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Cosmetic Expressions and Sexuality:
The Relationship between Body Modifications and Promiscuity
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Abstract

This study was designed to examine the relation between body modifications (piercings and/or tattoos) on sexual behavior. Participants ($N = 115$, 63% female) completed a questionnaire regarding frequency of sexual activities, number of sexual partners, and number/location of body modifications. Upon splitting the results according to gender, for females, there was a significant correlation of number of body modifications on frequency of sexual acts, $p = .016$. Further significant correlations found include number of body modifications on number of sexual partners and on number of one-night stands. Perhaps one explanation for such correlations is that women who choose to modify their bodies also more often choose more sexually active lifestyles than women who do not choose to modify their bodies.

Cosmetic Expressions and Sexuality

It is human nature to judge others and make implications on how they live their life. We may have a pre-conceived notion of how an individual acts before we ever meet them. To some, tattoos and body piercings contribute heavily to these notions and may signify risky behavior. Individuals who do not conform to social norms may be subject to more scrutiny than they would if they had met those norms. However, body modifications may play some role in how these individuals carry out their lives, especially among college students. The term body modification, depending on the context in which it is used, can have multiple interpretations across cultures including ideas about the individual, about ones culture, and as a form of rebellion (Aryan, 2006). We want to limit our definition of body modification to include only tattoos and piercings. We are limiting the term due to the belief that tattoos and piercings are the most common body modifications for the purpose of self-expression. Some body modifications not included in our definition are lip and ear gauging, foot wrapping, and neck stretching. Grief, Hewitt, and Armstrong (1999) report that body modifications in the form of tattoos and piercings

are on the rise among college students. The transition into adulthood is a time of exploration and experimentation with multiple behaviors as individuals try to define their lives in search for their niche in society (Grello, Welsh, & Harper, 2006). Body modification contributes to this in the way that individuals may get body modifications in order to fit into certain groups in society. In support of Grief's findings, Burger and Finkel (2002) exclaim that body modification in the form of tattoos is America's sixth-fastest growing industry. Significance of these findings may help explain behavioral trends in today's young adult population.

College students with piercings are more likely to have participated in sexual intercourse (69%), than those without piercings (39%) (Roberts & Ryan, 2004). Given what seems to be the trend among the young adult population, body modifications may be linked with higher levels of sexual activity. Research suggests that there are certain external body modifications that are more frequently correlated with higher levels of sexual behavior than others (Carrol et al., 2002; Roberts et al., 2004; Roberts & Ryan, 2002). These body modifications can be defined as any tattoos and piercings excluding the ear lobes.

Pressure to conform to strong social norms may lead to rebellion among certain individuals. College aged persons may be more subject to these pressures than others. As Forbes (2001) suggests, women and men with body modifications are more prone to the exhibition of risk-taking behaviors in the form of sexual activity (sexual intercourse), and are less likely to conform to social expectations. His participants with body modifications reported that they had engaged in more reckless and dangerous activities as children and Forbes results showed that these tendencies strung into adulthood. He described reckless behavior to be in the form of receiving traffic tickets, being drunk, smoking marijuana, and having sexual intercourse. Many others in addition to Forbes have taken a special interest regarding such research; both an interest on body modifications such as tattoos and piercings, and on sexual behaviors.

The majority of the works reviewed focused precisely on the same population, and gathered results in the same manner too. Individual participants were primarily classified as adolescent aged and were given a questionnaire/survey (Burger & Finkel, 2002; Carrol, Riffenburgh, Roberts, & Myhre, 2002; Drews, Allison, & Probst, 2000; Grief, Hewitt, & Armstrong, 1999; Roberts, Auinger, & Ryan, 2004; Roberts & Ryan, 2002). The main goals of these works were to show that there is a significant correlation between certain body modifications and high-risk activities, which include a number of sexual activities. A number of the studies found significant relationships between the number of body modifications in the form of tattoos and/or piercings and the frequency of sexual intercourse (Carrol et al., 2002; Roberts et al., 2004; Roberts & Ryan, 2002). They were able to support that body modifications may indeed be significantly correlated with high-risk sexual activity.

For our study, we hypothesized that participants with more piercings and/or tattoos tend to engage in more frequent sexual activity, and have a greater number of sexual partners. To test this hypothesis, participants filled out an online, anonymous questionnaire regarding frequency of various sexual activities, and number of body modifications.

Methods

Participants

A total of 115 individuals participated in this anonymous questionnaire. There were a total of 73 females and 42 males. It is important to note that these participants are not a simple random sample (SRS). Instead they were conveniently selected based upon who in the Hanover College Community filled out our questionnaire. We were unable to determine the percent of participants who were acquainted to the researchers due to the questionnaires anonymity. The ages of the participants ranged from 18-35. Only three of the participants were over the age of 23. The participant's ethnicity was primarily Caucasian, but included many other races (i.e. Asian,

European, Chinese, Filipino, and German). All of the completed questionnaires were used in our data analysis.

