



Canadian university students' perceptions of the practices that constitute "normal" sexuality for men and women

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Abstract: This study investigated perceptions of "sexual normalcy" in a sample of male and female undergraduate students ($N = 104$) using modified versions of the Normal Sexual Behaviours Inventory (Kite, 1990). Participants were randomly assigned to the version in which a female actor engaged in various behaviours or to the version in which a male actor engaged in the same or comparable behaviours. Participants also completed measures that assessed their erotophilia/erotophobia, sexual experience, and religiosity. Ratings of normality differed according to sex of the actor in that participants considered it more abnormal for a male to be disinterested in sexuality, to engage in homosexual fantasy, and to practice sexual activities characterized by submission (e.g., receiving pain during sex). However, no statistically significant differences were found between male and female participants' ratings and there was no statistically significant sex of participant by sex of actor interaction. Limitations of the current study and directions for future research are discussed.

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Introduction

Sexuality and sexual practices play a crucial role in defining the self as moral versus sinful and/or normal versus abnormal (Weeks, 1990). Knowledge of how people conceptualize their own sexual behaviours and attitudes and those of others is thus pertinent to a better understanding of human functioning. To this end, Rubin (1993), a feminist anthropologist, developed a categorization of various sexual practices as "good/normal" or "bad/abnormal" based on Western cultural standards. In the sexual hierarchy she constructed, certain practices defied categorization due to divided opinions. Some of these hard to categorize practices included activities such as masturbation and being in stable long-term gay or lesbian relationships. The latter was ambiguous because it combined homosexuality (which was "bad") with monogamy (which was "good"). At the

top of Rubin's conceptualized hierarchy were married heterosexuals and at the bottom were fetishists and transsexuals, among others.

Rubin also discussed the socially constructed nature of human sexuality (i.e., the idea that religious, political, and medical institutions have embedded sexual scripts and norms into their public pedagogy). She asserted that these sexual scripts essentially shape human attitudes toward sexuality and the meanings that people attach to sexual practices. Rubin also referred to particular ideologies such as sexual essentialism and sex negativity that mould human sexuality and how it is perceived. When applied to sexuality, essentialism has been defined as the belief that "sexual phenomena such as sexual orientation or gender reside within the individual in the form of hormones, personality traits, and so on" (DeLamater & Hyde, 1998, p. 13). Sex negativity refers to Western



culture's branding of sex as a dangerous and inherently negative force. In particular, Christian doctrine has been viewed as erotophobic (i.e., some denominations denounce all sexual activity which is not amenable to procreation and/or does not occur within the confines of heterosexual marriage). Available evidence corroborates this point, as religiosity (measured in terms of self-identity and/or religious behaviours such as regular church attendance) correlates positively with more conservative attitudes toward sexuality (e.g., Duyan & Duyan, 2005) and eschewal of certain sexual practices such as premarital and homosexual sex (e.g., Cochran, Chamlin, Beeghley, & Fenwick, 2004; de Visser, Smith, Richters, & Rissel, 2007).

Rubin (1993) contended that "virtually all erotic behaviour is considered bad unless a specific reason to exempt it has been established" (p. 11). A fundamental argument forwarded by Rubin is that ideologies such as sexual essentialism and sex negativity serve to exalt certain behaviours (e.g., monogamy and heterosexuality) and demonize others (e.g., sadomasochism and homosexuality). Her model also cited the "fallacy of misplaced scale" as problematic. This phrase refers to the belief that sexual acts are accorded too much significance by society and that sexual diversity induces more anxiety than other aspects of human existence. Another ideology proposed by Rubin as influencing attitudes toward human sexuality is entitled the "domino theory." The analogy of a series of dominos falling suggests that sexual activities recognized as harmless may be prohibited on the grounds that they have the *potential* to lead to something insalubrious.

