SEXUAL SATISFACTION AMONG WOMEN:
PREDICTORS OF A GREAT SEX LIFE

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by

Sarah Lynn Dekle

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SEXUAL SATISFACTION AMONG WOMEN:
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Department of Psychology
Abstract

of

SEXUAL SATISFACTION AMONG WOMEN:

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The purpose of this study was to examine links between sexual self-esteem, body image self-consciousness, sexual assertiveness, and sexual satisfaction. Female university students (n = 370) completed questionnaires that measured sexual satisfaction, sexual subjectivity, body image self-consciousness, and personality tendencies associated with sexual awareness and sexual assertiveness. It was predicted that sexual satisfaction would be positively associated with sexual self-esteem and sexual assertiveness and negatively associated with body image self-consciousness. Results of canonical correlation analyses indicate that, contrary to expectations, some aspects of sexual self-esteem and one aspect of sexual assertiveness were linked to lower sexual satisfaction, whereas, consistent with hypotheses, two aspects of sexual assertiveness were linked to higher sexual satisfaction. As expected, body image self-consciousness was linked lower sexual satisfaction. Limitations of the study and avenues for future research are discussed.

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Rebecca Cameron, Ph.D.

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Date

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Chapter 1
INTRODUCTION

Sexual Satisfaction Among Women: Predictors of a Great Sex Life

Human sexuality is a very important aspect in the lives of many individuals. Research shows that a satisfying sexual life is associated with overall quality of life and relationship adjustment (Stevenson, 2004). It is also associated with better mental and physical health (Reissing, Laliberte, & Davis, 2005). Human sexuality allows individuals to express themselves both physically and emotionally, often-times within the dynamics of a relationship where sexuality helps partners bond with one another. However, sexual satisfaction can be difficult for some individuals to achieve. A recent study found that women who reported greater distress over a sexual problem also reported greater sexual dissatisfaction (Pujols, Meston, & Seal, 2010). Researchers have suggested that a satisfying sex life is a critical element to overall health and happiness for many individuals because sexuality plays a crucial role in intimate relationships and is an important aspect of overall emotional and physical health (Penhollow & Young, 2008). Striving for a healthy sense of sexuality is acknowledged as one of the major developmental tasks for young adults, by the National Commission on Adolescent Health (Haffner & Rodriguez, 1998). This includes positive feelings towards one’s sexuality (sexual satisfaction) and encouraging mature, consensual relationships, while at the same time developing healthy sexual decision-making (Penhollow & Young, 2008).
Higgins and colleagues (2011) report that the field of public health embraces more positive aspects of sexuality as evidenced by the explosion of sexual rights discourse, including the right to sexual pleasure. Even though this trend exists, little public health research has examined factors associated with sexual well-being outcomes, including sexual satisfaction (Higgins et al., 2011), sexual self-esteem (Snyder, 2011), body image (Seal et al., 2009), and sexual assertiveness (Menard & Offman, 2009). Within psychology, research attention to sexual well-being is increasing, but also remains limited (Higgins et al., 2011). More research is warranted in order to better inform both public health approaches, such as education and psychotherapeutic interventions. For the purposes of this study, I will examine the links between sexual self-esteem, body image, sexual assertiveness and sexual satisfaction.

**Sexual Satisfaction**

Sexual satisfaction has been described as “the individual’s subjective evaluation of the positive and negative aspects of one’s sexual relationship, and his/her subsequent affective response to this evaluation” (Stephenson & Meston, 2010, p. 2459). Sexual satisfaction can also be described as “reflecting a woman's tendency to evaluate the sexual aspects of their [sic] life as positive and rewarding” (Hucker et al., 2010, p. 69). Recent research documents that 85% of the women in the United States report being sexually satisfied. This rate is relatively high compared to other countries whose rate is 42%. Some of the countries included in the study are Africa, Mexico, France, United States, Canada, Japan, Australia, Egypt, Turkey, Malaysia, and Israel (Pujols et al., 2010). Even though the rate for sexual satisfaction is high for women in the United
States, there is still a large portion of American women (43%) experiencing sexual difficulties. The difference in percentages is because some of the women in the study who reported being sexually satisfied with their relationship, also reported having some type of sexual difficulty which led to being sexually dissatisfied with their relationship. These difficulties include low sexual desire, difficulties with lubrication or orgasm, and painful or unpleasurable sex (Pujols et al., 2010). Thus, sexual satisfaction and sexual dissatisfaction are not opposites, nor mutually exclusive.

As found in numerous studies, sexual satisfaction within relationships seems to be very important between partners (DeLamater et al., 2008), although the reasoning for the importance may differ (McNulty & Fisher, 2008). When women perceive the overall quality of the relationship with their partners as good, they are more likely to experience greater sexual satisfaction. When men perceive they are participating in greater sexual frequency with their partners, they experience greater sexual satisfaction (McNulty & Fisher, 2008). In addition, studies have shown that men report more physical as well as fewer emotional reasons for engaging in sexual relations with their partners. Men report a desire for concrete sexual outcomes. These outcomes include more sexual variety and partners who initiate sexual experiences (McNulty & Fisher, 2008). In the studies done by DeLamater et al. (2008) and Waite & Joyner (2001), results indicated that both the quality of the relationship with a partner and the frequency of sexual expression are related to sexual satisfaction for both men and women. Waite & Joyner (2001) also found that the frequency of sexual activity for both men and women was a strong predictor of sexual satisfaction with the emotional and physical aspects of an individual’s
current relationship. Other studies have found that sexual satisfaction are related to relationship satisfaction and stability, as well as the overall quality of life for both partners within a relationship (Stephenson & Meston, 2010). Stephenson and Meston (2010) also report that frequency of penile–vaginal intercourse and sexual functioning are correlated with sexual satisfaction, relationship satisfaction and stability, and quality of life. The theory of expectancy confirmation suggests that when individuals expect to have a more positive sexual experience with their partner, they do so through two mechanisms. The first mechanism includes behavioral confirmation, which is the idea that when individuals have expectancies for an event, these expectancies can give rise to expectancy-consistent behaviors during that event. Positive sexual expectancies may lead partners to behave in certain ways that could enhance their sexual experiences and lead to a more positive evaluation of their sexual relationships (McNulty & Fisher, 2008). The second mechanism includes perceptual confirmation, which is the idea that prior expectancies can lead individuals to perceive certain details of an event in ways that give rise to expectancy-consistent evaluations of that event (McNulty & Fisher, 2008).

Research on this theory has shown that positive sexual expectancies can lead partners to evaluate their sexual relationships more positively and less positive expectancies can lead partners to evaluate their sexual relationships less positively (McNulty & Fisher, 2008).

