Sexuality and body image in Canadian university students.

Lisa. Keith
*University of Windsor*

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SEXUALITY AND BODY IMAGE IN
CANADIAN UNIVERSITY STUDENTS

by

Lisa Keith

B.A. (Hons.), Wilfrid Laurier University, 1989

A Thesis
Submitted to the Department of Graduate Studies and Research
through the Department of Psychology
In Partial Fulfillment of the Requirements
for the Degree
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ABSTRACT

Studies of anorexics have implicated sexuality as both a cause and a result of a dysfunctional body image (Beumont, Abraham, Argall, & Simson, 1981). An analysis of the psychosexual histories of anorexics and bulimics reveals a continuum of sexual behaviour ranging from a denial of all matters sexual, to promiscuity respectively (Beumont et al., 1981), and that many have extremely negative attitudes towards sexuality (Leon, Lucas, Colligan, & Ferdinande, 1985). However, this area of research has focused primarily on the clinical extremes of weight, namely female anorexics and bulimics in treatment. Therefore, it was the purpose of the current study to examine the relationship between sexual experience and attitudes, and both perceptual and affective measures of body image in male and female noneating-disordered university students. One hundred and fourteen male and 154 female students from the University of Windsor responded to a survey of their sexual attitudes and behaviours, and their body distortion and dissatisfaction. Previous findings (Mable, 1985) were supported in that women tended to overestimate their body size, whereas men tended to underestimate their body size. Women and men differed significantly in their body image dissatisfaction, with women reporting greater dissatisfaction than men. With respect to university student sexuality, approximately 14% of women and 12% of men reported virgin status, which
appears to be almost 20% lower than previous research suggests (e.g. Barrett, 1980). Women did not differ from men in their sexual behaviour, but did differ in their thoughts and feelings about sex. A significant relationship was found between body image distortion and dissatisfaction, and sexual esteem, suggesting that those with positive feelings towards sexuality are more likely to feel positive about their bodies, and perceive their bodies more accurately. Further study of this association between sexual esteem and body image is warranted, with particular emphasis on when this relationship is formed, and its effect on the development of emotional intimacy.
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CHAPTER I

INTRODUCTION

Over the past twenty years, there has been increased public attention paid to body weight and physical attractiveness. Within the past decade, more and more people are turning to the fitness frenzy and fad diets to bring them closer to the often impossibly-thin societal standards. According to Cash and Green (1986), estimates of both obesity and body image disturbances are increasing. It has been reported that in the 1960's, the incidence of anorexia nervosa was .35 cases per 100,000, and this incidence has increased to .64 cases per 100,000 in the early 1970's (Jones, Fox, Babigan, & Hutton, in Cash & Green, 1986). This trend is a concern for young women, who are likely to adopt society's ideal standard of feminine beauty, and as a result, view their own body size as unacceptable or excessive (Cash & Green, 1986).

Research conducted with anorexics has implicated problems with sexuality as both a cause and a result of a dysfunctional body image. Some studies report that anorexics have more negative attitudes towards sexuality than normal women (Leon, Lucas, Colligan, & Ferdinande, 1985). However, this area of research has focused primarily on the clinical extremes of weight, namely female anorexics and bulimics in treatment. The task of examining the
patterns found in male and female nonpatient weight groups remains to be undertaken.

It was the purpose of the present investigation to examine the relationship between sexual experience and attitudes, and both perceptual and affective measures of body image in male and female university students. The first section of the review of the literature will focus on the area of body image research, including body image disturbances in eating-disordered and normal weight populations, as well as a discussion of the relationship between body image and physical attractiveness. The second section will review findings from sexuality research, with particular emphasis on how body image may relate to sexuality, and hypothesized trends in university student sexual behaviour and attitudes.

Body Image

Body Image and Eating Disorders.

Body image can be defined as one's mental image of and the feelings one has about one's body. Research in this area, for the most part, has concentrated on those groups of people who have severe problems in body image; namely, anorexics and bulimics. The central pathology exhibited by people in these groups is the fear of becoming fat from a loss over eating control, a refusal to maintain a normal body weight, and a disturbance in the
way in which body size is experienced (American Psychiatric Association, 1987). Anorexics typically restrict food intake in order to induce weight loss; whereas, bulimics actually lose control of eating, but combat their fear of gaining weight through purging behaviours, such as the induction of vomiting, the use of laxatives, diuretics, or excessive exercise.

**Body Image Distortion and Dissatisfaction in Non-Clinical Populations.**

While anorexics and bulimics tend to exhibit extremes of body size distortion and dissatisfaction, recent research with noneating-disordered populations suggests that these participants also show varying degrees of body image disturbance.

In an attempt to examine body image in normal weight, nonclinical populations, Cash and Green (1986) compared normal, underweight and overweight college students on perceptual, cognitive, and affective aspects of body image. The results indicated that these three components differed as a function of body weight. First, with regard to the perceptual component of body image reflected in body size estimation, overweight participants did not differ significantly from either normal or underweight women in the accuracy of their body size estimates. Instead, underweight participants were more likely to significantly overestimate their own body size compared to normal weight women, who were fairly accurate in their estimations.
Second, an examination of the cognitive component of body image revealed in beliefs about body size and appearance showed that overweight women accurately believed that they were larger than their normal weight and underweight peers, and did not perceptually distort their body size. Underweight women did not believe themselves to be thinner than average, and perceived their bodies to be wider than they were.

There were also differences across women in their affective reports of body image satisfaction and evaluation. The overweight participants were more critical and dissatisfied with their bodies, and reported feeling more unattractive than normal weight and underweight women. Those who felt less attractive were also more likely to believe that they were larger than their peers. There were no significant differences between the affective evaluations of the underweight and normal weight women.

Cash and Green (1996) concluded that women who have internalized the societal standards of thinness are more apt to believe that they are larger than average, and are more likely to appraise others in a similar fashion. These women also have more negative feelings about their own perceived failure to meet this standard.

Other studies appear to support the idea that noneating-disordered women tend to overestimate their body size. An investigation of body image
distortion in a non-clinical population (Birchnell, Dolan & Lacey, 1987) found that in a sample of non-eating-disordered women of statistically normal weight, women tended to overestimate the size of the chests, their waists, and their hips. The women who were reportedly most satisfied with their weight were, on average, ten pounds underweight, while those women who were at their statistically ideal weight expressed a desire to weigh eight pounds less.

Although previous research had widely investigated the patterns of body image distortion and dissatisfaction in women, men were rarely included in studies of body image. Mable, Balance and Galgan (1986) conducted an investigation of body image disturbance using both male and female university students as participants. These authors examined the relationship between personality variables, such as sex-role orientation, self-esteem, locus of control, depression, and two aspects of body image disturbance: distortion and dissatisfaction. The results showed that men reported weights 3.4% above their projected height/weight midpoints, but perceived themselves as only 1.6% above their ideal weight. Women, on the other hand, reported average weights 4.4% below their height/weight categories, but perceived themselves as being 9.7% above their appropriate midpoint. Men underestimated their body size - 0.99%, and women overestimated their body size 15.41%. It is interesting to note that there were no significant differences between males and females with
regard to body dissatisfaction. Although males distorted their body size in the opposite direction as females did, they appeared almost equally dissatisfied with the various parts or processes of their bodies.

Correlational analyses indicated that in a combined sample of males and females, body distortion was significantly associated with sex role orientation; whereas, body dissatisfaction correlated with locus of control, depression, self esteem, as well as sex role orientation. The authors concluded that the finding that different sets of variables were associated with distortion and satisfaction implies that these two aspects of body image are distinct aspects of body image disturbance.

Although there appears to be strong support for gender differences in body image distortion, there is some debate as to whether or not there are differences in mens’ and womens’ body dissatisfaction. In contrast to the study by Mable, Balance and Galgan (1988), another study of male and female students (Mintz and Betz, 1986), found women were significantly less satisfied with their bodies than men. Women, including those women who were actually under their ideal weight, distorted their body size, as they perceived themselves as being ten pounds overweight.

For young women who express a great concern with weight, Mable (1989) postulated that it was absolute weight, not degree of weight deviation,
that was the most important factor in body image dissatisfaction. The author stated that a heavier weight, as opposed to deviation from height-weight norms, was the major motivating factor in body dissatisfaction. Thus, women with heavier frames appeared to suffer from a greater degree of body image disturbance. It may be that women who distort their body size and express a desire for weight loss, not only want to be thinner, but want to be smaller in their overall size. They do not appear to take height and body frame into account when perceiving themselves as overweight.

A recent study of body image in fitness instructors was conducted to determine whether people in this area were predisposed to eating disorders (Rawlings, 1989). The results indicated that the sample of fitness instructors scored lower on scales of the Eating Disorders Inventory (EDI; Garner, Olmsted, & Polivy, 1983) than on a comparison group of female college students. It was found that those participants who scored at the 31% body image distortion or higher also scored significantly higher than all other participants on the EDI Drive for Thinness and Bulimia subscales. Consistent with previous research, an analysis of gender differences on this inventory showed that females scored significantly higher than did males on the Drive for Thinness and Body Dissatisfaction subscales.
Another study of fitness instructors supported the idea that men and women differ in the degree and direction of body size distortion (Ford, 1991). It was found that in a sample of 130 female and 20 male fitness instructors, 21.5% of females had a Body Mass Index of less than 20, placing them in an underweight category; whereas, none of the men was considered underweight. The author stated that for women, being underweight was more prevalent than being overweight in every age category up to 45 years. With respect to body image distortion, there were statistically significant differences found between men and women on a measure of body size distortion. Women distorted an average of 8.5%, with 38.5% distorting 11% or greater. Men tended to underestimate their body size, with an average of -4.5% distortion, and no men scored greater than 11% on the body size distortion questionnaire. It was also interesting to note that two-thirds of this sample were exercising excessively, beyond the level recommended by the American College of Sports Medicine (1978, in Ford, 1991) and Canada’s Fitness and Amateur Sport (1987, in Ford, 1991).

Therefore, the research strongly suggests that although they are not exhibiting the severity of symptoms that are evident in women with anorexia or bulimia, normal weight, noneating-disordered women significantly overestimate the size of their bodies, and report being dissatisfied with the condition of their
bodies. The research also indicates distinct gender differences in this area. Men are more likely to underestimate their body size, and tend to score lower on other body image related concerns such as a preoccupation with weight. However, the literature is divided on whether men do experience as much body image dissatisfaction as women.

**Body Image and Physical Attractiveness.**

Body image appears to be associated with how physically attractive a person believes him or herself to be. It may be that whether or not a person feels physically attractive to others influences how he or she thinks or feels about sexuality. Research in this area suggests that men and women have definite ideas about what body size and shape is most physically attractive.

Although normal weight women may believe that men find an extremely thin female body size desirable, the empirical evidence does not provide support for this belief. It appears that women think men find a thinner female body size more attractive than men themselves report preferring, while men think that women find a larger male body size more attractive than women report as attractive. A recent study by Fallon and Rozin (1985) indicated the presence of distinct gender differences in the body shapes men and women find most desirable in their own, and opposite gender. Men and women university students were first shown a set of nine same-sex figure drawings
arranged from very thin to very heavy. They were asked to indicate where their current figure, their ideal figure, and the figure they believed to be most attractive to the opposite gender, lay along this continuum. It was found that for men, the ratings of current, ideal, and most attractive figures were not significantly different from each other. Women, however, ranked their current figure heavier than the figure they believed to be most attractive to men, which was, in turn, ranked heavier than their ideal figure.