Rubin's (1993) model was sufficiently provocative that Stryker and Whittle (2006) described her article, which detailed the model and the related concepts outlined above, as "a foundational text of queer theory" (p. 471). However, in its current form, the model has limitations. It is non-empirical and thus we do not actually know whether individuals categorize, for example, the use of sex toys as abnormal or a practice such as masturbation as indeterminate (i.e., neither normal nor abnormal). In addition, the model is grounded in an American understanding of human sexuality. Available research suggests that variations in sexual attitudes are evident

among different cultural groups. For example, using data from the International Social Survey programme, Widmer, Treas and Newcomb (1998) compared 24 countries ($N = 33,590$ respondents) in terms of their attitudes toward premarital sex, sex among teenagers less than 16 years of age, extramarital sex, and homosexual sex. Cluster analysis revealed that western nations could be grouped into 4 separate "sexual regimes." The United States, along with Ireland, Northern Ireland, and Poland, fell into the sexually conservative cluster (i.e., these countries evidenced disapproval of the four types of non-marital sexual activity that were measured). In contrast, though a close neighbour of the United States, Canada was grouped along with Norway, the Netherlands, Spain, and the Czech Republic into a cluster entitled "homosexual permissives" (i.e., these countries displayed high levels of acceptance of homosexual sex). Similarly, Weinberg, Lottes, and Shaver (2000) presented data suggesting that, in comparison to their American counterparts, Swedish university students are more liberal in their opinions about sexuality. Results indicated that Swedish respondents were more accepting of nudity, masturbation and the desire for sex and were more likely to regard these acts and behaviours as normal phenomena. Given these sorts of differences, the usefulness of Rubin's classification system in cultural contexts outside of America is unclear.

Since Rubin's model was formulated in the mid-80s, it is possible that the assumptions she used in categorizing various practices as normal, abnormal, or indeterminate are now outdated. Indeed, Caron and Moskey (2002) found that attitudes towards sexuality have become more liberal over time. In a longitudinal study utilizing data collected in 1950, 1975 and 2000, the authors documented an overall decline in negative attitudes towards a host of sexual issues (e.g., premarital sex). Reviewing General Social Survey data gathered between 1972 and 1998, Treas (2002) similarly reported that cohort turnover (i.e., the death of older generations and their replacement by younger generations) was responsible for a "liberalizing effect on sexual attitudes" (p. 278).

Purposes of the present study

The primary purpose of the current study was to empirically investigate Rubin's sexual hierarchy

using a self-report questionnaire in which Canadian university students indicated their perceptions of diverse sexual behaviours by rating them on a continuum of “normality-abnormality”. Independent ratings were obtained for the behaviour performed by a man or a woman. Of particular interest was whether a sexual double standard would emerge. Previous research suggests that individuals evaluate women more negatively than men for engaging in some sexual behaviours (Fugère, Escoto, Cousins, Riggs, & Haerich, 2008). For example, Marks and Fraley (2006) conducted two experimental studies in which American participants from a mid-western university read diary entries purportedly written by either a sexually active male or female. Five positive and five negative reactions that the actor indicated had been made by other people about his or her sexual exploits also were provided. Results indicated that participants both estimated and recalled more negative than positive comments about the female actor. According to the authors, such findings suggest that “people’s belief in the sexual double standard may lead them to be vigilant to information consistent with [that standard]” (p. 23). Similarly, in a recent experimental study investigating American university students’ perceptions of individuals with sexually transmitted versus non-sexually transmitted illnesses, Smith, Mysak, and Michael (2008) found evidence of a sexual double standard. Results indicated that, for male actors, type of illness (sexual versus non-sexual) did not significantly influence degree of social rejection, as determined by participants’ scores on a 6-item scale. However, for female actors, participants’ mean rejection scores were greater for those having a sexually transmitted illness (i.e., the mean rejection score for the female actor was greater than the mean rejection score for the male actor).

Another variation on the double standard comes from Aubrey’s (2004) content analysis of American prime-time television dramas targeting adolescent and young adult viewers. The author found that male characters were more likely than female characters to initiate sexual behaviour. In this analysis, initiations by either sex were defined as “dialogue or behaviour that involved sexuality, sexual suggestiveness, sexual activities or sexual relationships” (p. 508) other than love or romance. Negative outcomes associated with such initiation

(e.g., negative emotional, physical, and punitive consequences such as guilt, unwanted pregnancy, and punishment by parents) were more likely to occur when female characters initiated sexual behaviour.