It is interesting to note that studies have also found that individuals who are married have greater sexual satisfaction than individuals who are single (DeLamater et al., 2008). DeLamater et al., (2008), states that the reasoning for this might be because married partners are available and willing to meet and satisfy each other’s needs.
Several factors may contribute to the high levels of sexual satisfaction reported by some women. One study of midlife adults found that women who experienced orgasms and frequent sexual intimacy reported greater physiological sexual satisfaction (Higgins et al., 2011). McNulty and Fisher (2008) reported that women who expected to achieve orgasm during sexual intimacy reported that they did indeed have an orgasm with greater frequency and were more satisfied with their relationship. However, other researchers have found that orgasm frequency for women, in studies of sexual satisfaction, may not be very important after all (Higgins et al., 2011). Higgins and colleagues (2011) state that this may be the case because women often do not expect to achieve an orgasm during sexual intimacy as easily or as frequently as their male partners do. However, young women have several obstacles to overcome when wanting to have an orgasm. Even though cultural norms may be shifting so that orgasms are viewed as a normal part of a young woman’s sexual experience, young women are still encouraged to rely on their male partners alone during the act of sexual gratification. In addition, it is reported that young women do not masturbate as frequently as young men and cultural sexual scripts include men’s orgasms as an integral part of the sexual experience but does not include the same expectations for women’s orgasms (Higgins et al., 2011). On a different note, Higgins and colleagues (2011) reported that when college women frequently set personal goals they are apt to experience greater comfort with their sexuality, greater optimism about life, and greater psychological sexual satisfaction.
Sexual Self-Esteem

Sexual self-esteem is another factor that is very important when discussing sexual satisfaction. Snyder (2011) reports that sexual self-esteem is strongly correlated with an individual’s sexual satisfaction and that sexual satisfaction is associated with a greater sense of well-being, relationship satisfaction, and physical health. Snyder (2011) also reports that individuals who have higher sexual self-esteem are considered more sexually assertive, which can lead to an increase in sexual satisfaction.

There are several ways to define sexual self-esteem. Sexual self-esteem has been defined as “one's affective reactions to the subjective appraisals of one's sexual thoughts, feelings, and behavior” (Mayer, Heller & Heller, 2003, p. 207) or as the “value that one places on oneself as a sexual being, including sexual identity and perceptions of sexual acceptability” (Oattes & Offman, 2007, p. 89). It has also been defined by authors Andersen and Cyranowski (1994) as “sexual aspects of oneself that are derived from past experience, manifest in current experience, influential in the processing of sexually relevant social information, and guide sexual behavior” (p. 1079).

Researchers have reported that sexual self-esteem contributes to an individual’s overall global self-esteem and is also separate from an individual’s global self-esteem because people’s evaluations of themselves can be different across several aspects of the self, such as gender or educational identity (Snyder, 2011). It is possible that individuals can have a lower global self-esteem but still have high sexual self-esteem. Conversely, individuals may have a positive view of themselves in most aspects of their life, but still feel insecure when it comes to their sexuality (Snyder, 2011).
As with sexual satisfaction, there are a number of factors that relate to sexual self-esteem. A study by Blumberg (2003) found that women who came to terms with the intensity of their sexual desire were able to derive some self-confidence from this which became central to their lives and led them to have enhanced sexual self-esteem (Wentland et al., 2009). A study done by Snell (2001) found that individuals who report they have had an extensive history with their sexual lives experience greater sexual esteem, greater sexual motivation, and greater sexual satisfaction. Men and women who are positive about their sexuality and their ability to perform sexually, who have a strong desire to have sexual experiences, and who are more satisfied with the sexual aspects within their relationships reported a more extensive history of sexual activity (Snyder, 2011).

Furthermore, men and women who are anxious and depressed about their sexuality, as well as individuals with an external orientation to the sexual aspects of their lives, are less likely to experience a variety of sexual activity (Snyder, 2011). In the study done by Snell (2001), individuals who approach their sexual relations from an external perspective, including taking a quid pro quo approach to sex, such as counting the number of sexual favors he or she does for their partner are not only preoccupied with sex but think that sexual activities are due to chance and luck. Individuals who approach their sexual relations from an internal perspective, including a more communal approach to sex, such as emphasizing caring and mutual concern for their partners, view themselves in a highly favorable manner that results in greater sexual self-esteem. These individuals also report being more sexually assertive and having greater sexual awareness than their counterparts (Snyder, 2011). To recap, there might be certain behaviors or
attitudes which individuals can strive for to attain greater sexual self-esteem such as adopting a communal approach to sex with their partner, coming to terms with the intensity of their sexuality in order to increase self-confidence, being more positive about their sexuality and their ability to perform sexually, having a strong desire to have sexual experiences, and being more satisfied with the sexual aspects within their relationships.

There are also factors that can decrease sexual self-esteem. Qualitative research has found that when partners use sexually insulting actions or statements towards each other it can damage their partner’s sexual self-esteem. This type of emotional abuse towards one’s partner can affect his or her future sexual choices, attitudes, and behaviors (Snyder, 2011). When partners use sexually insulting actions or statements towards each other, their partner can react to this emotional abuse in several ways. A study by Mayers (2003) found that individuals might react by feeling less attractive or have less of an interest in sexual activity. Other individuals might react by feeling humiliated and shamed, or possibly changing their behavior (Snyder, 2011). It is also important to note that diminished sexual self-esteem can be self-induced if an individual acts in a way that results in embarrassment, self-disgust, humiliation, and loathing due to the damage caused from sexually insulting actions or statements from partners (Snyder, 2011). Women who already exhibit low sexual self-esteem may not have the ability to enjoy sexual experiences, potentially leading to higher sexual costs and lower sexual rewards. In addition, when women engage in casual and risky sex behaviors and experience fewer sexual rewards and more sexual costs, poorer sexual self-esteem may be a consequence (Snyder, 2011).
Body Image

Body image is an important variable related to both sexual satisfaction and sexual self-esteem. Body image has been found to be associated with sexual esteem, sexual satisfaction, and sexual desire; in addition, sexual esteem is negatively associated with body dissatisfaction (La Rocque & Cioe, 2011). Body image is defined as “an appraisal of one's body through the attitudinal and affective components of perception” (Reissing, Laliberte, & Davis, 2005, p. 78). It can also be defined as “the attention to and evaluation of an individual's own physical attractiveness and overall appearance” (Koch, Mansfield, Thurau, & Carey, 2005, p. 215). Schick and colleagues (2010) state that body image can be seen as a multidimensional construct which is used in “reference to affective (e.g., shame, dysphoria), cognitive (e.g., discontent, desire for change), and behavioral (e.g., avoidance, concealment) aspects of an individual’s reaction to his or her perceived physical being” (p. 394). For the purposes of this study, I included the affective and behavioral constructs of body image.

How a woman feels about her body is very important to many aspects of her life because it can affect her choices, her thoughts, and her views of the world. Schick and colleagues (2010) report that body image plays a crucial role in sexual well-being as it relates to facets of both sexual safety and sexual satisfaction. Weaver and Byers (2006) report that body image during sexual intimacy are also important. The level of body dissatisfaction is high among young women, with 42% of female middle- and high school students reporting dissatisfaction with their body shape. The percentage is even higher among female college students, with 90% of the students reporting dissatisfaction with
their body weight (Schick et al., 2010). Research has also shown that body dissatisfaction is more of a concern among girls and women in Western societies, such as the United States, compared to women in non-Western societies, such as Fiji, Africa, Ghana, and Malaysia, where robust women are considered beautiful (Frederick et al., 2008). It is also more common among women than men of all ages (Koch et al., 2005). Research also tells us that women are more likely than men to report dissatisfaction with their bodies (La Rocque & Cioe, 2011).

