

WOMEN'S MASTURBATION: AN EXPLORATION OF THE INFLUENCE OF
SHAME, GUILT, AND RELIGIOSITY

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DEDICATION

To those who gave me courage.

I will be forever grateful for the strength and support of the Fantastic Four.

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ABSTRACT

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Though advancement has been made pertaining to acceptance regarding interpersonal sexual experiences during the last few decades, masturbation typically engenders feelings of shame and disdain despite its beneficial effects (Coleman, 2002; Pei & Ho, 2009), including a greater appreciation of one's body (Bowman, 2014) and body satisfaction (Shulman & Horne, 2003). Historically, religion has had a prominent effect on sexuality (Davidson & Moore, 1994). Researchers have found that more religious women have less affirmative responses to masturbation and are more likely to experience remorse about their own masturbation (Davidson, Moore, & Ullstrup, 2004). The present study's purpose was to examine the responses of shame and guilt among women related to their attitudes towards masturbation, while considering the impact of religious fundamentalism. Additionally, the potential impacts of age, ethnicity, and education were also examined as moderating variables. Two hundred forty-three women participated in an online survey via Mechanical Turk and PsychData. Participants completed the Test of Self-Conscious Affect-Version 3 (TOSCA-3) (Tangney, Dearing, Wagner, & Gramzow, 2000) to assess self-conscious emotions, such as shame and guilt;

the Attitudes toward Masturbation Scale (ATMS) (Young & Muehlenhard, 2011) to assess thoughts and emotions regarding masturbation; and the Revised 12-Item Religious Fundamentalism scale (RRFS) (Altemeyer & Hunsberger, 2004) to assess mindsets about personal religious beliefs. Hypotheses were tested using a combination of Pearson's r and multiple, hierarchical, and stepwise regressions. While there was limited support for the proposed hypotheses, some noteworthy outcomes were found. Results revealed that women who were younger, identified as non-White, and endorsed more religious fundamentalist beliefs were more likely to report negative feelings about masturbation. Education was not associated with feelings about masturbation. Additionally, contrary to the expectations of the present study, increased shame and guilt did not have a significant relationship with increased negative feelings about masturbation. However, unexpectedly, it was found that increased guilt was significantly connected with fewer negative feelings about masturbation. Masturbation across the lifespan was found to be a common behavior for the women of the current study. Implications of the findings conclude this dissertation.

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CHAPTER I

INTRODUCTION

Historically, the foremost concern with women's sexuality was men's control of it. Women's sexuality was perceived as treacherous and possibly harmful to men, marriage, family order, and society at large (McCarthy & Bodnar, 2005). As such, men vigilantly regulated and restrained women's sexuality. Sexuality has been defined as the "sexual knowledge, beliefs, attitudes, values, and behaviors of individuals" (Sexuality Information and Education Council of the United States, n.d., para. 1). Currently, women's sexuality is structured by oppressive cultural standards and constraints based on gender, socioeconomic status, heterosexual scripts, and ethnicity (Bay-Cheng, 2010).

Feminist research has revealed many circumstances in which men have benefitted by experiencing sexual agency; however, such agency is circumscribed for women (Ramazanoglu & Holland, 1993). Most cultures, blatantly or furtively, have maintained a conventional male-female double standard. Very few cultures acknowledge and respect female-male parity in sexual entitlements and expression (McCarthy & Bodnar, 2005). Tolman (1994) maintained that girls are trained to consider their sexuality as an entity that could cause them misfortune, which reinforces a perception of women as victims (Wood, Koch, & Mansfield, 2006). Wade, Kremer, and Brown (2005) concurred, stating that adolescent girls are more apt than boys to bracket sexual arousal with "violence, disease, pregnancy, and social opprobrium" (p. 120). Wood et al. noted that instead of

shielding girls and women from harassment, abuse, unwanted pregnancies, and sexually transmitted infections (STIs), the refutation of their sexuality and the freedom to act on their desires leaves them vulnerable, torn, and baffled.

Women's difficulties related to sexuality stem from the traditional concepts of sexuality, which are based on men's sexuality (Wood et al., 2006). The study of sexuality has historically concentrated on men's experience of sexuality, their reactions, desires, and conduct, which has resulted in men's sexuality as the designated standard (Tiefer, 2000). Tiefer cautioned that people ought not to imagine that women's sexual thoughts and behaviors would be enhanced, more natural, or satisfying if their experiences resembled men's more. Wood et al. also posited that women receive sexist cultural expectations related to feeling sexual desire, specifically that perpetuates a double standard for men and women regarding sexuality. Society's messages include the inappropriateness for women to feel sexual desire compared to the expectation of men's sexual desire. Other messages include women only participating in sexual behaviors for love, that women should not acknowledge wanting to engage in sexual activity, that sex for women should only be about procreation, and that women's bodies are meant for men's pleasure, but not for women to enjoy their own bodies (Wood et al., 2006).

Wood et al. (2006) pointed out that to appreciate women's sexuality, unrestricted by the male norm, women's sexual desire must be studied from women's actual experiences and viewpoints. However, the concept of sexuality in the United States (U.S.) is most often equated with certain actions associated with seduction and sexual activities. "Women have been represented on one polarity as asexual madonnas, and at

the other end as highly sexual, alluring sirens” (Reid & Bing, 2000, p. 141). Women’s sexuality can be categorized, as maintained by Reid and Bing, by differing degrees of sexual appeal. Accordingly, a woman may be considered relatively sexual regarding how much or little sexual attractiveness she is perceived as possessing. The authors stated that the influence of women’s sexual appeal could be utilized to rationalize and justify men’s harmful conduct involving women. Paradoxically, while women are viewed as inferior to men in numerous capacities, in relation to sexuality, women are seen as having power over themselves and the majority of sexual situations (Reid & Bing, 2000). Society expects women to be insightful enough to comprehend the progression of sexual conduct and its consequences, both in the present and the possible outcomes in the future. A woman’s age, maturity, or limitations in judgment, such as those that occur due to substance use or mental disabilities, are infrequently thought to be adequate reasons to disavow her of accountability (Reid & Bing, 2000).

Girls and women encounter enormous demands to act in a feminine manner, both in their associations with individuals in their culture and in their connection to their own bodies. Impett, Schooler, and Tolman (2006) suggested such actions can be observed by women quelling their viewpoints and emotions and also by subduing physical appetites and longings in order to follow the dominant ideals of beauty and desirability. The dictates of society enforce how women are viewed, what is and is not appropriate behavior, and what is considered suitable expression of sexuality. Girls live in a patriarchal domain in which they experience expectations to act in a feminine manner in their interactions by circumventing discord, suppressing anger, and behaving kindly

(Impett et al., 2006). Girls also experience the expectation to act in a feminine way in relation to their bodies, by controlling their bodies and behaviors, following a manner consistent with dominant ideas of what is considered beautiful and desirable (Impett et al., 2006).

As female sexuality has historically been viewed as a “serpent that is secretly guided into the heart” (Studd & Schwenkhagen, 2009, p. 107), the manner in which it has been found to a certain extent acceptable was through the purpose of reproduction. Reid and Bing (2000) agreed and stated that the view of women’s sexuality was focused on conception rather than sexual pleasure. It can be confusing for girls and women to have competing cultural images of female sexuality as both able to give life and tainted (Allen & Goldberg, 2009). Similarly, Wade et al. (2005) asserted that sex education in school settings equates female sexuality largely with reproduction, such that girls are usually not taught about the location, function, and existence of the clitoris (see also Ogletree & Ginsburg, 2000). The clitoris is a very sensitive anatomical organ in women, analogous and homologous to the penis, though its sole purpose is for sexual responsiveness and pleasure (Boston Women’s Health Book Collective, 2011; Ogletree & Ginsburg, 2000; Waskul, Vannini & Wiesen, 2007). The clitoris is not just in a particular location; rather, it is an “expansive network of erectile tissues, glands, and nerves” (Boston Women’s Health Book Collective, 2011, p. 157). Braun and Wilkinson (2001) professed that many cultures view women’s genitalia as an inappropriate topic to discuss. Further, they declared that women’s genitalia are often vaguely, even inaccurately, defined. Instead of the proper terminologies that distinguish the various components of the vulva, the term

vagina is commonly employed to denote the whole region of the genitals. The vulva is the external genitalia in girls and women, which includes the mons pubis or pubic mound, labia majora or outer lips, labia minora or inner lips, clitoris, and the apertures for the urethra (urinary opening) and vagina or birth canal (Boston Women's Health Book Collective, 2011; Lerner, 2004). Waskul et al. (2007) found that some women had a sense of ambiguity, were unfamiliar with, and even proclaimed complete unawareness concerning their genitals (see also Braun & Wilkinson, 2001; Fahs & Frank, 2014).

The pervasive identifying of female genitals as comprised as the vagina only can result in enduring uncertainty and self-consciousness for many girls and women (Gartrell & Mosbacher, 1984). Tiefer (1996) added that ambiguity concerning one's genitalia appears to generate self-doubt in women. Having correct labels to differentiate between the vulva and the vagina is imperative for all girls and women, according to Lerner (2004). The enduring misapplication of the label vagina mars a girl's ability to acquire a genuine and differentiated schema of her genitals and intensifies shame. Lerner suggested that it is not the word vagina that is ineffable, but the vulva. She posited that the vulva is so intimidating since it is the main supply of girls' and women's sexual enjoyment, the girl's initial location of self-exploration and pleasure, independent from sexual intercourse or procreation. However, the cultural avoidance of the correct terms for female genitalia is formidable and definitive. "What is not named does not exist" (Lerner, 2004, p. 166).

