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Body Image and Sexual Attitudes: A Comparison of Ethnicity and Gender

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Abstract

Objective: To further understand the relationship between body image and sexual attitudes among men and women, whites and nonwhites, an exploratory study was conducted on undergraduate students. **Method:** Participating in this study was 305 females and 184 males, among the participants were 110 African Americans and 379 Caucasians. The Multidimensional Body-Self Relations Questionnaire (MBSRQ), which measures body image, and the Sexual Attitudes scale, which measures sexual attitudes, was distributed in a questionnaire to students ((Brown, Cash, & Mikulka, 1990; Hendrick & Hendrick, 1987). **Results:** Significant differences were found among both women and men, and African Americans and Caucasians. Women were more invested in their appearance, more preoccupied with being overweight, more apparent about being overweight, and more reactive to becoming ill. As for sexual attitudes, women showed more permissive attitudes towards sex than men. Men felt more positive satisfaction with their appearance, felt their bodies were more physically fit, they invested more time to enhance or maintain their fitness, they felt their bodies were in better health, and they were more satisfied with areas of their body. Caucasians were more likely to take an active part in maintaining their physical fitness, and feel good about their health. Also, Caucasians were more likely to be preoccupied with being overweight. Overall, African Americans felt more satisfied with their appearance, invested more time in their appearance, and were more satisfied with their body areas. In addition, they were more likely to react to being or becoming ill.

Body Image and Sexual Attitudes: A Comparison of Ethnicity and Gender

Body Image and Sexual Attitudes

Previous studies have limited body image and sexual attitudes to eating disorders, cancer, and pregnancy (Leon, 1985; Leon, Lucas, Ferdinand, & Manglesdorf, 1998; Salizberg, 1997; Reamy & White, 1987). In addition, few studies have focused on body images and sexual attitudes in the general population (e.g., nonclinical, cancer free) (Faith & Schare, 1993; Tang, Lai, & Chung, 1997; Trapnell, Meston, & Gorzalka, 1997; Wiederman & Hurst, 1998). Furthermore, in body image and sexual attitudes studies the participants race and ethnicity have not been representative of the population (Tang et al., 1997; Trapnell et al., 1997). Also, there have been converse findings on body image and sexual attitudes. (Wiederman & Hurst, 1998; Trapnell et al., 1997). Wiederman and Hurst (1998) investigated the associations between women's sexuality, body image, and physical attractiveness. Their findings have indicated no relationship between body image, sexual attitudes, and physical attractiveness. However, the sexual attitudes measure has consisted only of 3 items. A longer and more in-depth scale may have indicated converse findings. Also, the participants in this study have been predominately Caucasian women, with only a 7.8 % representative of the population of African Americans.

Although previous studies have found correlation's between body image and sexual attitudes, the studies have been a limited number (e.g., Faith & Schare, 1993; Tang et al., 1997). Faith and Schare's study (1993) examined the role of body image in sexually avoidant behavior. Overall, men and women's sexual attitudes have been the greatest indicator of sexual approach and sexual avoidance. Men and women who have shown a more negative body image have been less likely to engage in penile-vaginal interaction. In addition, women and men who endorsed more liberal sexual attitudes reported more penile-vaginal interactions, whereas individuals who

endorsed more conservative views have reported fewer penile-vaginal interactions. Also, women have reported greater body dissatisfaction than men.

Women and Men's Body Image

The definition of body image has been regarded as body satisfaction with one's body appearance (Feingold & Mazzella, 1998). Research has indicated women have a lower satisfaction with their bodies than men (Cash & Henry, 1993; Muth & Cash, 1997; Feingold & Mazella, 1998). Cash and Henry (1993) conducted a survey, which has been distributed to over 803 women in the United States. Their findings indicated almost one-half of women have shown negative evaluations of appearance and have shown a concern with becoming overweight. Feingold and Mazella (1998) conducted a meta-analysis of gender differences with body image and physical attractiveness. The meta-analysis showed among women there has been a dramatic decrease in body image.

Evidence has shown women have been looked upon with criticism; women have been analyzed and contemplated as sex objects (Wiederman & Hurst, 1998). Women have felt culturally pressured to become thin. Furthermore, men have put a higher emphasis on their mates' physical characteristics than women have put on their own mates' physical characteristics (Wiederman & Hurst, 1998). Also, studies have indicated women have picked a heavier figure for their current figure and thinner figure for a man's ideal women figure (Tiggemann, 1992; Raudenbush & Zellner, 1997). Rozin and Fallon (1988) examined generation body image attitudes and have indicated that daughters preferred a thinner ideal similar to their mothers. In addition, girls valued their body parts less than boys valued their own body parts; other findings have shown similar results in adult men and women (Vaughn, Stabler, & Clance, 1981).

In order to pursue a thin ideal, women have developed eating disorders. Studies have indicated that females have made up 90% of the eating disorder population (Gettelman & Thompson, 1993). In addition, disturbances in body image have long been identified as a central feature of anorexia, and bulimia nervosa (Abood & Chandler, 1997).

Research has found that men have been more satisfied with their bodies than women have been with their own bodies (Feingold & Mazella, 1998). Although most men have a greater satisfaction with their bodies, studies have found men who have not been satisfied. Two large sample surveys, conducted in 1972 and 1985 by *Psychology Today* magazine, have appeared to date to be the most widely conducted surveys on body satisfaction in the American population (Cash & Henry, 1993). These samples have been a stratified random sample and have been distributed by sex and age. Their findings have indicated not only had women's body images become more negative, but also had men's body images.

