as well as demographic items (e.g. gender, relationship status etc.) as well as measures not of interest to the current study.

Results

In order to examine the first two hypotheses, a series of t-tests were conducted comparing mean differences between men and women on the objectification subscales and alcohol consumption. Females participants reported consuming lower amounts of alcohol at most recent sexual encounter ($M=1.55$) than males did ($M=2.14$), $t(223)=2.2$, $p<.05$. These means are not directly related to actual number of drinks; the item was coded differently because participants who reported not drinking any alcohol at the encounter answered 1 on the Likert scale, one to two drinks answered 2 on the Likert scale etc. There were no gender differences for alcohol consumption history. Females reported higher self-objectification on shame subscale ($M=3.30$) than males ($M=2.90$), $t(233)=-3.03$, $p<.05$ and females also reported higher self-objectification on surveillance subscale ($M=4.88$) than male participants ($M=4.12$), $t(233)=-6.07$, $p<.05$.

Three linear multiple regression analyses were conducted; the first included all of the participants collectively, the second regression examined just the male participants, and the third regression examined just the female participants. In each analysis, gender was included, self-objectification (both the shame and surveillance subscales), alcohol consumption history item and alcohol consumption at most recent sexual encounter item as predictor variables. Only the item that asked “how many times did you drink per week in the last month” was used for the alcohol consumption history item. Also, “if you did drink alcohol how many drinks did you have (one drink=one beer, one glass of wine, one shot etc.)” was the only item used for the alcohol consumption at most recent sexual encounter in the regressions. In addition, we used BMI, year in school, relationship status and gender as control variables in each regression. All variables were entered simultaneously; refer to Table 1 for model statistics for all three regressions for the predictive power of all the variables on sexual satisfaction. Means and standard deviations of all variables are reported in Table 2; correlations among all continuous study variables are reported

in Table 3. The following correlations were significant: BMI was correlated with gender and shame self-objectification, gender was correlated with year in school, shame and surveillance self-objectification, alcohol consumption at most recent sexual encounter and relationship status, finally surveillance self-objectification was correlated with shame self-objectification.

Overall Regression

The first analysis that was run was the overall multivariate regression analysis including all of the data from all 213 participants. This model was statistically significant, $F(8, 211)=10.02, p < .05$. The variables included in this regression accounted for a significant amount of the variance, $R^2=.275$, collectively, 28%. The following variables were statistically significant predictors of sexual satisfaction in the overall regression. First, relationship status was positively related to sexual satisfaction, $t= 5.62, p < .05$, indicating that when participants were in a relationship their satisfaction increased. Secondly, alcohol consumption during most recent sexual encounter was negatively related to satisfaction $t=-2.81, p < .05$; as participants drank more before the sexual encounter, the lower the satisfaction. Lastly, shame objectification was negatively related to satisfaction $t=-4.03, p < .05$, meaning that the more participants were shameful and objectifying of their appearance, the less sexually satisfied they were.

Males Only Regression

The second multivariate regression that was completed was only using the male participants to examine if gender impacted the prediction of sexual satisfaction from objectification and alcohol consumption. The model was statistically significant, $F(7, 83)= 9.71, p < .05$. The variables included in this regression accounted for a significant amount of the variance, $R^2=.450$, altogether, 45%. The following variables were found to be statistically significant predictors of sexual satisfaction for the male participants. First, BMI was positively related to satisfaction, $t=2.10, p < .05$, as BMI increased, so did satisfaction for males. Secondly,

year in school was marginally significant, $t=1.90$, $p=.061$, meaning that male participant's year in school positively related to their sexual satisfaction. Third, relationship status was also positively related to satisfaction, $t=4.32$, $p<.05$, meaning if male participants were in a relationship during their most recent sexual encounter, they were more sexually satisfied. Alcohol consumption during most recent sexual encounter was approaching significance $t=-1.70$, $p=.093$, meaning that drinking alcohol prior to the most recent sexual encounter for male participants only marginally negatively impacted their sexual satisfaction. Finally, shame objectification also negatively predicted sexual satisfaction for male participants, $t=-3.41$, $p<.05$, the more shame and objectification that was reported by participants the lower sexual satisfaction was reported as well.

