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Sources of Sexual Knowledge, Sex Negativity, and Sexual Shame: Honors Capstone Thesis

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Abstract

This study examined relations between (a) the sources of people's knowledge about sex, (b) their trust in information obtained from each source, (c) sex-negative attitudes and misinformation about sex (SNAM), and (d) sexual shame. Using an online questionnaire, 354 participants from a large, comprehensive university in Georgia indicated the relative amount they learned about sex from 11 sources, the degree of trust in each as a source of sexual information, agreement with the 45 items comprising the measure of SNAM, and the Kyle Inventory of Sexual Shame (Kyle, 2013). The more participants expressed sex-negative attitudes and endorsed misconceptions about sex (higher SNAM scores), the more they indicate having learned about sex from church and other religious institutions and from school, and the less from sexual partners, the internet, and pornography. Higher SNAM scores also correlated with higher trust in church, parents, and school as sources of information about sex. Finally, higher SNAM scores correlated with more sexual shame.

Sources of Sexual Knowledge, Sex-Negativity, and Sexual Shame

Certain behaviors, such as oral sex, premarital sex, and unrestricted sexual attitudes are considered unacceptable or sinful in most modern religions (Fernandez-Villaverde, Greenwood, & Guner, 2014). Though there is legal separation of religion from public education in the United States (U.S. Const. art. VII, amend. I), public school systems in many parts of the country provide what is known as abstinence-only sex education. This form of sex education emphasizes abstinence as an effective way to prevent pregnancy and transmission of sexually transmitted infections and reflects conservative ideals, both religious and social (Boonstra, 2008). Thus, it is largely used to promote virginity and abstinence until marriage (Boonstra, 2008; Ehrlich, 2013; Gardner, E. 2015; Ott & Santelli, 2007). Such programs were initiated by and have the strong support of religious conservatives, beginning with the Adolescent Family Life Act (AFLA) in 1981. This act spearheaded the "first federal program dedicated to restrictive abstinence-only education" and was "consciously constructed to steer funds towards conservative groups and religious organizations to promote abstinence-only messages" (Boonstra, 2008, p.17). In 2005, one-third of all government grants for sexual education programs went to faith-based organizations under the Community-Based Abstinence Education Program (Gardner, 2015). With so much governmental and financial support, abstinence-only education is being taught to the majority of students across the United States: 37 states require the inclusion of abstinence-only sex education lessons, and 26 of these states require a heavy emphasis to be placed on abstinence-only teachings (Guttmacher Institute, 2016).

Most abstinence-based education avoids discussion of contraception, and when this topic is mentioned, it is generally to emphasize (and often exaggerate) failure rates (Gardner, 2015; Ott & Santelli, 2007). In addition, such programs often convey scientifically inaccurate information

about the physical and psychological consequences of sexual behavior and abortion, with particular emphasis on the harms of sexual behaviors before marriage (Alford, 2007; Gardner, 2015; Ott & Santelli, 2007). According to Gardner, information about safe sex and birth control were only mentioned in terms of failure rates, and portrayals of sexually active youth showed only negative consequences (Gardner, 2015). Such misinformation about the efficacy of contraceptives and safe sex practices decrease the likelihood that people will engage in safe sexual practices when they do become sexually active (Alford, 2007; Collins, Alagiri, Summers, & Morin, 2002). Another common component of abstinence-only sex education programs is a virginity, or purity, pledge, which has students promise abstinence until marriage (SIECUS, 2005). Evidence shows that such pledges have had almost none of the intended effects on young people's sexual behavior and in fact, students who took virginity pledges were 30% less likely than those who didn't pledge to use contraception when they did begin having sex (Bearman & Brückner, 2001).

Essentially, abstinence-only education, initiated with the clear goal of getting people to wait for marriage before having sex, has demonstrated almost none of the anticipated positive effects, such as reduced rates of sexual activity, lower number of partners, or decreased teen pregnancy, and it has demonstrated some adverse ones, such as lower use of contraceptives. Whether negative messages about sexuality are conveyed by religious institutions, school programs, or elsewhere, these messages have the potential to impair people's health and well-being. Many young people engage in a variety of sexual behaviors prior to marriage, with almost half of high school students engaging in intercourse (Kann et al., 2014), and the proportions rise with each year of age. When religious institutions use shaming tactics, or scare tactics (Gardner, 2015) to get members to conform to traditional, chaste ideals, they can impair

members' sexual development, emotional health, and acceptance of diversity in self and others (Gonsalves, 2016). Psychosocial problems can be created or worsened by feelings of shame arising from the struggle between one's religious or spiritual self and one's sexual self (Candea & Szentagotai, 2013).