Men have felt pressured by culture to become muscular (Mintz & Betz, 1986). Correspondingly, evidence has been found that men have preferred a bigger figure (Raudenbush & Zellner, 1997). Rozin and Fallon (1988) found, in a generation study of body image, sons preferred a heavier ideal similar to their fathers. Miller, Coffman, and Linke (1980) found men have seen themselves as underweight, whereas women have seen themselves as overweight. The general population of men, men have preferred wide shoulders, muscularity, and strength for their ideal body (Raudenbush & Zellner, 1997). Abell and Richards (1996) found men were more dissatisfied with their bodies than women, because men had a desire to be bigger.

A preoccupation with muscularity has been found to cause men to develop a reverse anorexia called muscle dysmorphia, which is also found in women (Pope, Gruber, Choi, Olivardia, & Phillips, 1997). The predominant feature of muscle dysmorphia has been the idea

that one's body has not been muscular enough. Another characteristic has been to hide, what they have considered smallness (e.g., baggy pants, avoidance of the beach) (Pope et al., 1997).

Sexual Orientation and Body Image

Men and women's sexual orientation has been found to influence their body image. Gettelman and Thompson (1993) found that lesbians have been less preoccupied with dieting, body image, and weight than homosexual men. Herzog, Newman, Yeh, and Warshaw (1992) found that lesbians compared to heterosexual women have preferred a heavier ideal, have been heavier in weight, have dieted less, and have been less preoccupied with weight and appearance. Brand, Rothblum, and Solomon (1992) and Striegel-Moore, Tucker, and Hsu (1990) found no substantial differences between lesbian and heterosexual women on body image disturbances, body esteem, and eating disturbances. Research has also indicated that gay men have greater dieting and eating disturbances than heterosexual men. Gay men have made up 33% of the eating disorder population of men (Gettelman & Thompson, 1993).

Ethnicity and Body Image

Race has been another factor related to body image. Research has indicated that 48.4% of African American women, and 32.1% of Caucasian women have reported being overweight (Thompson, Sargent, & Kemper, 1996). Comparably, more African American women have shown more acceptance of their weight than Caucasian women (Thompson et al., 1996; Abood & Chandler, 1997; Wilfley, Schreiber, Pike, Striegel-Moore, Wright, & Rodin, 1996). African American women have been more satisfied with their bodies than Caucasian women (Abood & Chandler, 1997; Wilfley et al., 1996; Fitzgibbon et al., 1997). Vaughan et al. (1981) indicated that African American children have placed a higher value on their bodies than Caucasian

children. Also, African American women have shown lower incidences of anorexia and bulimia than Caucasian women (Fitzgibbon, Spring, Avellone, Blackman, Pingitore, & Stoley, 1997).

African American and Caucasian men have influenced women's body images.

Thompson et al. (1996) found that African American men have preferred a heavier ideal women and a heavier ideal for their parents, female and male friends than Caucasian men. African American women have thought that African American men have preferred a heavier ideal. Therefore, have not felt the need to lose weight to feel more attractive (Molloy & Herzberger, 1998). Molloy and Herzberger (1998) found a higher African American socioeconomic class indicated more positive body image than lower class. In contrast to African American's ideals, Caucasian men have preferred a thin ideal for Caucasian women (Smith, Waldrof, & Trembath, 1990; Thompson et al., 1996). Cultural aspects have protected African American women from body image disturbances, whereas Caucasian women have given into their own culture and have strived to become thin (Thompson et al., 1996).

Women and Men's Sexual Attitude

Through the past years, significant differences have been found between men and women's attitudes (Cowden & Koch, 1995). A majority of the findings have indicated men have more "liberal attitudes, whereas women have indicated more "conservative" attitudes towards sexuality (Cowden & Koch, 1995; Tang et al., 1997; Hendrick & Hendrick, 1987). Hendrick and Hendrick's findings (1987) indicated men and women have differed on Permissiveness (e.g., sexual openness) and Instrumentality (e.g., atomical sexuality); men have endorsed liberalism towards sexual attitudes (Raciti & Hendrick, 1992). Their study also indicated that men have been more neutral about permissiveness, but women have disagreed with permissiveness. In addition, both men and women disagreed on Instrumentality, which men have agreed to a lesser

degree. Women had been more supportive of Sexual Practices and Communion than were men. Murstein and Hold (1974) had 347 men and women students fill out a questionnaire about marriage, women's liberation, religiosity, physical attractiveness, parental relationships, and the philosophy of sex. Their findings indicated 75% of women and 83% of men have engaged in premarital sex. Women have been more committed to their mates than men and have indicated that variables such as their relationship with their parents, perception of their mate's attractiveness, their mate's religiosity, and their mate's frequency of drug uses were consideration before sexual intercourse.

Religion and Sexual Attitudes

Sexual attitudes have been influenced by cultural and social beliefs (Tang et al., 1997). Many authors have indicated that racial and ethnic sexual attitudes have been explained by social class and religiosity (e.g., Samuels, 1997). Social class has been more of a determinant of penile-vaginal intercourse for African Americans than Caucasians (Samuels, 1997). Also, people who have held a high respect for religiosity have been more likely to be conservative in their sexual attitudes (Samuels, 1997). However, religiosity have been reported to be more highly related to sexual attitudes of (Samuels, 1997). Similarly, Roebuck and McGee (1977) found, with a sample of 242, African American women's sexual attitudes have been influenced by social class, but African American women's religiosity has shown to have not effected premarital sex attitudes. Also, their findings indicated African American girls who tended to be religious have been as promiscuous, if not more, than girls who tended not to participate in church.

