PERCEIVED IMPACT OF SEXUAL OBJECTIFICATION, INTERNALIZED

OBJECTIFICATION, AND THE SOCIALIZATION OF STEREOTYPICAL GENDER

ROLES ON FEMALE SEXUAL SATISFACTION

A Project

Presented to the faculty of the Division of Social Work

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by

Heather Lois Damon

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Division of Social Work

Abstract

of

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Men and women are exposed to cultural messaging via media and family and peer interaction which all serves to influence the ideas and beliefs formed around gender and sexuality. Many of these messages represent women in a sexually objectified manner and represent gender roles in a rigid and dichotomous way. Women statistically experience lower levels of self-reported sexual satisfaction than do men, which can negatively impact physical and psychological health and can detrimentally affect relationships and life satisfaction. The goal of this study was to examine any relationship that may exist between female sexual satisfaction and exposure to sexual objectification, resulting internalized objectification, and the cultural socialization of gender. Mental health professionals reflected on client experiences and served as subjects for the study. The researcher utilized qualitative methods to collect educated opinions and interpret the data in order to clarify the scope and importance of the issue, understand

what causes professionals attribute to high levels of female sexual dissatisfaction, and to

proffer some possible solutions.

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Date

ACKNOWLEDGEMENTS

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CHAPTER 1

Problem Statement

Introduction

Patriarchal institutions in the United States continue to both actively and

passively oppress women. Some obvious forms of active oppression include sexual

assault and domestic violence. We currently live in a society where one in three women

will become victims during their lifetime (One in Three Women, 2013). This statistic is

related to more passive forms of gender oppression - trends that are more subtle but that

still exert a strong influence over women's lives and over the systems of which they are a

part. These trends and cultural practices include sexual objectification in the media and

in daily life. Exposure to cultural objectification of women can contribute to a sense of

internalized objectification of which women may or may not be aware. In addition,

women are brought up in a society that supports stereotypical gender role categorization

and socialization, which can have an oppressive impact on those who do not fit

traditional gender norms either in appearance or behavior. Drawing on client reports and

personal observations, the researcher became curious about the trend that women –

whether they are survivors of trauma or not - statistically experience a lower sense of

sexual satisfaction than do men. Using the ecological perspective, social workers are

trained to consider the wider cultural context and its impact on individual life experiences

within work with clients. Therefore, the researcher became curious about the impact of

exposure to large-scale implicit sexism on intimate sexual relations between heterosexual

partners in the United States.

The researcher investigated whether mental health professionals perceived a relationship between individual female sexual dissatisfaction and exposure to sexual objectification in the media, experience of internalized objectification and/or internalized stereotypical gender roles. This topic can be difficult to study, since it can be uncomfortable for people to openly discuss sexual preferences and experience. Sexuality is still a hot button issue in the United States, as conservative Puritan values and beliefs impact government policy as well as individual interactions. This topic can also trigger intense negative emotions depending on an individual's previous sexual history or possible experience with sexual harassment and/or assault. However**,** sexuality is a core part of the human experience and therefore mental health professionals have an obligation to understand this sphere to the best of their abilities. In particular, social workers owe this topic some attention as dissatisfaction and sexual frustration can lead to serious health problems (Shifren, J.L., 2008).

Background

Researchers have proved that sexual problems affect mental, emotional and physical health (Opperman, E. A., 2013). In particular, sexual problems have been correlated with depression, anxiety and overall poor health, as well as other risk factors - all important reasons that the field merits more attention and scientific study (Shifren, J.L., 2008). Exposure to sexual objectification via the media or through experienced 'male gaze' is linked to lower levels of body satisfaction and higher levels of body shame (as cited in Rowell, 2006). Exposure to objectification in the media and self-

objectification are correlated to lower levels of relationship and sexual satisfaction (Zurbriggen, E., Ramsey, L. & Jaworksi, B., 2011). Body dissatisfaction and high levels of body shame due to media and peer influences is correlated to increased risk for eating disorders, depression, and lower overall life satisfaction (Ferguson, Muñoz, Garza & Galindo, 2014). These two factors have been linked to lower levels of sexual satisfaction and to an increased sense of detachment from bodily sensations, or internalized objectification (as cited in Rowell, 2006). In addition, sexual satisfaction correlates with relationship satisfaction, and relationship satisfaction correlates with perceived life satisfaction (Sirgy, M. J., 2002).

Statement of the Research Problem

Sexual dissatisfaction among women is quite prevalent and includes such factors as lowered rate of interest in sexual activities, barriers to sexual arousal, symptoms of anxiety around performing sexually and finally, an inability to achieve orgasm (Opperman, E. A., 2013). It will be interesting to see if mental health professionals perceive these issues to be impacted not only by internal biological factors but by external factors - such as exposure to media with sexist or degrading content (Fredrickson, B. L., 1997). Luckily, the important subject of female sexuality is garnering more professional attention now that the Diagnostic Statistical Manual of Mental Disorders has been revised and reprinted (Opperman, E. A., 2013). This study lends itself to social workers' education regarding female sexuality and issues related to the topic. Examining the possible impact of sexual objectification in the media,

internalized objectification and internalized strict gender roles informs social workers

how to take concrete action against such influences on the macro, mezzo, and micro

levels.

Rationale/Reason

The primary purpose of this study is to clarify the perceptions of mental health

professionals around female sexual dissatisfaction. The opinions of clinicians on whether

or not dissatisfaction is an issue are all of interest to the researcher. This study will

provide a measurable outcome in that providers will offer an average of how many

female clients report sexual dissatisfaction as an issue in their personal lives and will

therefore put the scope of the problem in perspective. In particular this study will

examine the perceived relationship between certain variables of societal sexism and

sexual dissatisfaction. These research questions will be examined in order to inform

further specific research around the issue and to possibly underscore any perceived

influences of objectification and stereotypical gender socialization. And finally, this

research project will provide various possible resolutions for the research problem due to

gathering opinions and brainstormed ideas of interviewed mental health professionals.

Gender socialization is not a concept that is common to mainstream lines of

thought, however the researcher suspected that it has a significant negative impact on the

development of healthy and satisfying sexuality for men and women. Young boys are

conditioned to express anger above all other emotions and to express masculinity mainly

by demonstrating power over others. This leads to a culture that is, at best, ambivalent

about sexual violence and the equality of the sexes. The researcher hypothesized that these forces contribute to sexual dissatisfaction for both men and women. The content of many commercials, magazine ads, and even the male-focused plot and characters in movies and television consistently promote the idea that women are objects and that their bodies may be used to meet the wants and needs of men. Camera angles focusing on the bodies of women direct viewers' attention to the physical aspects of an actress instead of portraying her as a whole person. Subconsciously, viewing and being subjected to objectified images of women in the media can contribute women being seen as less than human, thereby making it easier to push aside thoughts of female pleasure or satisfaction, since objects are not expected to experience a sense of satisfaction. Hollywood films frequently represent abusive or unequal power relations between men and women. While these trends contribute to rape culture in general, on a more subtle level these dynamics are cast as love many times - teaching young boys and girls what to expect and look for in future romantic relationships. Finally, pornography that degrades women, puts female actors in embarrassing situations, or fails to give thought to female pleasure, can also contribute to the sexual objectification of women.

The researcher's goal was to collect individual disclosures from various mental health professionals reflecting how women's sexual satisfaction seems to measure to men's sexual satisfaction. Are women who come in for counseling with these professionals satisfied with their sex lives and, if not, are they concerned about it? What do they perceive to be impediments to their satisfaction? How do women perceive the impact of gender roles and sexism on their sex lives? This study enables social workers

to become aware of the existence of the issue, the scope of the issue, and enables them to have a better grasp on the causal factors as well as possible solution strategies. It is only after knowledge is acquired that social workers can start putting together feasible solutions to the social problem and to hone techniques specifically for individual, group, community and policy-based practice.

