PERSONALITY AND SEXUALITY: CORRELATES BETWEEN PERSONALITY TRAITS ON THE NEO-PI-R AND TWO MEASURES OF SEXUAL ATTITUDES AND PRACTICES

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by
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ABSTRACT

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University of Dayton, 1997

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The relationship between personality traits on the NEO Personality Inventory-Revised and sexual attitudes and practices reported on the Multidimensional Sexuality Questionnaire and the Bobowicz Sex Inventory were investigated. Neuroticism (N), Extraversion (E), Openness to Experience (O) and Agreeableness (A) were hypothesized to have a combined positive relationship with riskiness for acquiring HIV. Conscientiousness (C) was hypothesized to have a negative correlation with risk for acquiring HIV. Likewise, E, O and A were predicted to have a combined positive relationship with internal sexual locus of control; N was predicted to have a positive correlation with the fear of engaging in sexual encounters; and A was predicted to have a negative correlation with sexual assertiveness. While the multiple regression of N, E, O, and A was significant, not all of the correlations for the individual domains resulted in their hypothesized directions. The predictions for C with risk for acquiring HIV, and E, O and A with sexual locus of control were not significant. The predictions for N with fear of sexual relationships and A with sexual assertiveness were significant.
ACKNOWLEDGMENTS

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CHAPTER I
INTRODUCTION

Human sexuality has been an area of interest for most human societies throughout the millennia. While much of the interest in sexuality has involved practical application and enjoyment of sexual knowledge, scientific researchers have also investigated more objectively the human ability to reproduce. Researchers have studied everything from the frequency of particular behaviors to why we are attracted to certain individuals. However, little research has been done to see if there is a relationship between an individual's personality traits, and the attitudes one has toward sexuality, as well as one's sexual behavior. Likewise, in this age where the Human Immunodeficiency Virus (HIV) and other infectious diseases are acquired through risky sexual behavior, there has been virtually no research on the relationship between personality traits and risky sexual practices. The goals of the current study are to provide additional research to the area of personality and sexuality; to contribute further to the literature on the Five-Factor model of personality; and to attempt a first step toward investigating the relationship between personality traits and behaviors that lead to the risk of HIV infection.

**Personality and Human Sexuality**

Of all of the research that has been conducted to observe whether there is a relationship between sexual behaviors, sexual attitudes, and personality traits, perhaps the most classic and influential study is Eysenck's *Sex and Personality* (1976). In this study, 423 male and 379 female college students (ages 18 to 22) were administered two self-report inventories under completely anonymous conditions. The first inventory
measured the students’ sexual attitudes and their sexual behaviors. It was constructed using a few already existing questionnaires, with a particular emphasis placed on a questionnaire designed by Thorne (1966). The second inventory measured the students’ personality traits based on Eysenck’s model of personality, which consists of three major dimensions: E (extraversion; outgoing and gregarious), N (neuroticism; anxiety, depression, and obsessive tendencies) and P (psychoticism; socially unacceptable thoughts and behaviors, and an inability to control impulses). There was also an L (lie) dimension that acted as a validity scale for the Eysenck Personality Questionnaire (EPQ; Eysenck & Eysenck, 1975).

The scales on the questionnaires were intercorrelated by product-moment correlation. The results demonstrated a relationship between a personality type and particular sexual attitudes and behaviors. Under the N dimension, the results indicated that high N scorers tended to have high feelings of guilt and low satisfaction regarding sexual activity. “Sexual behavior is seen as troublesome and disgusting, and the high N scorer stresses his inability to contact members of the other sex; in spite of all this he has strong sexual drives which he finds it difficult to control. Homosexuality is a problem” (Eysenck, 1976, p. 56). Those who scored high on the E scale tended to be less nervous and more promiscuous with sexual experiences, than the low E scorer (introvert). Likewise, the high E scorer was not against homosexuality; it just did not pose any attraction for the high E heterosexual scorer. According to Eysenck, the E scale was thus viewed as the “non-pathological” scale of sexual adjustment in that either extreme led to relatively healthy ways of behaving sexually. The extrovert had more freedom and less guilt in sexual contact, whereas the introvert upheld fidelity in relationships and virginity as his/her strengths. Both strengths can be healthy, depending on how they combine with the other two scales. Finally on the P dimension, high P scorers were characterized by feeling deprived of sexual contact; they were not satisfied with their sex lives; they felt
hostility toward their sex partners; and they tended to suffer from "perverted" thoughts which they did not wish to possess.

In a study similar to Eysenck's, Barnes, Malamuth, and Check (1984) investigated the relationship between personality traits and sexuality using the EPQ (Eysenck and Eysenck, 1975) and a sexuality questionnaire that the researchers devised. The questionnaires were administered to 307 male students (mean age of 19 years) in an Introduction to Psychology course. Similar to Eysenck's results, Barnes et al. (1984) found that high E scorers tended to have more positive thoughts toward popular sexual behaviors, as well as some of the more taboo behaviors (e.g., group sex). High E scorers were characterized by more sexual experiences than low E scorers. High P scorers tended to have more perverse sexual thoughts and had thoughts of forcing their partners into sex. However, there was no significant relation between P and sexual behaviors. Likewise, the results of Barnes et. al.'s study were inconsistent with Eysenck's in regards to the N scale in that the N scale did not correlate with sexual attitudes. Moreover, the sexual behaviors of high N scorers consisted of the use of force and more homosexual behaviors than low N scorers. These inconsistencies may be a result of the fact that only male participants -- who are more likely to engage in aggressive behaviors than females -- were used in this study. Likewise, the males who scored high on the N scale may have had a higher propensity to use force in sex because of their high amount of sexual guilt and their "inability to contact members of the opposite sex" (Eysenck, 1976, p. 56). According to Eysenck, these individuals continue to have strong sexual urges, yet are unable to satisfy them. Eventually, they may become driven to use force to gain a sexual partner, and to quench those drives. As far as those who score high on the N scale engaging in more homosexual behaviors, it could be that these individuals are homosexuals who are not comfortable with their homosexuality. As a result of not being comfortable with who they are, they tend to experience much guilt, which could result in neurotic types of behaviors and scoring high on the N scale.
The EPQ (Eysenck and Eysenck, 1975) was also used in a study investigating the relationship between personality and sexual risk-taking (Fontaine, 1994). The subject pool consisted of 74 single males between the ages of 18 and 35 years. The participants were administered the EPQ and a 13-item questionnaire, designed by the researcher with the purpose of measuring different sexual behaviors. High scores on the questionnaire indicated sexual risk-taking. The items from the two measures were intercorrelated, with results showing some similarity to Eysenck’s research. High P scorers demonstrated a greater likelihood of “having sex with a bisexual partner, having sexual relations with an intravenous drug user, having sex with a promiscuous partner, having unprotected anal intercourse, having sexual relations with different partners, and having sexual relations with people one meets while on holiday” (Fontaine, 1994, p. 693). The high N scorers, on the other hand, were not more likely to engage in any of the risky sexual behaviors. The high E scorers showed a greater likelihood of only engaging in “French Kissing.”

Therefore, as Eysenck would predict, the high P scorers tended to engage in riskier sexual behaviors, while the high N scorers did not usually engage in risky sexual behaviors. However, the high E scorers tended not to engage in risky sexual behavior. This does conflicts with Eysenck’s prediction that high E scorers are characterized by promiscuous behavior (in Eysenck’s study), which is considered a risky sexual behavior.