Ethnicity and Sexual Attitudes

Even though African Americans sexual behaviors have been more similar to Caucasians, there have been differences (Belcastro, 1985). Compared with African Americans, Caucasian women have been more likely to use masturbatory acts on their partners, to have acted in fellation, and to have used coitus interruptus. Comparably, Caucasian men have been more likely to participate in masturbation acts than African Americans have, but African Americans have been more likely to participate in more interracial coital acts. Overall, African American men have been more permissive than Caucasian men (Belcastro, 1985). African American men have been more likely to have engaged penile-vaginal intercourse at a younger age than Caucasian men (Samuels, 1997). In addition, African American women have been more promiscuous (Belcastro, 1985; Howard, 1988; Staples, 1978). Caucasian women have engaged in penile-vaginal interaction at an older age than African American women (Howard, 1988). Although findings have indicated African American men have been more permissive, there have been converse findings. Hendrick and Hendrick (1987) found that Caucasian men have been more promiscuous than have African American men. In addition, Samuels (1997) found there were not differences in permissiveness between African American men and Caucasian men. African American women have been more likely to become pregnant after their first penile-vaginal interaction (Belcastro, 1985; Staples, 1978). Culture may have directed African Americans to have engaged more in penile-vaginal interactions, because penile-vaginal interactions have been associated with their culture (Howard, 1988).

The first goal of this investigation is to find relations between body image and sexual attitudes. A second goal is to find the similarities and differences between the sexual attitudes and body images of the African American race and the Caucasian race. A third goal is to find

the similarities and differences between body images and sexual attitudes of women and men. A fourth goal is to find the links of other factors such as age, religion, socioeconomic class, education level, sexual history, and sexual orientation towards body images and sexual attitudes. The data will support Faith and Share's study (1993) that indicated men and women who have shown a more negative body image have been less sexually experienced than men and women who have shown a more positive body image. In addition, the results will also show a more negative body image for women than men (Faith & Schare, 1993; Tang et al., 1997). Overall, the results will show that males will report more liberal sex attitudes than women (Cowden & Koch, 1995; Tang et al., 1997; Hendrick & Hendrick, 1987). Women will be more likely to have a more conservative attitude towards sex (Tang et al., 1997; Cowden & Koch, 1995).

The findings will also be similar to Hendrick and Hendrick's findings (1987) which indicated men and women have differed on Permissiveness (e.g., sexual openness) and Instrumentality (e.g., atomical sexuality); men have endorsed liberalism towards sexual attitudes (Raciti & Hendrick, 1992). Their study also indicated that men have been more neutral about permissiveness, but women have disagreed with permissiveness. In addition, both men and women disagreed on Instrumentality, which men have agreed to a lesser degree. Women had been more supportive of Sexual Practices and Communion than were men. The result in this study will indicate African American males will have more permissive attitudes towards sex than Caucasians males (Belcastro, 1985). Similarly, African American women will not only have more permissive attitudes towards sex but also will have a more positive body image (Abood & Chandler, 1997; Wilfley et al., 1996; Fitzgibbon et al., 1997; Belcastro, 1985; Howard, 1988).

The need to investigate body image and sexual attitudes is important because (1) A negative body image may influence sexual functioning (2) A negative body image contributes to

eating disorders (3) There is a need to investigate sexual attitudes in the 1990's, because most of the findings indicate sexual attitudes of the 1970's and 1980's.

Methods

Participants

Participants were recruited from sociology classes and psychology classes at a midwestern university. In these classes, participants in introductory psychology classes received course credit for their participation, and in 3 other psychology classes students received extra credit. In addition, each participant's confidentiality was maintained by not identifying any students by assigned numbers. After freely consenting to the study, they were be given a packet of instruments to complete. Initially, over 500 students participated in the study. Due to limited sample size, some ethnicity's were not included in the final analysis, these include Asian, Hispanic, European, Greek, and Biracial ethnicity's. Overall, 110 African Americans and 379 Caucasians had an adequate population that could be analyzed, among these ethnicity's 305 were female and 184 were male. Their ages ranged from 18-48, due to the limited number of participants over 25, participants between the ages 18-25 were used for the final analysis. Overall, participants ages were from 18-19 (n=214), 20-21 (n=172), 22-23 (n=80), 24-25 (n=21), and no age indicated (n=2). In addition, among the participants were freshman (n=191), sophomores (n=92), juniors (n=114), and seniors (n=90). The sexual orientation of the participants consisted of asexual (n=9), heterosexual (n= 460), homosexual (n=11), and bisexual (n=4) participants. Relatedly, the participants varied on church attendance, once a month (n=116), every 6 months (n=111), once a year (n=81), and never (n=90) (see Appendix A).

Materials

Demographic information sheet. The demographic sheet will contain information about age, religion, race/ethnicity, socioeconomic class, education level, and sexual orientation (see Appendix B).

Sexual Attitudes. A self-report scale called the Sexual Attitudes scale, which is a 5-point Likert scale, will measure attitudes about sexuality; the scale contains 43 items (see Appendix E) (Hendrick & Hendrick, 1987). This scale measures four sexual attitudes.

Permissiveness. This contains 21 items, implies openness to sexuality (e.g., “I do not need to be committed to a person to have sex with him/her”) (Raciti & Hendrick, 1992; Hendrick & Hendrick, 1987). The alpha coefficient for Permissiveness is .94, and the test-retest correlation is .88 (Hendrick & Hendrick, 1987).