The findings from this study support previous research indicating that women are more dissatisfied with their body size than men. It also suggested that both men and women were mistaken with regard to which physique the opposite gender would find most attractive. Distorting women's preferences to conform to their own current and ideal figure, men believed that women prefer a heavier stature than women reported as most attractive. In contrast, women thought men prefer women thinner than the preferences men reported, thereby distorting men's preferences to make them more consistent with women's concepts of the ideal female body. The authors asserted that this distortion was likely to add to a female's dissatisfaction with her current figure.

Another notable finding was that men reported desiring women who were thinner than what women believed their current body size to be. According to the authors, this finding implied that there may be a reasonable
basis for women's beliefs that their present physiques are heavier than is attractive, and a realistic pressure for women to become thinner. Nonetheless, it should be considered that previous research indicates that women tend to overestimate their body size. Therefore, it is possible that the body size men tend to prefer is actually a reflection of women's current size. This inference might have been supported had the authors included the actual weights of the men and women who participated in this study to determine whether the participants were underestimating or overestimating their current body sizes.

Fallon and Rozin (1985) offered two additional explanations for women's pursuit of thinness. First, they suggested that women may either focus on the preferences of the ideal male, or are misinformed about these preferences as a result of the advertising media. Second, the authors stated that since the ideal female figure was rated thinner than what women believed to be most attractive to men, other factors may be of some influence; for instance, thinness and weight loss may be a means of exerting control over one's life, or perhaps women hold a belief that other people consider thinness in women as a positive personal characteristic.

In response to these findings, Cohn, Adler, Irwin Jr., Millstein, Kegeles, and Stone (1987) replicated the procedure used by Fallon and Rozin (1985) with male and female adolescents in an attempt to discover a potential
timetable of the development of these gender differences. As expected based on Fallon and Rozin's results, it was found that girls selected an ideal figure that was significantly thinner than the figure they considered to be most attractive to boys. Although female adolescents tended to perceive their current figure as heavier than their ideal, this difference was not statistically significant, nor was the percentage of the adolescent sample (38%) responding in this fashion approximately equal to the adult sample (70%). Unlike the college men who did not show any significant differences among their current, ideal, and attractive body sizes, the male adolescents selected an ideal figure that was significantly heavier than the figure they considered most attractive to girls. Though marginally significant, they also indicated their ideal figure as being heavier than their current figure. Although there were differences in the direction of body size dissatisfaction between males and females in this study, there was no gender difference in the overall amount of dissatisfaction expressed. Therefore, it appears that unlike the adult sample, female and male adolescents are equally dissatisfied with their physiques.

Neither boys nor girls considered their current figure to be significantly different from the body shape they chose to be most attractive to the opposite gender. However, both males and females were inaccurate with regard to the figure believed to be most appealing to the opposite gender. Boys
overestimated the size of the male physique that girls rated as most attractive. Girls, on the other hand, underestimated the size of the female body that boys rated as most appealing. Neither female nor male adolescents rated the females as overweight. However, the girls expressed a wish to be thinner than their current figure, and thinner than the body size they thought would be most attractive to males.

The authors (Cohn et al., 1987) concluded that adolescent girls reported less body image dissatisfaction than did the college-aged women. A possible explanation for this phenomenon suggested by the authors is based on the fact that although the ideal body figure chosen by adult women is much thinner than that selected by adolescents, their current self perceptions are relatively alike. It may be that self perceptions of body image remain stable over time, whereas the perception of the ideal figure becomes thinner as women mature. This change in perception and increased discrepancy between a personal ideal and size-weight norms may result in increased pressure for thinness in later adolescence and early adulthood.

Since the literature in this area indicates that women believe a thin figure to be more physically attractive, both to themselves and to the opposite sex, and that men believe a large body size to be more attractive, it would follow that women who wish to be attractive would also wish to be thin, and men who
wish to be attractive would also wish to be large. It might also follow that those women who believe themselves to be larger than is desirable (which seems to be a substantial proportion of women), may believe themselves to be unattractive, and therefore have less positive views towards their own sexuality.

Sexuality

The Concept of Body Image Disturbance and Sexuality.

The role of sexuality in the development of anorexia nervosa has not been strongly emphasized except in psychoanalytic literature. Some explanations have been based on Freud's notion that eating can often be a substitute for sexual expression, and the anorexic's refusal to eat reflects a fear of increasing sexual desire, or an unconscious fear of oral impregnation (Davison & Neale, 1986). Bruch (1978, in Leon et al., 1985), stated that anorexics fear aspects of sexuality associated with maturation. Despite this theoretical basis, there has been little exploration of the associations between the desire for extreme thinness and concerns about physical maturity or sexuality (Leon et al., 1985). However, many studies indicate that a disturbance in body image is associated with problems or concerns about sexuality.

One possible relationship between sexuality and anorexia nervosa was postulated by Oppenheimer, Howells, Palmer, and Chaloner (1985). Anorexics,
bulimics, and those women who at different times in their lives had fulfilled the
criteria for both disorders, were asked to report any history of adverse sexual
experience in their childhood. Results showed that 50 out of 78 participants
reported experiencing "coercive" coital or noncoital sexual events. The authors
concluded that there may be a connection in the patient's mind between these
offensive sexual experiences and subsequent disordered eating patterns.
Feelings of disgust and inferiority about her own sexuality and femininity may
become embedded in a concern about her body weight, shape and size.

Although an analysis of the psychosexual histories of female anorexic
patients reveals a continuum of sexual behaviour, ranging from no experience
at all to promiscuity (Beumont, Abraham, Argall, & Simson, 1981), Abraham
and Beumont (1982) stated that four distinctly different groups of anorexic
women were evident. One group of women was characterized by a complete
denial of sexuality. These patients avoided challenges to their sexuality and
denied the presence of sexual feelings. The second group of women was
classified on the basis of their uncertainty of sexuality, exhibiting slow
psychosexual development. The third group of patients appeared to substitute
purging, vomiting and bulimic episodes for sexual activity; that is, the onset of
disturbed eating patterns most often corresponded with a termination of their
current relationships. The fourth group of women who exhibited bulimic
symptoms were characterized as being promiscuous and histrionic in their sexuality. These patients mirrored their sexual activity with their eating behaviours.

Subsequent analysis of these data revealed that all four types of anorexic patients showed evidence of neurotic symptoms, mild to extreme anxiety, and extreme hostility directed towards themselves. Further, all four types of patients had difficulty forming or maintaining close, intimate relationships.

Leon et al. (1985) conducted a study designed to investigate the significance of sexual attitudes, body evaluation and various personality and social factors in anorexia and bulimia. The results indicated that, at admission to hospital, those women exhibiting anorexic and bulimic symptoms had more negative attitudes than normals regarding sexuality, the feminine appearance of one’s body, an evaluation of sexual feelings, sexual interest and arousal. These women also reported a negative self image, and a lack of confidence in social situations. The authors concluded:

Adolescents with concerns about growing up and interacting with other persons and who have conflicts related to sexuality may deal with these concerns through self-starvation and changing their body appearance to a much younger, prepubescent image (p. 256).
A follow-up study of these women (Leon, Lucas, Ferdinande, Mangelsdorf, & Colligan, 1987) asserted that negative attitudes about sexuality, one's body, personality and social skills were predictive of later negative attitudes about these factors and held implications for a greater degree of overall personality disturbance.

Male anorexics are a rare phenomenon. Ratios as high as twenty female anorexic patients for every one male have been reported (Davison & Neale, 1986). According to Crisp (1978), however, males with anorexia nervosa show a pattern of sexual behaviour similar to Group I female anorexics as described by Abraham and Beumont (1982). These men show complete impotence and absence of sexual activity and interest, whereas bulimic males may show more interest in sexual activity but are likely to remain impotent.

Although very different from anorexia and bulimia, men and women with some type of physical disfigurement also suffer from a poor body image. Studies investigating cases of physical disfigurement, such as patients having undergone surgery for ileostomy and colostomy (Dlin, Perlman, & Ringold, 1969), lower extremity amputation (Reinstein, Ashley, & Miller, 1978), and spinal cord injured women (Fitting, Salisbury, Davies, & Mayclin, 1978), have indicated that there are negative changes in body image associated with a loss of self esteem, and subsequent difficulties in sexual adjustment. Reinstein, Ashley
and Miller’s study of patients with lower extremity amputation demonstrates that 77% of men and 38% of women experienced a decline in sexual intercourse. The respondents, particularly women, cited psychological reasons such as loss of interest, for this decrease in sexual activities. Fitting et al. stated that women with spinal cord injuries who rated themselves as “slightly” or “not at all” attractive were not currently involved in a sexual relationship. However, the authors advised that the causal direction of this relationship was unknown. Unfortunately, these studies rarely used standardized instruments with documented reliability and validity to test their assumptions, and so their data should be interpreted in that context.

After consideration of the literature relating a disturbed body image with sexual problems, it appears that there is a definite association between the two phenomena. It is possible that the negative sexual attitudes and behaviours of people with eating disorders are merely on one end of a continuum. It may be that this relationship extends itself to normal weight, non-eating-disordered men and women.

A possible connection between body image dissatisfaction and sexuality has been suggested by Derogatis and Melisaratos (1979). The authors made this association by relating both body image and sexuality to a positive self concept or high self esteem. They reported that a person’s impression of his
or her body exerts a profound influence on his or her self esteem, and that, in the authors’ experience, “one of the most pervasive obstacles to achieving a relaxed and conducive posture in [a] sexual relationship is physical self-deprecation or negative body image” (p. 255).

University Student Sexuality.

When considering studies of university student sexuality, it is often of interest to review the literature on the current trends in sexual attitudes and behaviours to facilitate comparisons across samples, and to investigate trends in sexual campus norms dictating which sexual behaviours are considered appropriate or inappropriate in which types of relationships.

Surveys of Canadian university students conducted between 1968 and 1978 showed that the percentage of unmarried students reporting premarital sexual intercourse increased significantly for both males (from 40% in 1968 to 62% in 1978) and females (from 32% in 1968 to 58% in 1978) (Barrett, 1980). Barrett stated that students can be grouped into three different categories on the basis of their sexual experience: those who have never had intercourse; those who have had intercourse infrequently or not at all in the past three months; and those students having regular sexual intercourse.

In addition to male and female virginity rates on United States' college campuses, Sherwin and Corbett (1985) investigated the content of campus
sexual norms from a Midwestern U.S. university. Participants were asked to rate whether or not there were campus norms concerning the appropriateness of several sexual behaviours in different levels of intimate relationships. The results indicated that from 1963 to 1978, there was evidence of increasing liberalization for both men and women, with greater expectations for sexual activity in more casual dating relationships. With respect to virginity rates, the percentage of both male and female participants reporting having engaged in sexual intercourse increased from 1963 to 1978 (from 60% in 1963 to 66% in 1978 for men and from 25% in 1963 to 62% in 1978 in women).

Robinson & Jedlicka (1982) reported data suggesting that college students' sexual attitudes were moving towards more conservative ideals. Consistent with the previous findings, they found a continued increase in reported premarital sexual intercourse among both men and women, and few gender differences in attitudes and behaviour. However, in assessing the degree of congruency between changes in attitude and changes in behaviour, the authors observed the emergence of a "new double standard" (Robinson & Jedlicka, 1982, p. 237). An analysis of responses to questions asking whether premarital sexual intercourse was immoral or sinful revealed that men expected stricter morality of women, and women expected stricter morality of men. That is, there appeared to be greater restrictions imposed on the sexual behaviour
of others than on the self. The authors reported that since 1975, students are more likely to judge sexual intercourse with a great many partners as immoral, and yet, there remained an increase in the number of students engaging in such behaviour. Robinson and Jedlicka called this phenomenon a "sexual contradiction" (p. 240).

