

THE RELATION BETWEEN BODY IMAGE, SEXUAL  
FUNCTIONING, WOMEN'S GENITAL SELF IMAGE,  
AND FEMINIST IDENTITY

by

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To Steve and Lisa Madewell

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## CHAPTER I

### INTRODUCTION

Over 43% of women reported some form of sexual dysfunction in their lifetime (Laumann, Paik, & Rosen, 1999) and close to 89% of women do not perceive their genitals to be attractive, sexy, or beautiful (Stewart, 2006). Consequently, women's perceptions about their genitalia and sexual self are not well understood. Greater awareness of the prevalence of women who are pleased with their genitals and experience sexual satisfaction is necessary to decrease the rates of sexual distress and relationship discord. The advancement of information on this topic is necessary to increase the rate at which women and men enjoy sexual relationships throughout their lives.

By avoiding an area of study that is difficult to understand and perhaps uncomfortable for researchers to discuss, such as genital self-image, knowledge is limited and lack of knowledge is perpetuated. Just as important, an avoidance of this topic sends the false and disturbing message that women's sexuality is embarrassing and less important than men's sexuality. As Alfred Kinsey wrote in 1953, "We do not believe that the happiness of individual men, and the good of the total social organization, is ever furthered by the perpetuation of ignorance" (p.19).



From a wider perspective, Western culture's treatment of female sexuality, beginning with the story of Adam and Eve, is a history of suppression, incomprehension, suspicion, and denial (Wittig, 1982). This history includes the male fear of women's insatiable sexual appetite, the myth of the vagina dentata, the presumed linkage between female witchcraft and wanton union with the Devil, and the Victorian counter assumption that women are asexual beings (Allgeier & Allgeier, 2000; Baumeister & Twenge, 2002). The study of women's genital self-image, especially because it is so puzzling, may provide valuable clues toward a deeper and more balanced understanding of female sexuality. To understand female sexuality, both functional and dysfunctional aspects of functioning must be considered.

Among healthy women, sexuality is a complicated construction of historical, physical, and psychological aspects (Tolman, 1994). The integration of these aspects contributes to the development of a woman's identity with her body and her sexuality. Historically, messages have obscured women's sexuality (Bramwell, 2002). These messages have influenced the current socio-cultural and media messages that are void of positive representations of women's genitalia.

Many physical aspects affect the development of young women's sexuality to include their fluctuating hormonal levels, physical development, and identification with their transforming body. All of these physical components are integral to the development of a woman's sexual identity with her body (Sherrod, Haggerty, & Fetherman, 1993). Furthermore, the psychological aspects of a woman's sexuality depend on the cultural environment that each woman experiences as her physical body is developing (Sherrod et al., 1993). During this time, the historical and physical aspects

synthesize with her psychological well-being, identification with her body, and sexual identity. Together, these factors contribute to the development of women's physical and sexual identity.

Much of the current research on women's sexuality has primarily focused on women's sexual dysfunction or genital abnormalities. Research on genital abnormalities has related negative body image with negative attitudes toward sexual encounters even after corrective surgery (Kuhnle & Bullinger, 1997). In addition, Kuhnle & Bullinger (1997) found a relation between lower levels of interest in sexual encounters with lower overall life satisfaction. Therefore, this finding is important to this study because it demonstrated that the appearance and function of women's genitalia can be linked to their perceived overall body image, sexual satisfaction, and overall life satisfaction.

Even though it is important to understand the effects of sexual dysfunction, the present study will focus on the positive aspects that contribute to a healthy sexual life and overall well-being. Specifically, the present study aims to investigate the experiences young women address when they develop an identity with their sexual body. As young women move away from home, experience college life, and independence, they continue to physically and mentally develop into early adulthood (Steinem, 1990). This time period is of particular interest for the present study because the outcome of this developmental period could determine what aspects lead to a healthy body image, genital self image, and overall sexual identity. In addition, it is important to understand how young women perceive their genitals. Is this developmental time frame an essential component of a developing woman's life and identification with her being? The

understanding of young women's developing sexual identity and positive outcomes could help determine what aspects of women's sexuality and body image are most important.

Body image theory has suggested that women who have reported poor body image have also reported a low sexual desire and low sexual response (Hartmann, Heiser, Ruffer-Hesse, & Kloth, 2002). From a positive perspective, Ackard, Kearney-Cooke, & Peterson (1999), and Tantleff-Dunn, and Bedwell (2006) found that women who were satisfied with their body image reported a high frequency of sexual encounters with their partner, initiated sex more often, achieved orgasm at a higher frequency, and were more likely to openly try new sexual activities. This research demonstrated that women that were satisfied with their bodies were more likely to openly experience their bodily sensations than women who reported poor body image.

According to feminist theory, Downing and Rousch (1985) theorized that women transition through five distinctly different phases of feminist identity. People can be in a state of passive acceptance or in a state of feminist identity. In the latter, passive acceptance, people are more likely to accept traditional societal norms. In the former, feminist identity, people can identify with one of the four phases of feminist identity. Women who report having a feminist identity were more likely to be open to their own sensations and anatomy than women who did not report a feminist identity (Liss, O'Conner, Merosky, & Crawford, 2001). This theory will be utilized within this study to determine if college aged women are in a process of developing a feminist identity and how that relates to their sexual identity.

## Purpose of the Present Study

The purpose of the present study is to investigate how the development of young women's feminist identity and sexual identity is related to genital self image. Little research has investigated the sexual self image of healthy young women therefore the current investigation will explore the relationship between women's self-reported body-image, genital self-image, and feminist identity. A positive body image among young women is related to positive factors and related to healthy functioning (Hurt, Nelson, Haines, Ramsey, Erchull, & Liss, 2007). In terms of body image, sexual-image has rarely been investigated among young healthy women. This lack of research is related to the cultural ideas that the genitalia of women has been considered unclean, culturally suppressed (Braun & Wilkinson, 2001), and dangerous (Baumeister & Twenge, 2002). In addition, the external genitalia are most commonly known as the vagina when in fact the accurate term is vulva. Therefore, the term vulva will be used to describe the external female genitalia within this paper. Finally, literature on feminist theory suggests that women who question traditional gender roles are more likely to enjoy sexual activity (Liss et al., 2001). Therefore, a positive body image and a feminist identity are potentially important to the development of a positive genital self image in young women.

The following research questions will be addressed in the current study: (a) what is the typical genital self image rating among college aged women? (b) are body image and self-esteem related to genital self image? (c) does ovulation effect sexual identity/genital self image? (d) is the development of a feminist identity related to genital self image?

## CHAPTER II

### LITERATURE REVIEW

The following literature review will cover issues related to sexual identity development in young women, followed by the literature on body image and how genital self image and ovulation are related to women's sexual identity. Next, the literature on feminist identity development will be reviewed. It will end with an overview of the current study that will tie in all of the above areas in seeking to further explore young women's sexual identity formation and development.

#### Sexual Identity Development

Adolescence is a crucial time in development as many biological, psychological, and social changes affect the development of one's' sexual identity (Brooks-Gunn & Reiter, 1990). Erikson (1968) stated that sexuality is a normal and healthy aspect of adolescent development and identity development. It is during this time of identity development that adolescent young women begin to explore their sexuality, sexual body, and romantic relationships (Udry & Billy, 1987). Accordingly, almost half of all teenagers have experienced sexual activity with another person by the time they enter college (Abma, 2004).

As young adults continue to explore their identity, the onset of instability in well-being can present many biological, cognitive, emotional, and interpersonal changes (Nurmi, 1997). This instability is considered normal and healthy, as it may encourage young developing adults to explore their own personal interests, values, goals, and commitments. During this time of exploration, many forces guide acceptance or rejection of societal and cultural messages when adolescent young people begin to develop a sexual identity (Brooks-Gunn & Paikoff, 1993).

As transitioning adults experiment with new activities and behaviors, they are actively constructing their own personal sexual identity. A sexual self-schema (or sexual identity) is defined as a “cognitive view about sexual aspects of oneself, which are derived from past and present experiences, are influential in the processing of sexually relevant social information, and guide sexual behavior” (Andersen & Cyranowski, 1994, p. 107). Andersen (1999) began to investigate women’s sexual self schemas among clinical samples of women which encouraged her to investigate the importance of a healthy sexual self-schema among all women. Therefore, Andersen inspired additional researchers to further explore the transient nature of women’s sexual identity.

Women who reported a positive sexual self schema experienced a broader range of sexual activities, more sexual partners (range 0-5), and a greater frequency of sex in the past 30 days (Cyranowski & Andersen, 1998). On the contrary, women who reported a negative sexual self schema reported fewer partners or no partner, fewer sexual activities, more sexual anxiety, and more avoidance of sexual involvement (Cyranowski & Andersen, 1998). In addition, positive sexual schemas were related to an enhanced sexual arousal and positive health outcomes when compared to negative sexual schemas.

Negative sexual schemas were related to a predisposition to hypoactive sexual desire disorder (i.e., lack of sexual desire) and anorgasmia (i.e., inability to reach orgasm) (Leiblum & Rosen, 1988). This research is related to women's overall sexual satisfaction and their sexual identity, but this does not focus on the aspect of women's perceived image of their genitals. The current zeitgeist reveals a need for further research on the possible relation between sexual satisfaction, sexual identity, and genital perceptions.

The two strongest predictors of healthy sexual functioning among women include a strong emotional relationship with their partner and an overall healthy emotional well-being (Bancroft, 2005). Due to the many challenges that young developing women experience as they explore their sexuality, it will be valuable to further understand how women between the ages of 18-25 perceive their sexual body. Additional research is needed to further understand how other aspects of identity formation are related to sexual identity development.

Sexual identity development in adolescence has four identified developmental challenges to include: becoming comfortable with their maturing bodies, accepting sexual feelings and arousal as normal and healthy, understanding that all sexual encounters are to be mutually consensual, and understanding how to practice safe sex (Brooks-Gunn & Paikoff, 1993). These four challenges to sexual identity development represent aspects of understanding the body and its functioning. Therefore, a positive body image and a positive genital self image are potentially important aspects to young developing adolescent as they transition into adulthood.

## Body Image

Body image has been related to many aspects of healthy functioning and overall well-being (Cash & Prusinsky, 2002). Body image can be defined as the “inside view of body related self perceptions and attitudes” (Cash, 2004, p.1). Paquette and Raine (2004) found that women’s body image is a dynamic function that fluctuates over time and across different experiences. Social experiences that involve romantic partners and intimate friends have been considered to have the most dynamic effect on body image. Therefore, body image is highly responsive and likely to fluctuate during highly intimate social experiences and sexual experiences.

Historically, much research on body image has focused on eating disorders (Weiderman & Pryor, 1996), the “thin” societal norm (Wiseman, Gray, Mosimann, & Ahrens, 1992), and clinical populations. Body image has been related to many psychological disturbances such as depression, anxiety, and low self esteem (Hutchinson, Jemmott, Jemmott, Braverman, & Fong, 2003), decreased sexual functioning and body image distortions (Allgeier & Allgeier, 2000), and decreased satisfaction with current sexual activity and less likely to have experienced masturbation (Wiederman & Pryor, 1996). Andersen (1999) found that women who have a negative sexual self-schema were more likely to have poor physical health and sexual dysfunction when compared to women with a positive sexual self-schema. Finally, poor body image has been correlated with low sexual desire and low sexual response (Hartmann, Heiser, Ruffer-Hesse, & Kloth, 2002).

Wiederman and Hurst (1998) evaluated a sample of healthy college women between 18 – 21 years of age to determine the relation between body image and their



sexual-esteem. Findings suggested that women's body image was related to their sexual functioning. Specifically, women who reported satisfaction with their physical body also reported a high sexual-esteem. Specifically, relatively thinner women who were satisfied with their bodies were more likely to have experienced oral sex by a partner than women who rated themselves less attractive. This relationship may suggest that women's cognitive thoughts are more important to their sexual activity than their actual size.

Similarly, Ackard, Kearney-Cooke, and Peterson (1999) found that women who were satisfied with their body image reported a high frequency of sexual encounters with their partner, initiated sex more often, achieved orgasm at a higher frequency, and were more likely to openly try new sexual activities. In addition, women who were more satisfied with their overall body image, their Body Mass Index (BMI), and satisfied with their relationship reported a higher frequency of sexual relations with that partner than did women who were not satisfied. Women's body image, satisfaction with their self, self consciousness, and relationship satisfaction exhibited more comfort undressing in front of their partner, and having sex with the lights on. This study demonstrated that satisfaction with one's body was positively related to openly experiencing their bodily sensations.

More recently, research has found that some college women experience sexual satisfaction and a high body image regardless of their actual body size (Weaver & Byers, 2006). Within this study of Caucasian college women, neither BMI nor exercise predicted women's overall sexual functioning. Nevertheless, body image did significantly predict all of the sexual functioning variables, accounting for up to 12% of the variance in the model. The women with lower levels of body image dysphoria reported more sexual assertiveness, higher sexual esteem, fewer sexual problems, and a lower rate of sexual

anxiety than the women with higher situational body image dysphoria (Weaver & Byers, 2006). Therefore, the researchers ascertained that intrinsic body image perception could be more important than a person's actual size (reported through BMI).

Additionally, Seal, Bradford, and Meston (2009) found that higher body esteem was positively related to sexual desire in young women who were exposed to erotic stimuli in a laboratory setting. Moreover, the body esteem subscales of weight concern and sexual attractiveness were significantly positively related to sexual desire. Similar to findings by Weiderman and Hurst (1998) and Weaver and Byers (2006), BMI was not related to sexual desire or their response to the erotic stimuli. This finding further suggested that sexual desire and sexual satisfaction are not related to women's actual body mass but more importantly, to their perceptions.

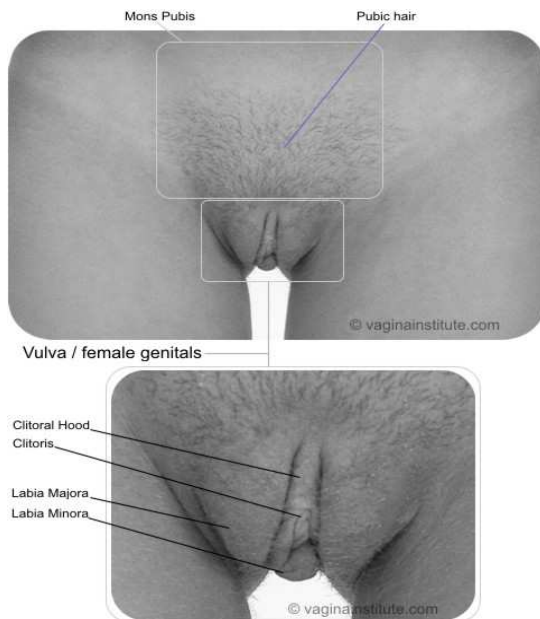
Wood-Barcalow, Tylka, and Augustus-Horvath (2010) developed a holistic model for positive body image characteristics. They defined positive body image as "the ability to possess an overarching love and respect for the body via thoughts, emotions, and protective behaviors" (p. 112). Findings suggested that people who reported a positive body image were more likely to engage in self care behaviors such as exercising, eating healthy, and journaling. They also actively sought out friends and relationships with people who also exhibited similar self care behaviors and understood that media images were unnatural and unrealistic. The women who reported a positive body image evaluation reported a belief in nurturing their bodies while emphasizing their own unique beauty. Therefore, it can be conceived that a holistic perspective to women's perceptions of their body image involve self care, self appreciation, and a supportive social network.

## Genital Self Image

### *Genital Terminology*

For the purpose of the present study, the term, vulva, will be used to describe the external genitalia of women and follow the legal definitions of the female anatomy. The vulva is the collection of the external female genitalia to include the mons veneris, labia majora, labia minora, clitoris, vestibule, urethral opening, introitus and hymen, and perineum (see Figure A). As this study is investigating women's genital self-image, the vulva will be of concern since the self report measures focus on women's perception of their external genitalia. Therefore, when the term genital self image is used, it will primarily refer to the vulva.