Throughout the messages coming from many parents and schools, normal sexual curiosity and exploration are represented as contradicting societal norms and as inappropriate in a morally good person. In addition, teaching teenagers to wear clothing designed to hide the body, punishing masturbation, and punishing even incidental exposure to pornographic materials can create shame. Parents who do not openly discuss sexuality, puberty, and sexual development with their children, or who show their discomfort in doing so, also impart the idea that sexuality is something to be suppressed or hidden. This tamping down of natural sexual excitement and curiosity often leads to sexual shame (Kyle, 2013). Young children also learn to associate shame with pleasurable sensations when they experience negative affective reactions from parents who disapprove of genital stimulation or play (Kyle, 2013).

Shame can exacerbate various forms of psychopathology (Candea & Szentagotai, 2013; Tracy & Robins, 2004) and interfere with healthy and safe development among those who are misinformed about sex (Archer, 2009). For instance, research has shown that teenagers who receive abstinence-only sex education are just as likely to have premarital sex, have unplanned pregnancies, and to contract sexually transmitted diseases (STDs) as those who receive comprehensive sex education because they are not taught about the effective use of contraceptives (Alford, 2007; Collins, Alagiri, Summers, & Morin, 2002; Gonsalves, 2016). In fact, Gonsalves (2016) reported that a 2011 study of sex-education laws found that in the 21

states with abstinence-only education, there were 67% more teenage pregnancies than the 11 states with safe-sex education programs.

Shame, guilt, pride, and embarrassment, are sometimes referred to as "self-conscious emotions," or emotions that serve to motivate people to conform to socially acceptable norms and morals, including the expression of sexual behaviors. They regulate people's thoughts and behaviors, and motivate them to act in prosocial ways for fear of disapproval and criticism from other people (Candea & Szentagotai, 2013; Tracey & Robins, 2004). A sense of wanting to withdraw, feeling worthless and the object of scorn, contempt, ridicule, disgust, or rejection are marked features of shame (Black, Curran, & Dyer, 2013). Shame has been associated with the development of depression, eating disorders, post-traumatic stress, borderline personality disorder, and other forms of psychopathology.

It is important to distinguish shame from guilt, which is another strong self-conscious emotion. Guilt is a negative emotion usually centered around a sense of regret after an act or behavior has occurred. Shame affects a person's identity and "entire" or "global self" in a negative way; it makes the person feel small and wish to hide. Guilty people wish to make amends and apologize for the behavior they feel guilty about, whereas shame can be either maladaptive or adaptive; making a person withdraw, engage in self-injurious behavior, and further the development of disorders or difficulties they are prone to–depression for example–or it can motivate the person to seek help or to change the attitudes and behaviors that are causing this emotional grief, and possibly motivate them to experience personal moral development (Black et al., 2013; Candea & Szentagotai, 2013).

Shame can be a socializing force–a civilizing process even–regulating people's behaviors by punishing socially nonconforming behaviors. As early as the Victorian era, socially

unacceptable behaviors such as nakedness and picking one's nose became behaviors that were, and still are, regulated starting at an early age by parents who admonish children not to engage in such behaviors. Behaving in socially acceptable ways; not being boorish, rude, ill-mannered, or promiscuous, became second-nature in society and was often linked with people's morals, or lack thereof (Irvine, 2009). It was a small step for shame to become a strong regulating force over sexuality.

When sex is stigmatized and no open discussions are held about it beyond how it makes one "impure," sex becomes uncomfortable or even frightening. It can even make it hard for young people to choose to obtain condoms to practice safe sex, due in part to feelings of shame and embarrassment, especially for young women (Ronis & LeBouthillier, 2013). Misinformation conveyed by abstinence-only programs about the effectiveness of condoms makes it even less likely that condoms will be used when students do become sexually active (Alford, 2007; Collins, Alagiri, Summers, & Morin, 2002). The effects of sexual shame have not been extensively researched (Kyle, 2013), but according to Kyle, "shame stemming from sexual thoughts or experiences is linked to a range of psychological issues and can be crippling" (Kyle, 2013, p.16). It can provoke anger and hostility toward oneself and can also be directed outward, leading to interpersonal and relationship problems and distress (Retzinger, 1985).