Sexual Practices. This contains 7 items, examines attitudes towards practices (e.g., responsibility and liberality in sexuality, “Birth control is part of responsible sexuality”) (Hendrick & Hendrick, 1987; Raciti & Hendrick, 1992). A strong confirmation will indicate endorsement of the practices of birth control, sex education, and the acceptance of certain sexual practices like masturbation (Hendrick & Hendrick, 1987). The alpha coefficient for Sexual Practices is .69, and the test-retest correlation is .80.

Communion. This contains 9 items, implies attitudes towards sex; the main focus of this scale is sharing (e.g., “Sex is the closest form of communication between two people”) (Hendrick & Hendrick, 1987). The alpha coefficient for Communion is .79, and the test-retest correlation is .67 (Hendrick & Hendrick, 1987).

Instrumentality. This contains 6 items, reflects an attitude towards pragmatic and genitally oriented sex (e.g., anatomical sexuality, “Sex is primarily physical”) (Hendrick &

Hendrick, 1987; Raciti & Hendrick, 1992). High agreement with the scale implies pragmatic attitudes and low confirmation with the scale indicates the opposite (Hendrick & Hendrick, 1987). The alpha coefficient for Instrumentality is .80, and the test-retest correlation is .66 (Hendrick & Hendrick, 1987).

It has been implied that differences in gender are most apparent in topic areas that indicate sexual permissiveness/liberality (Hendrick & Hendrick, 1987). Correspondingly, half of the items on this scale are Permissiveness items; therefore, the scale maybe more sensitive than a scale with broader items (Hendrick & Hendrick, 1987).

Body Image. Body image will be measured by the Multidimensional Body-Self Relations Questionnaire (MBSRQ), which is a 5-point Likert scale (Brown et al., 1990). This scale contains 69 Items about the attitudes towards physical appearance, physical fitness, and health (Wilcox, 1997) (see Appendix D).

The Body Area Satisfaction scale. This contains 8 items (Brown et al., 1990). It assesses an individual's satisfaction towards a particular body part and other aspects of an individual's body (Wilcox, 1997). Subjects rate from very dissatisfied (1) to very satisfied (5) to indicate their satisfaction with each body part (e.g., face, hair, lower torso, mid torso, upper torso, muscle tone, weight, and height) (Brown et al., 1990; Wilcox, 1997). Higher scores will indicate greater satisfaction of the subject with their body. The internal consistency is .72 and reliability .74 (Wilcox, 1997).

The Appearance Orientation scale. This scale contains 12 items (Brown et al., 1990). It assesses the degree an individual believes physical appearance is important and to what degree the individual participates in appearance-related events (e.g., "It is important that I always look good," "I check my appearance in a mirror whenever I can") (Wilcox, 1997; Brown et al.,

1990). Higher scores will indicate greater appearance orientation (Wilcox, 1997). The internal consistency for women is .84 and for men the internal consistency is .88 (Brown et al., 1990).

The Appearance Evaluation scale. This scale contains 7 items (Brown et al., 1990). It assesses an individual's satisfaction towards their appearance (e.g., "I like the way I look without my clothes," "My body is sexual appealing") (Wilcox, 1997; Brown et al., 1990). The internal consistency for women and men is .88 (Brown et al., 1990).

The Fitness Orientation scale. This scale contains 13 items (Brown et al., 1990). It assesses the importance of fitness, and the degree and individual participates in fitness-related behaviors (e.g., "I do not actively do things to keep physically fit") (Brown et al., 1990). The internal consistency for women is .89 and for men the consistency is .91.

The Fitness Evaluation scale. This scale contains 3 items (Brown et al., 1990). It assesses an individual's satisfaction with their health (e.g., "I am very well coordinated") (Brown et al., 1990). The internal consistency for women and for men the internal consistency is .76 (Brown et al., 1990).

The Health Evaluation scale. This scale contains 6 items (Brown et al., 1990). It assesses the degree an individual believes they are in good health (e.g., "I know a lot about things that affect my physical health," "I have deliberately developed a health lifestyle") (Wilcox, 1997; Brown et al., 1990). The internal consistency and split-half reliability is .82 (Wilcox, 1997).

The Health Orientation scale. This scale contains eight to six items (Brown et al., 1990). It assesses the importance of health, and the degree an individual participates in health-related behaviors ("I know a lot about things that affect my physical health") (Brown et al., 1990). The internal consistency for women is .78 and for men the internal consistency is .77 (Brown et al., 1990).

The Illness Orientation scale. This scale contains five to seven items (Brown et al., 1990).

It assesses the importance of illness, and the degree and individual participates in Illness related behaviors (e.g., “If I am sick, I don’t pay much attention to my symptoms”) (Brown et al., 1990). The internal consistency for women is .75 and for men the internal consistency is .77 (Brown et al., 1990).

The MBSRQ has been found to be a reliable and valid scale for both men and women (Brown et al., 1990; Wilcox, 1997). This was the reason the MBSRQ was chose for this study. The MBSRQ also has 2 more additional scales the Overweight Preoccupation, and Self-Classified Weight scale.