**Genital Self Image:** a self appraisal of the physical features of the genitalia in conjunction with sexual functioning and sexual beliefs.



**Figure A. The vulva and the external female genitalia.**

## *The Study of Genital Self Image*

The sexual anatomy of the female body plays the largest role in developing a genital self identity or concept, but literature on this topic is limited (Waltner, 1986). The term genital self identity was initially discussed by Waltner (1986), who strongly emphasized the physiological aspects of the genitals. Later, Andersen (1999) reported the positive benefits to overall health from women who reported a positive sexual self-schema. Berman, Berman, Miles, Pollets, and Powell (2003) presented the first study devoted to women's "Genital Self-Image" which aimed to measure women's genital perceptions through self report. A genital identity has been defined as the personal thoughts about one's genitals that arise through experience with the genitals (Waltner, 1986). A genital self image accounts for one's experiences with their genitals in addition to any influences from sociocultural messages (Berman et al., 2003). Berman expanded on Waltner's definition because, their research found that social and cultural aspects often accounted for psychosocial differences in sexuality. The inclusion of both Waltner's and Berman's definitions will be used in view of the fact that the understanding of this term remains under investigation. For the purposes of this study, genital self image will be defined as a self appraisal of the physical features of the genitalia in conjunction with sexual functioning and sexual beliefs. Sexual functioning will include perceptions about the appearance, functionality, sensation, smell, and overall satisfaction with the genitalia.

Genital self image is a fairly new construct compared to the negative socio-cultural messages depicting the genitals to be dirty or disgusting (Braun & Wilkinson, 2001), in need of cleansing, or a taboo part of the female body (Hammers, 2006). In

addition, women within the United States have been socialized to avoid being perceived as promiscuous or overly sexual (Burt, 1980). Societal messages such as these promote the theory that female sexuality has been culturally oppressed through societal forces that encouraged women to stifle their sexuality (Baumeister & Twenge, 2002). In addition, some Indian and African cultures do not identify the existence of the genitalia (Peller, 2000). Cultural messages that evade the importance of the genital and female anatomy may result in women being confused about their bodily sensations (Braun & Wilkinson, 2001). Thus, the combination of societal forces that restrict female sexual behavior and limit access to information about the female genitalia could lead young women to infuse body image distortions into their sexual self image.

The absence of the external genitalia within mainstream media images further limits the information available to developing young women (Bramwell, 2002). Therefore, if a young woman is interested in viewing another woman's genitalia, she will have to resort to actions that are beyond the accepted heterosexual norm. This may include viewing men's magazines or viewing pornographic images. However, these images and depictions most commonly present an unrealistically thin white woman with a petite vulva. These depictions may encourage young women to feel insecure about their own genitalia and sexual identity (Parvez, 2006).

Historically, the first genital image scale was created in 1953 by a group of researchers that were primarily interested in comparing men's genital image to overall body image (Secord & Jourard, 1953). Their genital image definition measured a self reported degree of feelings of satisfaction or dissatisfaction with various parts of the body

to include their sexual organs and sexual activities. This study did not specifically ask about genitals or perceptions of functioning.

Further research led to the creation of the Male Genital Image Scale (Winter, 1989). The Male Genital Image Scale solely measured men's perceptions about their body and sexual identity. The items assessed their ratings on the length, size, and circumference of the penis and the scrotum (Winter, 1989). In addition to men's own genital perceptions, women's perceptions about their male partner's genitals were investigated. Research on penis size and how it affects body image and men's sexual competency has been steadily investigated (Freud, 1930; Dickinson, 1949; Masters & Johnson, 1970; Gebhard & Johnson, 1979; Siber, 1981; Levin, 2000; Lever, Frederick, & Peplau, 2006). Within each of these assessments, women's genital self image was not assessed or considered.

Waltner (1986) was the first researcher to offer a thorough definition of a "genital identity" that applied to both men and women. He believed a genital identity was one of the 'core components' to the definition of the self. The development of a genital identity involves both indirect and direct interactions with the genitals. He detailed that an indirect interaction involves any educational information that may lead to the development of a self concept. Cultural messages that suggest the genitals of an individual were "dirty" or "sinful" would indirectly affect the development of a genital identity (p .400). The direct interaction involves any and all actual experiences and the related emotional experiences that accompanied an interaction with the genitals. For example, if a woman is unable to reach orgasm while engaging in intercourse with her partner, she may not "feel feminine or adequate" (p. 401). This negative experience

would directly affect her genital self identity. Therefore, Waltner (1986) believed that a genital identity is formed through both direct and indirect interactions with the genitals of which result in a positive or negative self concept.

Almost a decade later, an exploratory research study explored how healthy men and women perceived their own genitals and their partners' genitals (Reinholtz & Muehlenhard, 1995). They found that healthy women were less likely to report positive perceptions about their own genitalia even though they reported positive genital perceptions about their partner's genitalia (Reinholtz & Muehlenhard, 1995). The healthy men reported more positive genital perceptions about their own genitals and their partners' genitals when compared to female responses. Among both men and women, positive genital perceptions and enjoyment of sexual activities were highly positively correlated to receiving oral sex, moderately positively correlated to performing oral sex on their partner, and experiencing penile-vaginal intercourse. In addition, both men and women were more likely to engage in a higher frequency of each of the three sexual activities when they reported positive genital perceptions about their own genitals and their partners' genitals.

Furthermore, Reinholtz and Muehlenhard (1995) found that women reported little to no anxious feelings about experiencing penile-vaginal sex or performing oral sex on men, but they did report a significant level of anxiety when receiving oral sex from a male partner. Overall, both men and women reported more negative genital perceptions about receiving oral sex when compared to other forms of sexual interactions. The findings from this study suggested that genital perceptions were context specific to sexual

encounters (e.g. oral sex) and therefore genital perceptions may have a significant effect on overall sexual satisfaction.

A genital identity and a sexual identity have been suggested to be related to the term genital self image. The term “genital self image” was coined by Berman et. al (2003) to refer to women’s genital perceptions in terms of feelings and behaviors. Berman’s genital self-image measure was piloted on a sample of 31 patients from a sexual health center. Among a clinical sample, this correlational study found genital self image was negatively related to sexual distress and depression. In addition, genital self image was positively related to sexual desire. The relation between sexual desire and genital self image requires further exploration to determine more information about this relationship within a larger sample of healthy women.

Expanding on the findings from Berman et al. (2003), a sample of healthy women from the general population was compared to a clinical sample (Swart, 2004). As hypothesized, the women from the clinical sample reported a lower genital self image than the healthy women. Furthermore, the clinical sample reported less relationship satisfaction, a heightened rate of sexual dysfunction, more discomfort in sexual expression, and more overall sexual distress than the healthy women (Swart, 2004). Interestingly, the clinical group also reported a heightened rate of clinical depression, therefore this sample should be considered with caution. Another precaution with this study was that the overall sample only included 48 healthy Caucasian women and 34 Caucasian women attending a sex clinic.

Berman and Windecker (2009) investigated the relationship between sexual functioning and genital self image on a large sample of women (n = 2206) over 18 years



of age. Interestingly, they found that African American women scored significantly higher than any other race of women on the genital self image measure. The Hispanic/Latina women scored the second highest, followed by Caucasian women, and finally women from the other race category. Over 45% of the African American women reported that they were 'almost always' satisfied with their genitalia. Additionally, they found that women between the ages of 25-40, who had some college education, and who currently experienced menstruation reported higher genital self image scores than women younger than 25 or older than 40 years of age. In addition, women with a higher genital self image also reported an overall higher sexual functioning score to include improved sexual desire, arousal, lubrication, orgasm frequency and partner satisfaction. Genital self image was not related to masturbation. The authors suggested that a positive genital self image has a strong, positive effect on women's overall sexual functioning. Further investigation is needed to determine the effects of a positive genital self image among a college aged sample of women.

Most recently, research on four diverse age groups of women supported the idea that genital self image is an aspect of overall body image and self concept (Zeilinski, 2009). The four diverse groups of women included young healthy women who have not given birth, healthy women who have just given birth, older women who have experienced vaginal prolapse (when the pelvic floor collapses), and older women who have not experienced vaginal prolapse. Specifically, Zeilinski (2009) found that genital self image was highly positively correlated to overall body esteem, weight concerns, overall appearance, and overall attributes. Therefore, the findings from this study revealed that genital self image is a relatively salient aspect to women's overall body

image regardless of age or experience. Additional research with larger sample sizes, non-clinical patients, and a diverse racial sample should be evaluated to determine the actual magnitude of the findings.

Based upon the literature reviewed, a positive sexual self schema or sexual identity and a positive body image have been related to overall health benefits among women to include relationship satisfaction, positive self esteem, low anxiety, less likely to have an eating disorder, and less likely to avoid social settings (Cyranowski & Andersen, 1998; Weiderman & Hurst, 1998, respectively). The overall health benefits have been related to women's overall body image perceptions regardless of their actual BMI (Ackard, Kearney-Cooke, & Peterson, 1999). Therefore, women's perceptions about their bodies were more important than their actual size. Genital perceptions or genital self image is a relatively new construct that has been related to many facets of sexual functioning through correlational research (Berman et al., 2003; Swart, 2004; Zeilinski, 2009). Among the findings, women reported improved sexual functioning, improved overall health, and positive body image ratings among the women who rated their vulva and genitalia positively (Zeilinski, 2009). This literature will serve as the support for the hypothesis that women's body parts satisfaction, body image, and genital self image will be positively related.

### *Relationship Satisfaction*

Both positive and negative life factors directly affect romantic relationships (Russell, 1980). Sexual thoughts and behaviors have been strongly related to positive feelings about the self and the partner (Ridley et al., 2008). Therefore, couples who report

positive self-esteem and positive feelings about their partner are more likely to regularly engage in sexual activity. Likewise, partners are more likely to report sexual satisfaction, sexual desire, and sexual behaviors when they have recently engaged in sexual behavior with their partner (Burleson, Trevathan, & Todd, 2007).

Similarly, Cooper, Shapiro, and Powers (1998) found that couples were more likely to rate their sexual relationship with negative adjectives prior to engaging in sexual activity and more likely to report positive adjectives about their relationship after engaging in sexual activity. In addition, the couples reported a closer romantic connection with their partner after sexual activity. This literature expresses the positive relationship between relationship satisfaction and sexual activity.

Couples who do not report regular engagement in sexual activity report more overall anxiety, anger, and sadness than couples who engage in sexual activity between 1 – 3 times a week (Ridley et al., 2008). Furthermore, heightened levels of anxiety can inhibit sexual arousal and desire (Barlow, 2002). Anger has been related to both physical and relational aggression (Christopher & Kisler, 2004). Sadness has been related to depression and withdrawal from interaction (Coyne, 1990). When couples reported negative feelings about their partner, they were less likely to report sexual arousal or sexual desire (Regan, 2000).

Therefore, women who are in a relationship and engaging in sexual activity may have an improved sexual identity when compared to women who are in a relationship but are not sexually active. Much of the research on women's genital self image has not focused on positive outcomes, therefore this relationship will be explored within this research study. This literature on relationship satisfaction will serve as the support for the

exploratory analyses to determine the relationship between relationship status, sexual satisfaction and genital self image.

### *Ovulation and Genital Self-image*

Ovulation has been linked to a variety of women's sexual processes and indicates that many aspects of woman's sexual preferences change across the menstrual cycle (Gangestad, Thornhill, & Garver-Apgar, 2005, Little, Jones, Penton-Voak, Burt, & Perret, 2002, Baker & Bellis, 1995). However, the findings are limited to women who are normally ovulating and are not taking oral contraceptives, which disrupt the normal cycle of ovulation. Women are the most fertile just before ovulation and have been found to have significant changes in sexual preferences at this peak of fertility (Baker & Bellis, 1995). For example, women report having increased sex drive and increased receptivity to sexual stimuli near the time of ovulation (Gangestad, Thornhill, & Garver-Apgar, 2005). With a committed partner, women tend to engage in sexual intercourse throughout the menstrual cycle, but there is an increase in frequency during the infertile phase of the menstrual cycle. In contrast, women who reported dissatisfaction with their current sexual relationship showed an increased likelihood of engaging in sexual intercourse with a partner outside of their committed relationships during the most fertile phase of the menstrual cycle (Baker & Bellis, 1995). This finding has been contingent on the factor that the women were unhappy with their current relationship and were currently looking for a new partner.

Some researchers have suggested that the changes in sexual preferences across the menstrual cycle are the result of evolutionary influences. In other words, women may

seek out partners of higher genetic value when they are the most fertile because of the genetic benefits to offspring (Gangestad et al., 2005). There are a variety of potential indicators of a man's "genetic value." Gangestad and Thornhill have conducted a number of studies involving women's preferences for symmetrical partners. Across species, body symmetry is thought to be an indicator of healthy genes. Symmetrical men tend to have more sexual partners and are more likely to be chosen as a sexual partner for extra-pair intercourse (Gangestad & Simpson, 2000). The most recent research on this topic has primarily found that at the most fertile point of their menstrual cycle, women have a stronger preference for symmetrical men as sexual partners than at other times during the cycle (Gangestad & Thornhill, 1998; Thornhill & Gangestad, 1999; Thornhill, Gangestad, Miller, Scheyd, McCollough, & Franklin, 2003).

Body symmetry has also been linked to facial masculinity. Facial masculinity is the degree to which a face reflects the typically male traits of a long face, large brow bones, and a pronounced jaw. For short-term sexual relationships, women at the peak stages of fertility have a clear preference for more masculine faces (Little et al., 2002). At the peak stage of fertility, women also show an increased preference for sexual partners who are highly competitive, arrogant, muscular, and physically attractive (Gangestad, et al., 2004).

There are other significant changes in women's behavior and sexual preferences across the menstrual cycle. During the most fertile stage of the menstrual cycle, women tend to dress more provocatively, showing more skin and wearing tighter clothes (Grammer et al., 1993, Grammer, Renninger, & Fischer, 2004). When women choose to increase sexual frequency, they engage in socially oriented activities. It is possible that

during this time, hormonal effects counter the effects of a poor body image. Furthermore, the content of women's sexual fantasies also change across the menstrual cycle, with women fantasizing more often about men other than their primary partner at the peak stages of fertility (Gangestad, Thornhill, & Garver, 2002).

In sum, there is now a body of research showing that women's sexual preferences and behaviors are influenced by ovulation. Near the time of ovulation, women have an increased sex drive, dress more provocatively, and have a preference for sexual partners that have more masculine faces and for men who are highly competitive, arrogant, and muscular. Research has not previously investigated a connection between genital self-image and ovulation; however, this research suggests that women who are ovulating may show a more positive reaction to their genitals and sexuality than women who are not ovulating.

Women's sexual identity is affected by many factors including body image, sexual functioning, and hormonal fluctuations. As young women develop, they begin to question their own belief systems and identity. It has been suggested that a feminist identity could be favorable to the development of women's overall identity with their body (Liss, Crawford, & Popp, 2004). Research has not previously connected feminist identity development and genital self image, but research on feminist identity has resulted in positive overall health outcomes and improvements to overall body image (Landrine & Klonoff, 1997). Additional research is necessary to further elucidate the effects of feminism and a feminist identity on the development of women's sexual identity and genital self image.