When a woman has a healthy perspective of what her ideal body image should be and is accepting of her actual body size, research shows that she is better off than are women who might not share this perspective. Koch and colleagues (2005) report that body image is positively correlated with self-esteem and psychosocial adjustment. Women who are comfortable with their bodies are more likely to have increased sexual experiences, to be able to achieve an orgasm with greater frequency, to feel comfortable initiating sex, and to be okay with their bodies during sexual intimacy (Pujols et al., 2010; Wentland et al., 2009). Individuals who have greater body satisfaction have sex more often, participate in a variety of sexual activities, feel more sexually desirable, and report fewer sexual problems (Penhollow & Young, 2008; Weaver & Byers, 2006). Research also shows that when individuals have a more positive body image, this is associated with significant increases in the frequency with which sexual activity occurs, as well as with individuals having a better sex drive (Reissing et al., 2005).

When a woman does not have a healthy perspective of what her ideal body image should be and when she is not accepting of her actual body size, there are several issues
that can arise. Women who have a negative body image have been found to be less satisfied with their sexual lives than women who have a positive body image (Penhollow & Young, 2008). Studies also reveal that college students who perceive their bodies in a more negative light describe themselves as being less sexually active than those students who view their bodies in a more positive light (Ackard et al., 2000). Women with a poor body image feel less sexually desirable, are not as sexually assertive, and are not as sexually active as other women (Meltzer & McNulty, 2010). Women who feel ashamed of their bodies tend to have more sexual problems (Calogero & Thompson, 2009).

Yamamiya and colleagues (2006) report that when women are dissatisfied with their bodies, they have fewer and less satisfying sexual experiences. They also tend to avoid engaging in sexual activities, perceive themselves as sexually unskilled, and report more sexual distress. This may explain why these women have had limited sexual experiences (Yamamiya et al., 2006).

One of the problems women face during sexual intimacy is that they focus on how their body is being perceived by their partners instead of enjoying the moment. This is called body image self-consciousness. Wiederman (2000) reports that women with greater body image self-consciousness are less likely to be able to achieve an orgasm or feel satisfied during sexual intimacy. Also, research has shown that higher levels of body image self-consciousness is related to lower sexual self-esteem and assertiveness, greater sexual avoidance and anxiety, and more restricted sexual experience among college women (Penhollow & Young, 2008; Weaver & Byers, 2006). It is also interesting to note that women who are more self-conscious about their body size during sexual intimacy are
about the same size in body weight than women who are less self-conscious about their body size (Wentland et al., 2009). However, women who are obese often lack sexual desire and enjoyment for sexual activity, have difficulty with sexual performance, and avoid sexual encounters (Penhollow & Young, 2008). Women who report less self-consciousness and less body-exposure avoidance during the act of love-making are more apt to identify as a sexual person and have more pleasure during sexual experiences (Wentland et al., 2009). A study done by Hoyt and Kogan (2001) among 187 female college students showed that women who are dissatisfied with their body image are also dissatisfied with their sex lives and/or their dating lives compared to women who are accepting of how their bodies look (Pujols et al., 2010). Women who engage in higher levels of body-monitoring and body self-consciousness during sexual intimacy report that they have lower sexual esteem, less sexual assertiveness, less confidence in their sexual functioning, and more emotional disengagement from sexual experiences (Calogero & Thompson, 2009). Findings from a study by Yamamiya and colleagues (2006) indicate that when a woman is dissatisfied with her body, she is less likely to be sexually assertive with her partner (i.e., to ask him/her for what she wants during sex). In addition, she may have poor self-efficacy to have arousal and orgasm during sexual encounters with her partner (Yamamiya et al., 2006).

**Sexual Assertiveness**

Sexual assertiveness is another important variable that is related to sexual satisfaction, sexual self-esteem, and body image. Sexual assertiveness can be defined as “a person's ability to communicate sexual needs and initiate sexual behaviour with a
partner” (Menard & Offman, 2009). The construct of sexual assertiveness was developed to help individuals understand women’s communication strategies that protect their sexual health and autonomy. The construct is predicated on the assumption that women have rights over their bodies and also that they have rights to behavioral expressions of their sexuality (Rickert, Sanghvi, & Wiemann, 2002).

It is important for young women to be able to effectively communicate sexual beliefs and desires and it is a necessary step towards developing healthy intimate relationships. It is a critical skill for young women so that they can adequately protect themselves against unwanted or unsafe sexual practices (Rickert et al., 2002). Aspects of sexual assertiveness are included in many of the behavioral interventions taught to adolescents today. These interventions are designed to promote healthy sexual decision-making (Auslander, Perfect, Succop, & Rosenthal, 2007). Almost all programs teach adolescents how to refuse unwanted sexual activity, to abstain from sexual intimacy, and to use protective methods. However, very little information is provided to adolescents about how to acknowledge their sexual desires and successfully negotiate these feelings with their partners in a healthy positive way (Auslander et al., 2007). Sexual assertiveness is not a skill that is regularly taught to women. Quina and colleagues (2000) report that “in intimate heterosexual relationships women are expected to be passive and allow the man to ‘take the lead’” (pg. 524). Even in some ethnic groups, women may be discouraged from being sexual assertive (Quina, Harlow, Morokoff, Burkholder, & Deiter, 2000).
The construct of sexual assertiveness has been studied very extensively in relation to better sexual safety practices for women. It has been found to be related to a number of risky and safer sexual behaviors. For risky behaviors, women who had higher sexual assertiveness were less likely to have unprotected vaginal intercourse, to engage in anal intercourse, or to have sexual partners that had risk characteristics such as multiple partners. For safer sexual behaviors, women who had higher sexual assertiveness had higher levels of safer sex self-efficacy and had a negative view of their partner’s negative response to condoms (Noar, Morokoff, & Redding, 2002). It is possible that sexual assertiveness acts as a protective factor for women within their sexual relationships, based on studies conducted by Morokoff and colleagues (Morokoff, 1997; Noar et al., 2002).

Women who are sexually assertive tend to discover benefits within several domains of their lives. These domains include sexuality, relationships, and health (Yoder et al., 2007). Existing research indicates that greater sexual assertiveness is associated with greater sexual pleasure (Menard & Offman, 2009). In addition, higher levels of sexual assertiveness are correlated with greater satisfaction with sexual intercourse, greater number of orgasms experienced, greater frequency of sexual activity and greater sexual excitability for women (Menard & Offman, 2009). Wentland and colleagues (2009) report that sexually assertive women who incorporate a broad range of sexual techniques, engage in sexual intercourse frequently, and achieve orgasms often during intercourse in their relationships were as sexually satisfied as sexually assertive men. In a study with a mixed sample of men and women, results indicated an association between
sexual assertiveness and finding intercourse pleasurable for both men and women (Menard & Offman, 2009). Yoder and colleagues (2007) report that women’s sexual assertiveness increases relational satisfaction for both partners within their relationship. Women’s sexual assertiveness also contributes substantially to women’s health by predicting more frequent condom use as well as other HIV risk-reducing practices (Yoder et al., 2007). A study by Oattes and Offman (2007) indicated that individuals who feel greater sexual self-esteem are more likely to show higher levels of sexual assertiveness (Menard & Offman, 2009). However, some women perceive that they lack control to assert their sexual needs and desires (Seal et al., 1997).