Theoretical Framework

The researcher uses the conflict perspective and feminist theory in particular to guide the research questions and topic of study. Utilizing the lens of the conflict perspective, patterns of inequality and injustice have been propagated throughout history. Those who hold wealth and power tend to oppress and abuse those without wealth and power. As pertains to this case, feminist theory can aid in focusing more specifically on the wide gender gap in societal power. Traditionally, men have held wealth and exerted power in society while women have not. This continues to be the case, as is exemplified by male domination of major social institutions such as the political empire and media empire (Hutchison et al., 2013). Sexism, misogyny, patriarchy, gender discrimination, sexual objectification of women, and gender socialization have all worked to fortify the power retained by men. The researcher expects that this same inequality results in hardship for women, and negatively impacts their perception of satisfaction within sexual relationships with men.

Definition of Terms

The researcher provided operational definitions of key terms to each survey participant in order to clarify subject matter and narrow down some of the possible responses brought on by open ended questioning. The definitions of key words are as follows:

Sexual Objectification: the act of treating a person only as an instrument of sexual pleasure. In effect, making them a "sex object" either consciously or unconsciously. Examples in the media include but are not limited to: images in advertising depicting a person or a part of a person's body as a commodity to be bought or sold, camera angling in television and in film to encourage audience focus on a person's body. Examples in daily life include but are not limited to: ogling, comments made that imply a person lacks dignity as a human being, comments made that imply a person is only valued by if they can please others sexually.

Internalized Objectification: the act of objectifying the self, either consciously or unconsciously. Examples include but are not limited to: analyzing own appearance from the perspective of a third party viewer, getting cosmetic surgery with the intention of increasing body's ability to be sexually pleasing to others.

Stereotypical Gender Role Socialization: inflexible traditional western beliefs about how one should look, act, and feel in all arenas of life according to biological gender

designation. Examples include but are not limited to: women being expected to take care

of husbands and children in the home, and to be passive, quiet, and beautiful.

Sexual Satisfaction: an individual's subjective opinion on the overall state of satisfaction

they experience that can be related to sexual experience.

DSM V Definition of Sexual Dysfunctions: disturbances in sexual desire and in the

psychophysiological changes that characterize the sexual response cycle and cause

marked distress and interpersonal difficulty.

Justification

Upon examining the perceived impact of sexual objectification, internalized

objectification and rigid socialized gender roles on female sexual dissatisfaction (and

therefore the impact these variables may have on women's overall health), social workers

will then have to choose what to do with the data. The researcher hopes that social

workers will take the responsibility to advocate to influence policy, perhaps at least

related to advertising and the representation of women in the media. Knowledge gained

regarding the impact of sexism on individuals and society via this study may also

encourage social workers to develop policy related to public education, perhaps even

contributing to the inclusion of women's studies and feminist ideas in mainstream

curriculum. In addition to being an apparent buffer to eating disorders and self-esteem

issues, women who identify with a feminist identity correlate with higher levels of life

satisfaction and psychological well-being (Sirgy, J. M., 2002). Psychological well-being is intimately related to sexual satisfaction, and sexual satisfaction to overall physical health. Therefore improving health, satisfaction, or well-being in one of these areas may positively impact the others.

Limitations

For clarification purposes, this study is small, statistically insignificant, qualitative and exploratory in nature. By no means will it provide a definitive or clear statement regarding a direct relationship between the variables. This study will not be descriptive or causal in nature, it will not provide inferential statistics, and the responses derived from the open ended survey questions may be open to various interpretations. This is an exploratory study, meaning that it was conducted in order to provide a better understanding of an issue. It is meant to increase awareness around the issue of female sexual dissatisfaction and its potential to be a risk factor for other health problems. The study is meant to encourage conversation and to examine professional opinions on the issue of female sexual satisfaction and its possible relationship to sexist societal trends. In effect, this study can act as a springboard for further research along similar lines. The surveyed participants, educated individuals in the field of mental health, provide a detailed and in-depth brainstorm organized and compiled by the researcher. The responses to the survey questions are provided by those with experience and training, resulting in opinions we can trust on matters pertinent to the possible influence of sexist trends on female sexual dissatisfaction.

CHAPTER 2

Literature Review

Introduction

This chapter provides an overview of the current body of knowledge surrounding

the topic of this thesis - examining the possible perceived relationship between female

clients' experience of sexism and sexual dissatisfaction. First I will discuss relevant

definitions, statistics, historical explanations, and methods used to confront the issue of

female sexual dissatisfaction. I will discuss relational and physical health issues

impacted by sexual dissatisfaction, and I will review three relevant topics, in order to

propose their impact on female sexuality: (1) exposure to sexually objectifying media and

porn, (2) internalized objectification, and (3) gender role socialization. Finally I will

review any obvious gaps in the literature or areas that merit more study.

Historical Background and Impact of the Issue

Women commonly deal with sexual problems, and formal dysfunction is widely

prevalent (Opperman, 2013). Basson et al. (2001) published a report from a conference

created in order to assemble researchers and assist clinical experts in collaborating on

issues related to the field of female sexual dysfunction. The panel discussed the issue and

clarified related definitions, discussed pertinent trends, opened dialogue about topics for

further conversation and planned for future conferences. Based on this gathering of

professionals, authorities agree that approximately 20-50% of women suffer from

dysfunction related issues. The wide variation in estimated figures is partly due to the

varying current interpretations of the definition of sexual dysfunction, however these researchers agree it is likely that, in the United States alone, as many as 40% of women suffer from sexual dissatisfaction or dysfunction (Basson et al., 2001). In addition, these women reportedly suffer significant physical, emotional and social distress related to sexual functioning. Sexual dissatisfaction has been related to higher rates of divorce, domestic violence, single-parent families, as well as emotional and relationship satisfaction (Feldhaus-Dahir, 2009).

Rowell (2006) based research on many studies that have proven that men and women are equally sexual beings, and that both are equally capable of achieving orgasm. It is a commonly held myth and cultural stereotype that posits that women do not desire or seek out sexual interaction. Sexologists have researched and demonstrated that women can and do enjoy sexual experiences, but that many times this impulse is disregarded or tends to go unmentioned. Given the data available regarding equal levels of male and female interest and ability to experience sexual pleasure, the question is raised regarding the drastic difference between male and female reported sexual satisfaction. Bergner (2013) reports on a study wherein men and women were connected to machines to measure levels of arousal when exposed to certain pictures and videos of a sexual nature. Controlling for sexual preference, researchers measured similar physically-demonstrated rates of arousal due to stimuli. However, during the self-report section of the study, women consistently reported lower levels of interest than what the researchers would have hypothesized based on the physical data and measurements. To the contrary, men reported levels of arousal that seemed to fall in line with the monitored

measurements. One significant interpretation of this finding points to the possible influence of cultural expectation, and associated shame and stigma experienced by women when discussing or engaging in conscious thought regarding their own sexual agency.

When asked to review personal experiences of pleasure during sexual intercourse, Rowell (2006) states that it is almost typical for women to report a general lack of sexual enjoyment. In fact, in a paper published in 2009, Stinson reviews the current body of knowledge surrounding the issue of female sexual dissatisfaction and functioning, and looks at historical standpoints and techniques utilized to assist clients in dealing with the issue. Stinson (2009) argues that society as a whole has normalized female sexual dissatisfaction due to a lack of education and availability of mental health resources. Stinson presents an overview of several studies demonstrating the positive impact and results that cognitive behavioral therapy and related interventions and techniques can have on self-reported sexual satisfaction. However, 75% of women who state that sexual dissatisfaction is a problem for them fail to seek out professional help in the first place simply because they believe that such issues are 'normal' (Stinson, 2009). In the concerning Global Study on Sexual Attitudes and Behaviors conducted by Moreira et al. (2005) it became clear that women also generally believe that there is nothing to be done about their situation and therefore often fail to seek out professional help. In a similar report, Feldhaus-Dahir reported in 2009 that 50 million American women are affected by sexual dysfunction and yet women face significant barriers when attempting to receive treatment. Feldhaus-Dahir (2009) conducted a review of significant

studies and data that demonstrated a general lack of research and information - sometimes information as simple as a generally accepted definitions of related terms: dysfunction, dissatisfaction, arousal, etc. Despite the fact that the issue is reportedly so pervasive, researchers and scientists have not provided female sexual dysfunction with as much attention as male sexual dysfunction. Feldhaus-Dahir asserts that sexual development is a crucial part of healthy identity development and that, when interrupted, can lead to various health issues and concerns throughout life. However, a general lack of knowledge and the historical lack of even a generally accepted definition for female sexual dysfunction have been significant impediments to the study and treatment of the subject (Feldhaus-Dahir, 2009).