Vulva anathemas are mirrored and strengthened in a comparative dearth of expression, and the clitoris could be the most silenced of all. Within Western societies,

Bennett (1993) stated, the clitoris continues to be a portion of women's bodies that abnegates labeling and reference. Ogletree and Ginsburg (2000) rendered society's circumvention of naming the clitoris a "symbolic clitoridectomy" (p. 924). The silence imitates and maintains the outright disinterest of society regarding women's sexual pleasure, participates in both stifling and directing women's sexuality, emphasizes vaginal instead of clitoral understandings of women's pleasure, and plays a part in the discriminatory dearth of genitals in women's concept of their own bodies (Braun & Kitzinger, 2001; Braun & Wilkinson, 2001; Cornog, 1986; Fahs & Frank, 2014; Gartrell & Mosbacher, 1984; Lerner, 1977). Bennett assented with this concern when she stated that an emphasis on vaginal, as opposed to clitoral, sexuality promotes women's apparent necessity for men to provide sexual fulfillment. In agreement, Vance (1984) avowed that culture supports the gender social structure, in that women's pleasure and orgasms are considered men's domain, as men are supposed to subdue and govern women's sexuality or be responsible for her orgasms. Moreover, interaction with the clitoris is frequently considered merely a prologue to coitus or what is often designated real sex (Pitts & Rahman, 2001; Sanders & Reinisch, 1999).

For the majority of women, their experiences with sexuality are especially focused on others and this seems particularly true concerning the clitoris (Waskul et al., 2007). Moreover, since a sizeable portion of sexuality is partner-centered for women, some women may feel that their clitoris is similar to a communal holding, with confusing and shared proprietorship, a space that she can use, as long as others have not staked it for their own (Fahs & Frank, 2014). Ajzenstadt and Cavaglioni (2002) asserted that the

figurative territory is accordingly subjugated by cultural traditions and mores that depersonalize human sexuality by behaving as an apprehensive, inquisitive, fretful, and nervous observer.

Contemplating the amassed consequences of symbolic clitoridectomy and the shame customarily linked with masturbation, particularly amid youngsters, it is perhaps unsurprising that the clitoris has remained literally and linguistically obscured for the majority of women (Ajzenstadt & Cavaglion, 2002; Fahs & Frank, 2014). However, this concealment is not complete; the entire genital region is cloaked in mystery, yet subject to discovery by way of numerous methods. For this reason, Waskul et al. (2007) maintained that many women recollect finding their clitoris in situations of mingled unwitting enjoyment and shameful physical realization.

Considering the comparative reticence associated with an array of confessional discussions that dictate women's comprehension of their genitalia, it seems important that many young women who resolve to attempt masturbation may not appreciate how to go about it (Fahs & Frank, 2014; Waskul et al., 2007). Masturbation, which is sexual self-touch, is defined as a way to explore and find pleasure in oneself sexually (Boston Women's Health Book Collective, 2011; Coleman, 2002; Davidson & Darling, 1988; Davidson, Darling, & Norton, 1995; Davidson & Moore, 1994; Davidson et al., 2004; Hogarth & Ingham, 2009; Pei & Ho, 2009; Shulman & Horne, 2003; Tiefer, 1996, 1998). However, navigating the shame and self-reproach that is often connected to masturbation is a usual occurrence, as women procure understanding of their own bodies, arousal, and asserting proprietorship of their clitoris and sexuality (Waskul et al., 2007). Some

women have actually never felt nor seen their clitoris, which then may be revealed to them in the midst of sexual activity with another. Most women, though, as revealed by Ogletree and Ginsburg (2000), are introduced to the delights of the clitoris predominantly during secret investigation of their own genitalia and through masturbation, behaviors that, for many women, continue to elicit substantial humiliation and guilt and so necessitate vigorous renegotiations of opposing viewpoints.

Although some progress has been made regarding society's relative comfort and valuing of sexuality in general, Francis (2004) indicated that masturbation frequently maintains a distinctive position of shame, taboo, and contempt (see also Bowman, 2014; Coleman, 2002; Davidson & Darling, 1988; Davidson et al., 1995; Davidson & Moore, 1994; Dekker & Schmidt, 2002; Gerressu, Mercer, Graham, Wellings, & Johnson, 2008; Herbenick et al., 2010; Hogarth & Ingham, 2009; Kaestle & Allen, 2011; Pei & Ho, 2009; Pinkerton, Bogart, Cecil, & Abramson, 2002; Tiefer, 1998). Also, according to Fahs and Frank (2014), only a token amount of academic consideration has focused on women's masturbation as a pertinent and evident facet of their sexual expression. Past scholarly research concerning masturbation largely focuses on men, as there is scant historical data offered regarding women and their experiences associated with masturbation (Davidson & Darling, 1988; Fahs & Frank, 2014; Hogarth & Ingham, 2009).

Historically, scholars predominantly linked women's masturbation with "perceived negative characteristics such as guilt, depression, pathological deviance, unattractiveness, partnered sexual experience or promiscuity, and use of pornography or

erotic literature” (Fahs & Frank, 2014, p. 242). Yet, current research suggests that masturbation can enhance women’s knowledge of their own bodies, increase self-esteem, improve body satisfaction, alleviate menstrual cramps, enhance sexual satisfaction overall, act as a self-soother, and serve as a means of self-affirmation (Bowman, 2014; Bridges, Lease, & Ellison, 2004; Coleman, 2002; Das, Parish, & Laumann, 2009; Davidson & Darling, 1988; Davidson & Moore, 1994; Fahs & Frank; Hogarth & Ingham, 2009; Kaestle & Allen, 2011; Pei & Ho, 2009; Pinkerton et al., 2002; Robinson, Bockting, & Harrell, 2002; Shulman & Horne, 2003; Tiefer, 1998). Nonetheless, while positive benefits associated with masturbation are numerous, negative attitudes continue to endure and masturbation continues to be stigmatized, often resulting in women feeling remorse and shame (Baćak & Štulhofer, 2011; Carvalheira & Leal, 2013; Coleman, 2002; Davidson & Darling, 1988; Davidson & Moore, 1994; Davidson et al., 2004; Gerressu et al., 2008; Kaestle & Allen, 2011).

Particularly through societal and religious conduits, masturbation has the power to generate formidable self-reproach (Baćak & Štulhofer, 2011; Coleman, 2002; Kaestle & Allen, 2011). Religion has been defined as an “organized system of beliefs, ceremonies, and rules used to worship a god or a group of gods” (Merriam-Webster, n.d., para 1). While certain religions elect a more unbiased view (Coleman, 2002), a number of religions censure engaging in masturbation and some religious leaders continue to denounce masturbation as unnatural, primarily because it has no reproductive possibilities (Clark & Wiederman, 2000; Davidson & Moore, 1994; Davidson et al., 2004; Patton, 1985). Additionally, Coleman (2002) noted that masturbation is centered

on the self and its main objective is to provide enjoyment to the self, which violates the tenets of numerous cultural and religious belief systems that compel sacrifice and labor for the collective benefit. Consequently, masturbation is identified as overly egocentric and overly gratification-centered for the collective gain (Coleman, 2002). Researchers have discovered that more religious women endorse fewer positive reactions to self-stimulation and are more apt to experience regret about their masturbation (Clark & Wiederman, 2000; Davidson et al., 1995; Davidson & Moore, 1994; Davidson et al., 2004; Knox, Cooper, & Zusman, 2001; Meier, 2003). With 56% of individuals polled in the U.S. during 2012 reporting that religion is very important to them (Gallup Foundation, 2015), many people may struggle with the comprehension that one has defied a moral, principled, or religious standard, which can prompt emotional states of shame and guilt thought to be linked with decreased self-worth (Davidson et al., 2004).

While guilt comprises actual or imagined principled misconducts by which individuals deem their behavior as causing a negative consequence (Pugh, Taylor, & Berry, 2015; Tilghman-Osborne, Cole, & Felton, 2010), Elise (2008) defined shame as a “feeling of inferiority, inadequacy, incompetence, helplessness; a sense of self as defective, flawed, leading to a pervasive sense of failure, unworthiness, and to an experience of being scorned, unloved, and forsaken” (p. 77). Shame is a manifestation of feeling that the entire self is lacking, damaged, and a disappointment (Elise, 2008; Roos, Hodges, & Salmivalli, 2013; Rothmund & Baumert, 2014; Schooler, Ward, Merriwether, & Caruthers, 2005). According to Tangney, Stuewig, and Martinez (2014), shame centers on the self as an inferior entity. When individuals experience shame, they feel

devalued, insignificant, and exposed (Peacock, Bissell, & Owen, 2014; Tangney et al., 2014). Sherman (2014) denoted shame as the feeling of being seen and wanting to disappear from scrutiny. Shame is not just a bad feeling of self and one's action, but it also conveys the extra burden of perceiving oneself adversely through the viewpoint of others (Beghetto, 2014; Boudana, 2014). Further, shame may result in a feeling of separation and alienation from others (Scheff, 2013).

Davidson and Moore (1994) noted that it is an impediment for women's psychological and physical well-being that masturbation remains a sexual outlet that frequently results in adverse affect such as guilt, shame, and regret. Sexual health is not simply the lack of illness, but also the capacity to appreciate and incorporate sexuality into life and be able to enjoy it (Kaestle & Allen, 2011). Bay-Cheng (2010) proffered that it is not sufficient to remove women from harm's way and subjugation; it is essential to work toward enjoyment, freedom of choice, and self-description. To be able to advance women's autonomous sexuality and their freedom to make informed choices (and consequently benefit their welfare and health), desire and pleasure need to be adopted as unassailable rights and fundamental constituents of human flourishing, not as indulgences allowed to a small privileged group (Bay-Cheng, 2010; Bowman, 2014; Coleman, 2002). If women believe they are entitled not to just sexual gratification alone but also mental, emotional, and corporal involvement, they may be less apt to tolerate the lack of such involvement and more likely to dispute said lack as inexcusable divestment. "Exploitation takes hold in the absence of entitlement" (Bay-Cheng, 2010, p. 100).

In the current study, the researcher investigated women's masturbation and the experience of shame. To date, scholars have tended to combine shame and guilt as one experience regarding women's masturbation, often using these words interchangeably (see Baćak & Štulhofer, 2011; Bowman, 2014; Carvalheira & Leal, 2013; Coleman, 2002; Davidson & Darling, 1988; Davidson et al., 1995; Davidson & Moore, 1994; Davidson et al., 2004; Fahs & Frank, 2014; Hogarth & Ingham, 2009; Kaestle & Allen, 2011; Mosher & Vonderheide, 1985). However, Tangney et al. (2014) posited that research has highlighted the difference between guilt and shame. While guilt and shame are both emotions that contain self-conscious appraisals of mistakes, failures, indiscretions, and the like, they diverge in their focus or contributing ascriptions (Rothmund & Baumert, 2014; Tangney et al., 2014). Rothmund and Baumert explained that shame responses are a negative assessment of the overall self; however, guilt responses denote a negative assessment of a particular behavior (see also Boudana, 2014; Roos et al., 2013; Sherman, 2014; Tangney et al., 2014). As such, the purpose of this study was to differentiate the response of shame and guilt in women concerning their attitudes towards masturbation, in consideration of the effects of religiosity.

