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BEHAVIOR

The Effects of Body Esteem and Sexual Self-Consciousness on Sexual Behavior

Rachel Yates and Holly Heindselman

Hanover College

Abstract

Previous research has found that body esteem is related to depression, social isolation, and low self-esteem. This study was designed to measure the relation between body esteem and sexual behavior. Participants completed questionnaires measuring body esteem, sexual self-consciousness, frequency of sexual activity, and sociosexual orientation. Sexual activity was broken into four sub-categories (light petting, heavy petting, intercourse, and oral stimulation). Results show a significant negative relationship between sexual self-consciousness and heavy petting, $p < .05$, and intercourse $p < .01$. These findings would suggest that the way one feels about his or her body may impact the frequency with which they engage in sexual behaviors. For this reason, future research may focus on the effects of body esteem on relationship satisfaction.

The Effects of Body Esteem and Sexual Self-Consciousness on Sexual Behavior

Low levels of body esteem have been associated with a variety of psychological disturbances. Negative feelings regarding one's body have been related to depression, social isolation, and low self-esteem (Ackard, Kearney-Cooke, & Peterson, 1999).

Pompili et al. (2007) found that those who felt uneasy about their body have an increased risk of suicide. Body esteem has also been found to interact with personality characteristics such as perfectionism to predict bulimic symptoms (Downey & Chang, 2007).

The concept of body esteem itself is multi-dimensional and difficult to define in exact terms. Previous research has focused on specific aspects of the concept such as "body shame" and "anxiety regarding appearance" to further the understanding that body esteem is complex and constructed of many components (Szymanski & Henning, 2007). This research also found that people with high levels of these specific areas of body esteem were more likely to show signs of depression than those people with low levels.

Though body esteem can be segmented into smaller and specific concepts it is broadly described as the level of satisfaction one has regarding his or her appearance and bodily functions. This concept has been demonstrated to be related to several factors that are detrimental to healthy, functional, and satisfactory living. One of these factors is body idealization by peers (Clark & Tiggeman, 2006). This refers to the social pressures to maintain a weight and appearance within societal norms and expectations. Other factors include body dissatisfaction among family members (Benninghoven, Tetsch, Kunzendorf, & Jantschek, 2007), and media representation of attractiveness (Michael, Gagnon, Lauman, & Kolata, 1994). Each of these factors present unrealistic

expectations of human body form. When one falls short of what is believed to be required to appear attractive, body esteem is negatively affected.

While low body esteem has been shown to have effects psychologically, Wiederman (2000) and Kearney-Cooke, & Peterson (1999) explore the manner in which body esteem and self-consciousness affect sexual activities. Wiederman (2000) defines self-consciousness as the level of anxiety one experiences when examining how they believe they appear to others. The work of Wiederman (2000) draws a connection regarding the effects of body esteem and self-consciousness on sexual behavior. Through his studies he found that an individual's level of body esteem influences amount of self-consciousness during a sexual act as well as the likelihood of allowing oneself to participate in physically intimate acts with another person. Wiederman (2000) further discovered that women tend to hold negative perceptions of their own body. These studies found that after controlling for actual body size, approximately one-third of female college students experience body-image self-consciousness during physical intimacy. This suggests that body esteem has become such a prominent issue that in some cases low levels of body esteem are causing distortions to self-perception as well as disruption in comfort with sexual behavior.

Ackard, Kearney-Cooke, & Peterson (1999) also connected body esteem and sexual behavior. These researchers developed a body esteem measure and found that women with high body esteem have a higher frequency of sexual behavior and are more comfortable with sexual activities than those who report low body esteem. The work of Wiederman (2000) and Ackard Kearney-Cooke, & Peterson (1999) suggest that body esteem is generally positively correlated with sexual behavior and self-consciousness is

negatively correlated with sexual behavior. However, because researchers have generally defined sexual behavior exclusively in terms of frequency of intercourse, it is unclear how body esteem and self-consciousness might be related to sexual behaviors involving less exhibition of one's body.