Although researchers have previously determined female sexual dysfunction by strictly comparing female sexuality and performance to male sexuality and performance, there is now consensus among most feminist scholars that it is important to allow some flexibility in the determination of a definition (Stinson, 2009). Feldhaus-Dahir (2009) emphasizes that female sexual dissatisfaction is particularly multi-causal in nature, and that multidimensional examination of factors leading to the issue is necessary during any thorough case study. In so doing professionals are not only able to attribute biological and psychological causes, but they are also able to associate relational, cultural, social and political influences on female sexual dissatisfaction. Solely focusing on medical or physiological reasons is now understood by leading professionals to be a flawed and harmful methodology to utilize when working with clients who present with issues around sexual satisfaction (Tiefer, 2010). Tiefer (2010) published a report emphasizing

the importance of the impact of generational perspective, and the difference that the current historical era can make in understanding the definition of sexual satisfaction on an individual basis and professionally. Social, economic, and political changes occur that drastically impact commonly held cultural views and beliefs related to gender and sexuality. For example, the current trend of globalization and the capitalist nature of pharmaceutical companies contributes to the widespread advertising of various drugs designed for sexual enhancement. Profit-driven business models have recently led to the development of mass marketing strategies designed to develop self-consciousness and a sense of sexual inadequacy among consumers in order to encourage and stimulate product sales (Tiefer, 2010). Due to pharmaceutical companies' money-making agenda, they foster a reliance on the medical model in order to prove the existence of issues to treat with drugs. Therefore Tiefer (2010) underscores the importance of analyzing sexual dysfunction and dissatisfaction through a wider lens, and with a more encompassing perspective in mind.

A study by McCabe & Goldhammer (2012) also emphasizes that one should consider context, not only physiology, as one of the most crucial pieces when coming to understand dysfunction. There has been a recent push for women to define function and dysfunction for themselves. There is a general consensus among educated professionals that sexual satisfaction and dissatisfaction should be viewed as existing on a multidimensional continuum instead of within a dichotomy - since a healthy and satisfying sexual life is quite subjective and can vary greatly between individuals (Stinson, 2009). Feldhaus-Dahir (2009) points out the difficulty in defining satisfaction

since the subjective state is closely related to values, religious upbringing and other cultural factors, as well as the extent of sexual knowledge retained by the individual and his or her partner. Tiefer (2002) proposes a new definition that differs from the one commonly used by the American Psychological Association. The new definition defines female sexual problems as "discontent or dissatisfaction with any emotional, physical, or relational aspect of sexual experience" (Tiefer, 2002, p. 225). Tiefer also argues for greater emphasis on sociocultural causes of sexual problems, deemphasizing the influence of medical factors. The demonstrated need to focus on the general cultural impact on female sexuality influenced the development of this study in that the researcher attempted to focus in on specifically defined aspects of cultural influence such as sexual objectification, resulting internalized objectification, and gender role socialization effected through the media and through personal interactions.

Impact of Exposure to Objectifying Media and Porn on Female Sexual Satisfaction

One factor researchers have only recently begun investigate and discuss is the possible impact of viewing images of women portrayed in a sexually objectified manner. Bartky defines sexual objectification as any time "a woman's body, body parts, or sexual functions are separated out from her person… or regarded as if they were capable of representing her" (as cited in Fredrickson, 1997. p. 175). Objectification is a form of gender oppression that is widespread in society and in the media. Fredrickson (1997) conducted a review of multiple studies that demonstrate the media spotlighting women's body parts with an objectifying gaze. Objectification and the sexual gaze can

be observed in commercials, printed advertisements, in television shows and in movies. Camera angles frequently linger over a woman's body in a shot, many times cutting the actress's face out of the frame altogether in order to heighten the effect of a sexualized gaze. Women are represented far less often than men as protagonists in films and TV shows, have far fewer speaking roles, are cast less often as extras, and generally wear far less clothing on screen than do their male counterparts (Miss Representation, 2011). More often than not, women are consigned to roles that are centered around their relationship to a man (i.e., daughter, wife, mother) as opposed to owning a sense of agency or identity apart from the male figure closest to her in her life. Men on the other hand are frequently cast as interesting and compelling characters in their own right with agendas that do not necessarily have to do with a relationship with a woman or with women in general. What is more, gratuitous rape scenes, physically abusive relationships and assault in general can be seen frequently in many popular current television shows and in movies. In these portrayals the male is overwhelmingly depicted as a perpetrator and the female is depicted as a victim. The opposite is not true, however; men are almost never portrayed in the same sexualized, objectified, or victimized light. Bergner (2013) speaks of the eroticization of disempowerment that has been culturally and societally sanctioned and that, though it has likely been an unconscious phenomenon for the most part, may have far-reaching effects as far as healthy sexual, relationship, and identity development goes for both men and women. Images of women lacking agency over their own sexuality contributes to the perpetuation of cultural notions of feminine traits being

associated with passivity and weakness and as generally being 'less than,' when compared with masculine traits.

Furthermore, when women in the media are naked or have on very few clothes, the expectation is that their bodies are supposed to be uncovered in order to be titillating or provocative to the audience - in particular to the common male viewer - as opposed to just being representative of a human being in her natural state. For example, there has been a recent outcry witnessed and published in public forums all across the internet and in popular magazines regarding the actress, writer, and producer Lena Dunham's choice to be naked without engaging in sexual activity in her popular HBO series *Girls*. In addition to engaging in activities that do not have sexual overtones while appearing with few clothes on, Dunham also does not fit into the current westernized ideal as far as body type and stereotypical beauty standards are concerned. The strong opinions and beliefs communicated by people from diverse backgrounds on Dunham's choices demonstrate the continued inflammatory nature of the subject of female sexuality and a deep-rooted societal drive to continue to monitor and closely control it. Another example along the same lines is the sentiment of discomfort expressed when images of breastfeeding women are published in magazines, many times along side semi-nude models on the facing page selling a product. Breastfeeding is not an innately sexual act, and is therefore viewed somehow as inappropriate or indecent; it is at least viewed as something to be done only behind closed doors. Comments expressing confusion and outrage over Dunham's choices and chiming in whenever a breastfeeding woman is represented in the media illustrate the societal sensibility and expectation that a female's body should fit a certain

standard and only serve a sexual function for the benefit of men. In this respect a woman's body does not seem to belong to her, but is instead subjected to cultural norms and trends that serve to disempower women. This dangerous line of reasoning can lead to the propagation of the idea among men and women - consciously or subconsciously - that women's bodies are simply tools by which male viewers can derive and enjoy sexual arousal and pleasure.

Rowell (2006) examined the existence of any possible impact that exposure to pornography can have on variables such as social comparison, body dissatisfaction, self-objectification and sexual satisfaction. Porn is a specific media format in which women can be easily objectified. Though certain 'woman-friendly' porn exists - porn created with female pleasure, safety, and sexual satisfaction in mind, many porn videos depict women seeming to enjoy sexual activity - sometimes even coerced and degrading sexual activity - in a passive way. Attention to the impact of porn must be paid since, with the technological advances that are being made all the time, people are exposed to more and more of it (Rowell, 2006). Although women statistically watch and read less porn than do men, a study by Boies (2002) showed that women still view porn at a significant ratio as compared to men - 3:1 (as cited by Rowell, 2006). Furthermore, as men watch more porn, it is likely that ideas gleaned from this form of media about gender and sexuality will carry over into sexual experience with female partners, thereby indirectly impacting women. Milkie (1999) reports that girls perceive the media in general as having a negative impact on their body image (as cited in Rowell, 2006). The direct correlation between exposure to sexually objectified images of women and body dissatisfaction is

still being researched. However, Weaver and Byers (2006) demonstrated the link

between body dissatisfaction and sexual dissatisfaction, and it would not be a stretch to

postulate that increased exposure to sexually objectifying images of idealized women in

pornographic or sexual situations may negatively impact women's body satisfaction and

related sexual satisfaction (as cited in Rowell, 2006).

