

Electronic Theses and Dissertations, 2004-2019

2010

Non-erotic Cognitive Distractions During Sexual Activity In Heterosexual And Gay College Students

Katharine Lacefield
University of Central Florida

 Part of the [Clinical Psychology Commons](#)
Find similar works at: <https://stars.library.ucf.edu/etd>
University of Central Florida Libraries <http://library.ucf.edu>

This Masters Thesis (Open Access) is brought to you for free and open access by STARS. It has been accepted for inclusion in Electronic Theses and Dissertations, 2004-2019 by an authorized administrator of STARS. For more information, please contact STARS@ucf.edu.

STARS Citation

Lacefield, Katharine, "Non-erotic Cognitive Distractions During Sexual Activity In Heterosexual And Gay College Students" (2010). *Electronic Theses and Dissertations, 2004-2019*. 1532.
<https://stars.library.ucf.edu/etd/1532>

NON-EROTIC COGNITIVE DISTRACTIONS DURING SEXUAL ACTIVITY IN
HETEROSEXUAL AND GAY COLLEGE STUDENTS

by

KATHARINE LACEFIELD
B.A. University of Central Florida, 2003

A thesis submitted in partial fulfillment of the requirements
for the degree of Master of Science in Clinical Psychology
in the Department of Psychology
in the College of Sciences
at the University of Central Florida
Orlando, Florida

Spring Term
2010

Major Professor: Charles Negy

© 2010 Katharine Lacefield

ABSTRACT

The present study examined 100 gay and lesbian (LG) college students and 100 heterosexual students to determine whether group differences existed in frequency of and anxiety related to non-erotic cognitive distractions during sexual activity. Non-erotic cognitive distractions is a descriptive term to include both self-evaluative behaviors related to physical performance and body image concerns, as well as additional cognitive distractions (e.g., contracting an STI or emotional concerns) during sexual activity. Participants, matched on gender (96 males and 104 females), age, and ethnicity, completed questionnaires assessing frequency and associated anxiety related to non-erotic cognitive distractions during sexual activity, as well as measures of additional variables (e.g., religiosity and self-esteem). Results indicated that LG participants experience significantly more cognitive distractions and concomitant anxiety related to body image, physical performance, and contracting a disease or illness during sexual activity. With regard to gender differences, men reported more distractions related to contracting a disease or illness than women. An interaction effect was observed between sexual orientation and gender for body image-, disease-, and external/emotional-based distractions. It also was found that gay men, lesbians, and heterosexual women reported significantly more body image concerns than straight men. Implications of these findings are discussed.

for Gary, my life-partner-in-crime

ACKNOWLEDGMENTS

This thesis was possible because of the commitment of several wonderful individuals. First, thank you to all of the students who participated in this project, especially the members of EQUAL at UCF who allowed me to attend their meetings each week and collect data. I laughed, I cried, and I learned so much each Tuesday night with you! Thank you for your willingness to play such an important role in the demarginalization of sexual minorities in scientific research. You are special, amazing people.

Thank you to my committee members, Dr. Stacey Dunn and Dr. Deborah C. Beidel, for your invaluable feedback regarding the direction of this research.

Thank you, Teri, for inspiring me to be better.

Thank you Mom, Dad, Steph, Greg, Amanda, Aurora, and J.J. for all of your love and support...even when I couldn't make it home when I told you I would. I love you all so much.

Finally, thank you, Dr. Negy. You have taught me more about research and being a graduate student in the past three months than I had learned in the three years before them. Thank you for your detailed edits and for motivating me to finish! May the Aztec gods smile down on this thesis.

TABLE OF CONTENTS

| | |
|--|----|
| CHAPTER ONE: INTRODUCTION..... | 1 |
| Non-Erotic Cognitive Distraction During Sexual Activity: Males..... | 2 |
| Non-Erotic Cognitive Distraction During Sexual Activity: Females | 6 |
| Non-Erotic Cognitive Distraction During Sexual Activity: Comparison Studies | 10 |
| The Current Study..... | 12 |
| Hypotheses | 16 |
| CHAPTER TWO: METHODOLOGY | 18 |
| Participants..... | 18 |
| Materials | 18 |
| Procedure | 26 |
| CHAPTER THREE: RESULTS..... | 27 |
| Hypothesis 1..... | 27 |
| Hypothesis 2..... | 30 |
| Comparisons on Anxiety..... | 31 |
| Exploratory Analyses..... | 33 |
| CHAPTER FOUR: CONCLUSIONS AND FUTURE RESEARCH | 35 |
| Discussion..... | 35 |
| Limitations of the Study..... | 43 |
| Conclusions and Implications | 44 |
| APPENDIX A: FIGURE ONE INTERACTION BETWEEN SEXUAL ORIENTATION AND GENDER ON MEAN RATING OF BODY IMAGE-BASED DISTRACTIONS (NECDQ) | 46 |

| | |
|---|----|
| APPENDIX B: FIGURE TWO INTERACTION BETWEEN SEXUAL ORIENTATION AND GENDER ON MEAN RATING OF DISEASE-BASED DISTRACTIONS (NECDQ) | 48 |
| APPENDIX C: FIGURE THREE INTERACTION BETWEEN SEXUAL ORIENTATION AND GENDER ON MEAN RATING OF EXTERNAL/EMOTIONAL-BASED DISTRACTIONS (NECDQ) | 50 |
| APPENDIX D: FIGURE FOUR INTERACTION BETWEEN SEXUAL ORIENTATION AND GENDER ON MEAN RATING OF ANXIETY RELATED TO BODY IMAGE-BASED DISTRACTIONS (NECDQ) | 52 |
| APPENDIX E: FIGURE FIVE INTERACTION BETWEEN SEXUAL ORIENTATION AND GENDER ON MEAN RATING OF ANXIETY RELATED TO PHYSICAL PERFORMANCE-BASED DISTRACTIONS (NECDQ) | 54 |
| APPENDIX F: FIGURE SIX INTERACTION BETWEEN SEXUAL ORIENTATION AND GENDER ON MEAN RATING OF ANXIETY RELATED TO DISEASE-BASED DISTRACTIONS (NECDQ) | 56 |
| APPENDIX G: FIGURE SEVEN INTERACTION BETWEEN SEXUAL ORIENTATION AND GENDER ON MEAN RATING OF ANXIETY RELATED TO EXTERNAL/EMOTIONAL-BASED DISTRACTIONS (NECDQ)..... | 58 |
| APPENDIX H: TABLE ONE MEANS AND STANDARD DEVIATIONS ON NECDQ SCALES OBTAINED BY LG AND HETEROSEXUAL PARTICIPANTS, MALE AND FEMALE PARTICIPANTS, AND PARTICIPANTS BASED ON SEXUAL ORIENTATION AND GENDER GROUP | 60 |

| | |
|--|----|
| APPENDIX I: TABLE TWO MEANS AND STANDARD DEVIATIONS ON ADDITIONAL STUDY VARIABLES (HATH, RELIGIOSITY, NPI-16, PASTAS, CAARS, RSE, BDI-II, STAI, EDI-3) OBTAINED BY LG AND HETEROSEXUAL PARTICIPANTS, MALE AND FEMALE PARTICIPANTS, AND PARTICIPANTS BASED ON SEXUAL ORIENTATION AND GENDER GROUP PLACEMENT | 62 |
| APPENDIX J: TABLE THREE MEANS AND STANDARD DEVIATIONS ON NECDQ ANXIETY SCALES OBTAINED BY LG AND HETEROSEXUAL PARTICIPANTS, MALE AND FEMALE PARTICIPANTS, AND PARTICIPANTS BASED ON SEXUAL ORIENTATION AND GENDER GROUP PLACEMENT | 64 |
| APPENDIX K: TABLE FOUR ZERO-ORDER CORRELATIONS BETWEEN ATTITUDES TOWARD SEX AND NECDQ SUBSCALES BY ALL PARTICIPANTS AND BY SUB-GROUP | 66 |
| APPENDIX L: DEMOGRAPHICS QUESTIONNAIRE | 68 |
| APPENDIX M: MODIFIED KINSEY SCALE | 71 |
| APPENDIX N: ATTITUDES TOWARD THE ACCEPTABILITY OF SEXUAL ACTIVITY SCALE | 73 |
| APPENDIX O: RELATIONSHIP OF MOST RECENT SEXUAL ENCOUNTER ITEM | 75 |
| APPENDIX P: NON-EROTIC COGNITIVE DISTRACTION QUESTIONNAIRE | 77 |
| APPENDIX Q: RELIGIOSITY SCALE | 81 |
| APPENDIX R: NARCISSISM PERSONALITY INVENTORY-16 | 83 |
| APPENDIX S: ‘TRAIT’ SUBSCALE OF THE PHYSICAL APPEARANCE STATE AND TRAIT ANXIETY SCALE | 86 |

| | |
|--|-----|
| APPENDIX T: INATTENTIVENESS SUBSCALE OF THE CONNERS’ ADULT ADHD RATING SCALE..... | 88 |
| APPENDIX U: ROSENBERG SELF-ESTEEM INVENTORY | 90 |
| APPENDIX V: BECK DEPRESSION INVENTORY – II..... | 92 |
| APPENDIX W: ‘TRAIT’ SUBSCALE OF THE STATE-TRAIT ANXIETY SCALE | 96 |
| APPENDIX X: HETEROSEXUAL ATTITUDES TOWARD HOMOSEXUALITY SCALE .. | 98 |
| APPENDIX Y: MARLOWE-CROWNE SOCIAL DESIRABILITY SCALE..... | 101 |
| APPENDIX Z: EATING DISORDER INVENTORY-3..... | 103 |
| APPENDIX AA: INFORMED CONSENT FORM | 107 |
| APPENDIX BB: SCRIPT FOR CLASSROOM RECRUITMENT | 110 |
| APPENDIX CC: SCRIPT FOR GLBSU RECRUITMENT | 112 |
| APPENDIX DD: IRB APPROVAL LETTER | 114 |
| APPENDIX EE: IRB EXTENSION APPROVAL LETTER..... | 116 |
| REFERENCES | 118 |

CHAPTER ONE: INTRODUCTION

Nearly 40 years ago, Masters and Johnson (1970) theorized that a key component in sexual dysfunction is “spectatoring,” a process in which a person observes him or herself from a third party perspective during sexual activity with another person. A critical scrutiny is implied within this observation that impairs the person’s ability to enjoy sexual activity as it takes place. Self-monitoring during sexual behavior presumably creates anxiety, as the person’s attention may be diverted from the erotic stimuli, increasing the likelihood of sexual dysfunction. The results from empirical studies based on the theory that anxiety leads to spectatoring, then contributes to sexual dysfunction, have been mixed. The possibility that the relationship between spectatoring and anxiety may occur in the opposite direction has not been considered in published research. This may be due to the presumption that spectatoring is a critical self-appraisal of one’s performance or body, and therefore precedes the anxiety it may cause. Although Masters and Johnson addressed this phenomenon originally in reference to physical performance related to male erectile dysfunction, later research established spectatoring as a concern for women as well, especially regarding body image (Trapnell, Meston, & Gorzalka, 1997). Further, recent literature has expanded the idea of spectatoring or self-monitoring more broadly to include any form of non-erotic cognitive distraction that impairs one’s ability to focus and enjoy sexual activity with a partner (Purdon & Holdaway, 2006).

The body of literature regarding general cognitive distraction during sexual activity is small, and few comparison studies have been conducted. Further, despite the fact that gay people experience sexual dysfunction, no study has included a gay sample. The purpose of this study is to expand upon current literature by focusing on sexual orientation status and including a measure of religiosity, trait anxiety, and narcissism, three possible correlates that have not been

included previously in research. Thus, in addition to examining type, prevalence, and predictors of cognitive distractions during sexual activity, this study compares lesbian and gay (LG) individuals with a relatively comparable sample of heterosexual women and men. In the following section, the literature that has addressed cognitive distraction during sexual activity in men and women separately will be reviewed, followed by a review of comparison studies between men and women.

Non-Erotic Cognitive Distraction During Sexual Activity: Males

In their clinical work, Masters and Johnson observed that some men would forfeit their enjoyment of sex in order to assume a third person view of their own performance (1970). Spectators—as they were called—focused their attention on a critical self-appraisal with respect to their performance during sexual activity. Concerns over the quality and duration of their erections were found to have interfered with sexual performance and impeded their sense of normal sexual functioning. Additionally, spectating on the part of the man with erectile dysfunction often was compounded by the realization and subsequent concern over his partner's reaction to his inability to physically perform.

Although most of the literature following Masters and Johnson emphasized self-monitoring as a specific distraction affecting sexual function, Geer and Fuhr (1976) examined the effects of increasingly complex cognitive operations on men's sexual function. Their study sample consisted of 31 male undergraduate students who listened to an identical erotic audiotape. Participants were exposed to distinct cognitive distractions that interfered in various degrees with their attention to the tape. Men in the "listening only" group heard digits as they listened to the erotic tape, with no instructions to do anything with the digits. Men in the "copy only" group

were instructed to write down the numbers that they heard as the erotic tape was playing. Men in the “add pairs” group were told to add each set of numbers that they heard while the erotic tape played. For instance, if they heard 1, 2, 3, 4, they were instructed to write down 3, 7, as $1 + 2 = 3$ and $3 + 4 = 7$. Finally, the most cognitively challenging task was given to men in the “classify” group. Men in this condition were instructed to classify the numbers they heard into various, specified groups. This task often yields errors even when participants are not listening to an erotic tape simultaneously. Sexual arousal was measured using by a penile plethysmograph. The study’s hypothesis was supported: increases in cognitive distraction due to the relative difficulty of the task decreased the men’s sexual arousal across experimental conditions. In the classify condition (designed to be the most cognitively distracting), despite that the same erotic stimuli were present as in the other conditions, no sexual arousal was detected among the men in that condition. Although the findings by Geer and Fuhr established an empirical basis for cognitive distraction during sexual arousal, the findings may not generalize to other contexts due to the nature of the experimental conditions.

Sakheim, Barlow, and Beck (1984) noted that, despite that Masters and Johnson had cited self-focus as a culprit in reduced sexual arousal, their primary treatment for impairments caused by spectating involved another form of self-monitoring: sensate focus. Sensate-focus exercises require patients to focus on the positive feelings and sensations associated with their erotic experiences. Thus, Sakheim et al. conducted an experiment to determine if the self-focus was responsible for arousal impairments or if arousal impairment was influenced by the valence of the focus (i.e. spectating has a negative, critical valence, whereas sensate-focus has a positive valence). Sakheim et al. used a mechanical penile strain gauge to assess penile circumference

changes in eight sexually functional males between the ages of 20 and 44. The men were seated in front of a television monitor from which they watched films consisting of previously validated low-, medium-, and high-levels of heterosexual erotica. In one condition, the men's genitals were covered with a sheet so that they were unable to view their erectile responses while viewing the erotic material. In another condition, their genitals were left uncovered. Penile circumference was gauged during the movies. After each session, the men were asked to manually stimulate themselves to full erection, and differences between penile circumference during the movie viewings and penile circumference after self-stimulation were calculated. The theory of spectating was partially supported in low and medium erotica conditions in that, when the men could view their penises during the films, their penile circumference was less than when their penises were covered. However, in the condition of the high-erotica film, the men reached their greatest penile circumference when they could view their penises. Sakheim et al. speculated that this discrepancy in the findings may be due to a "positive feedback loop" whereby viewing their own genitalia while viewing highly erotic material may create an additional arousal cue. Thus, Sakheim et al. concluded that it is not solely self-focus that creates arousal dysfunction, but likely a combination of variables that interact to induce sexual dysfunction.

Abrahamson, Barlow, Beck, Sakheim, and Kelly (1985) conducted a follow-up study to the one by Sakheim et al. (1984), but used audiotapes instead of videotapes and included a condition that was partner focused. Eight sexually functional men served as participants to determine the interactive effects of self- or partner-focus on sexual performance. The men wore the Barlow strain gauge (Barlow et al., 1970) to measure penile circumference during the experiment. In this study, the men listened to two distinct audiotapes conveying erotic foreplay

and intercourse sounds. The tapes conveying high, low, or ambiguous levels of responsiveness, with 30% of the audiotape conveying suggestions for placing the man's attention either on himself or on his partner. Results indicated that an interaction existed between the amount of attention a man paid to his partner and the amount of responsiveness his partner showed. These findings helped to support results from the study by Sakheim et al. (1984) and to support the notion of Masters and Johnson (1970) by showing that higher partner responsiveness ratings result in greater penile circumference when focus is placed on one's partner rather than one's self.

In contrast to previous studies that have found self-monitoring to have a negative effect on men's sexual performance, Fichten, Libman, Takefman, and Brender (1988) found no evidence that self-monitoring during sexual activity had an effect on any aspect of sexuality. Their study included 16 couples who had sought clinical treatment for erectile dysfunction that affected their sex lives at least 25% of the time. The average age of the men was 48 years, unlike previous studies which consisted of sexually functional college students. The women, who were involved for the purpose of aiding the treatment of their husbands, had a mean age of 46 years. The sexual functioning of the wives was not a focus of the study. The couples had been married for an average of 20 years. Each male participant completed a test battery that included measures of erectile function and satisfaction with the sexual relationship at four one-month intervals: prebaseline, postbaseline/ preintervention, postintervention, and follow-up. During the first testing session, the men completed a measure assessing self-consciousness, as well. Additionally, each participant was asked to keep a record form listing and describing daily sexual activity. After completing the measures in the postbaseline/ preintervention phase, the men were

randomly assigned to one of two therapy groups (public self-focus or private self-focus). The self-focused attention was experienced when either a mirror made their genitals viewable to the participant (private self-focus), or a television camera made the participant aware of how others observed them (public self-focus). Finally, the men completed the test batteries for postintervention and follow-up. Because all of the men in the study experienced sexual dysfunction, results were compared with a non-dysfunctional group of men from another study by Beck and Barlow (1986). The results indicated that anxiety, a factor that is generally closely aligned with sexual dysfunction, was unrelated to either the presence or severity of erectile dysfunction. Fichten et al. concluded that spectating is not a significant contributor to erectile dysfunction. The community-based sample used by Fichten et al. suggests a possible explanation for the different findings from previous studies which used a sample of college students. It also is possible that the discrepant results could be related to Fichten et al.'s research design in that, a mirror and video camera may not create a realistic private- or public-focus during sexual activity. Methodological differences in both sample and procedure create difficulty in determining the degree to which spectating, as defined by Masters and Johnson, occurs.

Non-Erotic Cognitive Distraction During Sexual Activity: Females

Although Masters and Johnson (1970) may have intended their term, spectating, to pertain to erectile dysfunction, decades later, research examining spectating in women resulted from a series of dissertations at Hofstra University. Messinger (1997) designed an experiment to examine levels self-focus in women with differing body images. She randomly assigned 80 female undergraduate college students into groups that were self-focused versus non-self-focused based on the presence or absence of a mirror. Participants were further divided based on high

versus low body image (assessed by the Body Exposure in Sexual Activities Questionnaire [Cash, 1991]). An audiotape of heterosexual sexual activity served as the erotic stimulus, and subjective self-reports of arousal were taken at three discreet moments during the experiment. Although Messinger had predicted that women with lower body image scores would experience low levels of arousal, and that women with low body image scores who also were self-focused with a mirror would experience the lowest levels of arousal, the data did not support her predictions. Women with lower body image scores actually reported higher levels of arousal than did women who had higher body image scores. Likewise, level of self-focus had no impact on level of arousal. Messinger speculated that these findings may have been due to a cognitive coping mechanism by which the women would actively ignore looking at themselves in the mirror, therefore avoiding a state of self-focus.