In another study looking at the relationship between personality and HIV risk, McCown (1991) used the EPQ (Eysenck and Eysenck, 1975) in conjunction with the Basic AIDS Knowledge Survey (BAKS; McCown, 1991), which is used to measure the basic HIV prevention knowledge possessed by an individual. In the first part of his study, 146 male and 169 female adults who were not employed in the medical professions, nor had any previous formal HIV prevention training, were administered the EPQ and BAKS upon entering a medical center. Analyses yielded a significant negative correlation between N and HIV knowledge. Therefore, those who were highly neurotic tended to
have little knowledge about HIV prevention. According to Eysenck’s theory, the neurotic personality tends to be bothered by issues of sex, and he/she would probably avoid anything dealing with sex. Thus, HIV prevention may not be learned because of how uncomfortable it makes the neurotic person feel to talk about something so sexually laden.

In the second part of McCown’s study (1991), the Brief EPQ-R (Eysenck, Eysenck & Barrett, 1985) and the BAKS (McCown, 1991) were administered to 86 gay men, six months after they received formal HIV prevention training. Likewise, seven other measures of unsafe HIV related practices were administered to these men. The results indicated that while these men had mastered the knowledge about how to prevent HIV acquisition, those with high scores on P, E, or N were still most likely to engage in unsafe sexual practices. Thus, even with the knowledge of how to prevent oneself from acquiring HIV, personality seems to override logic and knowledge.

Murphy, Coleman, and Haynes (1986) used the EPQ (Eysenck and Eysenck, 1975) with measures of “sexual arousal, social perception, personality variables, attitudes toward women, and self-reported likelihood to rape” (Murphy et al., p. 255) to determine the factors that are related to rape and coercive sexual behavior. The EPQ, along with the numerous other measures, was administered to 208 adult heterosexual males in Memphis, Tennessee. The data from the measures were analyzed through an Analysis of Variance (ANOVA), indicating that E and N on the EPQ were “significant predictors of self-reported coercive behavior” (Murphy et al., p. 270). This finding is consistent with the Barnes et al. (1984) study, and may be explained theoretically using Eysenck’s model. That is, those scoring high on the N scale may engage in forceful sexual behavior because they have a strong need to satisfy their sexual drives. However, they are unable to do so in a healthy way due to their high levels of guilt about sex, and their inability to relate to members of the opposite sex in appropriate ways.

Finally, the last study to be presented that used the EPQ (Eysenck and Eysenck, 1975) in relation to sexual attitudes and practices is one conducted with high school senior
girls (Muram, Rosenthal, Tolley, Peeler, and Dorko, 1991). A 61-item questionnaire that measures dating and sexual attitudes and practices was administered with the EPQ to 153 African-American and Euro-American female high school students (between the ages of 16 and 18). N and P positively correlated with sexual activity and liberal attitudes toward premarital intercourse. The results for the N scale are quite interesting since they run contrary to what is usually predicted, and has been obtained in the past -- highly neurotic people usually tend to have less sexual activity and have more conservative sexual attitudes. However, Muram et al. explained the results by stating that high N scorers generally would submit to the advances of others, simply to get through the anxiety that they are experiencing. Therefore, the highly neurotic female adolescent would have more sexual experiences than the non-neurotic female, because she cannot say “No” to the requests of her male partner.

From the literature that has been reviewed, it may be difficult to see a relationship between personality and sexuality. Some of the studies contradict each other and display completely opposite findings. However, in regards to the E and N scales there appears to be some agreement: high E scorers generally engage in more sexual activity, and have more positive feelings toward sexual activity; and high N scorers generally engage in less sexual activity, and have a significant amount of anxiety and guilt associated with sexual experiences.

The Five-Factor Model of Personality

Given the evidence that a relationship between personality and sexuality may exist, it is appropriate to discuss the particular model of personality that will be used in this study. To replicate and extend Eysenck’s work in the area of personality and sex, a more contemporary model that correlates highly with Eysenck’s model needs to be utilized: the Five-Factor Model (FFM; Digman, 1990, and Goldberg, 1993). Through the research of individuals like Fiske (1949), Tupes and Christal (1961), Costa and McCrae (1985) and Digman (1988), there is increasing evidence that there are five factors that describe
individual differences in human personality, no more and no less. By using the FFM, the legacy that Eysenck gave to the study of personality and sexuality will be updated and include aspects of personality that were not included in previous studies.

The FFM is a model of personality that came about through decades of research into the words that are used to describe personality traits. Through factor-analysis, five distinct factors emerged from various lists of trait words. These five factors or domains are essentially continua on which a person’s personality is said to exist. Any person can be at either extreme on a continuum; however, most people tend to lie somewhere in the middle of the two extreme ends of the factors. When factors/domains are revealed through factor-analysis, these domains are characterized by the words that clustered together to form the factor. Therefore, the naming of the factors is somewhat arbitrary and at the discretion of the researcher. Costa and McCrae applied the following widely accepted labels to the five factors: Extraversion (Factor I; sociability and excitement seeking), Agreeableness (Factor II; altruistic interpersonal tendencies and social conformity), Conscientiousness (Factor III; the control of impulses and behaving responsibly), Neuroticism (Factor IV; emotional stability versus maladjustment), and Openness to Experience (Factor V; intellectual curiosity and tolerance of diversity).

In their personality measure, the NEO Personality Inventory-Revised (NEO-PI-R; 1985), Costa & McCrae measure the five factors, as well as 30 facet scales. The facet scales are subscales consisting of more specific descriptive characteristics of personality that cluster together to form the domains (see APPENDIX A). Each domain has six facet scales. It should be noted that facet scales can appear to contradict each other within a factor, yet the factor can still be valid. For example, an individual could score high on the Anxiety and low on the Depression facets within the Neuroticism domain. However, the two conflicting scales would balance out to result in a score in the normal range within the Neuroticism domain. Whereas most individuals function normally in life, if one were to
closely examine the traits of those individuals, one would see that many people display some extreme behaviors and traits. As reflected in the NEO-PI-R, these extreme behaviors often may compliment each other so that there is balance and normal functioning.

This study aims to measure the personality traits of college students and how these traits relate to their sexual practices and attitudes. The FFM will be utilized to measure normal personality. Likewise, this study will attempt to predict which individuals would be more likely to engage in at-risk sexual behaviors for acquiring HIV. To predict who is more at-risk for acquiring HIV, it is more appropriate to evaluate traits dimensionally rather than categorically. Therefore, the FFM can serve this purpose quite well. Moreover, Digman (1990) pointed out that Costa & McCrae have demonstrated that Eysenck’s model of personality and the FFM are related in that they found the five factors to be embedded within Eysenck’s three factors. E and N are the same in both of the models; and P in Eysenck’s model correlates significantly with Costa & McCrae’s factors of Agreeableness and Conscientiousness. Thus, the FFM will serve to replicate as well as to extend previous work using the EPQ.

One final issue involves the determination of a definition of “safe-sex.” This study will use the recommendations for safe sex of the Gay Men’s Health Crisis (GMHC; see APPENDIX C; Gay Men’s Health Crisis, Inc., 1991) -- the oldest and largest non-profit AIDS organization in the world -- as the criterion for differentiating what are risky sexual activities versus safe or safer sexual activities for acquiring HIV. Anything that is in opposition to what is recommended by the GMHC’s guidelines will be considered risky sexual behavior.