In the current study, it is predicted that the relationship between body esteem and sexual behavior will vary depending on the type of sexual behavior. It is expected that body esteem has a stronger relation to sexual behavior when that behavior increases the likelihood that a person's body will be seen by his or her partner. For example, when one is nude in front of their partner, they will feel more self-conscious about their body because their perceived bodily flaws are exposed and visible to their partner. Here, their level of body esteem will play a large role in determining the sexual behaviors in which they choose to participate. In contrast, when sexual activity involves less body exposure, body esteem will be less predictive of participation in the behavior. Ackard and colleagues (1999) supported these ideas in finding that respondents who had a more positive body image reported more comfort in undressing in front of a partner and having sex with the lights on, both of which involve a high level of body exposure.

While previous research has formed an understanding of the negative effects of low body esteem, it is somewhat limited. Most previous research measured sexual behavior in general terms or exclusively as vaginal intercourse. Due to these limitations, little is known about how body esteem might vary across types of sexual behavior. This study is designed to examine the manner in which body esteem and self-consciousness effect specific types of sexual behaviors.

To address the possible interaction between body esteem and type of sexual behavior, sexual activity has been divided into four categories. Mercer and Kohn (1979) developed terms that describe these differing types of sexual activity. *Light petting* and refers to any sort of sexual touching that occurs over the clothing. The second is *heavy petting*, which refers to any sort of sexual touching occurring under one's clothing. The final variables in question are oral stimulation and vaginal intercourse. In addition to examining a range of sexual behaviors, two components of body esteem are examined: general body esteem (overall satisfaction with one's body) and sexual self-consciousness (self-consciousness during physical intimacy) (Wiederman, 2000). The first focuses on the level of comfort and satisfaction one has about their body parts and functions in general, while the second focuses on the level of anxiety one feels about how their body appears to their partner during a sexual act.

It is hypothesized that there will be no significant relationship between body esteem and light petting. It is expected that the relationship between body esteem and sexual behavior will be much stronger for behaviors involving a higher degree of exposure: heavy petting, receiving oral stimulation, and intercourse. It is also hypothesized that the correlation between frequency of sexual behavior and self-consciousness will be negative and will have a correlation that is stronger than that of body esteem because it directly assesses concerns about the body in a sexual context. In other words, as self-consciousness increases, frequency of heavy petting, oral stimulation, and intercourse will decrease. The correlation between self-consciousness and light petting is expected to have no significant relationship because these behaviors involve little bodily exposure, and therefore little need to feel apprehensive about their body in

front of a partner. It is also hypothesized that there will be greater effects for women in all the sexual cases than for men.

Method

Participants

Fifty-seven participants were excluded from the data set. These deletions were based on four criteria. Some were not used if the answers showed no variability across items, indicating that their responses may not be reliable. Others were deleted because the exact same answers were given for two participants in subsequent order, indicating a duplicate submission. Participants who left more than fifty percent of the items blank and those who were under the age of 18 were also excluded from the study.

After exclusions, this study consisted of 311 participants. Of these participants, 79.4% were female. Ages ranged from 18-57 with a mean age of 23. The participant group was 76.5% Caucasian. Based on self-report, 68.7% of the women reported being heterosexual, 1.2% were homosexual, and the remainder fell in the middle ranges. In the case of men, 82.8% reported being heterosexual and 7.8% were homosexual. The remaining participants fell in the middle ranges. The participants were found through personal recruitment and online advertisement. Some participated to receive extra credit in an introductory psychology class.

Materials

Materials consisted of a demographic section, a Sociosexual Orientation Inventory (Simpson & Gangestad, 1991), and three questionnaires that assessed body esteem, sexual self-consciousness, and frequency of sexual behaviour. The demographic section asked each participant's sex, age, ethnicity, relationship status, marital status,

prevalence of contact with partner (if applicable), and length of current relationship (if applicable).

Participants were asked to describe their sexual orientation on a 1 (only attracted to men)-5 (only attracted to women) Likert scale. The Sociosexual Orientation Inventory questionnaire was designed to measure actual and foreseen sexual partners as well as general attitudes about permissiveness of sexuality. It was important to include this Inventory for the purpose of obtaining participants attitudes and thoughts about sexual behavior.