Bayles (1998) replicated Messinger's 1997 study, with the exception of including a physiological measures of arousal. Consistent with the findings in the study by Messinger, the findings failed to indicate body image scores or self-focus as a factor in sexual arousal. Women with lower body image scores had substantially higher levels of arousal than did women with higher body image scores.

Soleymani (1999) attempted to identify other variables that may affect women's sexual arousal. Based on the scores of 72 women on the Sexual Opinion Survey (SOS), Soleymani divided women into "erotophobics" and "erotophiles" and randomly assigned them to one of two groups, either self-focused or non self-focused. Participants in the self-focused group listened to an audiotape in which erotic stimuli were presented in the second person, and specific mention was made of the listeners' body parts. The non self-focused group listened to a similarly erotic

tape, but it was presented in the third person and no mention was made of specific body parts. Physiological and self-report measures were used before and after the erotic stimulus was introduced. Soleymani's prediction that women in the self-focused group would experience less physiological and subjective sexual arousal was unsupported. Although the erotophobic women reported less sexual arousal, physiologically they were more aroused than the erotophilic women. Attitudes toward sex—as with body image—appears to be unrelated to arousal.

Dove and Wiederman (2000) recognized that cognitive distraction may be experienced by women as well. Rather than use contrived laboratory measures to test the effect of cognitive distraction, they gathered data about the range and prevalence of cognitive distraction during sexual activity in young women based on self-reports in the form of surveys. Based on the results of a previous study by Wiederman and Hurst (1998), they anticipated that the less physically attractive individuals perceived themselves to be, the less sexual experiences they would have had. Additionally, because depression has been linked to sexual dysfunction, general affect was controlled for. Female undergraduates ($n = 115$), ages 18 to 21, completed questionnaires assessing general self-focus, body dissatisfaction, life satisfaction, sexual esteem, sexual attitudes, and sexual drive/desire. Women who reported not having had sexual intercourse ($n = 41$) were excluded from the study because some of the measures required that the women be sexually experienced. Also assessed in this study were cognitive distractions during sexual activity, sexual satisfaction, orgasm consistency, and frequency of pretending to have an orgasm.

Results of the Dove and Wiederman (2000) study indicated that cognitive distraction during sexual activity correlated negatively with sexual esteem, sexual satisfaction, and orgasm consistency; cognitive distraction correlated positively with frequency of faking an orgasm. Even

when variables thought to be associated with women's appraisal of their sexual experience were controlled for, cognitive distraction during sexual activity continued to be associated significantly with women's satisfaction with their sexual experiences and with how they viewed themselves as sexual partners. These results challenged sensate-focus therapy as an efficacious treatment for women. Previous literature had suggested that sensate-focus reduces performance anxiety. However, women may experience cognitive distractions as a result of the nudity demanded in several of the therapeutic assignments, unrelated to their physical performance.

Meston (2005) conducted an experiment to examine the effects of self-consciousness, both inwardly toward the self (private self-focus) and outwardly toward the environment (public self-focus), on sexual arousal. Women classified as sexually dysfunctional ($n = 16$) were compared with women classified as sexually functional ($n = 16$), and they completed questionnaires assessing self-consciousness, body image, sexual functioning, and sexual satisfaction. They then were randomly assigned to one of two experimental conditions: self-focus or no self-focus. In both conditions, women individually entered a private room and attached a device to their genitalia to gauge sexual arousal physiologically. They then were exposed to one of two nine minute videotapes that consisted of the word "relax" (for one minute), a non-erotic travel segment (for three minutes), followed by an erotic videotape of a heterosexual couple engaged in foreplay and intercourse (for five minutes). In the self-focus experimental condition, a reflective glass was placed over the television monitor that did not obstruct the women's view, but it enabled them to see their face and body while they watched the erotic tape, increasing their self-consciousness. In the control condition, non-reflective glass was placed in front of the television monitor so that the women could not see themselves.

No significant difference in physiological sexual response between the self-focus group and the control group was observed. Moreover, according to the women's responses to the self-report measures, no difference in sexual arousal was found between sexually functional and dysfunctional women. In light of these results, spectating may not affect women as it affects men, as other findings show sexually functional men's subjective arousal increases with self-focused attention. Spectating and a variety of cognitive distractions may occur during moments of "self-pleasuring" and may have the same effect (e.g. impeding orgasm).

Non-Erotic Cognitive Distraction During Sexual Activity: Comparison Studies

The study of spectating has extended to non-erotic cognitive distractions experienced by men and women during sexual activity. In response to Faith and Schare's (1993) findings that body image concerns play a role in spectating for women similar to the role that physical performance plays for men, Trapnell, Meston, and Gorzalka (1997) compared 433 female and 276 male college students at the University of British Columbia on spectating during sexual activity on various dimensions related to body image. Their sample was larger and more culturally diverse than previous studies, with 51% of the sample of East or Southeast Asian ancestry, and 49%, mostly of European ancestry. Body image, sexual functioning, sexuality, sexual information, sexual attitudes, sexual experience, flirtaciousness, trait self-focus, reflection and rumination, and additional personality aspects were each measured. Despite that poorer body image was associated with increases in social anxiety among women, the results did not indicate a link between body image and sexual experiences. They concluded that Faith and Schare may have been incorrect in their findings that link sexual experience and body-image to self-monitoring behavior.

Meana and Nunnink (2006) compared male ($n = 220$) and female ($n = 237$) college students on non-erotic cognitive distractions during sexual activity. Specifically, they measured sexual functioning, sexual information, sexual experience, attitudes toward sex, general psychological distress, affect, body image, and sexual satisfaction. They also used the Dove and Wiederman (2000) Cognitive Distraction Scale, which separates cognitive distractions during sexual activity into two distinct categories: distractions related to body image concerns and those related to physical performance. Women reported more overall cognitive distractions during sexual activity than did men. The women also reported significantly more distractions related to a negative body image during sexual activity than men. By contrast, there was no significant difference between men and women regarding the amount of cognitive distraction they reported during sexual activity about their own physical performance. Overall, these results suggest that spectating is a problem for females and males, although spectating may be more of a problem for females. Moreover, the results of their study helped elucidate predictors of cognitive distractions. For women, psychological distress, body image, and sexual satisfaction were unique predictors of cognitive distraction during sexual activity; in men, negative body image and not being in a relationship predicted higher levels of appearance based distractions, and sexual satisfaction predicted lower levels of appearance based distractions.

Although Meana and Nunnink (2006) assessed only performance- and body image-based cognitive distractions during sexual activity, Purdon and Holdaway (2006) explored the range of content in cognitive distractions, all of which can potentially diminish sexual arousal. Purdon and Holdaway collected qualitative data on the range of distracting thoughts as measured by the Non-Erotic Thought Content Questionnaire (NECT) that was developed for their study. Sexual

functioning, sexual satisfaction, and sexual opinions also were measured. Results showed nine categories of distracting thoughts: (1) Intrusion (e.g., getting caught or interrupted during sexual activity); (2) Body Concerns (e.g. appearance or odor); (3) Sexually Transmitted Infections/Pregnancy; (4) Emotional/Relationship; (5) Morality/Guilt/Regret; (6) Dislike of the Sexual Activity; (7) Distracting Thoughts (e.g., work, school); (8) Thoughts of Others; and (9) Performance. Consistent with previous findings, women reported more distracting thoughts, with more frequency, and more associated anxiety than men (Meana & Nunnick). These data suggest that non-erotic cognitive distractions during sexual activity may be more concerning for women's sexual functioning than for men's. Once again, more women than men reported distractions in the body image category, but men reported more performance related distraction. Men and women were equally likely to report distractions related to pregnancy or sexually transmitted infection. These findings suggest that there is a broad range of cognitive distractions during sexual activity that extends beyond body image and performance concerns. In this case, the term spectating, as intended by Masters and Johnson, may be a misnomer. Distractions that may impair sexual functioning, but do not involve self-focus, probably should remain in the category of non-erotic cognitive distractions.

The Current Study

As the literature reflects, studies on cognitive distractions during sexual activity generally have focused on men more than women, even though studies that have included women consistently have found that women experience cognitive distractions during sex as much as or even more than men. Moreover, although previous studies generally have ignored potential differences across racial and ethnic groups, the absence of diversity in this area of research is

even more glaring on the dimension of sexual orientation. In past studies, lesbian and gay (LG) participants were either purposely excluded (e.g., Meston, 2005) or no mention was made with regard to whether LG participants were included in the study sample. No published study has examined cognitive distraction during sexual activity with LG people, and as a result, no information is known about the role of cognitive distraction during sex among LG people. The current study attempted to address this void in the literature by comparing LG college students with relatively comparable heterosexual college students on the types, quality, and frequency of their cognitive distractions during sexual activity, including examining myriad correlates of cognitive distractions during sex. It represents a preliminary study that may point researchers in the correct direction for additional inquiry into this topic.

Homosexual identity formation (HIF) theory (Cass, 1979) posits that gay individuals who eventually establish an identity based on their sexual orientation initially pass through a series of stages as part of the developmental trajectory of forming a gay or lesbian identity. This developmental pathway toward a gay or lesbian identity is unique to LG individuals because heterosexual individuals typically do not pass through similar stages given that their orientation is perceived, fostered, and promoted in society as “the norm.” According to Cass (1984), stages of identity development toward a gay psychosocial identity include (1) Identity Confusion, in which individuals begin to question whether some of their behaviors are homosexual, an idea that challenges their presumption that they are a part of the heterosexual “norm;” (2) Identity Comparison, in which the individual experiences a clearer understanding of the alienation associated with the self versus heterosexual individuals; (3) Identity Tolerance, in which the individual begins to seek out other gay individuals, in response to his or her increasing

commitment to a homosexual identity; (4) Identity Acceptance, in which increased contact with the gay community fosters a more positive view of homosexuality. At this stage, developmental paths are chosen; if the individual is able to live without confrontation because of their sexual orientation, Stage Four is the final stage. If not, the individual will continue to Stage Five; (5) Identity Pride is characterized by an avid loyalty to the gay community, while non-gays are viewed as untrustworthy and devalued due to the individual's anger about mainstream society's treatment of them. Attempts to resolve this dichotomous thinking lead the individual to the final stage; (6) Identity Synthesis reflects an understanding that not all non-gays are evil. As sexual orientation becomes less of a definitive identity, integration of non-gay individuals allows for peace and stability in the life of the LG individual.

In all likelihood, LGs experience many of the same types and qualities of cognitive distractions during sexual activity as do heterosexual people. However, LGs likely experience myriad forms of cognitive distractions that are unique to their sexual orientation and identity development. For example, the cognitive distraction of preoccupation with being discovered in the act of sex by a third-party intruder theoretically has an additional layer of meaning for LG individuals. In addition to the usual concerns surrounding being caught during sex, such as embarrassment, consequences for violating parents' moral beliefs against premarital sex, and so on, one consequence specific to LG individuals caught during sex may be having their sexual orientation revealed unintentionally. Both theoretical and empirical literature consistently has delineated the delicate nature and implicational gravity of "being out" for many LG individuals, such as being rejected by others, being fired from work, and so on (Iwasaki & Ristock, 2007; Ward & Winstanley, 2005). As another example, a cognitive distraction that may differ

qualitatively for gay men relative to lesbians and heterosexuals is the concern for becoming HIV infected from a sexual experience with another man. Although HIV infection may occur via sexual activity irrespective of sexual orientation and gender, statistically, HIV infection is far more likely to occur among men who engage in high risk sex with other men than among other types of dyadic sexual activity (i.e., heterosexual sex and lesbian sex; Center for Disease Control and Prevention, 2007). Further, struggles with internalized heterosexism (often referred to as homophobia or homonegativity) may also represent a type of cognitive distraction during sex among individuals whose sexual identity as a gay or lesbian has not crystallized or for individuals with only a partial awareness of a budding homosexual orientation. Such individuals may be distracted by thoughts that question their attraction to members of the same sex or the pleasure they derive from engaging in same-sex activity.

All considered, it seems likely that the types and quality of cognitive distractions during sexual activity may vary more for LG individuals than for heterosexual people. Additional information about cognitive distractions during sexual activity, particularly among LG individuals, may contribute to a better and nuanced understanding of this seemingly common phenomenon. Also, learning more about the similarities and potential dissimilarities in cognitive distractions during sex between LG and heterosexual people may have clinical implications for therapists who provide treatment for sexual dysfunction to LG clients.

Additional variables were included in this study because of their potential relation to the research questions. Participants' trait anxiety was assessed because spectating is theorized to be based on anxiety (Masters & Johnson, 1970). Also, attitudes toward LGs were assessed because Rowen and Malcolm (2002) found that HIF is negatively correlated with internalized

homophobia or homonegativity, which may influence sexual dysfunction. Measures of self-esteem and depression were included to assess participants' feelings about themselves and depressive symptoms, as these variables also have been shown to correlate with sexual dysfunction (Althof et al., 2006; Hartmann, 2007). Two variables overlooked in previous studies on this topic—religiosity and narcissism—were assessed because they logically ought to be linked with cognitive distractions during sex. Studies consistently indicate that attitudes and the perceived freedom to engage in sex often are influenced by individuals' interpretation and commitment to their religious beliefs (Murray, Ciarrocchi, & Murray-Swank, 2007). Regarding narcissism, a component of cognitive distraction identified in early research with men was spectating or self-monitoring. Although spectating theoretically may be driven by underlying insecurities, it also may occur as a result of a heightened preoccupation with one's self or status, particularly in regards to sexual prowess and performance. Finally, participants' general distractibility levels were assessed because the propensity for being distracted in a broader sense may be related to distractibility even during intimate moments such as sexual activity.

Hypotheses

In light of HIF theory, it was hypothesized that LG participants would report more frequent non-erotic cognitive distractions during sexual activity compared to heterosexual participants. This hypothesis was made based on the notion that LG individuals—particularly young LG individuals as are the college students who served as this study's sample—likely would have higher levels of internalized heterosexism and heightened concerns over being discovered by others for being “gay.” Thus, it was expected that their range of cognitive

distractions during sex would include thoughts that reflect these LG-specific concerns, relative to a comparable group of heterosexual college students.

Because previous studies (e.g., Conner, Johnson, & Grogan, 2004; Meana & Nunnink, 2006) have found that heterosexual women tend to be most preoccupied with their bodies' images—a preoccupation that sometimes is found among gay men (Conner, Johnson, & Grogan)—it also was hypothesized that heterosexual women in this study would manifest the most body image concerns, followed by gay men, who in turn would have higher body image concerns than heterosexual men, who, in turn, would have higher body image concerns than lesbians.

CHAPTER TWO: METHODOLOGY

Participants

The study sample was composed of 200 (104 females, 96 males) undergraduate college students at a large public university in the southeastern region of the United States. Participants' sexual orientation was based on the Kinsey, 7-point scale discussed below (Kinsey, Pomeroy & Martin, 1948). Individuals who endorsed self-reported their sexual orientation as "0," indicating that they were "exclusively heterosexual," were included in the heterosexual sample, and individuals who self-reported their sexual orientation as "5," indicating that they were "mostly homosexual, but with incidental heterosexual identification," or "6," indicating that they were "exclusively homosexual," were included in the LG group. Lesbians ($n = 52$) and gay men ($n = 48$) were matched with a heterosexual participant on gender, race/ethnicity, and age in order to control for these sociodemographic variables. Regarding ethnicity, 136 (68%) of the students self-identified as White American (non-Hispanic), 42 (21%) as Hispanic/Latino/a, 8 (4%) as African American, and 14 (7%) as "other." Willing participants were recruited from Psychology courses as well as from the university's Gay, Lesbian, and Bisexual Student Organization (GLBSU).

Materials

Demographic questionnaire. A demographic questionnaire assessed participants' gender, age, ethnicity, current educational status, and parents' educational attainment. Participants were asked to report if they have been sexually active in the past three months. Data from participants who had not been sexually active in the past three months were not considered for analysis, as they were determined to be less likely to recall cognitive distractions they may have experienced

during previous sexual activity. Participants were asked to report their age when they first engaged in sexual activity with a partner (defined by any form of genital contact), if they were in a relationship at the time of participation, and if they were, the length of time they had been in the relationship, and to indicate one or more circumstances under which they have had sexual encounters during the past three months. Response options were: (1) with a complete stranger; (2) with a casual acquaintance; (3) with someone they are casually dating; (4) with someone with whom they are in a committed relationship; and (5) with someone to whom they are engaged or married. Finally, an item soliciting qualitative responses about sexual satisfaction is included, as previous research has shown that differences in the way that men and women conceptualize sexual satisfaction may exist (Haavio-Mannila & Kontula, 1997).

Non-Erotic Cognitive Distraction Questionnaire (NECDQ). A 15-item questionnaire designed to assess the type and prevalence of non-erotic cognitive distractions, as well as the amount of anxiety and related to the distractions was developed by the authors. Participants' responses to the items were analyzed using Exploratory Factor Analysis with principal components extraction, truncation using the Kaiser criterion, and Quartimax rotation all performed on SPSS Windows 16.0. After extraction and truncation, the first four values had eigenvalues greater than one. Together they accounted for 67.55% of variance. After Quartimax rotation, the largest component accounted for 31.12% of variance; the items loading most highly onto this rotated component were "It is difficult to enjoy sex because of my concerns over how my body appears to my partner" (.829), "During sexual activity, I think about how unattractive my body is" (.802), "During sexual activity, I worry that my partner will get turned off by seeing my body without clothes" (.800), "During sexual activity, I worry about how my body looks"

(.771), and “During sexual activity, I prefer to be in a position such that my partner cannot see my body” (.728). All other items had loadings of .314 or below. The second largest component after rotation accounted for 14.53% of variance; the items loading most highly onto this component were “During sexual activity, I worry that my partner will not have an orgasm” (.812), “During sexual activity, I worry that my partner may not enjoy the activity with me” (.801), “I worry about whether my actions are satisfying my partner during sexual activity” (.757), and “During sexual activity, I am distracted by thoughts about my sexual performance” (.666). All other items had loadings of .281 or below. The third largest component after rotation accounted for 11.54% of variance; the items loading most highly onto this component were “During sexual activity, I feel like I am doing something immoral or sinful” (.769), “During sexual activity, I have concerns that someone may see or catch me in the act” (.753), “During sexual activity, I feel guilty about having sex” (.700), and “During sexual activity, I worry that someone may overhear what I am doing” (.626). All other items had loadings of .2 or less. The fourth largest component after rotation accounted for 10.36% of variance; the items loading most highly onto this component were “I worry about getting a sexually transmitted disease (STD) during sexual activity” (.935) and “I worry about getting AIDS during sexual activity” (.935), with all other items loadings at .272 or less. The four factors that emerged were labeled Body Image Concerns, Performance Concerns, Emotional External Concerns, and Disease Concerns.

The five questions pertaining to body image and four questions pertaining to physical performance were adapted from Dove and Weiderman’s (2000) scale. Because the Dove and Wiederman scale was intended to assess body image- and performance-based distractions in women, some questions were modified to be gender and sexual orientation neutral in their

presentation. Questions for disease-based concerns and emotional external-based concerns were developed based on findings by Purdon and Holdaway (2006). Respondents indicate their agreement to item statements (with respect to the extent to which they experience the distraction) using a 5-point Likert-type scale ranging from 1 (Never) to 5 (Always). Based on the present sample, the body image subscale obtained Cronbach reliability coefficients of .89. and .91 for heterosexual and LG participants, respectively. The physical performance subscale obtained Cronbach reliability coefficients of .83 and .81 for heterosexual and LG participants, respectively. The disease concern subscale obtained Cronbach reliability coefficients of .87 and .92 for heterosexual and LG participants, respectively. The external/emotional consequence subscale obtained Cronbach reliability coefficients of .66 and .67 for heterosexual and LG participants, respectively. Test-retest data on 26 participants obtained an overall reliability (Pearson r) of .74 for the NECDQ.