Impact of Sexual Objectification Mediated by Body Dissatisfaction

According to various studies, the impact of exposure to sexually objectifying

images in the media may be mediated by factors such as body

dissatisfaction. Underscoring this point, Schooler et al. (2005) conducted a time

exposure study wherein women were exposed to prime time soap operas and

dramas. The researchers measured the level of body satisfaction reported by female

participants both before and after exposure and found that rates of self-consciousness

seemed to be closely related to amount of time exposed to TV and media - much of

which is full of sexually objectified images promoted and delivered to passive viewing

audiences. Participants conducted a body image self-consciousness survey and one

definition of self-consciousness that was utilized was "concern about appearing

unattractive and/or fat to one's sexual partner" (as cited by Rowell, 2006, p.

21). Through statistical analysis, data analysts found that body image self-consciousness

correlated to low sexual self-efficacy - defined as a "feeling of mastery of one's sexual

world" (as cited by Rowell, 2006, p. 21). Sexual self efficacy is seen as one of three

factors that can influence an individual's perception of his or herself as a sexual being, or

their sexual self-concept or schema. Other factors impacting sexual self-concept include subjective perceptions of sexual self-esteem or sexual worth, and subjective levels of sexual interest or anxiety. This study points to the likelihood of a detrimental relationship existing between exposure to various forms of media and self-reported levels of body dissatisfaction and perceptions of sexual self-concept. Courtright and Baran (1980) also demonstrated a statistical relationship between the amount of television watched and individually reported satisfaction with sexual lives. Exposure to objectified images via film, TV and Internet may negatively impact women's sense of body satisfaction and therefore sexual satisfaction.

After all, as far as research on formally diagnosed female sexual dysfunction goes, Nobre (2008) shows that beliefs and thoughts focusing on body image in general, and a negative perception of one's own body image in particular, during sexual interaction with a partner correlates with orgasmic disorder. Utilizing quantitative data collection techniques and analysis, it is demonstrated that self-consciousness and feelings of physical inadequacy contribute to female sexual dissatisfaction. Nobre (2006) demonstrates that negative thoughts about body image impact specifically diagnosable sexual dysfunction. Researchers distributed a survey that examined certain sexual beliefs and compared them with reported levels of dysfunction. In so doing researchers were able to identify negative or detrimental cognitions having to do with the subject matter - about physical appearance and ability, for example - and that influenced clients' ability to experience sexual pleasure. Master and Johnson demonstrate that an intense self-focus during sexual activity "rather than an immersion in the sensory aspects of a sexual

experience" can inhibit sexual arousal (as cited in Rowell, 2006, p. 23). In a more positive light, Stinson (2009) reports on the positive impact of addressing negative thoughts about self-image during sexual activity via cognitive behavioral therapeutic techniques, although more research on the subject needs to be conducted. It is a possibility that - whatever negative impact that media and objectification may have on sexual satisfaction and dysfunction - these influences could be buffered and harm could be ameliorated through therapeutic interventions, access to resources, and an improvement and increase in education and awareness around the issue.

Impact of Internalized Objectification on Female Sexual Satisfaction

In the United States, women are socialized via objectification in the media, through day-to-day interactions with family, friends, and peers, and through the formal and informal, conscious and unconscious teaching of traditional gender roles. This socialization leads women to perceive that their bodies do not belong to themselves, believing and behaving instead as though they belong to everyone else - especially men. It is in this way that exposure to external objectifying stimuli has an internalizing effect wherein women come to view their own bodies as objects separate from themselves. The impact of self-objectification is not a surprising phenomenon within a culture that Unger (1979) argues allows attractiveness to function "as a prime currency for women's social and economic success" (as cited by Rowell, 2006, p. 11). Women experience an increase in social power as they conform to westernized beauty standards and ideals. Individuals and systems within society all confer authority and influence to

stereotypically beautiful people in both deliberate and unintentional ways. In a sense, many women view their bodies as tools to manage, alter, and utilize in order to achieve societal power and goals, and to rise in social standing and importance. Several studies monitoring subjects who were exposed to media over a period of time demonstrated a statistical increase in experienced levels of internalized objectification. Aubrey (2006) shows that exposure to media - much of which includes objectified images and representations of women - encourages female viewers to take on an outsider's view of their bodies, thereby distancing themselves from bodily sensations (as cited by Rowell, 2006). Levy (2005) reports on a generation of young women that view themselves primarily as sex objects - highly valuing physical appearance and utilizing their body to achieve social status (as cited by Averett, 2008). For better or for worse, many young women in this generation feel empowered to utilize their bodies and practice sexual agency by partaking in sexual encounters. As has been historically experienced, strong opinions exist on either side of the debate discussing whether women's sexual trends are harmful or beneficial. However, it has been quantifiably observed that there has been a recent increase in engagement in casual sexual relations among young men and women and an increased cultural focus on improving and perfecting physical appearance.

Once girls reach puberty Brownmiller (1984) demonstrates that they are increasingly "looked at, commented on, and otherwise evaluated by others" (as cited by Fredrickson, 1997, p. 193). Fredrickson (1997) argues that "early experiences of sexual objectification… trigger (a) the self-conscious body monitoring that results from internalizing an observer's perspective on self: (b) a range of deleterious subjective

experiences, including…numbness to internal bodily states…" which may account for widespread female sexual dissatisfaction (p. 194). When other people, especially men, comment, ogle, or base interactions with young women on a primarily physical level, when men base the way that they treat women according to the level of sexual attraction they feel, or when they fail to acknowledge other aspects of a woman's being during an interaction - such as personality, characteristics, achievements or abilities - the young women also begin to think about their bodies first, and internal qualities second. This is not surprising since it is the external state of their body that seems to have most impact on relational and systemic interaction or success - at least initially. Calogero (2004) investigated the impact of male gaze upon female subjects and found that rates of body shame and anxiety increased significantly when exposed to male gaze (as cited in Rowell, 2006). On the other hand, when female subjects were exposed to female gaze, measurable rates of body shame and anxiety stayed closer to baseline measurements. This all indicates that women are more keenly aware, have more of a perception of being judged, and interpret the existence of higher stakes at risk when exposed to male viewers and male interaction versus female.

Impact of Gender Socialization on Female Sexual Satisfaction

Rowell (2006) states that socialization theories and gender role stereotypes can explain female sexual dissatisfaction. Tevlin & Leiblum (1983) propose that cultural double standards limit women's sexual expression and positive experience (as cited by Rowell, 2006). Women are expected to be passive, instead of actively engaged, in sexual

choices and are expected to focus on their partner's pleasure instead of their

own. However, feminist scholars generally agree that until women develop sexual

agency and "see themselves as sexual actors with desires, needs, and priorities of their

own, and not merely as objects of men to be desired, they will never be capable of true

and full sexual health" (Averett, 2008, p. 332). Women are often the nurturers and

caretakers in society, underscoring their traditional role as the 'givers' instead of the

'takers' (Rowell, 2006). Due to the traditional breakdown of gender roles, women

statistically spend more hours either working or taking care of their family than do men;

therefore Tiefer (2011) includes "fatigue or lack of time because of family and work

obligations as causes of women's sexual problems" (p. 200). Studies have shown that

women generally feel more shame regarding sexual activity and arousal than do men,

leading women to engage in conversation regarding these topics on an infrequent basis

compared to men. Such shame, coupled with the lack of sufficient sexual education, may

inhibit sexual pleasure (Tiefer, 2011). Rowell (2006) attributes this sex-guilt to the way

that women are socialized in American culture to believe that men should be the active

pleasure-takers in sexual experience.