Frequency of Sexual Behavior was measured using a 16-item questionnaire developed by the researchers. In order to control for participants that may not be currently in a relationship or in long distance relationships with limited access to their partner, the following directions preceded the questionnaire items: "Please report how often you would most likely engage in each of the following behaviors, using your most recent physically intimate relationship(s) as a guide. Assume that the partner is living nearby and is available."

The participants were then presented with the questionnaire items. After the description of each item, the participant filled in the blank box with a number identifying the number of times they participated in each behavior. To the right of that blank, the participants selected from a drop-down menu whether this number indicated times per day, week, month, or year.

The Body Esteem Scale (Franzoi & Shields, 1984) is designed to measure body esteem and consists of a list of 35 aspects of the body (e.g., buttocks, body scent, nose) to

be assessed on a Likert scale. The scale ranges from 1 (strong negative feelings) to 5 (strong positive feelings).

The Body Image Self-Consciousness Scale (Wiederman, 2000) is designed to measure prevalence of self-consciousness during acts of sexual intimacy. There are fifteen statements on the scale. An example question is “I would have a difficult time taking a shower or bath with a partner.” These statements are rated on a Likert scale ranging from 1 (never) to 5 (always).

Procedure

The questionnaire was administered online on a popular online list of psychological experiments. Participants were first presented with an informed consent screen. By clicking on the link labeled “Continue” at the bottom of the screen, participants gave their consent to take part in the study. They were brought to the second page that held all of the demographic and questionnaire items. Demographics were presented first, followed by the Sociosexual Orientation Inventory.

Next, the participants were presented with the Frequency of Sexual Behavior Questionnaire. Thereafter followed the Body Esteem Scale and lastly the Body Image Self-Consciousness Scale. The Frequency of Sexual Behavior Questionnaire was presented first in hopes of obtaining frequency estimates that were not skewed by negative or positive feelings about the body that would be raised in the following two questionnaires. After the participant reached the end of the survey, they were able to leave comments and then they were sent to an online written debriefing page.

Results

Reliability analysis of the Body Image Self-Consciousness Scale produced a Cronbach's Alpha of $\alpha = .93$. The Body Esteem Scale produced a reliability of $\alpha = .93$, suggesting that participants overall didn't distinguish between body parts; they tended to rate all parts either high, low, or in between. Body esteem and sexual self-consciousness were correlated at $r = -.522$, $p < .001$, indicating that high scores on the body esteem scale tend to be found with low scores on the sexual self-consciousness scale, as expected. The Frequency of Sexual Behaviors questionnaire was divided into two heavy petting behaviors (touching below the clothing above and below the waist), $\alpha = .79$, six light petting behaviors (handholding, hugging, closed mouth kissing, open mouthed kissing, over the clothes fondling above the waist, over the clothes fondling below the waist), $\alpha = .78$, oral stimulation (giving and receiving), $\alpha = .86$, and two one-item measures of vaginal intercourse and anal intercourse.

Gender Differences

Independent *t*-tests were used to test if women's body esteem and sexual self-consciousness differed significantly from men's body esteem and sexual self-consciousness. Women report a significantly lower body esteem ($M = 3.34$) than men ($M = 3.53$), $t(309) = 2.26$, $p = .025$. Women also reported significantly higher sexual self-consciousness ($M = 2.44$) than men ($M = 2.02$), $t(309) = -3.52$, $p = .001$. These results were expected.

Body Esteem, Sexual Self-Consciousness, and Sexual Behavior

Correlations between body esteem and sexual self-consciousness and each of the behaviors types can be seen in *Table 1*. Results show no significant relationship between

sexual self-consciousness and light petting, which supports the hypothesis that as sexual self-consciousness increases light petting would not significantly decrease. However, heavy petting, intercourse, and oral stimulation did have a significant negative relationship with sexual self-consciousness, which supports researcher's hypotheses that as sexual self-consciousness increased, instances of heavy petting, oral stimulation, and intercourse would decrease. Results also show no significant relationship between body esteem and light petting, which supports the hypothesis that as body esteem increased light petting would not significantly increase. Heavy petting, intercourse, and oral stimulation did have a significant positive relationship with body esteem, which also supports the hypotheses that as body esteem increased, instances of heavy petting, intercourse, and oral stimulation would also increase significantly.