CHAPTER II

REVIEW OF LITERATURE

Sexuality

There are many facets of sexuality, such as personality, physical functioning, affect, orientation, and relationships. Sexuality is shaped by ethical, spiritual, societal, and moral values (Sexuality Information and Education Council of the United States, n.d.). For many people, sexuality is an essential aspect of one's self and identity (McKenna, Green, & Smith, 2001). It is also a significant contributor to intimate relationships and emotional, mental, and physical well-being (Bridges et al., 2004; Miller & Byers, 2010). Simultaneously, sexuality is possibly one of the most challenging attributes of the self for a person to reveal, communicate, explore, and have supported in a positive manner (McKenna et al., 2001). Rye and Meaney (2007) described sexuality as a standard shaped by collective cultural significance and fabricated as stimulation of the genitals. For many individuals, sexuality is personal and embodies how one experiences and conveys one's self as a sexual being. Culturally speaking, sexuality can be fashioned to assist in various motives, not all of them beneficial (Rye & Meaney, 2007).

Controlling Women's Sexuality

Traditionally, women's sexuality has been the target of social control. Women's sexuality has often been seen as dangerous and therefore in need of being controlled

(Glabach, 2001; McCarthy & Bodnar, 2005). Women's sexuality has been viewed as detrimental to men, marital and familial relationships, and the community. In consequence, the patriarchal society has carefully managed and confined women's sexuality (McCarthy & Bodnar, 2005; Shulman & Horne, 2003; Studd & Schwenkhagen, 2009; Tiefer, 1998). In some instances, the governing of women's sexuality has included removing or cauterizing the clitoris in an effort to cure the diseases thought to be caused by the clitoris, such as epilepsy, depression, insanity, and masturbation (Shulman & Horne, 2003; Studd & Schwenkhagen, 2009). Shulman and Horne (2003) discussed examples of controlling tactics, such as the chastity belt, initiated to guarantee faithfulness and extreme surgeries, like clitoridectomies, that prohibit women from participating in many forms of sexually pleasurable behaviors. Several authors have noted that many of these practices still occur (Braun & Tiefer, 2010; Fahs & Frank, 2014; Studd & Schwenkhagen, 2009). Today, plastic surgeons offer women vulvovaginal rejuvenation, trimming the labia, and hymen restructuring (Braun & Tiefer, 2010; Fahs & Frank, 2014; Studd & Schwenkhagen, 2009). Furthermore, clitoridectomies are still common practice in various cultures throughout the world (Studd & Schwenkhagen, 2009). Women's sexuality is regulated by repressive societal standards and restraints determined by gender, social class, heterosexual norms, and race (Bay-Cheng, 2010) and their intersections.

Research has shown that men are commonly allowed the freedom of sexual agency; however, such freedom is restricted for women (Ramazanoglu & Holland, 1993; Wood et al., 2006). Traditionally, women have been more harshly rebuked for infidelity

than men, have been forced to have sex, and are often considered responsible when men sexually assault them (Bay-Cheng, 2010; Shulman & Horne, 2003). Most cultures, blatantly or surreptitiously, have upheld a traditional male-female double standard (McCarthy & Bodnar, 2005).

Double Standard

Few societies allow or esteem female-male equivalence in sexual rights and expression (McCarthy & Bodnar, 2005). Wood et al. (2006) noted that there is a double standard for men and women regarding sexuality (see also Kaestle & Allen, 2011). This double standard is such that women are subjected to sexist cultural expectations concerning their sexuality (Kaestle & Allen, 2011; Wood et al., 2006; Yaşan, Essizoglu, & Yildirim, 2009). According to Wood et al., society's inferences comprise the impropriety for girls and women to experience sexual desire juxtaposed against the normative expectancy for boys and men to feel sexual desire. Frequently when they are young, women are taught about sexuality with the notion that a woman's desire is interwoven with peril; this message emphasizes the perspective of women as victims (Wood et al., 2006). Impett et al. (2006) expanded on this concept when they declared that girls' development is molded by, and responsive to, the cultural milieu of patriarchy (see also Tolman, 1994). Other cultural expectations include that women are only to engage in sexual activity for love, that women should not admit to desiring sexual activity, that sex for women should primarily or only be about reproduction, and that women's bodies are for men to enjoy, but not for the women themselves (Bowman, 2014; Wood et al., 2006). This gender disparity prevalent in many cultures prioritizes men's

sexual desire over women's (Gartrell & Mosbacher, 1984; Kaestle & Allen, 2011; Wade et al., 2005).

McCarthy and Bodnar (2005) stated that the double standard imparts to women that their sexuality must be curtailed and restrained. Desire, taking the initiative in sexual encounters and seeking pleasure from sex often brands a woman as less feminine and less attractive (McCarthy & Bodnar, 2005; Wade et al., 2005). Meadows (1997) noted that being ready and willing to engage in sexual acts is also routinely viewed as unfeminine. Women are required to be accessible for sexual intercourse, but neither desiring nor looking forward to it (Meadows, 1997).

Tolman (1994) affirmed that girls and young women are taught to believe that their sexuality can hurt them. Wade et al. (2005) agreed, maintaining that young women associate sexual arousal with aggression, infection, pregnancy, and cultural condemnation more often than do young men. Rather than safeguarding girls and women from violence, unplanned pregnancies, and illness, the negation of girls' sexuality, coupled with the right to express and act on their desires, can result in helplessness and confusion pertaining to their sexuality (Tolman, 1994; Wood et al., 2006).

Male Standard

Many of the difficulties with which women struggle related to sexuality are derived from long-established traditions of basing knowledge and research on men's sexual norms (Wood et al., 2006). Historically, researchers have studied men's sexual responses and behavior, which has yielded men's sexuality as the accepted model for people of all genders (Tiefer, 2000). Tiefer (2000) admonished that people should not

presume that women's sexual thoughts and behaviors could be improved, be more natural, or pleasing if their experiences were more similar to men's. "To understand women's sexual desire from a perspective free of such male-centered bias, we must root its conceptualization in women's lived experience" (Wood et al., 2006, p. 237).

It is increasingly obvious that men and women often experience and communicate their sexuality in different ways (Leiblum, 2002). McCarthy and Bodnar (2005) affirmed that women's sexuality is additionally multifaceted, alterable, and multidimensional compared to men's sexuality. They gave examples of these variances, such as a woman's capability for multiple orgasms without entering a refractory period, the capacity to feel fulfilled with sex that does not result in her orgasming, her menstrual cycle, the ability to conceive, and the capability to breastfeed. By comparison, men become stimulated and erect, their excitement is self-governing, and they typically experience one orgasm complemented by ejaculation (McCarthy & Bodnar, 2005). Women's stimulation, excitement, and orgasm are more adaptable, plastic, and collaborative. It is similarly induced more by expressive and interpersonal dynamics (McCarthy & Bodnar, 2005). Leiblum (2002) assented with this response when she stated that women's sexuality is situated in a wider framework of emotions, a more expansive mixture of corporeal sensations, and broader cultural and environmental settings. However, men are usually more fixated on sexual intercourse compared to women, which Leiblum avowed is an illustration of men's tendency to categorize their environment and concentrate on certain components of sex.

Pleasure Inequality

Shulman and Horne (2003) observed that women persist in their fight for the entitlement to articulate liberally their sexuality and to own their sexual involvements, activities, and pleasure. The authors noted that historically, men are privileged regarding their sexuality, consigning women's sexual experiences and desires to a lesser prominence, following the preeminence of, and permanently in association with, men's sexuality (see also Bowman, 2014; Kaestle & Allen, 2011). Shulman and Horne noted that women's sexuality has been regarded more or less entirely in reaction to men's sexuality, to the point that men's sexuality postulates the normative standard for comprehending the entirety of human sexuality.

Evolutionary theory purports that men and women contrast in their approaches to sexuality due to opposing reproductive goals (Buss & Schmitt, 1993, 2011; Petersen & Hyde, 2010, 2011). Because the male's primary agenda is assumed to involve access to as many females as possible to increase the opportunities for his offspring to survive, men are expected to desire sex more often, have many sexual partners, not be committed to intimate relationships, and invest less energy into parenting. In contrast, evolutionary theory maintains that because they have a larger investment in parenting due to a prolonged gestation period, women are expected to be extremely discerning in their choice of sexual partners, invest more into a lasting intimate relationship, have fewer offspring, and invest comparably more time and care into the raising of each child (Buss & Schmitt, 1993, 2011; Petersen & Hyde, 2010, 2011). As such, this theory suggests that men have evolved to prefer sex frequently with many partners, while women have

evolved to prefer steady relationships wherein their partners are more likely to provide for and help care for any children (Buss & Schmitt, 1993, 2011; Petersen & Hyde, 2010, 2011). In consequence, many societal norms have been created and maintained that involve heterosexual sexual scripts, such as the widespread belief that men have more sexual thoughts and experience more orgasms than women (Conley, Moors, Matsick, Ziegler, & Valentine, 2011), ideals that render women's pleasure of less consequence and importance than men's. These ideals are ironic given the biological differences in capacity for pleasure: men are typically limited by the refractory period following orgasm while most women can enjoy ongoing pleasure and multiple orgasms.

Wade et al. (2005) found that gender disparity and a cultural structure of sexuality, validated by both women and men, favors men's sexual gratification above women's, to the point that sexual satisfaction for women is often considered pleasant, albeit often perceived as secondary to men's. The authors reported that only 39% of the 657 women typically experienced orgasm during partnered sex in contrast to 91% of the 226 men in their study. Wade et al. argued that half of the heterosexual partnership is supposed to forgo sexual satisfaction and orgasm in order to evade the inexorable strains on the partnership instigated by upsetting the gender inequality status.