Even though Richardson & Bernstein (1980) demonstrate that society responds

more positively to stereotypically feminine-looking women, Nappi & Veneroni (2001)

demonstrate a trend toward more dysfunction for women who base their identity on the

traditional values of feminine beauty and motherhood. Traditional gender role beliefs are

associated with higher suicidal ideation (Hunt, 2006), negative communication patterns

within couples (Angulo, 2011), and with the belief that a husband has the right to rape his

wife (Durán & Moya, 2011). More specific research needs to be done on the possible

detrimental impact of these sociocultural forces on female sexual dissatisfaction and

related physical and emotional health issues. Tiefer (2011) states, "social inequality and

gender stereotyping relate directly to private but pervasive sexual problems such as

sexual embarrassment, anxiety, avoidance and inhibition" (p. 200).

Gaps in the Literature

There are some general strengths and weaknesses in the literature that the

researcher has reviewed. These gaps are labeled below and have to do with 1) sample

size, 2) measurement issues, 3) sensitive topic of sexuality, and 4) cultural diversity.

Sample Size – Opperman (2013) utilized a small sample size. Hunt (2006) was also

limited by a small sample size, and was further negatively impacted by a low sample

response rate.

Measurement Issues - Hunt's study (2006) used only a single item measure for suicidal

ideation, whereas validity would have been increased with various measures. Nobre

(2008) did not control for psychopathological factors since "clinical data suggest higher

prevalence of depression and anxiety disorder in individuals with sexual dysfunction" (p.

339).

Sensitive Topic of Sexuality - McCabe & Goldhammer (2012) states, "The sensitive nature of the topic investigated in this study, which individuals may have found anxiety-provoking, intrusive, or uncomfortable, may have discouraged participation among some women" (p. 85). Their study was also limited by client's relative accessibility to a computer and the Internet.

Cultural Diversity – The study by Opperman (2013) consisted predominantly of Caucasian, heterosexual female subjects in committed relationships. More attention needs to be given to similar issues among sexually active subjects from varying ethnic backgrounds, those in homosexual relationships, and those who engage in sexual activity outside of committed relationships.

Tiefer (2010) states that, since the liberalization of sexuality, researchers and professionals have given female sexual dysfunction more attention. However, there are areas of research that still require more study. Fredrickson (1997) states that researchers need to investigate the difference between self-objectification and self-consciousness or body dissatisfaction, as these terms could all have greatly varying impacts on female sexuality. Researchers ought to also look into possible vulnerability factors that lead some women to become more susceptible to internalized objectification than others. Another area of research may be the possible negative impact on female sexual satisfaction and overall sexual health after an individual experiences sexual trauma, dating violence, or domestic abuse.

Summary

The reviewed literature validates the researcher's curiosity and hypothesis that certain sexist societal influences negatively impact female sexual satisfaction. Female sexual dissatisfaction is a topic that has been studied by medical and mental health professionals and the issue has been attributed to different causes and treated by utilizing different methodologies. However, in more recent research, feminist scholars have placed a woman-centered emphasis on the sociocultural impact of experienced sexism on women's pleasure in the bedroom. Exposure to objectifying media, resulting internalized objectification, and gender role socialization may all play significant parts in determining female sexual satisfaction, and therefore each of these areas merit more study. The researcher designed the research question and methods to explore and draw out these possible connections.

CHAPTER 3

Methods

Introduction

This chapter provides a description of the methods of research utilized to examine the relationship that mental health professionals and their female clients may or may not perceive to exist between gender oppression and female sexual satisfaction. Study design, measurement definitions, sampling parameters, data collection procedures, an analysis plan, and stated adherence to human subjects protection protocol are included in this section.

Study Design

This study conducted was qualitative in nature. Feminist theorists have come to encourage the use of qualitative research tactics as this type of research promotes the ability to explore a certain subject more deeply and connect to the emotional realities of the topic of interest. It enables the researchers to be more flexible – adapting to the needs of a participant at any given time. It increases the likelihood that a participant will understand the questions being asked, as the participant will be able to ask for clarification in the moment instead of leaving a question blank. And finally, this tactic is more likely to shed light on previously unrecognized factors influencing the study's topic that researchers may not have considered. The study will be cross-sectional instead of longitudinal in design, as time and resources are limited.

Measurement

In order to gauge the perception among mental health professionals on the research study's topic, the researcher asked mental health professionals a set of 10 questions, many of which were open-ended regarding female sexual satisfaction and specific variables such as objectification in the media, internalized objectification, and stereotypical gender role socialization. The researcher also collected demographic information such as age, gender, ethnicity, income and educational level in order to see how each of these factors may correlate to the previous variables or influence the perception of the role of sexism in female sexual satisfaction and health.

Sampling

The researcher utilized a simple convenience sample, made up of accessible local mental health professionals who volunteered to participate. These professionals consisted of those the researcher could easily contact and with whom the researcher could easily meet. Five participants were mental health professionals from the Sexual Assault and Domestic Violence Center in Woodland, CA (now Empower Yolo). The other five participants were professors in the department of social work at California State University of Sacramento. Those interviewed were representative to some degree of diversity in terms of age, ethnicity, gender and income level. The researcher interviewed almost an equal number of male and female mental health providers, numbering at 40% and 60% respectively. Though some participants declined to state income level, those who did represented yearly incomes ranging from $30,000-$150,000. However, these

participants were 80% Caucasian, 90% of participants spoke English as a first language, and 80% of participants interviewed were over the age of 50. Each participant had achieved at least a master's level education in social work or marriage and family therapy and possessed anywhere from two to over 30 years' experience providing direct counseling services to female clients either in one-on-one or group sessions.

Data Collection Procedure

The researcher engaged in one on one conversation either in person, over the phone, or via online video chat with 10 mental health professionals in order to draw out individual opinions and ideas about female sexual satisfaction and the possible connection between satisfaction and certain tenets of societal sexism.

Analysis Plan

The researcher carried out a qualitative data analysis and took extensive notes during all one on one, phone, and video chat interviews and recorded the audio of participant responses whenever possible. The researcher re-listened to the recordings multiple times in order to review running themes or repeated words, phrases, and ideas having to do with the research questions and hypothesis. The researcher organized data into categories, using codes or abbreviations for different recurring themes. Once the researcher created categories for each question, connections were examined between the answers within an interchange with one mental health professional. The researcher noted when answers were the same or similar to certain questions and when patterns emerged

within and between categories. After studying each individual interview the researcher

compared notes and looked for overarching themes that came up in conversation with at

least more than one mental health professional. The researcher noted when a possible

variable seemed to be related to another in the mind of a participating interviewee and

compared this to possible similar relations in other interviewee responses. The researcher

compared the same survey questions across various interviews in order to create larger

categories and then attributed relative importance or significance to data depending on

the number of times a particular topic or category came up. The researcher also noted

what the sometimes-drastic and sometimes-subtle differences were in the way people

answered.

   After this was completed the researcher considered the significance of the data

collected, compared responses to the stated hypothesis and considered practical

applications of the information garnered. Based on the responses received the researcher

considered whether there were any areas of questioning one should pursue in the

future. Keeping in mind that narrative data is collected simply to consider an individual's

personal opinions and perspectives the researcher was careful not to generalize. Though

attributing cause and effect relationships may seem to help answer study questions,

determining that one variable causes another is not a reliable or valid way to describe

what is really causing phenomena. However, it was still useful to consider what data

may support a possible interpretation of a relation.

Human Subjects Protection

The researcher obtained human subject approval before beginning research. The researcher submitted the Protocol for the Protection of Human Subjects and received approval by the review board at Sacramento State. The study was designated as exempt research, meeting human subject standards, and was determined to pose no risk to human subjects. This determination was made due to the fact that the data was to be collected indirectly - requiring mental health professionals to answer questions about their clients - and thus posing negligible risk to individual human subjects. Each participant read and completed an information and consent form which stated that participation in this research project was completely voluntary. To further protect the identity of participants, the consent form stated that the data collected would only be used for the purpose of this study and that, upon completion of Sacramento State's MSW program, the researcher would destroy data related to the subject. In this way, subject confidentiality was insured and participants always had the right to say no, not answer specific questions, change their minds at any time, and withdraw from the study, and such decisions would not have had any negative personal or relational effect.

