

# Body Dissatisfaction and Sexuality Among Women with Bulimia Nervosa

Michael W. Wiederman  
Tamara Pryor

(Accepted 19 January 1996)

**Objective:** Past research and clinical observations have implicated sexuality as a factor involved in eating disorders. Yet little research has been conducted on possible links between body image and sexuality. We investigated such relationships within a large sample of women with bulimia nervosa. **Method:** A sample of adult women ( $N = 221$ ) diagnosed with bulimia nervosa, purging type, completed a widely used measure of body dissatisfaction and answered questions about basic sexual experiences (coital and masturbation experience, age of onset of these activities, and self-rated satisfaction with current sexual activity). **Results:** After controlling for age, age of onset of menses, and current body size, body dissatisfaction was unrelated to coital experience. However, even after controlling for these relevant covariates, current body dissatisfaction was predictive of lower incidence, and later onset, of masturbation. Current body dissatisfaction was marginally related ( $p < .10$ ) to self-rated satisfaction with one's current sex life. **Discussion:** Results are discussed with regard to past research, directions for future research, and clinical implications. © 1997 by John Wiley & Sons, Inc. *Int J Eat Disord* 21: 361–365, 1997.

From the earliest clinical recognition of eating disorders, problems with sexuality were hypothesized as a causal factor (e.g., Laseque 1873/1964; Janet, 1929; Waller, Kaufman, & Deutsch, 1940). Recent research demonstrated that, relative to women with anorexia nervosa, women with bulimia nervosa were generally more likely to have had sexual experience, even after controlling for relevant confounding variables such as age, body size, and menstrual status (Wiederman, Pryor, & Morgan, 1996). Still, a recent comprehensive review of the research literature revealed much variation among sexual histories of women with bulimia nervosa (Wiederman, 1996), and, despite "normal" sexual experiences evidenced by many women with bulimia nervosa, relatively high rates of sexual dysfunction are common within samples of women with eating disorders (De Silva, 1993).

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Michael W. Wiederman, Ph.D., is Assistant Professor, Department of Psychological Science, Ball State University. Tamara Pryor, Ph.D., is Assistant Professor and Director of the Eating Disorders Clinic, Department of Psychiatry and Behavioral Science, University of Kansas School of Medicine-Wichita. Address correspondence to Michael Wiederman, Ph.D., Department of Psychological Science, Ball State University, Muncie, IN 47306-0520.

Unfortunately, sexual dysfunction appears to persist beyond recovery from the eating disorder for many women (Morgan, Wiederman, & Pryor, 1995). Given apparent links between eating disorders and sexuality, it is surprising that the potential mediating role of body image has not been explored.

One might expect how one perceives and evaluates one's own body to be intimately tied to one's sexual experiences (Liss-Levinson, 1988; Meadows & Weiss, 1992; Zerbe, 1993). Empirical investigation of this issue, however, appears to have been attempted only with nonclinical samples. For example, among female undergraduate students, Raciti and Hendrick (1992) found that body dissatisfaction was inversely related to sexual-esteem. Similarly, Faith and Schare (1993) reported negative relationships between body image and current sexual activity among college students. That is, those students with the greatest body dissatisfaction reported the lowest frequency of recent sexual activity. The purpose of the current study was to investigate potential relationships between current body dissatisfaction and basic sexual experience among adult women with bulimia nervosa. Based on earlier findings with college students (Faith & Schare, 1993), we expected greater body dissatisfaction to be predictive of relatively less sexual experience.

## METHOD

### Subjects

Respondents were 221 adult women consecutively evaluated at a university-based eating disorders clinic who met diagnostic criteria as outlined in the 3rd Rev. ed. of the *Diagnostic and statistical manual of mental disorders* (DSM-III-R; American Psychiatric Association, 1987) for bulimia nervosa (purging type according to criteria outlined in the 4th ed. of the *Diagnostic and statistical manual of mental disorders* (DSM-IV); American Psychiatric Association, 1994). These women ranged in age from 18 to 52 years, with a mean age of 25.9 years ( $SD = 6.3$ ). All but 6 (2.7%) of the women were white.

### Measures

#### Sexual Experience

Participants completed the Diagnostic Survey for Eating Disorders-Revised (DSED-R; Johnson, 1985). Within the DSED-R, participants were asked to indicate whether they had ever engaged in sexual intercourse, and if yes, the age at which they first did so. Similar questions pertained to masturbation. Participants also rated their satisfaction with their "current level of sexual activity" using a scale ranging from 1 (not at all satisfied) to 5 (extremely satisfied).

#### Body Dissatisfaction

Extent of body dissatisfaction was measured with the Body Dissatisfaction subscale from the Eating Disorders Inventory (EDI; Garner, Olmsted, & Polivy, 1983; Garner, 1991). This scale taps the respondent's current dissatisfaction with her general body shape as well as specific body parts which are of greatest concern to women (e.g., hips, thighs, buttocks).

### Control Variables

Control variables included age, age of onset of menses, and current body mass index (BMI; Beaumont, Al-Alami, & Touyz, 1988) as a measure of overall body size.

### Procedure

Upon presentation to the outpatient eating disorders clinic, 2-h diagnostic assessments were conducted by clinicians experienced in the evaluation of eating disorders. These assessments included separate semistructured interviews conducted by a psychologist and a psychiatrist. Diagnoses were based on the 2-h interviews and were consensually derived among members of the clinical team who had performed the evaluation. Finally, participants completed the paper-and-pencil measures used in the current study.