Table 1.

Correlations Between Self-Consciousness, Body Esteem and Sexual Behavior

	Light	Heavy	Oral	Intercourse
Sexual Self-Consciousness	-.08	-.18*	-.13*	-.22**
Body Esteem	.09	.14*	.14*	.21**

Note. * $p < .05$, ** $p < .01$.

To examine whether these correlations varied by gender, sexual orientation, or marital status, twenty-four multiple regressions were conducted with each of the four behaviors (one at a time) as the dependent variable. Each regression had three predictor variables: (1) body esteem or sexual self-consciousness, (2) the potentially interacting variable of gender, sexual orientation, or marital status, and (3) the interaction between the first two. There were no significant main effects or interactions involving gender,

sexual orientation, or marital status at $p < .05$. The absence of an interaction suggests that the relationship between body esteem or sexual self-consciousness and the behaviors did not differ across orientation, marital status, or gender. Since there was no main effect for gender, the hypothesis that the relationship between each of the variables and each of the behaviors would be stronger for women than for men was not supported.

Discussion

Researchers hypothesized that there would be no correlation between light petting and body esteem as well as no correlation between light petting and sexual self-consciousness, because participants are clothed during these behaviors. Results supported these hypotheses. It seems that feelings of sexual self-consciousness were predominantly aroused during sexual behaviors that involved an absence of clothing and occurred less in behaviors where body exposure was unlikely. It was also expected that there would be a negative correlation between sexual self-consciousness and behaviors involving a higher degree of exposure: heavy petting, oral stimulation, and intercourse. This was predicted based on the assumption that when one is unclothed around another person, personally perceived bodily flaws would be exposed, resulting in high self-consciousness.

Behaviors involving a high degree of body exposure such as heavy petting, oral stimulation, and intercourse were expected to be positively correlated with body esteem but negatively correlated with sexual self-consciousness. The results reported in *Table 1* support these predictions. Finally it was hypothesized that body esteem and sexual behavior would have a stronger correlation with sexual activity for women than men. Based on the lack of significant interactions between gender and either sexual self-

consciousness or body esteem, this hypothesis was also not supported, suggesting that the effect of sexual self-consciousness and body esteem does not vary across gender.

However, males and females did differ significantly in their mean levels of sexual self-consciousness and body esteem (men scored lower on the first, higher on the second, compared to women), suggesting that men have a higher overall comfort with their bodies than women.

Results show that females are more sexually self-conscious and also have lower amounts of body esteem than males, which supports previous research (Davison & McCabe, 2005). However, results also show that the relationship between body esteem and behavior as well as the relationship between sexual self-consciousness and behavior did not differ significantly by gender. Franzoi and Shields (1984) suggest that men do have body esteem issues but the areas of concern differ from those of women. For example, men tend to show more concern about shoulder width than women and women tend to be more concerned with appearance of thighs than men. However, the results of our reliability analyses indicated very little discrimination among body parts in participants' responses. Women overall may be reporting higher levels of sexual self-consciousness and lower amounts of body esteem because they are more prone to exposure of body objectifications in the media (Aubrey, 2006). Future research might look towards therapy techniques especially for women in the body esteem arena.

Of the three sexual behaviors that involve removal of clothing, oral stimulation had the weakest correlations with body esteem and sexual self-consciousness. This is somewhat surprising given the high level of body exposure in oral stimulation. Of the four sexual behaviors investigated, oral stimulation had the lowest reported frequency,

consistent with previous research from Michael, Gagnon, Laumann and Kolata (1994). From a sexual preferences survey, they found that oral stimulation was ranked behind vaginal intercourse and watching a partner undress. Blumstein and Schwartz (1983) reported that only 30% of heterosexuals engage in oral stimulation as a part of a sexual routine (as cited in Strong, Devault, Sayad, & Yarber, 2005). Heavy petting behaviors and intercourse occurred with the highest frequencies, and this may be because heavy petting is more likely to precede vaginal intercourse than is oral stimulation. Therefore, it might be fair to argue that oral stimulation is an act that participants view as separate and distinct from intercourse. Future research may look into the reasons why oral stimulation is less related to body esteem and sexual self-consciousness than the other behaviors.