CHAPTER 4

Study Findings and Discussions

Introduction

This chapter presents the findings of the study on mental health practitioners'

perspectives around the possible relationship between female sexual dissatisfaction and

the sexist societal norms to which women are exposed and that women experience on a

day to day basis. The researcher collected data from 10 professionals who collectively

have extensive experience providing direct services to women from various diverse

backgrounds. The following chapter is organized into the following sections: the overall

findings related to the background of participants, specific findings related to the impact

of variables such as female sexual satisfaction, sexual objectification in the media,

internalized objectification and stereotypical gender role socialization. Finally, this

chapter will include other findings that may be of interest to researchers taking up similar

studies in the future and conclude with a summary.

The data is interwoven with ideas from current research on the subject, and a

comparison is created to demonstrate that there are concepts and themes that researchers

should continue to study. Of note, there seemed to be a level of association between

sexual satisfaction and self-esteem, sexual satisfaction and level of education regarding

related issues, and sexual satisfaction and the ability to communicate effectively with

sexual partners or with mental health professionals. The researcher also explored the

possible demographic impact on differences in perception. Furthermore, this chapter

concludes with summarized statements around practical application of this knowledge,

proffering certain techniques or interventions participants suggested in order to prevent or

deal with the issue of female sexual dissatisfaction, in addition to illuminating some of

the continued challenges and obstacles around the issue. The results were enlightening,

and exposed the need for increasing public awareness and further research by social

workers.

Overall Findings

The subjects engaged in a one on one conversation with the researcher who asked

a set of 10 questions. On average the interview took from 45 to 80 minutes to

complete. In an effort to avoid any emotional impact, the researcher took special

precaution to formulate the questions to be as neutral and non-controversial as

possible. The subjects for this study were identified through their participation in

services provided by a local non-profit agency and the Social Work department at

California State University of Sacramento. 17 subjects were approached with a request to

be interviewed and 10 subjects completed the interview. Some participants chose not to

respond to certain demographic questions for personal reasons. The questionnaire was

created with several themes in mind. These themes had to do with questions exploring

the opinion held by mental health professionals today of 1) whether or not female sexual

dissatisfaction is a considered widespread and serious issue, 2) what factors clients

attribute to dissatisfaction, 3) what factors mental health professionals attribute to

dissatisfaction, 4) whether sexual objectification, internalized objectification and/or gender role socialization are perceived to have an impact on female sexual satisfaction, and finally 5) what can be done from this point forward to address or prevent sexism in society. The purpose of this study was to gain insight on the perspectives of mental health professionals as related to female sexual dissatisfaction. This purpose plus the initial literature review and examination of previous studies led the researcher to develop hypotheses as follows:

Hypothesis 1

Mental health professionals will view female sexual dissatisfaction as a widespread and serious issue. They will view the subject as an important topic of conversation within clinical counseling sessions, and more generally as a research and educational subject.

Hypothesis 2

Mental health professionals will suggest and utilize psychodynamic theory and feminist perspectives and interventions to address the issue of female sexual dissatisfaction among clients.

Hypothesis 3

Mental health professionals will report that clients attribute self-blaming or partner-blaming tendencies as causes for their sexual dissatisfaction, while the mental health professionals will perceive wider cultural factors to influence dissatisfaction.

Hypothesis 4

Mental health professionals will report that most clients do not seem to perceive sexual objectification, internalized objectification or gender role socialization to have any impact on their sexual dissatisfaction at the beginning of their clinical work. However, mental health professionals will perceive that these same factors have a large influence in the arena of sexual satisfaction.

The researcher organized subjects' responses to survey questions into categories and yielded the following results. Taking an average from the widespread individual responses, the mental health professionals the researcher interviewed reported that just over 50% of female subjects with whom they work report issues with sexual satisfaction or dysfunction. This statistic is consistent with wider national studies that have been done on the same issue with larger study groups. This fact suggests that the study question and results are both valid and reliable. In response to the question regarding whether the subjects' perception of female sexual dissatisfaction is an important clinical topic, 80% of participants answered 'yes' and 20% responded 'it depends.' The researcher then created categories in order to better analyze the findings in response to the open-ended half of the question, during which time information was gathered

regarding a further explanation of the subjects' opinions. Participants chose to answer in a variety of ways, however, specific themes arose in conversation with participants and the researcher created categories of response. Mental health professionals generally agreed that female sexual dissatisfaction was a serious issue and important topic due to: clients' lack of education around the issue, lack of communication, and a lack of professional awareness. In addition to these responses, the question asked by the researcher also resulted in further questioning by the subjects regarding contextual factors such as specific client population and the prioritization of presenting client issues.

In response to questioning around suggested or utilized interventions to deal with female sexual dissatisfaction the researcher organized the participants' answers into the following categories: provider-focused interventions and client-focused interventions. Provider-focused interventions include activities that the mental health professional alone must do and into which the professional must put effort. For example, these interventions may include research into related issues in order to provide clients with psychoeducation, research into appropriate resources to refer clients out when necessary, providing for client safety and comfort in the counseling space, making sure to utilize a biopsychosocial assessment, and putting various appropriate therapeutic theories to use such as cognitive-behavioral, feminist, solution-focused, social constructionism and narrative theories.

According to the subjects, female clients in session are more likely to blame their partners for their sexual dissatisfaction. Barring this option, clients tend to then blame

themselves or attribute their dissatisfaction to various related psychological factors. Themed categories that the researcher created to organize subject explanations for these specific responses had to do with unrealistic social expectations, a lack of intimacy in primary relationships, partners' lack of education, victim-blaming thought processes, and depression and related symptoms. On the other hand, the mental health professionals interviewed by the researcher reported that they first attribute their female clients' sexual dissatisfaction to cultural factors, and then internal psychological factors. Conversation with subjects influenced the researcher to create the following categories of more specific reasons mental health professionals perceive clients to suffer from sexual dissatisfaction: gender socialization including objectification, mental health issues related to rigid cultural norms, experience of trauma, lack of client and partner education, and current stressors in modern daily life.

9 out of 10 of the mental health providers the researcher interviewed agreed that exposure to sexual objectification in the media and during daily interactions had a negative impact on female sexual satisfaction. Themed topics of conversation arising from the open-ended part of this question revolved around objectification as part of gender socialization, objectification's impact on self-esteem, and objectification's influence in the tendency for people to victim-blame. 100% of the interviewees agreed that internalized objectification had a negative impact on female clients' sexual satisfaction. Categories of responses included conversation regarding the outside observer standpoint, and the socialization of specific gender norms. Nine out of 10

subjects responded in the affirmative when the researcher asked a direct question regarding the perceived impact of gender socialization on female sexual dissatisfaction and the remaining one subject stated that she did not know. Categories arising from this research question are as follows: gender role expectations, the idea of a gender binary, lack of female solidarity, lack of education, tendency to blame selves, and the stressors and constraints of modern day-to-day living. The similar results of the interviews indicate that the etiology of female sexual dissatisfaction or dysfunction as reported by the participants is multifactorial and consists primarily of a combination of cultural, relational, and psychological factors - all of which influence one another.

Specific Findings

The number of subjects studied meant that the results of the study were not statistically significant. However, certain hypotheses were supported by the results, and certain hypotheses seem to be contradicted. In accord with the researcher's first hypothesis, the mental health professionals interviewed generally viewed female sexual dissatisfaction as a widespread and serious issue meriting more research, professional attention, and client education. However, viewing the subject as an important topic of conversation within clinical counseling sessions had more to do with the specific population of clients and other contextual client information. While certain tenets of the researcher's second hypothesis were upheld after gathering and analyzing data, the theories, perspectives and interventions suggested and utilized by mental health

professionals were shown to be widely varied and reflected multiple dynamic therapeutic styles. In line with the third hypothesis, mental health professionals did report that clients attributed self-blaming and partner-blaming tendencies as causes for their sexual dissatisfaction. However, the subjects reported that their clients also attributed their dissatisfaction to certain psychological factors that they deemed to be out of their personal control. Out of the listed options within the survey, the subjects interviewed did perceive wider cultural factors to be the number one cause of client sexual dissatisfaction. However, many did make it a point to underscore the connection between a client's environment, or cultural influence, and healthy psychological functioning - which can impact healthy sexual functioning. Finally, the fourth hypothesis was upheld by the results of the data analysis in that, while clients did not necessarily utilize the same terminology when presenting their issues in clinical sessions, mental health professionals overwhelmingly hold the perception that sexual objectification, internalized objectification and gender role socialization have a large impact on female sexual satisfaction.