**Hypotheses**

There are three major predictions for the present research concerning the relationship that sexual self-esteem, sexual assertiveness, and body image have to an individual’s sexual satisfaction. First, it is hypothesized that women who report higher levels of sexual self-esteem will have higher levels of sexual satisfaction. Second, it is predicted that women who report higher levels of sexual assertiveness will have higher levels of sexual satisfaction. Third, it is hypothesized that women who report higher levels of body image self-consciousness will have lower levels of sexual satisfaction.
Chapter 2

METHOD

Participants

Three-hundred and seventy participants were recruited from the subject pool of the Psychology Department of California State University, Sacramento. Participants were able to sign up for this or other studies through the departmental website. The only restriction on participation was female gender. Undergraduate students participated in research either to fulfill Introductory Psychology class requirements or to receive extra credit in upper division classes. The demographics of college level, age, ethnicity, sexual orientation, gender identification, sexual activity, and partner status were collected. Informed consent and questionnaires were both obtained and anonymous. The consent form advised participants where to receive psychological services if they experienced emotionally painful recollections and assured them they could discontinue participation at any time without penalty other than the loss of research credit.

Measures

Sexual Satisfaction

In order to assess if sexual satisfaction had an effect on certain variables several measures were used. The first measure that was used was the Sexual Satisfaction Scale for Women (SSS-W) (Meston & Trapnell, 2005). The Sexual Satisfaction Scale for Women (SSS-W) was used to measure sexual satisfaction. This inventory has five subscales. These five subscales include communication (ease and comfort discussing
sexual and emotional issues), compatibility (compatibility between partners in terms of sexual beliefs, preferences, desires, and attraction), contentment (contentment with emotional and sexual aspects of the relationship), personal concern (personal distress concerning sexual problems), and relational concern (distress regarding the impact of their sexual problems on their partner and relationship at large). The inventory contains 30 items and is rated on a 5 point likert type scale ranging from 1 (Strongly Agree) to 5 (Strongly Disagree). Scores on this scale range from 20 to 100. Some of the items are reverse scored. Higher scores on this measure indicate that an individual has greater sexual satisfaction. Mean scores are calculated for each subscale.

The Sexual Satisfaction Scale for Women (SSS-W) has been supported by factor analysis. The full scale of the SSS-W was shown to have an excellent reliability with a Cronbach’s α of .94 (Meston & Trapnell, 2005). The subscales also showed good reliabilities. Contentment had a Cronbach’s α of .83, communication had a Cronbach’s α of .74, compatibility had a Cronbach’s α of .85, personal concern had a Cronbach’s α of .90 and relational concern had a Cronbach’s α of .88 (Meston & Trapnell, 2005). The Sexual Satisfaction Scale for Women (SSS-W) is included in the appendices.

**Sexual Self-Esteem**

The second measure used was the Female Sexual Subjectivity Inventory (FSSI) (Horne & Zimmer-Gembeck, 2006). This inventory measures sexual subjectivity as a multidimensional construct. According to Horne and Zimmer-Gembeck (2006), sexual subjectivity can be thought of as both bodily pleasure and entitlement to sexual pleasure and desire. The inventory focuses on how young women see themselves as a subject
rather than an object of desire (Horne & ZimmerGembeck, 2006). The measure includes 5 subscales, which are sexual body-esteem (reflects positive feelings of sexual attractiveness and desirability), self entitlement to sexual desire and pleasure, sexual self-reflection, entitlement to sexual pleasure from a partner, and self-efficacy in achieving sexual pleasure. For the purposes of this study, the subscales self entitlement to sexual desire and pleasure, entitlement to sexual pleasure from a partner, and self-efficacy in achieving sexual pleasure were analyzed. The FSSI includes 20 items and is rated on a 4-point Likert scale ranging from 1 (Strongly Agree) to 4 (Strongly Disagree). Examples of items include “It’s okay for me to meet my own sexual needs through self-masturbation”, “I spend time thinking and reflecting about my sexual experiences”, and “I think it is important for a sexual partner to consider my sexual pleasure”. Scores on this scale range from 20 to 80. Some of the items are reverse scored. Higher scores on this measure indicate that a participant has a higher degree of sexual subjectivity.

A factor analysis of the Female Sexual Subjectivity Inventory (FSSI) distinguished five subscales, which include sexual body-esteem, self entitlement to sexual desire and pleasure, sexual self-reflection, entitlement to sexual pleasure from a partner, and self-efficacy in achieving sexual pleasure. All subscales had high reliability. Cronbach’s α ranged from .74 to .86. In addition, a reliability analysis of the overall 20-item scale yielded a Cronbach’s α = .86 (Horne & Zimmer-Gembeck, 2006). The Female Sexual Subjectivity Inventory (FSSI) is included in the appendices.
Body Image

The third measure used was the Body Image Self-Consciousness Scale (Wiederman, 2000). The Body Image Self-Consciousness Scale was designed to measure prevalence of self-consciousness during acts of sexual intimacy. The scale contains fifteen items rated on a 5-point Likert scale ranging from 1 (Never) to 5 (Always). Scores on this scale range from 20 to 100. A few example items include “During sex, I would prefer to be on the bottom so that my stomach appears to be flat” and “I would have a difficult time taking a bath or a shower with a partner.” Higher scores on this measure indicate that an individual has greater body image self-consciousness. Mean scores were calculated. The reliability of the Body Image Self-Consciousness Scale was shown to be very good with a Cronbach’s α of .94 (Wiederman, 2000). The Body Image Self-Consciousness Scale is included in the appendices.

Sexual Assertiveness

The fourth measure that was used was the Sexual Awareness Questionnaire (SAQ) (Snell, Fisher, & Miller, 1991). The Sexual Awareness Questionnaire was used to measure four personality tendencies associated with sexual awareness and sexual assertiveness. These four personality tendencies include sexual-consciousness (e.g. I am very aware of my sexual feelings), sexual appeal consciousness (e.g. I know immediately when others consider me sexy), sexual-monitoring (e.g. I am concerned about the sexual appearance of my body), and sexual-assertiveness (e.g. I am assertive about the sexual aspects of my life). Sexual-consciousness is defined as the tendency one has to think and reflect about the nature of one’s sexuality (Snell, Fisher, & Miller, 1991). Sexual appeal
consciously the tendency one has to ruminate about sex to an excessive degree (Snell, Fisher, & Miller, 1991). Sexual-monitoring is defined as the tendency one has to be aware of the public impression which one’s sexuality makes on others (Snell, Fisher, & Miller, 1991). Sexual-assertiveness is defined as the tendency one has to be assertive about the sexual aspects of one’s life (Snell, Fisher, & Miller, 1991). For the purposes of this study, the personality tendencies sexual-monitoring and sexual assertiveness will be analyzed. The questionnaire contains 36 items and is rated on a 5 point Likert type scale ranging from 1 (Not at all Characteristic of Me) to 5 (Very Characteristic of Me). Scores on this scale range from 20 to 100. Some of the items are reverse scored. Higher scores on this measure correspond to greater amounts of each respective psychological tendency. Mean scores were calculated for each subscale.