Each question on the NECDQ was followed by a companion question asking participants to rate the extent to which they experienced anxiety in reference to the distraction. Respondents indicate the extent to which they experience anxiety related to the distraction using a 5-point Likert-type scale ranging from 1 (Not at all) to 5 (Very much). Based on the present sample, questions assessing anxiety related to items on the body image subscale obtained Cronbach reliability coefficients of .89 and .91 for heterosexual and LG participants, respectively. Questions assessing anxiety related to items on the physical performance subscale obtained Cronbach reliability coefficients of .88 and .85 for heterosexual and LG participants, respectively. Items assessing anxiety related to disease concern obtained Cronbach reliability coefficients of .86 and .90 for heterosexual and LG participants, respectively. Items assessing

anxiety related to emotional external concerns obtained Cronbach reliability coefficients of .75 and .73 for heterosexual and LG participants, respectively.

Attitude Toward the Acceptability of Sexual Activity. Participants were instructed to read five statements developed by this author in reference to the acceptability of sexual activity among consenting adults and to select the statement with which they most agreed by circling the number next to the statement. The statements were: (1) Sex is purely recreational and is acceptable even between anonymous partners. (2) Individuals who engage in sex ought to at least know their sexual partner. (3) Sexual activity should only occur between individuals who at least are in a dating relationship. (4) Sexual activity should only occur between individuals who are in love and in a committed relationship with one another. (5) Sexual activity should occur only between legally married couples. Higher scores reflect relatively conservative attitudes toward the acceptability of sexual activity, whereas lower scores reflect relatively liberal attitudes.

Kinsey Scale. Sexual orientation was assessed by self-report using a modified 7-point Kinsey scale (Kinsey, Pomeroy, & Martin, 1948). Responses range from 0 for exclusive heterosexuality to 6 for exclusively homosexuality. Participants rated themselves on the following four dimensions: self-identification, sexual/romantic attraction, sexual/romantic fantasy, and sexual behavior. Although shortcomings of the Kinsey scale have been noted by some researchers (e.g., Pattatucci, Patterson, & Benjamin, 1998; Savin-Williams & Ream, 2007; Sell, 1993), other researchers (e.g., Gangestad, Bailey, & Martin (2000) have suggested the Kinsey scale is pragmatic and frees participants to denote themselves on continua that assess fantasies and actual behaviors (rather than pressuring participants to label themselves in accordance to social conventions).

Trait subscale of the State-Trait Anxiety Inventory (STAI). The trait subscale of the STAI is a 20-item measure (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) designed to screen for symptoms of long-standing, chronic anxiety in non-clinical populations. Participants responded to each item by rating how characteristic each item is of them on a Likert-type scale. After reversing nine items, individual item scores are summed to obtain an overall composite score, with higher scores suggesting more elevated levels of anxiety. For the present sample, the trait subscale of the STAI obtained a Cronbach's reliability coefficient of .92 and .89 for heterosexual and LG participants, respectively.

Conners' Adult ADHD Rating Scale (CAARS; Conners, Erhardt, & Sparrow, 1999). All participants completed the CAARS 9-item Inattentiveness subscale) to assess their level of general level of distractibility. Items on this subscale align with DSM-IV criteria for determining inattention in individuals with ADHD. A sample from this subscale is "I am distracted when things are going on around me." Respondents make a rating on a 4-point Likert scale ranging from "0" for "Not at all, or never," to "3" for "Very much, very frequently." The CAARS self-report DSM-IV Inattentiveness subscale has moderate to high psychometric properties. For the present sample, CAARS obtained a Cronbach's reliability coefficient of .83 and .84 for heterosexual and LG participants, respectively.

Trait subscale of the Physical Appearance State and Trait Anxiety Scale (PASTAS). To assess respondents' anxiety related to attitudes toward their appearance and bodies, all participants completed the trait-version of the *Physical Appearance State and Trait Anxiety Scale* (PASTAS) (Reed, Thompson, Brannick, & Saco, 1991). The PASTAS contains 16 specific body parts (e.g., buttocks, hips, hands, etc.) to which respondents rate the extent to which the parts

cause them to feel anxious, concerned, or nervous. Using a 5-point Likert scale, response options are “never,” “rarely,” “sometimes,” “often,” and “always.” High scores indicate more anxiety and a lack of acceptance of one’s body. Based on the present sample of participants, the PASTAS obtained a Cronbach’s reliability coefficient of .86 and .89 for heterosexual and LG individuals, respectively.

Heterosexual Attitudes Toward Homosexuality (HATH). All participants completed the HATH questionnaire (Larsen, Reed, & Hoffman, 1980). This is a 20-item scale assessing attitudes and beliefs in response to gay and lesbian people. Participants respond to items using a 5-point Likert scale, with response options ranging from “strongly disagree” to “strongly agree.” Higher scores reflect higher levels of homonegativity. A sample item is “I avoid homosexuals whenever possible.” Although HATH typically serves as a measure of homonegativity, for the purposes of this study, it also will serve as a measure of internalized homophobia for LG participants. For the present sample, HATH obtained a Cronbach’s reliability coefficient of .80 and .90 for heterosexual and LG participants, respectively.

Religiosity. Religiosity has been negatively correlated with permissive attitudes toward sex and engaging in high-risk sexual behavior (Murray, Ciarrocchi, & Murray-Swank, 2007). To assess participants’ commitment to religion, and examine its possible correlation with cognitive distraction during sexual activity, they completed ten items developed by Batson, Schoenrade, and Ventis (1993) that assess respondents’ reasons for believing in a religion. A sample item is “When it comes to religious questions, I feel driven to know the truth.” Response options for these items ranged from “strongly disagree” to “strongly agree.” Higher scores reflect more

religiosity. Based on the present sample, this scale obtained a Cronbach's reliability coefficient of .63 and .79 for heterosexual and LG participants, respectively.

Narcissism Personality Inventory-16 (NPI-16). The NPI-16 (Ames, Anderson, & Rose, 2005) is a shortened version of the longer, 40-item version. Items are forced-choice responses between paired, contradictory items. (e.g., "I like to be the center of attention" versus "I prefer to blend in with the crowd") The NPI-16 has been found to have acceptable internal, discriminant, and predictive validity. As with the NPI-40, the NPI-16 is highly correlated with Costa and McCrae's NEO Five Factor Inventory (1992) of personality. Based on the present sample, this scale obtained a Cronbach's reliability coefficient of .65 and .84 for heterosexual and LG participants, respectively.

Rosenberg Self-Esteem (RSE) scale. All participants completed the Rosenberg Self-Esteem (RSE) scale (Rosenberg, 1989). The RSE scale consists of ten items to which participants respond using a Likert-type system. The scale measures two dimensions of self-esteem: self-confidence and self-deprecation. A composite score is generated by reversing five of the items and then summing across items. Higher scores on the RSE scale are indicative of higher levels of self-esteem. Based on the present sample, RSE obtained a Cronbach's reliability coefficient of .87 and .88 in heterosexual and LG participants, respectively.

Beck Depression Inventory-II (BDI-II). The BDI-II (Beck, Rush, Shaw, & Emery, 1979) is a 21-item scale designed to measure symptoms of depression. The BDI-II has been widely used with non-clinical populations, and yields high internal consistency (.89 to .94) and high to moderate concurrent validity (Beck, Steer, & Brown, 1996). Participants rate how true the items are for them in reference to the previous two weeks using a Likert-type scale. Individual item

scores are summed to obtain an overall composite score, with higher scores suggesting more symptoms of depression present. Based on the present sample, this scale obtained a Cronbach's reliability coefficient of .91 and .92 for heterosexual and LG participants, respectively.

The Eating Disorder Inventory-3 Body Dissatisfaction scale (EDI-BD; Garner, 2004). The EDI-BD also will be used to measure body image. Participants respond to each of the subscale's ten items on a Likert scale to indicate their degree of satisfaction or dissatisfaction with various dimensions of their appearance. This scale obtained a Cronbach's reliability coefficient of .88 and .86 for heterosexual and LG participants, respectively.

Procedure

The questionnaire packets were available to willing participants during Psychology courses, as well as on the university's online research program. Questionnaire packets also were distributed in Gay, Lesbian, Bisexual Student Union meetings (GLBSU). Participants recruited from Psychology courses and online were compensated with extra credit toward their respective courses, and participants recruited from GLBSU were compensated with five dollars cash. All participants were briefed about the nature of the study within the consent forms; additional verbal briefing was given prior to the distribution of questionnaire packets in GLBSU. Participation length lasted less than thirty minutes, on average.

CHAPTER THREE: RESULTS

Hypothesis 1

The first hypothesis predicted that LG participants would report significantly more non-erotic cognitive distractions (NECDQ) during sexual activity than heterosexual participants. To test this hypothesis, a multiple analysis of covariance (MANOVA) was conducted, with sexual orientation as the independent variable (IV). Although gender was not part of this hypothesis, gender was included as an IV in order to possibly elucidate findings. The four scales of the NECDQ (body image concerns, performance concerns, morality concerns, and disease concerns) served as dependent variables (DVs). Response options ranged from 1 (*Never experience the distraction*) to 5 (*Always experience the distraction*), with the response of 3 indicating “*Sometimes*.” Based on those options, I presume that a response of 1 or 2 represents infrequent occurrence of the distraction during sexual activity, 4 or 5 represents frequent occurrence of the distraction during sexual activity, and a response of 3 represents moderate occurrence of the activity.

Table 1 shows the means and standard deviations on the NECDQ scales obtained by participants by sexual orientation and gender. The data supported the hypothesis. Sexual orientation was associated with a significant effect on non-erotic cognitive distractions (using Wilks’ Lambda, $F [4, 193] = 8.28, p < .001, \text{partial } \eta^2 = .146$). Univariate tests indicated that LG participants reported significantly more concerns with their body image ($M = 2.18, SD = .88$) than heterosexual participants ($M = 1.71, SD = .73$), ($F [1, 196] = 18.34, p < .001, \text{partial } \eta^2 = .086$), as well as with their sexual performance ($M = 2.43, SD = .85$) compared to heterosexual participants ($M = 2.09, SD = .83$), ($F [1, 196] = 7.85, p < .05, \text{partial } \eta^2 = .038$). In absolute terms, using the aforementioned criteria for interpretation of response options, both groups

reported relatively infrequent body image- and performance-based distractions during sexual activity. LG participants also expressed more concerns about contracting an STI during sexual activity ($M = 2.19, SD = 1.18$) compared to heterosexual participants ($M = 1.62, SD = .85$), ($F [1, 196] = 18.21, p < .001, \text{partial } \eta^2 = .085$). In absolute terms, both groups reported relatively infrequent disease-based distractions during sexual activity.

In order to determine if one or more study variables would account for observed differences on the three NECDQ subscales obtained by LG and heterosexual participants, initially a MANOVA was conducted to determine if LG and heterosexual differed on the study variables. Sexual orientation was the IV, and additional study variables (HATH, Religiosity, NPI-16, PASTAS, CAARS, RSE, BDI-II, EDI-3, and STAI) served as DVs. To control for Type I error due to multiple comparisons, a Bonferroni adjustment was made to the alpha level for nine total comparisons. The new alpha level is .006 (.05/9). Significant group differences were observed on HATH ($F [1, 198], = 83.55, p < .006, \text{partial } \eta^2 = .297$), Religiosity ($F [1, 198], = 21.76, p < .006, \text{partial } \eta^2 = .099$), and PASTAS ($F [1, 198], = 8.79, p < .006, \text{partial } \eta^2 = .042$). A series of MANCOVAs were then conducted in which sexual orientation was the IV, the three NECDQ subscales on which LG and heterosexual participants differed were DVs, and the three additional study variables on which the groups differed (HATH, Religiosity, and PASTAS) were entered as covariates individually and in alternating combinations. The MANCOVAs continued yielding statistically significant LG-heterosexual participant groups differences on the three NECDQ subscales ($F [3, 193] = 8.38, p < .001, \text{partial } \eta^2 = .115$), suggesting that none of the additional study variables accounted for LG—heterosexual differences on the NECDQ

subscales. Table 2 shows the means and standard deviations on all study variables (except for the NECDQ subscales) by sexual orientation and gender.

Gender also was associated with a significant effect on non-erotic cognitive distractions ($F [4, 193] = 5.45, p < .001, \text{partial } \eta^2 = .101$). Univariate tests indicated that men reported significantly more distractions related to disease concerns ($M = 2.20, SD = 1.17$) than women ($M = 1.63, SD = .89$), ($F [1, 195] = 17.03, p < .001, \text{partial } \eta^2 = .081$). In absolute terms, the average response of both male and female participants fell within the “Infrequent” range. The genders did not differ significantly on the remaining three NECQD subscales (all $ps > .05$).

There also was a significant effect associated with the interaction between sexual orientation X gender ($F [4, 193] = 6.26, p < .001, \text{partial } \eta^2 = .115$). Univariate tests indicated there was a significant sexual orientation X gender interaction on body image concerns ($F [1, 196] = 5.02, p < .05, \text{partial } \eta^2 = .025$), disease concerns ($F [1, 196] = 12.21, p < .005, \text{partial } \eta^2 = .059$), and external/emotional consequences ($F [1, 196] = 3.98, p < .05, \text{partial } \eta^2 = .020$).

Visual inspection of Figures 1-3 reveal that in the heterosexual sample, women reported more body image-based distractions during sexual activity ($M = 1.89, SD = .82$) than men ($M = 1.51, SD = .57$). By contrast, among LG participants, men reported more body image-based distractions than women ($M = 2.25, SD = .96$ and $M = 2.12, SD = .80$, respectively). Although heterosexual men reported higher levels of disease-based distractions ($M = 1.67, SD = .80$) than heterosexual women ($M = 1.58, SD = .90$), the difference between gay men’s and lesbians’ disease-based distractions was more conspicuous, with gay men’s scores being higher than lesbians’ scores ($M_s = 2.73$ and 1.68 [$SD_s = 1.24$ and $.87$], respectively). Heterosexual women reported more external/emotional-based distractions ($M = 1.76, SD = .61$) than heterosexual men

($M = 1.54, SD = .53$), whereas gay men reported more external/emotional-based distractions ($M = 1.83, SD = .74$) than lesbians ($M = 1.71, SD = .51$).

Hypothesis 2

The second hypothesis predicted that heterosexual women would report the greatest amount of body image anxiety (as measured by PASTAS), followed by gay men, who in turn would express greater body image concerns than heterosexual men, followed by lesbians, who were predicted to report the fewest body image concerns. In order to test this, a one-way analysis of variance (ANOVA) was performed using participant group (e.g., lesbians, gay men, heterosexual women, and heterosexual men) as the IV; PASTAS served as the DV.

The data partially supported the hypothesis. Participant group was associated with a significant effect on PASTAS ($F [3, 196] = 9.39, p < .001, \text{partial } \eta^2 = .126$). In terms of ranking and consistent with the hypothesis, heterosexual women expressed higher levels of body image concerns ($M = 1.02, SD = .51$) than gay men ($M = .93, SD = .73$), who in turn expressed more body image concerns than heterosexual men ($M = .57, SD = .55$). However, contrary to the hypothesis, lesbians expressed the highest level of body image concerns ($M = 1.19, SD = .58$) compared to the other groups (instead of the lowest level of concerns as predicted). Based on Tukey's test for post hoc comparisons, the differences in levels of body image concerns between gay men and heterosexual men achieved statistical significance, as did differences between heterosexual women and heterosexual men ($ps < .05$). Differences between lesbians and heterosexual men achieved statistical significance ($p < .001$).

Comparisons on Anxiety

Each item on the NECDQ included a follow-up item asking participants to indicate the degree to which they experienced anxiety from the distraction at the time that it occurred (see Appendix). To determine whether differences in reported anxiety existed between groups as a function of sexual orientation and gender, a MANOVA was conducted using sexual orientation and gender as IVs and the four anxiety subscales of the NECDQ as DVs. Consistent with how findings were interpreted for Hypothesis 1, results are presented in both absolute and comparative terms. Based on the same 5 response options to statements, a response of 1 or 2 presumably reflects a low degree of anxiety, 4 or 5 reflects a high degree of anxiety, and 3 reflects moderate anxiety about the statement. Sexual orientation was associated with a significant effect on the NECDQ anxiety subscales ($F [4, 193] = 5.92, p < .001, \text{partial } \eta^2 = .109$). Univariate tests indicated that LG participants, on average, reported significantly more anxiety related to body image-based distractions during sexual activity than heterosexual participants ($M_s = 2.12$ and 1.66 [$SD_s = .95$ and $.82$], respectively) ($F [1, 196] = 14.73, p < .001, \text{partial } \eta^2 = .070$), as well as significantly more anxiety related to disease-based distractions ($M_s = 2.29$ and 1.74 [$SD_s = 1.38$ and 1.06], respectively) ($F [1, 196] = 11.68, p < .01, \text{partial } \eta^2 = .056$). In absolute terms, both groups reported a relatively low degree of anxiety on all subscales of anxiety related to non-erotic cognitive distractions during sexual activity.

Gender was associated with a significant effect for anxiety related to the NECDQ subscales ($F [4, 193] = 6.31, p < .001, \text{partial } \eta^2 = .116$). Univariate tests indicated that men, on average, reported significantly more anxiety related to disease-based distractions than women ($M_s = 2.30$ and 1.75 [$SD_s = 1.39$ and 1.05], respectively) ($F [1, 196] = 10.97, p < .01, \text{partial } \eta^2 =$

.053). None of the other univariate tests achieved statistical significance (all $ps > .05$). In absolute terms, both genders reported a relatively low degree of anxiety on disease-related distractions.

There also was a significant effect associated with a sexual orientation X gender interaction in regards to anxiety ($F [4, 193] = 6.05, p < .001, \text{partial } \eta^2 = .111$). Univariate tests indicated significant sexual orientation X gender interaction for anxiety on distractions related to body image concerns ($F [1, 196] = 4.16, p < .05, \text{partial } \eta^2 = .021$), physical performance concerns ($F [1, 196] = 4.10, p < .05, \text{partial } \eta^2 = .020$), disease concerns ($F [1, 196] = 8.40, p < .05, \text{partial } \eta^2 = .041$), and emotional external consequences ($F [1, 196] = 4.11, p < .05, \text{partial } \eta^2 = .021$). Visual inspection of Figures 4-7 reveal that in the heterosexual sample, women reported more anxiety related to body image-based distractions during sexual activity ($M = 1.88, SD = .93$) than men ($M = 1.41, SD = .59$). Among LG participants, men reported more anxiety related to body image-based distractions than women ($M = 2.14, SD = 1.04$ and $M = 2.11, SD = .88$, respectively). Although heterosexual women reported more anxiety related to physical performance-based distractions ($M = 2.15, SD = 1.00$) than heterosexual men ($M = 1.89, SD = .89$), the difference between lesbians' and gay men's performance-based anxiety was modestly more conspicuous, with lesbians reporting more anxiety related to physical performance-based distractions ($M = 2.44, SD = .97$) than gay men ($M = 2.14, SD = .98$). Although heterosexual men reported more anxiety related to disease-based distractions ($M = 1.77, SD = 1.08$) than heterosexual women ($M = 1.70, SD = 1.04$), the difference between gay men's anxiety ($M = 2.82, SD = 1.48$) and lesbians' anxiety ($M = 1.79, SD = 1.06$) over disease-based distractions was more conspicuous, with gay men scoring higher than lesbians. Finally, although gay men

reported modestly more anxiety related to external/emotional-based distractions ($M = 1.66$, $SD = .80$) than lesbians ($M = 1.63$, $SD = .68$), the difference in anxiety between heterosexual women ($M = 1.84$, $SD = .84$) and heterosexual men ($M = 1.45$, $SD = .53$) was more conspicuous, with heterosexual women obtaining higher scores on anxiety related to external/emotional-based distractions than men.