## Feminism

“Bicycling has done more to emancipate women than any one thing in the world. It gives her a feeling of self-reliance and independence the moment she takes her seat; and away she goes, the picture of untrammelled womanhood.” Susan B. Anthony

Women’s movements have granted women rights to work outside the home and participate in politics, higher education, and leadership roles. Primarily, two women’s movements have deeply affected society. The first wave spanned from 1840 to 1925 and the second wave of feminism spanned from 1960 until today. Within each wave, two distinctly different ideologies have led to a wide range of feminist platforms. The liberal or minimalist ideology stated that women and men are basically equal and similar (Yellin, 1990). This feminist stance stated that men and women should have similar access to rights, privileges, and opportunities. The opposing ideology is known as the structural or maximalist movement, which stated that women and men are different from one another in their roles, rights, and activities. A wide range of feminist views exist between these two ideologies, therefore the definition of feminism depends on the groups belief system. The second wave of feminism primarily supported that women and men should strive for equality and value individual differences. For the purposes of this proposed study, the second wave view of feminism will be used to assess how college women view feminism.

### *Feminist Identity Development*

The feminist identity theory as proposed by Downing and Roush (1985) stated that there are five distinct phases of feminism. The five phases include passive acceptance, revelation, embeddedness-emanation, synthesis, and active commitment (see Table 1). Empirically speaking, it is important to understand that this five phase model does not imply a linear or developmental model. Consequently, each person may or may not exhibit qualities from each phase. Based on Downing and Roush's feminist identity model, Fischer, Tokar, Mergl, Good, Hill, & Blum (2000) created a measure that encapsulated the operational definition of feminism in addition to the five phases of the feminist identity model.

Research on feminism has found both positive and negative effects on women's identity and well being. Landrine and Klonoff (1997) found that women who identified with feminism reported a better understanding of the world and their experiences than women who did not identify with feminism. Negative effects have been associated with the first two stages of feminist identity. Being in the passive acceptance and revelation stages has been related to higher rates of global distress (Moradi & Subich, 2002b) and lower self-esteem (Moradi & Subich, 2002a) than being in other phases. Furthermore, identification with passive acceptance has been associated with an early closure on personal identity development (Fischer et al., 2000) and an elevated rate of body dissatisfaction (Snyder & Hasbrouck, 1996). On the contrary, the synthesis and active commitment stages have been related to positive effects. Women in accordance to these stages reported a higher self-esteem (Moradi & Subich, 2002a) and more community



activism (Liss, Crawford, & Popp, 2004) than women who did not identify with feminist identity.

In terms of feminist identity, Liss et al. (2001) found that rejecting conservative beliefs and having a positive understanding of feminism had protective benefits to the development of a feminist identity. With the many positive aspects that have been correlated to identifying as a feminist, women still struggle with the idea of identifying as a feminist. Society deems feminism as the other “F” word, as the negative tone has been associated with anti-men sentiments (Twenge & Zucker, 1999). For example, Liss et al. (2001) found that 81% of their respondents did not consider themselves to be a feminist even though they agreed with some or all of the goals of the feminist movement. Furthermore, Williams and Wittig (1997) found that women associated being a feminist with being perceived as a lesbian, regardless of their sexual orientation. As these negative portrayals continue, young developing women may not experience the positive benefits that are associated with a feminist identity.

Another study that investigated young Latina girls, aged 13 -19 years old, found that the younger girls identified with feminism and the positive aspects of equality whereas the older girls were more likely to reject being labeled as a feminist (Manago, Brown & Leaper, 2009). Manago et al. (2009) suggested that younger girls spend more time with other girls. As girls mature, they begin to invest in opposite sex relationships which could ultimately delay or interrupt their identification with feminism. Additional research such as this is needed to further understand feminist identity across diverse populations.

**Table 1. Feminist Identity Model**

<b>Phase</b>	<b>Description</b>	<b>Feminist Stage</b>
Passive Acceptance	A person that believes in traditional gender roles.	This stage marks a person who does not identify as a feminist.
Revelation	A person experiences guilt and feel angry toward others and toward her as she reveals the oppression that she has experienced.	This stage marks a person who is beginning to explore feminism.
Embeddedness- emanation	The act of surrounding oneself with other women/people who have likely experienced similar situations.	This stage also marks a person who is exploring feminism.
Synthesis	This stage involves synthesis with the world and the self.	This stage is marked by a love and equality of all people and the earth.
Active Commitment	This stage is marked by an active level of involvement within the community.	A feminist may actively advocate for women's rights, advancement, and equality.

*Note. Downing & Roush, 1985*

### *Feminist Identity and Body Image*

Over 80% of university women report body dissatisfaction (Spitzer, Henderson, & Zivian, 1999). Research on feminist identity has proposed that identifying with feminism can be beneficial to self-esteem and overall psychological well-being. Research has shown that women with more stereotypical views of men and women, who held more traditional views of women's sexuality, and had a desire for traditional female and male interactions, were more invested in their appearance (Cash, Ancis, & Strachan, 1997). In addition, the women internalized the beauty ideal to a greater extent than women with less traditional views (Cash, Ancis, & Strachan, 1997). Snyder and Hasbrouck (1996) found that women who identify as feminists exhibited less body image distortions than non-feminist identified women. Furthermore, Cash, Ancis, and Strachan (1997) found that women who reported beliefs from the passive acceptance stage of feminist identity were more likely to have negative body evaluations.

Some researchers have suggested that belief in feminist ideas may allow women to reject media depictions of unrealistic women and, thus have a more positive body image (Ojerholm & Rothblum, 1999). An assessment of women across the life-span found a negative relationship between feminist attitudes and weight concerns in women ranging from 30-49 years old (Tiggemann & Stevens 1999). Moreover, there was no significant relation between feminist attitudes and weight concern for young women between the ages of 18 – 29, nor for older women between the ages of 50 – 59 years. Similar findings were also demonstrated among young, college aged women (Cash et al., 1997).

Myers and Crowther (2007) found feminist beliefs moderate the relationship between media awareness and the thin-ideal internalization. They suggested that women with feminist ideas may have a more balanced view of themselves. This balanced view has been proposed to encourage women to look more critically at appearance-related evaluations. The benefits to this balanced view could decrease the effects of self-objectification and body dissatisfaction. Furthermore, Peterson, Tantleff-Dunn, and Bedwell (2006) found that an intervention program focusing on feminist theories of body image increased feminist self-identification while decreasing negative body image. Although these studies have found implications for the relationship between feminist identity and body image, further research is necessary to fully understand this relationship.

### *Summary*

In sum, there is now research showing that positive body esteem, body image, sexual arousal, sexual desire, and overall positive health outcomes are positively related to a positive sexual schema in women (Andersen, 1999, Berman et al., 2003). A heightened level of sexual activity and sexual functioning has been positively related to genital self image. In addition, a positive body image has been related to an increased sexual desire, sexual response, and benefits to women's overall health (Ackard, Kearney-Cooke, and Peterson, 1999). Women who reported feminist beliefs reported higher body image evaluations than women who did not identify with feminism (Ojerholm & Rothblum, 1999, Myers & Crowther, 2007). Research has not previously investigated the relation between feminist identity and genital self image. However, the research suggests that women who report feminist beliefs may show a more positive body image rating

which has been associated with genital self image. Therefore, this relationship will be explored further within the present study to determine if a feminist identity affects genital self image.

### *Hypotheses*

*Hypothesis 1: There will be a positive relation between women's response to a genital body parts satisfaction rating from a previously established measure and their genital self image.*

*Hypothesis 2: There will be a positive relation between women's body-image, self-esteem, sexual satisfaction, and their genital self-image.*

*Hypothesis 3: There will be a relation between women's stage of ovulation, their sexual satisfaction, and their genital self-image. Specifically, women who are at the peak stage of fertility will report more enjoyment, general sexual arousal, and positive genital self-image scores than women who are not at the peak stage of fertility.*

*Hypothesis 4: There will be positive relation between women's feminist identity subscale rating and their genital self-image.*

## CHAPTER III

### METHOD

#### *Participants*

Participants for this study included women from a prominent Midwestern university. Only women who were over the age of 18 were allowed to participate. They were recruited through the psychology department SONA Systems web site. Participants received research credit for their participation. In order to get an adequate sample of women who were ovulating without contraceptives, a total of 300 participants were included.

#### *Procedures*

The participants volunteered through SONA Systems, the University online recruitment web site. On the SONA systems site, the study was identified as an investigation of women's self image and esteem of their body. Upon arrival to the research lab, they were greeted by one female researcher, briefed on the nature of the study, and given an explanation of the informed consent process.

Due to the sensitive topic, they were given the opportunity to decline participation if they were uncomfortable with the material. Following the consent process, each participant was placed at a table with a privacy panel to ensure that she was not interrupted while completing the packet of measures. She spent the next 45 minutes to an hour completing measures that examined the following subjects: genital self-image, body image, sexual functioning, stage of ovulation, and feminist identity development. After completing these measures, the final measure asked the participant to complete a demographic information form.

After completing her packet, she was debriefed and given information about the Psychological Services Center and other available resources. Due to the private matters addressed, only female researchers worked on this project and all the documents were stored in separate secure rooms to ensure their confidentiality.

### *Measures*

*Genital Self-image Scale* (GSI; Berman et al., 2003). The *GSI* was designed to measure women's feelings and thoughts about their own genitalia. The *GSI* consists of two subscales: the Genital Awareness subscale and the Genital Identity subscale. For the first subscale, the *Genital Awareness* subscale, women rated 18 items pertaining to their own genital awareness on a scale from 1 (always) to 4 (never). Example items include: "I look at my genitals" and "When I think about my genitals, I feel ashamed or embarrassed." The second subscale, the *Genital Identity* subscale, evaluated whether an adjective accurately described their genitalia. The *Genital Identity* subscale is composed

of 12 items that ask participants to rate adjectives (unattractive, malodorous, well-shaped) as they apply to their genitals (1 = applies to me, or 0 = does not apply to me).

Berman et al. (2003) reported a strong Cronbach's alpha for a small sample ( $\alpha = .86$ ,  $n = 20$ ). Swart (2004) produced a four factor model which yielded Cronbach's alpha's ranging from .38 to .83. Only one factor produced an acceptable standard internally consistent coefficient which was labeled "dislike appearance" ( $\alpha = .83$ ). In construct and concurrent validity, this measure has been negatively correlated with the Sexual Distress Scale and the Beck Depression Inventory (Swart, 2004). Additional psychometric statistics for this sample were calculated and reported in the Preliminary Analysis section (pg. 45).

For this study, a mean score for each subscale and a total mean score was used to determine how the measure was related to overall body satisfaction and sexual functioning. High scores on the cumulative score for the GSI measure demonstrated a positive identity with genital appearance and functioning. A copy of this measure is located in Appendix A.

*Body Parts Satisfaction Scale-Revised* (Petrie, Tripp, & Harvey, 2002). The original scale was composed of 14 items that each correspond to body parts that tend to be points of concern for most women. The items are rated on a scale of one (extremely dissatisfied) to 6 (extremely satisfied). For this study, three items have been added to assess women's satisfaction with their genitals, overall appearance, and overall sexual attractiveness. Items related to the body have been found to have an internal consistency of .89 and items related to the face have been found to have an internal consistency of .74. In construct and concurrent validity, this measure has been positively correlated with



the BUILT-R, another measure of body image disturbance. The high Cronbach's alpha from the present study ( $\alpha = .89$ ) was consistent with previous research. The Cronbach's alpha for the newly constructed subscale, Genital Satisfaction ( $\alpha = .81$ ) was also quite high. A copy of this measure is located in Appendix A.

*Body Image Quality of Life Inventory* (BIQLI, Cash, 2004). The BIQLI was designed to assess the body image across various aspects of psychosocial functioning and well-being. The 19 item self-report measure is rated on a 7 point scale, ranging from +3 (very positive effect) to a -3 (very negative effect) on one's quality of life. The internal consistency of the composite mean scale was very high of .95. In addition, the 2–3-week test–retest reliability was .79. With another sample of college students, the internal consistency was .94 for both sexes (Cash, 2004). The high Cronbach's alpha from the present study ( $\alpha = .91$ ) was consistent with previous research. A copy of this measure is located in Appendix A.

*Rosenberg Self-esteem Scale* (Rosenberg, 1989). The Rosenberg Self-esteem Scale was designed to measure an individual's assessment of their own worth as a person and positive or negative feelings toward the self. The scale is a widely used measure of self-esteem, and it is composed of 10 items that are rated on a scale of 1 to 4 (1= strongly disagree, 4 = strongly agree). With previous samples, the scale has had test-retest reliabilities between .82-.88, and Cronbach's alpha ranged from .77-.88. This measure has been found to be positively correlated with other measures of self-esteem (Robins, Hendin & Trzesniewski, 2001), optimism, and life satisfaction (Greenberger, Chuansheng, Dmitrieva, & Farruggia, 2003) and negatively correlated with depressive symptoms (Greenberger et al., 2003). The high Cronbach's alpha from the present study

( $\alpha = .86$ ) was consistent with previous research. A copy of this measure is located in Appendix A.

*Ovulation.* The stage of ovulation was measured for participants. Women were categorized into two groups: those who were ovulating normally and those who were not ovulating normally. The second group included women who were on birth control pills or other hormone altering contraceptives, women who have recently taken the morning after pill, and women who did not have regular menses. The stage of ovulation was estimated by asking participants to report the first day of their last menstruation. An actuarial table provided by Baker and Bellis (1995) was used to calculate their stage of ovulation. A copy of this measure is located in Appendix A.

*Brief Index of Sexual Functioning in Women* (Rosen, Taylor, & Leiblum, 1998). This brief 22 item self-report measure was developed to assess women's general level of sexual functioning and satisfaction. It assesses the areas of sexual desire, sexual activity, sexual satisfaction (including orgasm frequency), and sexual preferences. High scores demonstrate an increased sexual desire, sexual activity, sexual satisfaction, as well as a positive body image. Test-retest reliability ranged from .68 to .78. Items related to sexual activity and sexual satisfaction have been found to have a strong internal consistency (.83 and .74, respectively). Whereas, items related to sexual desire showed a weak internal consistency (.39). Concurrent validity has been assessed by correlating the factors on this measure with similar factors on the Derogatis Sexual Function Inventory (Derogatis & Melisaratos, 1979). All correlations were positive and ranged from .59 to .69 (Taylor, Rosen, & Leiblum, 1994).

For the current sample, the Cronbach's alphas for the subscales, Sexual Activity ( $\alpha = .88$ ) and Oral Sex ( $\alpha = .81$ ) were high, Sexual Satisfaction ( $\alpha = .76$ ) was moderate. The Cronbach's alpha for the Sexual Desire ( $\alpha = .62$ ) subscale was unacceptable and somewhat consistent with previous research ( $\alpha = .39$ ). Therefore, the Sexual Desire subscale was not used in further analyses within this study.

In addition to the subscales, two items from the sexual activity subscale are of specific interest to this study. Based on the answer to these questions, women were assigned to one of three groups: (1) currently have a sex partner and have been sexually active in the last 30 days, (2) currently have a sex partner and have not been sexually active in the last 30 days, or (3) do not currently have a sex partner and have not been sexually active. A copy of this measure is located in Appendix A.

The *Feminist Identity Composite* (FIC; Fischer et al., 2000). The *FIC* was originally designed to test the theory that women can transition through five distinct stages of feminist identity (*Passive Acceptance, Revelation, Embeddedness-Emanation, Synthesis, and Active Commitment*). The *FIC* was developed from the integration of items from two previously used measures: the Feminist Identity Scale (20 items) and the Feminist Identity Development Scale (13 items) based on confirmatory factor analysis. The resulting 33 items are rated on a scale of one (strongly disagree) to 5 (strongly agree). Fischer et al. (2000) reported high Cronbach's alpha reliabilities for each feminist stage; for *Passive Acceptance (PA)*  $\alpha = .75$ , *Revelation (R)*  $\alpha = .80$ , *Embeddedness-Emanation (EE)*  $\alpha = .84$ , *Synthesis (S)*  $\alpha = .68$ , and *Active Commitment (AC)*  $\alpha = .77$  among a sample of freshman college women. With other similar samples, the scale has

had test-retest reliabilities for  $PA = .74$ ,  $R = .84$ ,  $EE = .84$ ,  $S = .84$ , and  $AC = .85$  (Moradi & Subich, 2002).