Practical Application of Findings

When the researcher posed an open ended survey question regarding suggestions of practical ways professionals and the common layperson could go about preventing exposure or mediating the impact of sexism on women, respondents answered with several categories of recommendations, again broken down along the lines of policy-level

interventions, provider-level interventions, and client-level interventions. The mental health professionals interviewed for this study made strong arguments for influencing institutional policy to increase education around the issues of sexuality, cultural norms, and gender socialization and to make educational resources more accessible. The participants spoke of the need to develop and support public figures who could be seen as role models in the realm of gender equality, positive body image and healthy relationships for young people. Certain media regulations were suggested in order to manage the impact of mainstream messaging related to sexuality. Respondents stated their wish for the required presence of more social workers in public gathering places - such as supermarkets - in order to increase resource availability.

The participants in this study suggest that mental health providers do their own therapeutic work, in order to cease perpetuating stereotypical gender roles or expectations. In addition, the participants in this study suggested that the issue of sexuality, objectification, and gender socialization be brought up more frequently in conversation with peers and with clients. The study's subjects raised the idea of mental health practitioners coming together to create community programs in order to advocate and empower individuals to work against stereotypes, increase education, and to simply create a safe place, a buffer from the influence of harmful cultural norms. In particular, the study's participants identified men as a target population for education around these issues. On the individual level, participants stressed the importance of work around self-acceptance and positive body image. The mental health professionals strongly

recommended family and couples counseling as preventative measures, in addition to engagement in peer support and group therapy.

Summary

The goal of the researcher was to explore perceptions held by mental health professionals around the scope and impact of female sexual dissatisfaction and to discuss the possible contribution of variables as well as to begin a conversation to brainstorm practical suggestions to deal with systemic gender inequalities in general. Although the responses of the participants varied, the study was able to emphasize ways in which sexuality impacts daily life and numerous factors that contribute to female dissatisfaction. The study shed light on professional perceptions around the issue and on practical interventions and actions to take in the future. Examination of the participants' responses to certain survey questions, taking into account associated categories linking responses to multiple questions, all shows evidence of the need for further education, research, and professional attention to this matter. Although the researcher felt it was important to interpret and assign meaning to the data obtained, the researcher acknowledges that the data is open to a number of other interpretations and that the number of subjects interviewed for this qualitative study cannot be held as statistically significant.

CHAPTER 5

Significance and Implications

Summary

This study was conducted with the intention of learning more about the possible

perceived relationship between female sexual satisfaction and specific sexist societal and

cultural influences propagated through media, family tradition, peer interaction and

individual thought processes. The results were expected to provide insight from trusted

and educated sources regarding likely factors for researchers to continue

investigating. Respectively, another purpose of this study was to provide case study data,

taken by asking participants to average out the client trends noted during participants'

career experiences. In so doing the researcher hoped to illuminate truths surrounding the

scope of female sexual dissatisfaction, opinions on the importance of addressing the issue

while providing direct services, similarities and differences between client and provider

opinions, and possible strategies to employ for improved outcomes as well as any major

obstacles that stand in the way.

The researcher interviewed 10 mental health professionals using a survey of 10

questions and, most notably, found that 50% of female subjects with whom they work

report issues with sexual satisfaction or functioning. This is to say that a startlingly

significant number of women working with the subject participants viewed the topic as

an issue important enough to address in session at least once. Sexual satisfaction

correlates closely with the quality of various other areas of life that professionals use to

evaluate overall health. Sexuality is an area on which more social workers, counselors,

and therapists should be trained to engage with clients. Almost every single mental health professional that the researcher interviewed overwhelmingly agreed that female sexual satisfaction was an important topic to be researched and addressed during direct services with clients. Overwhelmingly, the participants agreed that stereotypical gender socialization and exposure to sexual objectification via outside sources negatively impacts the ability of clients to experience sexual satisfaction. 100% stated the belief that internalized objectification likely leads to female sexual dissatisfaction. This data can be utilized to narrow down future study topics and inform research related to the issue, in order to assist those interested in advocacy and policy focus on what professionals suspect to be the cultural and societal roots of the matter.

Beyond the topics that the study was created to examine, the researcher was surprised to gather unexpected findings, repeated in the context of multiple interviews with the participants. One of the theories postulated by mental health professionals was that, in certain ways, objectification may actually be enjoyable, empowering, or viewed as beneficial to individual female clients as related to their sexuality. Some professionals reported that certain female clients, especially those who fit the cultural norms and stereotypically traditional standards of beauty, spoke with pride and pleasure of their own objectification via media, peers, or through an internalized state of mind. This unexpected finding - though in the minority - should remind researchers examining the issue to be wary of any bias they may have when working with sensitive topics, in order to guard against assumptions and in order to ensure the proposal of valid, helpful interventions that do not simply serve to oppress women in a different way. Another

piece of unexpected data was that participants reported female clients in abusive relationships stating that they actually felt sexually satisfied, even when dissatisfied in all other relational aspects. Over the course of the interview, certain mental health professionals discussed this finding and developed questions regarding this trend and in the hope that future researchers will look further into defining exactly what factors influence sexual attraction - what creates that romantic spark even when it seems unhealthy for such feelings to exist?

Implications/Recommendations

A notable trend throughout interviews with mental health professionals was the emphasis on the need for increased access to education and training on related subject matter - both for clinicians and for prospective clients. Increased awareness of the specific hardships women experience can benefit helping professionals provide the services directly to the clients. Widespread education will help the consumers since, not only will they be receiving culturally competent services from providers, they will be better able to cope with sexist societal influences. On a wider level, social service agencies will benefit since its staff will be trained efficiently and will have become recognized as a center providing effective, evidence-based practices. Another key factor emphasized by the participants in the study was communication. Professionals and community members could come together to encourage dialogue, deconstruct shame and stigma around gender norms and sexual issues, and to provide safe space in which to talk about ideas and bring up questions. Many times communication is the vital key in any

learning process, as people learn more from discussing and teaching each other than by any other mode. The mental health professionals spoke to the difficulties that arise in one-on-one work with a client, when the provider tries to normalize a client's situation, thoughts and feelings, or when a clinician attempts to motivate a change in perspective or behavior by convincing the client that they are not alone, and that many people share their struggles. It is much more effective to connect clients with tangible support groups formed around similar issues where clients can develop relationships, listen to shared experiences, and learn from one another's perspectives. In order to prevent the physical, emotional and psychological toll that an unsatisfying sex life can have on women and those who care about women, professionals should create avenues for communication.

Advocacy and funding are important pieces to this puzzle, and increased attention and resources given to either of these areas would be hugely beneficial. In the meantime however, besides pushing for policy change and increased financial backing, certain committed individuals may be able to band together to volunteer time and energy to the organization of community centers, meetings and dialogues about these issues. Focused and determined groups of people can achieve significant gains around an issue of common concern, even when money is lacking. According to the mental health professionals interviewed for this study, the topic of gender socialization should be prioritized in trainings and discussion, and males in general should be a population of primary focus. It is easy to refer to sexual objectification, rape culture, and gender socialization as specifically women's' issues, and this leads to men feeling as though the struggles of women do not apply to them. However, women make up half of the

population of people on this planet; therefore women's' issues affect everyone. The

health and happiness of women cannot possibly be extricated from the well-being of

sons, brothers, fathers, and husbands.