Exploratory Analyses

Standard multiple regressions were performed predicting each of the four subscales of non-erotic cognitive distractions during sexual activity (NECDQ) from the following study variables: homonegativity, religiosity, self-esteem, trait anxiety, body dissatisfaction (EDI-3), and body image anxiety (PASTAS) for each group of participants (i.e., gay men, lesbians, heterosexual men, and heterosexual women). Examination of indicators suggestive of problems with collinearity among the predictor variables (e.g., small tolerance values, beta coefficients greater than 1, relatively large variance inflation factors [Tabachnick & Fidell, 4th Edition]) showed no indication of apparent difficulties of collinearity. Overall, the variables conjointly predicted body image-based distractions and disease-based distractions for gay men (Multiple $R^2 = .39$, $F [6, 41] = 4.42$, $p < .01$ and Multiple $R^2 = .32$, $F [6, 41] = 3.18$, $p < .05$, respectively). The variable that individually contributed to the prediction of body image-based distractions in gay men was body dissatisfaction ($B = .34$; $t = 2.08$, $p < .05$). The variables that contributed to the prediction of disease-based concerns in gay men were: homonegativity ($B = .353$; $t = 2.20$, $p < .05$) and body image anxiety ($B = .53$; $t = 2.97$, $p < .01$). Overall, the variables conjointly predicted body image-based distractions for lesbians (Multiple $R^2 = .33$, $F [6, 45] = 3.72$, $p < .01$); however, no individual variables achieved statistical significance. Overall, the variables

conjointly predicted body image-based distractions (Multiple $R^2 = .32$, $F [6, 41] = 3.19$, $p < .05$) and physical performance-based concerns (Multiple $R^2 = .32$, $F [6, 41] = 3.23$, $p < .05$) for heterosexual men. Though no variable individually contributed to the prediction of body image-based concerns in heterosexual men, body image anxiety individually contributed to physical performance-based distractions ($B = .41$; $t = 2.21$, $p < .05$). Overall, the variables conjointly predicted body image-based distractions for heterosexual women (Multiple $R^2 = .32$, $F [6, 45] = 3.48$, $p < .01$). The variable that individually contributed to the prediction of body image-based distractions in heterosexual women was body dissatisfaction ($B = .37$; $t = 2.05$, $p < .05$). All remaining multiple regressions for the four groups of participants failed to achieve statistical significance.

Additional analyses were conducted to determine if attitudes toward sex were related to non-erotic cognitive distractions during sexual activity. Higher scores on this one-item scale reflect relatively open or liberal views toward sex. Table 4 shows the zero-order correlations between attitudes toward sex and the non-erotic cognitive distraction scales by sexual orientation and gender. Among gay men, liberal attitudes toward sex correlated negatively with distractions related to emotional concerns ($r [46] = -.33$, $p < .05$), whereas among heterosexual women, liberal attitudes toward sex correlated positively with distractions related to body concerns ($r [50] = .39$, $p < .01$) and disease concerns ($r [50] = .32$, $p < .05$). Attitudes toward sex did not correlate significantly with any of the distractions among lesbians and heterosexual men (all $ps > .05$).

CHAPTER FOUR: CONCLUSIONS AND FUTURE RESEARCH

Discussion

The current study sought to expand literature relevant to sexual dysfunction related to spectating behavior and, more broadly, to non-erotic cognitive distractions during sexual activity by including a sample of LG individuals and previously unexamined potential correlates. The first hypothesis broadly predicted that LG participants would report significantly more non-erotic cognitive distractions (NECDQ) during sexual activity than heterosexual participants. This hypothesis was supported. Although findings from all groups were suggestive of relatively infrequent distractions, LG individuals reported significantly more non-erotic cognitive distractions related to body image, performance, and disease concerns than their heterosexual counterparts. Two of the three NECDQ distraction subscales on which LGs differed from heterosexuals (i.e., body image- and physical performance-based distractions) represent the phenomenon of spectating during sexual activity. Those types of distractions also reflect concerns about how they are being perceived by their partners in terms of both appearances and ability to perform sexually. Thus, it seems that, relative to heterosexuals, LG individuals may experience in various degrees heightened levels of inadequacy during sexual activity.

LG participants, on average, also expressed relatively higher levels of distractions related to their concerns over contracting a sexually related illness. Despite that all individuals—irrespective of sexual orientation—may acquire an STI if engaging in unprotected sex with persons whose health status is unknown to them, LG individuals appear to have relatively heightened concerns and concomitant distractions during sex about this. Some of this concern,

particularly among gay men, is valid given the relatively higher frequencies of STIs within the gay community. For example, although syphilis rates are quite low in the United States, 63% of all syphilis cases in the last decade were in men who have sex with men (CDC, 2008). Moreover, other STIs, such as HIV and Hepatitis are disproportionately contracted by men having sex with men (CDC 2009). Gay men's heightened concern over the contraction of an STI during sex was apparent in the interaction effect between sexual orientation and gender, whereby gay men had the highest level of disease-related distractions compared to the other three participant groups.

The only category of distractions on which LG and heterosexual participant did not differ significantly was the category of external/emotional concerns. Items constituting that category tended to assess concerns over being discovered during sex. Although such a situation can be troublesome for individuals irrespective of sexual orientation, it was anticipated that for LG participants, such concerns would be more salient given that for LGs, being discovered in the act of (homosexual) sex would also reveal their sexual orientation. Having their homosexuality revealed could create problems with the person who had discovered them, and could lead to being "outed" to others against their will. In light of no significant external/emotional distractions between LGs and heterosexual participants in this study, perhaps, the threat of being discovered or "out-ed" was minimal of concern to LG participants because many of the LG participants were recruited from an LG student organization in which most members are presumably open about their sexual orientation.

An attempt was made to determine if additional study variables may have accounted for the obtained LG-heterosexual differences in cognitive distractions during sexual activity.

Despite that LG and heterosexual participants differed significantly on three of the extra-study variables included in this study (i.e., homonegativity, religiosity, and body image anxiety as measured by PASTAS), the LG-heterosexual differences on the three categories of distractions remained statistically significant after controlling for the extra-study variables. Either the LG-heterosexual differences on cognitive distractions are robust phenomena, or other variables not included in this might account for the differences.

Consistent with the notion that LG participants appear to experience feelings of inadequacy to some degree as manifested in their relatively higher levels of body image and performance distractions during sex, compared to heterosexuals, LG participants were found to experience relatively higher levels of anxiety related to all four categories of distractions. Specifically, LG participants expressed significantly higher levels of anxiety related to distractions about their bodies' appearances, their sexual performance, contracting a sexually-related illness, and external/emotional consequences to being discovered during sex than their heterosexual counterparts.

In the absence of additional data, the author is limited to speculating about the relative heightened levels of anxiety related to distractions during sex for LG participants. Although the construct of guilt was not measured in this study, it is conceivable that LG individuals struggle with guilt related to their sexual orientation in general and to same-sex sexual activity specifically. Perhaps, despite efforts to suppress guilty or shameful thoughts during sexual activity, the presence of guilt associated with homosexuality may evoke anxiety. It is acknowledged that heterosexuals, in various degrees, may experience guilt about matters such as engaging in premarital sex or about being discovered during sex by another individual. It is

reasonable to surmise that in various degrees, LG individuals also experience guilt over those same concerns. However, LG individuals, in various degrees, may experience additional layers of guilt specifically linked to homosexuality (Bybee, Sullivan, Zielonka, & Moes, 2009). With the battle currently raging across the United States over the acceptability of same-sex marriage—and particularly in light of the fact that the majority of states have altered their constitutions to ban same-sex marriages—LG people are acutely aware of contemporary society’s prejudice and in some cases, contempt directed toward them. These findings are consistent with previous studies that have shown that LG individuals report significantly more generalized anxiety symptoms than their heterosexual counterparts (Cochran & Mays, 2009). Although LG and heterosexual participants in this study did not differ significantly on the construct of trait anxiety (as measured by the STAI), the subjective anxiety related to the cognitive distractions during sexual activity is a defining associated characteristic of spectating- and distraction-based sexual dysfunctions (Masters & Johnson, 1970).

Gender differences in distractions and concomitant anxiety also were examined. Although a significant effect for gender suggested an overall trend for differences across the four categories of distractions, men and women only differed significantly on distractions and anxiety related to disease concerns. Men, on average, reported significantly more distractions and anxiety related to sexually-related diseases than women. Moreover, in absolute terms, all participants irrespective of gender or sexual orientation expressed relatively low levels of concern over sexually-related diseases. STIs and their effects vary across genders and LGs versus heterosexuals. For example, the consequences of infection from the human papillomavirus (HPV) adversely affect women more than men due to increased risks of

developing cervical cancer (Dunne et al., 2007). Likewise, HIV infection afflicts gay men and women who have sex with men who have sex with other men significantly more than heterosexual men (stated differently, lesbians have low risks of HIV infection). All considered, all four participant groups should have some concerns related to sexually-related infections and their low levels of disease-related distractions and anxiety are concerning.

Contrary to previous findings (e.g., Meana & Nunnink, 2006; Purdon & Holdaway, 2006), gender differences were not significant for body image or physical performance distractions. Perhaps a useful way to understand the absence of gender findings for body image or physical performance is by examining the significant interactions obtained by sexual orientation and gender. Regarding body image, heterosexual women expressed more distractions and anxiety related to body image compared to heterosexual men. Yet, among LG participants, gay men expressed more body image distractions and anxiety than lesbians. It seems that preoccupations with one's appearance—in a comparative sense—are the province of heterosexual women and gay men. Although the explanation for these discrepant findings is unknown, Siever (1994) has proposed that heterosexual women and gay men both desire to appeal to men and therefore, are concerned about their appearances more than heterosexual men or lesbians.

Despite that women and men did not differ significantly in performance-based distractions and anxiety, there was a significant interaction between sexual orientation and gender regarding performance-related anxiety. Curiously, lesbians in this study experienced more performance anxiety than gay men (heterosexual women also experienced more performance anxiety than heterosexual men, but to a much lesser degree). This study does not

provide any data that would illuminate these results. Additional research is necessary to determine if this finding is unique to this sample or if lesbians tend to have heightened anxiety over sexual performance and what might underlie such anxiety, as this finding is somewhat counter to conventional notions about lesbian sexuality (Califia, 1979).

A significant interaction between sexual orientation and gender was obtained on external/emotional distractions and anxiety. Specifically, heterosexual women reported more distractions and anxiety related to external/emotional concerns, whereas gay men reported more external/emotion-based distractions and anxiety than lesbians. In the United States, among heterosexuals, women generally have less freedom to be sexually active (particularly outside of marriage) than men (Crawford & Popp, 2003; Greaves, 2001; Greene & Faulkner, 2005), thus, are likely to have more concerns than men about being discovered engaging in sexual activity. By contrast, in the United States, there is less acceptance and more condemnation of male homosexuality than female homosexuality (Kerns & Fine, 2005). It is speculated that these findings are a result of the discrepant patterns of social acceptance of sexual activity across the lines of gender and sexual orientation.

The second hypothesis predicted that heterosexual women would report the greatest amount of body image anxiety (as measured by PASTAS), followed by gay men, who in turn would express greater body image concerns than heterosexual men, followed by lesbians, who were predicted to report the fewest body image concerns. This hypothesis was only partially supported. The expected results were based on a previous finding that gay men may experience body image concerns similar to those of heterosexual women (Conner, Johnson, & Grogan, 2004). Extrapolations were made, that because gay men report body image concerns at rates

similar to those of heterosexual women, perhaps lesbians would express body concerns similar to those of heterosexual men. Results of the current study revealed that lesbians reported the greatest amount of body image concerns, followed by (in the order presented) heterosexual women, gay men, and heterosexual men. Comparatively, heterosexual men were found to report the least body image concern than the other three groups, with no significant differences between the other three groups. Except for lesbians expressing the most body image concerns, these findings are consistent with a recent study that found few significant differences in body image between gay men, lesbians, and heterosexual women (Peplau et al., 2009). It suggests that, whereas gay men may report body image concerns in a manner comparable to heterosexual women, the corollary may not true for lesbians. Heterosexual men—compared to the other groups, may be relatively immune to the pressure of having to look attractive, irrespective of whether a man is the intended sexual partner. Additionally, Peplau et al. found that gay men are at greater risk for body dissatisfaction and for that dissatisfaction negatively affecting their sex life, suggesting that these types of distractions may influence sexual dysfunction or diminished pleasure during sexual activity.

Several findings emerged from additional analyses that were carried out for exploratory purposes. Body dissatisfaction significantly predicted body image distractions among gay men and heterosexual women, as well as disease-related distractions among gay men. Body dissatisfaction significantly predicted physical performance distractions among heterosexual men. Aside from another similarity between gay men and heterosexual women, body dissatisfaction clearly represents a source of distress and distraction for various young adults during sexual activity. Perhaps the more noteworthy finding was that homonegativity

significantly predicted disease-related distractions among gay men. It is not uncommon for gay men to have internalized some level of negative social attitudes about homosexuality (Smolenski, Ross, Risser, & Rosser, 2009). Further, the general notion still exists that HIV and AIDS are gay men's illnesses, despite that those conditions can afflict any individual who is sexually active. Although HIV and other STIs clearly warrant concern and precaution among sexually active persons, these findings suggest that internalized homophobia among gay men exacerbates the preoccupation over acquisition of a sexually-related illness.

An additional exploratory analysis revealed that attitudes toward sex were related to non-erotic cognitive distractions for gay men and heterosexual women. Specifically, liberal attitudes toward sex among gay men were associated with fewer distractions related to emotional concerns during sexual activity. This association parallels previous findings that more permissive attitudes toward sex are negatively related to feelings of guilt over sexual activity among college students in general (Mosher & Cross, 1971). Among heterosexual women, liberal attitudes toward sex were associated with more distractions related to body image and disease concerns. This finding is inconsistent with those of a previous study in which a negative relation between permissive sexual attitudes and experiences and body image-based spectating was reported (Faith & Schare, 1993). Although it is unknown what accounts for these discrepant findings, perhaps in the 17 years since their study was published, contemporary U.S. culture has changed in that female young adults today, more than ever, have received a life time of mixed social and media-based messages suggesting that they should enjoy the same sexual freedom as men and strive to be as attractive as possible, even though their appearance may never approximate the women they observe in magazines and movies (Markey & Markey, 2009). The observed relation

in the present study between heterosexual women's liberal attitudes toward sex and increased concerns about contracting an illness during sex likely reflects their awareness of the reality that college students represent one of the populations most at risk for contracting STIs (Revzina & DiClemente, 2005) and that multiple sex partners (a presumed correlate of liberal sexual attitudes) is associated with increased risk for STIs (Peyton et al., 2001).

Limitations of the Study

This study had several limitations. Participants in this study were young adults attending college. Given that the majority of adults in the United States do not graduate from a university, these findings may not generalize to adults in the community. Also, although the author endeavored to select only participants for this study who presented themselves as exclusively or almost exclusively LG and heterosexual, given the developmental stage of these young adults, their sexual orientation may not have fully crystallized and as a result, they may have unwittingly misrepresented their sexual orientation. Also, the participation prerequisite of having engaged in sex during the last three months may have excluded participants who differed than the current sample of participants in various ways, thus further reducing the generalizability of these findings. It is possible that those excluded for sexual inactivity during the past three months may have been more likely to have been affected by cognitive distractions during sexual activity, leading to sexual avoidance for the past three months or more. Finally, controlling for additional variables such as body mass index (BMI), neuroticism, degree of "out"-ness of LG participants, condom use, and participants' satisfaction with their current sex life may have clarified variables underlying observed group differences.

Conclusions and Implications

Collectively, the findings from this study suggest that LG individuals experience a range of cognitive distractions during sexual activity comparable to heterosexuals. The data also suggests that LG individuals experience a higher prevalence and concomitant anxiety related to distractions during sex than their heterosexual peers. Curiously, LG individuals did not endorse more frequent distractions related to external/emotional concerns such as feeling guilty or being “outed” during sex; nonetheless, compared to heterosexuals, they appear to experience more distractions related to internalized homonegativity (particularly among gay men) and elevated distractions related to STI concerns.

The implicit feelings of inadequacy associated with LG participants’ elevated levels of distraction during sexual activity provide potential implications for treatment of sexual dysfunction and, at minimum, may help to improve in vivo sexual pleasure experienced by gay men and lesbians. First, consistent with previous studies, in order to decrease concerns related to practical distractions such as contracting an illness during sex or being interrupted, clinicians may provide psychoeducation related to safer sex practices (Purdon & Holdaway, 2006). The data are unable to inform the author’s speculation, but perhaps gay men reported more frequent concerns related to contracting an illness, at least in part, due to inconsistent condom use. If LG individuals take steps to minimize the potential of contracting an illness through sexual contact, they are likely to experience related distractions less frequently, thus reducing dysfunction and related anxiety.

Additionally, the present findings may aid clinicians by sensitizing them to the potential impact homonegativity and body dissatisfaction have on the psychological well-being of LG

clients. Even in the most intimate setting with a consenting same-sex partner, some LG individuals may be affected by social biases related to homosexuality and be unable to manage insecurities about their physical appearance and how well they perform sexually at the expense of their sexual enjoyment. Although these data were not able to clarify why heterosexual and LG participants differed on several dimensions of distractions, it may behoove therapists to explore these concerns with LG clients if such concerns are presented by LG clients or appear relevant to their presenting problems. Understanding underlying variables contributing to these distractions may be an integral cognitive therapeutic component in reducing their frequency and related anxiety. Future research into this topic should focus on continuing on the path of this preliminary study to elucidate variables contributing to observed group differences and the role that reported distractions during sexual activity play in reported sexual dysfunction.