Relatedly, Meadows (1997) stated that sex in Western cultures has been recognized not just as an interpersonal connection, but as an imbalanced affiliation wherein men exert authority over women as well. Heterosexual sex, then, is often concerned with men's sexuality and male gratification (Meadows, 1997). Women's desires, which are poorly attended to via vaginal sex, are subordinate, fashioned around

and auxiliary to men's sexual pleasure (Fahs & Frank, 2014). Further, Leiblum (2002) expanded that vaginal sex poorly address women's sexual pleasure and indicated that for some women, sexual intercourse does not offer much pleasure. It positions men in a locus of power, controlling women's sexuality (Meadows, 1997).

As the typically more dominant sexual partner, men are able to demarcate and outline what comprised typical sexual behaviors (Meadows, 1997). Meadows (1997) affirmed that the actual language employed to define sexual behavior were constrained by men and demarcated male sexuality. The scarcity of vernacular concerning sexuality is no revelation, according to Meadows. Terms fall amid the gap of hard medical jargon and realistic vocabulary and belittling or lax insinuation. Nonetheless, it is not simply the deficiency of expressions at dispute here (Meadows, 1997). The prototype of sexuality behind the insinuation and insufficient vernacular belongs to men. Men's sexual dialogue is the solitary discourse presented to women (Meadows, 1997).

Medicalization of Sexuality

Wood et al. (2006) shared their concerns about the medicalization of sexuality, which they argued also negatively compares women's sexuality to men's. This view of sexuality instructs and outlines sexual desires and behaviors, specifying what is considered normal and disordered in the area of sexual well-being. The biomedical view of sexual desire endorses categorization of "normal versus abnormal and high versus low levels of desire" (Wood et al., 2006, p. 239). This categorizing presumes that every woman can and should experience sexual desire equally during different periods in her lifetime and in various contexts. Wood et al. asserted that classifying women's sexual

functioning and experiences compared to men's erroneously pathologizes that which appears common and innate for many women. As avowed by Bay-Cheng (2010), an oversimplified viewpoint, based on deficiencies, should be eschewed.

The manner by which women's sexuality is characterized and described has lifelong implications (Wood et al., 2006). Many girls and women undoubtedly assume these designations of typical sexual functioning and in consequence seek assistance, in this manner bolstering the idea of pathology and of the necessity for professional involvement (Boston Women's Health Book Collective, 2011). According to Wood et al. (2006), such an outcome is evidenced by the fact that a scarcity of sexual desire is the explanation conveyed most often by women who request sex therapy. Sexual desire is a facet of sexual response believed to be closely affected by hormones; it is perceived as mendable with medication (Wood et al., 2006).

The disease-oriented methodology advances girls' and women's bodies as lacking, consequently generating the demand for medical and pharmacological mediation, normally through hormone treatment. Conversely, according to Leiblum (2002), most researchers agree that women's sexual desire and behavior are more influenced by social factors than by hormones. Leiblum (2001) accentuated that this biological reductionism produces a disease-oriented slant to natural differences in desire. Bay-Cheng (2010) argued that such a fixation with the maladies associated with sex redirects consideration away from the matter of discrimination that disadvantages women and circulates a skewed, insufficiency-directed emphasis to sexuality. Further, the leading biological viewpoints of sexuality have been critiqued for discounting personal

and cultural contexts in which sexuality occurs and that often provides sexuality its worth, meaning, and importance (Bay-Cheng, 2010). Bay-Cheng maintained that a sexuality-affirming approach should not merely concentrate on encouraging women's sexuality; more accurately, it should be instituted on insightful cultural assessment directed at the fundamental and embedded social discriminations that endanger women's sexual health.

Feminine

Surprisingly, although women are considered as subpar to men in various respects regarding sexuality, women are imbued with the responsibility for retaining control over themselves and sexual situations (Reid & Bing, 2000). Women are expected to be fully aware of and grasp the advancement of sexual behaviors and their outcomes, both currently and in all imaginable future consequences. Age, maturity, or inadequate discernment, such as substance usage or mental debilities, are commonly not regarded as plausible causes to negate women's culpability (Reid & Bing, 2000). Moreover, women have been traditionally perceived as the sentinels of virtue and religiosity in both family and society (Davidson et al., 1995; Davidson & Moore, 1994). As such, women are expected to be the gatekeepers for not just their own sexual behaviors, but also those of their intimate partners (Bowman, 2014; Kaestle & Allen, 2011; Tolman, 1994). Society compels women to halt sexual acts that are prohibited by cultural mores and are held responsible if they do not succeed in preventing the restricted behavior (Tolman, 1994).

Women have habitually been characterized by their perceived sexuality. According to Reid and Bing (2000), there is no in-between; women are seen as either

virtuous or sinful. The virtuous woman is perceived as virginal, wholesome, meek, quiet, and maternally self-sacrificing. The sinful woman is perceived as a devious, ruthless, cunning, and a seductive whore. Reid and Bing maintained that sexuality should be thought of as an evolving progression, which includes genetic developments and cultural factors that develop at the personal and social levels to shape every individual's distinctive sexual identity.

Nonetheless, Impett et al. (2006) maintained that girls and women confront immense demands to conduct themselves in a feminine manner, in their interactions with others, and with their own bodies. Such comportment can be witnessed by women suppressing their stances and emotions and likewise by vanquishing bodily appetites and yearnings in order to adhere to the prevailing icons of beauty and desirability (Tolman, Impett, Tracy, & Michael, 2006). The tenets of society compel the ways women are regarded, what is and is not suitable conduct, and what is thought to be a proper manifestation of individual sexuality. Tolman et al. (2006) stated that girls and women inhabit a patriarchal realm in which they are subjected to societal mandates to proceed in a feminine manner in their dealings with others by sidestepping conflict, squashing anger, and acting gently. Girls and women are also required to comport themselves in a feminine fashion concerning their bodies by governing themselves and their actions and adhering to a custom according to the prevailing norms of what is deemed attractive and pleasing (Tolman et al., 2006).

Drawing from self-in-relation theory, Impett et al. (2006) noted how a woman's and girl's "sense of self is based, in large part, on her ability to maintain important close

relationships” (p. 132). A method some girls and women use to preserve significant connections is to mute their own needs and wishes as a way to lessen discord (Tolman & Porche, 2000). Girls and women demonstrate this phenomenon when concealing their beliefs and emotions, particularly ones considered unfeminine. Impett et al. (2006) offered that girls who suppress their wants, requirements, and wishes could also have difficulties expressing their sexual desires and yearnings. Women’s neglect of themselves, for the perceived benefit of relationships, may be particularly relevant in a society that delineates sex in relation to men’s needs and refutes women’s sexual longing and autonomy.

There is a concern that girls and women could be particularly at risk related to letting their own sexual wishes become less important than the wants of their partners, such as protecting themselves from STIs and unwanted pregnancies (Wingood & DiClemente, 1998). Indeed, in a study of 116 adolescent girls ages 16-19, Impett et al. (2006) found that inauthenticity in relationships was connected with less utilization of hormonal contraception, such that participants who endorsed inauthenticity in relationships were approximately three times as apt not to use hormonal contraception. The authors also found that a relationship between body objectification and less utilization of condoms, such that participants who endorsed body objectification were approximately three times as apt not to use condoms.

Using a feminist developmental perspective, Impett et al. (2006) stipulated that the personification of femininity comprises a girl distancing herself from her body, such as suppressing her responsiveness to her needs, wishes, and appetites in addition to

teaching her body how to perform, to be able to imitate what culture expects of feminine appearances and movement. Fredrickson and Roberts (1997) asserted that as their bodies mature and develop during adolescence, many girls begin to detach from their physical appetites and adopt behaviors aimed at regulating and monitoring their bodies. The behaviors encompassing objectification of one's body, distancing from the body's appetites, and continually monitoring one's body according to societal expectations, can have adverse effects on female sexuality (Impett et al., 2006). A girl or woman who is disassociated from her emotions could have problems championing, or being in touch with, her own wants and needs, deferring to her partner's wants and concerns. As such, girls and women might circumvent desired sexual activities or participate in unsafe sexual behaviors that could threaten their sexual and physical health (Schooler et al., 2005). Many girls and women continue to exist in a restricted constrained "experience of space and movement" (Reid & Bing, 2000, p. 149) that conveys and supports an enduring restrained and impeded right to champion themselves in society.

With a somewhat disparate view, some researchers have observed differing concerns and responses to sexual expectations in older women as compared to their younger cohorts (Clarke, 2009; Meadows, 1997). Meadows (1997) interviewed 30 women, ages 30 to 40 years, living in England. She discovered that the women in her study seemed to be more efficacious at parleying what they desired, even while surrounded by the confines of male privilege. Further, Meadows described issues related to sexual relationships as multifaceted and not the only important social relationship in the women's lives. The women displayed many strategies within their intimate

relationships, including assertiveness, resistance, submission, and accommodation.

Similarly, the concept of being feminine did not stand alone, as other issues added to the complexity, like preserving their self-worth. Honoring their self-worth, the women in Meadows' study were predominantly successful in negotiating for and practicing safer sexual behaviors. Overall, the mid-life women advocated thoughts about their responsibility to self and their own sexual pleasure and their rights to sexual enjoyment and over their own bodies.

Sexual and Anatomical Education

Historically and to varying degrees currently, women have been seen as inherently inferior to men (Reid & Bing, 2000). Further, the emphasis on women's sexuality has primarily encompassed procreation instead of sexual enjoyment (Beyer & Ogletree, 1996; McCarthy & Bodnar, 2005; Reid & Bing, 2000). According to Reid and Bing (2000), this mindset has become prevalent in our society, and no cultural group has escaped its influence. In 1994, after then-Surgeon General Joycelyn Elders spoke in support of masturbation as a natural part of sexuality and suggested its inclusion via sex education in schools, controversy ensued and she was compelled to abdicate her position (Jehl, 1994). Kaestle and Allen (2011) studied 56 women and 16 men ages 18-24 and found that masturbation was rarely taught in the school setting, with only a few students indicating that they were taught about masturbation in their academic classes.