The reliabilities of the Sexual Awareness Questionnaire (SAQ) (Snell, Fisher, & Miller, 1991) have ranged from .83 (males) to .86 (females) for self-consciousness, .80 (males) to .82 (females) for self-monitoring, .89 (males) to .92 (females) for sex-appeal consciousness, and .83 (males) to .81 (females) for sexual-assertiveness. The internal consistency of the sexual-consciousness subscale was .85 for males and .88 for females; for the sexual-monitoring subscale it was .81 for males and .82 for females; for the sex-appeal-consciousness subscale it was .92 for males and .92 for females; and for the sexual-assertiveness subscale it was .80 for males and .85 for females (Snell et al, 1991) (Snell, Fisher, & Miller, 1991). The Sexual Awareness Questionnaire is included in the appendices.
Chapter 3
RESULTS

Effective Sample Size

The sample size consisted of 370 participants. All participants provided sufficiently complete data to be included in the final sample and in data analyses. The participants ranged in ages from 18 to 52 ($M = 21.93$, $SD = 5.01$). Ethnicity of the participants consisted of Asian American (16.5%), African American (9.5%), Hispanic (18.4%), Caucasian (38.1%), Native American (.5%), Foreign National (.8%), and Other Ethnicity (16.2%). Participant’s sexual orientation included Heterosexual (91.4%), Gay/Lesbian (1.6%), Bisexual (5.9%) and Other (1.1%). Responses to a question on whether participants were sexually active with a partner consisted of within the past 3 months (77.8%), not within the past 3 months, but prior to that (12.7%), and I’ve never been sexually active with a partner (8.6%).

Descriptive Statistics

The means, standard deviations, and Cronbach’s alphas for both the predictor and dependent variables in this sample are listed in Table 1. The average Cronbach’s alpha reliability coefficient for the SSS-W scale was .86, which is high and supports the reliability findings of Meston and Trapnell (2005). The average Cronbach’s alpha reliability coefficient for the FSSI scale was .79, which is good and supports the reliability findings of Horne and Zimmer-Gembeck (2006). The Cronbach’s alpha reliability coefficient for the BISC scale was .94, which is high and supports the
reliability findings of Wiederman (2000). The average Cronbach’s alpha reliability coefficient for the SAQ scale was .84, which is high and supports the reliability findings of Snell and Fisher (1991).
Table 1

*Means, Standard Deviations, & Cronbach’s Alpha for Predictor and Dependent Variables*

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>M</th>
<th>SD</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSS-W</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compatibility</td>
<td>24.54</td>
<td>5.57</td>
<td>.88</td>
</tr>
<tr>
<td>Relational Concern</td>
<td>24.43</td>
<td>6.55</td>
<td>.92</td>
</tr>
<tr>
<td>Personal Concern</td>
<td>25.10</td>
<td>6.04</td>
<td>.90</td>
</tr>
<tr>
<td>Contentment</td>
<td>21.40</td>
<td>5.83</td>
<td>.84</td>
</tr>
<tr>
<td>Communication</td>
<td>24.88</td>
<td>4.72</td>
<td>.76</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Predictor Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSSI</td>
</tr>
<tr>
<td>Sex Pleasure from Self</td>
</tr>
<tr>
<td>Sex Pleasure from Partner</td>
</tr>
<tr>
<td>Self-Efficacy in Achieving Sex Pleasure</td>
</tr>
<tr>
<td>Sexual Self-Reflection</td>
</tr>
<tr>
<td>Sexual Body Esteem</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BISC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Image Self-Consciousness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SAQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Consciousness</td>
</tr>
<tr>
<td>Sexual Monitoring</td>
</tr>
<tr>
<td>Sexual Assertiveness</td>
</tr>
<tr>
<td>Sexual Appeal Consciousness</td>
</tr>
</tbody>
</table>
Bivariate Correlations

Intercorrelations among the dependent measures are shown in Table 2. Subscales of the SSS-W were intercorrelated with specific variables ranging from .45 (personal concern and communication) to .76 (relational concern and personal concern).

Table 2

*Bivariate Correlations of Dependent Variables of Sexual Satisfaction (N=370)*

<table>
<thead>
<tr>
<th>SSS-W</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Compatibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Relational Concern</td>
<td>.70**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Personal Concern</td>
<td>.63**</td>
<td>.76**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Contentment</td>
<td>.63**</td>
<td>.53**</td>
<td>.56**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Communication</td>
<td>.57**</td>
<td>.48**</td>
<td>.45**</td>
<td>.56**</td>
<td></td>
</tr>
</tbody>
</table>

Note. **p < .001

Bivariate correlations between the predictors and dependent variables are listed in Table 3. Higher compatibility was related to lower levels of self-efficacy in achieving sexual pleasure, lower levels of sexual self-reflection, lower levels of sexual body esteem, lower levels of sexual monitoring, lower levels of body image self-consciousness and related to higher levels of sexual consciousness, higher levels of sexual assertiveness, and higher levels of sexual appeal consciousness.

Higher relational concern was related to lower levels of sense of entitlement to sexual pleasure from partner, lower levels of self-efficacy in achieving sexual pleasure,
lower levels of sexual body esteem, lower levels of sexual monitoring, lower levels of body image self-consciousness and related to higher levels of sexual consciousness, higher levels of sexual assertiveness, and higher levels of sexual appeal consciousness.

Higher personal concern was related to lower levels of self-efficacy in achieving sexual pleasure, lower levels of sexual body esteem, lower levels of sexual monitoring, lower levels of body image self-consciousness and related to higher levels of sexual consciousness, higher levels of sexual assertiveness, and higher levels of sexual appeal consciousness.

Higher contentment was related to lower levels of self-efficacy in achieving sexual pleasure, lower levels of sexual body esteem, lower levels of sexual monitoring, lower levels of body image self-consciousness and to higher levels of sexual consciousness, higher levels of sexual assertiveness, and higher levels of sexual appeal consciousness.

Higher communication was related to lower levels of self-efficacy in achieving sexual pleasure, lower levels of sexual body esteem, lower levels of sexual monitoring, lower levels of body image self-consciousness and to higher levels of sexual consciousness, higher levels of sexual assertiveness, and higher levels of sexual appeal consciousness.
Table 3

*Bivariate Correlations Between Predictors and Dependent Variables (N=370)*

<table>
<thead>
<tr>
<th></th>
<th>Comp</th>
<th>Dependent Variables SSS-W RConc</th>
<th>Dependent Variables SSS-W PConc</th>
<th>Dependent Variables SSS-W Cont</th>
<th>Dependent Variables SSS-W Comm</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSSI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Sex Pleasure From Partner</td>
<td>-.09</td>
<td>-.13**</td>
<td>-.05</td>
<td>-.03</td>
<td>-.04</td>
</tr>
<tr>
<td>2. Sex Pleasure From Self</td>
<td>-.03</td>
<td>-.07</td>
<td>-.02</td>
<td>.08</td>
<td>-.05</td>
</tr>
<tr>
<td>3. Self-Efficacy in Achieving Pleasure</td>
<td>-.40**</td>
<td>-.43**</td>
<td>-.35**</td>
<td>-.35**</td>
<td>-.40**</td>
</tr>
<tr>
<td>4. Sexual Self-Reflection</td>
<td>-.13*</td>
<td>-.10</td>
<td>.04</td>
<td>.02</td>
<td>-.04</td>
</tr>
<tr>
<td>5. Sexual Body Esteem</td>
<td>-.35**</td>
<td>-.44**</td>
<td>-.39**</td>
<td>-.38**</td>
<td>-.31**</td>
</tr>
<tr>
<td>SAQ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Sexual Consciousness</td>
<td>.37**</td>
<td>.35**</td>
<td>.26**</td>
<td>.31**</td>
<td>.31**</td>
</tr>
<tr>
<td>7. Sexual Monitoring</td>
<td>-.15**</td>
<td>-.20**</td>
<td>-.27**</td>
<td>-.31**</td>
<td>-.19**</td>
</tr>
<tr>
<td>8. Sexual Assertiveness</td>
<td>.40**</td>
<td>.41**</td>
<td>.33**</td>
<td>.36**</td>
<td>.38**</td>
</tr>
<tr>
<td>9. Sexual Appeal Consciousness</td>
<td>.14**</td>
<td>.15**</td>
<td>.15**</td>
<td>.17**</td>
<td>.14**</td>
</tr>
<tr>
<td>BISC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Body Image Self-Consciousness</td>
<td>-.46**</td>
<td>-.51**</td>
<td>-.38**</td>
<td>-.43**</td>
<td>-.38**</td>
</tr>
</tbody>
</table>