The final purpose of the current study was to examine whether individuals’ erotophilia-erotophobia, sexual experience, and religiosity would be correlated with their perceptions of sexual normalcy. A brief rationale for the choice of these variables is provided below.

Erotophobia-erotophilia

Fisher, Byrne, White, and Kelley (1988) described erotophilia-erotophobia as a dimension of personality based on “the disposition to respond to sexual cues along a negative-positive dimension of affect and evaluation” (p. 123). Humphreys and Newby (2007) viewed this as a trait disposition learned through socialization experiences in which erotophobia represents a “generalised [negative] affective reaction” to sexual stimuli (p. 80) in contrast to erotophilia, which is characterized by a favourable affective reaction. Their research on university students suggests that individuals who are more erotophilic are more likely to incorporate new sexual behaviours into their relationships and to report having more lifetime intercourse partners. Erotophilic individuals also are more willing to be exposed to unsolicited sexually explicit material on the Internet (Shim, Lee, & Paul, 2007) and to evidence greater levels of sociosexuality, i.e., a greater likelihood of engaging in “any sexually intimate experience with another person including, at a minimum, deep passionate kissing” (Wright & Reise, 1997, p. 172).

Sexual experience

Research suggests that whether individuals have engaged in sexual activity (typically defined as vaginal intercourse) is associated with a range of sexual attitudes (e.g., Duyan & Duyan, 2005). For example, McDonagh, Morrison, and McGuire (2008) found that male participants who had engaged in vaginal intercourse or performed/received oral sex evidenced lower levels of body-image self-consciousness during physical intimacy. Similarly, Morrison, Bearden, Ellis, and Harriman (2005) found that male and female participants categorized as non-virgins reported higher levels of sexual esteem. Their findings also revealed that non-virgins evidenced greater genital esteem, lower



sexual anxiety, and more exposure to sexual material presented on television or on DVDs.

Religiosity

Studies suggest that the frequency with which individuals attend religious services, their self-identification as religious, and the degree to which religion guides their lives are correlated with various indicators of sexual attitudes and behaviour (e.g., Beckwith & Morrow, 2005). For example, Barkan (2006) reported that individuals who obtained higher scores on a multi-item measure of religiosity reported fewer sexual partners. Moreover, the magnitude of this association did not differ between male and female participants. Fischtein, Herold, and Desmarais (2007) similarly found that survey respondents who reported no religious attendance thought about sex more frequently, had first vaginal intercourse at a younger age, and had a greater number of lifetime sexual partners.

Hypotheses

Using a questionnaire methodology, this study assessed university students' perceptions of sexual normalcy. Possible correlates of those perceptions (specifically, erotophilia-erotophobia, sexual experience, and religiosity) also were examined. Based on the research summarized above, we proposed the following hypotheses:

Hypothesis 1: In comparison to female participants, males would be more likely to perceive a greater number of sexual practices to be "normal."

Hypothesis 2: A sexual double standard would be shown in that all participants (male and female) would perceive a greater number of the sexual practices to be "normal" when performed by a male actor than when the same practices were performed by a female actor.

Hypothesis 3: Participants who were more erotophilic would perceive a greater number of sexual practices to be "normal."

Hypothesis 4: Participants who were more experienced sexually would perceive a greater number of sexual practices to be "normal."

Hypothesis 5: Participants reporting greater levels of religiosity would perceive a smaller number of sexual practices to be "normal."

Methods

Participants

A sample of 104 undergraduate students (68 females and 36 males) attending a post-secondary institution in Western Canada completed the research instruments described below. The respective mean ages of male and female participants were 19.53 years ($SD = 2.78$) and 19.15 years ($SD = 2.10$).

Measures

Normal Sexual Behaviours Inventory (NSBI; Kite, 1990)

This pedagogical tool contains thirty items that assess the extent to which various sexual practices are perceived as "normal/abnormal." Items were scored on a five-point Likert-type scale (1 = very normal, 2 = normal, 3 = don't know, 4 = abnormal, 5 = very abnormal). To minimize participant confusion, the inventory also provided definitions of key terms (e.g., enema and voyeurism). The content of the instrument was modified slightly for the present study. Specifically, three items concerning bestiality, necrophilia, and scat were removed because, in the last 8 years, they have been unanimously categorized as non-normal by students of human sexuality and occupational therapy modules taught by the senior author. In addition, some new items were added to examine potentially non-normative sexual practices (e.g., a disabled person engaging in sexual relations with someone who is not disabled; a "normal" weight person engaging in sexual relations with someone who is extremely overweight). Overall, the instrument used contained 33 items, with 25 from the original inventory.