## RESULTS

Of the 221 women, 199 (90.0%) indicated that they had experienced sexual intercourse and 121 (54.8%) indicated that they had masturbated. Of those with experience, the mean age of first coitus was 17.5 years ( $SD = 2.8$ ), whereas the mean age of first masturbation was 15.9 years ( $SD = 6.0$ ). The mean rating of satisfaction with current sexual activity was 2.5 ( $SD = 1.3$ ) which fell just below the midpoint of the 5-point scale. The mean BMI for the sample was 22.5 ( $SD = 4.9$ ), and the mean body dissatisfaction score was 19.4 ( $SD = 7.4$ ) which fell at the 51st percentile for women with bulimia nervosa (Garner, 1991). Body dissatisfaction and BMI were related ( $r = .39, p < .01$ ).

Given that few of the women in the sample had not experienced sexual intercourse, the incidence of this experience was not investigated further. With regard to age at first sexual intercourse, we simultaneously entered age, age at onset of menses, BMI, and body dissatisfaction into a multiple regression equation to predict age at first coitus. Only current age ( $beta = .14, p < .05$ ) and BMI ( $beta = -.24, p < .002$ ) were significantly related to the onset of sexual intercourse. Relatively older and thinner respondents reported a later age of first coitus.

With regard to masturbation, we performed a logistic regression analysis to predict masturbation experience (0 = no, 1 = yes) simultaneously entering current age, age at onset of menses, BMI, and body dissatisfaction into the equation. Three of the variables were uniquely related to masturbation experience: current age (partial  $r = .19, p < .0004$ ), age at onset of menses (partial  $r = -.16, p < .003$ ), and current body dissatisfaction (partial  $r = -.09, p < .04$ ). Those women in the sample who were relatively older, had an earlier onset of menses, and less body dissatisfaction were most likely to have masturbated. With regard to age at first masturbation, we conducted a multiple regression analysis as we had for age at first coitus. Three variables were significant predictors: current age ( $beta = .32, p < .05$ ), BMI ( $beta = -.23, p < .05$ ), and body dissatisfaction ( $beta = .20, p < .05$ ). Those women who were relatively younger, thinner, and less dissatisfied with their bodies had an earlier age at first masturbation. Last, we conducted a multiple regression analysis in which we simultaneously entered the control variables and body dissatisfaction to predict self-rated satisfaction with current level of sexual activity. Only one variable was even marginally significant: body dissatisfaction ( $beta = -.13, p < .09$ ). There was a trend toward women with relatively greater body dissatisfaction to be least satisfied with their current sexual activity.

## DISCUSSION

Sexual intercourse experience was nearly universal in our sample, and after controlling for actual body size (BMI), age at first sexual intercourse was unrelated to current body dissatisfaction. Sexual intercourse is an interpersonal activity and, as such, may be performed for a variety of reasons other than bodily pleasure (e.g., to attract or please a relationship partner). In contrast, the function of masturbation is provision of bodily pleasure. It is interesting, then, that current body dissatisfaction was related to masturbation experience among bulimic women in our sample. Even after controlling for actual body size, relatively high body dissatisfaction was predictive of never having masturbated, and among those who had masturbated, greater body dissatisfaction was related to later onset of masturbation. In our experience, bulimic women with intense body dissatisfaction commonly refer to their own body with disgust and shame because of their (often distorted) perceptions of fat and ugliness. It appears that, at least among women with bulimia nervosa, self-loathing one's body is related to decreased likelihood of genital self-pleasuring.

In our clinical practice, eating-disordered women who experience disgust over their bodily appearance frequently avoid experiences which may result in bodily pleasure. For example, these women seem less likely to engage in body-focused activities such as swimming or massage as these experiences intensify their feelings of self-consciousness. The results of the current study extend the apparent relationship between negative body image and decreased sensual pleasure among bulimic women to the realm of sexual self-pleasuring.

The limited focus of the current study leaves many questions unanswered. For example, body dissatisfaction is unrelated to having experienced coitus or the age of first coitus, but do bulimic women with relatively greater body dissatisfaction experience increased likelihood of sexual dysfunction, perhaps as a result of cognitive "spectating"? It may be that, at least for some women with eating disorders, intense body dissatisfaction results in avoidance of sexual activity and acute self-consciousness when engaged in sex with a partner. Indeed, Mintz and Betz (1988) found that bulimic college women reported that their body weight (and presumably how they felt about their body weight) had a greater effect on their feelings about sex than was the case among their nonbulimic peers. Among these bulimic undergraduates, bodily self-consciousness presumably inhibited desire for sexual interaction with a partner (and their pleasure once involved in sexual activity). Research on women who have recovered from eating disorders reveals that body image problems often persist and appear to be the last symptom to remit (Beresin, Gordon, & Herzog, 1989; Rorty, Yager, & Rossotto, 1993). Hence, if body image is central to bulimic women's sexuality, it may not be surprising that many women who had an eating disorder continue to experience sexual dysfunction despite recovery from the eating disturbance (Morgan et al., 1995).

The sexuality variables in the current study were limited and were primarily historical in nature. Accordingly, we are unable to ascertain the direction of causality. Does intense body dissatisfaction result in avoidance of masturbation, or does avoidance of masturbation (perhaps for religious or other reasons) foster increased body dissatisfaction among women who go on to develop bulimia nervosa? Also, do our findings imply that the clinician involved in treating bulimia nervosa should address sexuality issues directly, perhaps prescribing attempts at masturbation and assisting the bulimic individual in challenging the critical self-statements which are likely to arise? Does effective treatment of negative body image result in improved sexual functioning among women with bu-

limia nervosa? Further research is needed to address these clinically important, yet unanswered, questions.

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