However, Moradi and Subich (2002) reported low reliability for the EE stage among a sample of female faculty and students enrolled in psychology of women. These results suggested this scale be used with caution as additional research is needed to determine the reliability and validity of this measure across diverse populations. Additional psychometric statistics for this sample were calculated and reported in the Preliminary Analysis section (pg. 50).

As indicated by Moradi and Subich (2002), feminist identity does not follow a linear relationship. There is a marked difference between the Passive Acceptance stage (stage one) and the remaining four stages (Moradi & Subich, 2002). The Passive Acceptance stage measures women's identification with traditional gender roles whereas the other four stages measure women's identification with stages ranging from feminist ideations (Synthesis) to actively integrating feminist ideations into their everyday lives (Active Commitment). Based on this evidence, two subscales were created from the original FIC stage model: the Passive Acceptance subscale and the Feminist Identity subscale. The Passive Acceptance subscale (stage one of the FIC) was created by summing the items from the original FIC Passive Acceptance stage. The Feminist Identity subscale was created by summing the items from the four remaining stages. It was expected that the subscales would be inversely related. Specifically, low scores on the Passive Acceptance subscale and high scores on the Feminist Identity subscale were indicative of greater identification with feminist ideations. Factor Analysis information

on this measure can be located in the Preliminary Analysis section (pg. 52). A copy of this measure is located in Appendix A.

## CHAPTER IV

### RESULTS

Participants for this study included students from a prominent Midwestern university who volunteered from an online website. A total of 294 participants were surveyed in order to collect a representative sample of college women. All of the participants were female and 18 years of age or older. The women ranged from 18 to 25 and the mean age was 19.39 (SD = 1.42). Ninety seven percent of the sample fell into the adolescent age range (18-22 years old;  $n = 284$ ), while the remaining three percent fell into the early womanhood range ( $n = 10$ ). The majority of the sample were single (93.2 %), heterosexual (97.3 %), and currently sexually active (53.1 %). Seventy two percent were European American, 4.4 % were African American, 3.1 % were Latina/Hispanic, 9.2 % were Native American, and 3.7 % were Asian. See Appendix B, Table 1 for detailed demographic statistics.

#### Preliminary Analyses

##### *Missing Data and Outliers*

Of the original sample of women, 6 were missing more than 20% of the responses on the Genital Self Image or Feminist Identity Composite measures. For the purposes of

the Exploratory Factor Analysis, these 6 cases were omitted from subsequent analyses. Therefore, the final sample used for all analyses was 288.

### Exploratory Analysis of *Genital Self Image*

Based on the previous literature on the *Genital Self Image (GSI)* scale, a reliability analysis was conducted to determine the degree of internal consistency of the measure. A Cronbach's alpha for the *GSI* scale resulted in a high reliability coefficient ( $\alpha = .84$ ). This reliability coefficient included the first 18 items in the *Genital Awareness* subscale. The second subscale, *Genital Identity*, resulted in a weak reliability coefficient ( $\alpha = .59$ ) and was removed from future analyses. Based on the high reliability of the *Genital Awareness* subscale, it was used as the primary method to measure women's genital self image within the current study. Furthermore, a reliability analysis suggested that dropping two items would improve the reliability of the *Genital Awareness* subscale. Once the two items were omitted, the internal consistency reliability coefficient increased ( $\alpha = .89$ ). The original measure was labeled *GSI-Genital Awareness*. The modified measure was labeled *GSI-modified* as a result of the two omitted items.

### *GSI-Genital Awareness*

To further explore the *GSI* measure, Exploratory Factor Analysis using varimax rotation was performed on the 18 original items. As suggested by Tabachnick & Fidell (2007), a Principal components extraction was used to run a preliminary analysis to assess for the presence of outliers, the absence of multicollinearity, and to estimate the factorability of the measure (p.612). The principal components analysis did not observe the presence of outliers.

Principle axis factoring was used as the primary method of extraction (Tabachnick & Fidell, 2007). Principal factors extraction on the *GSI-Genital Awareness* extracted three factors loading eigenvalues greater than 1.0. A communalities analysis indicated homogeneity among the variables suggesting that the items within each factor are accounting for shared variance (Tabachnick & Fidell, 2007, p.637). The first factor, *Genital Anxiety*, cleanly loaded eleven items which accounted for 42.78% of the variance. The second factor, *Genital Confidence*, loaded five items which accounted for 12.82% of the variance. The third factor, *Growing Up*, loaded two items which accounted for 6.04% of the variance. Similarly, the two weak items from the reliability analysis loaded under .45 and accounted for less than 20% of the item variance. Based on this information, the two items were omitted from all subsequent analyses. Refer to Table 2 to review the loadings of variables on the three factors. Previous research has resulted in similar findings (Swart, 2004).



Table 2

*Principal Factors Extraction on GSI-Genital Awareness*

Factor 1: <b>Genital Anxiety</b> , 42.78% of the variance	Factor Loadings
1. I feel anxiety and worry when I think about how my genitals function.	.798
4. When I think about my genitals, I become ashamed or embarrassed.	.691
6. I have sad and depressed feelings when I think about my genitals.	.902
7. I feel ashamed/embarrassed about the size of my genitals.	.887
8. I feel ashamed/embarrassed about the shape of my genitals.	.880
9. I feel ashamed/embarrassed about the look of my genitals.	.815
10. I feel ashamed/embarrassed about the color of my genitals.	.903
11. I feel ashamed/embarrassed about the odor of my genitals.	.706
12. I feel my genitals work/function as they should.	.569
13. I am conscious of trying to hide my genitals from being seen.	.539
16. I use feminine hygiene products (douches, sprays, suppositories, etc.).	.540
<hr/>	
Factor 2: <b>Genital Confidence</b> , 12.82% of the variance	
<hr/>	
1. I look at my genitals.	.379, < .45
2. I feel confident that I understand my sexual anatomy.	.574
5. I feel comfortable/positive about my partner seeing my genitals.	.827
14. I feel that my genitals are attractive and would arouse my partner.	.766
17. Growing up, my family gave me positive messages about my genitals.	.374, < .45
<hr/>	
Factor 3: <b>Growing Up</b> , 6.04% of the variance	
<hr/>	
15. As a child, I was self-conscious/embarrassed about my genitals.	.786
18. Growing up, I was given the message touching was “bad” or “dirty.”	.588
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### *GSI-Modified*

Principal factors extraction on the *GSI-Modified* extracted three factors loading eigenvalues greater than 1.0. The first factor, *Genital Anxiety*, cleanly loaded eleven items of which accounted for 45.68% of the variance. The second factor, *Genital Confidence*, loaded five items of which accounted for 12.32% of the variance. The third factor, *Growing Up*, loaded two items of which accounted for 6.76% of the variance. Based on the reliability analysis and factor analysis, the *GSI-Modified* will be used to calculate women's genital self image in all subsequent analyses. Refer to Table 3 to review the loadings of variables on the three factors.

The results from the exploratory factor analysis supported the reliability estimates of internal consistency. The omitted items resulted in an improved overall Cronbach's alpha ( $\alpha = .89$ ) and an improved Cronbach's alpha for the *GSI-confidence* subscale ( $\alpha = .67$ ) despite the low number of items for the subscale. The alpha for the *GSI-growing up* subscale suggests that this subscale could be a result of method variance. This subscale will remain in the subsequent analyses but will be interpreted with caution. Refer to Table 4 to review the Cronbach's alpha's for the three subscales.

Table 3

*Principal Component Analysis on GSI-Modified*

Factor 1: <b>Genital Anxiety</b> , 45.68% of the variance	Factor Loadings
1. I feel anxiety and worry when I think about how my genitals function.	.800
4. When I think about my genitals, I become ashamed or embarrassed.	.697
6. I have sad and depressed feelings when I think about my genitals.	.901
7. I feel ashamed/embarrassed about the size of my genitals.	.885
8. I feel ashamed/embarrassed about the shape of my genitals.	.883
9. I feel ashamed/embarrassed about the look of my genitals.	.819
10. I feel ashamed/embarrassed about the color of my genitals.	.903
11. I feel ashamed/embarrassed about the odor of my genitals.	.719
12. I feel my genitals work/function as they should.	.583
13. I am conscious of trying to hide my genitals from being seen.	.569
16. I use feminine hygiene products (douches, sprays, suppositories, etc.).	.525
<hr/>	
Factor 2: <b>Genital Confidence</b> , 12.32% of the variance	
<hr/>	
3. I feel confident that I understand my sexual anatomy.	.574
5. I feel comfortable/positive about my partner seeing my genitals.	.867
14. I feel that my genitals are attractive and would arouse my partner.	.794
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Factor 3: <b>Growing Up</b> , 6.76% of the variance	
<hr/>	
15. As a child, I was self-conscious or embarrassed about my genitals.	.767
18. Growing up, I was given the message touching was “bad” or “dirty.”	.600
<hr/>	

Note. Items 2 and 17 were omitted from this analysis.

Table 4:

*GSI-Modified Cronbach's alphas*

Internal Consistency Reliability	<i>GSI-Original</i>		<i>GSI-Modified</i>	
	$\alpha$	# of items	$\alpha$	# of items
GSI-Total	.840	18	.889	16
G-anx	.931	11	.931	11
G-conf	.600	5	.674	3
G-grow	.406	2	.406	2

\*Note: N = 288

GSI-Total: Genital Self Image Total, G-anx; GSI-Anxiety subscale, G-conf: GSI-confidence subscale, G-grow; GSI-growing up subscale.

Exploratory Analysis of Feminist Identity Composite (FIC)

*FIC*

Based on the previous literature on the *Feminist Identity Composite (FIC)*, a reliability analysis was conducted to determine the degree of internal consistency reliability of the measure. A Cronbach's alpha for the *FIC* measure resulted in a high reliability coefficient ( $\alpha = .86$ ). The first subscale, *Passive Acceptance*, resulted in a relatively weak coefficient ( $\alpha = .67$ ). On the contrary, the four feminist identity subscales resulted in the following coefficients: *Revelation*, ( $\alpha = .83$ ); *Embeddedness-Emanation*, ( $\alpha = .90$ ); *Synthesis*, ( $\alpha = .73$ ); and *Active Commitment* ( $\alpha = .83$ ). Please refer to Table 5 for more information.

### *FIC-Revised*

Based on the above reliability analysis for this measure, four items that weakened the overall measure were removed. To further assess the four weak items, pilot testing was administered among a group of students enrolled in a women's study course. Accordingly, these students found a substantial amount of ambiguity within the aforementioned items. For example, one item asked the participants to rate their level of agreement with, 'I like being a traditional female.' Among the pilot testing, the term 'traditional' was deemed questionable and misunderstood by 86% of the pilot sample. Another potentially confusing item stated, 'If I were married to a man and my husband was offered a job in another state, it would be my obligation to move in support of his career.' Due to the increasingly flexible working environment, the pilot testing suggested that this term is outdated. In addition, the use of 'obligation' suggested that this item is overly biased.

Finally, a different item stated, 'My female friends are like me in that we are all angry at men and the ways we have been treated as women.' Again, this statement contains bias and overgeneralized ideas of feminism. The pilot sample found this item overly confusing because they found the statement represented two distinctly different ideas. One participant said that her female friends are like her but they are not 'all' angry at men, therefore she could not accurately respond to this item. Together, the four items represented a somewhat antiquated version of feminism therefore these items have been omitted from the current study.

Consequently, the removal of the four items resulted in an improved overall reliability coefficient ( $\alpha = .87$ ). The first subscale, *Passive Acceptance*, resulted in a weak

coefficient ( $\alpha = .56$ ). The four feminist identity subscales resulted in the following coefficients: *Revelation*, ( $\alpha = .82$ ); *Embeddedness-Emanation*, ( $\alpha = .90$ ); *Synthesis*, ( $\alpha = .73$ ); and *Active Commitment* ( $\alpha = .83$ ).

Further analyses suggested that the Passive Acceptance and Revelation subscales be combined to improve the overall application of the measure as previously suggested by Moradi and Subich (2002a). Theoretically, the combination of the two subscales could capture people who are in the midst of developing ideas of feminism. The combined subscale, labeled *PA&REV*, resulted in a modest reliability coefficient ( $\alpha = .76$ ). The combination of the two subscales will be analyzed further to determine the application of this subscale.

Table 5:

*FIC Cronbach's alphas*

	<i>FIC-Original</i>		<i>FIC-Modified</i>	
	$\alpha$	# of items	$\alpha$	# of items
Feminist Identity Composite	.859	33	.868	29
PA	.670	7	.561	4
REV	.827	8	.820	7
EE	.898	4	.898	4
SYN	.726	5	.726	5
AC	.834	9	.834	9
PA&REV			.764	12

\*Note: N = 288

PA: Passive Acceptance, REV: Revelation, EE: Embeddedness-Emanation, SYN: Synthesis, AC: Active Commitment, PA&REV: new combined subscale

### *Factor Analysis-FIC*

To further explore the *FIC* measure, a principal factors analysis using varimax rotation was performed on the modified scale. Principal components extraction was used to run a preliminary analysis to assess for the presence of outliers, the absence of multicollinearity, and to estimate the factorability of the measure (Tabachnick & Fidell, 2007). The principal components analysis did not observe the presence of any outliers or multicollinearity.

Principal factors extraction on the *FIC* extracted six factors loading eigenvalues greater than 1.0. A communalities analysis indicated homogeneity among the variables suggesting that the items accounting for shared variance within each factor. Upon further analysis of the six factors, the theoretical model of feminist identity development (Downing & Roush, 1985) was used to assess and combine two factors to create a theoretically defined five factor model. The first factor, *Active Commitment*, loaded nine items which accounted for 22.98% of the variance. The factor loadings for this factor ranged from 0.42 – 0.70. Similarly, the loadings on this factor resembled loadings from previous research (Moradi & Subich, 2002a).

The second factor, labeled *Revelation*, loaded seven items which accounted for 11.73% of the variance. Factor loadings ranged between 0.49 – 0.78. The third factor, *Embeddedness-Emanation*, loaded four items which accounted for 7.33% of the variance. As seen by previous research, all four items cleanly loaded onto one factor with loadings ranging from 0.70 - 0.80 (Moradi & Subich, 2002b). The fourth factor, *Synthesis*, loaded five items which accounted for 5.93% of the variance. The factor loadings ranged between 0.32 – 0.82. The low factor rating for item 17 within this subscale resulted from

a complex item that cross loaded with *Revelation*. The fifth factor, *Passive Acceptance*, loaded four items which accounted for 5.79% of the variance with factor loadings ranging from 0.38 – 0.56.

Previous literature has suggested that the *FIC* model may contain four subscales after combining the *Passive Acceptance* and *Revelation* subscales (Liss et al., 2001). When the Principle axis factoring was re-run with the criterion set at four factors, the *Passive Acceptance* items failed to meet a .25 cut point and the items did not load with the *Revelation* factor. However, due to the low reliability of the *Passive Acceptance* subscale by itself, it was combined with the *Revelation* subscale in the primary analyses.

In summary, the mixed results from the preliminary analyses within this study and previous literature have resulted in the development of two exploratory models. The first model will follow the original feminist theory model, which suggests five theoretical stages of feminist identity (Downing & Roush, 1985). The second model will follow a more contemporary approach, which suggests a four stage model of feminist identity. Consequently, the primary analyses were run using both the five factor and four factor (combining *PA* and *REV*) models.