Today, the idea that sexuality and sexual behaviors are shameful and not to be talked about persists, and shame is still ever present in the backs of people's minds when anything about sex comes into discussion (Archer, 2009). It is a neglected topic in the field of psychology, which instead focuses more on guilt and so, open discussions and research on the topic of sexual shame has consequently suffered (Archer, 2009; Wit et al., 2014). Shame has not been extensively studied with an eye toward treating the silence surrounding the topic. However,

as more recent research has begun to differentiate shame from guilt, shame is coming to be recognized as a powerful driving emotion in people's lives (Archer, 2009).

Measuring shame in research settings has proven to be rather difficult. Measures are scarce. When research has been conducted, researchers recruited mainly convenience samples of college students. When other samples were recruited, they have consisted of people with a specific trauma. Much of the research has taken this trauma-centric view, with the effects of shame on interpersonal relationships being examined only rarely. Different questionnaires have been used, with state questionnaires being most common; however, in one study, a trait questionnaire; known as the Compass of Shame Scale, was used to assess the mechanisms for coping with shame. These mechanisms, Attack Self, Withdrawal, Attack Other, and Avoidance, are triggered after an event or action that evoked an individual's shame (Black et al., 2013; Elison, Lennon, & Pulos, 2006). These four poles of shame assist the person in managing and acknowledging the shame they feel, but the behaviors are rather destructive for the person engaging in them. At the Attack Self pole, the person feels the negative experience is valid and they are indeed worthless and they direct anger inward at themselves, which only serves to increase the level of shame felt. At the Withdrawal pole, the person retreats inward and away from others to keep negative experiences from happening again. They might not necessarily accept the shameful emotions, but there is the desire to act in a different way to reduce the shame and be accepted by others; internal criticism is coupled with an effort at change. Both poles mentioned above have this internalization of shame in common, affecting the person's greater sense of self, but Attack Self emphasizes maintaining relationships with others, while Withdrawal sees the person retreating from others to reduce "discomfort and shame experiences." At the Avoidance pole, the person denies the shame and the negative image of self

after the experience occurs, and seeks distraction with little cognitive awareness of shame. The Attack Other pole entails denial of the shaming message; efforts are made to externalize the shame and negative feelings and to turn them onto another person. By administering the Compass of Shame Scale, the person's internal coping mechanisms and consciousness of shame is made clearer, adding to our understanding of the role of shame in everyday life (Black et al., 2013; Elison et al., 2006).

Another measure directly aimed at investigating sexual shame is known as the Kyle Inventory of Sexual Shame (KISS; Kyle, 2013). The inventory consists of 20 Likert scale items addressing the sexual self, three demographic questions (age, sex, and ethnicity), and one question to determine whether participants have experienced several situations that may have contributed to sexual shame. With a total of 25 items, the questionnaire was designed to assess participants' feelings about their sexual selves, both past and present. Negative appraisal of oneself and perception of negative appraisal by others can lead to feelings of shame (Tracy & Robbins, 2004), affecting the global self, and creating feelings of worthlessness, dirtiness, or inferiority when the person does not conform to social norms.

The purpose of the present study was to investigate the extent to which various messages about sex, including those common to many abstinence-based sexual education programs, affect people's sexual attitudes and misconceptions, to explore the sources of these messages, and people's trust in those sources of sexual knowledge, and how these all relate to their feelings about their sexual selves.

I hypothesized that learning relatively more about sex from church and other religious institutions, from school, and from parents would positively correlate with negative attitudes about sex, and with being misinformed about sex. These are all sources more likely to provide

abstinence messages when they provide information at all, at least in the sample recruited for this study. On the other hand, I hypothesized that sex negative attitudes and misinformation would correlate negatively. I also hypothesized that trust in abstinence-oriented sources would correlate positively with SNAM; that is, the more trust placed in church, school, and parents as sources of information on sex the more sex-negativity and more misinformation will be reported.

In addition, it was hypothesized that rape myth acceptance (RMA) would be positively correlated with attitudes toward immorality and negatively correlated with consensual sexual experiences (CSE.) RMA would also correlate with sources of sexual knowledge, those who believe in rape myths will show learning about sex from church, pornography, and school.