Another important adaptation to the NSBI was the creation of separate male and female versions (e.g., an item targeting a female actor would read, "A woman watching pornographic movies several times a week" and the item targeting a male actor would read, "A man watching pornographic movies several times a week"). Male and female participants received either the male or female actor version. Another adaptation, to control for bias, was to vary direction of the response options. About half of the items on this measure used the response format "1 = very normal" to "5 = very abnormal", the others offered "1 = very abnormal" to "5 = very normal."

Barnette (2000) cites this variation in stem type as being highly effective in guarding against participant acquiescence. Possible scores ranged from 33 to 165 (higher scores represent narrower latitudes of sexual normalcy). For male respondents, alpha coefficients for the male actor and female actor versions of the inventory were .86 (95% CI = .76 - .93) and .92 (95% CI = .85 - .97), respectively. For female respondents, alphas were .86 (95% CI = .77 - .92) and .88 (95% CI = .81 - .93), respectively.

Religiosity

To measure religiosity, participants indicated whether they attended religious services (1 = never; 2 = on special occasions; 3 = now and then; 4 = usually) and whether they considered themselves to be religious (1 = very religious; 2 = fairly religious; 3 = slightly religious; 4 = not at all religious [reverse scored]).

Sexual Experience (Rothman, Kelly, Weinstein, & O'Leary, 1999)

Participants were asked to respond *yes* or *no* to the following: "Have you engaged in vaginal intercourse?", "Have you engaged in anal intercourse?", "Have you engaged in vaginal intercourse in the last 4 weeks?" and "Have you engaged in anal intercourse in the last 4 weeks?" Rothman et al. (1999) used these items to determine a respondent's sexual status and experience (i.e., virgin or non-virgin; currently sexually active or not currently sexually active). Morrison, Harriman, Morrison, Bearden, and Ellis (2004) provide evidence suggesting that these items are valid.

Sexual Opinion Survey (SOS; Fisher, Byrne, White, & Kelley, 1988)

The 21-item SOS is designed to assess people's tendency to respond to sexual cues along a negative-positive dimension of affect and evaluation (i.e., erotophobia-erotophilia). Half of the items describe a positive evaluative response to a sexual activity or situation whereas the other items describe a negative evaluative response to a sexual activity or situation. Seven items were negatively keyed in order to avoid response bias. In the current study, a five-point Likert scale (1 = strongly agree; 5 = strongly disagree) was used. As well, the item "If I found that a close friend of mine was a homosexual, it would annoy me" was converted into two items to facilitate consideration of a gay or lesbian target (i.e., "If I found that a close

friend of mine was gay (lesbian), it would annoy me"). This modification resulted in a 22-item version, with possible scores ranging from 22 to 110 (higher scores represent greater erotophilia). Fisher et al. (1988) provide evidence attesting to the psychometric soundness of the 21-item version of the SOS. In the current study, Cronbach's alphas were .78 for men (95% CI = .66 - .87) and .90 for women (95% CI = .86 - .93).

Procedures

The research instruments were administered to introductory psychology students during a regularly scheduled class mass testing session. Random distribution ensured that half of the participants received inventories featuring female actors, and half received the male actor version. With respect to completion of the inventory, participants read the following: "Please rate whether each of the following activities represents 'normal' or 'abnormal' sexual behaviour by circling the appropriate number. Remember there are no right or wrong answers and you may classify the behaviour as abnormal or normal using whatever criteria you deem appropriate. Please read each item carefully." It took participants approximately 25 minutes to complete all instruments.

Ethics approval was obtained from the Ethics Review Board (ERB) associated with the institution where the research was conducted. Prior to starting the study, all respondents were given consent forms. The content of these forms stated clearly that (a) participation was strictly voluntary; (b) the information gathered was anonymous and would be held in strictest confidence; and (c) respondents had the right to omit any items they wished or to withdraw from the study at any time without penalty or consequence. Participants received course credit for their involvement in the study. For the purposes of obtaining credit, students' names and identification numbers were recorded on separate forms.