**APPENDIX A: FIGURE ONE INTERACTION BETWEEN SEXUAL
ORIENTATION AND GENDER ON MEAN RATING OF BODY IMAGE-
BASED DISTRACTIONS (NECDQ)**

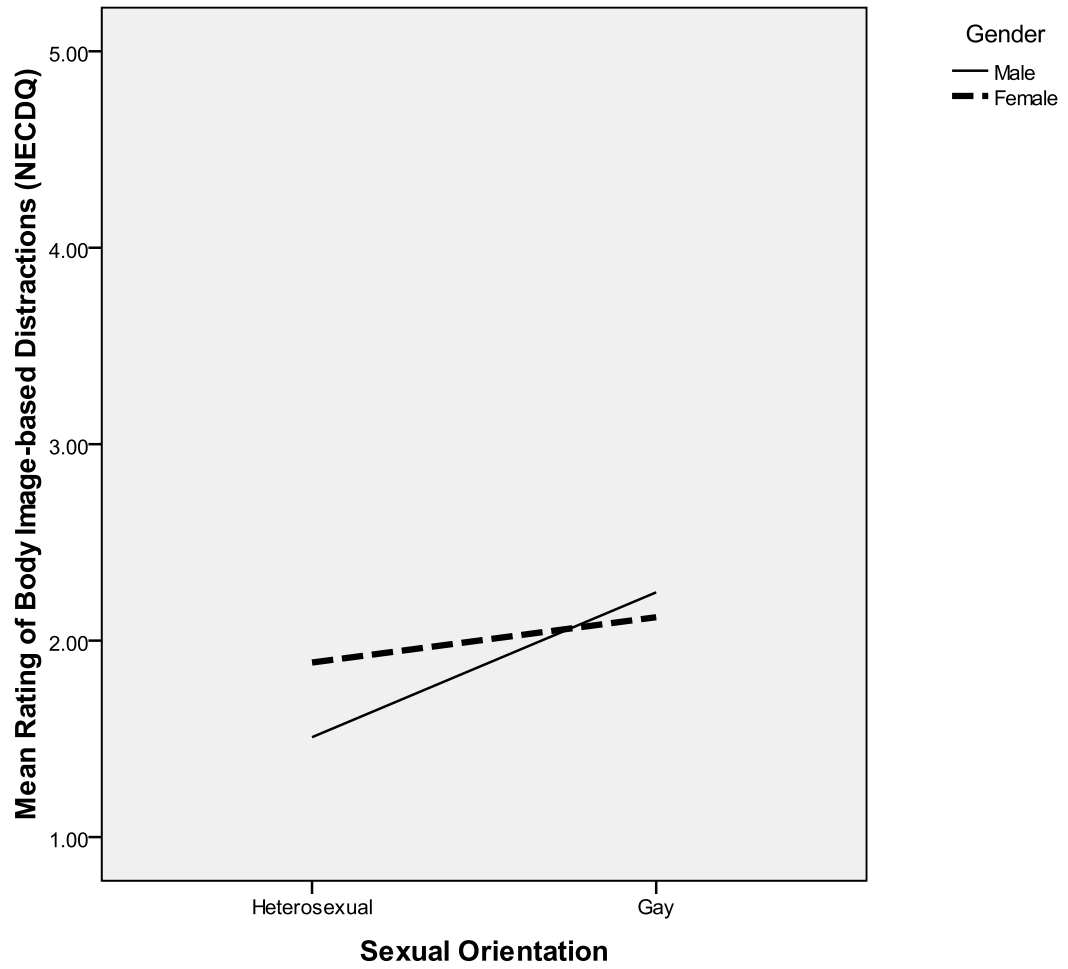


Figure 1 Interaction Between Sexual Orientation and Gender on Mean Rating of Body Image-based Distractions (NECDQ)

**APPENDIX B: FIGURE TWO INTERACTION BETWEEN
SEXUAL ORIENTATION AND GENDER ON MEAN RATING OF
DISEASE-BASED DISTRACTIONS (NECDQ)**

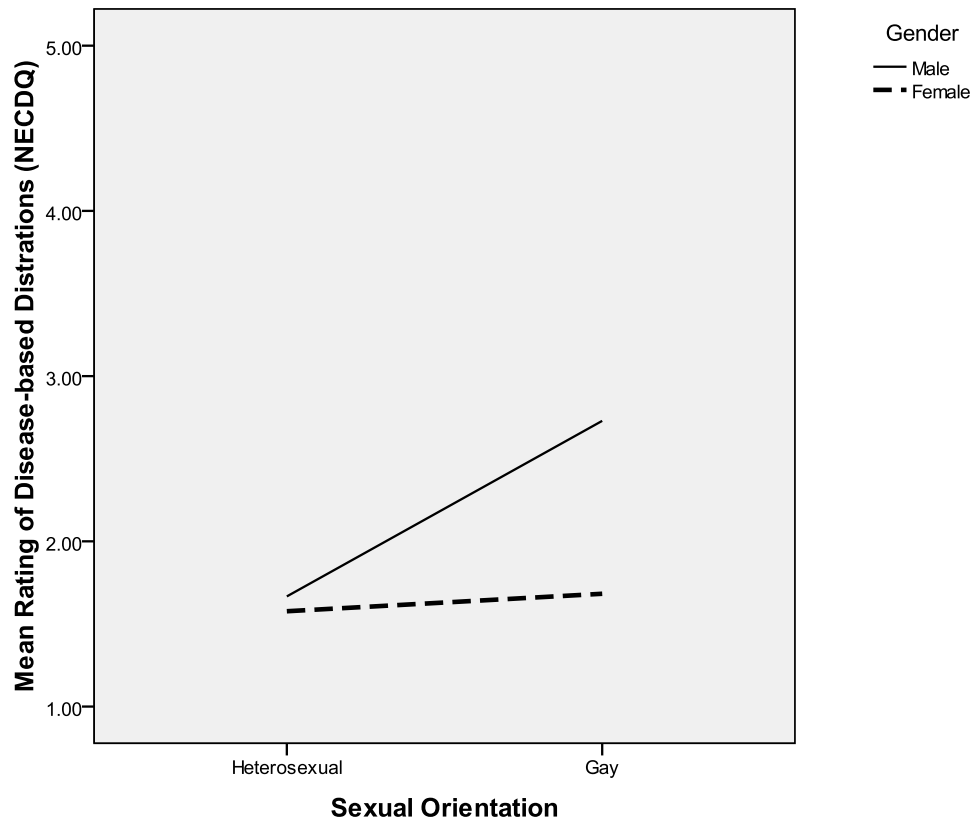


Figure 2 Interaction Between Sexual Orientation and Gender on Mean Rating of Disease-based Distractions (NECDQ)

**APPENDIX C: FIGURE THREE INTERACTION BETWEEN
SEXUAL ORIENTATION AND GENDER ON MEAN RATING OF
EXTERNAL/EMOTIONAL-BASED DISTRACTIONS (NECDQ)**

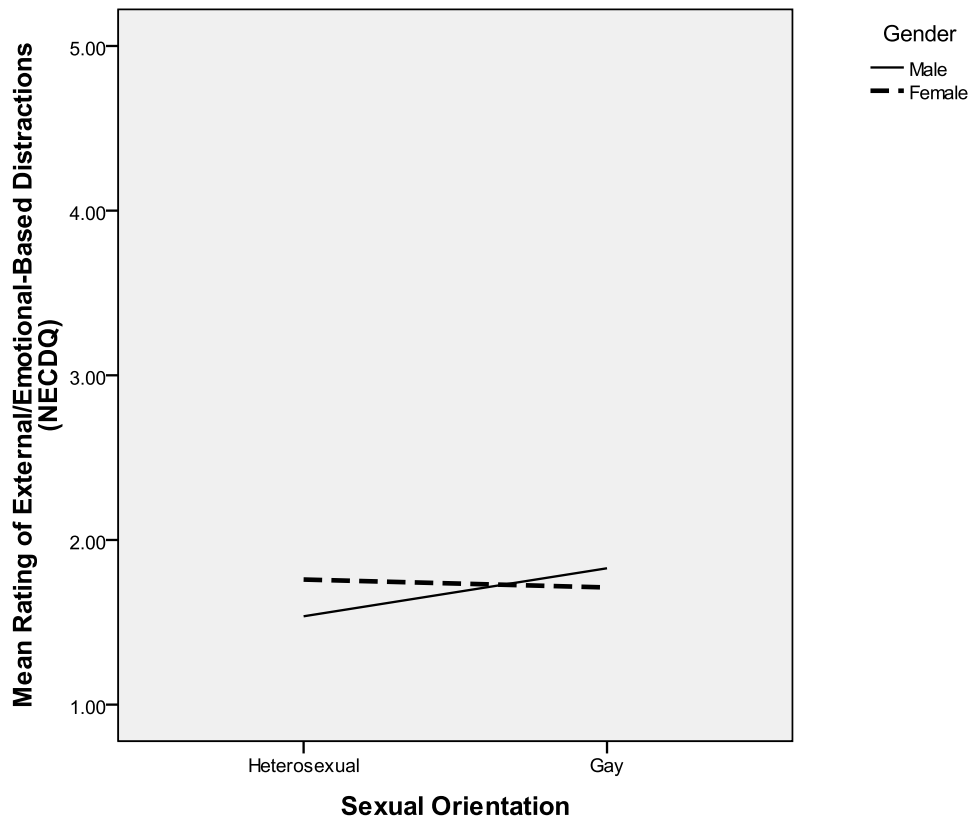


Figure 3 Interaction Between Sexual Orientation and Gender on Mean Rating of External/Emotional-based Distractions (NECDQ)

**APPENDIX D: FIGURE FOUR INTERACTION BETWEEN
SEXUAL ORIENTATION AND GENDER ON MEAN RATING OF
ANXIETY RELATED TO BODY IMAGE-BASED
DISTRACTIONS (NECDQ)**

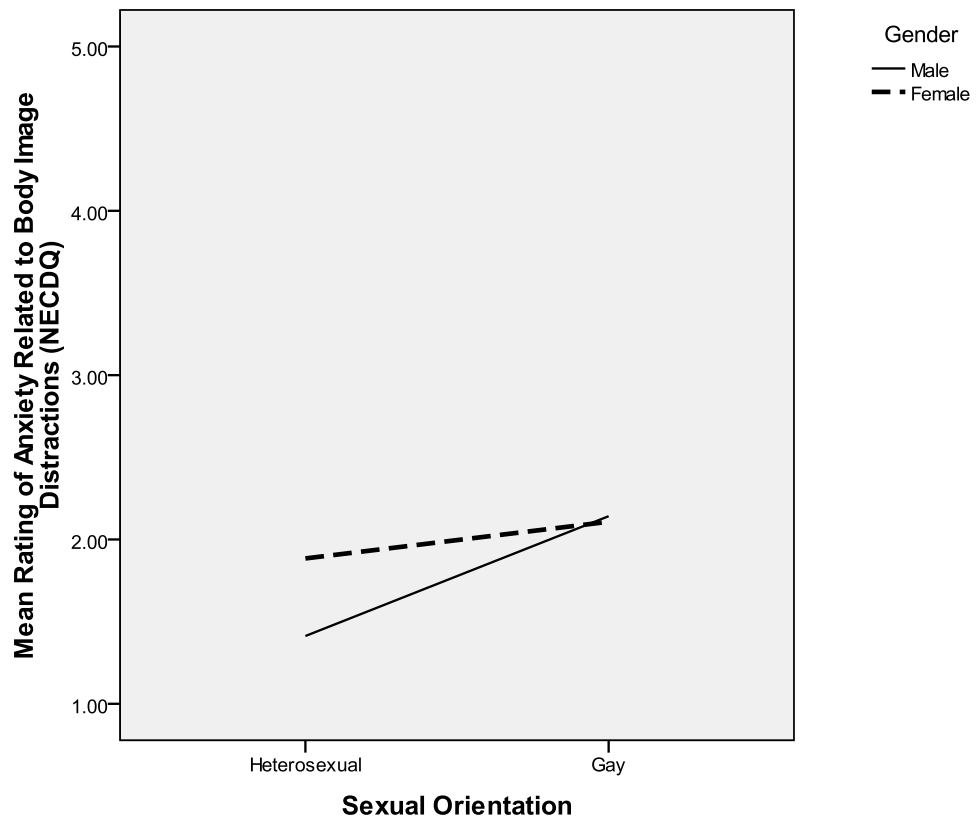


Figure 4 Interaction Between Sexual Orientation and Gender on Mean Rating of Anxiety Related to Body Image-based Distractions (NECDQ)

**APPENDIX E: FIGURE FIVE INTERACTION BETWEEN SEXUAL
ORIENTATION AND GENDER ON MEAN RATING OF ANXIETY
RELATED TO PHYSICAL PERFORMANCE-BASED DISTRACTIONS
(NECDQ)**

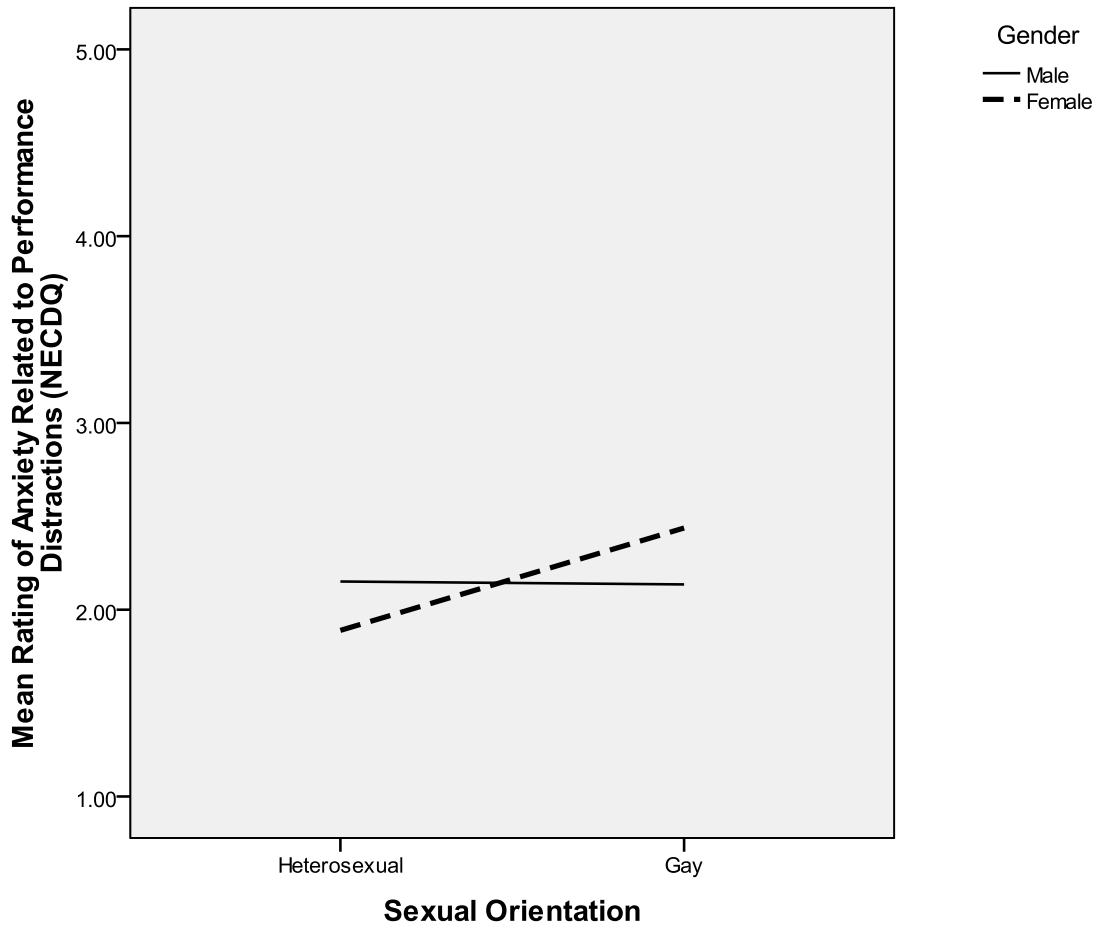


Figure 5 Interaction Between Sexual Orientation and Gender on Mean Rating of Anxiety Related to Physical Performance-based Distractions (NECDQ)

APPENDIX F: FIGURE SIX INTERACTION BETWEEN SEXUAL ORIENTATION AND GENDER ON MEAN RATING OF ANXIETY RELATED TO DISEASE-BASED DISTRACTIONS (NECDQ)

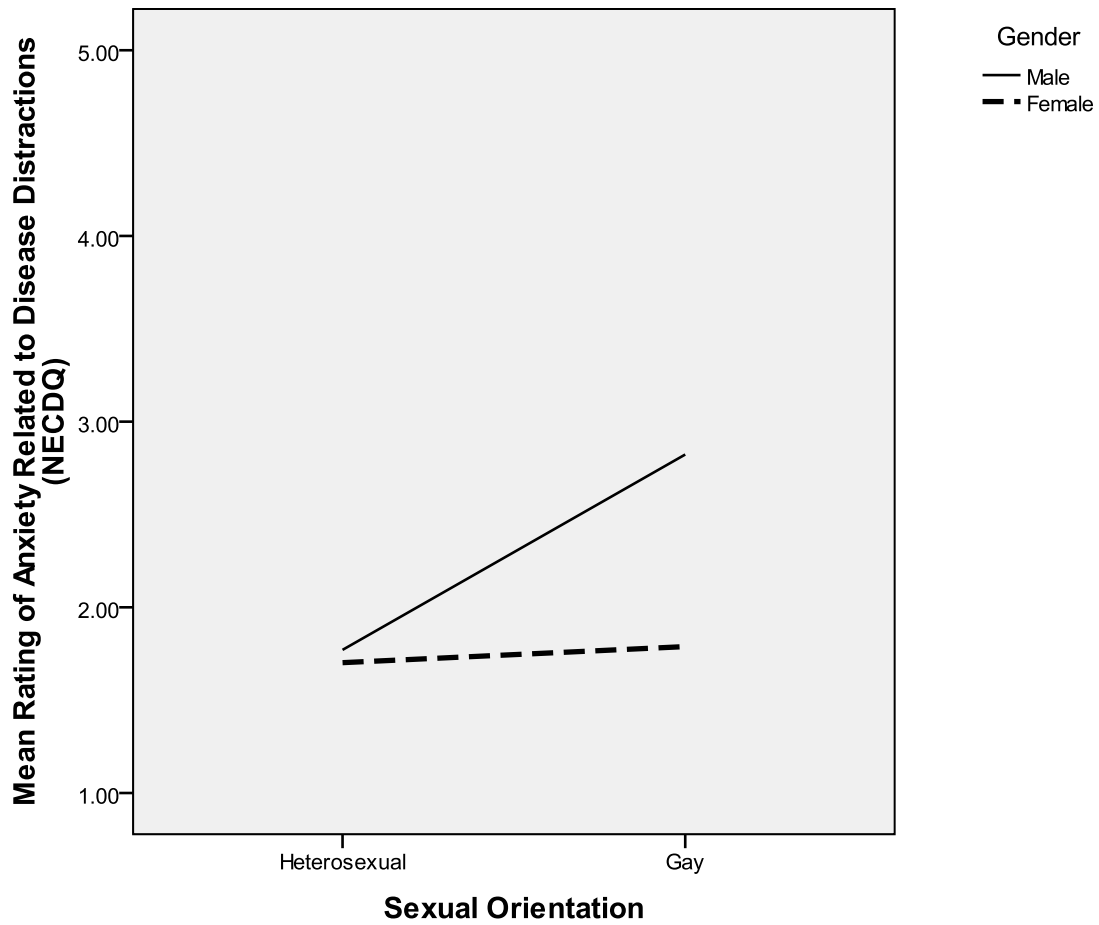


Figure 6 Interaction Between Sexual Orientation and Gender on Mean Rating of Anxiety Related to Disease-based Distractions (NECDQ)

**APPENDIX G: FIGURE SEVEN INTERACTION BETWEEN SEXUAL
ORIENTATION AND GENDER ON MEAN RATING OF ANXIETY
RELATED TO EXTERNAL/EMOTIONAL-BASED DISTRACTIONS
(NECDQ)**