Females Only Regression

The final multivariate regression completed was only with the female participants again to examine effects of gender on the predictor variables. The model was statistically significant, $F(7, 121)= 6.52$, $p<.05$. The variables included in this regression accounted for 27% of the variance in the results, $R^2=. 274$. The following variables were statistically significant predictors of sexual satisfaction for the female participants. Relationship status was again positively related to sexual satisfaction, $t=3.78$, $p<.05$. Alcohol consumption history was also positively related to satisfaction, $t=2.17$, $p<.05$, the more female participants reported drinking over the last month, the higher reported sexual satisfaction as well. Alcohol consumption at most recent sexual encounter was negatively related to satisfaction, $t=-2.36$, $p<.05$, drinking alcohol prior to the sexual activity decreased satisfaction for female participants. Surveillance objectification was positively related to satisfaction, $t=2.05$, $p<.05$, female participants who reported higher on the surveillance objectification subscale also reported higher satisfaction. Lastly, shame self-

objectification was negatively related to satisfaction, $t=-3.35$, $p<.05$, as female participants reported higher on the shame objectification subscale they reported lower on sexual satisfaction.

Table 1

Regression Analyses Examining the Control and Predictor Variables of Sexual Satisfaction

Model	Overall			Males Only			Females Only		
	b	SE		b	SE		b	SE	
BMI	-.01	.02	-.03	.05	.03	.17*	-.04	.03	-.10
Gender	-.01	.18	-.01						
Year in School	.06	.09	.04	.23	.11	.17*	-.03	.12	-.02
Relationship with partner at time of encounter	.46	.08	.38*	.43	.10	.39*	.45	.11	.35*
Alcohol consumption history (occasion/week in last month)	.11	.09	.08	-.11	.10	-.10	.29	.13	.19*
Alcohol consumption at most recent sexual encounter	-.12	.05	-.18*	-.09**	.05	-.16	-.15	.07	-.19*
Objectification (surveillance)	.09	.09	.07	-.14	.10	-.11	.27	.13	.17*
Objectification (shame)	-.33	.08	-.26*	-.41	.12	-.31*	-.37	.11	-.29*

* $p<.05$ ** $p=.09$

Table 2

Means and Standard Deviations for Control and Predictor Variables of Sexual Satisfaction

Variable	Mean	SD
1. BMI	23.99	4.47
2. Gender	1.57	.59
3. Year in School	2.23	.95
4. Relationship with partner at time of encounter	2.40	1.13
5. Alcohol consumption history (drinks/week in last month)	2.50	.95
6. Alcohol consumption at most recent sexual encounter	1.79	2.0
7. Objectification (surveillance)	4.56	1.02
8. Objectification (shame)	3.13	1.05

*p<.05

Table 3

Correlations for Control and Predictor Variables of Sexual Satisfaction

Variable	1	2	3	4	5	6	7	8
1. Relationship Status								
2. BMI	-.09							
3. Year in School	.09	.02						
4. Objectification (surveillance)	-.02	.04	-.02					
5. Objectification (shame)	.00	.19*	-.08	.31*				
6. Sexual satisfaction	.44*	-.12	.07	-.03	-.23*			
7. Alcohol Consumption at most recent sexual encounter	-.41*	.01	.15	.02	-.06	-.28*		
8. Alcohol consumption history	-.10	-.05	.08	.07	.03	.01	.27*	

Discussion

The current study examined if self-objectification and alcohol consumption were predictors of sexual satisfaction for males and females. It was expected that there would be gender differences for the self-objectification and alcohol consumption. Such that it was

expected that females would objectify themselves more, and that males would consume more alcohol. It was also expected that both objectification and alcohol consumption would negatively relate to sexual satisfaction.

The results of the current study are mostly consistent with the first hypothesis; there were gender differences for self-objectification for males and females. Females did self-objectify more than the males, as was expected; females scored higher on both the shame and surveillance subscales than males. Female participants who reported higher on the shame self-objectification subscale reported lower sexual satisfaction, which is consistent with the hypothesis of the current study as well as research done by Tiggemann and Williams (2012) and Roberts and Gettman (2004). Previous studies found that females who objectified themselves had lower sexual satisfaction due to objectification leading to lower self-esteem and more appearance anxiety. If women are anxious about how their body looks during sexual activity, this takes away from the satisfaction they get from the experience. It was expected that shame and surveillance would lower satisfaction; shame ended up negatively relating to satisfaction for females and males, as expected. However, surveillance was positively related to satisfaction for females, which is contrary to the hypothesis, and was not a significant predictor for males. A possible explanation for this positive relation may be that surveillance does not involve any internal processing; rather it is just how one thinks they look externally, while shame focuses on specifically scrutinizing one's body. Thus, surveying can be a neutral or positive process while shaming is almost exclusively a negative process.