**Methodological Issues in Body Image and Sexuality Research**

Both the areas of body image and sexuality research come with their own methodological considerations. Research involving both of these concerns must attempt to address these issues in order to state conclusions with confidence.

According to Cash and Brown (1987) in their review of the literature on body image in anorexia and bulimia nervosa, there are several methodological problems in this area of study. Recommendations made by these authors included the use of multiple measures of body image disturbance, thereby providing an assessment of both perceptual and affective or cognitive aspects, and to include participants' body size estimates of their ideal selves in addition to their current selves.

Another suggestion made by Cash and Brown (1987) was that studies should more completely report participant characteristics such as weight history, socio-economic status, age, menstrual status, and the like.
Researchers should also report methodology more clearly in order to facilitate comparisons across studies. Variations in investigative procedures and instructions may affect results and should therefore be standardized.

A third difficulty in body image research involves the methodological and statistical techniques which are typically employed in this area. Since many measures are highly intercorrelated, and single digit sample sizes are common, Cash and Brown (1987) suggested the use of larger sample sizes and controls for intercorrelation effects.

Finally, Cash and Brown (1987) stated that many anorexia researchers fail to include reliability and validity estimates for the various measures they use, nor do they provide an adequate rationale for the selection of those measures.

There are also many methodological problems to consider when conducting research in the area of human sexuality. Although there is copious information on the sexual activities of university students, the conclusions from such studies are often weakened by small sample sizes, nonrandom sampling procedures, differences in the populations being studied, and a noticeable lack of longitudinal data showing changes over time in a single population (Barrett, 1980).
The nature of this research often necessitates these problems, however, and solutions to these problems are extremely complex and difficult. An inherent difficulty in sex research is the selection bias; the characteristics of people who choose to respond to questionnaires about sex may be different from those who do not respond. This bias is often impossible to avoid, and conclusions should be stated in that context. It is preferable to be able to conduct a follow-up study on nonrespondents, but depending on the design of the study, this may also be impossible.

It is important to note that most studies of college and university student sexuality use unrepresentative samples of the general population. Researchers should keep in mind that the purpose of studying college student sexuality is to examine attitudes and behaviours of students, and clarify that point in any discussion of results. Therefore, when designing samples of college and university students, researchers should attempt to make their sample as representative of the general student population as possible. For example, Robinson and Jedlicka (1982) state that although their sampling procedure was nonrandom, the respondents were representative of the university population in terms of fraternity/sorority membership, class standing, and field of study.

Unfortunately, there is little published research on the sexual attitudes and practices of Canadian university students (Barrett, 1980), and many of the
conclusions of sexual behaviour in Canada still rely on results from research in the U.S. Therefore, readers and researchers should be cautioned if attempting to generalize from the United States to Canada, and Canadian researchers should be encouraged to provide solid, empirical data based on Canadian students.

Statement of the Problem

Previous research has indicated that women suffering from anorexia and bulimia often have negative views about sex (Leon et al., 1985), and display rather distorted patterns of sexual activity (Abraham & Beumont, 1982). Moreover, body image distortion and dissatisfaction has been shown to occur within normal-weight people, and the influence of various personality factors on these disturbances has been studied extensively. Therefore, it is possible that similar patterns of sexual behaviour and attitudes that are present in eating-disordered individuals are also evident in normal individuals who display body image distortion or who are dissatisfied with their bodies. Apparently, no published study of a normal-weight, non-eating-disordered population has examined the associations between body image distortion and dissatisfaction, and sexual behaviour and attitudes.

The present study will attempt to address some of the methodological issues brought forth by Cash and Brown (1986) and Barrett (1980), while
investigating the relationship between body image distortion and dissatisfaction, and sexuality in male and female university students. More specifically, three questions were addressed. First, do normal weight men and women distort their bodies with regard to under or overestimation of their body width? Do normal weight men and women report being dissatisfied with the state of their bodies? These questions attempted to replicate previous findings of studies on a nonclinical population, and to clarify the evidence of male body image dissatisfaction. Second, do men and women differ in their patterns of body image distortion and dissatisfaction? Do men and women differ in their patterns of sexual behaviour and attitudes? Again, these questions attempted to replicate previous findings, particularly those from studies conducted with U.S. universities. Third, what is the relationship between sexuality and body image variables? Is it possible to predict body image dissatisfaction and body image distortion from various measures of sexual experience and sexual attitudes? This third question was assessed through an examination of the relationship between body image variables and aspects of sexuality in university men and women.
CHAPTER II

METHOD

Participants

The participants of this study consisted of 125 male and 176 female undergraduate and graduate students at the University of Windsor. The participants were recruited from various Psychology classes during regular class periods. If appropriate, those participating were rewarded with experimental credit points for their participation. This served as an incentive to take part in the study, but not an attempt to coerce students. Questions concerning height, weight, and body build were used to determine participants' conformity to Metropolitan Life Insurance height-weight norms. Data were collected from all students, whether or not their weights fell within the normal weight range for their height and body build (i.e. plus-or-minus 20% of the midpoint body weight for their height/build category). From the original sample of 301 students, 114 males and 154 females met the weight criterion, and were subsequently included in the statistical analyses. The data from those participants whose weights fell outside of the normal weight range will be analyzed at a later date.

The women in the sample ranged in age from 18 to 53 years (mean 23.26), and ages of the men ranged from 18 to 34 years (mean 21.87). The
majority of both men and women reported medium size body frames (76.32% and 64.94% respectively). Most were in their first year (48.2% and 42.2% respectively), were undergraduates (91.23% and 94.16% respectively), and were majoring in the Social Sciences (57.89% and 67.53% respectively). Fifty percent of women and 42% of men were living at home with family members, and 19% of women and 23% of men were living in a university residence. The majority of women reported being single and dating seriously (41.56%), and the majority of men were single and dating casually (38.60%). The distribution of gender and marital status was statistically significant (Chi-Square = 18.21, p < .05).

Twenty-one (13.64%) women and 12 (12.28%) men reported virgin status. There were no significant differences between the number of male and the number of female virgins. Of those reporting their first experience with sexual intercourse, men, on average, were 14.79 years of age at the time of their first experience, and women were 15.07 years of age.

Materials

Demographic Questionnaire. Participants were asked to fill out a demographic questionnaire created by the author (Appendix A). Questions included gender, age, marital status, living arrangements, virgin status, age of first intercourse, as well as height, weight and body build.
**Body Size Distortion Questionnaire.** The body distortion measure included in this study, the Body Image Distortion Questionnaire (Mable, Balance, & Galgan, 1986), is an analogue paper and pencil scale (Appendix B). Questions 1 to 3 were used to determine actual conformity to the Metropolitan Life height/weight norm midpoints (Appendix C). Actual weight deviation from the norm was calculated by a ratio of the reported weight over the midpoint weight for each participant’s height and body build. Participants were then asked to indicate at which point on a grid ranging from "50% underweight" to "50% overweight", with the midpoint representing "just right", they think best represents their body size. Perceived weight deviation from the norm was calculated by a ratio of the number of centimetres from left endpoint of the continuum (i.e. "50% underweight") to the point marked by the participant, over the number of centimetres from either the "50% underweight" or "50% overweight" endpoint to the "just right" midpoint of the continuum. Percentage of body-image distortion was calculated using the following formula (refer to Appendix D for calculation example):

\[
\text{perceived weight deviation} = \frac{\text{actual weight deviation}}{-1} \times 100
\]

Based on responses from introductory psychology students, from 18 to 29 years of age, test-retest reliability for the Body Size Distortion Questionnaire
was .92 for the whole sample, .89 for women, and .83 for men (Mable, Balance, & Galgan, 1988).

An estimate of convergent validity was determined by correlating the percent distortion calculated using the Body Size Distortion Questionnaire formula with the ratio calculated with actual measured components. The correlations were .89 for the whole sample, .81 for the women, and .86 for the men. These results indicated that the Body Size Distortion Questionnaire is a reliable and accurate estimate of body image distortion (Mable, Balance, & Galgan, 1988).

Questions 1 to 3 were incorporated into the Demographic Questionnaire, and Question 4 was appended to the Sexuality Scale to make its purpose less obvious.

**The Eating Disorder Inventory.** The Eating Disorder Inventory (EDI) is a 64 item paper and pencil test developed by Garner, Olmsted, and Polivy (1983). For current purposes, three of the five subscales were used (see Appendix E for sample items). The three scales that measure the behaviours and symptoms of eating-disordered individuals are Drive for Thinness, Bulimia, and Body Dissatisfaction. They were included in this study to examine the relationship between sexuality and these body image variables. All EDI items were answered on a six-point scale ranging from "always" to "never". The
most eating disordered response was scored either "always" or "never" depending on the keyed direction, and is assigned a value of 3, with the next response scored as 2 and the next response as 1. All other responses opposite the three eating disordered responses earned a score of 0. Subscale scores were calculated by summing the items scores for that particular scale.

The Drive for Thinness subscale is a seven item subscale measuring an excessive concern with dieting, a preoccupation with weight, and an extreme pursuit of thinness. Items reflect a great desire to lose weight, as well as a fear of gaining weight. This subscale demonstrated high internal consistency in both anorexic and normal groups, with a Cronbach's alpha of .85 for each group (Garner, Olmstead & Polivy, 1983). As an estimate of convergent validity, the authors found a significant correlation between this subscale and the Eating Attitudes Test, with a measure of eating restraint, and with dissatisfaction with regions of the body associated with changes at maturation, such as breasts, buttocks, hips, and abdomen.

The Bulimia subscale is a seven item subtest that reflects the tendency to binge, which may be followed by the urge to induce vomiting. Garner, Olmstead & Polivy (1983) found Cronbach's alpha coefficients of .90 in anorexics and .83 in noneating disordered women. The authors found
significant correlations with this subtest and measures of eating restraint, body dissatisfaction and a lack of self control in anorexic women.

The Body Dissatisfaction subtest is a nine item subscale designed to assess the dissatisfaction a person expresses about specific parts of his or her body associated with changes at maturation; that is, abdomen, thighs, buttocks and hips. Estimates of internal consistency yielded a Cronbach’s alpha of .90 in anorexics and .91 in normal women (Garner, Olmstead & Polivy, 1983). Items on this subtest were found to correlate significantly with a measure of eating restraint, dissatisfaction with changes associated with increased weight at puberty, and with another measure of body dissatisfaction.

The EDI has been used with college women in a variety of studies (e.g. Garner, Olmstead & Polivy, 1983). Means from both anorexic and non-eating disordered college samples were calculated by Garner and Olmstead (1984; in Rawlings, 1989). On the Drive for Thinness subscale, anorexics obtained a mean of 13.8, and college students obtained a mean of 5.1. Means for anorexic and college students on the bulimia subscale have been found to be 8.1 and 1.7 respectively. Anorexics obtained a mean score of 15.5, and college students obtained a mean score of 9.7 on the body dissatisfaction subscale.
To avoid the possible negative connotations associated with the subscale names (i.e. bulimia), and with the name of the inventory (i.e. eating disorder), no subscale names or the name of the inventory will be included.