Method

Participants

A convenience sample of 354 students (97 men, 255 women, 1 intersex) aged 18 to 44 (M = 20.22, SD = 3.59) attending a large, comprehensive university in Georgia, were recruited from several psychology courses. The majority of participants (54.5%) identified as non-Hispanic White, 22.3% identified as non-Hispanic Black, 8.8% Hispanic/ Latino White, 2.0% Hispanic/ Latino Black, and 4.5% of participants identified as mixed race. Most participants were single (N = 314, 88.7%), and the highest education earned so far was a high school diploma (N = 309, 87.3%). Most participants identified as non-denominational Christian (35.6%); the remainder included 13.0% Baptist, 11.3% Catholic, 9.9% Agnostic, 6.5% reported identifying with no religion, 3.1% reported as being atheist, 3.1% Methodist, 3.1% Pentecostal, 3.1% Muslim, 2.3% Presbyterian, and 1.4% Buddhist. Gender was 72.9% women, 26.6% men, and 0.3% transsexual.

These participants completed an online survey using SurveyMonkey, which was administered through the Sona System. Students earned either participation credit for their

Introductory Psychology classes, or extra credit in other classes at the discretion of the professor. The study was approved by the Institutional Review Board and the students completed an informed consent online (see Appendix D) before proceeding to the survey items.

Materials and procedure

Participants completed two extended measures. The Kyle Inventory of Sexual Shame (KISS; see Appendix B), assessed feelings of shame related to sexual behavior, thoughts, and attitudes in participants. The Illinois Rape Myth Acceptance Scale (McMahon & Farmer, 2009) (see Appendix C), which was revised to use gender-neutral language (IRMAS-GN; Marsil et al. 2017, personal communication), was measured agreement with range of rape myths, which are defined as "false beliefs about rape shaped by sexism and other prejudices individuals hold" (McMahon & Farmer, 2009, p. 71). Extensive written debriefing was provided at the end of the survey to debunk misinformation included in the SNAM (see Appendix E).

Several measures were designed specifically for use in this study. Participants indicated the relative amount of information learned about sex, sexual behaviors, and sexual attitudes from each of the eleven sources on a ten-point scale ranging from 0 *(I learned nothing from this source)* to 10 *(I learned more from this source than any other source)*. They then rated their trust in the sources ranging from -2 *(strongly distrust)* to 2 *(strongly trust).* Sources included church or other religious institutions or groups, school, parents or guardians, siblings, doctors or other medical professionals, sexual partners, friends and acquaintances, internet (other than pornography), social media, media (TV, movies, books, magazines, other than pornography), and pornography (online, print, DVDs, etc.).

SNAM.

Participants rated their agreement on a 5-point Likert scale with a variety of sex-negative statements, for example: “A woman who has more than one sexual partner in a month is slutty”; “I am only pure as long as I remain a virgin”, several reversed items to avoid response bias: “It is okay to have sex just because it feels good,” and informational statements: “A woman will be psychologically scarred if she has an abortion.” Participants then reported by which sources, if any, they were taught these and 49 other statements, for a total of 51 items.

Consensual Sexual Experiences (CSE)

In addition, participants indicated whether they had engaged in consensual sexual behaviors or acts, each as either the receptive (“Another person had oral contact with your breasts/nipples”) or proceptive (“You had oral contact with another person’s breasts/nipples”).

KISS. As mentioned above, the KISS is a measure of participant’s feelings towards their past and present sexual lives. Participants rated their agreement with 20 items on a 5-point Likert scale that ranged from -2 *(strongly disagree)* to 2 *(strongly agree)* as to how much they agree with statements about emotions related to sexual behaviors and experiences, such as: “I think people would look down on me if they knew about my sexual experiences.”