The most important finding in this study is the negative relationship between sexual self-consciousness and the behaviors involving high body exposure. This suggests that feelings about one's body do impact sexual behaviors. The importance of these findings are described in the findings of Szymanski and Henning (2007). Their work found that the risk of depression increases with rising levels of anxiety. This may imply that in some cases, refusal to move forward in sexual intimacy may be due to body esteem issues. If these issues are not addressed and treated, psychological effects and problems in relationships may be recurring and long-lasting. Counselors should be aware of these issues in order to discover and address the appropriate issues when treating a client that is having sexual difficulties.

Sanchez and Kiefer (2007) have found that there is a negative relationship between sexual self-consciousness and sexual pleasure and level of sexual arousal (2007).

Some therapies have been developed to treat these anxiety and depression issues. For example, Kaplan (as cited in Strong et al., 2005) has revised Masters and Johnson's original cognitive-behavioral approach to sex therapy, to a more psychosexual type of therapy which focuses more on anxieties that the sexual experience brings to the surface. This type of therapy is important for understanding the underlying issues of body esteem and sexual problems. Perhaps future research could look into qualitative methods of understanding why these people are feeling high levels of self-consciousness to build upon the research and type of therapy that Kaplan has developed that addresses those feelings of anxiety or depression.

It is important to note that participants were reporting unusually large frequencies of all sexual behaviors per year. For example, participants were reporting on average 411 instances of heavy petting and 1,176 instances of light petting per year. It seems very unlikely that participants would be engaging such a high frequency sexual behavior, so it is reasonable to assume that participants are overestimating the frequency with which they engage in these behaviors. This may be due partly to the method of the study, which allowed participants to indicate the frequency within a day, week, month, or year. Researchers adjusted all responses to be on a per-year frequency to permit analysis across participants, but it is likely that this adjustment magnified small errors in estimates within short time periods, such as a week. In this way, the measures used in this study may have been a limitation. However, reliability estimates for types of sexual behavior such as light petting as well as the significant correlations between behavior and body esteem and sexual self-consciousness suggest that participants' frequency estimates are not random but merely inflated. In addition, participants are distinguishing between behaviors. Oral

stimulation is the least frequent at an average of 141 times per year and light petting is the most frequent at 1,176 times per year. Perhaps future research could focus on more concrete methods of obtaining the frequency of behaviors (such as keeping a daily journal) that participants report rather than a retrospective one, to obtain a more accurate number of sexual behavior frequencies.

Since the majority of participants in this study were predominantly Caucasian, it is important for future research to collect a more diverse population and investigate whether the relationship between body esteem or sexual self-consciousness varies by race.

In conclusion this study indicates that body esteem and sexual self-consciousness do have an effect on different levels of sexual behavior. This demonstrates that the more abstract concepts of body esteem and sexual self-consciousness have concrete effects in people's lives. While previous research and this study show that women tend to be more susceptible to these issues, the effects they have show that these issues can negatively affect people's lives and relationships regardless of gender. Therefore it is not an issue that affects a specific demographic; rather it has the potential to arise in anyone's life. It is a prominent issue that society should be made well aware of in order to combat the potential negative psychological impact that low body esteem and high sexual self-consciousness threatens.

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Appendix A: Informed Consent Form

Informed Consent

This research study is being conducted by Hanover College students Holly Heindselman and Rachel Yates. This study is designed to examine factors that influence sexual behavior. You will be asked to answer questions via an online questionnaire. The questionnaire is completely anonymous. At no time will your name be associated with the responses you give so please be honest with your answers.

After the questions are answered, you will be provided with a debriefing form explaining our expectations of the results. The entire study should last no more than 15 minutes. There are no known risks involved in being in this study, beyond those of everyday life.

For any questions after the interview, please contact our research advisor, Dr. Bill Altermatt at altermattw@hanover.edu.

By clicking on the link below, I acknowledge that I am participating in this study of my own free will. I understand that I may refuse to participate or stop participating at any time.