**Derogatis Sexual Functioning Inventory.** The Derogatis Sexual Functioning Inventory (DFSI; Derogatis, 1980; Derogatis & Melisaratos, 1979; Derogatis & Meyer, 1979) was included to measure aspects of sexual functioning (see Appendix F for sample items). This questionnaire is a multiscaled group of clinically relevant sexual and personality dimensions. Scores can be calculated for the following subscales: sexual information, sexual experience, sexual drive, sexual attitudes (liberalism-conservatism), psychological symptoms, general affect, gender role definition, sexual fantasy, body image, and sexual satisfaction. Subscale scores can be summed to provide a generalized Sexual Functioning Index. The DFSI also includes a single item which generates a General Sexual Satisfaction Index score. The current study used the sexual experience, sexual drive, sexual attitudes, sexual satisfaction and body image subscales only. The other five subscales were eliminated because of their conceptual difficulties (sexual information, gender role definition, sexual fantasy), and their inappropriateness to the present research question (psychopathology, affects or emotions). This revision eliminated the possibility of summing the subscale scores to form the Sexual
Functioning Index; however, this index was created as an aid to sexual
dysfunction diagnosis, which is irrelevant to the present study. It is expected
that this revision did not significantly reduce the reliability and validity of each
individual subscale. Since this inventory was not being used as an aid to
sexual dysfunction diagnoses and treatment recommendations, the effects of
these revisions are of less consequence.

The experience subscale listed 24 sexual behaviours ranging from
kissing on the lips to different intercourse positions. Respondents were asked
whether or not they had engaged in each behaviour, and if so, whether they
had experienced the behaviour in the past 2 months. The experience subscale
score was calculated by summing the number of experiences endorsed as
positive.

The sexual drive subscale measured the frequency of various sexual
behaviours: sexual intercourse, masturbation, kissing and petting, sexual
fantasy, and ideal frequency of sexual intercourse. Each of these components
was measured on a 9-point frequency scale, and these values were summed
to produce a total drive subtest score.

The attitude subscale contained 30 items that purported to measure
diverse liberal and conservative attitudes towards sex. Each item was
measured on a five point scale, with a response of -2 reflecting strong
disagreement, -1 disagreement, 0 neither agreement nor disagreement, +1 agreement and +2 strong agreement. The total score on this subtest was a difference score of liberalism minus conservatism, with 15-item scales defining each construct. A positive score on an item consisted of either disagreement with a conservative item or agreement with a liberal item. A negative score on an item consisted of either disagreement with a liberal item or agreement with a conservative item. The score range was from -60 to +60, with higher numbers reflecting more liberal attitudes.

There were 10 true-false items on the sexual satisfaction scale dealing with different aspects of sexuality, which provided an overall rating of satisfaction. The sexual satisfaction score was the sum of items measuring satisfaction that were answered in a satisfied direction, and ranged from 0 to 10.

The body image subscale was included in the present study as an additional measure of body dissatisfaction. This subtest consisted of 15 items: 10 items common to both male and female forms, and 5 gender-specific items. Using a 5 point scale, the respondent was required to rate himself or herself on the 10 general body attributes, and an additional 5 items that included satisfaction with genital attributes. The inclusion of these genital-specific items justified this additional body image dissatisfaction measure. The body image
subscale score was calculated by adding the value of each response, with a range of scores from 0 to 45.

The DSFI is a widely researched and thoroughly studied instrument in the area of sex research (Derogatis & Melisaratos, 1979). The test-retest reliability for the various subscales range from .42 to .97, with the weakest correlations for those scales with conceptual difficulties, which have been deleted from the current study. Test-retest reliability coefficients for the subtests used in the current study are as follows: Information .61; Experience .92; Drive .77; Attitude-Liberalism .92; Attitude-Conservatism .72. Estimates for the Body Image Dissatisfaction and Sexual Satisfaction subscales were not calculated.

Attempts to demonstrate the validity of the DSFI displayed fairly good results. Factor analytic studies suggested seven interpretable factors accounting for 52% of the variance in the matrix, indicating that there is considerable evidence for factorial-validity for the independence of the various subtests. Discriminant analysis indicated that scores on the DSFI accurately classified 77% of the dysfunctional and "normal" men, and 75% of the dysfunctional and "normal" women.

**Sexuality Scale.** The Sexuality Scale (Snell & Papini, 1989) was used to assess three aspects of human sexual satisfaction: sexual-esteem, sexual-
depression, and sexual-preoccupation (Appendix G). Sexual-esteem was concerned with the tendency to evaluate positively one's capacity to relate to a partner (e.g. I am a good sexual partner); sexual-depression dealt with the tendency to feel disappointed and unhappy with the sexual aspects of one's life (e.g. I am depressed about the sexual aspects of my life); sexual-preoccupation was defined as the tendency to think constantly about sexual activities (e.g. I think about sex all the time). There were ten items for each of the three subscales. For each statement, the participant was asked to indicate how much he or she agrees or disagrees using a 5-point Likert scale format; each item was scored +2 (agree), +1 (slightly agree), 0 (neither agree nor disagree), slightly disagree (-1), -2 (disagree). In order to create subscale scores, the responses to the items on each subscale were summed.

The psychometric properties of the Sexuality Scale were assessed with good results (Snell & Papini, 1989). The internal consistency of the three subscales was calculated using Cronbach's alpha separately for males and females. The alphas for the sexual-esteem scale were .92 for females, .93 for males, and .92 overall. The sexual-depression scale had alphas of .88 for females, .94 for males, and .90 overall. The sexual-preoccupation subscale alphas were .88 for females, .79 for males, and .88 for all participants. These results indicate that all three subscales have acceptable levels of reliability.
Factor analysis confirmed that the items on the Sexuality Scale from three distinct clusters corresponding to the concepts of sexual-esteem, sexual-depression, and sexual-preoccupation.

**Sexual Defensiveness Scale.** Because of the highly sensitive nature of research into sexual experience and attitudes, the Sexual Defensiveness Scale (SDS; Jemail & LoPiccolo, 1982) was used to assess sexual social desirability (Appendix H). Sexual defensiveness was defined as the tendency to endorse sexual socially desirable items which are unlikely to occur, and deny socially undesirable items which characterize honest responses. There were two gender-specific forms for the SDS. The male form contained 16 true-false items, and the female form contained 15 items. These items address sexual satisfaction, refusal and initiation issues, communication about sex, frequency, sexual techniques, self-body concepts, and sexual arousal. To disguise the nature of these items, the SDS was not labelled.

The male SDS has a reliability of .80 and the female SDS of .75 (Cronbach's alpha coefficient). Construct validity was assessed by correlating the SDS with the Marlowe-Crowne Social Desirability Scale (MC-SD; Crowne & Marlowe, 1960) and the Personality Research Form A, Social Desirability (PRF-SD; Jackson, 1967). The male SDS correlated with the MC-SD .50 and the
PRF-SD .41, and the female SDS correlated with the MD-SD .35 and the PRF-SD .29. All correlations were significant at the $p < .001$ level.

Two variations were introduced in this scale. First, phrasing of some of the questions was changed from "my spouse" to "a partner". This was to ensure that respondents could answer the question based on current or previous partners. Second, the participants in the present study were given the common items, the gender-specific items, as well as the opposite gender items. Two scores were calculated for each participant: a combined score of items common to both male and female forms, and a gender-specific score of common items and gender-specific items. Scores were computed by summing the responses that were answered in a defensive direction.

**Statistical Analyses**

The relationships between the variables were initially examined with Pearson product-moment correlations. In order to study gender differences, a series of Multivariate Analyses of Variance (Hotelling’s $T^2$) were conducted. The Hotelling’s $T^2$ statistical technique, a logical extension of the univariate $T$ test, was used to determine whether levels of the independent variable differed on combinations of the dependent variables (Tabachnick & Fidell, 1989). Gender and virgin status were used as independent variables, and the dependent variables consisted of the body image measures (body image
distortion measured by the BSDQ, body image dissatisfaction measured by the EDI and the DSFI, and the Drive for Thinness and Bulimia subscales of the EDI), and the various measures of sexuality (experience, drive, satisfaction, attitudes, esteem, depression, preoccupation, and defensiveness). More specifically, Hotelling’s $T^2$ was used to determine whether men and women differed on the group of dependent body image and sexuality measures, and whether virgins and nonvirgins differed on that same combination of variables. Analyses using marital status, living arrangements, graduate or undergraduate status, and year in school were not included in the present study because of their unrelatedness to the present research questions.

Since the major research question in this study was whether body image distortion and dissatisfaction could be predicted from sexual attitudes and behaviours, Multiple Regression Analyses were used to assess the relative contribution of the sexuality variables to body image distortion and body image dissatisfaction (Tabachnick & Fidell, 1989). The dependent variables for the Multiple Regression Analyses were body image distortion (BSDQ), body image dissatisfaction (DSFI and EDI), and the Drive for Thinness and Bulimia subscales (EDI). The independent variables for the models were the following: year in school, virgin status, age of first interest in sexuality, sexual experience, sexual drive, sexual satisfaction, sexual attitudes, sexual esteem, sexual
preoccupation, sexual depression, and sexual defensiveness. All statistical analyses were conducting using SPSS/PC+ statistical software package.

**Procedure**

The personality measures were administered in the form of a questionnaire battery to male and female participants. Order of test presentation was varied randomly to minimize possible order effects.

Participants were recruited from various Psychology classes during regular class periods. After the experimenter explained the nature of the study, the time demands, and the particularly sensitive topic area (Appendix I), each member of the class was given a slip of paper and told if they wished to participate, to write their name and telephone number, and if they did not wish to participate, to write "no thank you". This procedure was followed to ensure that no one felt pressured or obligated to participate. The class was told that those who had consented would be contacted at a later date to set up group testing times. During group testing, consent forms (Appendix J) and written instructions (Appendix K) were distributed to the participants. Consent forms were collected before the test booklets were assigned so the experimenter would be unable to connect a consent form with a questionnaire booklet. To guarantee that the questionnaires were collected in a random order, the
participants were asked to place their test booklets in a box at the front of the
room when complete.

In order to assure participants of complete confidentiality of the
information collected, the following precautions were taken: no names were
requested anywhere on the questionnaire materials which were to be returned
to the experimenter; the signed consent forms were collected and stored
separately from the questionnaires; and all completed consent forms and test
booklets were stored in a locked cabinet. During the recruitment phase, and in
the general instructions, individuals were advised that participation in the study
was voluntary, and that they were free to withdraw at any time. Feedback on
the group results of the study was provided through the author, and was
posted in the Psychology department.
CHAPTER III

RESULTS

After discussing the statistical limitations of the data, the results of this study will address the three major research questions: Do men and women distort their body size, and do they report being dissatisfied with the condition of their bodies? Do men and women differ in their patterns of body image distortion and dissatisfaction, and in their patterns of sexual behaviour? Is there a relationship between body image distortion and dissatisfaction, and aspects of sexuality? Is it possible to predict body image variables from sexuality and demographic variables?

Statistical Limitations of the Data

A preliminary examination of the raw data revealed a large proportion of missing data, where participants had not responded to a question. It appeared that virgins in the sample did not answer a large proportion of questions on two of the scales: Sexual Defensiveness Scale and the Sexual Satisfaction Subscale of the DSFI. In fact, 48% of virgins did not respond to at least one question on the Sexual Defensiveness Scale and the Satisfaction scale, whereas only 18% of virgins failed to respond to at least one question on other variables. A multivariate analysis of variance (Hotelling's $T^2$) was conducted on the sample to determine whether those virgins who did respond differed from
nonvirgins on a combination of the sexuality and body image variables. The following four groups of dependent variables were entered into the analysis separately: the combination of sexuality and body image variables excluding defensiveness and satisfaction, sexuality variables only, body image variables only, and defensiveness and satisfaction only. Virgins and nonvirgins differed significantly on the combined sexuality and body image group of variables ($R^2 = 22.357$, $p < .01$). Univariate F tests revealed that significant differences lay in measures of: sexual esteem ($F = 36.513$, $p < .01$), sexual depression ($F = 25.001$, $p < .01$), experience ($F = 169.915$, $p < .01$), drive ($F = 37.566$, $p < .01$), and body size distortion ($F = 4.698$, $p < .05$). Further analyses confirmed these results, and also indicated differences in DSFI-measured body dissatisfaction ($F = 4.657$, $p < .05$), sexual defensiveness ($F = 33.925$, $p < .01$), and sexual satisfaction ($F = 7.379$, $p < .01$).