Materials

The constructs of this questionnaire are measuring tattoos to body modification and piercing to body modification among males and females. The questionnaire starts with a paragraph of instructions. The instructions encouraged the participants to answer the questions with complete honesty and faith that they were participating in an anonymous study. The online questionnaire consists of eighteen questions. Sixteen questions related to sexuality: “Kissed?”, “Fondled with clothes on?”, “Fondled with clothes off?”, “Manually (with hand) stimulated someone sexually?”, “Been manually stimulated by someone sexually?”, “Gave oral stimulation?”, “Received oral stimulation?”, “Participated in vaginal sexual intercourse?”, “Participated in anal intercourse?”, “Participated in sexual intercourse without using STD protection?”, “Filmed your sexual activity?”, “Received monetary payment in return for sexual favor?”, “Masturbated?”, “How many sexual partners have you had?”, “How many ‘one-night stands’ have you had?”, and “How long was the longest lasting romantic relationship you have had?”. For the first 13 questions participants answered using a defined scale with choices ranging from 0 to 7 (0 representing “never”, 1 representing “once”, 2 representing “once a year”, 3 representing “once a month”, 4 representing “once a week”, 5 representing “2-6 times a week”, 6 representing “daily”, and 7 representing “multiple times daily.”). The next three questions were answered by the participant just typing in the number that correlated with their answer to the question. The last two questions related to the number of piercings and/or tattoos that were on participants’ bodies: “How many body piercings do you have?”, and “How many tattoos do you have?”. For the question regarding piercings they typed in the total number of piercings they had and there were also option boxes to indicate where their piercings were located. These locations included: left

ear, right ear, tongue, eyebrow, nose, lip, nipple, belly button, genitals, and there was a box for “other” in which they specified by writing in the location. For the question regarding tattoos the participants just indicated how many tattoos they had by typing in a number and then listed the location/locations by typing the body part in which it/they is/are located. The questionnaire ends by asking the participants to indicate their gender, age, nationality, and ethnicity. There was also place for participants to type in any comments that they had regarding our questionnaire.

Procedure

All the participants followed the same procedure. Participants opened a link to the web page that contained our questionnaire. The first page was the informed consent, which the participants were to read and agree to before clicking the link to the actual questionnaire. Upon completion of the questionnaire the participants submitted their answers. Upon submitting the questionnaire, a debriefing form was presented on the screen. The debriefing form included information about our study and what we were trying to find. It also included a link for them to have, so that upon completion of the study they can see the results. Lastly there was contact information for them to have in case they had any additional questions pertaining to the study.

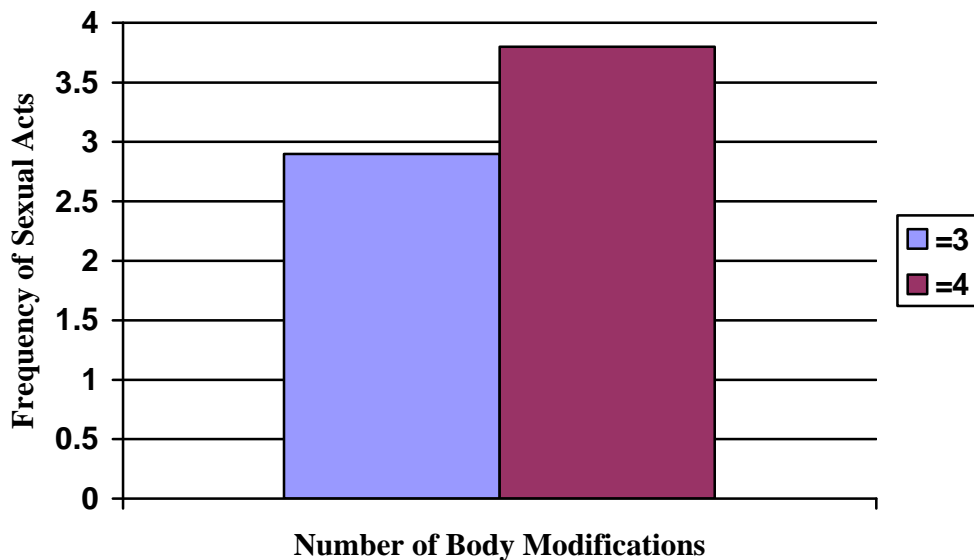
Results

Our questionnaire included thirteen sexual activity behaviors measured on a Likert scale reflecting frequency. Five of the questions were excluded in our analysis of the data. These five items were excluded because they reduced the reliability of the scale. This resulted in an eight-item scale (“Kissed?”, “Fondled with clothes on?” “Fondled with clothes off?”, “Manually (with hand) stimulated someone sexually?” “Been manually stimulated by someone sexually?”, “Gave oral stimulation?”, “Received oral stimulation?”, “Participated in vaginal sexual intercourse?”). For this eight-item scale, the Cronbach’s alpha was $\alpha = .9510$.