[Continue](#)

Sex	<input type="text" value="choose one"/>
Age	<input type="text"/>
Ethnicity	<input type="text"/>
Are you currently in a relationship?	<input type="text" value="choose one"/>
Marital Status:	<input type="text" value="choose one"/>
If you are currently in a relationship, how often do you have contact with that person?	<input type="text"/>
If you're currently in a relationship, how long have you been in that relationship?	<input type="text"/>

Sexual Orientation <input checked="" type="radio"/>				
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Only attracted to men		Equally attracted to both men and women		Only attracted to women

Appendix C: Sociosexual Questionnaire

1. With how many different partners have you had sex (sexual intercourse) within the past year?	<input type="text"/>
2. How many different partners do you fore see yourself having sex with during the next five years? (Please give a specific, realistic estimate)	<input type="text"/>
3. With how many different partners have you had sex on one and only one occasion?	<input type="text"/>
4. How often do you fantasize about having sex with someone other than your current dating partner?	<div style="border: 1px solid black; padding: 2px;"> <p>choose one ▼</p> <p>choose one</p> <p>Never</p> <p>Once every 2-3 months</p> <p>Once a month</p> <p>Once every 2 weeks</p> <p>Once a week</p> <p>A few times each week</p> <p>Nearly every day</p> <p>At least once a day</p> </div>

Please indicate how much you agree or disagree with the following statements using the scales below each statement.

5. Sex without love is OK.

1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
Strongly Disagree			Neutral			Strongly Agree		

6. I can imagine myself being comfortable and enjoying "casual" sex with different partners.

1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
Strongly Disagree			Neutral			Strongly Agree		

7. I would have to be closely attached to someone (both emotionally and psychologically) before I could feel comfortable and fully enjoy having sex with him or her.

1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
Strongly Disagree			Neutral			Strongly Agree		

Appendix D: Sexual Behavior Frequency Questionnaire

Please report how often you would most likely engage in each of the following behaviors, using your most recent physically intimate relationship(s) as a guide. Assume that the partner involved is living nearby and is available.

1. handholding	<input type="text"/>	times per	choose one
2. hugging	<input type="text"/>	times per	choose one
3. closed mouth kissing	<input type="text"/>	times per	Day
			Week
			Month
			Year
4. open-mouthed kissing	<input type="text"/>	times per	choose one
5. over the clothes fondling above the waist	<input type="text"/>	times per	choose one
6. under the clothes fondling above the waist	<input type="text"/>	times per	choose one
7. over the clothes grinding (dry humping)	<input type="text"/>	times per	choose one
8. over the clothes fondling below the waist	<input type="text"/>	times per	choose one
9. under the clothes fondling below the waist	<input type="text"/>	times per	choose one
10. mutual masturbation	<input type="text"/>	times per	choose one
11. oral stimulation given to another person	<input type="text"/>	times per	choose one
12. oral stimulation received from another person	<input type="text"/>	times per	choose one
13. genital to genital contact without penetration	<input type="text"/>	times per	choose one
14. vaginal intercourse	<input type="text"/>	times per	choose one
15. anal intercourse given to another person	<input type="text"/>	times per	choose one
16. anal intercourse received from another person	<input type="text"/>	times per	choose one

Appendix E: Body Esteem Questionnaire

Instructions: Below are listed a number of body parts and functions. Please read each item and indicate how you feel about this part or function of your own body using the following scale:







1 = Have strong negative feelings
 2 = Have moderate negative feelings
 3 = Have no feeling one way or the other
 4 = Have moderate positive feelings
 5 = Have strong positive feelings