The researcher interpreted a particular sense of hopelessness when listening back

to recorded interviews – specifically when the subjects were asked the question regarding

planning for the future prevention or mediation of sexist influences. Mental health

professionals report that the obstacles that stand in the way consist primarily of a lack of

awareness, influenced by current educational and media policies, and underscored by an

absence of financial resources and informed curriculum. These challenges are likely to

lead to the continuation of women being subjected to sexual objectification and

stereotypical gender messaging, which will therefore impact their personal lives -

sexually, relationally, psychologically and physically. Again, the reality of limited

resources points to the need to think beyond money and funding and to look to the great

power that resides in people. The participants of this study agree that it is hard to achieve

change on one's own. Change is possible when individuals in a community come

together to create a buffer, and to assist young men and women in filtering, analytically

processing, and thinking critically about the unhealthy messages they receive everywhere

in the media and from friends and family.

Limitations

Although the researcher conducted this study with careful attention to data

collection procedures, some limitations did have an impact on the findings. One notable

limitation - shared among all convenience sample studies - is that generalizations about the entire population being studied cannot be made directly. This is also the case based on the small size of the sample - therefore information gleaned from this study cannot be viewed as representative of the female population in general. Also, the survey was delivered in English by the researcher to 9 out of 10 research participants, and in Spanish on one occasion. Since the researcher did not speak Spanish fluently however, the likelihood of translation errors was increased. Also, participants sometimes have a tendency to respond in ways that make them look favorable to the public or to the interviewing researcher and may have attempted to answer in a way that the researcher was hoping. Although confidentiality was strongly emphasized in order to address this issue, conducting a pre-test or trial distribution of the survey may have offered more reliable insight on professionals' opinions.

Conclusion

Social workers in practice will begin to influence change in policy and social perception through modes of education and communication. The data collected in this study establishes that mental health professionals view female sexual dissatisfaction as an important issue appropriate for counseling and direct client work. It is perceived generally that sexual objectification and rigid gender constructs negatively impacts the sense of pleasure that women experience in the bedroom as these factors influence and foster a sense of internalized objectification, body shame, and self-consciousness. Increased knowledge around these issues will enable clinicians and

clients alike to think critically about the sexist societal messages they are exposed to in everyday life. Clinicians should be encouraged to foster critical thinking skills in the men and women they work with every day, in order to assist in the examination of cultural assumptions and harmful stereotypes. With time, energy, attention, and changes made on a micro, mezzo and macro level, with and the application of professionally endorsed interventions and the mobilization of available resources, rates of female sexual satisfaction should improve - as will related health factors.

APPENDIX A

Human Subjects Review Approval Letter

CALIFORNIA STATE UNIVERSITY, SACRAMENTO
DIVISION OF SOCIAL WORK

To: Heather Damon   Date: February 5, 2014

From: Research Review Committee

RE: HUMAN SUBJECTS APPLICATION

Your Human Subjects application for your proposed study, "Perceived Impact of sexism on female Sexual Satisfaction", is **Approved as Exempt**. Discuss your next steps with your thesis/project Advisor.

Your human subjects Protocol # is: **13-14-050**. Please use this number in all official correspondence and written materials relative to your study. Your approval expires one year from this date. Approval carries with it that you will inform the Committee promptly should an adverse reaction occur, and that you will make no modification in the protocol without prior approval of the Committee.

The committee wishes you the best in your research.

Research Review Committee members Professors Maria Dinis, Jude Antonyappan, Serge Lee, Francis Yuen, Kisun Nam, Dale Russell

Cc: Russell

APPENDIX B

Research Participant Information and Consent Form

The research being conducted is on the perceived impact of sexual objectification, internalized objectification, and stereotypical gender roles on female sexual satisfaction. The study will increase clarity around the existence and prevalence of the issue, awareness around the issue, and the ramifications related to the issue. This study will include 10 mental health professionals who have at least two years' experience working with female clients. The study will consist of qualitative data gathered from a set of 10 open and close-ended questions to account for the various professionals and client experiences, as well as to account for cultural sensitivity. Participants' identity will be protected and only the participants' and related clients' age, ethnicity and gender will be recorded. To further protect the identity of participants, the data collected will only be used for the purpose of this study. Upon completion of the MSW program, the researcher will destroy data related to the subject.
Participation in this research project is completely voluntary. Participants have the right to say no and may change their minds at any time and withdraw from the study. Participants may choose not to answer specific questions or to stop participating at any time and such decisions will not have any negative personal or relational effect.

Direct any concerns or questions about this study to the student researcher, Heather L. Damon, at xxxxxxx@xxxxxxxxxxxxx.com or #XXX-XXX-XXXX. You may also contact thesis advisor, Dr. Dale Russell, at drussell@csus.edu or #916-278-7170.

Participants may also inquire about their role and their rights, they may obtain information, offer input, or anonymously register a complaint about this study by contacting the California State University, Sacramento Office of Research Administration via phone at (916) 278-7565, via e-mail at irb@csus.edu, or via mail at the Hornet Bookstore, Suite 3400: 6000 J Street Sacramento, CA 95819-6111.
By signing, you indicate your voluntary agreement to participate in an interview with the researcher.

_____   _____
Signature   Date

APPENDIX C

Survey Questions for Study on the Perceived Impact of Sexual Objectification, Internalized Objectification, and Stereotypical Gender Roles on Female Sexual Satisfaction

Working Definition of Sexual Objectification: the act of treating a person only as an instrument of sexual pleasure. In effect, making them a "sex object" either consciously or unconsciously. Examples in the media include but are not limited to: images in advertising depicting a person or a part of a person's body as a commodity to be bought or sold, camera angling in television and in film to encourage audience focus on a person's body. Examples in daily life include but are not limited to: ogling, comments made that imply a person lacks dignity as a human being, comments made that imply a person is only valued by if they can please others sexually.

Working Definition of Internalized Objectification: the act of objectifying the self, either consciously or unconsciously. Examples include but are not limited to: analyzing own appearance from the perspective of a third party viewer, getting cosmetic surgery with the intention of increasing body's ability to be sexually pleasing to others.

Working Definition of Stereotypical Gender Role Socialization: inflexible traditional western beliefs about how one should look, act, and feel in all arenas of life according to biological gender designation. Examples include but are not limited to: women being expected to take care of husbands and children in the home, and to be passive, quiet, and beautiful.

Working Definition of Sexual Satisfaction: an individual's subjective opinion on the overall state of satisfaction they experience that can be related to sexual experience.

DSM IV Definition of Sexual Dysfunction: disturbance in sexual desire and in the psychophysiological changes that characterize the sexual response cycle and cause marked distress and interpersonal difficulty.

1.) What is your job title, identified age, gender, ethnicity and annual income level?

2.) On average, how many of the female clients you work with report having issues with sexual dissatisfaction or dysfunction?

___ 0-10%   ___11-20%   ___21-30%   ___31-40%   ___41-50%

___51-60%   ___61-70%   ___71-80%   ___81-90%   ___91-100%

3.) As a mental health professional, do you view dissatisfaction and dysfunction as a serious issue? Why or why not?

4.) What intervention strategies do you use or advise other professionals to use when dealing with issues of sexual dissatisfaction?

5.) To what causes do <u>clients</u> attribute their dissatisfaction or dysfunction?

___Biological ___Psychological   ___Cultural   ___Blame self ___Blame partner

Explain above selection.

6.) As a mental health professional, to what causes do <u>you</u> attribute their dissatisfaction?

___Biological ___Psychological   ___Cultural   ___Blame self ___Blame partner

Explain above selection.

7.) In your opinion, has exposure to sexual objectification in the media and during personal daily interactions had an impact on clients' sexual dissatisfaction/dysfunction?

8.) In your opinion, has internalized objectification had an impact on your clients' dissatisfaction/dysfunction?

9.) In your opinion, has stereotypical gender role socialization had any impact on your clients' sexual dissatisfaction/dysfunction?

10.) As a mental health professional, do you have any suggestions as to what could prevent exposure to sexism, lessen the impact of discriminatory experiences, and/or alleviate female sexual dysfunction and improve satisfaction?

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