Results

Sexual experience of participants

Among the 104 participants (68 female, 36 male), 62% of the female respondents and 47% of the male respondents reported that they had engaged in vaginal intercourse. Considering only those who had intercourse, 62% of females and 29.4% of males had



intercourse in the preceding four weeks. Also among those with intercourse experience, 10% of females and 19% of males reported that they had engaged in anal sex, with one female and one male participant having engaged in this activity within the four weeks prior to completing the survey. With respect to sexual orientation, 96.2% ($n = 100$) of participants saw themselves as “exclusively heterosexual,” “primarily heterosexual,” or “more heterosexual than homosexual.” One participant identified as “bisexual,” one as “primarily homosexual,” one as “exclusively homosexual,” and one participant stated that she “did not know” what her sexual orientation was, at present.

Overall ratings of behaviours

Table 1 reports the percentage of participants who rated the various behaviours of male or female actors as “abnormal.” The percentage combines “abnormal” and “very abnormal” responses. Results show that participants’ perceptions of normality varied greatly according to the types of sexual practices presented. For example, at one end of the spectrum only a small percentage of participants identified having sex somewhere other than a bed (e.g., on the floor, in the kitchen, etc.) as abnormal, while at the other end almost all considered it abnormal to become sexually aroused while watching children play. Despite this variability, the overall findings were not congruent with the expectation that university students would evidence liberal attitudes toward most of the sexual practices assessed by the NSBI. While some items may not assess “liberality,” it is noteworthy that, among those who assessed a male actor, 26 of the 33 items were perceived to be abnormal by at least 25% of participants (15 items were perceived as abnormal by at least 50%). Similarly, among those who completed the inventory with a female actor, 24 of 33 items were classified as abnormal by at least 25% of respondents, and 13 were perceived as abnormal by at least 50%.

Effects of sex of participant and sex of actor on perceptions of normality

To determine whether perceptions of normality differed as a function of sex of participant and/or sex of actor, a multivariate analysis of variance (MANOVA) was conducted. The two sex variables were the fixed factors and each item on the inventory served as a dependent variable. To ensure compliance

with the assumption of homogeneous covariance matrices (as assessed by Box’s M test), two items from the inventory were removed (“A man [woman] becoming aroused by watching children play in a playground” and “A man [woman] refusing to let his [her] partner see him [her] masturbate”). For the remaining 31 items, Box’s M was not statistically significant, $F = 1.09$, $p = ns$.

Contrary to our prediction that men and women would differ on the NSBI, the multivariate effect for sex of the participant was not statistically significant, Wilks’ lambda = .60, $F(31, 67) = 1.46$, $p = ns$. Thus, overall, the men and women participating in this study evidenced statistically similar assessments of the normality of the various sexual activities measured. In accordance with our expectations, the multivariate effect for sex of the actor was statistically significant, Wilks’ lambda = .47, $F(31, 67) = 2.46$, $p < .001$, suggesting that assessments of normality differed depending on whether participants completed the male or female version of the inventory. Inspection of the univariate F output revealed that participants saw it as more abnormal for a male actor to: (1) fantasize about being intimate with a member of the same sex, $F(1, 97) = 4.28$, $p < .05$, $d = .38$; (2) be unable to achieve orgasm, $F(1, 97) = 12.16$, $p < .001$, $d = .70$; (3) never engage in masturbation, Welch’s $F(1, 72.92) = 22.20$, $p < .001$, $d = .94$; (4) be celibate, Welch’s $F(1, 101.75) = 6.02$, $p < .001$, $d = .47$; (5) dress in clothing of the opposite sex, Welch’s $F(1, 82.08) = 26.54$, $p < .001$, $d = 1.02$; (6) receive pain during sex, Welch’s $F(1, 86.10) = 5.38$, $p < .05$, $d = .47$; (7) become aroused by being urinated on, Welch’s $F(1, 63.19) = 3.86$, $p = .05$, $d = .41$. Participants also saw it as more abnormal for a female to become aroused by voyeurism, Welch’s $F(1, 102) = 10.85$, $p < .001$, $d = .63$. Finally, the multivariate effect for the sex of the participant X sex of the target interaction was not statistically significant, Wilks’ lambda = .74, $F(31, 67) = .74$, $p = ns$. Thus, male and female participants’ evaluations did not become more or less similar as a function of the sex of the actor they were evaluating.