*Note. *p < .05, **p < .001, Dependent variable abbreviations (comp = compatibility, rconc = relational concern, pconc = personal concern, cont = contentment, and comm = communication)*
Group Differences

A 3 X 3 between subjects multivariate analysis of variance (MANOVA) was performed to find out whether the independent variable of individuals’ sexual activity (within the past 3 months; not within the past 3 months, but prior to that; and I’ve never been sexually active with a partner) and the independent variable of individuals’ dating status (married/cohabitating, single, and dating) were related to the dependent variable of individuals’ sexual satisfaction (compatibility, relational concern, personal concern, contentment, and communication). No interaction effect was found. A 3 X 3 between subjects MANOVA revealed a significant multivariate main effect for dating status, Wilks’ Lambda = .919, \( F(8, 358) = 3.04, p < .001 \).

Univariate analyses showed that dating status had a significant effect on compatibility, \( F(2, 358) = 5.28, p < .05, \eta^2 = .029 \). A Tukey HSD revealed that dating women (\( M = 25.58, SD = 5.17 \)) had higher compatibility than single women (\( M = 22.95, SD = 5.17 \)).

Univariate analyses showed that dating status had a significant effect on relational concern, \( F(2, 358) = 4.90, p < .05, \eta^2 = .027 \). A Tukey HSD revealed that dating women (\( M = 25.35, SD = 5.75 \)) had higher relational concern than single women (\( M = 22.70, SD = 5.17 \)).

Univariate analyses showed that dating status had a significant effect on contentment, \( F(2, 358) = 4.21, p = < .05, \eta^2 = .023 \). A Tukey HSD revealed that dating women (\( M = 22.65, SD = 5.64 \)) had higher contentment than both single women (\( M = 18.88, SD = 5.46 \)) and married/cohabitating women (\( M = 21.76, SD = 5.75 \)).
Univariate analyses showed that dating status had a significant effect on communication, $F(2, 358) = 12.18, p = < .05, \eta^2 = .064$. A Tukey HSD revealed that dating women ($M = 26.30, SD = 4.07$) had higher communication than both single women ($M = 22.03, SD = 4.86$) and married/cohabitating women ($M = 25.59, SD = 4.29$).

**Canonical Correlations**

A canonical correlation analysis was used to explore the relationship between a set of variables pertaining to sexual satisfaction as well as a different set of variables that included measures of sexual self-esteem, body image, and sexual assertiveness. The dependent variables of sexual satisfaction were compatibility, relational concern, personal concern, contentment, and communication. The predictor variables of sexual self-esteem, body image, and sexual assertiveness were body image self-consciousness, sense of entitlement to sexual pleasure from self, sense of entitlement to sexual pleasure from partner, self-efficacy in achieving sexual pleasure, sexual self-reflection, sexual body esteem, sexual consciousness, sexual monitoring, sexual assertiveness, and sexual appeal consciousness.

With 369 cases in the analysis, the relationship between the sets of variables was statistically significant, Wilks’ Lambda = .46, $R^{2} = .56$, Approximate $F(50, 1617.85) = 5.93, p < .001$. All five functions were extracted. Eigenvalues, percentages of variance explained, and the squared canonical correlations for each function are shown in Table 4. The first function accounted for approximately 81% of the explained variance and the second function added somewhat over 11% to that. The dimension reduction analysis indicated that the first two functions were statistically significant, but only the first one,
which accounted for 81% of the explained variance, was interpreted. Based on the Cramer-Nicewater (1979) index, it appears that approximately 12.32% of the variance of the dependent variates was explained by the predictor variates.

Table 4

*Eigenvalues, Cumulative % of Explained Variance, & Squared Canonical Correlates for Each Canonical Function*

<table>
<thead>
<tr>
<th>Function</th>
<th>Eigenvalue</th>
<th>Overall Variance Explained</th>
<th>Squared Canonical Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1***</td>
<td>.81</td>
<td>81.40</td>
<td>.45</td>
</tr>
<tr>
<td>2*</td>
<td>.12</td>
<td>11.89</td>
<td>.11</td>
</tr>
<tr>
<td>3</td>
<td>.04</td>
<td>3.66</td>
<td>.04</td>
</tr>
<tr>
<td>4</td>
<td>.03</td>
<td>2.90</td>
<td>.03</td>
</tr>
<tr>
<td>5</td>
<td>.00</td>
<td>.14</td>
<td>.00</td>
</tr>
</tbody>
</table>

*** p < .001, * p < .05

The structure coefficients for the first two functions for the predictor and dependent variables are shown in Table 5. Although there was statistical significance for function 2, the explained variance was too minimal so this function was not interpreted. The first predictor function is associated with lower levels of sexual consciousness and sexual assertiveness and higher levels of body image self-consciousness, sexual body esteem, self-efficacy in achieving sexual pleasure, and sexual monitoring. Thus, two facets of sexual self-esteem measured by the FSSI are directly related to sexual self-monitoring and inversely related to two other aspects of sexual assertiveness, namely, sexual consciousness and sexual assertiveness. The first dependent function is associated with lower levels of sexual satisfaction, including compatibility, relational concern,
personal concern, contentment, and communication. Therefore, contrary to expectations, the first function indicates that some aspects of sexual self-esteem and one aspect of sexual assertiveness are linked to lower sexual satisfaction, whereas, consistent with hypotheses, body image self-consciousness is linked to lower sexual satisfaction and two aspects of sexual assertiveness are linked to higher sexual satisfaction.
Table 5

*Correlations and Standardized Canonical Coefficients between Sexual Satisfaction, Sexual Self-Esteem, Body Image, and Sexual Assertiveness*

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>First Variate</th>
<th>Second Variate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Satisfaction SSS-W</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compatibility</td>
<td>-0.822</td>
<td>0.255</td>
</tr>
<tr>
<td>Relational Concern</td>
<td>-0.883</td>
<td>0.112</td>
</tr>
<tr>
<td>Personal Concern</td>
<td>-0.715</td>
<td>-0.405</td>
</tr>
<tr>
<td>Contentment</td>
<td>-0.808</td>
<td>-0.367</td>
</tr>
<tr>
<td>Communication</td>
<td>-0.738</td>
<td>-0.054</td>
</tr>
</tbody>
</table>

Predictor Variables Sexual Self-Esteem, Body Image, and Sexual Assertiveness

| FSSI                                           |               |                |
|                                                | First Variate | Second Variate |
| Sex Pleasure from Self                         | 0.037         | -0.308         |
| Sex Pleasure from Partner                      | 0.156         | -0.334         |
| Self-Efficacy Achieving Sex Pleasure           | 0.715         | -0.066         |
| Sexual Self-Reflection                         | 0.127         | -0.755         |
| Sexual Body Esteem                             | 0.697         | 0.252          |
| BISC Body Image Self-Consciousness             | 0.826         | -0.147         |

| SAQ                                            |               |                |
| Sexual Consciousness                           | -0.609        | 0.227          |
| Sexual Monitoring                              | 0.385         | 0.746          |
| Sexual Assertiveness                           | -0.709        | 0.118          |
| Sexual Appeal Consciousness                    | -0.269        | -0.141         |