Women's sexuality has historically been seen as a snake that is furtively used to destroy men's nature and has been seen as somewhat tolerable by way of reproduction (Glabach, 2001; Studd & Schwenkhagen, 2009). Respectively, Wade et al. (2005)

established that sexual education in academic venues likens girls' and women's sexuality principally with reproduction, such that girls are not commonly educated on the whereabouts, purpose, and presence of their clitorises (see also Ogletree & Ginsburg, 2000). The clitoris is a very sensitive anatomical organ in girls and women whose exclusive function is sexual responsiveness and pleasure (Boston Women's Health Book Collective, 2011; Ogletree & Ginsburg, 2000; Waskul et al., 2007). While the clitoris is the sexual organ homologous and analogous to the penis, derived from the same tissue and serving similar functions, this word is infrequently employed as the female equivalent to the penis (Ogletree & Ginsburg, 2000); instead, the vagina is often and erroneously considered the biological equivalent of the penis. According to Waskul et al. (2007), many girls are cognizant of the fact that boys possess a penis; however, they are not usually informed that girls have a clitoris. Gartrell and Mosbacher (1984) studied 115 women and 108 men and found that while 39.8% of the men and 29% of the women were taught accurate anatomical terms for boys' and men's genitals, only 6.1% of women 17.7% of men were taught accurate anatomical terms for girls' and women's genitals. Girls are seldom educated about the anatomical names that distinguish the different parts of female genitals (Fahs & Frank, 2014; Gartrell & Mosbacher, 1984). Ogletree and Ginsburg (2000) averred that since the clitoris's sole purpose is sexual pleasure, and female sexuality is particularly dismissed, educators have no additional reasons to talk about it. Because the clitoris has no procreative purpose, it may be effortlessly dismissed in a culture that "teaches women to be sexy but not sexual" (Ogletree & Ginsburg, 2000, p. 925). Society has traditionally circumscribed sexuality with provisos of reproduction.

This procreative classification of sexuality is male-biased and tends to disregard the utmost significant organ associated with female sexual pleasure (Ogletree & Ginsburg, 2000). Lerner (2004) theorized that the vulva, of which the clitoris is an integral part, is so daunting because it is the principal basis of girls' and women's sexual pleasure, the girl's early locale of self- investigation and enjoyment, and is autonomous from sexual intercourse or reproduction.

Braun and Wilkinson (2001) acknowledged that many societies regard girls' and women's genitals as an unacceptable subject matter about which to talk. Also, they contended that women's genitals are frequently ambiguously, even erroneously, defined (see also Gartrell & Mosbacher, 1984). In place of applicable names that discern the assorted parts of the vulva, the word *vagina* is regularly applied to signify the whole region of the genitals (Braun & Kitzinger, 2001; Gartrell & Mosbacher, 1984). Waskul et al. (2007) discovered some women were uncertain of, unacquainted with, and even decreed a total lack of knowledge about their genitals (see also Braun & Wilkinson, 2001; Fahs & Frank, 2014; Kaestle & Allen, 2011; Schooler et al., 2005). Waskul et al. (2007) concurred that women's genitals are generally unspeakable and a site of considerable taboo. Moreover, words are seldom utilized to denote women's genitals in any sort of depth. Ogletree and Ginsburg (2000) conducted three studies on the prevalence of female genital terms and found that, in one study with 155 women and 54 men, *vagina* was the word most commonly utilized for female genitalia although the vagina is inside the female's body, generally unobservable, and not easily elucidated for young people (see also Gartrell & Mosbacher, 1984). Words like labia, vulva, and

clitoris were not frequently imparted or utilized for the women (Ogletree & Ginsburg, 2000). Ogletree and Ginsburg found that of 57 entries for sex education on a scholarly computer database, *penis* was discussed in 79%, *vagina* in 77%, *clitoris* in 47%, and *vulva* in 44% of the sources. Additionally, the authors found that of 100 women and 64 men, only one individual had learned the term vulva. Consequently, a vernacular that does not facilitate women mentioning the various regions of the genitals, or to think of the genitals as encompassing different parts, could maintain the nonexistence of women's genitals from their intellectualized body (Braun & Kitzinger, 2001; Braun & Wilkinson, 2001; Ogletree & Ginsburg, 2000).

The widespread practice of primarily using the word vagina when labeling women's genitals can give rise to lasting uncertainty and self-consciousness for many girls and women (Gartrell & Mosbacher, 1984). Tiefer (1996) observed that doubt regarding one's genitalia appears to breed insecurity in women. Possessing accurate labels to discern between the vulva and the vagina is essential for all girls and women (Lerner, 2004). The prevailing misappropriation of the term vagina impairs a girl's capacity to attain an authentic and differentiated understanding of her genitals and deepens shame. Lerner (2004) proposed that it is not the term vagina that is inexpressible, but rather vulva. She advanced that the vulva is so daunting because it is the epicenter of girls' and women's sexual pleasure, the girl's preliminary site of self-exploration and sexual enjoyment, unconnected from sexual intercourse and procreation. Nonetheless, societal circumvention of the appropriate terms for women's genitalia is daunting and absolute (Lerner, 2004).

The Clitoris

Waskul et al. (2007) discussed “symbolic clitoridectomy” (p. 152), which they described as the reticence, prohibition, and failure to recognize or define the clitoris, that serves as a semantic and broad eradication of the clitoris (see also Bennett, 1993; Ogletree & Ginsburg, 2000). According to Waskul et al., this omission can result in a noteworthy interlude between the physical unearthing of a woman’s clitoris and comprehensive procurement of the figurative understanding that the clitoris is a normal feature of female genitals. As an entity, the clitoris is a functional piece of tissue; however, as a topic it is disputed societal territory: the center of women’s sexuality wherein desire and subjugation crash into a symbolic boundary that is at once personal and communal, controversial and philosophical, figurative and physical (Waskul et al., 2007).

Vulva proscriptions are reproduced and supported in a virtual absence of vernacular, and the clitoris might be the most suppressed of all. In their study of 115 women, Gartrell and Mosbacher (1984) found that only one woman indicated that she was taught about the clitoris. In Western cultures, Bennett (1993) specified that the clitoris persists in being a segment of women’s bodies that repudiates identification and comment. The silence replicates and preserves society’s consummate disregard for women’s sexual pleasure, plays a part in both curbing and regulating women’s sexuality, accentuates vaginal rather than clitoral awareness of women’s pleasure, and joins in the prejudiced scarcity of genitalia for women’s perception of their own bodies (Braun & Kitzinger, 2001; Braun & Wilkinson, 2001; Cornog, 1986; Fahs & Frank, 2014; Gartrell

& Mosbacher, 1984; Lerner, 1977). Bennett concurred with this apprehension when she detailed that accentuating vaginal, instead of clitoral, sexuality fosters women's seeming requisite for men to impart sexual gratification. In concurrence, Vance (1984) maintained that society espouses the gender social structure, such that women's sexual pleasure and satisfaction are regarded as men's territory, as men are expected to subjugate and oversee women's sexuality. Besides, activities more directly involving the clitoris, such as oral sex, are often deemed simply a preamble to coitus or what is sometimes misidentified as real sex (Pitts & Rahman, 2001; Sanders & Reinisch, 1999).

For lots of women, their interactions with sexuality are markedly other-centered and this appears remarkably veritable regarding the clitoris (Tolman, 1994; Waskul et al., 2007). Furthermore, since a considerable portion of sexuality is other-focused for women, some could think that their clitoris is akin to a communal asset, with perplexing and allocated tenure, a place that she may avail herself of, provided that others have not declared it their own (Fahs & Frank, 2014). Ajzenstadt and Cavaglioni (2002) noted that the allegorical domain is controlled by societal practices and values that depersonalize sexuality by behaving as a nervous, intrusive, agitated, and uneasy spectator.

Women may not have adequate sexual understanding about their own bodies (Ogletree & Ginsburg, 2000). Gartrell and Mosbacher (1984) found several women learned the correct anatomical names to their genitalia by participating in their study. Of 115 women, two were taught the term *vulva* and one woman was taught *clitoris*. However, Gartrell and Mosbacher stated that not one of the 108 men indicated being taught any previously unknown anatomical terms for female or male genitalia. Cultural

discourses ignoring the clitoris could be linked to women's sexual gratification or lack thereof. Waskul et al. (2007) identified that for women who related elusiveness, deficiency of understanding, and some consummate unfamiliarity concerning their genitalia, it is an utter disadvantage in understanding of their own bodies, sexual excitement, and pleasure (see also Braun & Wilkinson, 2001; Fahs & Frank, 2014).

Women frequently experience shame and guilt related to masturbation as they obtain understanding concerning their own bodies, needs, and the assertion of the custody of their clitoris and sexuality (Pei & Ho, 2009; Waskul et al., 2007). Women's everyday personified understandings are entrenched within specific culturally historic practices of social interactions that govern that experience. Hence it is perhaps unsurprising that many women surmount cultural condemnation and reclaim their physical experiences by learning how to please themselves sexually (Waskul et al., 2007). Some women have never seen nor felt their clitorises, which then may be revealed to them in the midst of sexual activity with another (Kaestle & Allen, 2011; Ogletree & Ginsburg, 2000; Waskul et al., 2007). Most women, though, as revealed by Waskul et al. (2007), are introduced to the delights of the clitoris predominantly during secret investigation of their own genitalia and through masturbation, behaviors often imbued with substantial humiliation, shame, and guilt, and so necessitate vigorous renegotiations of opposing viewpoints (see also Ogletree & Ginsburg, 2000). Women usually encounter the delights of the clitoris well in advance of learning it possesses an appellation. Waskul et al. (2007) noted that some women assume that the clitoris exists as a portion of the vagina, although with no explicit classification.

Deliberating the accrued costs of symbolic clitoridectomy and the shame routinely coupled with masturbation, especially among young women, it is cogent that the clitoris has persisted to be shrouded in silence for a lot of women (Ajzenstadt & Cavaglion, 2002; Fahs & Frank, 2014). Yet, this silencing is not absolute; women's genitalia are masked in ambiguity, but susceptible to discovery via various means. For this reason, Waskul et al. (2007) suggested that countless women recall coming across their clitoris in circumstances of interspersed unsuspecting delight and shameful physical comprehension.