Table 6

*Exploratory Factor Analysis on the Modified Feminist Identity Composite (29 item scale)*

<b>Factor 1: Active Commitment, 22.99 % of the variance</b>	<b>Factor Loadings</b>
14. I choose my "causes" carefully to work for greater equality of all people.	.534
15. I owe it not only to women but to all people to work for greater opportunity and equality for all.	.460
22. I care very deeply about men and women having equal opportunities in all respects.	.417
25. It is very satisfying to me to be able to use my talents and skills in my work in the women's movement.	.618
26. I am willing to make certain sacrifices to effect change in this society in order to create a nonsexist, peaceful place where all people have equal opportunities.	.567
28. On some level, my motivation for almost every activity I engage in is my desire for an egalitarian world.	.418
30. I feel that I am a very powerful and effective spokesperson for the women's issues I am concerned with right now.	.579
32. I want to work to improve women's status.	.700
33. I am very committed to a cause that I believe contributes to a more fair and just world for all people.	.645
<b>Factor 2: Revelation, 11.73% of the variance</b>	
5. I never realized until recently that I have experienced oppression and discrimination as a woman in this society.	.577
6. I feel like I've been duped into believing society's perceptions of me as a woman.	.565
7. I feel angry when I think about the way I am treated by men and boys.	.613
8. Men receive many advantages in society and because of this are against equality for women.	.661
9. Gradually, I am beginning to see just how sexist society really is.	.781
10. Regretfully, I can see ways in which I have perpetuated sexist attitudes in the past.	.612
16. In my interactions with men, I am always looking for ways I may be discriminated against because I am female.	.495
<b>Factor 3: Embeddedness-Emanation, 7.33% of the variance</b>	
3. I am very interested in women artists.	.800
4. I am very interested in women's studies.	.700
11. I am very interested in women musicians.	.804
12. I am very interested in women writers.	.783
<b>Factor 4: Synthesis, 5.93% of the variance</b>	

13. I enjoy the pride and self-assurance that comes from being a strong female.	.453
17. As I have grown in my beliefs I have realized that it is more important to value women as individuals than as members of a larger group of women.	.321
18. I am proud to be a competent woman.	.552
19. I feel like I have blended my female attributes with my unique personal qualities.	.822
20. I have incorporated what is female and feminine into my own unique personality.	.779
<b>Factor 5: Passive Acceptance, 5.76% of the variance</b>	
21. I think it's lucky that women aren't expected to do some of the more dangerous jobs that men are expected to do, like construction work or race car driving.	.560
24. I think that men and women had it better in the 1950s when married women were housewives and their husbands supported them.	.384
27. One thing I especially like about being a woman is that men will offer me their seat on a crowded bus or open doors for me because I am a woman.	.529
29. I don't see much point in questioning the general expectation that men should be masculine and women should be feminine.	.474
<b>Omitted Items</b>	
1. I like being a <u>traditional</u> female.	
2. My female friends are like me in that we are all <u>angry</u> at men and the ways we have been treated as women.	
23. If I were married to a man and my husband was offered a job in another state, it would be my <u>obligation</u> to move in support of his career.	
31. I think that <u>most women</u> will feel most fulfilled by being a wife and a mother.	

## Primary Analyses

### *Hypothesis 1:*

Research hypothesis 1 stated there will be a positive relation between women's overall body parts satisfaction rating and their genital self image. Additionally, as the individual *genital body parts satisfaction* rating increases, the overall *genital self-image* score will increase as well. Results supported hypothesis 1, indicating that there was a significant positive correlation between women's *overall body parts* satisfaction and *GSI-modified*,  $r(288) = .220, p < .001$ . In addition, there was a significant positive correlation between *genital body parts* rating and *GSI-modified*,  $r(288) = .346, p < .001$ .

The relationships between the three GSI subscales (*GSI-anxiety*, *GSI-confidence*, and *GSI-growing up*) and their relationships with body parts satisfaction were explored. The *GSI-anxiety* subscale was significantly positively correlated with both overall *body parts satisfaction* and *genital body parts satisfaction*,  $r(288) = .17, p < .001$  and  $r(288) = .29, p < .001$ . A high score on *GSI-anxiety* resulted from those who reported little or no anxiety about their genitals. The *GSI-confidence* subscale was also significantly positively correlated with overall *body parts satisfaction* and *genital body parts satisfaction*,  $r(288) = .27, p < .001$  and  $r(288) = .38, p < .001$ . A high *GSI-confidence* score was indicative of a positive genital identity and genital confidence. The final subscale, *GSI-growing up* was not significantly correlated with overall *body parts satisfaction* or *genital body parts satisfaction*. The correlations, means, and standard deviations can be found in Table 7.

**Table 7: Hypothesis 1. Inter-correlations between subscales and measures.**

Measure	1	2	3	4	5	6	<i>M</i>	<i>SD</i>
1. GSI-M	1	.96**	.48**	.55**	.22**	.35**	3.26	.58
2. G-anx		1	.16**	.44**	.17**	.29**	3.45	.68
3. G-conf			1	.06	.27**	.38**	2.68	.83
4. G-grow				1	.06	.10	3.11	.85
5. OBP					1	.43**	4.16	.78
6. GBP						1	4.48	.98

Note. *N* = 288, GSI-M: Genital Self Image-Modified, G-anx; GSI-Anxiety subscale, G-conf: GSI-confidence subscale, G-grow; GSI-growing up subscale, OBP: Overall body parts satisfaction, GBP: Genital body parts satisfaction.

Evaluations of demographic variables were explored to further understand how young transitioning women view their genitals. There were no significant differences among women who currently reported a sexual partner ( $M = 3.27$ ,  $SD = .65$ ) compared to those who did not have a sexual partner ( $M = 3.26$ ,  $SD = .49$ ) on their *GSI-modified* ratings,  $t(286) = .03$ ,  $p = .94$ . In addition, there were no significant differences between women who have been sexually active in the last month ( $M = 3.24$ ,  $SD = .65$ ) compared to the women who have not experienced sexual activity in the last month ( $M = 3.29$ ,  $SD = .49$ ) on their *GSI-modified* ratings,  $t(286) = -.64$ ,  $p = .52$ . Finally, there were no significant differences among women who currently reported a sexual partner but no sexual activity in the last month ( $M = 3.37$ ,  $SD = .48$ ) compared to those who did not

have a sexual partner but reported sexual activity ( $M = 3.19$ ,  $SD = .55$ ) on their *GSI-modified* ratings,  $t(37) = 1.029$ ,  $p = .31$ .

#### *Hypothesis 2:*

Research hypothesis 2 stated there will be a relation between women's *overall body image* rating, *self-esteem*, *sexual satisfaction*, and their *genital self image* rating. Results supported hypothesis 2, indicating that there was a significant moderate, positive correlation between women's *overall body image* rating and *GSI-modified*,  $r(288) = .238$ ,  $p < .001$ . In addition, *self-esteem* was significantly positively correlated with *GSI-modified*,  $r(288) = .177$ ,  $p < .001$ . However, *sexual satisfaction* was not significantly correlated with *GSI-modified*,  $p = .78$ ,  $r(288) = .00$ ,  $p = .99$ .

The significant relationships between the three GSI subscales (*GSI-anxiety*, *GSI-confidence*, and *GSI-growing up*) and their relationships with body image and self-esteem were explored. The *GSI-anxiety* subscale was significantly positively correlated with both *body image quality of life* and *self-esteem*,  $r(288) = .17$ ,  $p < .001$  and  $r(288) = .16$ ,  $p < .001$ , respectively. The *GSI-confidence* subscale was also significantly positively correlated with *body image* and *self-esteem*,  $r(288) = .34$ ,  $p < .001$  and  $r(288) = .16$ ,  $p < .001$ . The final subscale, *GSI-growing up* was not significantly correlated with *body image* or *self-esteem*. The correlations, means, and standard deviations can be found in Table 8.

**Table 8: Hypothesis 2. Inter-correlations between subscales and measures.**

Measure	1	2	3	4	5	6	<i>M</i>	<i>SD</i>
1. GSI-M	1	.96**	.48**	.55**	.24**	.18**	3.26	.58
2. G-anx		1	.16**	.44**	.17**	.16**	3.45	.68
3. G-conf			1	.06	.34**	.16**	2.68	.83
4. G-grow				1	.04	.05	3.11	.85
5. BIQLI					1	.58**	1.39	.87
6. Rosen						1	3.21	.498

Note. *N* = 288, GSI-M: Genital Self Image-Modified, G-anx; GSI-Anxiety subscale, G-conf: GSI-confidence subscale, G-grow; GSI-growing up subscale, BIQLI: Body image quality of life, Rosen: Rosenberg self-esteem scale.

Women who reported sexual satisfaction did not have higher *GSI-M* scores ( $M = 3.26$ ,  $SD = .64$ ) than did those women who did not report sexual satisfaction ( $M = 3.28$ ,  $SD = .50$ ),  $t(260) = .40$ ,  $p = .69$ . To further explore this non-significant finding, the items within in the sexual satisfaction subscale were pieced apart to further understand the sample. Of the women who reported sexual activity in the last 30 days, less than 40% reported that they sometimes or always feel pleasure through sexual activity with their partner. The remaining 60% of the women reported that they have seldom (< 25% of the time) or have felt no pleasure from sexual activity. Furthermore, 10.3% (16) of the sexually active women reported that they have never experienced an orgasm, 20.6% (32) reported that they reached orgasm through sexual penetration alone, 56.1% (87) reached orgasm through vaginal penetration and clitoral stimulation, and 12.9% (20) reached orgasm through clitoral stimulation alone. Finally, the women who reached *orgasm* in the

last 30 days also reported *sexual satisfaction*,  $r(288) = .457$ ,  $p < .001$ . On the contrary, *orgasm* rating was not related to *GSI-modified*,  $r(288) = .02$ ,  $p = .74$ .

The women who reported a current sexual partner were examined further to explore what differences exist among young women's sexual preferences. The women from this subsample who have engaged in sexual activity within the last 30 days did report statistically significant differences in *Sexual Satisfaction*,  $t(43) = 7.20$ ,  $p < .001$ , *Sexual Desire*,  $t(43) = 2.49$ ,  $p = .017$ , and *Sexual Activity*,  $t(43) = 2.44$ ,  $p = .019$ , than women who did not engage in sexual activity with their partner in the last 30 days.

### *Hypothesis 3:*

Research hypothesis 3 stated that there will be a relation between women's stage of *ovulation*, their *sexual satisfaction*, and their *genital self image*. Specifically, women who are at the peak stage of fertility will report more enjoyment, general sexual arousal, and positive genital self-image scores than women who are not at the peak stage of fertility. From the sample of 288 women, 57% of the women reported taking hormonal contraceptives (i.e. birth control pills, Nuvaring, morning after pill, etc.) and were excluded from these analyses. For more information on the demographics of the sample, please refer to Appendix 2, Table 1.

### *Stage of Ovulation & GSI-Modified*

The results of a one-way ANOVA showed that the effect of *ovulation* on *GSI-Modified* was not significant,  $F(3,122) = 0.68$ ,  $p = .56$ ,  $\eta^2 = .02$ , power = .19 (see Table 9 for means and standard deviations). Homogeneity of variance was not violated (Cochran's C and Bartlett Box F,  $p$ 's > .05).

### *Stage of Ovulation & Oral Sex*

The results of a one-way ANOVA showed that the effect of *ovulation* on *oral sex* was not significant,  $F(3,122) = 0.41$ ,  $p = .75$ ,  $\eta^2 = .009$ , power = .13 (see Table 9 for means and standard deviations). Homogeneity of variance was not violated (Cochran's C and Bartlett Box F,  $p$ 's > .05).

Table 9

### *Descriptive Stages of Ovulation and Genital Self Image*

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Fertility Stages	N	GSI-M		Oral Sex	
		M	SD	M	SD
Menstruating	35	3.25	0.53	0.84	1.30
Low Risk	42	3.25	0.59	1.01	1.35
High Risk	16	3.29	0.45	1.09	1.49
Very High Risk	33	3.09	0.68	0.75	1.04

---

Note. N = 126

GSI-M: Genital Self Image-Modified, Oral Sex Satisfaction subscale from the Brief Index of Sexual Functioning measure.

### *Stage of Ovulation & Sexual Satisfaction*

The results of a one-way ANOVA showed that the effect of *ovulation* on *sexual satisfaction* was not significant,  $F(4,122) = 1.54$ ,  $p = .21$ ,  $\eta^2 = .04$ , power = .40 (see Table 10 for means and standard deviations). Homogeneity of variance was not violated (Cochran's C and Bartlett Box F,  $p$ 's > .05).



### *Stage of Ovulation & Sexual Activity*

The results of a one-way ANOVA showed that the effect of *ovulation* on *sexual activity* was not significant,  $F(4,122) = 0.29$ ,  $p = .83$ ,  $\eta^2 = .007$ , power = .10 (see Table 10 for means and standard deviations). Homogeneity of variance was not violated (Cochran's C and Bartlett Box F,  $p$ 's > .05).

Table 10

#### *Descriptive Stages of Ovulation and Sexual Satisfaction*

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Fertility Stages	N	Sex Sat		Sex Act	
		M	SD	M	SD
Menstruating	35	1.51	1.46	4.98	3.89
Low Risk	42	1.05	1.22	4.87	3.36
High Risk	16	0.94	0.93	5.62	4.71
Very High Risk	33	0.94	1.17	4.55	3.69

---

Note. N = 126

Brief Index of Sexual Functioning subscales for Sexual Satisfaction and Sexual Activity.

*Hypothesis 3a:*

Research hypothesis 3a stated that there will be a relation between women's stage of *ovulation*, their *sexual satisfaction*, and their *genital self image* among women who currently have a sexual partner. Specifically, women who are at the peak stage of fertility will report more enjoyment, general sexual arousal, and positive genital self-image scores than women who are not at the peak stage of fertility. From the sample of 288 women, 50.7% (n = 146) of the women reported a current sexual partner. From this subsample, only 45 women were not taking hormonal contraceptives (i.e. birth control pills, Nuvaring, morning after pill, etc.). The results from one-way ANOVA's showed that the effect of *ovulation* did not have a statistically significant effect on *GSI-M*, *Oral Sex Satisfaction*, *Sexual Satisfaction*, or *Sexual Activity*.

*Hypothesis 3b:*

Research hypothesis 3b stated that there will be a relation between women's stage of *ovulation*, their *sexual satisfaction*, and their *genital self image* among women who have been sexually active in the last 30 days. Specifically, women who are at the peak stage of fertility will report more enjoyment, general sexual arousal, and positive genital self-image scores than women who are not at the peak stage of fertility. From the sample of 288 women, 48 women reported sexual activity in the last 30 days and were not taking hormonal contraceptives (i.e. birth control pills, Nuvaring, morning after pill, etc.). The results from one-way ANOVA's showed that the effect of *ovulation* did not have a statistically significant effect on *GSI-M*, *Oral Sex Satisfaction*, *Sexual Satisfaction*, or *Sexual Activity*.

#### *Hypothesis 4:*

Research hypothesis 4 stated there will be a relation between women's level of *feminist identity* and their *genital self image*. As proposed in the methods section, the original five factor model would be consolidated into two subscales. The first subscale would include the *Passive Acceptance* items and the second subscale, labeled *Feminist Identity*, would include the items from the *Revelation*, *Embeddedness-Emanation*, *Synthesis*, and *Active Commitment* subscales.

Contrary to the original feminist identity theory, the *Passive Acceptance* and *Feminist Identity* subscales were not negatively related,  $r(288) = .308, p < .001$ . The weak internal consistency of the *Passive Acceptance* subscale should be considered ( $\alpha = .56$ ). As proposed in the preliminary analyses, the *Passive Acceptance* and *Revelation* subscales will be combined and analyzed. Therefore the subsequent analyses will explore the original five subscale model and the four subscale model developed from the preliminary analyses.

#### *Five Factor Feminist Identity Model*

From the five factor model, the *Revelation* subscale was significantly negatively correlated with *GSI-Modified*,  $r(288) = -.19, p < .001$ . In addition, the composite *Feminist Identity* score was significantly negatively correlated with *GSI-Modified*,  $r(288) = -.12, p < .01$ . No other subscales were significantly related to *GSI-Modified*. The correlations, means, and standard deviations can be found in Table 11.