Hypotheses

Based on the previous research, there seems to be a relationship between sexual attitudes and practices. The sexual practices that are of the most interest for this study are
those that can lead to acquiring HIV, which are thus termed risky sexual behaviors. It has been shown that Extraversion (E) relates positively to frequency of sexual activity, as well as with satisfaction sexually. While the literature regarding Neuroticism (N) is not very clear, it appears that when sexual activity occurs, N correlates positively with more socially unacceptable sexual practices. Likewise, N has a positive relationship with feelings of guilt and anxiety toward sexual encounters. Since there has been virtually no research done using the Openness to Experience (O), the Agreeableness (A), and the Conscientiousness (C) scales in regard to human sexuality, the predictions made using these three scales are based on the facets of these scales. O is characterized by fantastic thoughts, an appreciation for aesthetics, and an appreciation for experiencing new sensations and feelings (Costa & McCrae, 1985). High O scorers will likely engage in unsafe sexual practices for the sensations and experience itself. A is characterized by trust, altruism and compliance (Costa & McCrae, 1985). High A scorers will likely engage in unsafe sexual practices out of a need to please or trust their partners’ requests. C is characterized by the qualities of competence, dutifulness, and self-discipline (Costa & McCrae, 1985). High C scorers will be unlikely to engage in unsafe sexual practices because it would be irresponsible of them to not follow the proscribed guidelines. Based on the above information, it is hypothesized that the factor(s) of:

1) N, E, O, and A will correlate positively with engaging in behaviors that put people at risk for acquiring HIV (Risk scale on the BSI).

2) C will correlate negatively with engaging in risky sexual behavior for acquiring HIV, (Risk scale on the BSI).

3) E, O, and A will correlate positively with internal locus-of-control attitudes about sex (Internal-sexual-control on the MSQ).

4) N is expected to correlate positively with negative attitudes about sex (Fear-of-sexual-relationships on the MSQ).
5) A will correlate positively with compliance with partner’s requests (negative relationship with the Sexual-assertiveness scale on the MSQ).
CHAPTER II
METHOD

Participants

The sample consisted of 50 male and 49 female University of Dayton students. Some members of the sample participated to fulfill their “experimental participation” requirement for a Psychology 101 course, while the rest participated as volunteers. The mean age of the participants was 20 years. The sample consisted of 91 Caucasians (91%), 6 African-Americans (6%), and 2 Latinos (2%); 87% (86 cases) of the participants considered themselves Heterosexual in their sexual orientation, while the rest consisted of 10% Homosexual (10 cases), and 3% unsure (3 cases). All participants were treated according to the “Ethical Principles of Psychologists and Code of Conduct” (American Psychological Association, 1992).

Materials

NEO Personality Inventory-Revised (NEO-PI-R; Costa & McCrae, 1985). The NEO-PI-R measures personality using the Five-Factor model. The five domains of personality that the NEO-PI-R measures are: Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness. Likewise, each domain has six facet scales that comprise more descriptive characteristics that make up the domains (see APPENDIX A). The NEO-PI-R consists of 240 5-point Likert scale items that can be completed in approximately 35-45 minutes. Raw scores on the domains are converted into T-scores (with a mean of 50 and a standard deviation of 10). The normative sample consisted of 500 men and 500 women volunteers. The domain scales have been shown
to have good internal consistency (average alpha = .73), test-retest reliability (test-retest coefficients range from .51 to .82), convergent validity (with 12 different personality scales yielding 66 out of 150 correlations greater than .50 in absolute magnitude), and construct validity (Costa & McCrae, 1985). In the current study, excellent internal consistencies were found for each of the five domains: N alpha = .90, E alpha = .90, O alpha = .89, A alpha = .93, and C alpha = .93.

The Multidimensional Sexuality Questionnaire (MSQ; Snell, Fisher, & Walters, 1993). The MSQ (APPENDIX F) was chosen for this study to measure the sexual beliefs and attitudes of the participants. The scale is a brief self-administered test, taking approximately 15 minutes to complete and consisting of 12 subscales (see APPENDIX B). There are 61 items that are answered on a 5-point Likert scale. An individual's subscale scores can range from 0-20, with higher scores indicating greater amounts of the sexual attitudes and tendencies present in the examinee (see APPENDIX G for scoring form). Three of the subscales were used in the present study: Internal-sexual-control, Fear-of-sexual-relationships, and Sexual-assertiveness. The MSQ has good psychometric properties -- high internal consistency within the subscales (average alpha = .85), high test-retest reliability (average test-retest coefficient = .72), and the subscales generally did not relate to trends in social desirability (average social desirability coefficient = .12; Snell et. al., 1993). In the current study, the alpha coefficients for the three MSQ scales used to test hypotheses were much lower: Internal-sexual-control alpha = .62, Fear-of-sexual-relationships alpha = .56, and Sexual-assertiveness alpha = .78 (Snell et. al., 1993).

Correlations have been previously determined between the MSQ and four other measures of sexuality (the Sexuality Scale, the Sexual Awareness Questionnaire, Hughes-Snell Sexual Relationship Scale, the Sex Attitude Scale). The results of these findings showed that there was strong concurrent validity between the MSQ and these other measures (e.g., the Sexuality Scale, r = .72, p < .001; Snell et. al., 1993).
Bobowicz Sex Inventory (BSI; Bobowicz, 1997). To measure sexual practices, a new measure needed to be developed. Currently, no test measures a wide range and variety of sexual behaviors, as well as including behaviors that are noted as being risky for acquiring HIV. Moreover, the test of sexual behaviors needed to exclude sexual attitudes because that would be redundant with the MSQ. Therefore, the current researcher created the BSI (APPENDIX H) as a measure of sexual practices that can be administered as easily and quickly as the MSQ. After Bobowicz developed the questions on the BSI, he had the BSI evaluated for face validity by 17 male and 12 female students and non-students. These individuals provided feedback to the researcher as to whether the questions made sense, were asking what the researcher was intending to ask, and to clarify other points that the participants might have found unclear. This feedback was then used to modify the BSI so that it could be used in the current study. Since the BSI is simply a checklist of whether the individual performs a variety of behaviors, a normative sample was not considered to be essential.

The BSI consists of 34 Yes/No items that can be completed in approximately 15 minutes. The questions are answered under the categories of Past Behaviors, Present/Recent Behaviors, and Future/Possible Behaviors. Certain questions indicate risky sexual behaviors based on the GMHC’s recommendations for safe sex practices (Gay Men’s Health Crisis, Inc., 1991; see High and Moderate Risk in APPENDIX C). These questions comprise the Risk scale on the BSI (18 Yes-No items, range of scale score is from 0 to 69; see APPENDIX I for scoring form).

Procedure

The participants were administered the three questionnaires in group testing sessions. Once all participants were present for a session, the examiner passed out “Informed Consent” forms (APPENDIX D), explained the forms, and gave the participants time to read the forms, ask questions and sign the forms. Once all of the “Informed Consent” forms were collected, the examiner passed out pencils and test
packets. The test packets consisted of the three measurements. Due to the possibly uncomfortable sexual content of the MSQ and BSI, the NEO-PI-R was completed first. This allowed for the researcher to still gain some valuable information on the participants’ personality characteristics, even if they chose not to complete the MSQ and BSI. However, only one participant chose not to complete the BSI in entirety. Fifty percent of the test packets had the MSQ as the second questionnaire to complete, with the BSI as the third, while the other fifty percent had the BSI as the second questionnaire and the MSQ as the third. Each participant’s test packet was assigned a number for the purpose of organization and anonymity. Upon completion of the three measurements, all materials were returned to the examiner. At this point, the participants were given a “Debriefing” form (APPENDIX E), and given the opportunity to ask any questions before leaving.
CHAPTER III
RESULTS

Of the five hypotheses made, three were at least partially supported, whereas two were not confirmed. Specific relationships between NEO-PI-R personality factors and Risk were found to be different than what was expected. However, predictions involving the correlation of the MSQ scales of Fear-of-sexual-relationships and Sexual-assertiveness with various NEO-PI-R personality factors yielded results that supported the predictions. Exploratory analyses using bivariate correlations with the personality and sexuality scale factors related to sexual orientation and gender, yielded interesting results as well. Descriptive statistics for the primary analyses can be found in Table 1, and a summary of the primary analyses can be found in Table 2.