IRMAS – GN. The revised gender neutral Illinois Rape Myth Acceptance Scale consists 22 statements that participants rated their agreement with on a 5-point Likert scale ranging from -2 *(strongly disagree)* to 2 *(strongly agree).* The items comprise four subscales: (1) *Asked for It,* (2) *Didn’t Mean To*, (3) *It Wasn’t Really Rape*, and (4) *They Lied*, with the items all relating to subtle prejudices and beliefs blaming the victim and excusing the perpetrator (McMahon & Farmer, 2011). The Asked for It subscale reflects the belief that a rape victim’s actions led them to be raped because they put themselves in a dangerous situation. Items in the Didn’t Mean To subscale reflect the belief that the perpetrator did not intend to assault the victim, for example:

"People don't usually intend to force sex on others, but sometimes they get too sexually carried away." Items in the It Wasn't Really Rape subscale "deny that an assault occurred due to either blaming the victim or excusing the perpetrator" (McMahon & Farmer, 2011, p. 74) for example: "If a person doesn't say 'no' they can't claim rape." Finally, items in the They Lied subscale reflect the idea that the victim falsified the assault: "A lot of times, people who say they were raped agreed to have sex and then regretted it."

Results

Results were examined using the Statistical Package for the Social Sciences (SPSS), (IBM SPSS version 23, 2016). Pearson's correlations were used to examine the relationships between variables. Participants indicated the relative amount learned from specific sources: church or other religious institutions (M = 2.6, SD = 2.9), school (M = 5.7, SD = 2.5), parents or guardians (M = 5.0, SD = 3.1), siblings (M = 2.7, SD = 3.2), doctors or other medical professionals (M = 3.6, SD = 3.0), sexual partners (M = 5.4, SD = 3.6), friends and acquaintances (M = 6.8, SD = 2.7), internet (other than pornography) (M = 5.3, SD = 3.3), social media (M = 4.4, SD = 3.1), media (TV, movies, books, magazines other than pornography (M = 4.8, SD = 3.1), and pornography (M = 3.5, SD = 3.7).

SNAM scores (a) positively correlated with learning about sex from church and other religious institutions (r = .365, p < .01) and from school (r = .201, p < .01) and (b) negatively correlated with learning about sex from sexual partners (r = -.189, p < .01), the internet (r = -.112, p < .05) and pornography (r = -.113, p < .05); these results all support the hypothesis that sex-negativity and misinformation would be associated with more knowledge being obtained from church, school, and parents, and less with knowledge being obtained from other sources. SNAM scores also correlated positively with trust in the church as a source of learning about sex

(r = .543, p < .01), and to a lesser extent, with trust in school (r = .202, p < .01) and parents (r = .142, p < .01). For these same sources, proportion learned and trust correlated positively (church, r = .524; parents, r = .483; school, r = .229; all p < .01). SNAM scores correlated positively with sexual shame as measured by the KISS (r = .260, p < .01) thus showing support for the hypothesis. SNAM scores also correlated positively with sexual shame as measured by the KISS (r = .26, p < .001).

When examining the IRMAS – GN, there was a moderate, positive correlation between rape myth acceptance (RMA; scores on the IRMAS-GN) and immorality, (r = .47, n = 246, p < .001,) such that as endorsement of rape myths increased, conservative views of sexual behaviors (immorality) also increased. RMA was negatively correlated with consensual sexual experiences (CSE), (r = - .13, n = 278, p = .03). This negative correlation with RMA was driven only by the receptive subscale (r = - .19, n = 278, p = .001); that is, items that depicted consensual acts in which another person performed sexual acts on the participant, but not the proceptive subscale or when both were acting and receiving (i.e., intercourse). Finally, RMA significantly correlated with only two sources of sexual knowledge (SSK), school (r =.18, n = 278, p = .003) and pornography (r = .19, n = 278, p = .002).

Many of the participants disagreed with the KISS statements (see Table 1 for descriptive statistics). For example, the statement "I think people would look down on me if they knew about my sexual experiences" had M = -.36 and SD = 1.3, "I scold myself and put myself down when I think of myself in past sexual situations" M = -.57, SD = 1.3. These indicate mild disagreement with the items, on average.

Cronbach's alpha for the SNAM and the KISS were 0.93 and 0.90, respectively.

Discussion

According to the descriptive data on the sources of sexual knowledge, participants learned more about sex from school, parents or guardians, sexual partners, and the internet, than from church, pornography, social media, siblings, doctors and other medical professionals and general media. Though I did not make the prediction regarding relative amount learned from the sources, school, parents, sexual partners, and friends and acquaintances, it was not surprising that they rated as common sources of info. It was surprising to learn how much less was reported to have been learned from doctors, church, and pornography. However, the more participants expressed sex-negative attitudes and endorsed misconceptions about sex (higher scores on the measure of SNAM), the more they indicated having learned about sex from church and other religious institutions and school, and less from sexual partners, the internet, and pornography, all of which supported my hypotheses. Higher SNAM scores also correlated with higher trust in church, parents, and school as sources of information about sex, and higher SNAM scores correlated with more sexual shame. Endorsement of rape myths correlated positively with negative attitudes towards sex.