body scent <input type="button" value="choose one"/>	appetite <input type="button" value="choose one"/>	nose <input type="button" value="choose one"/>
physical stamina <input type="button" value="choose one"/>	reflexes <input type="button" value="choose one"/>	lips <input type="button" value="choose one"/>
muscular strength <input type="button" value="choose one"/>	waist <input type="button" value="choose one"/>	energy level <input type="button" value="choose one"/>
thighs <input type="button" value="choose one"/>	ears <input type="button" value="choose one"/>	biceps <input type="button" value="choose one"/>
chin <input type="button" value="choose one"/>	body build <input type="button" value="choose one"/>	physical coordination <input type="button" value="choose one"/>
buttocks <input type="button" value="choose one"/>	agility <input type="button" value="choose one"/>	width of shoulders <input type="button" value="choose one"/>
arms <input type="button" value="choose one"/>	chest or breasts <input type="button" value="choose one"/>	appearance of eyes <input type="button" value="choose one"/>
cheeks/cheekbones <input type="button" value="choose one"/>	hips <input type="button" value="choose one"/>	legs <input type="button" value="choose one"/>
figure or physique <input type="button" value="choose one"/>	sex drive <input type="button" value="choose one"/>	feet <input type="button" value="choose one"/>
sex organs <input type="button" value="choose one"/>	appearance of stomach <input type="button" value="choose one"/>	health <input type="button" value="choose one"/>
sex activities <input type="button" value="choose one"/>	body hair <input type="button" value="choose one"/>	physical condition <input type="button" value="choose one"/>
face <input type="button" value="choose one"/>	weight <input type="button" value="choose one"/>	

Appendix F: Body Image Self-Consciousness Scale

Please use the following scale to indicate how often you agree with each statement or how often you think it would be true for you. The term partner refers to someone with whom you are romantically or sexually intimate.

1) I would feel very nervous if a partner were to explore my body before or after having sex.	<input type="text" value="choose one"/> <ul style="list-style-type: none"> choose one strongly agree agree neutral disagree strongly disagree choose one
2) The idea of having sex without any covers over my body causes me anxiety.	<input type="text" value="choose one"/>
3) While having sex I am (would be) concerned that my hips and thighs would flatten out and appear larger than they actually are.	<input type="text" value="choose one"/>
4) During sexual activity, I am (would be) concerned about how my body looks to my partner.	<input type="text" value="choose one"/>
5) The worst part of having sex is being nude in front of another person.	<input type="text" value="choose one"/>
6) If a partner were to put a hand on my buttocks I would think, "My partner can feel my fat."	<input type="text" value="choose one"/>
7) During sexual activity it is (would be) difficult not to think about how unattractive my body is.	<input type="text" value="choose one"/>
8) During sex, I (would) prefer to be on the bottom so my stomach appears flat.	<input type="text" value="choose one"/>
9) I (would) feel very uncomfortable walking around the bedroom, in front of my partner, completely nude.	<input type="text" value="choose one"/>

10) The first time I have sex with a new partner, I (would) worry that my partner will get turned off by seeing my body without clothes.	choose one 
11) If a partner were to put an arm around my waist, I would think, "My partner can tell how fat I am."	choose one 
12) I (could) only feel comfortable enough to have sex if it were dark so that my partner could not clearly see my body.	choose one 
13) I (would) prefer having sex with my partner on top so that my partner is less likely to see my body.	choose one 
14) I (would) have a difficult time taking a shower or bath with a partner.	choose one 
15) I (would) feel anxious receiving a full-body massage from a partner.	choose one 

Appendix G: Debriefing Form

Debriefing
<p>The study in which you participated was designed to expand knowledge regarding the role body esteem plays on frequency of sexual activity. Body esteem, as we use the term, can be described as overall satisfaction with one's body. We also included a measure of sexual self-consciousness in this questionnaire. This described the level of physical self-consciousness that occurs during sexual acts. We will be examining the possible effects of body esteem and sexual self-consciousness on sexual behavior. In particular, we will be testing whether body esteem and sexual self-consciousness better predict sexual behaviors that involve greater exposure of one's body. This research has important implications for therapeutic treatment of individuals struggling with sexual problems in their relationships and will contribute to a scientific understanding of human sexual behavior.</p> <p>Please do not discuss this study with other potential participants until our data collection is over, which will be early March of 2008. If people know what we are testing before the study begins, they may respond differently, jeopardizing our results.</p> <p>If you would like to learn the results of this study, you can read our final report after it is posted on the Hanover psychology department webpage in May 2008. The web address for that page is: http://psychlab1.hanover.edu/Research/SeniorSeminar/</p> <p>If you have any questions after the study, please contact our research advisor, Dr. Bill Altermatt, at altermattw@hanover.edu.</p>