Our initial question was, “Are people who have body modifications more promiscuous (measured by number of sexual partners and sexual activities) than people who do not have body modifications?” Thus, we expected a positive correlation between measures of body modification and measures of promiscuity. According to a correlation between number of tattoos and sexual behaviors, no significance was found ($p = .159$). Similarly, there was no correlation found in the scatter plot displaying number of piercings and sexual behaviors ($p = .636$). Upon separating the results according to gender however, we found a significant positive correlation between number of female body modifications (sum of participant’s piercings and/or tattoos) and frequency of sexual behavior $r(73) = .278, p = .017$. This significance included all body modifications of the females. We decided to look deeper and find if there was a certain number of body modifications that resulted in a large jump in the mean number of sexual activities participated in, number of sexual partners, and number of one night stands. Upon doing so, we found that there was a large difference in frequency of sexual activity between females with 3 or less body modifications and those with 4 or more body modifications. The reason our significant correlations are concentrated solely on the female population is due to the fact that we could not find any significant correlation between body modification and sexual activity in the male population. Consequently, from this point on they will be excluded from discussion of our results.

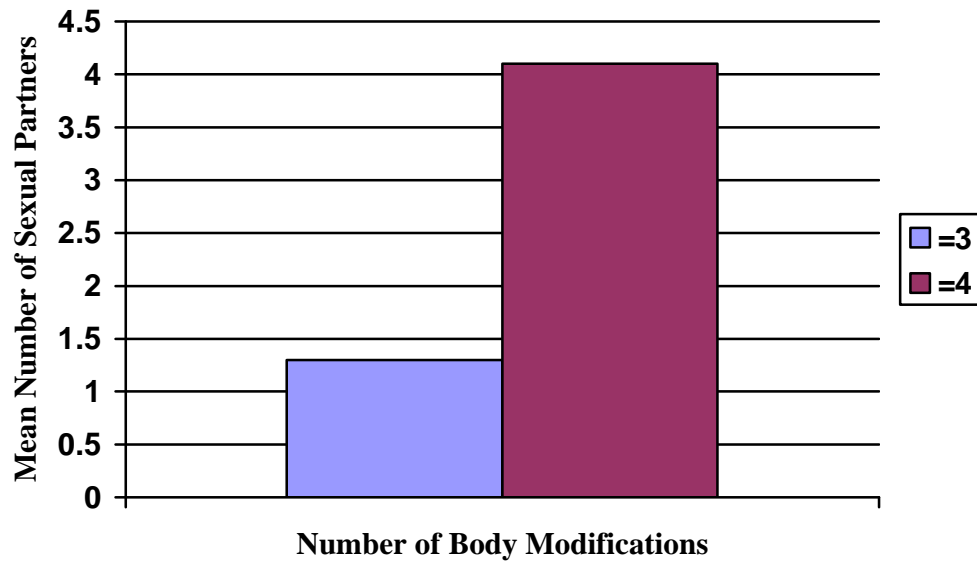
The first significant correlation that we discovered was that there is a significant main effect of number of body modifications on frequency of sexual acts, $p = .016$. Females with four or more body modifications participated in a greater mean frequency ($M = 3.8$) of sexual acts, than those females who had three or fewer body modifications ($M = 2.8$). See Figure 1.

Figure 1. Mean frequency of sexual acts based on grouped number of body modifications (four or more vs. three or less).