*Note.* Boldface indicates highest variate loadings.
The present study examined the relations of sexual self-esteem, body image self-consciousness, and sexual assertiveness to sexual satisfaction among female college students. Results of a canonical correlation analysis provided partial support for the proposed hypotheses. The first hypothesis predicted that women who reported higher levels of sexual self-esteem would have higher levels of sexual satisfaction. This hypothesis was not confirmed. As discussed by Snyder (2011), when women reported they have had an extensive history with their sexual lives, they experienced greater sexual self-esteem, greater sexual motivation, and greater sexual satisfaction. Women who are positive about their sexuality and their ability to perform sexually, who have a strong desire to have sexual experiences, and who are more satisfied with the sexual aspects within their relationships reported a more extensive history of sexual activity (Snyder, 2011). Some of the participants in the current study might not have a strong desire to have sexual experiences, or feel positive about their sexuality and their ability to perform sexually. Therefore, the participants might not possess the extensive history needed to experience greater sexual self-esteem, greater sexual motivation, and greater sexual satisfaction. In addition, one aspect of sexual self-esteem that was linked to lower sexual satisfaction was sexual body esteem, which may reflect a contingent source of self-esteem rather than a robust sense of self-worth (Zeanah & Schwarz, 1996; Horne & Zimmer-Gembeck, 2006). When women possess self-esteem that is connected to
appearance rather than true self-acceptance, this may not contribute to positive sexual satisfaction.

The second hypothesis predicted that women who reported higher levels of sexual assertiveness would have higher levels of sexual satisfaction. This hypothesis was partially supported. These findings are consistent with previous research that has indicated a strong correlation between sexual assertiveness and sexual satisfaction (Menard & Offman, 2009). When women are able to communicate their sexual needs and to initiate sexual behavior with a partner, these skills open the door to greater possibility of sexual satisfaction within their intimate relationships. However, when women are worried about how their bodies are being perceived by others, as when they monitor their sexual experiences, it may hinder their ability to be sexually assertive and lower sexual satisfaction within intimate relationships.

The third hypothesis predicted that women who reported higher levels of body image self-consciousness would have lower levels of sexual satisfaction. This hypothesis was supported. One of the problems women face during sexual intimacy is that they focus on how their bodies are being perceived by their partners. When women do this, they are not able to enjoy the act of lovemaking; this can influence how they feel about their overall experience with their partner. These findings are consistent with previous research that has found that women with greater body image self-consciousness are less likely to be able to achieve an orgasm or feel satisfied during sexual intimacy (Wiederman, 2000). Women in the current study appear to be susceptible to sexual and
cultural objectifications that lead them to be overly critical of their bodies and concerned about how their partner will view them during intimacy.

**Practical Implications**

The findings of this research are important for women because they can help them to understand their bodies and to help them learn more about themselves. When women have a better understanding of their bodies and more insight about themselves, this knowledge can lead to greater sexual satisfaction within intimate relationships. Some women may not feel comfortable discussing sexual issues or may have problems asserting their sexual needs with their partners; these findings might help women initiate conversations with their partners. Women may feel comforted by the fact that they are not alone because other women are dealing with the same kinds of issues.

The findings of this research may lessen the stigmas placed upon women in society, including the tendency to judge sexually assertive women negatively and the tendency within our culture to objectify women as the focus of men’s sexual desire. When women choose to be more sexually assertive and when they choose to lessen the impact of sexual and cultural objectification by being comfortable and accepting of their bodies, they will become empowered within themselves. These changes experienced by women may benefit society as a whole and may translate to benefits for future generations.

In addition, clinicians may benefit from the results of this research because they will have a greater understanding about the needs of women in intimate relationships. This will help facilitate the communication process between clinicians and clients.
Clinicians can help empower women who may feel they are not quite sexually satisfied in their current relationships by exploring issues with body image self-consciousness, sexual self-esteem, and sexual assertiveness. Sexual assertiveness is a very helpful and positive skill that women can use for their benefit to have greater sexual satisfaction within intimate relationships. Clinicians can help women who lack in this skill to learn how to increase their levels of sexual assertiveness through communication with their partners.

**Limitations and Future Directions**

This study has several limitations. First, the data were collected from a convenience sample of undergraduate students attending a university and therefore cannot be generalized to the overall population. Replication with a broader sample of women would be important in order to test whether these findings generalize to older women, women with less education, and women in different regions of the country. Internet-based data collection may allow for research on women who are more educationally, economically, developmentally, and socially diverse. Since the participants were undergraduate students, participants were mostly between 18-24 years of age ($M = 21.94$). Young women are developmentally quite different from older women in terms of years of sexual experience, number of partners, and opportunity to enter a committed relationship. Future research might want to include all age ranges in order to assess whether the pattern of findings changes throughout the lifespan. Although this study did not include men, future research may want to consider adding these participants, along with women. Understanding correlates of both men’s and women’s sexual satisfaction might have useful implications for sex therapy and couples
interventions. Another limitation of the study was that the variables examined to assess sexual satisfaction may have been too limited in number to get an accurate portrayal of why women may or may not be satisfied with the sexual relationships in their lives. Future research may want to explore additional aspects of sexual satisfaction to determine if these findings are robust. There may have been a limitation to the design of the study regarding the measures chosen. Although the Sexual Assertiveness Questionnaire (SAQ) had both high reliabilities and validity, the published literature on the measure’s characteristics is somewhat limited. The reliabilities in the current study were consistent with the reliabilities of the Authors of the Sexual Assertiveness Questionnaire (SAQ) (Snell, Fisher, Miller, 1991). However, it may have been better to use a different measure. For example, Morokoff and colleagues (1997) created a measure of sexual assertiveness in women that consists of factors measuring initiation, refusal, and pregnancy-sexually transmitted disease prevention assertiveness. The measure is more current and the factors that measure sexual assertiveness might have been better suited to the current study’s design.

Conclusions

Regarding the issue of sexuality, sexual satisfaction is an important topic when it comes to having a healthy relationship. Research has shown that both men and women are invested in the issue of sexual satisfaction and that with greater levels of sexual satisfaction there are greater levels of relationship satisfaction as well (McNulty & Fisher, 2008). Research has also shown that greater sexual satisfaction can be attained by increasing sexual assertiveness, increasing sexual self-esteem, and decreasing body
image self-consciousness. If women want more sexual satisfaction in their intimate relationships, they could work on making changes within themselves regarding sexual assertiveness, sexual self-esteem, and body image self-consciousness to have a healthier, more intimate relationship with their partner.
APPENDIX A

SSS-W

Instructions: Below is a list of statements dealing with your general feelings about a certain topic. Use the following Likert type scale to fill in the statements.

1 = Strongly Disagree 2 = Disagree a Little 3 = Neither Agree or Disagree
4 = Agree a Little 5 = Strongly Agree

1._______ I feel content with the way my present sex life is.

2._______ I often feel something is missing from my present sex life.

3._______ I often feel I don’t have enough emotional closeness in my sex life.

4._______ I feel content with how often I presently have sexual intimacy (kissing, intercourse, etc.) in my life.

5._______ I don’t have any important problems or concerns about sex (arousal, orgasm, frequency, compatibility, communication, etc.).