Design and Procedure

Participants received packets at the beginning of class; research packets were passed out randomly. After participants received the packet, they signed a consent form (see Appendix B). Next, they filled out a demographic sheet, which contained information about age, religion, ethnicity, education level, and sexual orientation. Second, participants completed a demographic sheet. Then, participants filled out the Multidimensional Body-Self Relations Questionnaire. After they completed the questionnaire, they began the Sexual Attitudes scale. They put the instruments into a folder, and brought the packet to the front of class. They received a feedback form that explained that the test was administered to explore relations between sexual attitudes and body image amoung males and females as well as different ethnicity’s (see Appendix F)

Results

Independent *t* tests were performed to identify gender and ethnicity differences. As seen in Appendix G, men and women differ significantly on ten subscales. Women scored higher on Appearance Orientation, which may imply women place more emphasis on appearance than men (45.35 vs 40.32). Correspondingly, women also had significantly higher scores on Illness Orientation than men (16.43 vs 15.13); this may suggest women are more apt to seek medical attention than men. On Self-Classified Weight women scored higher than men (6.48 vs 5.90), which may entail women perceive themselves heavier than men. Relatedly, women may have a greater preoccupation with being overweight than men (11.71 vs 8.27), as referred to by higher scores on Overweight Preoccupation. Among sexual attitudes, women scored significantly higher on Permissiveness than men (81.38 vs 68.77); higher scores on Permissiveness could propose that women have more permissive attitudes about sex.

Men were more satisfied with their appearance than women (24.92 vs 23.30), as indicated by the higher scores on Appearance Evaluation. Also, men were more likely to regard themselves as physically fit (12.32 vs 10.93); men had higher scores than women on Fitness Evaluation. On Fitness Orientation, men had higher scores than women (46.98 vs 42.13) suggesting men were more likely to be more active in maintaining their physic. As indicated by Health Evaluation, men were more likely to feel their bodies were in good shape, because they scored higher than women (22.71 vs 21.34). On Body-Areas satisfaction, men had higher scores than women (28.10 vs 26.44) implying they are more satisfied with most areas of their body.

As seen in Appendix H, Caucasians and African Americans differed significantly on seven subscales, Appearance Evaluation, Fitness Orientation, Health Evaluation, Illness

Orientation, Body-Areas Satisfaction, and Overweight Preoccupation. Caucasians scored significantly higher than African Americans (44.54 vs 41.55) on Fitness Orientation, which may imply a higher value is placed on fitness, and fitness is actively maintained. Correspondingly, Caucasians' scores were higher on Health Evaluation (22.10 vs 21.01), which insinuates they may feel their bodies are in better health than African Americans. Also, there were significant differences on Overweight Preoccupation; Caucasians had higher scores (10.58 vs 9.87). This may suggest Caucasians have a great Preoccupation with weight.

African Americans scored higher than Caucasians on Appearance Evaluation (26.69 vs 23.10), which may suggest that African Americans may be more satisfied with their appearance. Relatedly, African Americans were significantly more likely to place importance more on how they look, like participating more actively in grooming behaviors, than Caucasians (45.01 vs 42.99), as indicated by African Americans' higher scores on Appearance Orientation. African Americans also had a significantly higher extent of reactivity to personal symptoms of physical illness and are more likely to seek medical attention (17.42 vs 15.51), as indicated by the significantly higher scores on Illness Orientation. In addition, they had a higher score on Body-Areas Satisfaction than Caucasians (26.06 vs 26.49), which may suggest African Americans are more content with their body areas, like the midtorso.

Discussion

The results of past research suggest there has been a relationship between body image and sexual attitudes (e.g., Faith & Schare, 1993; Tang et al., 1997). Individuals, both men and women, who have indicated a distorted body image have been less likely to engage in sexual encounters (Faith & Schare, 1993). This may lead these individuals to have a sexual dysfunction (e.g., problems with sexual approach and initiation). Sexual attitudes like “Conservatism” has lead to less sexual participation, while “Liberalism” has lead to more sexual participation (Cowden & Koch, 1995; Tang et al., 1997; Hendrick & Hendrick, 1987). In addition, most sexual attitudes research of women and African Americans has dated back to the 70’s and 80’s (Abood & Chandler, 1997; Wilfley et al., 1996; Fitzgibbon et al., 1997; Belcastro, 1985; Howard, 1988). The aim of this investigation was to explore the relationships between men and women, and Caucasians and African Americans. As the body image and sexual attitudes of men and African Americans have represent an area of little research, the current study focused on this group and explored the probable differences (e.g., Wiederman & Hurst, 1998; Trapnell et al., 1997).

The empirical evidence supported the notion that there was a relationship significant differences between men and women’s body image. Women were more invested in their appearance, but men had a more positive satisfaction with their appearance. Relatedly, women were more preoccupied with being overweight and also perceived themselves as more overweight; women had more reactivity to becoming ill. Men had significantly higher scores on scales that incorporated physical fitness. They felt their bodies were physically fit, and they invested time to enhance or maintain their fitness. Subsequently, men felt their bodies were in good health and were more satisfied with areas of their body. The current findings are consistent

with previous research, which indicated men are more satisfied with their bodies than women (Cash & Henry, 1993; Muth & Cash, 1997; Feingold & Mazella, 1998). Overall, men had significantly higher scores on measures that indicated satisfaction with one's body, appearance, and health, while women had significantly higher scores on measures that indicate dissatisfaction with one's body, like a preoccupation with being overweight or perceiving themselves as overweight. Relatedly, Cash and Henry (1993) indicated one-half of women had shown a concern with becoming overweight. In addition, prior studies have found women perceive their current figure as overweight (Tiggemann, 1992; Raudenbush & Zellner, 1997). In regards to the findings which indicated women have a lower satisfaction with their bodies, they are problematic, because perceptual abnormalities within body image have long been a central feature of eating disorders like anorexia nervosa and bulimia nervosa (Abood & Chandler, 1997). In addition, sexuality is tied to one's body image; a distorted perception of individuals body image may lead to sexual dysfunction's, like sexual avoidance (Faith & Schare, 1993). Men also scored higher on fitness related scales. Previous research has suggested that men prefer a more muscular ideal (Abell & Richards, 1996). Therefore, men may actively maintain their fitness to obtain more muscularity. This may lead to a better body image, because, by working out, they are closer to their ideal.