The first hypothesis was that Neuroticism (N), Extraversion (E), Openness to Experience (O), and Agreeableness (A) would have positive relationships with risk for acquiring HIV. It was tested using a multiple regression equation with the personality domains as the independent variables, and the Risk scale on the BSI as the dependent variable. These four personality variables were found to be significant predictors of sexual risk taking ($R = .48, p < .001$). In general, however, the four domains did not relate to Risk in the manner that was predicted. Specifically, the direction of the relationships was contrary to what was expected for N ($\text{Beta} = -.35, p < .001$) and A ($\text{Beta} = -.41, p < .001$), and no significant relationship was found for E ($\text{Beta} = -.18, p = .104$). Only O positively related to Risk in this regression model ($\text{Beta} = .24, p < .05$).
In the second hypothesis, it was predicted that Conscientiousness (C) would correlate negatively with Risk in a bivariate correlation. However, this did not occur and no significant relationship was discovered ($r = .10, p = .343$).

The third hypothesis, that Extraversion, Openness to Experience, and Agreeableness would relate positively to internal sexual locus of control was tested using a multiple regression equation with the personality domains as the independent variables and the Internal-sexual-control scale on the MSQ as the dependent variable. No significant relationship was found in this regression ($R = .06, p = .960$).

The fourth hypothesis, that Neuroticism would correlate positively with negative feelings toward sexual encounters was tested using a bivariate correlation between N and Fear-of-sexual-relationships on the MSQ. Consistent with the prediction, N related positively with Fear-of-sexual-relationships ($r = .54, p < .001$), indicating that high N scorers are more likely to feel anxious and be fearful of seeking and engaging in sexual experiences.

In the fifth and final hypothesis Agreeableness was predicted to have a negative relationship with sexual assertiveness. This hypothesis was tested by performing a bivariate correlation between A and Sexual-assertiveness on the MSQ. Consistent with the prediction, A related negatively with Sexual-assertiveness ($r = -.45, p < .001$). That is, high A scorers tended to report being less in control of their sexual encounters, instead leaving the course of the sexual activity up to their partners.

In order to examine specific relationships among the variables, bivariate correlations were computed among the scales of the NEO-PI-R, the MSQ, and Risk with gender (sex) and sexual orientation (see Table 1). Sexual orientation, scored as a dimension ranging from heterosexual through homosexual, was found to correlate positively with Fear-of-sexual-relationships on the MSQ, Risk, Agreeableness, and Openness to Experience. In other words, those endorsing homosexuality were more likely to report being afraid of engaging in sex, engaging in risky sexual behaviors, being willing
to please and conform to others, and being willing to try new and different experiences. Sex of participant correlated negatively with Risk, Sexual-assertiveness, Sexual-motivation, and Sexual-preoccupation, and positively with Neuroticism. That is, men were more likely to report that they engage in risky sexual behaviors, are sexually assertive and in control, are self-motivated into seeking out and engaging in sex, are preoccupied with sexual thoughts, and feel less anxious and guilty, than their female counterparts.
<table>
<thead>
<tr>
<th>Source</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuroticism</td>
<td>94.788</td>
<td>19.920</td>
</tr>
<tr>
<td>Extraversion</td>
<td>130.758</td>
<td>18.318</td>
</tr>
<tr>
<td>Openness</td>
<td>127.970</td>
<td>17.206</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>114.192</td>
<td>21.602</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>109.293</td>
<td>22.084</td>
</tr>
<tr>
<td>Risk</td>
<td>19.394</td>
<td>9.538</td>
</tr>
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<td>Internal-sexual-control</td>
<td>14.707</td>
<td>3.450</td>
</tr>
<tr>
<td>Fear-of-sexual-relationships</td>
<td>7.263</td>
<td>3.955</td>
</tr>
<tr>
<td>Sexual-Assertiveness</td>
<td>12.152</td>
<td>4.215</td>
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</table>

Table 1

Descriptive Statistics
Table 2

**Summary of the Primary Analyses**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Correlation</th>
<th>Signif. Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personality Domains with Risk</td>
<td>R = .48</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>Beta = -.35</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Extraversion</td>
<td>Beta = -.18</td>
<td>p = .104</td>
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<tr>
<td>Openness</td>
<td>Beta = .24</td>
<td>p &lt; .05</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>Beta = -.41</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>r = .10</td>
<td>p = .343</td>
</tr>
<tr>
<td>Extraversion, Openness, and Agreeableness</td>
<td>R = .06</td>
<td>p = .960</td>
</tr>
<tr>
<td>Internal-sexual-control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuroticism with Fear-of-sexual-relationships</td>
<td>r = .54</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Agreeableness with Sexual-assertiveness</td>
<td>r = -.45</td>
<td>p &lt; .001</td>
</tr>
</tbody>
</table>
Table 3

Exploratory Bivariate Correlations of Sexual Orientation and Sex with Personality and Sexual Behavior and Attitudes

<table>
<thead>
<tr>
<th>Measurement Scales</th>
<th>Sexual Orientation</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>External-sexual-control</td>
<td>.1216</td>
<td>-.1610</td>
</tr>
<tr>
<td>Fear-of-sexual-relationships</td>
<td>.2818**</td>
<td>.1958</td>
</tr>
<tr>
<td>Internal-sexual-control</td>
<td>-.1244</td>
<td>.0786</td>
</tr>
<tr>
<td>Sexual-anxiety</td>
<td>-.0125</td>
<td>-.0787</td>
</tr>
<tr>
<td>Sexual-assertiveness</td>
<td>-.1986*</td>
<td>-.3008**</td>
</tr>
<tr>
<td>Sexual-consciousness</td>
<td>.1623</td>
<td>-.1661</td>
</tr>
<tr>
<td>Sexual-depression</td>
<td>.0790</td>
<td>.0420</td>
</tr>
<tr>
<td>Sexual-estime</td>
<td>-.1115</td>
<td>-.0579</td>
</tr>
<tr>
<td>Sexual-monitoring</td>
<td>.1971</td>
<td>.0475</td>
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<tr>
<td>Sexual-motivation</td>
<td>.0684</td>
<td>-.3058**</td>
</tr>
<tr>
<td>Sexual-preoccupation</td>
<td>.1242</td>
<td>-.3475**</td>
</tr>
<tr>
<td>Sexual-satisfaction</td>
<td>-.1633</td>
<td>-.0831</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>-.0364</td>
<td>.3449**</td>
</tr>
<tr>
<td>Extraversion</td>
<td>-.1355</td>
<td>.0963</td>
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<tr>
<td>Openness to experience</td>
<td>.3806**</td>
<td>.1174</td>
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<tr>
<td>Agreeableness</td>
<td>.3273**</td>
<td>.0615</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>.0093</td>
<td>-.0491</td>
</tr>
<tr>
<td>Risk</td>
<td>.5394**</td>
<td>-.2582**</td>
</tr>
</tbody>
</table>