6._______ Overall, how satisfactory or unsatisfactory is your present sex life? (For this question only use the likert type scale: 5 = Completely Satisfactory, 4 = Very Satisfactory, 3 = Reasonable Satisfactory, 2 = Not Very Satisfactory, 1 = Not At All Satisfactory)

7._______ My partner often gets defensive when I try discussing sex.

8._______ My partner and I do not discuss sex openly enough with each other, or do not discuss sex often enough.

9._______ I usually feel completely comfortable discussing sex whenever my partner wants to.

10._______ My partner usually feels completely comfortable discussing sex whenever I want to.

11._______ I have no difficulty talking about my deepest feelings and emotions when my partner wants me to.

12._______ My partner has no difficulty talking about their deepest feelings and emotions when I want him or her to.

13._______ I often feel my partner isn’t sensitive or aware enough about my sexual likes and desires.

14._______ I often feel that my partner and I are not sexually compatible enough.

15._______ I often feel that my partner’s beliefs and attitudes about sex are too different from mine.
16._______I sometimes think my partner and I are mismatched in needs and desires concerning sexual intimacy.

17._______I sometimes feel that my partner and I might not be physically attracted to each other enough.

18._______I sometimes think my partner and I are mismatched in our sexual styles and preferences.

19._______I’m worried that my partner will become frustrated with my sexual difficulties.

20._______I’m worried that my sexual difficulties will adversely affect my relationship.

21._______I’m worried that my partner may have an affair because of my sexual difficulties.

22._______I’m worried that my partner is sexually unfulfilled.

23._______I’m worried that my partner views me as less of a woman because of my sexual difficulties.

24._______I feel like I have disappointed my partner by having sexual difficulties.

25._______My sexual difficulties are frustrating to me.

26._______My sexual difficulties make me feel sexually unfulfilled.

27._______I’m worried that my sexual difficulties might cause me to seek sexual fulfillment outside my relationship.

28._______I’m so distressed about my sexual difficulties that it affects the way I feel about myself.

29._______I’m so distressed about my sexual difficulties that it affects my own well-being.

30._______My sexual difficulties annoy and anger me.
APPENDIX B

FSSI

Instructions: Below is a list of statements dealing with your general feelings about a certain topic. Please use the following Likert type scale to fill in the statements.

1 = Strongly Agree  2 = Agree  3 = Disagree  4 = Strongly Disagree

1._______ It bothers me that I am not better looking.*

2._______ It’s okay for me to meet my own sexual needs through self-masturbation.

3._______ If a partner were to ignore my sexual needs and desires, I’d feel hurt.

4._______ I would not hesitate to ask for what I want sexually from a romantic partner.

5._______ I spend time thinking and reflecting about my sexual experiences.

6._______ I worry that I am not sexually desirable to others.*

7._______ I believe self-masturbating can be an exciting experience.

8._______ It would bother me if a sexual partner neglected my sexual needs and desires.

9._______ I am able to ask a partner to provide the sexual stimulation I need.

10._______ I rarely think about the sexual aspects of my life.*

11._______ Physically, I am an attractive person.

12._______ I believe self-masturbation is wrong.*

13._______ I would expect a sexual partner to be responsive to my sexual needs and feelings.

14._______ If I were to have sex with someone, I’d show my partner what I want.

15._______ I think about my sexuality.

16._______ I am confident that a romantic partner would find me sexually attractive.

17._______ I think it is important for a sexual partner to consider my sexual pleasure.

18._______ I don’t think about my sexuality very much.*

19._______ I am confident that others will find me sexually desirable.

20._______ My sexual behavior and experiences are not something I spend time thinking about.*
APPENDIX C

BISC

Instructions: Below is a list of statements dealing with your general feelings about a certain topic. Use the following Likert type scale to fill in the statements.

1 = Never 2 = Sometimes 3 = Often 4 = Usually 5 = Always

1._______I would feel very nervous if a partner were to explore my body before or after having sex.

2._______The idea of having sex without any covers over my body causes me anxiety.

3._______While having sex I am (would be) concerned that my hips and thighs would flatten out and appear larger than they actually are.

4._______During sexual activity, I am (would be) concerned about how my body looks to my partner.

5._______The worst part of having sex is being nude in front of another person.

6._______If a partner were to put a hand on my buttocks I would think, “My partner can feel my fat.”

7._______During sexual activity it is (would be) difficult not to think about how unattractive my body is.

8._______During sex I would prefer to be on the bottom so my stomach appears to be flat.

9._______I would feel very uncomfortable walking around the bedroom, in front of my partner, completely nude.

10._______The first time I have sex with a new partner, I would worry that my partner will get turned off by seeing my body without clothes.

11._______If a partner were to put an arm around my waist, I would think, “My partner can tell how fat I am.”

12._______I could only feel comfortable enough to have sex if it were dark so that my partner could not clearly see my body.

13._______I would prefer having sex with my partner on top so that my partner is less likely to see my body.

14._______I would have a difficult time taking a bath or a shower with a partner.

15._______I would feel anxious receiving a full-body massage from a partner.
APPENDIX D

SAQ

Instructions: Below is a list of statements dealing with your general feelings about a certain topic. Please use the following Likert type scale to fill in the statements.

1 = Not At All Characteristic of Me  2 = Slightly Characteristic of Me  3 = Somewhat Characteristic of Me  4 = Moderately Characteristic of Me  5 = Very Characteristic of Me

1._______I am very aware of my sexual feelings.
2._______I wonder whether others think I'm sexy.
3._______I'm assertive about the sexual aspects of my life.
4._______I'm very aware of my sexual motivations.
5._______I'm concerned about the sexual appearance of my body.
6._______I'm not very direct about voicing my sexual desires.*
7._______I'm always trying to understand my sexual feelings.
8._______I know immediately when others consider me sexy.
9._______I am somewhat passive about expressing my sexual desires.*
10._______I'm very alert to changes in my sexual desires.
11._______I am quick to sense whether others think I'm sexy.
12._______I do not hesitate to ask for what I want in a sexual relationship.
13._______I am very aware of my sexual tendencies.
14._______I usually worry about making a good sexual impression on others.
15._______I'm the type of person who insists on having my sexual needs met.
16._______I think about my sexual motivations more than most people do.
17._______I'm concerned about what other people think of my sex appeal.
18.______ When it comes to sex, I usually ask for what I want.

19.______ I reflect about my sexual desires a lot.

20.______ I never seem to know when I'm turning others on.

21.______ If I were sexually interested in someone, I'd let that person know.

22.______ I'm very aware of the way my mind works when I'm sexually aroused.

23.______ I rarely think about my sex appeal.*

24.______ If I were to have sex with someone, I'd tell my partner what I like.

25.______ I know what turns me on sexually.

26.______ I don't care what others think of my sexuality.*

27.______ I don't let others tell me how to run my sex life.

28.______ I rarely think about the sexual aspects of my life.*

29.______ I know when others think I'm sexy.

30.______ If I were to have sex with someone, I'd let my partner take the initiative.*

31.______ I don't think about my sexuality very much.*

32.______ Other people's opinions of my sexuality don't matter very much to me.*

33.______ I would ask about sexually-transmitted diseases before having sex with someone.

34.______ I don't consider myself a very sexual person.

35.______ When I'm with others, I want to look sexy.

36.______ If I wanted to practice "safe sex" with someone, I would insist on doing so.
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