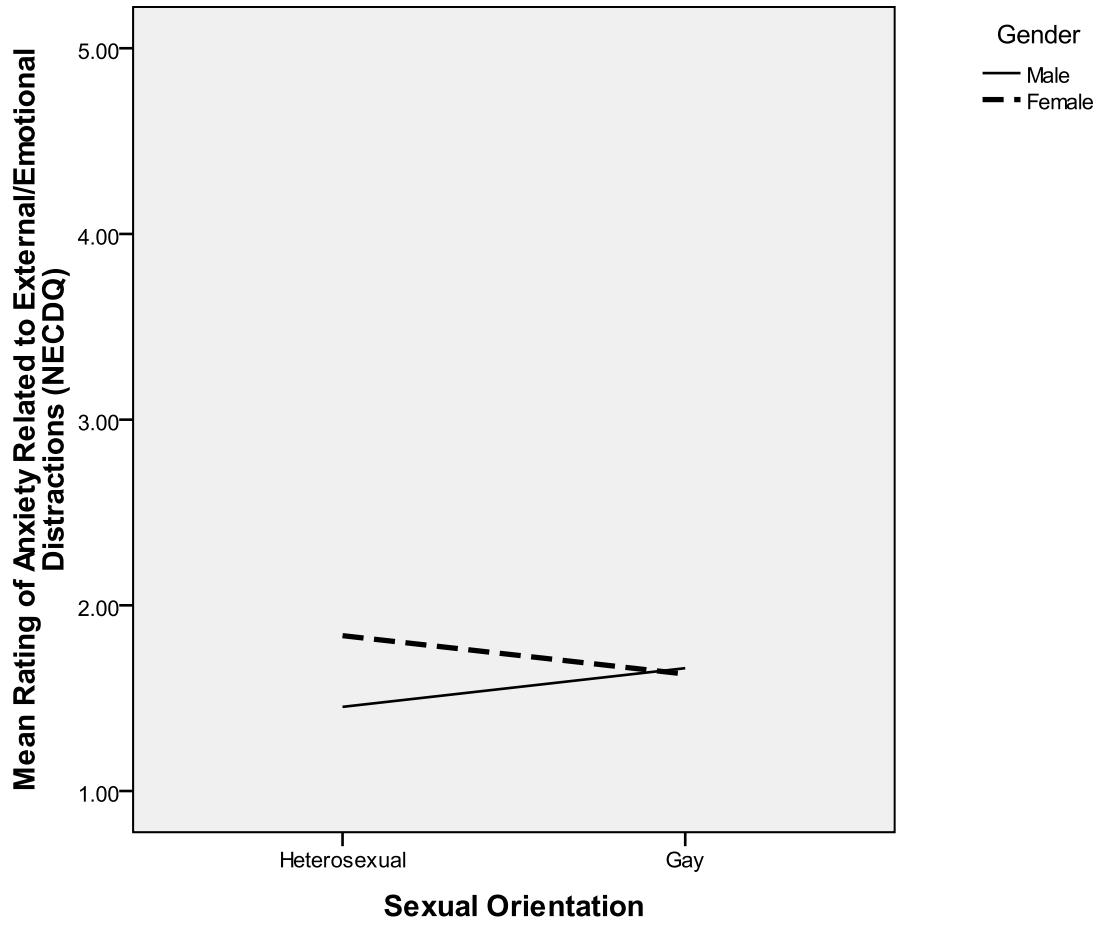


Figure 7 Interaction Between Sexual Orientation and Gender on Mean Rating of Anxiety Related to External/Emotional-based Distractions (NECDQ)

**APPENDIX H: TABLE ONE MEANS AND STANDARD DEVIATIONS ON
NECDQ SCALES OBTAINED BY LG AND HETEROSEXUAL
PARTICIPANTS, MALE AND FEMALE PARTICIPANTS, AND
PARTICIPANTS BASED ON SEXUAL ORIENTATION AND GENDER
GROUP**

Table 1 Means and Standard Deviations on NECDQ Scales Obtained by LG and Heterosexual Participants, Male and Female Participants, and Participants Based on Sexual Orientation and Gender Group Placement

| | SEXUAL ORIENTATION | | GENDER | | SEXUAL ORIENTATION AND GENDER | | | |
|---|--|-------------------------|--------------------------|-----------------------------|-------------------------------|-----------------------------|-----------------------------------|--------------------------|
| | Heterosexual Female (<i>n</i> = 100) | LG (<i>n</i> = 100) | Male (<i>n</i> = 96) | Female (<i>n</i> = 104) | Gay Male (<i>n</i> = 48) | Lesbian (<i>n</i> = 52) | Straight Male (<i>n</i> = 48) | Straight (<i>n</i> = |
| 52) <i>NECDQ subscale</i> | | | | | | | | |
| Body image concerns ^a (.82) | Mean (<i>SD</i>) 1.71 (.73) | 2.18*** (.88) | 1.88 (.87) | 2.00 (.81) | 2.25 (.96) | 2.12 (.80) | 1.51 (.57) | 1.89 |
| Physical performance concerns ^b (.79) | 2.09 (.83) | 2.43* (.85) | 2.26 (.88) | 2.25 (.83) | 2.34 (.89) | 2.50 (.80) | 2.19 (.88) | 1.99 |
| Disease concerns ^c (.90) | 1.62 (.85) | 2.19*** (1.18) | 2.20*** (1.17) | 1.63 (.89) | 2.73 (1.24) | 1.68 (.87) | 1.67 (.80) | 1.58 |
| Emotional concerns (.61) | 1.65 (.58) | 1.77 (.63) | 1.68 (.65) | 1.74 (.56) | 1.83 (.74) | 1.71 (.51) | 1.54 (.53) | 1.76 |

Notes:

* $p < .05$; ** $p < .01$; *** $p < .001$.

^aGay Males significantly differed from Straight Males ($p < .001$); Lesbians significantly differed from Straight Males ($p < .01$).

^bLesbians significantly differed from Straight Females ($p < .05$).

^cGay males significantly differed from Lesbians, Straight Males, and Straight Females ($ps < .001$).

**APPENDIX I: TABLE TWO MEANS AND STANDARD DEVIATIONS ON
ADDITIONAL STUDY VARIABLES (HATH, RELIGIOSITY, NPI-16,
PASTAS, CAARS, RSE, BDI-II, STAI, EDI-3) OBTAINED BY LG AND
HETEROSEXUAL PARTICIPANTS, MALE AND FEMALE
PARTICIPANTS, AND PARTICIPANTS BASED ON SEXUAL
ORIENTATION AND GENDER GROUP PLACEMENT**

Table 2 Means and Standard Deviations on Additional Study Variables (HATH, Religiosity, NPI-16, PASTAS, CAARS, RSE, BDI-II, STAI, EDI-3) Obtained by LG and Heterosexual Participants, Male and Female Participants, and Participants Based on Sexual Orientation and Gender Group Placement

| Scale | | SEXUAL ORIENTATION | | GENDER | | | Sexual Orientation and Gender | | |
|--------------------------|--------------|---------------------------|-----------------|------------------|---------------------|----------------------|-------------------------------|-----------------------------|-----------------------------|
| | | Heterosexual (n = 100) | LG (n = 100) | Male (n = 96) | Female (n = 104) | Gay Male (n = 48) | Straight Male (n = 52) | Straight Female (n = 48) | Straight Female (n = 52) |
| HATH ^a | Mean (SD) | 2.65*** (.56) | 1.80 (.74) | 2.26 (.81) | 2.19 (.76) | 1.81 (.75) | 1.79 (.73) | 2.71 (.59) | 2.60 (.53) |
| Religiosity ^b | | 2.85*** (.66) | 2.38 (.78) | 2.51 (.66) | 2.71 (.83) | 2.38 (.68) | 2.38 (.86) | 2.65 (.61) | 3.04 (.66) |
| NPI-16 (1.71) | | 1.34 (.19) | 1.38 (.22) | 1.38 (.21) | 1.34 (.20) | 1.39 (.22) | 1.37 (.22) | 1.37 (.20) | 1.31 |
| PASTAS ^c | | .80 (.58) | 1.07** (.67) | .75 (.67) | 1.11*** (.55) | .93 (.73) | 1.19 (.58) | .57 (.55) | 1.02 (.51) |
| CAARS | | .92 (.50) | 1.06 (.55) | 1.05 (.57) | .94 (.48) | 1.13 (.62) | 1.00 (.46) | .96 (.50) | .88 (.50) |
| RSE | | 3.18 (.57) | 3.11 (.61) | 3.19 (.61) | 3.10 (.56) | 3.13 (.67) | 3.10 (.54) | 3.26 (.54) | 3.11 (.58) |
| BDI-II | | .43 (.41) | .54 (.45) | .44 (.42) | .53 (.44) | .53 (.47) | .54 (.43) | .34 (.32) | .52 (.46) |
| STAI | | 2.00 (.55) | 2.12 (.48) | 1.99 (.52) | 2.12 (.51) | 2.07 (.52) | 2.16 (.44) | 1.91 (.52) | 2.09 (.57) |
| EDI-3 ^d | | 1.84 (1.06) | 2.16* (1.07) | 1.60 (1.04) | 2.06*** (.52) | 1.72 (1.02) | 2.56 (.97) | 1.48 (1.06) | 2.17 (.96) |

Notes: ^a $p < .05$; ^b $p < .01$; ^c $p < .001$; ^d Gay Males and Lesbians significantly differed from Straight Males and Straight Females ($p < .001$). ^e Gay Males and Lesbians significantly differed from Straight Females ($p < .001$); Straight Males significantly differed from Straight Females ($p < .05$). ^f Gay Males significantly differed from Straight Males ($p < .05$); Lesbians significantly differed from Straight Males ($p < .001$); Straight Females significantly differed from Straight Males ($p < .01$). ^g Gay Males and Straight Males significantly differed from Lesbians ($p < .001$); Straight Males significantly differed from Straight Females ($p < .01$).

**APPENDIX J: TABLE THREE MEANS AND STANDARD DEVIATIONS
ON NECDQ ANXIETY SCALES OBTAINED BY LG AND
HETEROSEXUAL PARTICIPANTS, MALE AND FEMALE
PARTICIPANTS, AND PARTICIPANTS BASED ON SEXUAL
ORIENTATION AND GENDER GROUP PLACEMENT**

Table 3 Means and Standard Deviations on NECDQ Anxiety Scales Obtained by LG and Heterosexual Participants, Male and Female Participants, and Participants Based on Sexual Orientation and Gender Group Placement

| | <i>SEXUAL ORIENTATION</i> | | <i>GENDER</i> | | <i>Sexual Orientation and Gender</i> | | | |
|--|-----------------------------------|-------------------------|--------------------------|-----------------------------|--------------------------------------|-----------------------------|-----------------------------------|-------------------------------------|
| | Heterosexual (<i>n</i> = 100) | LG (<i>n</i> = 100) | Male (<i>n</i> = 96) | Female (<i>n</i> = 104) | Gay Male (<i>n</i> = 48) | Lesbian (<i>n</i> = 52) | Straight Male (<i>n</i> = 48) | Straight Female (<i>n</i> = 52) |
| <i>NECDQ Anxiety subscale</i> | | | | | | | | |
| Body image concerns ^a Mean (<i>SD</i>) | 1.66 (.82) | 2.12*** (.95) | 1.78 (.91) | 2.00 (.91) | 2.14 (.1.04) | 2.11 (.88) | 1.41 (.59) | 1.88 (.93) |
| Physical performance concerns ^b | 2.02 (1.00) | 2.29 (.98) | 2.14 (1.03) | 2.16 (.97) | 2.14 (.98) | 2.44 (.97) | 2.15 (1.09) | 1.89 (.89) |
| Disease concerns ^c | 1.74 (1.06) | 2.29** (1.38) | 2.30** (1.39) | 1.75 (1.05) | 2.82 (1.48) | 1.79 (1.06) | 1.77 (1.08) | 1.70 (1.04) |
| Emotional concerns ^d | 1.65 (.73) | 1.65 (.74) | 1.56 (.68) | 1.73 (.77) | 1.66 (.80) | 1.63 (.68) | 1.45 (.53) | 1.84 (.84) |

Notes:

* $p < .05$; ** $p < .01$; *** $p < .001$.

^aGay Males significantly differed from Straight Males ($p < .001$); Lesbians significantly differed from Straight Males ($p < .01$); Straight females significantly differed from Straight Males ($p < .05$).

^bLesbians significantly differed from Straight Females ($p < .05$).

^cGay males significantly differed from Lesbians, Straight Males, and Straight Females ($ps < .001$).

^dStraight Males significantly differed from Straight Females ($p < .05$).

**APPENDIX K: TABLE FOUR ZERO-ORDER CORRELATIONS
BETWEEN ATTITUDES TOWARD SEX AND NECDQ SUBSCALES BY
ALL PARTICIPANTS AND BY SUB-GROUP**

Table 4 Zero-order Correlations between Attitudes toward Sex and NECDQ Subscales by All Participants and by Sub-Group

| <i>Participant Group (r values)</i> | <i>NECDQ Subscale</i> | | | |
|--|--------------------------------|---------------------------------|-----------------------------|--|
| | <i>Body Image Distractions</i> | <i>Performance Distractions</i> | <i>Disease Distractions</i> | <i>External/Emotional Distractions</i> |
| All Participants (<i>n</i> = 200) | .09 | .01 | .17* | -.20** |
| Gay Male (<i>n</i> = 48) | .06 | -.13 | -.17 | -.33* |
| Lesbians (<i>n</i> = 52) | -.07 | -.06 | -.03 | -.12 |
| Heterosexual Males (<i>n</i> = 48) | -.19 | -.05 | .17 | -.25 |
| Heterosexual Females (<i>n</i> = 52) | .39** | .11 | .32* | -.20 |

Note: **p* < .05; ***p* < .01.

APPENDIX L: DEMOGRAPHICS QUESTIONNAIRE

1. Your Gender (circle one): M F
2. Your age: _____
3. Your ethnicity (circle one): White American (non-Hispanic)
 African American/Black
 Asian
 Hispanic (see below)
 Other
4. If Hispanic, please indicate subgroup (circle one): Cuban
 Puerto Rican
 Mexican
 Central American
 South American
 Dominican
 Other (please indicate): _____
5. Class standing (circle one):
 Freshman (0-30 hrs) Sophomore (31-60 hrs) Junior (61-90 hrs) Senior (91+ hrs)
6. Highest level of education attained by your father (circle one only):
 Elementary 1 2 3 4 5 6
 Secondary (Junior High) 7 8
 High School 9 10 11 12
 Vocational School/Community College 1 2
 College/University 1 2 3 4
 Graduate School/Professional School 1 2 3 4 5
7. Highest level of education attained by your mother (circle one only):
 Elementary 1 2 3 4 5 6
 Secondary (Junior High) 7 8
 High School 9 10 11 12
 Vocational School/Community College 1 2
 College/University 1 2 3 4
 Graduate School/Professional School 1 2 3 4 5
8. Have you engaged in sexual activity in the past three months (circle one)? Yes No
9. Have you ever been sexually abused (circle one)? Yes No
10. At what age did you first engage in sexual activity (defined by any genital contact)? _____
11. Are you currently in a relationship (circle one)? Yes No
12. If yes, for how long have you been in your current relationship? _____
13. Under what circumstances have you engaged in sexual activity during the past three months (circle all that apply)?
 with a complete stranger
 with a casual acquaintance
 with someone you are casually dating
 with someone with whom you are in a committed relationship
 with someone to whom you are engaged or married.
14. Please complete the following statement:

For me, sexual satisfaction means_____.

APPENDIX M: MODIFIED KINSEY SCALE

Which of the following best describes your past sexual behavior? Please rate the extent to which you have engaged in heterosexual or homosexual behaviors using the scales below. Rate only your behaviors, NOT your psychological or sexual arousal or self-identification. Read all responses before indicating your answer. Circle only one response.

- X No sexual experiences have occurred
- 0 Exclusively heterosexual contacts
- 1 Mostly heterosexual, but with incidental homosexual contacts
- 2 More heterosexual, but with distinct homosexual contacts
- 3 Equally heterosexual and homosexual contacts
- 4 More homosexual, but with distinct heterosexual contacts
- 5 Mostly homosexual, but with incidental heterosexual contacts
- 6 Exclusively homosexual contacts

Which of the following statements best describes your psychological reaction? Please rate the extent to which you engage in heterosexual or homosexual fantasy or thought. Rate only your sexual arousal or your sexual thoughts, NOT your behaviors. Read all responses before indicating your answer. Circle only one response. Note: A person's sexual arousal may differ from their behavior.

- 0 Exclusively heterosexual fantasies or thoughts
- 1 Mostly heterosexual, but with incidental homosexual fantasies or thoughts
- 2 More heterosexual, but with distinct homosexual fantasies or thoughts
- 3 Equally heterosexual and homosexual fantasies or thoughts
- 4 More homosexual, but with distinct heterosexual fantasies or thoughts
- 5 Mostly homosexual, but with incidental heterosexual fantasies or thoughts
- 6 Exclusively homosexual fantasies or thoughts

Which of the following statements best describes your romantic or sexual attraction? Please rate the extent to which you engage in heterosexual or homosexual romantic or sexual attraction. Rate only your romantic and sexual attraction, NOT your behaviors or fantasies. Read all responses before indicating your answer. Circle only one response.

- 0 Exclusively heterosexual romantic/sexual attraction
- 1 Mostly heterosexual, but with incidental homosexual romantic/sexual attraction
- 2 More heterosexual, but with distinct homosexual romantic/sexual attraction
- 3 Equally heterosexual and homosexual romantic/sexual attraction
- 4 More homosexual, but with distinct heterosexual romantic/sexual attraction
- 5 Mostly homosexual, but with incidental heterosexual romantic/sexual attraction
- 6 Exclusively homosexual romantic/sexual attraction

Which of the following statements best describes the way in which you identify your sexual orientation? Please rate the extent to which you engage in heterosexual or homosexual self-identification. Rate only the way in which YOU would identify yourself, NOT your behaviors, fantasies, or attraction. Read all responses before indicating your answer. Circle only one response.

- 0 Exclusively heterosexual
- 1 Mostly heterosexual, but with incidental homosexual identification
- 2 More heterosexual, but with distinct homosexual identification
- 3 Equally heterosexual and homosexual identification
- 4 More homosexual, but with distinct heterosexual identification
- 5 Mostly homosexual, but with incidental heterosexual identification
- 6 Exclusively homosexual

**APPENDIX N: ATTITUDES TOWARD THE ACCEPTABILITY OF
SEXUAL ACTIVITY SCALE**

Please read the following statements and circle the one that you believe to be the most true:

- (a) Sex is purely recreational and is acceptable even between anonymous partners.
- (b) Individuals who engage in sex ought to at least know their sexual partner.
- (c) Sexual activity should only occur between individuals who at least are in a dating relationship.
- (d) Sexual activity should only occur between individuals who are in love and in a committed relationship with one another.
- (e) Sexual activity should only occur between legally married couples.

**APPENDIX O: RELATIONSHIP OF MOST RECENT SEXUAL
ENCOUNTER ITEM**

Please rate the extent to which you were involved in a relationship with the person with whom you last engaged in sexual activity.

1. We were complete strangers.
2. We were casual acquaintances.
3. We were casually dating.
4. We were in a committed relationship.
5. We were engaged or married.

**APPENDIX P: NON-EROTIC COGNITIVE DISTRACTION
QUESTIONNAIRE**

Research tells us that people often have thoughts during their sexual encounters that detract from the quality of the experience. Please respond to the following items in reference to the last few times you have engaged in sexual activity.