Table 1 contains means for virgins and nonvirgins on dependent variables. An examination of these means revealed that compared to virgins, nonvirgins score higher on measures of sexual esteem, sexual experience, sexual drive, sexual defensiveness and sexual satisfaction, and lower on measures of sexual depression, and body size distortion.

It also seemed that questions concerning masturbation practices were likely to contain missing data for both virgins and nonvirgins (1.5% of men and
Table 1

Male, Female, Virgin and Nonvirgin Means on Dependent Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Males Mean (N)</th>
<th>Females Mean (N)</th>
<th>Virgins Mean (N)</th>
<th>Nonvirgin Mean (N)</th>
<th>Sample Mean (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Esteem</td>
<td>9.246 (114)</td>
<td>7.208* (145)</td>
<td>-0.067 (30)</td>
<td>9.142** (233)</td>
<td>8.091 (263)</td>
</tr>
<tr>
<td>Sexual Preoccupation</td>
<td>4.540 (113)</td>
<td>-1.536** (153)</td>
<td>1.125 (32)</td>
<td>1.034 (234)</td>
<td>1.045 (266)</td>
</tr>
<tr>
<td>Sexual Depression</td>
<td>-9.667 (114)</td>
<td>-10.713 (150)</td>
<td>-3.400 (30)</td>
<td>-11.141** (234)</td>
<td>-10.261 (264)</td>
</tr>
<tr>
<td>Sexual Drive</td>
<td>18.009 (112)</td>
<td>15.753** (154)</td>
<td>10.839 (33)</td>
<td>17.508** (232)</td>
<td>16.718 (266)</td>
</tr>
<tr>
<td>Sexual Satisfaction</td>
<td>7.431 (109)</td>
<td>7.672 (141)</td>
<td>5.000 (17)</td>
<td>7.676** (233)</td>
<td>7.680 (250)</td>
</tr>
<tr>
<td>Sexual Attitudes</td>
<td>20.196 (112)</td>
<td>14.890** (154)</td>
<td>13.300 (33)</td>
<td>17.665 (233)</td>
<td>17.124 (266)</td>
</tr>
<tr>
<td>B. I. Dissatisfaction (DSFI)</td>
<td>15.152 (112)</td>
<td>18.672** (133)</td>
<td>20.813 (31)</td>
<td>17.294 (214)</td>
<td>17.714 (245)</td>
</tr>
<tr>
<td>Drive for Thinness</td>
<td>8.052 (110)</td>
<td>8.224** (152)</td>
<td>8.531 (32)</td>
<td>7.817 (230)</td>
<td>7.905 (242)</td>
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<tr>
<td>B. I. Dissatisfaction (EDI)</td>
<td>3.153 (111)</td>
<td>8.372** (153)</td>
<td>7.813 (32)</td>
<td>6.613 (233)</td>
<td>6.758 (264)</td>
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<tr>
<td>Bulimia</td>
<td>2.042 (104)</td>
<td>1.850** (153)</td>
<td>1.304 (33)</td>
<td>1.423 (234)</td>
<td>1.419 (267)</td>
</tr>
<tr>
<td>B. I. Distortion</td>
<td>-0.768 (100)</td>
<td>20.235** (115)</td>
<td>10.624 (33)</td>
<td>10.388* (234)</td>
<td>11.528 (267)</td>
</tr>
<tr>
<td>Sexual Defensiveness</td>
<td>9.019 (103)</td>
<td>8.523 (130)</td>
<td>5.714 (14)</td>
<td>8.938** (219)</td>
<td>8.742 (233)</td>
</tr>
</tbody>
</table>

* p < .05
** p < .01
women failed to respond), and that some women did not answer the Body Dissatisfaction Question on the DSFI concerning the look of their vaginas (7.1% of women failed to respond). Since the pattern of missing data did not appear to be random, any attempt to estimate responses would largely bias the data for that particular group of variables, and therefore any conclusions would be potentially misleading. Although eliminating every case with missing data would also decrease the confidence one could have in the obtained results, this procedure was preferred to estimation techniques. For each statistical test, those cases with missing data on variables used in that test were dropped from the analysis. This resulted in varying sample sizes, depending on the particular technique and variables involved.

Before the major analyses were conducted, a multivariate analysis of variance using Hotelling's $T^2$ was performed to determine whether or not men and women differed on the three subsets of questions on the Sexual Defensiveness Scale: the items common to both male and female scales, the female only items, and the male only items. It was found that males and females differed on the combination of the three sets of items ($T^2 = .29, p < .01$). Univariate $F$ tests revealed that men and women failed to differ significantly on the common and male only items, but differed significantly on
the female items ($F = 39.66, p < .01$). Therefore, analyses were conducted using the gender specific forms of the SDS.

**Measurement of Body Image Distortion and Dissatisfaction**

One objective of the current study was an attempt to replicate previous findings and clarify patterns of body image distortion and dissatisfaction in both men and women. Results from actual and perceived weight deviations indicated that the average male reported a weight at 2.77% above his ideal midpoint weight, but perceived himself as only 1.5% above his midpoint. Females, on the other hand, reported weight deviations that were 1.33% below their midpoints, but perceived themselves to be, on average, 8.96% above their appropriate midpoints.

With regard to mean body size distortion, as calculated by the BSDQ, men showed almost -1% distortion, whereas women showed more than 20% body size distortion (Table 1). An examination of the frequency distribution of BSDQ scores revealed that 82% of women and 32% of men had distortion scores of 5% or greater; whereas, 5% of women and 35% of men had distortion scores of -5% or less. Therefore, more women than men are overestimating their body size, and more men than women are underestimating their body size.
Scores from both DSFI and EDI measures of body dissatisfaction were compared to norms provided by the authors. Mean scores from the body image dissatisfaction subscale measured by the DSFI were 19.872 for females and 15.152 for males (Table 1). These scores were higher than the norms provided by Derogatis, with the males' scores lying less than one standard deviation above the mean, and the females' scores lying less than two standard deviations above the mean. The mean obtained for the female sample on the Body Dissatisfaction scale of the EDI was 9.37 and for the male sample was 3.15 (Table 1).

**Gender Differences in Body Image and Sexuality**

A second area of concern for this research was the investigation of gender differences in body image distortion, dissatisfaction, and sexual behaviour and attitudes. A series of multivariate analyses of variance (Hotelling's $T^2$) were conducted to determine whether there were statistically significant differences between males and females on any of the sexuality and body image variables. This procedure was preferred over more complex factorial designs because of its less complicated interpretations. Four separate Manova's were conducted using four different blocks of dependent variables. The first block contained six sexuality variables (esteem, preoccupation, depression, experience, drive, and attitudes) and five body image variables.
(DSFI body dissatisfaction, EDI body dissatisfaction, EDI drive for thinness, EDI bulimia, and body size distortion); the second group of variables was the sexuality variables only; the third group was the body image variables only; the fourth group contained the sexual defensiveness scale and the sexual dissatisfaction scale. The defensiveness and satisfaction variables were run separately because of the large number of cases with missing data on these variables.

On the first analysis, men and women differed significantly on the combination of dependent variables ($T^2 = 13.879, p < .01$). An examination of the univariate $F$ statistics revealed that there were gender differences on sexual preoccupation ($F = 37.049, p < .01$), drive ($F = 8.265, p < .01$), both DSFI ($F = 22.283, p < .01$) and EDI ($F = 66.584, p < .01$) measures of body image dissatisfaction, EDI drive for thinness ($F = 49.158, p < .01$), EDI bulimia ($F = 9.819, p < .01$), and body size distortion ($F = 88.957, p < .01$). The second analysis of sexual variables supported these results, with the sexual esteem ($F = 5.438, p < .05$) and sexual attitudes ($F = 7.531, p < .01$) variables also reaching significance. The third analysis of body image variables also confirmed gender differences on all five measures. The fourth analysis was nonsignificant ($T^2 = 4.305, p > .05$), suggesting that men and women in the
present sample do not differ significantly on sexual defensiveness or sexual satisfaction.

An examination of the means (Table 1) provided further clarification of the significant gender differences. Compared to the women in the present sample, men scored significantly higher on measures of sexual esteem, sexual preoccupation, sex drive, and significantly lower than women on both the EDI and the DSFI measures of body image dissatisfaction, the EDI Drive for Thinness and Bulimia subscales, and body size distortion.

Therefore, the preceding analysis indicates that men and women do differ significantly on body image distortion and dissatisfaction, as well as a drive for thinness, bulimic tendencies, sexual preoccupation and esteem, sex drive, and sexual attitudes.

**Measurement of the Relationship between Sexuality and Body Image**

The third area of inquiry was the relationship between sexuality and body image in males and females. Two methods of analysis were used to investigate this relationship. To investigate the overall pattern of relationships between body image and sexuality, Pearson product-moment correlation coefficients were calculated. A series of multiple regression analyses were conducted to determine which sexuality variables were significant predictors of body image.
Table 2 shows the Pearson correlation coefficients and their significance levels for the variables for the entire sample, with a listwise deletion of cases with missing data. As can be seen from the table, many of the body image measures significantly correlated with several sexuality variables. Body image dissatisfaction, as measured by the DSFI subscale, was negatively correlated with sexual esteem, sexual defensiveness, and sexual satisfaction, and was positively correlated with sexual depression. Drive for thinness scores were related to age of first interest in sex and sexual esteem. Body image dissatisfaction measured by the EDI was positively associated with age of first interest in sex and sexual depression, and negatively associated with sexual esteem, sexual preoccupation, and sexual defensiveness. The bulimia subscale was negatively correlated with sexual drive. Body size distortion positively correlated with age of first sexual interest, and negatively with sexual esteem, and sexual preoccupation.

There were also significant intercorrelations within the group of body image variables, and within the sexuality variables. The reader is directed to examine Table 2 for the significant relationships for his or her own interest.

A series of four multiple regression equations were performed to determine whether body image could be predicted from aspects of sexuality.
Table 2
Correlations Between Body Image and Sexuality Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>AgeInt</th>
<th>II-6</th>
<th>SSE</th>
<th>SSP</th>
<th>SSD</th>
<th>SDS</th>
<th>DSI</th>
<th>DSIi</th>
<th>DSIii</th>
<th>DSIiv</th>
<th>DSV</th>
<th>DFT</th>
<th>BDS</th>
<th>BUL</th>
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<tbody>
<tr>
<td>AgeInt</td>
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<td>II-6</td>
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<tr>
<td>SSE</td>
<td>2562**</td>
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<tr>
<td>SSP</td>
<td></td>
<td>-1947*</td>
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<tr>
<td>SSD</td>
<td>-3001**</td>
<td>-2470**</td>
<td>-6473**</td>
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<tr>
<td>SDS</td>
<td>2233**</td>
<td>2065*</td>
<td>4321*</td>
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<tr>
<td>DSI</td>
<td>4858**</td>
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<td>4001*</td>
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<tr>
<td>DSIi</td>
<td>209*</td>
<td></td>
<td>3650**</td>
<td>3701**</td>
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<tr>
<td>DSIii</td>
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<td>1857*</td>
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<tr>
<td>DSIiv</td>
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<td></td>
<td>3116**</td>
<td>2329**</td>
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<td>DSV</td>
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<td>3756**</td>
<td>-3840**</td>
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<tr>
<td>DFT</td>
<td>2542**</td>
<td></td>
<td>1560*</td>
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<tr>
<td>BDS</td>
<td>2056*</td>
<td>-3160**</td>
<td>-1942*</td>
<td>2154**</td>
<td>-2161**</td>
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<tr>
<td>BUL</td>
<td>2329**</td>
<td>-2111*</td>
<td>-2241**</td>
<td></td>
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</tbody>
</table>

Note: Decimal points and non-significant correlations are omitted. N=169.