Masturbation

Taking into account the relative silence linked with a range of responses that speak to women's knowledge, or lack thereof, concerning their genitals, it follows logically that young women who masturbate may not realize how to go about it (Fahs & Frank, 2014; Waskul et al., 2007). Still, traversing the shame and guilt frequently attached to masturbation is a common experience as women acquire an appreciation of their own bodies, arousal, and proclaiming ownership of their clitoris and sexuality (Shulman & Horne, 2003; Tiefer, 1998; Waskul et al., 2007). For a lot of women, fostering the benefits of desire, defeating the taboo of masturbation, and developing a comfort level when feeling their own clitorises contribute to their chronicle of personal struggles with the traditional reticence besieging the clitoris.

Waskul et al. (2007) remarked that women who discarded traditional ideals concerning masturbation and self-touch frequently mentioned fervent advantages they have discovered in masturbation, specifically the attainment of valuable sensual

awareness. In her study of 765 women, Bowman (2014) found several themes for women's stated reasons for engaging in masturbation. Almost 60% of women in Bowman's study had similar narratives for engaging in masturbation. The five most common factors for women's masturbation per Bowman's results included sexual pleasure (28%), learning about their own bodies and/or pleasure (10.5%), release of tension (6.7%), substitution for partnered sex (6%), and sexual dissatisfaction (8.8%). Bowman's findings are consistent with research conducted by Kaestle and Allen (2011), who reported that many of the 56 women, aged 18-24, in their study masturbated out of inquisitiveness concerning their own bodies (see also Gerressu et al., 2008; Tiefer, 1996, 1998). Pei and Ho's (2009) study of 40 Chinese women demonstrated that some women masturbate as a way to learn about their bodies and sexual responses. Ten of the 40 women in their study described using self-stimulation as a way to learn to love themselves. Scholars have maintained Bowman's assertion that some women find masturbation a successful means of soothing themselves, for example relieving sexual tension or as a stress reducer (Fahs & Frank, 2014; Kaestle & Allen, 2011; Shulman & Horne, 2003). Pei and Ho discovered that three of the 40 women they recruited for their study used masturbation as a way to release sexual tension. Like Bowman, Pei and Ho also found that some women masturbate as a substitute for partnered sex. The authors reported that ten of the 40 women interviewed for their study, who were currently in committed relationships, endorsed using masturbation as a substitute for sexual intercourse if their partners were unavailable or unable to engage in partnered sex.

Waskul et al. (2007) declared, “In short, women masturbate because it feels good” (p. 169). Nevertheless, regarding masturbation, women similarly relate to their clitorises in their own ways and how they desire to do so, while possibly learning about themselves, their bodies, and sexuality (Fahs & Frank, 2014; Waskul et al., 2007). Olgetree and Ginsburg (2000) asserted that repossessing the clitoris could assist women in dynamically discerning their own sexual desires and gratification and becoming more autonomous in their sexual decision-making.

In the prevailing dialogue on women’s sexuality, there is the concept that women’s sexuality is appreciated only in reference to men’s sexual gratification or procreation; women’s obtaining sexual gratification through masturbation is often considered worthless (Bowman, 2014; Shulman & Horne, 2003; Tiefer, 1996). Tiefer (1996) asserted that masturbation as an instrument for sexual fulfillment regularly transpires independently of a relationship and may be seen as dangerous, as it implies that women are finding power within themselves and acquiring independence and jurisdiction over their sexual fulfillment (see also Fahs & Frank, 2014). Especially for some feminist scholars and activists, women’s masturbation has been portrayed as a symbol for liberation or empowerment (Bowman, 2014; Davidson & Moore, 1994; Dodson, 1987; Pei & Ho, 2009; Tiefer, 1996). Dodson (2008) identified the acceptance of masturbation as one of the foundations of women’s sexual freedom. By pleasing themselves through masturbation, women are not beholden to depend on a man for sexual gratification (Pei & Ho, 2009). Furthermore, according to Tiefer (1996), by depending on herself for sexual pleasure, a woman could reconstruct the functions of sexuality for herself, concentrating

on enjoyment instead of reproduction, presentation, or attainment, the end of which is often the emphasis in the majority of heterosexual partnerships.

Scholars and previous research has suggested that women can attain appreciation for their bodies with self-exploration and masturbation (Bowman, 2014; Coleman, 2002; Fahs & Frank, 2014; Gupta & Schork, 1995; Kaestle & Allen, 2011; Tiefer, 1996, 1998; Wiederman & Pryor, 1997; Wiederman, Pryor, & Morgan, 1996). Hurlbert and Whittaker (1991), for example, conducted a study with 2 groups of 41 married women; one group of women reported engaging in masturbation and the other group did not. The authors found that the women who engaged in masturbation reported increased self-esteem compared to the women who did not masturbate. Shulman and Horne (2003) established a relationship between body satisfaction and masturbation. They recruited 96 women to complete a survey at a local Planned Parenthood, with 51 identifying as African American and 45 identifying as European American. Among the women who identified as European American, Shulman and Horne found that women who masturbated 7 to 10 times monthly endorsed greater body satisfaction than the women who engaged in masturbation 1 to 3 times and 4 to 6 times monthly. Although the same result was not found among the African American women, Shulman and Horne hypothesized that may be because African American women generally endorse greater body satisfaction than European American women. Contentment with their bodies is an important piece, particularly because of the embarrassment, uncertainty, and frustration a lot of women experience regarding their own bodies (Rieves & Cash, 1996).

Tiefer (1996) noted that women need to value their own individual physiques and sensations so that they can be content with their bodies (see also Dodson, 1987; Shulman & Horne, 2003; Tiefer, 1998). Masturbation has been shown to help increase genital self-image (Bowman, 2014; Herbenick et al., 2011; Tiefer, 1998). Bowman (2014), who supplied an online questionnaire to 765 women, found that 95.7% of the women in her study had ever participated in masturbation and a majority of the women (55.1%) endorsed high genital self-image.

Due to historically not having ownership over their own sexuality, women may have uncertain interactions with their sexuality; likewise, they may experience unease when they do take pleasure in sexually stimulating themselves (Shulman & Horne, 2003). For some women, masturbation is an undertaking of rebellion and disobedience (Bowman, 2014; Fahs & Frank, 2014; Pei & Ho, 2009; Waskul et al., 2007). Women do not simply disregard a cultural taboo with masturbation but frankly interact and cooperate with their clitoris, in rebelliousness of dominant strictures of physicality and clitoral silence (Waskul et al., 2007).

Contrary to its depiction as problematic for women, masturbation has been found to be a normal sexual behavior and associated with positive signs of sexual health (Atwood & Gagnon, 1987; Bowman, 2014; Coleman, 2002; Fahs & Frank, 2014; Hogarth & Ingham, 2009; Pei & Ho, 2009; Rye & Meaney, 2007; Shulman & Horne, 2003; Smith, Rosenthal, & Reichler, 1996; Tiefer, 1998). Masturbation often starts early in an individual's life and appears to be a significant aspect of healthy sexual development (Coleman, 2002; Kaestle & Allen, 2011). Dekker and Schmidt (2002)

found that 94% of the 1,575 men and 74% of the 1,478 women in their study reported masturbating during the previous 12 months. Additionally, the authors noted that the majority of both men and women began masturbating before the age of 20. Gerressu et al. (2008) questioned a sample ($N = 11,161$) of the general population from Great Britain, ages 16 to 44, and found that 95% of the men ($N = 4,762$) and 71.2% of the women ($N = 6,399$) reported ever masturbating. Bowman (2014) noted that in her sex-positive sample of women she discovered that 95.7% of the 765 women who participated in her study reported ever masturbating. Leiblum (2002) echoed the normality of masturbation when she declared that many individuals engage in self-pleasure, despite disapproval from others.

It should be noted, that researchers have found racial and ethnic differences for women regarding their masturbatory behaviors, such that more self-stimulation experiences are reported by White women than Black (Cain et al., 2003; Das, 2007; Dodge et al., 2010; Gerressu et al., 2008; Shulman & Horne, 2003), Latina (Cain et al., 2003; Dodge et al., 2010), and Asian (Cain et al., 2003; Das, 2007) women. Das (2007) revealed that 73% of Black women ($n = 230$) and 35% of Asian women ($n = 35$) indicated participating in masturbation during the previous year as compared with all of White women ($n = 1,309$) in the study endorsing masturbation for the same time period. Interviewing 3,178 women from ages 40-55 years, Cain et al. (2003) discovered that 63.4% White, 37.9% African American, 20.4% Hispanic, 35.9% Chinese, and 49.6% Japanese participants stated that they had masturbated in the past. In their study, Shulman and Horne (2003) questioned 96 women and found that 51% ($n = 26$) of the

African American women stated they had engaged in self-stimulation, versus 69% ($n = 32$) of the European American women. With responses from 1,434 Chinese women, Das et al. (2009) received 13% affirmative replies regarding masturbation. In questioning 530 Indian, unmarried, first year college women, Sharma and Sharma (1998) found that 30% affirmed that they had self-stimulated previously. However, not all researchers have found racial or ethnic differences in masturbatory prevalence. Bancroft, Long, and McCabe (2011), with a sample of 795 women, 68.4% White ($n = 544$) and 31.6% Black ($n = 251$), did not observe significant differences between Black and White women's self-report of masturbation frequency. These ethnic variations are important, as Reid and Bing (2000) argued, that sexuality is complex and cannot be wholly appreciated without taking into account racial and ethnic dissimilarities.

A few other factors that have shown differing rates of masturbation for women in previous scholarly research, they are: education level (Bowman, 2014; Davidson & Darling, 1988; Davidson & Moore, 1994; Gerressu et al., 2008; Sharma & Sharma, 1998), socioeconomic status (SES) (Gerressu et al., 2008), and age (Das, 2007; Davidson & Moore, 1994). Gerressu et al. (2008), when reporting their findings, which included 4762 British women, stated that the more advanced education and SES levels were linked to greater affirmations of masturbatory participation. Davidson and Darling (1988) observed in their study of 119 college women that advanced education has a liberating consequence on thoughts and behaviors regarding self-stimulation over time, such that participants' level of approval and/or participation in masturbation increased over a two year period of time. In relation to age, Das (2007) conducted a study with 1,769 women

and found varying confirmations of self-stimulation among the differing age groups. Women from 20-39 years of age endorsed the highest rates of masturbation at 78%. Ages 50-60 and 18-20 years followed at 48% and 28% respectively (Das, 2007).