**Table 11: Hypothesis 4a. Inter-correlations between measures.**

Measure	1	2	3	4	5	6	7	<i>M</i>	<i>SD</i>
1. GSI-M	1	-.07	-.19**	-.11	.06	-.05	-.12*	3.26	.58
2. PA		1	.16**	.29**	.16**	.24**	.31**	2.99	.72
3. REV			1	.28**	.03	.29**	.65**	2.36	.75
4. EE				1	.27**	.44**	.70**	2.82	.97
5. SYN					1	.43**	.53**	4.09	.57
6. AC						1	.83**	3.29	.64
7. FemId							1	3.12	.50

Note. N = 288, GSI-M: Genital Self Image-Modified, PA: Passive Acceptance, REV: Revelation, EE; Embeddedness-Emanation, SYN: Synthesis, AC: Active Commitment, FemId: mean of REV, EE, SYN, and AC.

#### *Four Factor Feminist Identity Model*

Based on the reliability analyses, the *Passive Acceptance* and *Revelation* subscales were combined to create the *Passive Revelation* subscale. *Passive Revelation* was significantly negatively correlated with *GSI-Modified*,  $r(288) = -.19, p < .001$ . No other subscales were significantly related to *GSI*. The correlations, means, and standard deviations can be found in Table 12.

**Table 12: Hypothesis 4b Inter-correlations between measures.**

Measure	1	2	3	4	5	<i>M</i>	<i>SD</i>
1. GSI-M	1	-.19**	-.11, <i>p</i> = .07	.064	-.053	3.26	.58
2. PaRev		1	.36**	.09, <i>p</i> = .09	.35**	2.59	.58
3. EE			1	.27**	.44**	2.82	.97
4. SYN				1	.43**	4.09	.57
5. AC					1	3.29	.64

Note. N = 288, GSI-M: Genital Self Image-Modified, PaRev: mean of Passive Acceptance and Revelation subscales, EE; Embeddedness-Emanation, SYN: Synthesis, AC: Active Commitment.

## CHAPTER V

### DISCUSSION

The primary purpose of this research study was to further explore genital self image across a diverse sample of women because little research has examined this potentially important aspect of women's sexual development. Conceptually, findings on this topic are important to understand how women's bodily perceptions change over time. Even though the study was open to all women, only a limited age range (18-25) of women was available. Focusing on this age range will help to better understand older adolescent women as they transition into early adulthood.

#### *Discussion on the GSI Measure*

The reliability of the genital self image measure was examined to determine if the measure could reliably assess women's perceptions about a highly private part of their body. Two items were removed within this study to increase Cronbach's alpha, but additional research is needed to expand and enhance the measures ability to fully capture women's genital self image. The factor analysis for this sample replicated similar findings from previous research (Swart, 2004).

The factor analysis suggested a three factor structure and was a good preliminary measure to unravel the many aspects of women's genital self image. Additional testing is necessary to expand on topics to include an assessment of women's knowledge of their genital anatomy, pubic grooming activities, and sexual opinions. The third factor, Growing Up, needs additional piloting to further develop questions that encapsulate family ideals about sexuality and the genitalia. On the contrary, this factor could be a result of method variance, therefore additional testing is necessary to determine if this is a real factor.

Within the laboratory, current pilot testing on the first round of modifications to the *Piloted GSI* measure has resulted in an improved Cronbach's alpha ( $\alpha = .92$ ;  $n=26$ ) than the *GSI-modified* ( $\alpha = .89$ ). To improve the *Piloted GSI*, the *Genital Identity* subscale from Berman's original measure was changed from a 2 point scale to a 5 point Likert scale. In addition, to address the topic of grooming activities, one item, 'I groom my pubic hair' was added to the original Berman et al, 2003 measure to create a 31 item measure. From the piloted data, *Body Parts Satisfaction*, *Genital Parts Satisfaction*, and *Oral Sex Satisfaction* were significantly positively related to the *Piloted GSI*. Please review the *Piloted GSI* measure and correlation coefficients in Appendix C.

#### *Discussion on the FIC Measure*

The reliability of the Feminist Identity Composite was improved by removing four items. Three of the four items were removed from the Passive Acceptance subscale. This subscale describes a person who accepts conservative beliefs, traditional gender roles, and does not identify with feminism. The items removed contained biased language

that could have affected or confused the participants. Additional items within this measure contained biased language but did not have the same effect on the reliability of the measure. These items need additional pilot testing to reduce the magnitude of bias that can be found within this measure.

Factor Analysis on the FIC measure loaded the same five factors that were proposed by the original model (Downing & Roush, 1985). Within this study, it was proposed that the Passive Acceptance and Revelation subscales should be combined in order to fully understand the difference between young women who have accepted the status quo and those who have identified with feminism. Even though the current study proposed a change to the theory, the factor analysis revealed five distinct factors thus supporting the original Downing and Roush Model. Future research should continue to work toward understanding the transitions between Passive Acceptance and Revelation. Furthermore, additional research is needed to explore what moves women into or out of the other three stages of feminist identity.

### *Primary Hypotheses*

The hypothesis that women's body parts satisfaction would be positively correlated with genital self image was supported. In addition, the hypothesis that body image and self-esteem would be positively correlated to genital self image was also supported. Together, these findings support the idea that genital self image is an important component to women's overall body image and sexual identity. In addition, these findings support Waltner's (1986) theory that genital identity is a separate component to the overall appraisal of the self. Therefore, the findings from this study



support the idea that this intimate aspect of body image needs further investigation to determine the magnitude of genital self image and identity development in women as they age and how this is related to various aspects of functioning.

Contrary to previous research, sexual satisfaction was not related to genital self image (Reinholtz & Muehlenhard, 1995). The method of collecting data on sexual satisfaction and the average demographics of the current sample were different than previous research and could be accounting for this difference. This sample did not contain much diversity in terms of age, relationship status, or sexuality. All of these aspects could influence the outcomes of sexual satisfaction (Braun & Kitzinger, 2001). In addition, previous literature on sexual satisfaction has presented its ephemeral status as couples are more likely to state higher rates of sexual satisfaction when they have recently engaged in sexual activity with their partner (Cooper, Shapiro, & Powers, 1998). Therefore, if couples have not engaged in sexual activity in the past few days, they may be more likely to rate their sexual satisfaction lower than if they came to the lab right after engaging in sexual activity. This factor would be worth investigating further and then comparing the couples' genital self image to determine if they would be more likely to report a higher score after recent activity.

Finally, sexual satisfaction may not be a concrete part of women's sexual identity when they are still exploring themselves and college life. Depending on religious and cultural views, the process of self exploration may not happen until a later age in life (Zielinski, 2009). As documented by the current sample, close to ten percent of the sample has never reached orgasm even though they have been engaging in sexual activity. Therefore, a developmental comparison of women as they proceed through

college would be beneficial to sexual education programs to further educate young women and men about the importance of healthy sexual exploration and masturbation. In particular, research has suggested that people with a developed sexual identity are more likely to enjoy masturbation and are more likely to openly communicate their likes and dislikes with their partner (Waltner, 1986). Therefore, the findings from this study demonstrated the importance of not only a positive body image but also a positive genital self image.

### *Clinical Implications*

Women's health care providers can use this information to inform young developing women about the importance of a positive body image, a high self esteem, and the importance of a positive genital self image. A positive genital self image is composed of an educated understanding of the physical body and genitalia. As young women begin to question their overall identity, it will be beneficial to encourage young women to explore their own bodies prior to engaging in sexual activity with another person. Previous literature has found that young women are not interested in masturbation because they believe that their vulva and vagina are dirty (Hite, 1981). This finding in addition to the findings within this current study should be used to create a Vulvo-vaginal education program for developing young women. For example, a clinical psychologist has been giving one-on-one educational masturbation classes to women and their partners for the last decade (Thomashauer, 2004). She found that all of her clients experienced a dramatic improvement in sexual desire, sexual satisfaction, and orgasm frequency with their partners or through masturbation alone. In addition, through

qualitative assessments, 100% of the couples who attended her training program reported improved sexual communication (Thomashauer, 2004).

The results from this one program demonstrate the importance of education and awareness of both the physical and mental body. With programs similar to this, young women may choose to make more educated sexual decisions if they have been properly educated on their sexual anatomy, sexual functioning, and given the opportunity to openly explore their bodies. Furthermore, this Vulvo-vaginal education program should be given to women of all ages as many women would benefit from this experience (Thomashauer, 2001).

#### *Ovulation Discussion*

Results did not support the hypothesis that ovulation would be related to sexual functioning or genital self image. These findings were in direct contrast to previous findings on the stages of ovulation and sexual functioning (Baker & Bellis, 1985). Findings related to sexual functioning revealed that there were no significant differences in genital self image, oral sex satisfaction, sexual satisfaction, and sexual activity based on stages of ovulation. These findings were inconsistent with previous research which led to this hypothesis.

Some differences between the current study and previous research may have impacted the results. Specifically, the majority of the sample focused on transitioning adults whereas the previous findings included a broad range of ages (Baker & Bellis, 1985). In addition, the measurement of sexual functioning should be reassessed and improved to include items that adequately measure sexual desire, sexual fantasy, and

sexual satisfaction in women. Specifically, the sexual functioning measure used many different scales of responses, which limited the measure. For example, within the sexual desire subscale, each item used a different set of likert scales. Therefore, item construction and factor analysis should be used to improve this measure prior to using it in the future. Finally, a larger sample size of women not taking hormonal contraceptives would be suggested for future studies.

### *Feminist Identity Discussion*

The hypothesis on feminist identity suggested that the passive acceptance subscale would be inversely related to the feminist identity subscales. This core principle was not supported and inconsistent with feminist identity theory and previous research (Downing & Roush, 1985, Moradi & Subich, 2002a, Moradi & Subich, 2002b). This inconsistency should not be overlooked and considered an important indicator when evaluating these specific findings. The Revelation subscale was significantly negatively correlated with genital self image in terms of both the five factor and four factor feminist identity models. The implications from this specific finding should be explored and replicated prior to further interpretation.

According to the original theory, the Revelation subscale is considered a feminist phase. During the Revelation phase, women have realized that they have experienced differential treatment and they are evaluating ways to reach equality. Based on the tenets behind Revelation, it was combined with the Passive Acceptance subscale. The two subscales were combined to reevaluate the theory behind the original model. It was conceptualized that during the Revelation phase, women may still follow the tenets of

Passive Acceptance. Therefore, it could be concluded the young women within this study currently possess a state of Passive Acceptance and Revelation. The overlap between the two stages needs further exploration to determine if the two stages are two distinctly different stages or one stage of transition. For this developmental period, this topic is very important for young women who are exploring their identities.

Furthermore, the findings from this study may be limited by the societal norms that have expressed feminism with a negative tone (Twenge & Zucker, 1999). Similar to previous research, most participants believed that women have been discriminated against and want women and men to have equal opportunities, but they were hesitant to report a feminist identity (Williams & Wittig, 1997). For example, most of the women within this study reported that they have been aware of the oppression and discrimination that women face but they also reported that they were not actively working for change. Specifically, less than a third of the sample reported that they wanted to work to improve women's status.

Another conundrum, most of the women reported that they were proud to be a competent woman but over half of that same sub-sample reported that they would give up their career to support their hypothetical husband's career. Additionally, over 74% of the sample agreed that they were happy that women were not expected to do more dangerous jobs that men were expected to do. Despite the fact that the sample did not want to do a dangerous job, they reported caring deeply about men and women having equal opportunities in all respects.

All of this data serves to contribute to the wealth of research on feminism. This literature supports previous literature that feminism is not a primary concern for most

women but rather a subconscious concern (Hurt et al., 2007). It also demonstrated that the majority of older adolescent women have not completely defined their feminist identity. This process of identity exploration could explain their inconsistent responses.

Previous research has found that women who openly identify with feminism are more likely to have a well developed feminist identity and have been more likely to dispel beauty norms (Hurt et al., 2007). The women from this sample reported relatively positive self esteem scores and positive body image scores but they did not consistently report agreement with feminism (Cash et al., 1997). Therefore, additional research is needed to further explore the clinical outcomes among young developing women related to feminist identity and genital self image. A qualitative examination of young women who report a positive genital self image and a feminist identity would be useful to further understand the components that contributed to identity formation within this population.

#### Limitations of the Study

The current study had several limitations, one of which is related to the Quasi-experimental design. Based on this design, no experimentation or manipulation was used. Therefore the relations between variables cannot be used to determine causality. Due to the exploratory nature of this study, relationships among variables can only be observed but not generalized. In future studies, it would be beneficial to expose women to various vulva images to determine if they would report differences in their genital self image ratings (Zielinski, 2009).

The sample used for the study was from the University research pool and therefore restricted to young women from somewhat similar education, religion, race,

sexuality, and economic status groups. In addition, the sample was overwhelmingly comprised of young women between 18-19 years of age. The researcher team wanted a mean age of 20-21 years of age. With each year, young women are making their own decisions and experiencing new perspectives. This one to two year difference may result in important differences that could lead to further understanding developmental changes as women transition to adulthood.

The measurement tools used for this study were an additional limitation. The measures used to address genital self image, feminist identity, and sexual functioning in women all presented their own set of limitations as discussed in the preliminary analyses section. As a result of this study, the genital self image measure has an improved reliability coefficient and will be used for subsequent studies. Both the Feminist Identity and Sexual Functioning measures will be investigated further after the results of this study to further improve their reliability and validity.

Despite the limitations to this study, the information within this study further explored the development of women's sexual and feminist identities. In addition, this study provided many additional ideas for future research.

#### Directions for Future Research

Additional piloting of the genital self image measure could be enhanced by evaluating both men and women to determine the reliability of the measure across sexes. Test-retest reliability would be useful to further explore GSI. The optimal sample would ultimately include women from multiple age ranges, ethnically diverse women, those who have/have not given vaginal birth, and those who have experienced bisexual and/or

lesbian sexual encounters. In addition, a pre-post design could have increased the ability to fully understand the effects of ovulation on women's sexual functioning. Future studies would be enhanced by collecting data from women at multiple stages of their menstrual cycles (Baker & Bellis, 1985). Finally, it would be beneficial to assess the effects of sexual trauma among a sample of relatively healthy functioning women.

Additional development of the genital self image measure would be improved by understanding body hair grooming and embellishments. Body hair and pubic hair grooming has been a rising interest among sexually active individuals as women 'vajazzle' their vulvas (Vajazzling, 2010). This popular trend involves women waxing all of their pubic hair before applying embellishments in the form of crystals to their mons veneris or vulva. Common advertisements suggest that women should, "Bling your Brazilian!" Upon investigation of this popular trend many questions arise. For example, are these adorned vulvas benefitting women's genital self image? Is it beneficial to remove all of your pubic hair?

The dearth of research on this topic has led to the omission of this topic within this research study but it should be included in subsequent analyses of genital self image. It has been speculated that some pubic hair is beneficial to keep the vulva area dry and to allow for friction during intercourse (Ramsey, 2009). In addition, maintaining some pubic hair may provide a shield against the transmission of STI's (Trager, 2006). On the contrary, qualitative accounts have recorded sexual benefits to 'manscaping' or 'womanscaping' to include increased genital sensitivity, increased partner satisfaction, and an overall improved aesthetic appearance (Martins, Tiggemann, & Churchett, 2008).



To extend this analysis, it would be interesting to determine if women who are educated on sexual health aspects continue to douche or use feminine sprays.

Additional research is necessary to explain the significant relationship between genital self image and the revelation subscale. It would be beneficial to explore what aspect of revelation is driving the relationship with genital self image. Due to the fact that the feminist identity theory suggests that women in the revelation phase are somewhat in between the passive acceptance phase and the feminist identity phases, additional research is needed to further explore this phenomenon among transitioning young adults. In addition, it would be beneficial to explore how developing men relate their ideas of feminism and equality to their sexual identity.