* p < .05  
** p < .01

Key:  
AgeInt = Age first Intercourse  
II-6 = Age first Sexual Intrest  
SSE = Sexual Esteem  
SSP = Sexual Preoccupation  
SSD = Sexual Depression  
SDS = Sexual Defensiveness  
DSI = Sexual Experience  
DSII = Sexual Drive  
DSIII = Sexual Satisfaction  
DSIV = Sexual Attitudes  
DSVI = Body Image Dissatisfaction  
DFT = Drive for Thinness  
BDS = EDI Body Image Dissatisfaction  
BUL = EDI Bulimia  
BSDO = Body Image Size Distortion
Each series of equations was entered for each dependent body image variable: body size distortion, EDI and DSFI body dissatisfaction, EDI drive for thinness and EDI bulimia (refer to Appendix L for the complete series of multiple regression tables, including the unstandardized regression coefficients (B), the standardized regression coefficients (Beta), $R^2$, the change in $R^2$, and the levels of statistical significance, after the entry of each block of variables). Since body image distortion and dissatisfaction were the variables of main concern for the present study, analyses for these factors will be considered in detail.

EDI drive for thinness and bulimia will be discussed briefly.

Each set of equations was run with and without the virgins in the sample, and with and without the sexual defensiveness and sexual satisfaction variables. It appeared that there were no differences in overall significance between equations with and without the defensiveness and satisfaction variables. For present purposes, equations including these variables will be discussed. It also appeared that there were minor changes in overall significance when virgins were added to the sample. Therefore, analyses with and without virgins will be compared. Regression analyses were not conducted on the virgin sample alone because of the small sample size, and the large number of independent variables. With a five-to-one ratio of cases to independent variables (Tabachnick & Fidell, 1989), a minimum of 70 cases
would be required to run an unbiased regression analysis with 14 independent variables. Any deletion of independent variables would preclude comparisons to the nonvirgin sample.

Since some of the body image disturbance literature indicates gender as the single biggest predictor of body image distortion and dissatisfaction (e.g. Mable, 1985), gender was the first variable entered into the multiple regression equation for each dependent variable. The remaining variables (depression, preoccupation, esteem, defensiveness, satisfaction, experience, drive, attitudes, first interest in sexuality, marital status, living arrangements, year in school and graduate/undergraduate status) were entered in single block to determine whether these variables added significantly to the amount of explained variance in the dependent variable. Two demographic variables, virgin status and age of first intercourse were not added to the equation because they did not apply to the virgin sample.

The entrance of gender into equation predicting body image distortion for the nonvirgin sample revealed that gender was a highly significant predictor of body image distortion ($R^2 = .288$, $p < .01$). The addition of the remaining variables did not reliably improve $R^2$ (change in $R^2 = .054$, $p > .05$). However, an examination of the beta weights indicated the sexual esteem was also
significant (Beta = -.174, p < .05). The identical analysis was conducted on
the full sample of virgins and nonvirgins, with identical results.

Therefore, it appears that with both nonvirgin and complete samples, the
single biggest predictor of body image distortion was gender, accounting for
the largest proportion of variance. The only other variable of significance for
both samples was sexual esteem.

There were two sets of analyses conducted to examine whether
sexuality and demographic variables significantly predict body image
dissatisfaction. Each series of multiple regression equations were performed
on both the DSFI and EDI estimates of body image dissatisfaction.

Using DSFI body image dissatisfaction as the dependent variable for the
nonvirgin sample only, gender, added in the first step, accounted for almost
11% of the variance in body image dissatisfaction ($R^2 = .109, p < .01$). There
was a statistically significant improvement in the regression equation with the
addition of the remaining demographic and sexuality variables (change in $R^2 =
.247, p < .01$), with the new equation accounting for almost 36% of the
variance. Sexual esteem was the only variable apart from gender to reach
significance (Beta = -.293, p < .01). Similar results were obtained when
virgins were added to the sample and the multiple regression analyses were
rerun. Therefore, for both the nonvirgin and the complete sample, the two
most significant predictors of body image dissatisfaction as measured by the DSFI were gender and sexual esteem.

The multiple regression analyses for the nonvirgin sample using the EDI estimate of body image dissatisfaction indicated that gender, entered in step one, accounted for 26% of the variance in body image dissatisfaction ($R^2 = .261$, $p < .01$). The addition of the remaining variables significantly improved the regression equation (change in $R^2 = .131$, $p < .01$), with sexual esteem reaching statistical significance ($\beta = -.245$, $p < .01$). The series of multiple regression analyses conducted on both virgins and nonvirgins yielded similar results to those of nonvirgins.

Consistent with the findings from the analyses performed with the DSFI measure of body image dissatisfaction, it appears that for both nonvirgin and total samples, sexual esteem and gender were the most significant predictors.

A related research question in the present study was to investigate whether sexuality and demographic variables significantly predicted EDI drive for thinness and bulimia scores. Since the following analyses pertain indirectly to the research question at hand, they will be discussed briefly. The reader is invited to examine the series of analyses conducted on the EDI drive for thinness and bulimia scales in greater detail for his or her own interest.
The findings from the series of multiple regression analyses for the nonvirgin and complete sample on the EDI drive for thinness subscale from both nonvirgin and total samples revealed that gender was the most powerful predictor of Drive for Thinness scores ($R^2 = .193, p < .01$). Of the remaining sexuality and demographic variables, the measure of attitudes towards sexuality (Beta = -2.02, $p < .05$) was also a significant predictor.

Results from the series of multiple regression analyses on the bulimia subscale of the EDI on both the nonvirgin sample and the total sample, the most influential variable appeared to be gender ($R^2 = .046, p < .01$). Marital status (Beta = -.203, $p < .05$) and living arrangements (Beta = -.203, $p < .05$) were also found to be significant in predicting EDI bulimia scores.
CHAPTER IV

DISCUSSION

There are three major areas for discussion with regard to these results. The first focus is to respond to the findings that are pertinent to the three major research questions in the study. The second area of concern is a discussion of the limitations of the present study and their consequences. The third topic for discussion is a presentation of ideas for future research in this area, and implications these findings have for men and women university students.

Body Image Disturbance, Dissatisfaction and Sexual Behaviour

This study reports several important results with respect to body image distortion, dissatisfaction and sexual behaviour. The results of this study supported findings of other authors (e.g. Mable, 1985). In this study normal weight women were found to greatly overestimate their body size, whereas men overall were unlikely to distort their body size significantly. A greater number of women than men were overestimators (> 5% distortion), and a greater number of men than women were underestimators (< -5%). The magnitude of this distortion approximates that reported by Mable (1985), who found that the women in her sample distorted, on average, 15%, and men distorted less than -1%.
In addition, this study found that mean body image dissatisfaction scores for men and women were higher than those reported by Derogatis (1975). Compared to the norms provided, males' scores on average were less than one standard deviation above the mean, and females' scores were less than two standard deviations above the mean.

The findings from two measures of body image dissatisfaction indicated that women report being significantly more dissatisfied with the condition of their bodies than men. This is not consistent with some previous research (Mable, 1985), but is consistent with reports from other body image researchers (e.g. Mintz & Betz, 1986). The inconsistency between the current study and that reported by Mable (1985) may result from difference in measures used to assess body dissatisfaction. Mable (1985) used the Body Cathexis Scale (Secord & Jourard, 1953), which asked respondents to rate various body parts and functions on a scale ranging from considering themselves fortunate to wishing they could change. These attributes included hair, elimination, and sleep. Both measures used in the present study asked the participants to agree or disagree with statements concerning the size, shape, and attractiveness of various aspects of their body. These measures, particularly the DSFI body image dissatisfaction subscale, asked about more sexually-related or maturational aspects of the body. This difference in results
across the two studies may indicate that men and women do not differ in how satisfied they are with general body parts and processes, but women are far more dissatisfied when it comes to aspects of their bodies that pertain more to sexuality and being attractive to the opposite sex.

From the results of this research, it appears that body image distortion and dissatisfaction are phenomena found primarily in women. It may be that women, particularly during adolescence when bodies are maturing and extrafamilial influences are becoming more important, are more vulnerable to society's standards of beauty and physical attractiveness. Perhaps there are different values placed on being "underweight" and "overweight" by men and women. Women may traditionally view being overweight as negative, and would rather be too underweight than overweight. Men, on the other hand, may view being underweight as lacking physical strength, so when they think about their own body size, they may conceptualize "bigger" as "stronger". This may help to explain why women see the most attractive body size as smaller than their current size and men see the most attractive body size as larger (Fallon & Rozin, 1985), and why women tend to overestimate their body size, whereas men tend to underestimate their body size.

With regards to patterns of sexuality, results concerning virginity rates, attitudes about one's own sexuality, and general attitudes about sexual
behaviour are of interest. First, it appears that the male and female virginity rates found in the present study are approximately 20% lower than those found by Barrett (1980), and Sherwin and Corbett (1985). The observed changes may reflect an increasing sexual liberalization of men and women over the past 12 years. It may also be that the sampling procedures used in this study made it especially easy for virgins to select themselves out of the sample, and so the decreased virginity rate may be a result of virgins not volunteering to participate in the study.

There were several interesting relationships found among aspects of sexuality for both men and women. The results suggest that experience, sex drive, and age of first intercourse are very much related to how one feels about one’s sexuality. Those people who waited longer to have their first sexual intercourse, and yet have had a wide variety of sexual experiences and a great desire for these experiences, have positive feelings about their abilities to relate to a sexual partner, and are less likely to feel disappointed with their sex life.

This study observed gender differences on general attitudes towards sexuality. Men and women appear to differ on their level of sexual preoccupation, sexual esteem, sex drive, and sexual attitudes, but they do not differ on the amount of sexual experience they report, or the age of their first
sexual experience. With the exception of sex drive, it seems that women do not differ from men on sexual behaviour, but do differ with respect to their thoughts and feelings about their sexuality. Perhaps women are having the same sexual experiences as men but are not thinking about them as much, or feeling as positive about them. This could be a reflection of societal norms regarding what kinds of sexual activity is, and is not, appropriate for female university students. With regard to sex drive, men reported a much higher drive than women did. The nature of the questions on the sexual drive subscale may be responsible for these differences. Although Derogatis (1975) labels the scale "drive", it is actually a measure of how frequently the respondent is experiencing these sexual behaviours. Theoretically, someone could have a very high need for sexual behaviour, but be unable, for whatever reason to fulfill these needs (e.g. partner lives out of town). Viewed from this perspective, men in this study reported a higher frequency of sexual behaviours (including fantasizing about sex). This suggests that men are more preoccupied with sex and therefore engage in more sexual fantasies. It is also likely that men overestimated the frequency with which they participated in such behaviours. However, this alternative is improbable, given that in this study men and women did not differ in their level of sexual defensiveness.
**Relationship between Body Image and Sexuality**

An objective of the current study was to investigate the relationship between body image and sexuality. The correlational analyses indicated that there were significant relationships between body image and sexuality. Respondents who significantly distorted their body size showed an interest in sex later in life, thought about sex less, and felt less positive about their capacity to relate to a sexual partner. Results also suggested that those who were dissatisfied with the condition of their body were likely to have negative feelings about their sexuality, be more defensive about sex, and be less satisfied with their sexual experience. They were also more likely to become interested in sex at a later age and report being less preoccupied with sex. This provides support for Derogatis’ notion (Derogatis & Melisaratos, 1979) that in order to think and feel positively about one’s sexuality and sexual experiences, one must think and feel positively about one’s body.