Significant differences were also found among Caucasians and African Americans. Caucasians were more likely to take an active part in maintaining their physical fitness, and feel good about their health. Unrelatedly, Caucasians were more likely to be preoccupied with being overweight. Overall, African Americans felt more satisfied with their appearance, and invested more time in their appearance. In addition, African Americans were more satisfied with their body areas, were more likely to react to being or becoming ill, and more likely to seek medical

help. These findings are similar to past results (Thompson et al., 1996; Abood & Chandler, 1997). African Americans scored higher on scales that indicated a satisfaction with ones' physical body, like body areas and appearance, while Caucasians felt well about their health, maintained fitness actively, but felt concerned about being overweight. Relatedly, previous findings have indicated American women are less concerned with being overweight than Caucasian women (Thompson et al., 1996; Abood & Chandler, 1997). In addition, other findings have found African American women have been more satisfied with their bodies than Caucasian women (Fitzgibbon et al., 1997; Abood & Chandler, 1997). Also, African Americans scored higher on scales that envolved maintenance of health and appearance. Vaughan et al. (1981) found that African American children have placed a greater value on their bodies than Caucasian. African Americans may place more value on there bodies therefore invest more time in appearance, are more concerned with becoming ill, and are more likely to seek help for illness. Surprisingly, Caucasian were more likely to have participated in fitness related activities, and to have felt healthier. This may have indicated that Caucasians are more concerned with their overall fitness then their appearance.

As for sexual attitudes, women showed more significant permissive attitudes towards sex than men. This contradicts the findings of earlier research, which indicated males were more promiscuous (Raciti & Hendrick, 1992); there were no significant findings among the African Americans or Caucasians, nor among the three other subscales. The non-significant findings may indicate that sexual attitudes of both men and women, and African Americans and Caucasians have become more similar in today's studies as apposed to early studies (Belcastro, 1985; Howard, 1988; Staples, 1978, Raciti & Hendrick); this is contradictory to previous findings, which found African American men to be more promiscuous than Caucasian men, and

African American women to be more promiscuous than Caucasian women (e.g., Belcastro, 1985).

In the current study, further analysis is needed, such as analysis of variance and multiple regression, to determine the contributing factors among body image and sexual attitudes, such as age, religion, sexual orientation, and education level. Further analysis is also required to research the individual contributions of body image and sexual attitudes. In addition, further research is needed to investigate in more detail both body images, among men and African Americans, and body image and sexual attitudes. Future plans include more investigation of body image and sexual attitudes among a larger sample size. The limited number of African American men compared with the overall population was limited, and further research will increase the number of both men and women among the African American population. Other plans include making all the necessary revisions, in this small pilot study, to conduct a more extensive study.

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Appendix A

<u>Variable</u>	<u>Gender</u>	
	<u>n</u>	<u>%</u>
Male	184	38
Female	<u>305</u>	<u>62</u>
	489	100

<u>Variable</u>	<u>Ethnicity</u>	
	<u>n</u>	<u>%</u>
Caucasian	379	78
African American	<u>110</u>	<u>22</u>
	489	100

<u>Variable</u>	<u>Sexual Orientation</u>	
	<u>n</u>	<u>%</u>
Asexual	9	2
Bisexual	4	1
Homosexual	11	2
Heterosexual	<u>460</u>	<u>95</u>
	484	100

<u>Variable</u>	<u>Church Attendance</u>	
	<u>n</u>	<u>%</u>
Once a month	116	24
Every 6 months	111	23
Once a year	81	17
Once a week	89	18
Never	<u>90</u>	<u>18</u>
	489	100

<u>Variable</u>	<u>Age</u>	
	<u>n</u>	<u>%</u>
18-19	214	44
20-21	172	35
22-23	80	16
24-25	<u>21</u>	<u>4</u>
	487	99

<u>Variable</u>	<u>Education Level</u>	
	<u>n</u>	<u>%</u>
Freshman	191	39
Sophomore	94	19
Junior	114	23
Senior	<u>90</u>	<u>18</u>
	489	99

Appendix B

Consent form

Dear Participant:

This is a research project being conducted in affiliation with the Psychology Department at Southern Illinois University at Carbondale. The purpose of the project is to study body images and sexual attitudes.

Please fill out all information on the questionnaire truthfully and to the best of your knowledge. The duration for completing the packet will take between 15 and 20 minutes. Your signature is not required on this consent form. Participation is voluntary, and you may refuse to participate at any time with no penalty or loss of benefit. Also, you may discontinue participation without penalty. If you say no to participation, your evaluation in this class won't be affected.

Confidentiality will be of the utmost importance. No method will be used to identify the participant with the packet. Data will be based on the contents of the packet alone. Therefore, reasonable steps will be taken to protect your identity. Only the researcher and the supervisor will have access to the questionnaires. For more information about this study, you may contact Melody Scheriger at 351-6191 or at maps@siu.edu. You may also contact my faculty advisor, Dr. Diane Taub, at 453-2466 or at dtaub@siu.edu.