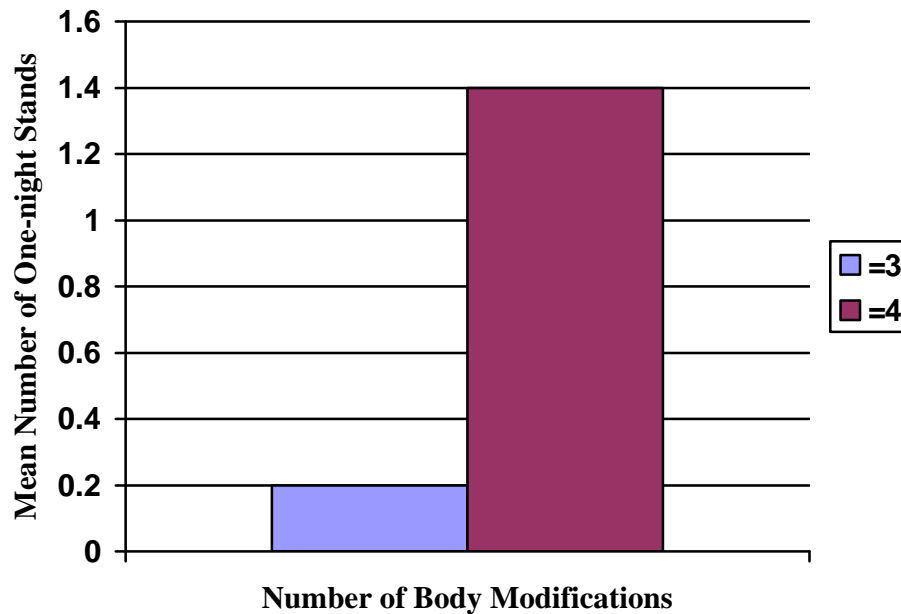
The second significant correlation that we discovered was that there is a significant main effect of number of body modifications on mean number of sexual, $p = .02$. Females with four or more body modifications had a greater mean ($M = 4.1$) of sexual partners, than those females who had three or fewer body modifications ($M = 1.3$). See Figure 2.

Figure 2. Mean number of sexual partners based on grouped number of body modifications (four or more vs. three or less).



The third correlation that we discovered was a marginally significant main effect of number of body modifications on the mean number of one-night stands, $p = .02$. Females with four or more body modifications had a greater mean number ($M = 1.4$) of one-night stands, than those females who had three or fewer body modifications ($M = 0.2$). See Figure 3.

Figure 3. Mean number of one-night stands based on grouped number of body modifications (four or more vs. three or less).



Overall these correlations suggest that females with four or more body modifications are more likely to participate in a variety of sexual behaviors than females with three or fewer body modifications.

Discussion

Implications

We originally hypothesized that the number of body modifications a participant has is positively correlated with several measures of sexual activity. When both males and females were included in the correlation, we did not find significance. After splitting our results based on gender, for females, we found a significant positive correlation between number of body modifications and sexual behaviors. This correlation suggests that females who have four or more body modifications tend to engage in more sexual behaviors. This finding is consistent with previous research as well as helps to expand insight into the practice of body modifications in regards to females. Though all of our reported correlations among the female population are

significant, it is important to speculate to why we found no significant correlations among the male population. We believe that this is due to a floor effect on body modifications in the male population. Females had more body modifications ($M = 3.4247$) than males ($M = .2857$) at a significant level, $t(113) = 8.484$, $p < .005$. In addition, our sample was very homogeneous. We had very few males report any type of body modifications.

Limitations

Despite our findings, there were shortcomings found. For example, our sample predominantly consisted of college students ranging in age eighteen to twenty-two. These participants were predominantly white, American, middle class Protestants. With such a homogeneous sample, it is difficult to apply our results to the greater population.

Our sample size was relatively small in comparison to other studies. For example, Roberts and Ryan (2002) reported a sample size of 4595. Also, Carrol et al. (2002) had a subject pool of 552 participants. Although we found significance among some of the data, further studies need to be done to better support the relationship of the variables in which we found significance so as to truly gain insight into body modification and sexual behaviors.

Our survey was posted as a link for individuals to take anonymously. Therefore, upon reading our informed consent, certain types of individuals may have been more likely to take our survey than others and vice versa. Perhaps certain individuals may have not taken the survey due to its personal inquires. The participants who may well have been under-represented in our study are males. This is evident because there were not enough male participants to find any significant correlations between them and number of body modifications.

Future Directions

After gathering the data, we feel that differences in age may affect the frequency and variety of sexual experience one may have had. Our study mainly consisted of young adults who

may not have had as many opportunities to experience as many sexual activities as older adult individuals. In addition to age, we feel that females may be more likely to have body modifications than males. Our explanation for this is that females often get their bodies modified in more discrete places than their male counterparts, leaving them less vulnerable to scrutiny from peers/elders. Furthermore, investigation into participant's socioeconomic status would allow the results to be more readily applied to the greater population. Perhaps differences in one's socioeconomic status influences the likelihood males in particular get tattoos. Conducting a survey that included questions on socioeconomic class, occupation, political affiliation, religious affiliation, would further shed insight on the relationship between body modification and sexual behaviors.

If this experiment were to be conducted again, we would also suggest focusing only on piercings because we had few participants who had tattoos. For further inquiry, perhaps the study should be centered on piercing location in relation to sexual activity. Overall, our results are somewhat consistent with those reported by researchers in the last decade. We feel that our findings are an important contribution to this specific branch of psychological research. Our decision to split our results according to gender may influence future researchers to try and replicate our study, or perhaps look for significance amongst a broader sample of males with body modifications.

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