Table 1 Percentages of participants who identified various sexual practices engaged in by a male or female actor as “very abnormal or abnormal”

Item	Male Target	Female Target
1. A man (woman) watching pornographic movies several times a week.	46.4	60.4
2. A man (woman) having sex with more than one man (woman) at the same time.	76.8	70.8
3. A man (woman) preferring oral sex over intercourse.	23.2	22.9
4. A man (woman) having sex somewhere other than a bed (e.g., floor, outdoors, etc.).	0.0	6.3
5. A man (woman) being sexually aroused by exposing himself (herself) in public.	62.5	62.5
6. A man (woman) fantasizing about being intimate with another man (woman).	44.6	25.0
7. A man (woman) fantasizing about being with a person other than his (her) partner during sexual intercourse.	35.7	27.1
8. A man (woman) being unable to achieve orgasm.	41.1	16.7
9. A man (woman) never engaging in masturbation.	87.5	45.8
10. A man (woman) being celibate.	39.3	16.7
11. A man (woman) in a wheelchair performing oral sex on someone who is able-bodied.	46.4	31.3
12. A normal weight man (woman) having sexual intercourse with a woman (man) who weighs 322 lbs.	32.1	25.0
13. A man (woman) enjoying being physically restrained during sex (e.g., bondage).	30.4	34.0
14. A man (woman) becoming aroused by voyeurism.	35.7	56.3
15. A man (woman) playing with food (e.g., chocolate sauce, whipped cream, etc.) during sex.	19.6	12.5
16. A man (woman) preferring that his (her) partner initiates sex.	5.4	4.2
17. A man (woman) forcing a woman (man) to perform oral sex on him (her).	75.0	68.8
18. A man (woman) inflicting pain during sex.	78.6	64.6
19. A man (woman) receiving pain during sex.	75.0	56.3
20. A man (woman) using sex toys during sex.	23.2	14.6
21. A man (woman) having rape fantasies.	65.5	72.9
22. A man (woman) masturbating after marriage.	10.9	22.9
23. A man (woman) NOT being sexually aroused by a nude member of the opposite sex.	50.0	27.1
24. A man (woman) being sexually aroused by receiving an obscene phone call.	41.1	47.9
25. A man (woman) becoming sexually aroused by being urinated on.	94.6	83.3
26. A man (woman) being sexually aroused by soiling the clothing of the other sex.	87.5	83.3
27. A man (woman) becoming sexually aroused by watching children play in a playground.	100.0	91.7
28. A man (woman) placing nude photographs of himself (herself) on the Internet.	78.6	60.4
29. A man (woman) masturbating in front of a mirror.	37.5	39.6
30. A man (woman) deriving sexual gratification from receiving an enema.	67.9	68.3
31. A man (woman) refusing to let his (her) partner see him masturbate.	17.9	19.5
32. A man (woman) being sexually aroused by making an obscene phone call.	55.4	39.0
33. A man (woman) dressing in women's (men's) clothing.	78.6	47.9

Associations between erotophilia-erotophobia and perceptions of normality

As hypothesized, participants who were more erotophobic (indicated by lower scores on the SOS) were more likely to evaluate the behaviours listed on the inventory as abnormal (male participants: $r [n = 35] = -.61, p < .001$; female participants: $r [n = 66] = -.58, p < .001$). In addition, male participants ($M = 75.89, SD = 9.77$) were more erotophilic than were female participants ($M = 70.18, SD = 14.41$), $t (93.36) = 2.38, p < .05, d = .46$. However, as indicated

previously by the non-significant multivariate effect for participant's sex and contrary to our prediction, male participants ($M = 108.19, SD = 15.94$) and female participants ($M = 106.76, SD = 14.34$) did not differ in their scores on the NSBI, $t (100) = .47, p = ns$.