This project has been reviewed and approved by SIUC Human Subjects Committee. Questions concerning your rights as a participant in this research may be addressed to the Committee Chairperson, Office of Research Development and Administration, Southern Illinois University, Carbondale, IL, 62901-4709. Phone: (618) 453-4533.

I understand the above explanation of the testing procedures and that participation for this study is voluntary. Also, I know I may leave or discontinue participation in the study at any time. I acknowledge every reasonable step will be taken to protect my identity and that no method will be used to identify me with the packet. In addition, I recognize my rights concerning this procedure.

I agree with the conditions and agree to participate in the study.

(NAME)

(DATE)

Appendix C

DEMOGRAPHIC INFORMATION SHEET

(PLEASE FILL IN ALL ANSWERS ON SCATRON)

70. Age: (A) 18-19 (B) 20-21 (C) 22-23 (D) 24-25

(E) Other _____ (fill in answer)

71. Gender: (A) female (B) male

72. Race/Ethnicity: (A) African American (B) Latino (C) Caucasian (D) Asian

(E) Other _____ (fill in answer)

73. Undergraduate Status: (A) freshman (B) sophomore (C) junior (D) senior

(E) Other _____ (fill in answer)

74. How frequently do you attend church? (A) once a year (B) every six months

(C) once a month (D) every week (E) never

75. Sexual Orientation: (A) bisexual (B) homosexual (C) heterosexual

(D) asexual

(Please Fill in Answers on Scantron!) 00000
Appendix D

Body Image 30

Appendix D

A

3

C

D

F

1

2

3

4

5

**Definitely
Disagree**

Mostly
Disagree

Neither
Agree Nor
Disagree

Mostly Agree

**Definitely
Agree**

1. Before going out in public, I always notice how I look.
2. I am careful to buy clothes that will make me look my best.
3. I would pass most physical-fitness tests.
4. It is important that I have superior physical strength.
5. My body is sexually appealing.
6. I am not involved in a regular exercise program.
7. I am in control of my health.
8. I know a lot about things that affect my physical health.
9. I have deliberately developed a healthy life-style.
10. I constantly worry about being or becoming fat.
11. I like my looks just the way they are.
12. I check my appearance in a mirror whenever I can.
13. Before going out, I usually spend a lot of time getting ready.
14. My physical endurance is good.
15. Participating in sports is unimportant to me.
16. I do not actively do things to keep physically fit.
17. My health is a matter of unexpected ups and downs.
18. Good health is one of the most important things in my life.
19. I don't do anything that I know might threaten my health.
20. I am very conscious of even small changes in my weight.

Body Image 31

Body Image 31

[illegible]

A	B	C	D	E
1	2	3	4	5
Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree

- _____ 41. I take special care with my hair grooming.
- _____ 42. I dislike my physique.
- _____ 43. I don't care to improve my abilities in physical activities.
- _____ 44. I try to be physically active.
- _____ 45. I often feel vulnerable to sickness.
- _____ 46. I pay close attention to my body for any signs of illness.
- _____ 47. If I'm coming down with a cold or flu, I just ignore it and go on as usual.
- _____ 48. I am physically unattractive.
- _____ 49. I never think about my appearance.
- _____ 50. I am always trying to improve my physical appearance.
- _____ 51. I am very well coordinated.
- _____ 52. I know a lot about physical fitness.
- _____ 53. I play a sport regularly throughout the year.
- _____ 54. I am a physically healthy person.
- _____ 55. I am very aware of small changes in my physical health.
- _____ 56. At the first sign of illness, I seek medical advice.
- _____ 57. I am on a weight-loss diet.

(continued on the next page)

58. I have tried to lose weight by fasting or going on crash diets.

- A. 1. Never
- B. 2. Rarely
- C. 3. Sometimes
- D. 4. Often
- E. 5. Very Often

59. I think I am:

- A. 1. Very Underweight
- B. 2. Somewhat Underweight
- C. 3. Normal Weight
- D. 4. Somewhat Overweight
- E. 5. Very Overweight

60. From looking at me, most other people would think I am:

- A. 1. Very Underweight
- B. 2. Somewhat Underweight
- C. 3. Normal Weight
- D. 4. Somewhat Overweight
- E. 5. Very Overweight

61-69. Use this 1 to 5 scale to indicate how satisfied you are with each of the following areas or aspects of your body:

A	B	C	D	E
1	2	3	4	5

Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied Nor Dissatisfied	Mostly Satisfied	Very Satisfied
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61. Face (facial features, complexion)

62. Hair (color, thickness, texture)

63. Lower torso (buttocks, hips, thighs, legs)

64. Mid torso (waist, stomach)

65. Upper torso (chest or breasts, shoulders, arms)

66. Muscle tone

67. Weight

68. Height

69. Overall appearance

Appendix E

PLEASE FILL IN ALL ANSWERS ON SCATRON

(A = strongly agree, B = moderately agree, C = neutral, D = moderately disagree, and E = strongly disagree)

- _____ 76. I do not need to be committed to a person to have sex with him/her.
- _____ 77. Casual sex is acceptable.
- _____ 78. I would like to have sex with many partners.
- _____ 79. One-night stands are sometimes very enjoyable.
- _____ 80. It is okay to have ongoing sexual relationships with more than one person at a time.
- _____ 81. It is okay to manipulate someone into having sex as long as no future promises are made.
- _____ 82. Sex as a simple exchange of favors is okay if both people agree to it.
- _____ 83. The best sex is with no strings attached.
- _____ 84. Life would have fewer problems if people could have sex more freely.
- _____ 85. It is possible to enjoy sex with a person and not like that person very much.
- _____ 86. Sex is more fun with someone you don't love.
- _____ 87. It is all right to pressure someone into having sex.
- _____ 88. Extensive premarital sexual experience is fine.
- _____ 89. Extramarital affairs are all right as long as one's partner doesn't know about them.
- _____ 90. Sex for its own sake is perfectly all right.
- _____ 91. I would feel comfortable having intercourse with my partner in the presence of other people.
- _____ 92. Prostitution is acceptable.
- _____ 93. It is okay for sex to be just good physical release.
- _____ 94. Sex without love is meaningless.
- _____ 95. People should at least be friends before they have sex together.
- _____ 96. In order for sex to be good, it must also be meaningful.
- _____ 97. Birth control is part of responsible sexuality.