Note. Sexual Orientation and Sex were both scored using “dummy scales.” In Sexual Orientation, 1=Heterosexual, and 3=Homosexual (4=Unsure was deleted). In Sex, 1=Male and 2=Female.  
*p < .05.  
**p < .01.
CHAPTER IV
DISCUSSION

Overview

The current study proposed to explore the relationship between personality traits, using the Five-Factor Model (FFM), and sexual attitudes and practices. Specifically, the primary goal was to determine possible personality predictors of sexual behaviors that put the individual at risk for acquiring HIV. Whereas previous studies have demonstrated correlations between personality and sexual behavior and attitudes, the research on predictions of high-risk sexual behaviors is sparse. As expected, several of the FFM domains were found to relate to high-risk sexual behaviors, although the direction of some of these correlations was contrary to the predictions. Moreover, several interesting findings were discovered regarding the relationship between personality traits and sexual attitudes. Exploratory analyses of the relationship of gender and sexual orientation to high-risk behavior, as well as sexual attitudes were also performed.

Personality Traits and HIV Risk

Consistent with previous research, it was found that there is a relationship between personality traits and risk for acquiring HIV. Those who experience little anxiety and depression (low Neuroticism scorers), who are open to engaging in new experiences and learning opportunities (high Openness to Experience scorers), and who do not act to please others or to conform to societal demands (low Agreeableness scorers) are more likely to engage in high-risk sexual behaviors for acquiring HIV. Based on the previous research, the following predictions were made: Neuroticism (N), Extraversion (E), Openness to Experience (O) and Agreeableness (A) would correlate positively with HIV
risk, while Conscientiousness (C) would correlate negatively. The reasons for these predictions were that high E and O individuals would engage in more social, and knowledge-seeking and thrill-seeking behaviors (Costa and McCrae, 1985; Eysenck, 1970). They might engage in risky sexual behaviors for the thrill or sheer experience of it. High N scorers would be at risk because when they engage in sex (which is rare due to their fear of it; Eysenck, 1976), they would not have knowledge of safe-sex practices because of their avoidance of the topic of sex (McCown, 1991). High A scorers would engage in risky sexual behaviors because of their compliance to their partner’s wishes (Costa and McCrae, 1985). Finally, high C scorers would be unlikely to engage in risky sexual behaviors, because they tend to behave responsibly and would not act on impulse (Costa and McCrae, 1985).

Although the overall regression model was significant in the test of this hypothesis, the individual relationships between each personality domain and Risk did not conform to the predictions. First, whereas high Extraversion (E) scorers were expected to take more sexual risks, no significant relationship was found between E and Risk. Apparently high and low E scorers are equally at risk for acquiring HIV. It seems that whether a person is outgoing and thrill-seeking is not a determinant of riskiness in the current sample.

Also, contrary to the predictions, Neuroticism (N) was found to have a negative relationship with Risk. For N, the prediction might have lacked sufficient support. Since past research demonstrated that high N scorers were unlikely to engage in sexual activities (Eysenck, 1976), then it does follow that they would not be at risk for acquiring HIV because they are not in situations that put them at risk. Some research has shown that when high N scorers engaged in sex, it tended to be aggressive or deviant in nature (Barnes, Malamuth, and Check, 1984; Murphy, Coleman, and Haynes, 1986), resulting in the hypothesis that N would relate positively to Risk. However, since high N scorers are filled with so much guilt and anxiety toward sex, they may not be able to engage in sexual
intercourse, or anything past primary arousal activities (i.e. they never get past touching and kissing). This could result in less HIV risk. Results from analyses regarding sexual attitudes support this possible explanation. Specifically, it was found that N had a positive relationship with Fear-of-sexual-relationships on the MSQ. In other words, high N scorers reported experiencing more guilt and anxiety towards sex, and a greater fear of engaging in sex. All in all, the results for N have been inconsistent over the various studies. These latest pieces of information may lead to further research, or simply add another piece of information to the whole picture.

Like Neuroticism, Agreeableness (A) was found to relate negatively with Risk, contrary to predictions. Agreeableness was a factor that did not fit very nicely with any of the factors used in previous research. It has a relationship with Eysenck’s Psychoticism trait (Digman, 1990), but nothing strong enough to result in clear predictions. It was believed that because high A scorers tended to be “people pleasers,” they would be more likely to comply with a partner’s demands -- even unsafe sexual demands. However, the results indicated that these trustworthy and compliant individuals are less likely to engage in high-risk behaviors. Interestingly, a negative relationship was found between A and Sexual-assertiveness on the MSQ, supporting the original prediction regarding Risk. In other words, these people who have a need to satisfy others tended to be less sexually assertive. However, these same individuals were less likely to engage in unsafe sexual practices. Perhaps this is because A also involves social conformity, in that the high A scorers were conforming to the general public opinion that only safe-sex should be practiced. Another explanation could be that the high A scorers are complying with their partners’ demands, but their partners just happen to be practicing safe-sex.

Like Agreeableness (A), Conscientiousness (C) was difficult to make predictions about in this current study because of the lack of previous research with C and sexuality. C also has a relationship to the Psychoticism trait in Eysenck’s personality model (Digman, 1990), but again there is little information provided to make a good prediction.
The only information that was used to make the prediction was the definition and facet scales of the factor itself. Since C is composed of the facets of Competence, Order, Dutifulness, Achievement Striving, Self-Discipline, and Deliberation (Costa and McCrae, 1985), which demonstrate the responsible and controlled nature of the high C scorers, it only seemed logical that C would have a negative relationship with Risk. It was believed that they would be more likely to follow safe-sex guidelines because that is the responsible thing to do. However, the results of the first regression indicate that no relationship was found between C and risk for acquiring HIV.

A positive relationship was found between Risk and the trait of Openness to Experience (O). This means that, as predicted, individuals who seek new experiences and who have an appreciation for things of an abstract nature tend to engage in more at risk behaviors for acquiring HIV. There has been virtually no research done with O, in regards to sexuality. Therefore, the predictions made for O were based on the definitions of the facet scales for O given by Costa and McCrae (Appendix A; 1985). Again, it was predicted that high O scorers would be more likely to engage in risky sexual behaviors because of their desire to experience new feelings, ideas and situations. This desire to engage in new experiences may be so strong that the high O scorers will risk engaging in unsafe sexual practices, just for the experience itself (for the feeling of having sex without a condom, or perhaps the rush of the danger involved).

The Relationship Between Personality Traits and Sexual Attitudes

It was predicted that Extraversion (E), Openness to Experience (O) and Agreeableness (A) would have a positive relationship with Internal-sexual-control. This means that people who are out-going and experience many positive emotions, who thrive on new experiences, and who seek to be liked by others would view their sexual experiences as being controlled by their own thoughts and actions, and not from their environment or those around them. However, no significant relationship was observed between E, O and A with Internal-sexual-control. The facets of E, O and A describe
qualities of an individual that would seem to relate with internal locus-of-control and self-motivation (Appendix A; Costa and McCrae, 1985). While A also deals with conformity and compliance, it is believed that high A scorers think that they choose to comply (as opposed to being forced to comply). However, even with all of this as a basis, the results were not significant. One explanation for these findings is that while high E, O and A scorers may be more self-directed in their sexual activities, they may not think that they are in control (especially since sexual encounters usually take two people for them to occur). Another explanation is that high E, O and A scorers are not really in control of their sexuality. They react to impulse, the sexual stimuli present, and the requests of others more than what was predicted.