Intercourse experience and perceptions of normality

No statistically significant differences on NSBI scores were noted between male participants who had ($M = 105.24, SD = 13.09$) or had not ($M = 110.84, SD = 18.05$) engaged in vaginal intercourse, $t (34) =$



-1.06, $p = ns$, $d = -.35$. However, the predicted difference was obtained for female participants, with those who had not engaged in vaginal intercourse deeming the sexual behaviours on the inventory to be more abnormal ($M = 113.76$, $SD = 12.56$) in comparison to those who had engaged in vaginal intercourse ($M = 102.49$, $SD = 13.78$), $t(64) = -3.30$, $p < .001$, $d = -.85$. Due to unequal ns , mean differences on the NSBI for the other measures of sexual experience (e.g., anal intercourse) could not be compared statistically.

Religiosity and perceptions of normality

As hypothesized, those who self-identified as more religious had lower scores on the SOS, signifying more negative affect related to sexual topics than those who self-identified as less religious: male participants, $r(n = 35) = -.54$, $p < .001$; female participants, $r(n = 68) = -.24$, $p < .05$. There was a statistically significant correlation between religious attendance and erotophilia-erotophobia scores for male participants, $r(n = 35) = -.37$, $p < .05$, suggesting that more frequent attendance was associated with more negative affect on sexual topics. This association was not found for female participants, $r(n = 68) = -.21$, $p = ns$. The correlations between the two indicators of religiosity (attendance and identity) and scores on the NSBI were not statistically significant (Male participants: religious attendance/inventory scores, $r[n = 36] = .24$, $p = ns$, and religious identity/inventory scores, $r[n = 36] = .27$, $p = ns$; Female participants: religious attendance/inventory scores, $r[n = 66] = .19$, $p = ns$, and religious identity/inventory scores, $r[n = 66] = .24$, $p = ns$).

Discussion

The central goal of this study was to empirically test Rubin's (1993) sexual hierarchy in which she divided sexual behaviours into two categories: the "charmed circle" and the "outer limits." Falling into the "charmed circle" were sexual practices that emphasized heterosexuality and monogamy; were procreative, dyadic, intra-generational; and did not involve pornography or sex toys. Those practices converse to the ones contained in the charmed circle were characteristic of the outer limits (e.g., practices that did not stress monogamy, procreation, etc.). Although participants were not particularly liberal

in their sexual attitudes, results from the current study suggest that Rubin's division between the charmed circle and the outer limits requires some modification. For example, the individuals in our study did not regard the use of sex toys or engaging in sexual activity in a location other than a bed as particularly non-normative. Similarly, while Rubin asserts that masturbation is a "major area of contest" in Western society (i.e., it is a sexual practice that is perceived as neither normal nor abnormal), such ambiguity was not apparent in our study. Indeed, only a small proportion of individuals thought it abnormal for a male actor or a female actor to masturbate after getting married and a substantial proportion of respondents believed it was abnormal for an individual, particularly a male actor, to never engage in masturbation. Such findings suggest that, for this sample at least, masturbation is deemed to be a normative practice; an observation that is congruent with other studies on this topic (e.g., Gerressu, Mercer, Graham, Wellings, & Johnson, 2008).

Another purpose of the study was to document the existence of a sexual double standard across a wide range of sexual behaviours. To date, available evidence has looked at a small set of activities or has focused on characterological assessments of actors that differ on dimensions such as number of sexual partners or health status (e.g., Marks & Fraley, 2005; Smith et al., 2008). Our results indicated that a sexual double standard was apparent for some of the items on the NSBI. However, contrary to what we expected, when differences did emerge, typically the male actor was accorded less sexual latitude than his female counterpart. Homosexual fantasy, disinterest in sexuality (as indicated by items assessing celibacy and not engaging in masturbation) as well as non-normative sexual practices such as achieving gratification from "golden showers" (i.e., being urinated on) or the receipt of pain were deemed to be more abnormal for the male actor. Thus, our results underscore the conflictive nature of the sexual double standard when applied to men; it demands that they evidence greater interest in sexual matters yet also requires that this interest be channelled into modes of expression that are "socially appropriate"—for example, in ways that do not involve submission or the "wrong" object choice. Indeed, greater research attention should be given to the burden that some



men may experience as a function of exposure to a sexual double standard that demands they evidence an interest in sexuality and “should lead and control sexual interactions” (Kelly & Bazzini, 2002, p. 795).