1. During sexual activity, I worry about how my body looks.

| | | | | |
|-------|--------|-----------|-------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Always |

At the time, how anxious did this make you feel? Please rate from 1 to 5:

| | | | | |
|--------------------|---|---|---|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all anxious | | | | Very anxious |

2. It is difficult to enjoy sex because of my concerns over how my body appears to my partner.

| | | | | |
|-------|--------|-----------|-------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Always |

At the time, how anxious did this make you feel? Please rate from 1 to 5:

| | | | | |
|--------------------|---|---|---|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all anxious | | | | Very anxious |

3. During sexual activity, I think about how unattractive my body is.

| | | | | |
|-------|--------|-----------|-------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Always |

At the time, how anxious did this make you feel? Please rate from 1 to 5:

| | | | | |
|--------------------|---|---|---|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all anxious | | | | Very anxious |

4. During sexual activity, I worry that my partner will get turned off by seeing my body without clothes.

| | | | | |
|-------|--------|-----------|-------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Always |

At the time, how anxious did this make you feel? Please rate from 1 to 5:

| | | | | |
|--------------------|---|---|---|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all anxious | | | | Very anxious |

5. During sexual activity, I prefer to be in a position such that my partner can *not* see my body.

| | | | | |
|-------|--------|-----------|-------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Always |

At the time, how anxious did this make you feel? Please rate from 1 to 5:

| | | | | |
|--------------------|---|---|---|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all anxious | | | | Very anxious |

6. During sexual activity, I worry that my partner may not enjoy the activity with me.

| | | | | |
|-------|--------|-----------|-------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Always |

At the time, how anxious did this make you feel? Please rate from 1 to 5:

| | | | | |
|--------------------|---|---|---|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all anxious | | | | Very anxious |

| | | | | |
|--------------------|---|---|---|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all anxious | | | | Very anxious |

14. During sexual activity, I feel guilty about having sex.

| | | | | |
|-------|--------|-----------|-------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Always |

At the time, how anxious did this make you feel? Please rate from 1 to 5:

| | | | | |
|--------------------|---|---|---|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all anxious | | | | Very anxious |

15. During sexual activity, I feel like I am doing something immoral or sinful.

| | | | | |
|-------|--------|-----------|-------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Always |

At the time, how anxious did this make you feel? Please rate from 1 to 5:

| | | | | |
|--------------------|---|---|---|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all anxious | | | | Very anxious |

16. Please list any other distractions you may have during sexual activity.

- 1.)
- 2.)
- 3.)
- 4.)
- 5.)

APPENDIX Q: RELIGIOSITY SCALE

Please circle the answer that describes you best

How often do you attend church (please circle one only)?

- | | |
|-------------------------------------|--------------------------|
| 1) At least once a year | 4) At least once a month |
| 2) At least once every six months | 5) At least once a week |
| 3) At least once every three months | 0) Never |

1) My religious development is a natural response to our innate need for devotion to God.

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

2) God's will should shape my life.

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

3) It is necessary for me to have a religious belief.

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

4) When it comes to religious questions, I feel driven to know the truth.

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

5) Religion is something I have never felt personally compelled to consider.

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

6) Whether I turn out to be religious or not doesn't make much difference to me.

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

7) I have found it essential to have faith.

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

8) I find it impossible to conceive of myself not being religious.

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

9) For me, religion has not been a "must".

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

APPENDIX R: NARCISSISM PERSONALITY INVENTORY-16

Read each pair of statements below and place an "X" by the one that comes closest to describing your feelings and beliefs about yourself. You may feel that neither statement describes you well, but pick the one that comes closest. Please complete all pairs.

1. ___ I really like to be the center of attention
 ___ It makes me uncomfortable to be the center of attention

2. ___ I am no better or no worse than most people
 ___ I think I am a special person

3. ___ Everybody likes to hear my stories
 ___ Sometimes I tell good stories

4. ___ I usually get the respect that I deserve
 ___ I insist upon getting the respect that is due me

5. ___ I don't mind following orders
 ___ I like having authority over people

6. ___ I am going to be a great person
 ___ I hope I am going to be successful

7. ___ People sometimes believe what I tell them
 ___ I can make anybody believe anything I want them to

8. ___ I expect a great deal from other people
 ___ I like to do things for other people

9. ___ I like to be the center of attention
 ___ I prefer to blend in with the crowd

10. ___ I am much like everybody else
 ___ I am an extraordinary person

11. ___ I always know what I am doing
 ___ Sometimes I am not sure of what I am doing

12. ___ I don't like it when I find myself manipulating people
 ___ I find it easy to manipulate people

13. ___ Being an authority doesn't mean that much to me
 ___ People always seem to recognize my authority

14. ___ I know that I am good because everybody keeps telling me so
 ___ When people compliment me I sometimes get embarrassed

15. ___ I try not to be a show off
 ___ I am apt to show off if I get the chance

16. ___ I am more capable than other people
___ There is a lot that I can learn from other people

**APPENDIX S: 'TRAIT' SUBSCALE OF THE PHYSICAL APPEARANCE
STATE AND TRAIT ANXIETY SCALE**

The statements listed below are to be used to describe how often **IN GENERAL** (that is, usually), you feel anxious, tense, or nervous about your body or specific parts of your body. Please read each statement and **CIRCLE** the number that best indicates the extent to which each statement holds true **IN GENERAL**. Remember, there are no right or wrong answers.

0 = NEVER 1 = RARELY 2 = SOMETIMES 3 = OFTEN 4 = ALMOST ALWAYS

IN GENERAL, I feel anxious, tense, concerned, or nervous about:

| | Never | Rarely | Sometimes | Often | Always |
|---|-------|--------|-----------|-------|--------|
| 1. the extent to which I look overweight. | 0 | 1 | 2 | 3 | 4 |
| 2. my thighs. | 0 | 1 | 2 | 3 | 4 |
| 3. my buttocks. | 0 | 1 | 2 | 3 | 4 |
| 4. my hips. | 0 | 1 | 2 | 3 | 4 |
| 5. my stomach (abdomen). | 0 | 1 | 2 | 3 | 4 |
| 6. my legs. | 0 | 1 | 2 | 3 | 4 |
| 7. my waist. | 0 | 1 | 2 | 3 | 4 |
| 8. my muscle tone. | 0 | 1 | 2 | 3 | 4 |
| 9. my ears. | 0 | 1 | 2 | 3 | 4 |
| 10. my lips. | 0 | 1 | 2 | 3 | 4 |
| 11. my wrists. | 0 | 1 | 2 | 3 | 4 |
| 12. my hands. | 0 | 1 | 2 | 3 | 4 |
| 13. my forehead. | 0 | 1 | 2 | 3 | 4 |
| 14. my neck. | 0 | 1 | 2 | 3 | 4 |
| 15. my chin. | 0 | 1 | 2 | 3 | 4 |
| 16. my feet. | 0 | 1 | 2 | 3 | 4 |

**APPENDIX T: INATTENTIVENESS SUBSCALE OF THE CONNERS'
ADULT ADHD RATING SCALE**

Instructions: Listed below are items concerning behaviors or problems sometimes experienced by adults. Read each item carefully and decide how much or how frequently each item describes you recently. Indicate your response for each item by circling the number that corresponds to your choice. Use the following scale: 0 = Not at all, never; 1 = Just a little, once in a while; 2 = Pretty much, often; and 3 = Very much, very frequently.

| Not at all, Never | Just a little, once in a while | Pretty much, often | Very much, very frequently |
|----------------------|--------------------------------------|-----------------------|-------------------------------|
| 0 | 1 | 2 | 3 |

- | | | | | |
|---|---|---|---|---|
| 1. I lose things necessary for tasks or activities (e.g., to-do lists, pencils, books, or tools). | 0 | 1 | 2 | 3 |
| 2. I have trouble keeping my attention focused when working. | 0 | 1 | 2 | 3 |
| 3. I am forgetful in my daily activities. | 0 | 1 | 2 | 3 |
| 4. I have trouble listening to what other people are saying. | 0 | 1 | 2 | 3 |
| 5. I make careless mistakes or have trouble paying close attention to detail. | 0 | 1 | 2 | 3 |
| 6. I don't like homework or job activities where I have to think a lot. | 0 | 1 | 2 | 3 |
| 7. I have trouble finishing job tasks or schoolwork. | 0 | 1 | 2 | 3 |
| 8. I am distracted when things are going on around me. | 0 | 1 | 2 | 3 |
| 9. I have problems organizing my tasks and activities. | 0 | 1 | 2 | 3 |

APPENDIX U: ROSENBERG SELF-ESTEEM INVENTORY

Directions: Please circle the number of the response that you feel most represents your degree of agreement with the following statements. Please do not skip any questions. Use the following scale.

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

APPENDIX V: BECK DEPRESSION INVENTORY – II

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure
- 1 I have failed more than I should have,
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self- Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.

- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry anymore than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

0 I have not experienced any change in my sleeping pattern

1a. I sleep somewhat more than usual/ 1b. I sleep somewhat less than usual.

2a. I sleep a lot more than usual OR I sleep a lot less than usual.

3a. I sleep most of the day OR I wake up 1 – 2 hours early and can't get back to sleep.

17. Irritability

0 I am no more irritability than usual.

1 I am more irritable than usual.

2 I am much more irritable than usual

3 I am irritable all the time.

18. Changes in Appetite

0 I have not experienced any change in my appetite.

1a My appetite is somewhat less than usual OR My appetite is somewhat greater than usual.

2a My appetite is much less than before OR My appetite is much greater than usual.

3a I have no appetite at all OR I crave food all the time.

19. Concentration Difficulty

0 I can concentrate as well as ever.

1 I can't concentrate as well as usual.

2 It's hard to keep my mind on anything for very long.

3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

0 I am no more tired or fatigued than usual.

1 I get more tired or fatigued more easily than usual.

2 I am too tired or fatigued to do a lot of the things I used to do.

3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

0 I have not noticed any recent change in my interest in sex.

1 I am less interested in sex than I used to be.

2 I am much less interested in sex now.

3 I have lost interest in sex completely.

**APPENDIX W: 'TRAIT' SUBSCALE OF THE STATE-TRAIT ANXIETY
SCALE**

Directions: A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you generally feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

| | Almost Never | Sometimes | Often | Almost Always |
|---|--------------|-----------|-------|---------------|
| 1. I feel pleasant | 1 | 2 | 3 | 4 |
| 2. I feel nervous and restless | 1 | 2 | | 4 |
| 3. I feel satisfied with myself | 1 | 2 | 3 | 4 |
| 4. I wish I could be as happy as others seem to be | 1 | 2 | 3 | 4 |
| 5. I feel like a failure | 1 | 2 | 3 | 4 |
| 6. I feel rested | 1 | 2 | 3 | 4 |
| 7. I am "calm, cool, and collected" | 1 | 2 | 3 | 4 |
| 8. I feel that difficulties are piling up so that I cannot overcome them | 1 | 2 | 3 | 4 |
| 9. I worry too much over something that really doesn't matter | 1 | 2 | 3 | 4 |
| 10. I am happy | 1 | 2 | 3 | 4 |
| 11. I have disturbing thoughts | 1 | 2 | 3 | 4 |
| 12. I lack self-confidence | 1 | 2 | 3 | 4 |
| 13. I feel secure | | 2 | 3 | 4 |
| 14. I make decisions easily | 1 | 2 | 3 | 4 |
| 15. I feel inadequate | 1 | 2 | 3 | 4 |
| 16. I am content | 1 | 2 | 3 | 4 |
| 17. Some unimportant thought runs through my mind and bothers me | 1 | 2 | 3 | 4 |
| 18. I take disappointments so keenly that I can't put them out of my mind | 1 | 2 | 3 | 4 |
| 19. I am a steady person | 1 | 2 | 3 | 4 |
| 20. I get in a state of tension or turmoil as I think over my recent concerns and interests | 1 | 2 | 3 | 4 |

**APPENDIX X: HETEROSEXUAL ATTITUDES TOWARD
HOMOSEXUALITY SCALE**

Please choose the response that best corresponds with your feelings.

1. I enjoy the company of homosexuals.

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 5 | 4 | 3 | 2 | 1 |

2. It would be beneficial to society to recognize homosexuality as normal.

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 5 | 4 | 3 | 2 | 1 |

3. Homosexuals should not be allowed to work with children

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

4. Homosexuality is immoral

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

5. Homosexuality is a mental disorder.

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

6. All homosexual bars should be closed down.

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

7. Homosexuals are mistreated in our society.

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 5 | 4 | 3 | 2 | 1 |

8. Homosexuals should be given social equality

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 5 | 4 | 3 | 2 | 1 |

9. Homosexuals are a viable part of our society

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 5 | 4 | 3 | 2 | 1 |

10. Homosexuals should have equal opportunity employment

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 5 | 4 | 3 | 2 | 1 |

11. There is no reason to restrict the places where homosexuals work

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 5 | 4 | 3 | 2 | 1 |

| | | | | |
|--|----------|-----------|-------|----------------|
| 12. Homosexuals should be free to date whomever they want | | | | |
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 5 | 4 | 3 | 2 | 1 |
| 13. Homosexuality is a sin | | | | |
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |
| 14. Homosexuals do need psychological treatment | | | | |
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |
| 15. Homosexuality endangers the institution of the family | | | | |
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |
| 16. Homosexuals should be accepted completely into our society | | | | |
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 5 | 4 | 3 | 2 | 1 |
| 17. Homosexuals should be barred from the teaching profession | | | | |
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |
| 18. Those in favor of homosexuality tend to be homosexuals themselves. | | | | |
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |
| 19. There should be no restrictions on homosexuality | | | | |
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 5 | 4 | 3 | 2 | 1 |
| 20. I avoid homosexuals whenever possible. | | | | |
| Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

APPENDIX Y: MARLOWE-CROWNE SOCIAL DESIRABILITY SCALE

Please read each statement and CIRCLE the response that best indicates your response.

1. Before voting I thoroughly investigate the qualifications of all the candidates.
TRUE FALSE
2. I never hesitate to go out of my way to help someone in trouble. TRUE
FALSE
3. It is sometimes hard for me to go on with my work if I am not encouraged. TRUE
FALSE
4. I have never intensely disliked anyone. TRUE
FALSE
5. On occasion I have had doubts about my ability to succeed in life. TRUE
FALSE
6. I sometimes feel resentful when I don't get my way. TRUE
FALSE
7. I am always careful about my manner of dress. TRUE
FALSE
8. My table manners at home are as good as when I eat out in a restaurant. TRUE
FALSE
9. If I could get into a movie without paying and be sure I was not seen I would probably do it. TRUE
FALSE
10. On a few occasions, I have given up doing something because I thought too little of my ability TRUE
FALSE
11. I like to gossip at times. TRUE
FALSE
12. There have been times when I felt like rebelling against people in authority even though
I knew they were right. TRUE
FALSE
13. No matter who I'm talking to, I'm always a good listener. TRUE
FALSE

APPENDIX Z: EATING DISORDER INVENTORY-3

1. I eat sweets and carbohydrates without feeling nervous.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |
2. I think about dieting.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |
3. I feel extremely guilty after overeating.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |
4. I am terrified of gaining weight.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |
5. I exaggerate or magnify the importance of weight.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |
6. I am preoccupied with the desire to be thinner.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |
7. If I gain a pound, I worry that I will keep gaining.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |
8. I eat when I am upset.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |
9. I stuff myself with food.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |
10. I have gone on eating binges where I felt that I could not stop.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |
11. I think about bingeing (overeating).

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |
12. I eat moderately in front of others and stuff myself when they're gone.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

13. I hate the thought of trying to vomit in order to lose weight.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

14. I eat or drink in secrecy.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

15. When I am upset I worry that I will start eating.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

16. I think that my stomach is too big.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

17. I think that my thighs are too large.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

18. I think that my stomach is just the right size.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

19. I feel satisfied with the shape of my body.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

20. I like the shape of my buttocks.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

21. I think my hips are too big.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

22. I feel bloated after eating a normal meal.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

23. I think that my thighs are just the right size.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

24. I think my buttocks are too large.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

25. I think that my hips are just the right size.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

26. I wish that I could return to the security of childhood.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

27. I wish that I could be younger.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

28. The happiest time in life is when you are a child.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

29. I would rather be an adult than a child.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

30. The demands of adulthood are too great.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

31. I feel happy that I am not a child anymore.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

32. I feel that people are happiest when they are children.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

33. The best years of your life are when you become an adult.

| | | | | | |
|-------|--------|-----------|-------|---------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Barely | Sometimes | Often | Usually | Always |

APPENDIX AA: INFORMED CONSENT FORM

****You must be at least 18 years old in order to provide your informed consent for this study.****

I, _____, agree to participate in the research entitled “Non-Erotic Cognitive Distractions During Sexual Activity in Heterosexual and Homosexual College Students” which is being conducted by Katharine Lacefield, a student in the graduate program of clinical psychology, under the supervision of Dr. Charles Negy (Tel: 407-823-5861), the Associate Professor in the Department of Psychology, University of Central Florida. I understand that this participation is entirely voluntary; I can withdraw my consent at any time without giving reason, and without penalty. I can ask to have information related to me removed from the research records or destroyed. The following information has been made available to me:

I will be one of approximately 2500 participants in this research study.

Purpose: The purpose of this study is to investigate the range and frequency of non-erotic cognitive distractions in heterosexual and homosexual college students. These groups will then be compared by gender and sexual orientation in hope of gaining a better understanding of this frequently occurring event.

Duration and Location: My participation in this phase of this study will consist of completing a questionnaire packet containing various sets of questions pertinent to the study. My participation should last no more than 30 minutes. I understand that this duration may vary to some extent from person to person.

Procedures: During this session of this study, the following will occur:

1. I will complete questionnaires about my psychological and sexual experiences.

Risks and Discomforts: This study may involve mild emotional discomfort due to personal questions of a sensitive nature asked during the questionnaire, and a task that may provoke anxiety or cause emotional stress. I do not have to answer every question and will be able to leave the question blank if I desire. If any of the questions make me uncomfortable, I am free to discontinue the study at any time. If this occurs, it is recommended that I immediately tell the experimenter what I am experiencing and discuss these feelings prior to leaving the testing site. A list of counseling referrals will also be made available to me.

Benefits: Direct benefits from my participation in this study may include gaining a better understanding of my thoughts, feelings, and behaviors, some insight into general human behaviors, and learning more about how research is conducted. My participation in this research also may lead to information that could benefit individuals with mental disorders.

New Findings: I will be given any new information gained during the course of this study that might affect my willingness to continue my participation.

Confidentiality: Every effort will be taken to protect my identity. If I complete the form on Sonar Systems, my answers to the questionnaire will be kept separate from my name on the secure website. If I complete the questionnaire packet during or after class time in hard copy format, my answers to the questionnaire will be kept separate from my name, which will be stored in a secure, locked file. I will not be identified in any report or publication of this study or its results.

Payment to Participants: If I am participating in this experiment via SONA Systems as a pre-approved extra credit exercise for a course that I am enrolled in, then I will receive .25 percentage points of extra credit in return for my participation in the study. If I am participating in this experiment, face-to-face, as a pre-approved extra credit exercise for a course that I am enrolled in, then I will receive .5 percentage points of extra credit in return for my participation in the study. If I am recruited from a registered student organization, then I will receive \$5 cash for my participation. Otherwise, I agree that I will not receive compensation for my participation in the study. If I wish to earn extra credit, but either am not 18, and therefore not eligible to participate in the study, or I choose not to participate in the study, I will be provided with an alternate extra credit assignment requiring approximately the same amount of time and effort to complete as this questionnaire packet to be determined by my instructor.

Offer to Answer Questions: I have the opportunity to ask, and to have answered, any questions I may have about this research at any point during the study. If I have such questions, I may call Katharine Lacefield at 239-293-6764 or email her at katylacefield@gmail.com. In addition, I have the option to contact Dr. Charles Negy at 407-823-5861 or e-mail him at cnegy@mail.ucf.edu.

Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (IRB). Questions or concerns about research participants' rights may be directed to UCF Institutional Review Board Office at the University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246. The phone numbers are 407-823-2901 or 407-882-2276.

If you believe you have been injured during participation in this research project, you may file a claim with UCF Environmental Health & Safety, Risk and Insurance Office, P.O. Box 163500, Orlando, FL 32816-3500 (407) 823-6300. The University of Central Florida is an agency of the State of Florida for purposes of sovereign immunity and the university's and the state's liability for personal injury or property damage is extremely limited under Florida law. Accordingly, the university's and the state's ability to compensate you for any personal injury or property damage suffered during this research project is very limited.