As mentioned previously in this chapter, Neuroticism (N) was expected to correlate positively with Fear-of-sexual-relationships on the MSQ; and Agreeableness (A) was expected to correlate negatively with Sexual-assertiveness on the MSQ. The results were statistically significant for both predictions. This means that individuals who experience more anxiety and depression than the average person are more likely to have a fear of becoming involved in a sexual experience or relationship; and individuals who try to please others and acquire others' approval are less likely to be assertive in their sexual experiences. Both of these predictions were also based on the facet scales of the two domains (Appendix A; Costa and McCrae, 1985), but the prediction for N was also supported by the findings of Eysenck (1976) that indicated that high N scorers were less likely to engage in sexual activities.

Post Hoc Exploratory Analyses

Following the analyses of the data in regards to the predictions, post hoc exploratory analyses were performed using other variables. Bivariate correlations were performed to determine if there is any relationship between the factors of the NEO-PI-R, the MSQ, and the BSI with the gender and sexual orientation of the participants. Due to the high Alpha in the analyses and the exploratory nature of the analyses, no conclusions
should be drawn from the results. However, the results did reveal some interesting findings. For one, sexual orientation has a significant positive relationship with Risk, Fear-of-sexual-relationship, Agreeableness, and Openness to Experience. However, it should be noted that sexual orientation was reported using a nominal scale (1=heterosexual, 2= bisexual, and 3=homosexual). This scale was then treated as a dimension in order to calculate correlations. However, if the results are conclusive, then people who are on the homosexual end of the spectrum tend to fear sexual relationships, are more at risk for acquiring HIV, are more willing to try and please people, and are more curious and liberal in trying new things than their heterosexual counterparts.

Another interesting finding is that of gender. Point-biserial correlations were calculated using dummy coding (1=male, 2=female), resulting in some significant relationships with the personality and sexuality scales. There was a positive relationship between gender and Neuroticism, and negative relationships between gender and Risk, Sexual-assertiveness, Sexual-motivation, and Sexual-preoccupation. This indicates that men may be less anxious and depressed, more at risk for acquiring HIV, more likely to be assertive and motivated in their sexual encounters, and more preoccupied with things of a sexual nature than women. These two factors -- sexual orientation and gender -- were not included as predictors in the current study, and the results should be considered speculative at best. However, these correlations suggest that these factors should be included in future research. If these two variables were added into the equation, the results might show that different combinations of gender, sexual orientation, and personality dimensions result in different templates for who is at risk. These templates could then be used to increase predictability.

Conclusions and Recommendations

Three of the five hypotheses made were at least partially supported by the findings. The two that were not supported were that Conscientiousness would relate negatively to Risk for acquiring HIV on the BSI, and that Extraversion, Openness to Experience, and
Agreeableness would relate positively with Internal-sexual-control on the MSQ. The prediction that Neuroticism, Extraversion, Openness to Experience, and Agreeableness would have a positive relationship with Risk was partially supported; however, the directions for some of the relationships between the scales and Risk did not occur as predicted. The two hypotheses that were supported in full by the findings predicted that Neuroticism would relate positively with Fear-of-sexual-relationships, and Agreeableness would have a negative relationship with Sexual-assertiveness. Likewise, interesting relationships were found between sexual orientation and gender with the scales from the NEO-PI-R, the MSQ, and the BSI. In general, the findings indicate that those individuals who have personalities that are characterized by low anxiety and rigidity, little desire to please others, or a strong desire for exotic and new experiences are more likely to engage in high-risk behaviors for acquiring HIV. Moreover, those individuals who have a desire to please others tend to be less assertive in their sexual encounters; while those individuals who experience high anxiety and have rigid personalities tend to experience more fear towards engaging in sexual relationships.

This study was designed to add further knowledge to a number of areas. This has been accomplished. However, more research needs to be done, improving on the current study. One improvement could be in the BSI itself. Due to time and other practical considerations, no reliability and validity research was conducted on the measurement. Based on the results of this study, it appears that the BSI is measuring something, but what the BSI is measuring is not definite. Since the questions that comprise the Risk scale are based on risky sexual behaviors, it seems very likely that the BSI has been measuring HIV risk. However, that cannot be accurately determined without further research into the BSI.

Another way this study could be expanded on and improved would be to add the factor of knowledge about HIV risk and safe-sex. With that as a factor, the results might show that if a high Conscientiousness scorer has had some education in safe-sex practices,
he/she would be less likely to engage in unsafe sex. The results of the whole study could change drastically by adding in that very real variable of knowledge.

Finally, the use of a sample that is more representative of the population of the United States would improve a replication of this study. Even if these results are generalizable to the University of Dayton population, they are not necessarily generalizable to other populations. University of Dayton students are mostly mid-west Catholics in a private university. Using participants from a more diverse population could produce significant changes in the results. It would also be very important to use a high school population. Knowing which students are more at risk for acquiring HIV in high school could help prevent the spread of the disease by focusing attention onto those individuals.

To demonstrate that a relationship between personality and sexual attitudes and practices exists was one of the basic goals of this study. It appears that was accomplished. Moreover, the other goals of providing further research on the Five-Factor Model and the NEO-PI-R was also accomplished. The most important goal of this study was to try to predict who would be more likely (based on their NEO-PI-R scores) to acquire HIV due to unsafe sexual practices. While not all of the hypotheses were supported by the findings, this research can lead to more accurate predictions and further investigation. The study of human sexuality should be a part of personality research. Until a vaccine is discovered to cure or prevent HIV infection, it may also be one of the best methods for halting the spread of this deadly disease. So often the medical community neglects how important the human component is to the spread of this disease. It is of the utmost importance that personality is recognized as another mechanism for safe or unsafe sex.
APPENDIX A

The Five Domains/Factors of the NEO PI-R and Their 30 Facet Scales

A. Neuroticism
   1. Anxiety
   2. Hostility
   3. Depression
   4. Self-Consciousness
   5. Impulsiveness
   6. Vulnerability

B. Extraversion
   7. Warmth
   8. Gregariousness
   9. Assertiveness
  10. Activity
  11. Excitement Seeking
  12. Positive Emotions

C. Openness to Experience
   13. Fantasy
   14. Aesthetics
   15. Feelings
   16. Actions
   17. Ideas
   18. Values

D. Agreeableness
   19. Trust
   20. Straightforwardness
   21. Altruism
   22. Compliance
   23. Modesty
   24. Tendermindedness

E. Conscientiousness
   25. Competence
   26. Order
   27. Dutifulness
   28. Achievement Striving
   29. Self-Discipline
   30. Deliberation
Subscales of the MSQ

1. Sexual-esteem: A generalized tendency to positively evaluate one’s capacity to relate sexually with another person.
2. Sexual-preoccupation: the tendency to become absorbed in, obsessed with, and engrossed with thoughts about the sexual aspects of life.
3. Internal-sexual-control: The belief that the sexual aspects of one’s life are determined by one’s own personal control.
4. Sexual-consciousness: The tendency to think and reflect about the nature of one’s sexuality.
5. Sexual-motivation: The desire to be involved in a sexual relationship.
6. Sexual-anxiety: the tendency to feel tension, discomfort, and anxiety about the sexual aspects of one’s life.
7. Sexual-assertiveness: The tendency to be assertive about the sexual aspects of one’s life.
8. Sexual-depression: The tendency to feel depressed about the sexual aspects of one’s life.
9. External-sexual-control: The belief that human sexuality is determined by influences outside of one’s personal control (e.g., chance).
10. Sexual-monitoring: The tendency to be aware of the public impression which one’s sexuality makes on others.
11. Fear-of-sexual-relationships: A fear of engaging in sexual relations with another individual.
12. Sexual-satisfaction: The tendency to be highly satisfied with the sexual.
APPENDIX C

GMHC's Guidelines for Safe Sex (with corresponding question numbers on the BSI)

High risk sexual behaviors

♦ Engaging in anal or vaginal intercourse (receiving or inserting), without a condom (#’s 12-Y, 13-Y {Receive and Both}, 14-N, 15-N).
♦ Swallowing the semen/ejaculate of one’s partner (# 21-Y).
♦ Sharing sexual toys with one’s partner, without cleaning them prior to sharing (# 26-N).