Because those participants who had sex-negative attitudes and acceptance of misinformation were found to have obtained more of their sexual knowledge from church and school, than from other sources, it seems that these sources are largely promulgating attitudes, beliefs in misconceptions about sex and rape myths.

Though it seems that these sources contribute negatively to learning about sex, they can also have positive effects on young people's knowledge regarding sexual matters. For example, The Union for Reform Judaism created a curriculum titled "Sacred Choices: Adolescent Relationships and Sexual Ethics," which teaches students real-life skills relating to sexual and personal relationships, and it does not promote abstinence as the only means of birth control.

Similarly, The United Church of Christ and the Unitarian Universalist Association also created curricula of cpmprehensive sex education. "Our Whole Lives (OWL): A Lifespan Sexuality Education Series" is based on the "Guidelines for Comprehensive Sexuality Education" developed by the Sexuality Information and Education Council of the United States (SIECUS) (Boonstra, 2008). Furthermore, according to Boonstra, The Christian Community surveyed clergy leaders across the United States and found that when sex education is explained, two-thirds of clergy leaders said they would be supportive of, and willing to make comprehensive sex education more of a priority for the young members of their churches. Programs that have a wider scope, such as Advocates for Youth and Planned Parenthood, can reach out to even more young people and adults who need education and sexual health services, and they are "good catalysts for change" with relation to sex education (Boonstra, 2008, p. 21).

Clearly there are sources of education that do their best to instill in their students healthy, correct information about sex without value judgments attached. The information in this study indicates that while there are those who do not have negative views of sexual behavior, there are those who do receive poor sex education and misinformation. According to Debra Haffner of The Religious Coalition, "education that respects and empowers young people has more integrity than education based on incomplete information, fear, and shame. Programs that teach abstinence exclusively and withhold information about pregnancy and STD prevention fail our young people" (Boonstra, 2008, p. 22).

Limitations and future research

While the sample collected was large, future research could be expanded further using samples from other universities across the country that represent more diverse geography, education levels, and religious beliefs. Since the researcher-developed scales were not evaluated

for validity and reliability outside of the study, psychometric information should be obtained using more diverse populations.

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Table 1

KISS Descriptive Statistics			
	Mean	Std. Deviation	N
I think people would look down on me if they knew about my sexual experiences.	-.3636	1.31161	341
I scold myself and put myself down when I think of myself in past sexual situations.	-.5660	1.29225	341
Reverse Of Satisfied	-.4575	1.26797	341
When I think of my sexual past, I feel defective as a person, like something is inherently wrong with me.	-1.0264	1.17919	341
I feel ashamed about having sex with someone when I didn't want to.	-.0968	1.28086	341
I feel like I am never quite good enough when it comes to sexuality.	-.7566	1.24475	341

I sometimes try to conceal the kind of person I am with regard to sexuality.	-.6549	1.29018	339
I feel ashamed of my sexual abilities.	-1.0176	1.08992	341
I feel ashamed about having sexual or kinky fantasies.	-1.0088	1.15679	341
I feel ashamed of something about my body when I am in a sexual situation.	-.3255	1.35784	341
I sometimes avoid certain people because of my past sexual choices or experiences.	-.5647	1.35844	340
ReverseOfFeelGoodSexExps	-.4692	1.19917	341
I replay painful events from my sexual past over and over in my mind.	-.8680	1.24506	341

I have an overpowering dread that my sexual past will be revealed in front of others.	-.8761	1.22932	339
I feel ashamed about a time when I had sex that was not totally consensual.	-.5546	1.25427	339
ReverseOfWorthySexually	-.8882	1.13376	340
I feel ashamed about having an affair/ being unfaithful/ being sexually promiscuous.	-.0912	1.41439	340
I feel afraid other people will find out about my sexual defects.	-.8702	1.10712	339
I feel ashamed about having same-sex attractions.	-.5428	1.18188	339
I feel empty and unfulfilled when I think of my current or past sexual experiences.	-.7965	1.22227	339