PLEASE FILL IN ALL ANSWERS ON SCATRON

(A = strongly agree, B = moderately agree, C = neutral, D = moderately disagree, and E = strongly disagree)

- _____ 98. A woman should share responsibility for birth control.
- _____ 99. A man should share responsibility for birth control.
- _____ 100. Sex education is important for young people.
- _____ 101. Using "sex toys" during lovemaking is acceptable.
- _____ 102. Masturbation is all right.
- _____ 103. Masturbation one's partner during intercourse can increase the pleasure of sex.
- _____ 104. Sex gets better as a relationship progresses.
- _____ 105. Sex is the closest form of communication between two people.
- _____ 106. A sexual encounter between two people deeply in love is the ultimate interaction.
- _____ 107. Orgasm is the greatest experience in the world.
- _____ 108. At its best, sex seems to be the merging of two souls.
- _____ 109. Sex is a very important part of life.
- _____ 110. Sex is usually an intensive almost overwhelming experience.
- _____ 111. During sexual intercourse, intense awareness of the partner is the best frame of mind.
- _____ 112. Sex is fundamentally good.
- _____ 113. Sex is best when you let yourself go and focus on your own pleasure.
- _____ 114. Sex is primarily the taking of pleasure from another person.
- _____ 115. The main purpose of sex is to enjoy oneself.
- _____ 116. Sex is primarily physical.
- _____ 117. Sex is primarily a bodily function, like eating.
- _____ 118. Sex is mostly a game between males and females.

Thank you for your participation.

Appendix F

Feedback Sheet

This research has four goals. The first goal of this investigation is to find relations between body image and sexual attitudes. A second goal is to find the similarities and differences between the sexual attitudes and body images of the African American race and the Caucasian race. A third goal is to find the similarities and differences between body images and sexual attitudes of women and men. A fourth goal is to find the links of other factors such as age, religion, socioeconomic class, education level, sexual orientation towards body images and sexual attitudes.

The need to investigate body image and sexual attitudes is important because a negative body image may influence sexual functioning. Also, a negative body image contributes to eating disorders. Furthermore, there is a need to investigate sexual attitudes in the 1990's, because most of the findings indicate sexual attitudes of the 1970's and 1980's.

Attitudes are investigated in the area of social psychology; you may have been taught this in your introductory psychology class. Also, you may have been taught about bulimia or anorexia in your class. A negative body image may contribute to these disorders, and psychologists may treat the disorders.

Those individuals who are interested in what I am doing, or would like more detailed feedback about this study. They may contact Melody Scheriger at maps@siu.edu or at 351-6191.

Appendix G

	Males		Females		<u>P Value</u>
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
Appearance Evaluation	24.92	5.00	23.30	5.73	p<.05
Appearance Orientation	40.32	7.57	45.34	7.29	p<.05
Fitness Evaluation	12.32	2.10	10.93	2.30	p<.05
Fitness Orientation	46.98	10.10	42.13	9.01	p<.05
Health Evaluation	22.71	3.79	21.34	3.98	p<.05
Health Orientation	25.86	4.67	26.33	5.32	NS
Illness Orientation	15.13	3.65	16.43	3.95	p<.05
Body-Areas Satisfaction	28.10	5.36	26.44	5.50	p<.05
Overweight Preoccupation	8.27	3.16	11.72	3.82	p<.05
Self-Classified Weight	5.90	1.46	6.48	1.47	p<.05
Permissiveness	68.77	12.40	81.38	10.01	p<.05
Sexual Practices	11.86	4.59	11.39	4.75	NS
Communion	19.59	5.67	19.69	6.85	NS
Instrumentality	19.58	4.81	19.17	5.12	NS

Appendix H

	African American		Caucasian		<u>P Value</u>
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
Appearance Evaluation	26.69	4.95	23.10	5.41	p<.05
Appearance Orientation	45.05	6.42	42.99	8.08	p<.05
Fitness Evaluation	11.38	2.17	11.47	2.37	NS
Fitness Orientation	41.56	8.73	44.65	9.87	p<.05
Health Evaluation	21.01	3.67	22.10	4.02	p<.05
Health Orientation	25.88	4.88	26.24	5.15	NS
Illness Orientation	17.42	3.74	15.51	3.83	p<.05
Body-Areas Satisfaction	29.06	5.46	26.49	5.41	p<.05
Overweight Preoccupation	9.87	3.36	10.58	4.10	p<.05
Self-Classified Weight	6.32	1.46	6.25	1.50	NS
Permissiveness	77.60	13.80	76.36	12.35	NS
Sexual Practices	12.02	4.16	11.44	4.84	NS
Communion	19.94	6.20	19.57	6.50	NS
Instrumentality	18.66	5.00	19.52	5.00	NS