Moderate risk sexual behaviors

♦ Performing oral sex upon the genitalia of one’s partner (#’s 19-Y, 20-Y {Penis and Vagina}, 22-N).
♦ Having multiple sexual partners and/or partners who are known IV drug users (#’s 3-Y, 4-Y, 5-Y, 6-Y, 27-Y, 28-Y, 29-Y).

Low risk sexual behaviors

♦ Kissing (# 1-Y).
♦ Anal oral sex (#’s 19-Y, 20-Y {Anus}).
♦ Masturbation with another person.

No risk sexual behaviors

♦ Fantasy.
♦ Pornography (# 32-Y).
♦ Dry humping.
♦ Playing with a partner’s nipples.
♦ Hugging.
♦ Masturbation (# 10).
APPENDIX D

Informed Consent -- Personality, and Individual Thoughts and Practices

This study is intended to investigate the relationship between personality traits and sexual attitudes and practices. You will be asked to participate in completing three questionnaires that will take approximately 2 hours to complete. The questionnaires will cover such topics as thoughts, feelings, interests, beliefs, and personal history (particularly in the area of sexual behavior). Some questions involve explicit sexual content that may or may not apply to you. All responses will remain completely anonymous.

You are free to withdraw from the study at any time without penalty. Further, while it is asked that you complete all questions in full honesty, you may refuse to answer any question that you find objectionable. You will be given credit for research participation in PSY 101 according to the length of your participation (for example, if the total time it takes for you to complete the questionnaires is 1 and a half hours, you will receive 2 hours of participation credit).

I understand the purpose of the study, and have been given the opportunity to ask questions of the investigator. I understand that if I have any questions later, I may call Dr. Elizabeth Corbitt at 229-2629. I agree to participate under the conditions stated above.

_________________________________________  __________________________
Signature of Participant                          Date

I have explained the purposes of the study and agree to abide by the conditions stated above.

_________________________________________  __________________________
Signature of Investigator                          Date
APPENDIX E

Debriefing -- Personality, and Individual Thoughts and Practices

Thank you for participating in this study. The information that you have provided will be useful in furthering the research in personality and sexuality. Likewise, you have assisted a clinical psychology graduate assistant in completing his master’s thesis.

The questionnaires that you have completed are examples of self-report personality and sexuality measures. These tests are designed with the idea that your report about your thoughts, feelings, and behaviors says something important about your personality and/or behaviors outside of the testing situation. The purpose of this study was to investigate whether there is any relationship between one’s personality traits and one’s sexual attitudes, beliefs and practices. Likewise, this study was attempting to predict what types of personality traits would make an individual more susceptible for engaging in risky sexual behavior for acquiring the HIV virus that causes AIDS.

If you have any questions or concerns, please call Dr. Elizabeth Corbitt at 229-2629, or the University Counseling Center at 229-3141. All students at the University of Dayton may receive free, confidential counseling at the University Counseling Center.

If you have wish to find out more about this type of research, the following references will be of use to you:


APPENDIX F

Survey
Snell, Fisher, and Walters, 1993

INSTRUCTIONS: Listed below are several statements that concern the topic of sexual relationships. Please read each item carefully and decide to what extent it is characteristic of you. Some of the items refer to a specific sexual relationship. Whenever possible, answer the questions with your most recent partner in mind. If you have never had a sexual relationship, answer in terms of what you think your responses would most likely be. Then, for each statement fill in the response to the left of the statement that indicates how much it applies to you by using the following scale:

A = Not at all characteristic of me.
B = Slightly characteristic of me.
C = Somewhat characteristic of me.
D = Moderately characteristic of me.
E = Very characteristic of me.

1. I am confident about myself as a sexual partner.
2. I think about sex all of the time.
3. My sexuality is something that I am largely responsible for.
4. I am very aware of my sexual feelings.
5. I am very motivated to be sexually active.
6. I feel anxious when I think about the sexual aspects of my life.
7. I am very assertive about the sexual aspects of my life.
8. I am depressed about the sexual aspects of my life.
9. The sexual aspects of my life are determined mostly by chance happenings.
10. I sometimes wonder what others think of the sexual aspects of my life.
11. I am somewhat afraid of becoming sexually involved with another person.
12. I am very satisfied with the way my sexual needs are currently being met.
13. I am a pretty good sexual partner.
14. I think about sex more than anything else.
15. The sexual aspects of my life are determined in large part by my own behavior.
16. I am very aware of my sexual motivations.
APPENDIX F (continued)

17. I am strongly motivated to devote time and effort to sex.
18. I am worried about the sexual aspects of my life.
19. I am not very direct about voicing my sexual preferences.
20. I am disappointed about the quality of my sex life.
21. Most things that affect the sexual aspects of my life happen to me by accident.
22. I am very concerned with how others evaluate the sexual aspects of my life.
23. I sometimes have a fear of sexual relationships.
24. I am very satisfied with my sexual relationships.
25. I am better at sex than most other people.
26. I tend to be preoccupied with sex.
27. I am in control of the sexual aspects of my life.
28. I tend to think about my sexual feelings.
29. I have a strong desire to be sexually active.
30. Thinking about the sexual aspects of my life leaves me with an uneasy feeling.
31. I am somewhat passive about expressing my sexual desires.
32. I feel discouraged about my sex life.
33. Luck plays a big part in influencing the sexual aspects of my life.
34. I’m very aware of what others think of the sexual aspects of my life.
35. I sometimes am fearful of sexual activity.
36. My sexual relationship meets my original expectations.
37. I would rate myself pretty favorably as a sexual partner.
38. I’m constantly thinking about having sex.
39. The main thing which affects the sexual aspects of my life is what I myself do.
40. I’m very alert to changes in my sexual desires.
41. It’s really important to me that I involve myself in sexual activity.
42. I usually worry about the sexual aspects of my life.
43. I do not hesitate to ask for what I want in a sexual relationship.
44. I feel unhappy about my sexual relationships.
45. The sexual aspects of my life are largely a matter of (good or bad) fortune.
46. I’m concerned about how the sexual aspects of my life appears to others.
47. I don’t have very much fear about engaging in sex.
48. My sexual relationship is very good compared to most.
49. I would be very confident in a sexual encounter.
50. I think about sex the majority of the time.
51. My sexuality is something that I myself am in charge of.
52. I am very aware of my sexual tendencies.
53. I strive to keep myself sexually active.
54. I feel nervous when I think about the sexual aspects of my life.
55. When it comes to sex, I usually ask for what I want.
56. I feel sad when I think about my sexual experiences.
57. The sexual aspects of my life are a matter of fate (destiny).
58. I’m concerned about what other people think about the sexual aspects of my life.
59. I’m not very afraid of becoming sexually active.
60. I am very satisfied with the sexual aspects of my life.
61. I responded to the above items based on:

(A) A current sexual relationship.
(B) A past sexual relationship.
(C) An imagined sexual relationship.
APPENDIX G

Scoring the MSQ

A=0  B=1  C=2  D=3  E=4
(For items 19, 31, 47, and 50 in boldface; A=4  B=3  C=2  D=1  E=0)

Add the items together to get the total for the scale.