Masturbation also commonly continues throughout the lifespan (Coleman, 2002). Many adults continue to please themselves sexually while they are in a sexually intimate partnership (Coleman, 2002; Pei & Ho, 2009). Dekker and Schmidt (2002) reported that 89% of the men and 71% of the women in their study who identified as being in a relationship also endorsed engaging in masturbation while in the relationship. Self-pleasuring can increase sexual contentment among companions during sexual activity (Coleman, 2002). Coleman (2002) suggested that self-pleasuring has also been connected to women's orgasms, sexual well-being, and sexual fulfillment in relationships. In support, Hurlbert and Whittaker (1991) discovered that the 41 married women who engaged in masturbation had more contentment in their marriage and sexual experiences compared to the 41 married women who did not masturbate. Bowman (2014) also found in her study of 765 women, that 69.4% of those who engaged in self-pleasure reported that masturbation improved their enjoyment in sexual activities with others. Correspondingly, it alleviates strain for intimate companions who desire monogamous relationships to be sexual just with each other. In their study of 40 Chinese women, Pei and Ho (2009) noted that nine of the women interviewed were in relationships and described masturbating as a way of remaining faithful to their partner. Masturbation is a sensible substitute and has remarkable possibilities as an alternative to afford sexual pleasure, while circumventing high-risk sexual situations (Coleman, 2002;

Davidson et al., 1995; Tiefer, 1998). Self-pleasure can likewise assist individuals if they do not have an accessible companion to sustain their sexual health and expression (Coleman, 2002; Pei & Ho, 2009). Masturbation can also serve as a pain reliever for menstruating women (Davidson & Darling, 1988; Fahs & Frank, 2014; Tiefer, 1998).

Kelly, Strassberg, and Kircher (1990) surveyed 24 orgasmic married women and 10 anorgasmic women, ages 21 to 40, and found that women who are comfortable with masturbation have an increased orgasmic capacity during sexual intercourse and endorse a more sex-positive outlook than women who do not engage in masturbation.

Masturbation may be a way of fostering ease with one's body and self-worth (Bowman, 2014; Coleman, 2002; Tiefer, 1998). Ease with one's body is fundamental to lessening apprehension in sexual situations with another individual, enhance contentment with one's own sexuality, and improve sexual fulfillment (Coleman, 2002; Herbenick et al., 2009; Hurlbert & Whittaker, 1991; Pei & Ho, 2009; Shulman & Horne, 2003).

Masturbation has been a recognized tool as a facet of treatment when dealing with sexual dysfunction (Coleman, 2002; Davidson & Darling, 1988; Tiefer, 1996, 1998).

The conjecture has been that enlarging insight and understanding concerning one's own sexuality, desires, and pleasure is essential to educating one's intimate partner about how to provide gratification (Clifford, 1978; Coleman, 2002; Davidson & Darling, 1988; de Brujin, 1982; Pei & Ho, 2009). Hence, masturbation could be a route to boosting one's sexual contentment, fulfillment, and overall well-being (Coleman, 2002). Hogarth and Ingham (2009) emphasized that masturbation could afford individuals with increased self-comprehension leading to greater social aptitude, optimistic self-growth, and welfare,

crowning in boosted attainment of the proficiencies needed for the formation of intimate, satisfying, and enduring relationships (see also Pei & Ho, 2009).

Negative Cultural Reactions to Masturbation

In spite of substantial accumulated evidence of the salubrious effects of masturbation, peoples' beliefs about self-pleasure are a result of an aggregate of a lifetime of absorbed messages from numerous places and are often pejorative (Davidson et al., 2004). The damaging cultural and familial implications young people procure regarding their sexuality may result in feelings of self-reproach or angst in adulthood (Davidson et al., 2004). Though advancement has been made pertaining to the acceptance of interpersonal sexual experiences during the last few decades, masturbation regularly maintains a characteristic position of shame and disdain despite the beneficial effects of masturbation (Baćak & Štulhofer, 2011; Bowman, 2014; Coleman, 2002; Davidson & Darling, 1988; Davidson & Moore, 1994; Davidson et al., 1995; Dekker & Schmidt, 2002; Francis, 2004; Gerressu et al., 2008; Herbenick et al., 2010; Hogarth & Ingham, 2009; Kaestle & Allen, 2011; Pei & Ho, 2009; Pinkerton et al., 2002; Rye & Meaney, 2007; Tiefer, 1998). Similarly, as per Fahs and Frank (2014), just a nominal amount of scholarly interest has concentrated on women's masturbation as a germane and patent feature of their sexual manifestation. Previous academic study focusing on masturbation generally concentrates on men, as demonstrated by the meager historical literature presented considering women and their experiences linked with masturbation (Davidson & Darling, 1988; Fahs & Frank, 2014; Hogarth & Ingham, 2009).

Historically and to some degree, currently, scholars primarily connected women's masturbation with seeming adverse attributes such as culpability, depression, repulsiveness, promiscuity, pathological deviance, and the consumption of pornography (Davidson & Darling, 1988; Davidson & Moore, 1994; Fahs & Frank, 2014; Gagnon, 1985; Gerressu et al., 2008; Kaestle & Allen, 2011). Traditionally there was a strong conviction that masturbation behaviors in women heralded a sequence of calamities forging ahead through "insomnia, exhaustion, neurasthenia, epilepsy, moral insanity, insanity, convulsions, melancholia, and paralysis, to eventual coma and death" (Studd & Schwenkhagen, 2009, p. 108). However, empirical studies, including those discussed above, have demonstrated that masturbation can augment women's awareness of their own bodies, improve self-esteem, foster positive body image, ease menstrual cramps, increase sexual enjoyment in general, function as a self-soother, and contribute to self-affirmation (Bowman, 2014; Bridges et al., 2004; Coleman, 2002; Das et al., 2009; Davidson & Darling, 1988; Davidson & Moore, 1994; Fahs & Frank, 2014; Hogarth & Ingham, 2009; Kaestle & Allen, 2011; Pei & Ho, 2009; Pinkerton et al., 2002; Robinson et al., 2002; Shulman & Horne, 2003; Tiefer, 1998). Notwithstanding the scientific support demonstrating that self-pleasuring is usually a typical option of expressing sexuality and that masturbation does not appear to have a causative link with sexual pathology, deleterious attitudes continue and masturbation is still denounced. Hence, negative viewpoints persist and masturbation remains stigmatized, contributing to guilt and shame in many women (Baćak & Štulhofer, 2011; Carvalheira & Leal, 2013;

Coleman, 2002; Davidson & Darling, 1988; Davidson et al., 2004; Davidson & Moore, 1994; Gerressu et al., 2008; Kaestle & Allen, 2011).

Masturbation remains associated with a significant upwelling of angst for a lot of people (Baćak & Štulhofer, 2011; Coleman, 2002; Pei & Ho, 2009). There continue to be obstacles in efforts of normalizing and endorsing affirmative outlooks concerning masturbation. There is the rudimentary hurdle of an enduring common shame ascribed to sexuality education; masturbation is considered one of the most delicate issues within sexual education (Coleman, 2002; Tiefer, 1998). Hogarth and Ingham (2009) offered that the stress in many school-based sexual education programs is on negative consequences and risk circumvention instead of more constructive characteristics of sexuality. Additionally, parents are frequently uneasy and react unhelpfully to pre-adolescent self-exploration (Davidson et al., 1995; Davidson et al., 2004; Gagnon, 1985). In their study with 56 female and 16 male undergraduate participants, ages 18 to 24 years, Kaestle and Allen (2011) found that nearly every student indicated that they had not discussed masturbation with their parents.

One of the foremost reasons masturbation elicits such abundant anxiety and misgivings is due to it being a threat to the collective establishment because masturbation typically encompasses sexual behaviors for reasons other than reproduction (Bowman, 2014; Coleman, 2002; Davidson & Moore, 1994; Davidson et al., 1995; Pei & Ho, 2009). Additionally, Coleman (2002) continued that self-pleasing fosters further apprehensions as well. Masturbation is concentrated on the self and its predominant intent is to impart pleasure to the self, which breaches the principles of various societal parameters that

necessitate sacrifice and effort for the collective benefit. Consequently, masturbation is identified as overly egocentric and overly gratification-centered for the collective gain (Coleman, 2002).

Self-pleasure is surrounded with a wealth of important messages that reflect power over individuals and cultures (Bowman, 2014; Coleman, 2002). Kaestle and Allen (2011) affirmed that experiences of guilt related to masturbation are familiar and accounts are affected by observed cultural standards. Via the shame endorsed by societal and religious views, masturbation has the dominance to generate powerful self-reproach (Baćak & Štulhofer, 2011; Coleman, 2002). While masturbation is commonly engaged in as a solo activity, it has the ability to influence relationships outside the person (Kaestle & Allen, 2011). Masturbation may also instigate discord in partnerships (Fahs & Swank, 2013). It may bring about difficulties because of the misconception of the effect of self-pleasure in relationships (Coleman, 2002; Pei & Ho, 2009). This could lead to additional difficulties, as affirmed by Coleman, in social functioning, sexuality and mental health maladies. However, as stated previously, masturbation provides people with the chance to understand their bodies and sexuality (Coleman, 2002). Kelly et al. (1990) surveyed 24 orgasmic women and 10 anorgasmic married women, ages 21 to 40, and found that women who are comfortable with masturbation endorsed greater marital and sexual satisfaction than women who do not engage in masturbation. Since sexual gratification is bequeathed to oneself, it has been conjectured that it interposes to individuals' feeling of proprietorship, power, and self-sufficiency over one's body (Bowman, 2014; Pei & Ho, 2009). As an antithesis to the illusion that self-pleasure

would intensify self-centeredness and egocentricity, enhanced self-awareness and self-esteem have been perceived as essential components for creating affection with others (Coleman, 2002). Consequently, masturbation could be used as a device to expand one's competence for closeness with others. Owing to the humiliation of masturbation fostered by many of the world's faiths, masturbation could result in spiritual estrangement as well (Coleman, 2002). Coleman affirmed that although certain religions have claimed a more impartial position, many faiths persist in denouncing the behavior.