Although our findings provide some evidence that suggests existence of a sexual double standard, for a majority of the items on the NSBI (i.e., 23 of 31 items after two were deleted), no differences were noted based on perceptions of male versus female actors. Thus, a “single sexual standard” (Haavio-Mannila & Kontula, 2003) appeared to be the dominant pattern; one in which many of the practices listed were perceived to be abnormal, irrespective of whether they were performed by a male actor or a female actor.

Of the three potential correlates tested, only erotophobia-erotophilia was associated significantly with scores on the NSBI. However, as Wright and Reise (1997) point out, explaining responses on measures of sexuality such as the inventory by emphasizing that “some people have positive attitudes or [affect] about sex isn’t saying much” (p. 188). Thus, future research on individuals’ perceptions of sexual normalcy should devote greater attention to particularizing the personality traits (e.g., openness to experience) that may establish the “psychological framework” (p. 188) in which erotophobic-erotophilic tendencies emerge.

Limitations and future directions

This study has several limitations that warrant discussion. First, the absence of sex of participant effects may be an artefact of our reliance on psychology undergraduates. In a recent study examining American college students’ sexual attitudes, Dantzer and Eisenman (2007) found that those enrolled in a criminal justice programme, traditionally regarded as attracting more conservative students, differed from those enrolled in other programmes (specifically, psychology or philosophy). The criminal justice participants were more likely to believe that: (1) men should be sexually experienced before marriage; (2) any type of homosexual behaviour is always wrong; and (3) sex between people of the same sex should be illegal. They also were less likely to believe that bisexuality is acceptable and that *Playboy* magazine is

demeaning to women. To address this limitation, future research should target undergraduate students enrolled in disciplines characterized by greater levels of traditionalism. Sample homogeneity also may account for the low correlations observed between scores on the inventory and scores on the measures of religiosity.

Second, some of the items on the NSBI are potentially ambiguous. For example, “receiving pain during sex” may refer to participation in masochism or dyspareunia (i.e., painful intercourse). Given what we envision to be the iterative nature of the inventory, this sort of ambiguity can be rectified. A related issue concerns the omission of items measuring: (1) perceptions of sexuality and the aging process; (2) sex work (e.g., engaging in sexual activity with an escort, street prostitute, etc.); and (3) double marginalization (i.e., individuals who occupy more than one space in Rubin’s “outer limits”—e.g., a gay man that is physically disabled). Again, future iterations of the inventory can address these gaps.

Third, the number of participants in this study is modest (approximately 100) particularly when each half assessed only male or female actors. As well, common to all sexological research, the issue of volunteer bias is a potential concern. There is evidence to suggest that those who volunteer to take part in sex research are qualitatively different from those who do not, with volunteers being more sexually liberal and more sexually experienced (e.g., Bogaert, 1996). Thus, the generalizability of these results, even to other undergraduate students, is difficult to determine. Additional research with heterogeneous and larger samples is warranted.

A final limitation concerns the instructions provided on the NSBI. Given the exploratory nature of this research, we wanted participants to use whatever standards of normality they deemed appropriate. However, we did not determine the factors that were influential in shaping or reinforcing their perceptions of normal behaviour. Those factors, i.e., our participants’ various “models of normality” could have included: the statistical model (i.e., how common do I think the behaviour is?); the subjective model (i.e., what is my gut feeling about the behaviour in question; that is, would I do it?); the



legal model (i.e., what is the legal status of the behaviour in question and to what extent does that status influence my perception of it?); or others. It is unclear whether participants relied on a specific model of normality when evaluating the NSBI or, alternatively, whether they employed different models of normality on a per-item basis. Future research should explore this question and also whether certain models are more likely to be used by certain groups of individuals. For example, are religious participants more likely to rely on a moral model of normality? Are individuals who evidence a stronger need for approval more likely to evaluate items on the NSBI in accordance with what the majority does (i.e., statistical model) or what they think their society or social group approves (i.e., cultural model)?

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