### Conclusion

In summary, this research study has contributed to the literature on women's sexual and feminist identity development by providing data regarding the reliability and validity of both the genital self image and feminist identity development measures. The use of both of these measures would enhance and benefit sexual education programs for young people. In addition, these assessments could be used by therapists to further understand identity development between adolescent clients and their parents.

This study further confirmed that body parts satisfaction, self-esteem, and body image are all important components to young women's genital self image. This information could be used to educate young women as they transition into adulthood and explore their bodies. Importantly, the high frequency of young women who were having sexual encounters with little to no physiological enjoyment should serve as an important

guide to the development of women's sexuality. This finding expresses the importance of sexual knowledge to young people regardless of sexual activity.

The results of this study contributed to further understanding the feminist identity model although additional testing is needed to further explore the elements of bias and discrimination that surround the terms associated with feminism. Many young women within this study reported conflicting ideas about feminism therefore this study is only the beginning of research in this area.

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## APPENDIX A

MEASURES OF GENITAL SELF IMAGE, BODY PARTS SATISFACTION, BODY  
IMAGE QUALITY OF LIFE, ROSENBERG'S SELF ESTEEM, FEMINIST IDENTITY  
COMPOSITE, OVULATION, AND BRIEF INDEX OF SEXUAL FUNCTIONING

**THE GENITAL SELF-IMAGE SCALE (GSI), (Berman et al., 2003)**

**I.** Please read the following items and check the category that applies to YOUR feelings or thoughts about your genitals (i.e., penis, scrotum, labia, vagina, clitoris, vulva).

	ALWAYS	OFTEN	SOME TIMES	NEVER
1. I feel anxiety and worry when I think about how my genitals function.				
2. I look at my genitals.				
3. I feel confident that I understand my sexual anatomy.				
4. When I think about my genitals, I become ashamed or embarrassed.				
5. I feel comfortable/positive about my partner seeing my genitals.				
6. I have sad and depressed feelings when I think about my genitals.				
7. I feel ashamed/embarrassed about the size of my genitals.				
8. I feel ashamed/embarrassed about the shape of my genitals.				
9. I feel ashamed/embarrassed about the look of my genitals.				
10. I feel ashamed/embarrassed about the color of my genitals.				
11. I feel ashamed/embarrassed about the odor of my genitals.				
12. I feel my genitals work/function as they should.				
13. I am conscious of trying to hide my genitals from being seen by my partner.				
14. I feel that my genitals are attractive and would arouse my partner.				
15. As a child/adolescent, I was self-conscious or embarrassed about my genitals.				
16. I use feminine hygiene products (douches, sprays, suppositories, etc.).				
17. Growing up, my family/caregivers gave me positive messages about my genitals.				
18. Growing up, I was given the message that touching my genitals was “bad” or “dirty.”				

**II.** Please check whether or not the following adjectives describe your feelings about your genitals:

	APPLIES TO ME	DOES NOT APPLY TO ME
19. Unattractive		
20. Embarrassing		
21. Disgusting		
22. Attractive		



23. Malodorous (bad-smelling)		
24. Offensive		
25. Inadequate		
26. Healthy		
27. Functional		
28. Desirable		
29. Well-shaped		
30. Good-sized		

Reverse scored items: 2, 3, 5, 12, 14, 17, 22, 26, 27, 28, 29, 30

Always/Applies to Me=1

Often=2

Sometimes=3

Never/Does Not Apply to Me=4

**The Body Image Quality of Life Inventory**  
**Thomas F. Cash, Ph.D.**

**Description:** Substantial research confirms that body image affects multiple aspects of psychosocial functioning, yet there is no existing direct assessment to quantify its positive or negative impact on individuals’ psychosocial quality of life. The author developed and empirically evaluated The Body Image Quality of Life Inventory (BIQLI). This self-report assessment for late adolescents and adults uses a 7-point response format ranging from very negative (-3) to very positive (+3) effects of body image on 19 life domains. The BIQLI is internally consistent and stable over a 2- to 3-week period. It converges significantly with multiple measures of body-image evaluation and investment as well as with body mass. The BIQLI is valuable for quantifying how persons’ body image experiences affect a broad range of life domains (e.g., sense of self, social functioning, sexuality, emotional well-being, eating, exercise, grooming, etc.). The BIQLI has potential utility as a clinical assessment in discerning specifically how an individual’s body image impacts his or her life and as an outcome measure of body image interventions.

**The BIQLI Questionnaire**

**Instructions:** Different people have different feelings about their physical appearance. These feelings are called “body image.” Some people are generally satisfied with their looks, while others are dissatisfied. At the same time, people differ in terms of how their body-image experiences affect other aspects of their lives. Body image may have positive effects, negative effects, or no effect at all. Listed below are various ways that your own body image may or may not influence your life. For each item, circle how and how much your feelings about your appearance affect that aspect of your life. Before answering each item, think carefully about the answer that most accurately reflects how your body image usually affects you.

	-3	-2	-1	0	+1	+2	+3
	Very Negativ e Effect	Moderat e Negative Effect	Slight Negativ e Effect	No Effec t	Slight Positiv e Effect	Moderat e Positive Effect	Very Positiv e Effect
1. My basic feelings about myself— feelings of personal adequacy and self-worth.						-3 -2 -1 0 +1 +2 +3	
2. My feelings about my adequacy as a man or woman—feelings of masculinity or femininity.						-3 -2 -1 0 +1 +2 +3	
3. My interactions with people of my own sex.						-3 -2 -1 0 +1 +2 +3	

	-3	-2	-1	0	+1	+2	+3
	Very Negativ e Effect	Moderat e Negative Effect	Slight Negativ e Effect	No Effec t	Slight Positiv e Effect	Moderat e Positive Effect	Very Positiv e Effect
4. My interactions with people of the other sex.						-3 -2 -1 0 +1 +2 +3	
5. My experiences when I meet new people.						-3 -2 -1 0 +1 +2 +3	
6. My experiences at work or at school.						-3 -2 -1 0 +1 +2 +3	
7. My relationships with friends.						-3 -2 -1 0 +1 +2 +3	
8. My relationships with family members.						-3 -2 -1 0 +1 +2 +3	
9. My day-to-day emotions.						-3 -2 -1 0 +1 +2 +3	
10. My satisfaction with my life in general.						-3 -2 -1 0 +1 +2 +3	
11. My feelings of acceptability as a sexual partner.						-3 -2 -1 0 +1 +2 +3	
12. My enjoyment of my sex life.						-3 -2 -1 0 +1 +2 +3	
13. My ability to control what and how much I eat.						-3 -2 -1 0 +1 +2 +3	
14. My ability to control my weight.						-3 -2 -1 0 +1 +2 +3	
15. My activities for physical exercise.						-3 -2 -1 0 +1 +2 +3	
16. My willingness to do things that might call attention to my appearance.						-3 -2 -1 0 +1 +2 +3	
17. My daily “grooming” activities (i.e., getting dressed and physically ready for the day).						-3 -2 -1 0 +1 +2 +3	
18. How confident I feel in my everyday life.						-3 -2 -1 0 +1 +2 +3	
19. How happy I feel in my everyday life.						-3 -2 -1 0 +1 +2 +3	

(□TF Cash, 2002)

### Rosenberg Scale

Below is a list of statements dealing with your general feelings about yourself. If you **strongly agree**, circle **SA**. If you **agree** with the statement, circle **A**. If you **disagree**, circle **D**. If you **strongly disagree**, circle **SD**.

	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
1. I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
2. I feel that I have a number of good qualities.	SA	A	D	SD
3. All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
4. I am able to do things as well as most other people.	SA	A	D	SD
5. I feel I do not have much to be proud of.	SA	A	D	SD
6. I take a positive attitude toward myself.	SA	A	D	SD
7. On the whole, I am satisfied with myself.	SA	A	D	SD
8. I wish I could have more respect for myself.	SA	A	D	SD
9. I certainly feel useless at times.	SA	A	D	SD
10. At times I think I am no good at all.	SA	A	D	SD

**THE FEMINIST IDENTITY COMPOSITE (FIC) (FISCHER ET AL., 2000)**

The statements listed below describe attitudes you may have toward yourself as a woman. There are no right or wrong answers. Please express your feelings by indicating how much agree or disagree with each statement.

Reverse-scored items: 1, 21, 23, 24, 27, 29, 31

**1 = strongly disagree**

**2 = disagree**

**3 = neutral or undecided**

**4 = agree**

**5 = strongly agree**

1. I like being a traditional female. \_\_\_\_\_
2. My female friends are like me in that we are all angry at men and the ways we have been treated as women. \_\_\_\_\_
3. I am very interested in women artists. \_\_\_\_\_
4. I am very interested in women's studies. \_\_\_\_\_
5. I never realized until recently that I have experienced oppression and discrimination as a woman in this society. \_\_\_\_\_
6. I feel like I've been duped into believing society's perceptions of me as a woman. \_\_\_\_\_
7. I feel angry when I think about the way I am treated by men and boys. \_\_\_\_\_
8. Men receive many advantages in society and because of this are against equality for women. \_\_\_\_\_
9. Gradually, I am beginning to see just how sexist society really is. \_\_\_\_\_
10. Regretfully, I can see ways in which I have perpetuated sexist attitudes in the past. \_\_\_\_\_
11. I am very interested in women musicians. \_\_\_\_\_
12. I am very interested in women writers. \_\_\_\_\_
13. I enjoy the pride and self-assurance that comes from being a strong female. \_\_\_\_\_
14. I choose my "causes" carefully to work for greater equality of all people. \_\_\_\_\_
15. I owe it not only to women but to all people to work for greater opportunity and equality for all. \_\_\_\_\_
16. In my interactions with men, I am always looking for ways I may be discriminated against because I am female. \_\_\_\_\_

**1 = strongly disagree**

**2 = disagree**

**3 = neutral or undecided**

**4 = agree**

**5 = strongly agree**

17. As I have grown in my beliefs I have realized that it is more important to value women as individuals than as members of a larger group of women. \_\_\_\_\_
18. I am proud to be a competent woman. \_\_\_\_\_
19. I feel like I have blended my female attributes with my unique personal qualities. \_\_\_\_\_
20. I have incorporated what is female and feminine into my own unique personality. \_\_\_\_\_
21. I think it's lucky that women aren't expected to do some of the more dangerous jobs that men are expected to do, like construction work or race car driving. \_\_\_\_\_
22. I care very deeply about men and women having equal opportunities in all respects. \_\_\_\_\_
23. If I were married to a man and my husband was offered a job in another state, it would be my obligation to move in support of his career. \_\_\_\_\_
24. I think that men and women had it better in the 1950s when married women were housewives and their husbands supported them. \_\_\_\_\_
25. It is very satisfying to me to be able to use my talents and skills in my work in the women's movement. \_\_\_\_\_
26. I am willing to make certain sacrifices to effect change in this society in order to create a nonsexist, peaceful place where all people have equal opportunities. \_\_\_\_\_
27. One thing I especially like about being a woman is that men will offer me their seat on a crowded bus or open doors for me because I am a woman. \_\_\_\_\_
28. On some level, my motivation for almost every activity I engage in is my desire for an egalitarian world. \_\_\_\_\_
29. I don't see much point in questioning the general expectation that men should be masculine and women should be feminine. \_\_\_\_\_
30. I feel that I am a very powerful and effective spokesperson for the women's issues I am concerned with right now. \_\_\_\_\_
31. I think that most women will feel most fulfilled by being a wife and a mother. \_\_\_\_\_
32. I want to work to improve women's status. \_\_\_\_\_
33. I am very committed to a cause that I believe contributes to a more fair and just world for all people. \_\_\_\_\_

## Body Parts Satisfaction Scale

For each of the body parts listed, please indicate your level of satisfaction with that part of your body. You will rate your level of satisfaction on a 6-point scale, ranging from *extremely dissatisfied* to *extremely satisfied*.

### 1. Your height.

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

### 2. Your weight.

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

### 3. Your hair.

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

### 4. Your complexion.

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

### 5. Your face overall.

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

### 6. Your shoulders.

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

**7. Your arms.**

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

**8. Your stomach.**

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

**9. Your breasts.**

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

**10. Your buttocks.**

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

**11. Your genitals.**

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

**12. Your hips.**

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

**13. Your upper thighs.**

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied



**14. Your lower legs.**

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

**15. You general muscle tone.**

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

**16. Your overall appearance.**

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

**17. Your overall sexual attractiveness.**

1	2	3	4	5	6
Extremely dissatisfied					Extremely satisfied

Ovulation

**Instructions: It is important that you are as accurate as possible when answering the following questions.**

1. Do you currently take birth control pills (please circle)?

**Yes**

**No**

2. If you do not take the birth control pill, do you use any other type of contraception? If so, please list all methods:

\_\_\_\_\_

\_\_\_\_\_

3. Have you taken the morning after pill within the last 3 months (please circle)?

**Yes**

**No**

4. Do you have regular menstrual cycles?

**Yes**

**No**

5. If you don't have regular menstrual cycles, is this caused by a medical condition?

**Yes**

**No**

6. Are you post-menopausal?

**Yes**

**No**

7. Are you pregnant?

**Yes**

**No**

8. How many days ago was your last menstrual period? \_\_\_\_\_

9. Today's date is: \_\_\_\_\_(Month) \_\_\_\_\_(Day), \_\_\_\_\_(Year)

10. When was the *first* day of your last menstrual period?

\_\_\_\_\_ (Month) \_\_\_\_\_ (Day), \_\_\_\_\_ (Year)

**Brief Index of Sexual Functioning for Women (Rosen, Taylor, & Leiblum, 1998)**

This index covers material that is sensitive and personal. Your responses will be kept completely confidential.

Answer the following questions by choosing the most accurate response for the last month.

1. Do you currently have a sex partner? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Have you been sexually active during the past month? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. During the past month, how frequently have you had sexual thoughts, fantasies, or erotic dreams? (Please circle the most appropriate response).

- (0) Not at all
- (1) Once
- (2) 2 or 3 times
- (3) Once a week
- (4) 2 or 3 times per week
- (5) Once a day
- (6) More than once a day

4. Using the scale to the right, indicate how frequently you have felt a desire to engage in the following activities during the past month? (An answer is required for each, even if it may not apply to you).

- |                                    |       |                           |
|------------------------------------|-------|---------------------------|
| Kissing                            | _____ | (0) Not at all            |
| Masturbation                       | _____ | (1) Once                  |
| Mutual masturbation                | _____ | (2) 2 or 3 times          |
| Petting and foreplay               | _____ | (3) Once a week           |
| Oral sex                           | _____ | (4) 2 or 3 times per week |
| Vaginal penetration or intercourse | _____ | (5) Once a day            |
| Anal sex                           | _____ | (6) More than once a day  |

5. Using the scale to the right, indicate how frequently you have become aroused by the following activities during the past month? (An answer is required for each, even if it may not apply to you).

- |                                    |       |                           |
|------------------------------------|-------|---------------------------|
| Kissing                            | _____ | (0) Not at all            |
| Masturbation                       | _____ | (1) Once                  |
| Mutual masturbation                | _____ | (2) 2 or 3 times          |
| Petting and foreplay               | _____ | (3) Once a week           |
| Oral sex                           | _____ | (4) 2 or 3 times per week |
| Vaginal penetration or intercourse | _____ | (5) Once a day            |
| Anal sex                           | _____ | (6) More than once a day  |

6. Using the scale to the right, indicate how frequently you have engaged in the following activities during the past month? (An answer is required for each, even if it may not apply to you).