Again as expected, males reported lower levels of self-objectification than females, and this objectification (shame) did relate negatively to their satisfaction. A possible explanation for this negative relationship between shame and sexual satisfaction could be that feeling shameful or embarrassed of one's body and appearance can lead to lower self-esteem and therefore lower

satisfaction. Since there is little to no research on male self-objectification; these findings are very interesting, such that no other researchers have studied male self-objectification and how it relates to their sexual satisfaction. What research has been done with males and self-objectification such as the research done by Schwartz et al. (2010), have never studied it along with sexual satisfaction, therefore the current study's findings cannot fully support other's findings. The findings may imply that although men self-objectify less than women overall, those that do are susceptible to the same consequences as women who self-objectify.

In regards to the expectations about alcohol consumption, the gender differences predicted about alcohol consumption were partially supported. It was expected that males would report more alcohol consumption both in their history and at the most recent sexual encounter and that alcohol consumption would negatively impact their sexual satisfaction. First, there were no gender differences for alcohol consumption history, which is contrary to the hypothesis. However, there were gender differences for alcohol consumption at most recent sexual encounter. Males reported consuming more alcohol at most recent sexual encounter than females. These findings also partially support research from Wilsnack et al. (2009) who found that males drank more heavily and more frequently than females did.

In regards to alcohol consumption predicting sexual satisfaction, alcohol consumption at most recent sexual encounter did negatively relate to satisfaction for both males and females, as expected. These findings support George, Davis, and Norris (2011) who found that drinking alcohol prior to sexual activity negatively impacts satisfaction because the alcohol can inhibit sexual performance and arousal. Being under the influence of alcohol can make it physically difficult to perform sexually or get and/or maintain arousal for sex, thus lowering satisfaction. However, alcohol consumption history positively related to satisfaction for females and was not significant for males. A possible explanation to why alcohol consumption history positively

related to satisfaction for females could be that perhaps overall, drinking indicates a more active social life and/or more access to sexual partners. In addition, a possible explanation for why alcohol consumption history did not relate to satisfaction for males could be that the amount of alcohol consumed over the past month does not relate to amount of alcohol consumed prior to sexual activity. Overall, the hypothesis that expected alcohol consumption would negatively impact sexual satisfaction was generally supported; it was only the findings for alcohol consumption history that were not expected.

Additionally, it was interesting that many of the control variables included in the regressions came up as significant predictors of sexual satisfaction. Controls such as BMI, year in school, and relationship status all were significant predictors of sexual satisfaction. What was particularly interesting was that BMI was a positive predictor of sexual satisfaction for males, and not a predictor at all for females. Some would assume that a higher BMI would result in lower sexual satisfaction. Perhaps higher BMI in males meant they have more muscle mass as opposed to more body fat. Thus, the more muscular male participants were the more satisfied they were. Year in school was also related to satisfaction for males only, possibly because the older individuals get the more sexual experience they have or they have a wider selection of sexual partners. With more experience and knowledge about sexual activity, the more satisfaction they get from those experiences. Relationship status, as expected due to previous research, was positively related to sexual satisfaction. This finding supports research from Sprecher (2002) who found that individuals who are in a committed relationship tend to be more sexually satisfied than those who are not in a committed relationship. These findings are supported by the current study because both males and females reported higher sexual satisfaction during their most recent sexual encounter if they also reported being in a relationship at that time.

Along with all of the strong data and findings the current study yielded, there were also some limitations of the design of the study as well. First, there were several sample limitations. The sample was of only college students who were largely ethnically homogenous. Therefore, it is difficult to say whether the findings of this study would be generalizable to other older age groups or more ethnically diverse groups. Also, as with any online surveying it is difficult to ensure participants fully understand the items, since no researcher is available to answer any questions they may have. Lastly, another limitation that may have impacted the findings was the lack of alcohol consumption items for alcohol consumption history and/or the wording of the items. Due to the lack of items, the reliability and validity of the scale may have suffered. Perhaps if there had been more alcohol consumption items, or the ones used had been worded differently there may have been more refined findings about alcohol consumption within the past month.

The findings of the current study leave lasting implications to the field of psychology as well as other fields of academia. These findings first suggest that self-objectification may not always be entirely a bad thing. Since surveillance self-objectification actually positively related to sexual satisfaction for females in the study, perhaps monitoring how one looks does not have to be a negative experience after all. Secondly, the findings show that men also self-objectify, and it does negatively impact their sexual satisfaction. Self-objectification and sexual satisfaction with men has been studied very little before; these findings provide an important starting point for future researchers. Next, the findings show that alcohol consumption actually has mixed effects on sexual satisfaction; in the short term it does seem to negatively impact satisfaction, but in the long term actually seems to positively relate to satisfaction for females. There are many possible explanations; one may be that drinking alcohol in social settings may be in fact a

strategy in which to find sexual partners in the long run. If this is a successful strategy for women, it could explain why it positively impacted their satisfaction.