In this study, it was found that sexual and demographic variables predicted body image distortion. These findings are consistent with Mable’s (1985) findings that the single biggest predictor of body image distortion was gender. The results from this research also identified sexual esteem as a predictor. Multiple regression analyses controlled for this possibility. It may be
that those women who have low sexual esteem may be at risk for distorting their body size.

As was the case with body image distortion, the results of this research suggested that sexual esteem and gender predicted scores on both EDI and DSFI measures of body image dissatisfaction. However, since women, on average, were receiving lower sexual esteem scores than average men, these results may be a reflection of the fact that women who have less positive feelings about their own sexuality, may be at risk of showing some quantity of size distortion and dissatisfaction with the condition of their bodies.

The present study found that sexuality and demographic variables predicted a drive for thinness and bulimic tendencies. These results are consistent with the findings from body image distortion and dissatisfaction above, as gender was the most powerful predictor of a drive for thinness. Other variables with marginal significance were sexual attitudes, and marital status and living arrangements. The finding that having conservative attitudes towards sexual issues may be predictive of women who have a preoccupation with dieting and thinness may lend support to the idea that anorexic tendencies in some women prevent them from dealing with sexuality both cognitively and behaviourally.
Finally, the most influential variable predicting scores on the bulimia subscale was gender. Marital status and living arrangements were also found to be marginally significant. Consistent with previous research (Rawlings, 1989), women tend to be more at risk for bulimic tendencies than men.

Limitations of the Present Study

There are three areas of concern with regard to limitations of the present study. The first problem to consider is that of the large amount of missing data. The second focus is the possible limitations of the questionnaires used in the study. The third area of concern is the possibility of a biased sample in the present sex research. These three considerations will be discussed, in light of suggested improvements for future research.

Missing data in research on sexuality is a difficult and often unavoidable problem. When recruiting participants for this type of study in particular, it must be made clear to them that they are free to withdraw participation at any time, and that they are free to refuse to answer any question they find uncomfortable. These instructions, while ethical, often encourage participants to leave questions blank. Therefore, it is up to the researcher to design testing situations and phrase questions in such a way so as to make the participant feel as comfortable as possible, and more likely to respond to every question.
It is also in the best interest of the researcher to make the questions as clear as possible, so the participants know exactly what is being asked of them.

As mentioned earlier, a large proportion of the missing data in the study was attributed to the fact that tendency of virgin subjects in the sample did not answer many of the questions in the Sexual Defensiveness Scale and the Sexual Satisfaction subscale of the DSFI. It appears that while there were significant problems with virgins failing to respond to particular scale items, there were also significant differences between those virgins who did respond and nonvirgins on the Sexual Defensiveness and Sexual Satisfaction subscales. An examination of the content of these two scales provides a possible explanation for this occurrence. Both scales are quite similar in content, requesting the respondent to indicate whether several statements are true or false about them. Many of the statements pose questions specifically about intercourse, and other statements are not as specific, but still refer to fairly intimate sexual activity. It is possible that virgins found these questions inapplicable to their sexual experiences, and so refused to answer. In the future, when conducting sex research it would be extremely worthwhile to examine each scale closely to determine whether any questions could be inappropriate for certain groups of people. It may also be helpful to include some preliminary instructions stating a broad definition of sexual activity that
would include general kinds of physical contact. This would allow the participants to respond to questions on satisfaction, for example, based on whatever kind of physical contact they had experienced.

A second possible reason for the missing data in this study was found in the Body Image subscale on the DSFI. The female item, "I am pleased with the way my vagina looks" was left blank by several female respondents. This question was phrased in such a way that may have made participants uncomfortable, or it may have been unclear as to what area in particular the question was referring. It is possible that the word "pleased" is an unusual way to describe feeling about one's genitalia. One alternative to that particular question might be "I am satisfied with the way my genitals look". "Satisfied" implies a more neutral feeling, and "genitals" is a more general term, which may make it easier to women to answer such a question.

A somewhat related area of concern in the present study is issues surrounding the measurement of sexuality and body image. With regard to sexuality measurement, it should be noted that both the DSFI and the SDS were not designed for use with a research population (i.e. university students). The DSFI was designed to assess aspects of sexual functioning in a clinical setting and to aid in the diagnosis and treatment of sexual dysfunctions. The SDS was designed to measure defensiveness in couples, with particular
emphasis on marital and sexual assessment, or in marital and sex therapy outcome research. Therefore, some questions in both scales were based on the assumption that the respondent was currently involved in a sexual relationship. As mentioned previously, many of these questions were difficult, if not impossible, to answer if the respondent had never had sexual intercourse. For example, wording had to be changed on some questions on the SDS to make them more applicable to all respondents. Since these scales were designed for clinical populations, it is possible that the reliability and validity estimates provided for both these scales are somewhat inaccurate, given the different population, the editorial changes, the deletion of some DSFI subscales, and the combining of common and male-specific and female-specific items on the SDS. Results from these scales should be interpreted within the context of these changes.

Finally, a major problem with sexuality research in general, and this study in particular, is sample bias. As was mentioned previously, the recruitment method used in the present study made it extremely easy for people to refuse to participate, and so the selection bias should be a real concern. It should be noted that those who participated in this study were most likely different from those who did not participate for any one of a number of reasons. In future, a possible precaution could be undertaken so
that the researcher may be able to determine how participants differed from nonparticipants. Improving on the method developed for the current study, each person who does not wish to participate in the study may be asked to write their gender, their age, and marital status, for example. In this way, the researcher may be able to make some statement as to which types of people refused to participate in the study.

Therefore, although there were some definite limitations to the present study, it served its purpose as an exploratory investigation into the relationship between sexuality and body image. It is important to recognize that the nonrandom pattern of missing data and the potential participant bias may have influenced the results of the study, and therefore, any wide generalizations and confident interpretations should be made with caution. The reader should be aware of the presence of possible biases, and interpret the results in that context. In order for the results to generalize outside of Canadian university social science students, a larger, more representative sample would be necessary. The final section will focus on the potential implications the results have for university men and women, and directions for future research.

Implications of the Current Study and Ideas for Future Research

Consistent with previous research, the present study found that there are definite differences between men and women, with regard to body size
distortion (Mable, 1985), and to body image dissatisfaction (Fallon & Rozin, 1985). It is interesting to note that these gender differences have been reported in the literature over a period of years, yet there have been few successful attempts to discover its causes and influences. Many researchers attribute cause for women's body image disturbances to the media's portrayal of the ideal woman (Fallon & Rozin, 1985), or to society's impossible standards (Cash & Green, 1986). Yet, despite attempts to reduce the "stigmatization of the obese" (Mable, p. 45), women persist in believing themselves to be larger than they are, and feeling dissatisfied with the shape of their bodies. The area of body image research would benefit greatly from an empirical investigation into potential causes and treatments for noneating-disordered body image disturbance.

Although the relationship between body image and sexuality does not appear to be as severe as that reported for anorexics and bulimics (Leon et al., 1985), the results from this study indicated that there is a relationship between some aspects of sexuality, and body image distortion and dissatisfaction. The most clear relationship is that for women, those with low sexual esteem, and a lack confidence in themselves as sexual partners, report being dissatisfied with their bodies and overestimate their body size. An important link between body image and sexuality is formed by the media, with
images portraying underweight women as sexually attractive to the opposite sex. The idea of these messages is that in order to be sexually attractive and a good sexual partner, one must be extremely slim. The negative feelings some women have about their own physical sexuality may generalize to other aspects of their body, such as size and attractiveness. Further study of this association between sexual esteem and body image disturbance is warranted, with possible implications for treating people with sexual problems. It may be helpful for the client to address any negative feelings towards one's body while dealing with other issues surrounding sexuality.

It would prove beneficial to investigate the development of sexual esteem and body image through adolescence. As Cohn et al.'s (1987) results indicate, although adolescent girls express less dissatisfaction about their bodies than women, they also expressed a desire to be thinner than their current body size. The same time when adolescents are developing an awareness of their own sexuality, adolescent girls' bodies are also developing, and they become aware of the increased pressure for the ideal thin body. Research conducted with participants at this stage in development may provide insight into how an association between sexuality and body image is first formed.
A future focus of sexuality and body image research should include an investigation into the consequences of a poor body image on emotional intimacy and forming meaningful relationships. According to Abraham and Beumont (1982), both anorexics and bulimics have distinct patterns of sexual behaviour, and they have difficulty forming intimate relationships. It might be desirable to examine body image, feelings of sexual esteem, and their effects on developing emotional intimacy.
REFERENCES


APPENDICES
APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

1. Gender: Male ___ Female ___

2. Age: ___

3. Marital Status: ___ Single and not dating
   ___ Single and dating casually
   ___ Single and dating seriously
   ___ Single and engaged
   ___ Living together
   ___ Married
   ___ Separated
   ___ Divorced
   ___ Widowed

4. Education:
   a) Year in School: ___
      Undergraduate ___ Graduate ___
   b) Major Subject: _________

5. Living Arrangements:
   ___ With family members
   ___ With roommates in residence
   ___ With roommates off campus
   ___ With partner
   ___ Alone

6. Virgin Status:
   ___ Virgin
   ___ Not a virgin

7. If not a virgin, at what age did you first have intercourse? ___
APPENDIX B

BODY SIZE DISTORTION QUESTIONNAIRE

1. How tall are you? _____ feet, ____ inches or _____ centimetres.

2. How much do you weigh? ____ pounds or ____ kilograms.

3. What body size frame do you have?
   Small ____  Medium ____  Large ____

4. On the line below, place an "X" at any point along the continuum that you feel describes your body size:

(a) \[ \underbrace{50\% \quad \text{Just} \quad 50\%} \]

   Underweight   Right   Overweight
APPENDIX C
1983 METROPOLITAN HEIGHT AND WEIGHT TABLES: MIDPOINTS

Women

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### 1983 Metropolitan Height and Weight Tables: Midpoints

#### Man

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APPENDIX D

SAMPLE CALCULATION FOR BDSQ

\[
\frac{50\%}{\text{Underweight}} \times \frac{50\%}{\text{Overweight}}
\]

Actual weight = 200 pounds
Ideal midpoint weight = 176.0
Frame = Large

Distance from "50% underweight" to "Just Right" = 7.1
Distance from "50% underweight" to X = 7.6

BSDQ Formula:

\[
\frac{\text{perceived weight deviation}}{\text{actual weight deviation}} \times -1 \times 100
\]

\[
= \frac{7.6}{7.1} \times -1 \times 100
\]

\[
= \frac{200}{176} - 1 \times 100
\]

\[
= 1.07
\]

\[
= 1.14 - 1 \times 100
\]

\[
= [0.942 - 1] \times 100
\]

\[
= -0.06 \times 100
\]

\[
= -6.00
\]
APPENDIX E

SAMPLE ITEMS FROM THE EATING DISORDER INVENTORY

Drive for Thinness

1. I eat sweets and carbohydrates without feeling nervous.*
2. I am terrified of gaining weight.
3. I exaggerate or magnify the importance of weight.

Bulimia

1. I eat when I am upset.
2. I have gone on eating binges where I have felt that I could not stop.
3. I eat moderately in front of others and stuff myself when they’re gone.