1) 13) 25) 37) 49)  =  (Sexual-esteem)
2) 14) 26) 38) 50)  =  (Sexual-preoccupation)
3) 15) 27) 39) 51)  =  (Internal-sexual-control)
4) 16) 28) 40) 52)  =  (Sexual-consciousness)
5) 17) 29) 41) 53)  =  (Sexual-motivation)
6) 18) 30) 42) 54)  =  (Sexual-anxiety)
7) 19) 31) 43) 55)  =  (Sexual-assertiveness)
8) 20) 32) 44) 56)  =  (Sexual-depression)
9) 21) 33) 45) 57)  =  (External-sexual-control)
10) 22) 34) 46) 58)  =  (Sexual-monitoring)
11) 23) 35) 47) 59)  =  (Fear-of-sexual-relationships)
12) 24) 36) 48) 60)  =  (Sexual-satisfaction)

**Higher scores correspond to greater amounts of the relevant tendency**
APPENDIX H

BOBOWICZ SEX INVENTORY (BSI)

Directions: Please answer all questions as accurately and honestly as possible. Where appropriate, fill in the answer or circle the appropriate response. Under the “Questions of Sexual Behavior” section, please answer whether you have engaged in the particular behavior in the Past, if you currently engage in the particular behavior in the Present, and if you plan on or think you would ever engage in the particular behavior in the Future. Please note that “romantic relationship” means the same as “sexual relationship”, for the purposes of this inventory.

Demographic Information
Age: _____

Sex: male, female

Year in School: 1, 2, 3, 4, 4+, Grad Student

Ethnic Background: African-American, Native-American, Latino, Asian, Caucasian, Other

Sexual Orientation: Heterosexual, Bisexual, Homosexual, Unsure

Are you currently in a romantic/sexual relationship with someone? Yes No

Questions of Sexual Behavior

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Past Behavior</th>
<th>Present/Recent Behavior</th>
<th>Future/Possible Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you engage in “wet” or “French” kissing?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td>Past Behavior</td>
<td>Present/Recent Behavior</td>
<td>Future/Possible Behavior</td>
</tr>
<tr>
<td>---</td>
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<td>-------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>2.</td>
<td>Have you ever been in a committed relationship with someone?</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>3.</td>
<td>If you have been in a committed relationship, have you ever “cheated” on that partner?</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>4.</td>
<td>Have you ever been in an “open” relationship with someone, or a relationship where you or your partner could have sex with others, outside of the relationship?</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>5.</td>
<td>Have you ever had sex with someone whom you know is promiscuous or “sleeps around?”</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>6.</td>
<td>When not in a relationship, are you promiscuous or do you have sexual relations with more than one partner?</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>7.</td>
<td>Estimate how many different people you have had sex with, in the last year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Have you ever been tested for HIV or AIDS?</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>9.</td>
<td>Do you ever ask your sexual partners what their HIV status is (for example HIV positive or negative)?</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>10.</td>
<td>Do you masturbate (“jack-off” or “finger yourself”)?</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>11.</td>
<td>Do you engage in vaginal intercourse?</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>12.</td>
<td>Do you engage in anal intercourse?</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>13.</td>
<td>If you engage in anal intercourse, do you receive the penis of your partner, or do you insert your penis into your partner?</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td>Receive</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td>Insert</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>Y N</td>
<td>Y N</td>
</tr>
</tbody>
</table>
APPENDIX H (continued)

<table>
<thead>
<tr>
<th></th>
<th>Past Behavior</th>
<th>Present/Recent Behavior</th>
<th>Future/Possible Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Do you request that condoms are used when engaging in intercourse (vaginal or anal)?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>15. Do you use condoms every time you engage in intercourse (vaginal or anal)?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>16. Do you carry condoms when you go out socially?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>17. Do you (if female), or your partner (if male) use birth control (pill, IUD, or diaphragm) when you have sexual intercourse?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>18. Does your partner perform oral sex upon you?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>19. Do you perform oral sex upon your partner?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>20. What do you perform oral sex on?</td>
<td>Penis</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td>Vagina</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td>Anus</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>21. If you perform oral sex upon your partner’s penis, do you swallow your partner’s ejaculate (cum)?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>22. When performing oral sex upon your partner, do you use condoms or dental dams as a barrier between your mouth and your partner’s genitals?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>23. Do you engage in Sado/Masochistic (S/M) activities? If so, are you the dominator, submissive, or have you been both?</td>
<td>Dominator</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td>Submissive</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>Y N</td>
<td>Y N</td>
</tr>
</tbody>
</table>
## APPENDIX H (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Past Behavior</th>
<th>Present/Recent Behavior</th>
<th>Future/Possible Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. Have you ever engaged in &quot;Water Sports&quot; or sex involving you or your partner’s urine (i.e. &quot;golden shower&quot;)?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>25. Do you use sexual toys with or without a partner (i.e. dildo, anal beads)?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>26. If you use sexual toys with a partner, do you clean the toys before letting the other partner use them?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>27. Do you engage in sex with someone whom you know is an intravenous drug user?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>28. Do you ever go to &quot;bath-houses&quot; or sex clubs to engage in sex?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>29. Have you ever engaged in sex with more than one person at a time (threesome or orgy)?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>30. Do you engage in &quot;anonymous sex&quot; (you do not know who your partner is, and you do not see this person again after the sexual encounter)?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>31. Do you perform coercive sexual acts?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>32. Do you look at or read pornography?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>33. If you identify yourself as Heterosexual, have you ever had a sexual encounter with someone of the same sex?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>34. If you identify yourself as Homosexual, have you ever had a sexual encounter with someone of the opposite sex?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
</tbody>
</table>
APPENDIX I

Scoring the BSI

Directions: Circle the responses that the subject made to the following item numbers, if they correspond to the responses given below. Add up the total number of circled responses in a section (high risk, moderate risk) and multiply by the modifier that is provided for that section. Finally, add the two section totals together to get the total Risk scale score. The score can range from 0 to 69. The higher the score, the more at risk an individual is for acquiring HIV.

High risk sexual behaviors

<table>
<thead>
<tr>
<th></th>
<th>Past</th>
<th>Present</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>12)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>13-Receive or Both</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>14)</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>15)</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>21)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>26)</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

Total # of circled responses _____ x 2 = _____ (high risk section total).

Moderate risk sexual behaviors

<table>
<thead>
<tr>
<th></th>
<th>Past</th>
<th>Present</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>3)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>4)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>5)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>19)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>20-Penis</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>20-Vagina</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>22)</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>27)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>28)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>29)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

Total # of circled responses _____ x 1 = _____ (moderate risk section total).
APPENDIX I (continued)

High risk total + Moderate risk total = Risk scale score.
REFERENCES