The current study also reminds us that there are various expectations about alcohol use for males and females that are important to keep in mind; those expectations may also impact how alcohol relates to satisfaction. Lastly, these findings should be considered in the fields of advertising and marketing as well as in occupations such as therapy and counseling. The findings are important to the fields of advertising and marketing because females and males are internalizing the images in advertising and causing some individuals to be shameful of their body which in turn is impacting their satisfaction in negative ways. Finally, these findings are important to consider for therapy and counseling because these relationships with objectification, alcohol, and satisfaction are important to be mindful of when counseling clients about issues such as body image concerns, alcohol dependency, as well as sexual difficulties. Overall, the findings of the current study are important for considering the many factors that impact sexual satisfaction and in what ways. These findings leave room to question what other factors may impact sexual satisfaction in addition to self-objectification and alcohol consumption and leave room for future studies to more closely analyze the relationships found in the current study.

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Appendix A

Objectified Body Consciousness—Surveillance and Body Shame

Using the following scale, please indicate how strongly you agree or disagree with the each of the statements listed below.

1	2	3	4	5	6	7
strongly disagree			neither agree nor disagree			strongly agree

1. I rarely think about how I look.
2. I think it is more important that my clothes are comfortable than whether they look good on me.
3. I think more about how my body feels than how my body looks.
4. I rarely compare how I look with how other people look.
5. During the day, I think about how I look many times.
6. I often worry about whether the clothes I am wearing make me look good.
7. I rarely worry about how I look to other people.
8. I am more concerned with what my body can do than how it looks.
9. When I can't control my weight, I feel like something must be wrong with me.
10. I feel ashamed of myself when I haven't made the effort to look my best.
11. I feel like I must be a bad person when I don't look as good as I could.
12. I would be ashamed for people to know what I really weigh.
13. I never worry that something is wrong with me when I am not exercising as much as I should.
14. When I'm not exercising enough, I question whether I am a good enough person.
15. Even if I can't control my weight, I think I'm an okay person.

Self-Attractiveness Rating Scale:**BMI Scale:**

current weight (in pounds): _____

current height (in inches): _____

How physically attractive would you rate yourself?

Less attractive

Very attractive

Average attractiveness

1

2

3

4

5

6

7

Alcohol Consumption Scale

During the last 3 months, about how often did you usually drink?

Not at all

1-2 times

3-4 times

5-6 times

7-8 times

Everyday

During the last 3 months what is the largest number of drinks you had in a single day?

None

One

Two

Three

Four

Five

Six

Seven or more

On the days that you drank in the last 3 months, how many servings did you usually have in a single day?

None

One

Two

Three

Four

Five

Six

Seven or more

During the last 3 months, how many times did you get drunk?

Never 1-2 times 3-4 times 5-6 times 7-8 times 9 or more times

Sexual Satisfaction Scale

Below is a list of statements regarding sexual satisfaction. Read each statement carefully and identify how characteristic it is of you and your experiences. Indicate your honest answers by entering a value from 1 to 7 to the left of each statement, using the following scale:

Strongly disagree		Neither agree/disagree		Strongly agree
1	2	3	4	5
				6
				7

1. I feel content with my present sex life.
2. I feel something is missing from my present sex life.
3. I feel I don't have enough emotional closeness
4. I feel content with the frequency of sexual intimacy.
5. I don't have any problems or concerns about sex
6. Overall I am satisfied with my sex life.
7. I feel my partner isn't aware of my sexual desires.
8. I feel my partner and I are not sexually compatible enough.
9. My partner's beliefs about sex are too different from mine.
10. Partner and I are mismatched in sexual intimacy needs.
11. Partner and I are mismatched in sexual preferences.
12. My sexual difficulties are frustrating to me.
13. My sexual difficulties make me feel sexually unfulfilled.
14. My sexual difficulties affect how I feel about myself

Your Most Recent Sexual Encounter

The next series of questions concern the last time you had sex with a sexual partner. By "have sex" we mean oral sex, vaginal sex, or anal sex. Please answer the following questions about this encounter:

1. How would you describe your relationship with this partner at the time of the encounter?

- ___ 1 = We had never dated or had sex before.
 ___ 2 = We were casually dating/having sex.
 ___ 3 = We were seriously dating.
 ___ 4 = We were in a long-term committed relationship.