Participant Signature

Date

Telephone number

Email address

APPENDIX BB: SCRIPT FOR CLASSROOM RECRUITMENT

Hi, everyone. My name is Katy Lacefield, and I am a student in the Clinical Psychology Doctoral program here at UCF. I currently am working toward completing my master's thesis with a project entitled, "Non-Erotic Cognitive Distractions During Sexual Activity in Heterosexual and Homosexual College Students." Because I am comparing homosexual students' with heterosexual students' cognitive distractions during sexual activity, I am requesting that anyone interested in completing a questionnaire packet first look at the informed consent forms that I brought, which outline the study as well as its risks and benefits. Please keep in mind that you must be at least 18 years old to participate, and your participation is completely voluntary. If you are still interested after reading the informed consent form, please complete the questionnaire packet, and return it to me when you are finished. At this time, you will receive a .5 of one percentage point for this class for your participation. Please note that, as its title implies, many items in the packet are of a sexual nature. Please see me if you have any questions. Thank you, everyone.

APPENDIX CC: SCRIPT FOR GLBSU RECRUITMENT

Hi, everyone. My name is Katy Lacefield, and I am a student in the Clinical Psychology Doctoral program here at UCF. I currently am working toward completing my master's thesis with a project entitled, "Non-Erotic Cognitive Distractions During Sexual Activity in Heterosexual and Homosexual College Students." Because I am comparing homosexual students' with heterosexual students' cognitive distractions during sexual activity, I am requesting that anyone interested in completing a questionnaire packet first look at the informed consent forms that I brought, which outline the study as well as its risks and benefits. Please keep in mind that you must be at least 18 years old to participate, and your participation is completely voluntary. If you are still interested after reading the informed consent form, please complete the questionnaire packet, and return it to me when you are finished. At this time, you will receive \$5 cash for your participation. Please note that, as its title implies, many items in the packet are of a sexual nature. Please see me if you have any questions. Thank you, everyone.

APPENDIX DD: IRB APPROVAL LETTER



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901, 407-882-2012 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Notice of Expedited Initial Review and Approval

From : UCF Institutional Review Board
FWA00000351, Exp. 6/24/11, IRB00001138

To : Katharine Lacefield

Date : July 08, 2008

IRB Number: SBE-08-05717

Study Title: **Non-Erotic Cognitive Distractions during Sexual Activity in Heterosexual and Homosexual College Students**

Dear Researcher:

Your research protocol noted above was approved by **expedited** review by the UCF IRB Chair on 7/8/2008. **The expiration date is 7/7/2009.** Your study was determined to be minimal risk for human subjects and expeditable per federal regulations, 45 CFR 46.110. The category for which this study qualifies as expeditable research is as follows:

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

The IRB has approved a **consent procedure which requires participants to sign consent forms.** Use of the approved, stamped consent document(s) is required. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Subjects or their representatives must receive a copy of the consent form(s).

All data, which may include signed consent form documents, must be retained in a locked file cabinet for a minimum of three years (six if HIPAA applies) past the completion of this research. Any links to the identification of participants should be maintained on a password-protected computer if electronic information is used. Additional requirements may be imposed by your funding agency, your department, or other entities. Access to data is limited to authorized individuals listed as key study personnel.

To continue this research beyond the expiration date, a Continuing Review Form must be submitted 2 – 4 weeks prior to the expiration date. Advise the IRB if you receive a subpoena for the release of this information, or if a breach of confidentiality occurs. Also report any unanticipated problems or serious adverse events (within 5 working days). Do not make changes to the protocol methodology or consent form before obtaining IRB approval. Changes can be submitted for IRB review using the Addendum/Modification Request Form. An Addendum/Modification Request Form **cannot** be used to extend the approval period of a study. All forms may be completed and submitted online at <http://iris.research.ucf.edu>.

Failure to provide a continuing review report could lead to study suspension, a loss of funding and/or publication possibilities, or reporting of noncompliance to sponsors or funding agencies. The IRB maintains the authority under 45 CFR 46.110(e) to observe or have a third party observe the consent process and the research.

On behalf of Tracy Dietz, Ph.D., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 07/08/2008 01:31:44 PM EDT

IRB Coordinator

APPENDIX EE: IRB EXTENSION APPROVAL LETTER



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901, 407-882-2012 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

EXPEDITED CONTINUING REVIEW APPROVAL NOTICE

From : UCF Institutional Review Board
FWA00000351, Exp. 10/8/11, IRB00001138

To : Katharine Lacefield

Date : June 22, 2009

IRB Number: SBE-08-05717

Study Title: **Non-Erotic Cognitive Distractions during Sexual Activity in Heterosexual and Homosexual College Students**

Dear Researcher,

This letter serves to notify you that the continuing review application for the above study was reviewed and approved by the IRB Chair on **6/22/2009** through the expedited review process according to 45 CFR 46 (and/or 21 CFR 50/56 if FDA-regulated).

Continuation of this study has been approved for a one-year period. The expiration date is 6/21/2010. This study was determined to be no more than minimal risk and the category for which this study qualified for expedited review is:

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Use of the approved, stamped consent document(s) is required. The new form supersedes all previous versions, which are now invalid for further use. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Subjects or their representatives must receive a copy of the consent form(s).

All data must be retained in a locked file cabinet for a minimum of three years (six if HIPAA applies) past the completion of this research. Any links to the identification of participants should be maintained on a password-protected computer if electronic information is used. Additional requirements may be imposed by your funding agency, your department, or other entities. Access to data is limited to authorized individuals listed as key study personnel.

To continue this research beyond the expiration date, a Continuing Review Form must be submitted 2 – 4 weeks prior to the expiration date. Use the Unanticipated Problem Report Form or the Serious Adverse Event Form (within 5 working days of event or knowledge of event) to report problems or events to the IRB. Do not make changes to the study (i.e., protocol methodology, consent form, personnel, site, etc.) before obtaining IRB approval. Changes can be submitted for IRB review using the Addendum/Modification Request Form. An Addendum/Modification Request Form **cannot** be used to extend the approval period of a study. All forms may be completed and submitted online at <https://iris.research.ucf.edu>.

On behalf of Tracy Dietz, Ph.D., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 06/22/2009 09:34:46 AM EDT

IRB Coordinator

REFERENCES

- Abrahamson, D. J., Barlow, D. H., Beck, J. G., Sakheim, D. K., & Kelly, J. P. (1985). The effects of attentional focus and partner responsiveness on sexual responding: Replication and extension. *Archives of Sexual Behavior, 14*, 361-371.
- Althof, S. E., O'Leary, M. P., Cappelleri, J. C., Gлина, S., King, R., Tseng, L., & Bowler, J. L. (2006). Self-esteem, confidence, and relationships in men treated with Sildenafil Citrate for erectile dysfunction. *Journal of General Internal Medicine, 21*, 1069-1074.
- Ames, D. R., Rose, P., Anderson, & C. P. (2006). The NPI-16 as a short measure of narcissism. *Journal of Research in Personality, 40(4)*, 440-450.
- Barlow, D. H. (1986). Causes of Sexual Dysfunction: The role of anxiety and cognitive interference. *Journal of Consulting and Clinical Psychology, 54*, 140-148.
- Barlow, D. H., Becker, R., Leitenberg, H., & Argas, W.A. (1970). A mechanical strain gauge for recording penile circumference change. *Journal of Applied Behavior and Analysis, 6*, 355-367.
- Batson, C. D., Schoenrade, P., & Ventis, W. L. (1993). *Religion and the individual: A socio-psychological perspective*. New York: Oxford University Press.
- Bayles, M. E. (1998). Effects of body image and self-focused attention on subjective and physiological sexual arousal in women. *Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 59(4-B)*, 1903.
- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive Therapy of Depression*. New York: Guilford Press.

- Beck, J. G. & Barlow, D. H. (1986a). The effects of anxiety and attentional focus on sexual responding-I: Physiological patterns in erectile dysfunction. *Behavior Research and Therapy*, 24, 9-17.
- Beck, J. G. & Barlow, D. H. (1986b). The effects of anxiety and attentional focus on sexual responding-I: Cognitive and affective patterns in erectile dysfunction. *Behavior Research and Therapy*, 24, 19-26.
- Bybee, J. A., Sullivan, E. L., Zielonka, E., & Moes, E. (2009). Are gay men in worse mental health than heterosexual men? The role of age, shame and guilt, and coming-out. *Journal of Adult Development*, 16(3), 144-154.
- Califia, P. (1979). Lesbian sexuality. *Journal of Homosexuality*, 4(3), 255-266.
- Cass, V. C. (1979) Homosexual identity formation. A theoretical model. *Journal of Homosexuality*, 4, 219-235.
- Cass, V. C. (1984). Homosexual identity formation: Testing a theoretical model. *The Journal of Sex Research*, 20, 143-167.
- Centers for Disease Control and Prevention (2009). Viral Hepatitis and Men Who Have Sex with Men. Retrieved March 3, 2010 from, <http://www.cdc.gov/Hepatitis/Populations/MSM.htm>.
- Centers for Disease Control and Prevention (2008). HIV and AIDS among Gay and Bisexual Men. Retrieved March 3, 2010 from, <http://www.cdc.gov/nchhstp/newsroom/docs/FastFacts-MSM-FINAL508COMP.pdf>.
- Centers for Disease Control and Prevention (2007). HIV/AIDS and Men Who Have Sex with Men (MSM). Retrieved April 2, 2008, from, <http://www.cdc.gov/hiv/topics/msm/>.

- Cochran, S. D. & Mays, V. M. (2009). Burden of psychiatric morbidity among lesbian, gay, and bisexual individuals in the California Quality of Life Survey. *Journal of Abnormal Psychology, 118*, 647-658.
- Coleman, E., Rosser, B. R. S., & Strapko, N. (1992). Sexual and intimacy dysfunction among homosexual men and women. *Psychiatric Magazine, 10*, 257-271.
- Conner, M., Johnson, C., & Grogan, S. (2004). Gender, sexuality, body image, and eating behaviours. *Journal of Health Psychology, 9*, 505-515.
- Conners, C. K., Erhardt, Drew, & Sparrow, E. P. (1999). *Conners' CAARS Adult ADHD Rating Scales*. New York: Multi-Health Systems.
- Costa Jr., P. T., & McCrae, R. R. (1992). Normal personality assessment in clinical practice: The NEO Personality Inventory. *Psychological Assessment, 4*, 5-13.
- Crawford, M., & Popp, D. (2003). Sexual double standards: A review and methodological critique of two decades of research. *Journal of Sex Research, 40*, 13-26.
- Dove, N. L., & Wiederman, M. W. (2000). Cognitive distraction and women's sexual functioning. *Journal of Sex and Marital Therapy, 26*, 67-78.
- Dunne, E., Unger, E. R., Sternberg, M., McQuillan, G., Swan, D. C., Patel, S. S., & Markowitz, L. E. (2007). Prevalence of HPV infection among females in the United States. *Journal of the American Medical Association, 297*, 813-819.
- Faith, M. S., & Schare, M. L. (1993). The role of body image in sexually avoidant behavior. *Archives of Sexual Behavior, 22*, 345-356.
- Fichten, C. S., Libman, E., Takefman, J., & Brender, W. (1988). Self-monitoring and

- self-focus in erectile dysfunction. *Journal of Sex & Marital Therapy*, 14, 120-128.
- Gangestad, S. W., Bailey, J. M., & Martin, N. G. (2000). Taxometric analyses of sexual orientation and gender identity. *Journal of Personality and Social Psychology*, 78, 1109-1121.
- Garner, D. M. (2004). *The Eating Disorder Inventory-3*. Professional manual. Odessa, FL: Psychological Assessment Resources, Inc.
- Geer, J. H., & Fuhr, R. (1976). Cognitive factors in sexual arousal: The role of distraction. *Journal of Consulting and Clinical Psychology*, 44, 238-243.
- Goldberg, D. (1989). *A study on the influence of self-esteem, internalized homophobia, safer sex knowledge and anxiety on sexual satisfaction in single gay males practicing safer sex*. [CD-ROM] Abstract from ProQuest File: Dissertation Abstract Item: AAC 8452012.
- Greaves, R. M. (2001). *The social construction of sexual interaction in heterosexual relationships: A qualitative analysis*. Dissertation Abstracts International: Section A: Humanities and Social Sciences, Vol. 61 (11-A), p. 4565.
- Greene, K., & Faulkner, S. (2005). Gender, belief in the sexual double standard, and sexual talk in heterosexual dating relationships. *Sex Roles: A Journal of Research*, 53, 239-251.
- Haavio-Mannila, E. & Kontula, O. (1997). Correlates of increased sexual satisfaction. *Archives of Sexual Behavior*, 26, 399-419.

- Hamer, D. H., Hu, S., Magnuson, V. L., Hu, N., Pattatucci, A. M. L. (1993). A linkage between DNA markers on the X chromosome and male sexual orientation. *Science*, 261, 321-327.
- Hartmann, U. (2007). Depression and sexual dysfunction. *Journal of Men's Health and Gender*, 4, 18-25.
- Iwasaki, Y., & Ristock, Janice L. (2007). The nature of stress experienced by lesbians and gay men. *Anxiety, Stress & Coping: An International Journal*, 2, 299-319.
- Kerns, J. G. & Fine, M. A. (2005). The relation between gender and negative attitudes toward gay men and lesbians: Do gender role attitudes mediate this relation? *Sex Roles*, 31, 297 -307.
- Kinsey, A., Pomeroy, W., & Martin, C. (1948). *Sexual Behavior in the Human Male*. Philadelphia: Saunders.
- Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. (1953). *Sexual behavior in the human female*. Philadelphia: W. B. Saunders.
- Larsen, K. S., Reed, M., & Hoffman, S. (1980). Attitudes of heterosexuals toward homosexuality: A Likert-type scale and construct validity. *The Journal of Sex Research*, 16, 245-257.
- Markey, C. N. & Markey, P. M. (2009). Correlates of young women's interest in obtaining cosmetic surgery. *Sex Roles*, 61 (3-4), 158-166.
- Masters, W. & Johnson, V. (1970). *Human sexual inadequacy*. Boston: Little, Brown and Company.
- Messinger, G. B. (1997). Effects of self-focused attention and body image on women's

- self-reported sexual arousal. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 58(3-B), 1539.
- Meston, C. M. (2005). The effects of state and trait self-focused attention on sexual arousal in sexually functional and dysfunctional women. *Behavior Research and Therapy*, 1-19.
- Meana, M., & Nunnink, S. E. (2006). Gender differences in the content of cognitive distraction during sex. *The Journal of Sex Research*, 43, 59-67.
- Mosher, D. L. & Cross, H. J. (1971). Sex guilt and premarital sexual experiences of college students. *Journal of Consulting and Clinical Psychology*, 36(1), 27-32.
- Murray, K. M., Ciarrocchi, J. W., & Murray-Swank, N. A. (2007). Spirituality, religiosity, shame and guilt as predictors of sexual attitudes and experiences. *Journal of Psychology and Theology*, 35, 222-234.
- Pattatucci, A. M. & Hamer, D. H. (1995). Development and familiarity of sexual orientation in females. *Behavior Genetics*, 25, 407-420.
- Pattatucci, A. M., Patterson, C., & Benjamin, J. (1998). A crossover interaction between sex, sexual orientation, and handedness. *Laterality: Asymmetries of Body, Brain and Cognition*, 3, 331-342.
- Peplau, L. A., Frederick, D. A., Yee, C., Maisel, N., Lever, J., & Ghavami, N. (2009). Body image satisfaction in heterosexual, gay, and lesbian adults. *Archives of Sexual Behavior*, 38, 713-725.

- Peyton, C. L., Hunt, W. C., Hundley, R. S., Zhao, M., Wheller, C. M., Gravitt, P. E., & Apple, R. J. (2001). Determinants of genital human papillomavirus detection in a U.S. population. *Journal of Infectious Diseases, 183*, 1554-1565.
- Purdon, C., & Holdaway, L. (2006). Non-erotic thoughts: Content and relation to sexual functioning and sexual satisfaction. *The Journal of Sex Research, 43*, 154-162.
- Revina, N., & DiClemente, R. (2005). Prevalence and incidence of human papillomavirus infection in women in the USA: A systematic review. *International Journal of STDs and AIDS, 16*, 528-537.
- Rowen, C. J. & Malcolm, J. P. (2002). Correlates of internalized homophobia and homosexual identity formation in a sample of gay men. *Journal of Homosexuality, 43*, 77-92.
- Reed, D. L., Thompson, J. K., Brannick, M. T., & Saco, W. P. (1991). Development and validation of the Physical Appearance State and Trait Anxiety Scale (PASTAS). *Journal of Anxiety Disorders, 5*, 323-332.
- Rosenberg, M. (1989). *Society and the Adolescent Self-Image* (Revised ed.). Middletown, CT: Wesleyan University Press.
- Rowen, C. J. & Malcolm, J. P. (2002). Correlates of internalized homophobia and homosexual identity formation in a sample of gay men. *Journal of Homosexuality, 43*(2), 77-92.
- Sagun, K. A. (2007). Changes in counseling center clients' psychological distress over eight years. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 68*(1-B), 634.

- Sakheim, D. K., Barlow, D. H., & Beck, J. G. (1984). The effect of an increased awareness of erectile cues on sexual arousal. *Behaviour Research & Therapy*, *22*, 151-158.
- Savin-Williams, R. C. & Ream, G. L. (2007). Prevalence and stability of sexual orientation components during adolescence and young adulthood. *Archives of Sexual Behavior*, *36*, 385-394.
- Selke, L. S. (2004). The relationship between spectating and sexual functioning. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *64(12-B)*, 6341.
- Sell, R. L. (1997). Defining and measuring sexual orientation: A review. *Archives of Sexual Behavior*, *26*, 643-658.
- Siever, M. D. (1994). Sexual orientation and gender as factors in socioculturally acquired vulnerability to body dissatisfaction and eating disorders. *Journal of Consulting and Clinical Psychology*, *62*, 252-260.
- Smolenski, D. J., Ross, M. W., Risser, J. M. H., Rosser, B. R. S. (2009). Sexual compulsivity and high-risk sex among Latino men: the role of internalized homonegativity and gay organizations. *AIDS Care*, *21*, 42-49.
- Soleymani, N. R. (1999). Effects of self-focused attention and erotophobia-erotophilia on sexual arousal in woman. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *60(6-B)*, 2963.
- Spielberger, C. D., Gorsuch, R. L., Lushene, R., Vagg, P. R., & Jacobs, G. A. (1983). *Manual of the State-Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologists Press.

- Tabachnick, B. G. & Fidell, L. S. (2001). *Using Multivariate Statistics (4th ed.)*. Needham Heights: Allyn & Bacon.
- Trapnell, P. D., Meston, C. M., & Gorzalka, B.B. (1997). Spectatoring and the relationship between body image and sexual experience: Self-focus or self-valence? *The Journal of Sex Research, 34*, 267-278.
- Ward, J. & Winstanley, D. (2005). Coming out at work: Performativity and the recognition and renegotiation of identity. *Sociological Review, Special issue: Constructing and negotiating individual and collective identities, 53*, 447-475.
- Weis, C. B. & Dain, R. N. (1979). Ego development and sex attitudes in heterosexual and homosexual men and women. *Archives of Sexual Behavior, 8 (4)*, 341-356.
- Wiederman, M. W., (2001). "Don't look now": The role of self-focus in sexual dysfunction. *The Family Journal: Counseling and Therapy for Couples and Families, 9*, 210-214.
- Wiederman, M., & Hurst, S.R. (1998). Body size, physical attractiveness, and body image among young adult women: Relationships to sexual experience and sexual esteem. *Journal of Sex Research, 35*, 272-281