Kissing	_____	(0) Not at all
Masturbation	_____	(1) Once
Mutual masturbation	_____	(2) 2 or 3 times
Petting and foreplay	_____	(3) Once a week
Oral sex	_____	(4) 2 or 3 times per week
Vaginal penetration or intercourse	_____	(5) Once a day
Anal sex	_____	(6) More than once a day

7. During the past month, who has usually initiated sexual activity? (Please circle the most appropriate response).

- (0) I have not had a partner
- (1) I have not had sex with a partner during the past month
- (2) I usually have initiated activity
- (3) My partner and I have equally initiated activity
- (4) My partner usually has initiated activity

8. During the past month, how have you usually responded to your partner's sexual advances? (Please circle the most appropriate response).

- (0) I have not had a partner
- (1) Has not happened during the past month
- (2) Usually refused
- (3) Sometimes refused
- (4) Accepted reluctantly
- (5) Accepted, but not necessarily with pleasure
- (6) Usually accepted with pleasure
- (7) Always accepted with pleasure

9. During the past month have you felt pleasure from any forms of sexual experience? (Please circle the most appropriate response).

- (0) I have not had a partner
- (1) Have had no sexual experience during the past month
- (2) Have not felt any pleasure
- (3) Seldom, less than 25% of the time
- (4) Sometimes, about 50% of the time
- (5) Usually, about 75% of the time
- (6) Always felt pleasure

10. Using the scale to the right, indicate how often you have reached orgasm during the past month with the following activities. (An answer is required for each, even if it may not apply to you).

Kissing	_____	(0) Not at all
Masturbation	_____	(1) Once
Mutual masturbation	_____	(2) 2 or 3 times
Petting and foreplay	_____	(3) Once a week
Oral sex	_____	(4) 2 or 3 times per week
Vaginal penetration or intercourse	_____	(5) Once a day
Anal sex	_____	(6) More than once a day

11. I have orgasms: (Please circle the most appropriate response).

- (0) I don't have orgasms
- (1) With vaginal penetration alone
- (2) With vaginal penetration and additional stimulation
- (3) With other types of stimulation

12. During the past month, has the frequency of your sexual activity with a partner been: (Please circle the most appropriate response).

- (0) I have not had a partner
- (1) Less than you desired
- (2) As much as you desired
- (3) More than you desired

13. Using the scale to the right, indicate the level of change, if any, in the following areas during the past month. (An answer is required for each, even if it may not apply to you).

Sexual interest	_____	(0) Not applicable
Sexual arousal	_____	(1) Much lower level
Sexual activity	_____	(2) Somewhat lower level
Sexual satisfaction	_____	(3) No change
Sexual anxiety	_____	(4) Somewhat higher level
	_____	(5) Much higher level

14. How satisfied are you with the overall appearance of your body? (Please circle the most appropriate response).

- (0) Very satisfied
- (1) Somewhat satisfied
- (2) Neither satisfied nor dissatisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

15. Overall, how satisfied have you been with your sexual relationship with your partner?  
(Please circle the most appropriate response).
- (0) I have not had a partner
  - (1) Very satisfied
  - (2) Somewhat satisfied
  - (3) Neither satisfied nor dissatisfied
  - (4) Somewhat dissatisfied
  - (5) Very dissatisfied
16. Overall, how important a part of your life is your sexual activity? (Please circle the most appropriate response).
- (0) Not at all important
  - (1) Somewhat unimportant
  - (2) Neither important nor unimportant
  - (3) Somewhat important
  - (4) Very important
17. Circle the number that corresponds to the statement that best describes your sexual experience.
- (1) Entirely heterosexual
  - (2) Largely heterosexual, but some homosexual experience
  - (3) Largely heterosexual, but considerable homosexual experience
  - (4) Equally heterosexual and homosexual
  - (5) Largely homosexual, but considerable heterosexual experience
  - (6) Largely homosexual, but some heterosexual experience
  - (7) Entirely homosexual
18. Circle the number that corresponds to the statement that best describes your sexual desires.
- (1) Entirely heterosexual
  - (2) Largely heterosexual, but some homosexual experience
  - (3) Largely heterosexual, but considerable homosexual experience
  - (4) Equally heterosexual and homosexual
  - (5) Largely homosexual, but considerable heterosexual experience
  - (6) Largely homosexual, but some heterosexual experience
  - (7) Entirely homosexual

APPENDIX B  
SAMPLE DESCRIPTIVES

Appendix B

Table 1

Basic Demographic Characteristics of Participants (N = 294)

Demographic Variable	N	Percentage	Mean	Standard Deviation
<u>Age:</u>				
18 – 19	183	62.3%		
20 – 21	88	29.9%		
22 – 24	23	7.8%		
(Total)	(294)	(100%)	19.39	1.42
<u>Ethnicity:</u>				
African American	13	4.4%		
Asian American	11	3.7%		
European American	213	72.4%		
Latino or Hispanic	9	3.1%		
Native American	27	9.2%		
Mixed Heritage	20	6.8%		
(Total)	(293)	(99.7%)		
Missing	(1)	(.3%)		
<u>Education:</u>				
Freshman	121	41.2%		
Sophomore	92	31.3%		
Junior	39	13.3%		
Senior	41	13.9%		
International Student	1	.3%		
(Total)	(294)	(100%)		
<u>Annual Income:</u>				
Under \$20,000	11	3.7%		
\$20,001 - \$40,000	49	16.7%		
\$40,001 - \$60,000	70	23.8%		
\$60,001 - \$80,000	50	17.0%		
Over \$80,000	106	36.1%		
(Total)	(286)	(97.3%)		
Missing	(8)	(2.7%)		



Socioeconomic Status:

Poverty	4	1.4%
Lower Middle Class	30	10.2%
Mid-Middle Class	129	43.9%
Upper-Middle Class	118	40.1%
Wealthy-Upper Class	11	3.7%
(Total)	(292)	(99.3%)
Missing	(2)	(0.7%)

Parents Relationship:

Raised by Single Mother	34	11.6%
Raised by Single Father	8	2.7%
Both Mother and Father	226	76.9%
Other	11	3.7%
(Total)	(279)	(94.9%)
Missing	(15)	(5.1%)

Sexual Orientation:

Heterosexual	286	97.3%
Bi-sexual	7	2.4%
Lesbian	2	0.3 %
(Total)	(294)	(100 %)

Current Romantic Relationship Involvement:

Yes	147	50.0%
No	146	49.7 %
(Total)	(294)	(99.7 %)
(Missing)	(1)	(0.3 %)

Sexually Active in the last 30 days:

Yes	156	53.1 %
No	137	46.6 %
(Total)	(293)	(99.7 %)
(Missing)	(1)	(0.3 %)

Current Relationship Status:

Single	274	93.2 %
Married	5	1.7 %
Divorced	2	.7 %
Cohabiting/Engaged	7	2.4 %
(Total)	288	98.0 %
(Missing)	(6)	(2.0 %)

Take Birth Control/Hormonal Contraceptives:

Yes	166	56.5 %
No	128	43.5 %
(Total)	(294)	(100 %)

Ovulating:

Currently Taking Hormones	168	57.1%
Currently Menstruating	35	11.9%
Low Fertility Risk	42	14.3%
High Fertility Risk	16	5.4%
Very High Fertility Risk	33	11.2%
(Total)	(294)	(100 %)

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Table 2

*Descriptive Statistics for the Measurement Instruments*

Measure	Mean	Standard Deviation	Skewness	Kurtosis
GSI A	3.12	0.48	-1.52 (.142)	2.72 (.283)
GSI B	0.82	0.21	-1.27 (.142)	0.93 (.283)
GSI C	1.96	0.30	-1.00 (.142)	0.32 (.283)
BPS	4.16	0.78	-.36 (.142)	0.17 (.283)
BIQLI	1.38	0.87	-1.06 (.142)	1.44 (.283)
FIC - PA	2.81	0.68	0.273 (.142)	0.05 (.283)
FIC-FEM	3.08	0.49	-.21 (.142)	-.066 (.283)

Note. GSI: Genital Self Image; BPS: Body Part Satisfaction; BIQLI: Body Image Quality of Life; FIC-PA: Feminist Identity Composite-Passive Acceptance; FIC-FEM: Feminist Identity Composite-Feminist Identity.

Table 3:

*Genital Self Image Descriptive Statistics*

GSI Scores	<i>N</i>	<i>M</i>	<i>SD</i>
All Women	294	3.11	.49
Current Sex Partner	147	3.12	.55
No Current Sex Partner	146	3.10	.42
Current Sex Partner & Sexually Active	132	3.12	.56
Sexually Active	156	3.11	.54
Not Sexually Active	137	3.12	.42
Bi-Sexual or Lesbian	8	2.81	.78

APPENDIX C

GENITAL SELF IMAGE PILOTED MEASURE

## APPENDIX C

### GENITAL SELF IMAGE PILOTED MEASURE

Please read each of the following items carefully and indicate the number that best reflects your agreement with the following statements that currently describe your feelings and thoughts about your genitals (i.e. labia, clitoris, vagina).

- 1 – Strongly disagree
- 2 – Somewhat disagree
- 3 – Neither agree nor disagree
- 4 – Somewhat agree
- 5 – Strongly agree

1. I feel anxiety and worry when I think about how my genitals function. \_\_\_\_\_
2. ~~Look at my genitals.~~ \_\_\_\_\_
3. *My genitals are good-sized.* \_\_\_\_\_
4. I feel confident that I understand my sexual anatomy. \_\_\_\_\_
5. *My genitals are functional.* \_\_\_\_\_
6. When I think about my genitals, I become ashamed or embarrassed. \_\_\_\_\_
7. I feel comfortable/positive about my partner seeing my genitals. \_\_\_\_\_
8. *My genitals are well-shaped.* \_\_\_\_\_
9. I have sad and depressed feelings when I think about my genitals. \_\_\_\_\_
10. *My genitals are unattractive.* \_\_\_\_\_
11. I feel ashamed or embarrassed about the size of my genitals. \_\_\_\_\_
12. I feel my genitals work/function as they should. \_\_\_\_\_
13. *My genitals are disgusting.* \_\_\_\_\_
14. I feel ashamed or embarrassed about the shape of my genitals. \_\_\_\_\_
15. *My genitals are healthy.* \_\_\_\_\_
16. As a child/adolescent, I was self-conscious or embarrassed about my genitals. \_\_\_\_\_
17. I feel my partner's genitals work/function as they should. \_\_\_\_\_
18. **I groom my pubic hair.** \_\_\_\_\_
19. *My genitals are offensive.* \_\_\_\_\_
20. I feel ashamed or embarrassed about the color of my genitals. \_\_\_\_\_
21. *My genitals are desirable.* \_\_\_\_\_
22. I feel ashamed or embarrassed about the odor of my genitals. \_\_\_\_\_
23. I am conscious of trying to hide my genitals from being seen by my partner. \_\_\_\_\_
24. *My genitals are malodorous.* \_\_\_\_\_
25. I feel my genitals are attractive and would arouse my partner. \_\_\_\_\_
26. *My genitals are inadequate.* \_\_\_\_\_
27. I use feminine hygiene products (douches, sprays, suppositories, etc.). \_\_\_\_\_
28. Growing up, I was given the message that touching my genitals was "bad" or "dirty." \_\_\_\_\_

29. *My genitals are embarrassing.* \_\_\_\_\_
30. ~~Growing up, my family/caregivers gave me positive messages about my genitals.~~
31. *My genitals are attractive.* \_\_\_\_\_
- 

**Note. Bold items were added after the content analysis.  
Items in Italics were modified from the GSI-Genital Identity subscale.  
Items crossed out were removed after factor analysis.**

### *Piloted Results*

The *Piloted GSI* measure resulted in a higher Cronbach's alpha ( $\alpha = .92$ ;  $n=26$ ) than the GSI-modified ( $\alpha = .89$ ). From the piloted data, *Body Parts Satisfaction*, *Genital Parts Satisfaction*, and *Oral Sex Satisfaction* were significantly positively related to the *Piloted GSI*,  $r(26) = .57, p = .002$ ,  $r(26) = .75, p < .001$ ,  $r(26) = .339, p = .04$ , respectively.

APPENDIX D

INSTITUTIONAL REVIEW BOARD

APPROVAL FORM



APPENDIX D

Oklahoma State University Institutional Review Board

Date: Friday, August 07, 2009 Protocol Expires: 8/6/2010  
IRB Application No: AS0748  
Proposal Title: An Analysis of the Relationship between Body Esteem, Sociocultural Attitudes, Self-Objectification, Feminist Attitudes and Genital Self-Image in College Women  
Reviewed and Processed as: Exempt  
**Continuation**

Status Recommended by Reviewer(s): **Approved**

Principal Investigator(s):

Melanie Page                      Amy Madewell  
116 North Murray                116 North Murray  
Stillwater, OK 74078            Stillwater, OK 74078

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Approvals are valid for one calendar year, after which time a request for continuation must be submitted. Any modifications to the research project approved by the IRB must be submitted for approval with the advisor's signature. The IRB office MUST be notified in writing when a project is complete. Approved projects are subject to monitoring by the IRB. Expedited and exempt projects may be reviewed by the full Institutional Review Board.

The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

Signature:



Sheila Kennison, Chair, Institutional Review Board

Friday, August 07, 2009  
Date

VITA

Amy N. Madewell

Candidate for the Degree of

Master of Science

Thesis: THE RELATION BETWEEN BODY IMAGE, SEXUAL FUNCTIONING,  
WOMEN'S GENITAL SELF IMAGE, AND FEMINIST IDENTITY

Major Field: Psychology

Biographical:

Education:

Completed the requirements for the Master of Science in Psychology at Oklahoma State University, Stillwater, Oklahoma in December, 2010.

Received a Bachelor of Arts Degree in Psychology at University of North Texas, Denton, Texas in December, 2007.

Received a Bachelor of Science Degree in Business Management at the University of North Carolina at Charlotte, Charlotte, North Carolina in May, 2000.

Experience: Employed as a graduate student researcher in Psychology, Sociology, and Human Development and Family Science departments at Oklahoma State University. As a graduate student teacher, I have spent the last year teaching Introductory Psychology. The findings from this study were presented at the Association for Psychological Science Conference in San Francisco, CA in May, 2009.

Professional Memberships: Association for Psychological Science, The Society for the Scientific Study of Sexuality, Association for Women in Psychology

Name: Amy N. Madewell

Date of Degree: December, 2010

Institution: Oklahoma State University

Location: Stillwater, Oklahoma

Title of Study: THE RELATION BETWEEN BODY IMAGE, SEXUAL  
FUNCTIONING, WOMEN'S GENITAL SELF IMAGE, AND  
FEMINIST IDENTITY

Pages in Study: 114

Candidate for the Degree of Master of Science

Major Field: Psychology

The purpose of the study was to investigate the relationship between body image, sexual functioning, genital self image, and feminist identity among a sample of female undergraduate students ( $N = 288$ ). Exploratory Factor Analysis was used to assess the psychometric properties of the GSI measure. On average the sample reported relatively neutral thoughts and ideations about their genitals regardless of ever having a sexual partner or not. As hypothesized, women's overall body image rating and GSI-modified were positively related,  $r(288) = .238, p < .001$ . In addition, self-esteem was significantly positively correlated with GSI-modified,  $r(288) = .177, p < .001$ . However, sexual satisfaction was not significantly correlated with GSI-modified,  $r(288) = .00, p = .99$ . When looking at the women who reported sexual activity in the last 30 days, less than 40% reported that they sometimes or always experienced pleasure through sexual activity with their partner. Further analysis assessing this subsample is necessary to further understand young women's sexual identity and genital self image. Overall it was found that body image was related to genital self image, however ovulation and feminist identity were not. The results of this study suggested that on average, young women neither liked nor disliked their genitals but were relatively neutral about their genital appearance and functioning. This study was a preliminary attempt to explore this relatively complex topic, therefore additional research is necessary to develop a developmental understanding of women's body image, sexual functioning, genital self image, and feminist identity across the lifespan.

ADVISER'S APPROVAL: Melanie C. Page, Ph.D.

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