2. On this occasion, did you have vaginal, anal/or oral sex?

- Yes
 No
 Don't know/Can't remember

3. If yes, did you use a condom or other type of barrier?

- Yes
 No
 Don't know/Can't remember

Please rate this encounter on the following dimensions:

4. Your level of sexual arousal ("turn on"):

Not at all aroused Very aroused

1 2 3 4 5

5. Your level of emotional engagement:

Not at all engaged Very engaged

1 2 3 4 5

6. The amount of pleasure you felt:

No pleasure at all A lot of pleasure

1 2 3 4 5

7. On this occasion, did you have any alcoholic drinks (i.e., beer, wine, hard liquor, or any other type of alcohol)? This includes 2-3 hours preceding the event.

- No
 Yes

8. If yes, how many drinks did you have? (one drink = one bottle of beer, one glass of wine, or one shot of liquor, two drinks= two bottles of beer, two glasses of wine, two shots of liquor, etc.)

- 1
 2
 3
 4
 5 or more

9. How drunk were you during the sexual encounter?

- 1 = Not at all
 2 = A little drunk
 3 = Drunk
 4 = Very drunk
 5 = Passed out

10. Did you ask your partner if he/she currently had a sexually transmitted infection (STI or STD) at the time of this encounter?

- No
 Yes

11. Did you yourself currently have a sexually transmitted infection (STI or STD) at the time of this encounter?

- No
 Yes

12. On this occasion, if a condom was used, who initiated the conversation?

- I did
 Partner did
 We both did
 Can't remember

Demographics

1. How would you describe your race/ethnicity? Check all that apply

- White
 Black/African American
 Latino/Hispanic
 Asian/Pacific Islander
 Native American
 Other, please specify: _____

2. What is your age? _____

3. What is your gender?

- Male
 Female

4. How would you describe your sexual orientation?

- heterosexual
 bisexual
 lesbian
 heterosexual with some same-sex experience
 other: _____

5. What is your current relationship status?

- Not dating anyone

- Casually dating one person
- Casually dating more than one person
- Seriously dating one person
- Seriously dating more than one person
- In a very committed relationship/Engaged to be married
- Married/Partnered
- other: _____

6. What is your year in school?

- Freshman Sophomore Junior Senior Second Bachelor's
- Non-student

Informed Consent Form

1. Purpose of the Study: This study will examine issues regarding sexual behavior and sexual relationships among college students. A minimum of 300 participants will be included in this study.

2. Procedures Experienced by Participants: By participating in this study, you will be asked to answer questions about body image, your attitudes about alcohol use and how much alcohol you drink on average. You will also be asked questions about your prior sexual history, your sexual satisfaction, as well as some questions about your most recent sexual encounter. Also demographic questions will be asked. Participation should take approximately 30 minutes.

3. Confidentiality and Anonymity: Only the investigators listed above will have access to your responses, which will ensure your confidentiality. Additionally, you will only have to check a box stating you agree to the terms of the study. Thus, your responses will remain anonymous. Your name and instructor will be collected after you have completed the survey, to award your research credit to you; at which time you are taken to a different page where your responses will be kept in a separate database. The survey uses secure technology to encrypt information being sent.

4. Your Rights: You have the right to decline participation without any penalties or prejudice because participation is strictly voluntary. Additionally, at any point in the study if you do not feel comfortable or no longer want to participate, you have the right to withdraw from the study without prejudice or penalty.

5. Compensation for Participation: Roger Williams University student participants will receive one credit toward a research requirement for their psychology class or extra credit points at the discretion of the instructor.

6. Risks and Benefits of being a Participant: No physical, psychological, or emotional risks are associated with this study. At any time during your participation, you are allowed to withdraw from this study without facing any penalties. A potential benefit is that you might have a better understanding of how psychological research is conducted.

More Information: After participation, please feel free to contact Dr. Kelly Brooks or Nicole Nelson should you have any additional questions. Dr. Brooks' office is located at the Feinstein College of Arts

and Sciences building, room 101 and her email address is kbrooks@rwu.edu. Nicole Nelson can be reached at nnelson169@g.rwu.edu.

This certifies that I _____ have given my full consent to participate
Print your name

in this study. I am at least 18 years of age or older. I have read this form and fully understand the content.

Participant's Signature

Date