Body Dissatisfaction

1. I think that my stomach is too big.
2. I feel satisfied with the shape of my body.*
3. I like the shape of my buttocks.*
4. I think that my hips are just the right size.*

* indicates negatively keyed item
APPENDIX F

SAMPLE ITEMS FROM THE DEROGATIS SEXUAL FUNCTIONING INVENTORY

Sexual Experience Subscale

1. Male lying prone on female (clothed)
2. Erotic embrace
3. Intercourse - vaginal entry from rear
4. Oral stimulation of partner's genitals
5. Intercourse - side by side
6. Intercourse - female superior position
7. Mutual petting of genitals to orgasm
8. Mutual undressing of each other
9. Deep kissing
10. Intercourse - male superior position

Drive Subtest

0 Not at all
1 Less than once per month
2 1-2 times per month
3 Once a week
4 2-3 times per week
5 4-6 times per week
6 Once a day
7 2-3 times per day
8 4 or more times per day

1. Intercourse
2. Sexual Fantasies

Satisfaction Subtest

1. Usually I am satisfied with my sexual partner(s).
2. Usually after sex I feel relaxed and fulfilled.
3. I am not very interested in sex.
4. I have satisfying orgasms.
Attitudes Subtest

1. Premarital intercourse is beneficial to later marital adjustment.
2. Sex is morally right only when it is intended to produce children.
3. It is unnatural for the female to be the initiator in sexual relations.
4. Masturbation is perfectly normal, healthy sexual behaviour.
5. Most homosexuals are highly disturbed people and are a danger to society.
6. Wifeswapping is acceptable if all four partners agree.
7. Males lose respect for females who allow them to have premarital sexual intercourse.
8. Prostitutes are immoral and degrading and have no place in society.
9. Holding and touching someone else's body is exciting and thrilling.
10. Group sex is a bizarre and disgusting idea.
11. Masturbation fantasies are healthy forms of sexual release.
12. Pornography is perverse and disgusting in general and particularly harmful in the hands of young people.

Body Image Dissatisfaction Subtest

(Both sexes)
1. I am too fat.
2. I would be embarrassed to be seen nude by a lover.
3. There are parts of my body I don't like at all.
4. I have too much body hair.

(Men only)
1. I am satisfied with the size of my penis.
2. I am pleased with the physical condition of my body.

(Women only)
1. I have attractive breasts.
2. I am pleased with the way my vagina looks.
APPENDIX G

SEXUALITY SCALE

The statements listed below describe certain attitudes toward human sexuality which different people may have. As such, there are no right or wrong answers, only personal responses. For each item you will be asked to indicate how much you agree or disagree with the statement listed in that item by placing the appropriate number from the alternatives below in the space alongside the statement.

-2  Disagree
-1  Slightly Disagree
0   Neither Agree nor Disagree
+1  Slightly Agree
+2  Agree

1. [ ] I am a good sexual partner.
2. [ ] I am depressed about the sexual aspects of my life.
3. [ ] I think about sex all the time.
4. [ ] I would rate my sexual skill quite highly.
5. [ ] I feel good about my sexuality.
6. [ ] I think about sex more than anything else.
7. [ ] I am better at sex than most other people.
8. [ ] I am disappointed about qualities of my sex life.
9. [ ] I don't daydream about sexual situations.
10. [ ] I sometimes have doubts about my sexual confidence.
11. [ ] Thinking about sex makes me happy.
12. [ ] I tend to be preoccupied with sex.
13. [ ] I am not very confident in sexual encounters.
14. [ ] I derive pleasure and enjoyment from sex.
15. [ ] I'm constantly thinking about having sex.
16. [ ] I think of myself as a very good sexual partner.
17. [ ] I feel down about my sex life.
18. [ ] I think about sex a great deal of the time.
19. [ ] I would rate myself low as a sexual partner.
20. [ ] I feel unhappy about my sexual relationships.
21. [ ] I seldom think about sex.
22. [ ] I am confident about myself as a sexual partner.
23. [ ] I feel pleased with my sex life.
24. [ ] I hardly ever fantasize about having sex.
25. [ ] I am not very confident about my sexual skill.
26. [ ] I feel sad when I think about my sexual experiences.
27. [ ] I probably think about sex less often than most people.
28. [ ] I sometimes doubt my sexual competence.
29. [ ] I am not discouraged about sex.
30. [ ] I don’t think about sex very often.
APPENDIX H

SEXUAL DEFENSIVENESS SCALE

Below are some statements about sexual feelings. Read each statement and indicate whether it is true of you by placing a T or false about you by placing an F for false in the space beside the statement.

1. [ ] I do not always initiate sex when I would like to.\(^a\)
2. [ ] A partner always knows exactly what I would like him/her to do when we are making love.\(^a\)
3. [ ] Sometimes I just can't seem to get turned on sexually.\(^b\)
4. [ ] I never feel resentful when a partner turns me down for sex.\(^c\)
5. [ ] Occasionally I feel sexual intercourse is tedious.\(^b\)
6. [ ] A partner always does the things I like during sex.\(^a\)
7. [ ] I think I am much sexier than most people.\(^c\)
8. [ ] I have never felt that my partner lacks anything as a lover.\(^c\)
9. [ ] Sometimes I dislike my body.\(^b\)
10. [ ] I have never made an excuse to get out of having sex.\(^b\)
11. [ ] I am never too busy to have sex.\(^a\)
12. [ ] Sex always lasts as long as I would like it to.\(^a\)
13. [ ] I never feel unhappy about how often I have sex.\(^a\)
14. [ ] I never turn a partner down for sex because I am angry with him/her.\(^b\)
15. [ ] Intercourse is always more enjoyable for me than other sexual activities.\(^c\)
16. [ ] Every now and then a partner does not please me sexually.\(^a\)
17. [ ] I sometimes push a partner to have sex more than he/she wants to.\(^c\)
18. [ ] I always satisfy a partner sexually.\(^c\)
19. [ ] My sex life seems a little routine and dull to me at times.\(^a\)
20. [ ] I must admit that sometimes I am not considerate of a partner when we make love.\(^a\)
21. [ ] I have always been satisfied with how often I have sex.\(^a\)

Note: \(^a\) refers to items initially included on both male and female forms.  
\(^b\) refers to items initially included on female only forms.  
\(^c\) refers to items initially included on male only forms.
APPENDIX I

ORAL RECRUITMENT INSTRUCTIONS

My name is Lisa Keith, and I am a second year Masters' student currently enrolled in the Clinical Psychology program here at the University of Windsor. As part of my course requirements, I am conducting a study under the supervision of Dr. W. Balance, investigating the sexual attitudes and experiences of university students, as well as how men and women feel emotionally and psychologically about themselves.

To this end, I would like to ask you to volunteer to complete several questionnaires about your attitudes towards yourself and sexual issues, and your sexual experience. These surveys pose very personal questions, and ask for many details of your behaviour and feelings. Some of the questions are quite explicit, asking for you to report on your participation in various sexual acts. Some people find such questions offensive, too private, or disturbing. You are completely free to choose not to participate. If you volunteer to participate, you will be free to decline to answer any questions you choose.

I am giving each of you a name and phone number sign up form. For those of you who might wish to participate, please write your name and telephone number on the form, and place the form in the collection box I am passing around. I will be contacting you soon, asking you to come in and fill
out a few questionnaires. For those of you who do not wish to participate, you may drop a blank sign up form in the collection box. The questionnaires should take about an hour to an hour and a half to complete. You are free to decline participation at any time now or in the future, and you may omit any questions you feel uncomfortable answering.

To ensure that all information gained from the surveys will be totally confidential, the test booklets and the signed consent forms will be collected and stored separately. In addition, no names will be asked for anywhere on the questionnaires.

Thank you very much for your cooperation. If you have any questions or concerns, please do not hesitate to contact myself or my supervisor, Dr. W. Balance, at the University of Windsor Psychology Department.
APPENDIX J

CONSENT FORM

I have read the above explanation, and I agree to participate in the research on sexuality and how people think about themselves emotionally and psychologically, being conducted by Lisa Keith and Dr. W. Balance of the Psychology Department of the University of Windsor. I am aware that I am not required to identify myself on any test materials, and that the data I provide will be securely stored in a computer file for possible future analysis. I understand that all information I give for this study is completely confidential. I also understand that all participation in this research is voluntary and I may omit questions or withdraw at any time, at my request. I am aware that any concerns or questions I may have about this research should be directed to Dr. W. Balance, Department of Psychology, University of Windsor, Dr. R. Orr, Head, Department of Psychology, University of Windsor, or Dr. J. Porter, Chair, Ethics Committee, Department of Psychology, University of Windsor.

____________________
Signature

____________________
Date

THANK YOU FOR YOUR COOPERATION.
APPENDIX K

PARTICIPANT INFORMATION AND INSTRUCTIONS

My name is Lisa Keith, and I am a second year Masters' student currently enrolled in the Clinical Psychology program here at the University of Windsor. As part of my course requirements, I am conducting a study under the supervision of Dr. W. Balance, investigating the sexual attitudes and experiences of university students, as well how they feel emotionally and psychologically about themselves. It is the purpose of this study to determine how the way people feel about themselves influences their sexual attitudes and behaviours. It is hoped that the results of this study will help researchers understand more about factors affecting university student sexuality.

The questionnaires involved in this study ask you detailed questions about your attitudes towards yourself and sexual issues, and your sexual experiences. These surveys pose very personal questions, and ask about many aspects of your behaviour and feelings. Some of the questions are quite explicit, asking for you to report on your participation in various sexual acts. Some people find such questions offensive, too private, or disturbing. You are free to decline to answer any questions you choose.

After you have read this form, glanced through the questionnaires, and have decided to participate, please sign and date the attached consent form. I will collect the consent form immediately. You may keep this information portion of the instructions for your records. Please read each tests' instructions carefully, and complete the questionnaires as honestly as you can. There are no "right" or "wrong" answers to any of the questions. You may omit any questions you feel uncomfortable answering, and you may withdraw from participating at any time. These surveys should take approximately one and one half hours to complete.

This research has been approved by the Ethics Committee of the Psychology Department. To ensure that all information gained from the surveys will be totally confidential, no names will be requested anywhere on the questionnaires. In addition, test booklets and signed consent forms will be collected and stored separately, so it will be impossible to match your consent form with your test responses. When you are finished the questionnaires, you may leave your booklet in the box at the front of the room.
The group results will be posted in the Psychology Department, or will be available from the researcher. Please do not hesitate to contact myself if you would like to see a copy of the group results.

Thank you very much for your cooperation. If, in answering this questionnaire, any issues seem unresolved, or something concerns you, please do not hesitate to contact myself or my supervisor, Dr. W. Balance, at the University of Windsor Psychology Department, at 253-4232, extension 2217. You may also wish to address any concerns with this study to the Psychology Department Ethics Committee, by contacting Dr. J. Porter, University of Windsor, at 973-7012.

Sincerely,

Lisa Keith, B.A. (Honours)
Researcher

W.G. Balance, Ph.D., C.Psych.
Supervisor
### Table L-1

**Relationship of BDDQ Distortion to Demographic and Sexuality Variables: Normal Sample**

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**Relationship of BDDQ Distortion to Demographic and Sexuality Variables: Complete Sample**

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### Table L-3

**Relationship of DSSI Dissatisfaction to Demographic and Sexuality Variables  
Non-Egophiles**

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### Table L-4

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Relationship of EDI Dissatisfaction to Demographic and Sexuality Variables: Non european

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Table L-6

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Table L-7

**Relationship of EDI Drive for Thinness to Demographic and Sexuality Variables: Nonurgents**

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Table L-8

**Relationship of EDI Drive for Thinness to Demographic and Sexuality Variables: Complete Sample**

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### Table L-9

**Relationship of EDI Bulimia Scale to Demographic and Sexuality Variables: Non-Arming**

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### Table L-10

**Relationship of EDI Bulimia Scale to Demographic and Sexuality Variables: Complete Sample**

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