Religion

Religion has had a prominent effect on sexuality for many years (Davidson & Moore, 1994). Religion is widespread, with 59% of individuals reporting to be a member of a church or synagogue in the U.S. as of 2013 (Gallup Foundation, 2015). According to Reid and Bing (2000), religion is oftentimes unrelenting regarding gender and sexual roles, which has a strong cultural impact (see also Davidson et al., 1995; Davidson et al., 2004). The affirmations and exclusions are entrenched in history and customs and they have been sanctified in contemporary writings, religious discourses, and political debates (Reid & Bing, 2000). Questions of virtue may hinder the seeming sexual freedom of individuals reared in very religious families and/or within a culture that does not support women's sexual freedom (Reid & Bing, 2000).

Traditionally, collective positions concerning sexuality have been directed by religious viewpoints that consigned sex to an extremely dubious category (Davidson & Moore, 1994; Davidson et al., 2004). Consequently, sexual desires were to be curtailed to stop individuals from participating in sexual behaviors whose main or sole purpose

was the enjoyment of sexual pleasure (Davidson & Moore, 1994; Davidson et al., 1995; Davidson et al., 2004; Patton, 1986; Runkel, 1998). A kind of sexual dichotomy was imparted to individuals: the soul is virtuous, the body is wicked (Patton, 1986). Founded on this way of thinking, masturbation was particularly disputed. Particularly by some religionists, masturbation has been described as self-abuse, defilement of the flesh, and self-pollution (Davidson & Moore, 1994).

Judeo-Christian views on masturbation are founded in the Old Testament with the story of Onan, from which the archaic term Onania comes (Ajzenstadt & Cavaglion, 2002; Kwee & Hoover, 2008; Patton, 1986). According to the laws of his day, Onan was required to marry and conceive a child with his brother's widow (Genesis 38:6-10 King James Version). However, Onan disobeyed the law by "(spilling his seed) on the ground" (Genesis 38:9) and as punishment was put to death. While modern Judeo-Christian views hold that Onan's defiant act was "coitus interruptus," (Ajzenstadt & Cavaglion, 2002, p. 97; Kwee & Hoover, 2008, p. 262) or withdrawing the penis from the vagina during sexual intercourse before ejaculation occurs (Mayo Clinic, 2015), and not masturbation, the negative view on masturbation has persisted.

In traditional Judaism, masturbation is considered a sin, deriving from an individual's moral dissipation (Ajzenstadt & Cavaglion, 2002; Dorff, 1998). Semen represents the strength, well-being, and purity of the Jewish male body and ejaculation damages the wholeness and veracity of the Jewish male body. Visible semen pollutes the environment and fouls its sacredness (Ajzenstadt & Cavaglion, 2002; Dorff, 1998). In Judaism, male masturbation is viewed as wasting the lives of future generations (Dorff,

1998). Since Jewish law regarding masturbation concentrates on the emission of seminal fluids, very little is written about female masturbation (Dorff, 1998). In the rare instances when female masturbation has been referenced, Ajzenstadt and Cavaglion (2002) noted that it was considered a “non-natural imitation of boys’ vice” (p. 107). Presently, while many Orthodox Jews maintain these adverse views and proscriptions, Conservative, Reform, and unaffiliated Jews generally do not (Dorff, 1998).

Many Protestants and Catholics are often faced with the stigma, embarrassment, and distress the topic of masturbation can arouse (Kwee & Hoover, 2008). Traditionally, the Christian stance on sexuality expressed outside the bonds of marriage was strictly forbidden (Patton, 1986). Furthermore, Reid and Bing (2008) asserted that Christian doctrines have made it especially clear that ultimate purity and holiness is attained only with the practice of celibacy. However, according to Kwee and Hoover (2008), the modern Christian position is largely still concerned with sexual purity and oftentimes masturbation is still viewed as treating the body in an impure manner. Kwee and Hoover noted that masturbation engenders an uneasiness and uncertainty among Christians due to being a common behavior with people, Christian beliefs notwithstanding. Similarly, as with Judaism, contemporary Christians traverse the gamut of acceptance to rejection of the adverse views on masturbation (Patton, 1986).

In traditional Islamic cultures, religious and conventional directives structure all facets of daily living, including sexuality (Kalmuss, 2004). These religious tenets define sexual norms, which are apt to be factors related to an individual’s expression of sexuality. Accordingly, Kalmuss (2004) established those who are dedicated to certain

religious beliefs might refrain from expressions of some sexual behaviors due to apprehension generated by these strictures. As with the religions discussed thus far, the stance on masturbation varies within Islamic religion. Traditional Islamic views hold that masturbation is a sin (Waheed, 2002). Further, the one responsible for the sin of masturbation is not only the individual who engaged in the behavior, but also the parents of the individual. Waheed (2002) avowed that “Islam is a religion of pious behavior and thoughts and cleanliness has been declared as half of the faith” (para. 10). Another viewpoint in the Islamic faith is that men have permission to engage in sexual behaviors from which women are banned, such as masturbation and participating in premarital sex (Else-Quest, Hyde, & DeLamater, 2005). Women who do participate in such behaviors are judged to be immoral (Else-Quest et al., 2005). Yaşan al. (2009) asserted that conservative religiosity may be an influence for negative emotions, such as guilt and shame, when women of Islamic faith engage in masturbation, which they suggested may be because of the religion’s restrictive position concerning sexuality.

A number of religions disapprove of participating in masturbation and some religious leaders continue to declare masturbation as unnatural because it has no reproductive possibilities (Clark & Wiederman, 2000; Davidson & Moore, 1994; Davidson et al., 2004; Patton, 1985). As a result, religious belief has been connected with sexual difficulties, such as shame, inhibition, and dwindling sexual interest, participation, and receptiveness (Bahr & Chadwick, 1988; Davidson & Moore, 1994; Kaestle & Allen, 2011).

Davidson and Moore (1994) discovered that some women experience guilt and shame regarding their masturbation behavior. Davidson and Moore recruited 676 never-married heterosexual women, ages 18 to 23. The authors found that 62.2% of their participants engaged in masturbation. Of the women who participated in masturbation, those who masturbated only ($n = 110$) experienced greater guilt about their masturbation behavior compared to the women who engaged in both masturbation and partnered sex ($n = 310$). According to the authors, a significant difference between the masturbation-only group and the group of women who engaged in masturbation and partnered sex was religiosity. The masturbation only group attended more religious meetings than did the masturbation and partnered sex group (Davidson & Moore, 1994).

While some modern societies have grown more secular in their views of women and sexuality, women are still deemed the custodians of spirituality and goodness in private and public settings (Bahr & Chadwick, 1988; Davidson & Moore, 1994; Davidson et al., 1995; Davidson et al., 2004). Hence, even with these cultural transformations, a noteworthy relationship persists concerning religious beliefs and sexual health. It is not unexpected that numerous women living in modern society are ill at ease with self-stimulation as a sexual behavior (Davidson & Moore, 1994). Whether deliberate or not, the amassed influence of Western conventions has rendered masturbation a decidedly proscribed and sometimes punishable activity (Davidson & Darling, 1988; Davidson & Moore, 1994; Neuman, 1975; Patton, 1985). According to Patton (1986), this adverse view of masturbation still persists due in large part to the failure of medical, spiritual, and academic establishments accepting their part in

promoting their similar philosophies of masturbation, which have produced incalculable human misery and harm.

Researchers have found a connection linking worship attendance and sexual views and activities in women, such that the more frequently women attend religious services, the less likely they are to participate in sexual behaviors often considered taboo, particularly masturbation (Davidson et al., 1995; Davidson et al., 2004; Robinson & Calhoun, 1983; Thorton & Camburn, 1989). In 2013, individuals in the U.S. reported their church or synagogue attendance as 27% weekly, 10% almost every week, 13% monthly, 25% seldom, and 22% never (Gallup Foundation, 2015). Researchers have also found that women with more religiosity--those who attend religious services more frequently--have less affirmative responses to masturbation and are more likely to experience remorse about their involvement in the behavior compared to less religious women (Clark & Wiederman, 2000; Davidson & Moore, 1994; Davidson et al., 1995; Davidson et al., 2004; Knox et al., 2001; Meier, 2003). Davidson et al. (2004) conducted a study about the effects of religiosity on women's sexual attitudes, behaviors, and possible consequences such as shame and guilt. They had 683 never-married, undergraduate women participate. Davidson et al. also measured religiosity by frequency of religious service attendance. The participants were divided by weekly ($n = 116$), monthly ($n = 223$), and yearly ($n = 196$) attendance rates. While Davidson et al. found that women who attended weekly religious services were more likely to masturbate weekly (59.6%), monthly (43.2%), and yearly (53.4%), they also found that women who attended weekly religious services felt more guilt concerning their masturbatory behavior

than either monthly or yearly attenders. The knowledge that one has breached a moral, moral, or religious guideline can generate emotional reactions of shame and remorse thought to be allied with diminished self-worth (Davidson et al., 2004). Shame is a widespread difficulty as it is associated with various sexual behaviors, but particularly self-stimulation (Wyatt & Dunn, 1991). Baćak & Štulhofer (2011) agreed, stating that masturbation continues to be frequently linked with shame and guilt (see also Kaestle & Allen, 2011). “The fact that, for many, masturbation continues to be a guilt-ridden sexual outlet is problematic for the mental and physical health of women.” (Davidson & Moore, 1994, p. 195).

Shame

Shame is an emotion that is experienced among people throughout the planet, regardless of culture or geographic location (Sznycer et al., 2012). Shame is an embodiment of thinking that the whole self is faulty, marred, and a disappointment (Elise, 2008; Kim, Thibodeau, & Jorgensen, 2011; Peacock et al., 2009; Roos et al., 2013; Rothmund & Baumert, 2014; Schooler et al., 2005). Shame targets the self as a substandard object (Tangney et al., 2014). Shame is experienced in reaction to ethical infringements or feelings of inadequacy (Rodriguez Mosquera, Tan, & Saleem, 2014). When people experience shame, they feel debased, inconsequential, and unprotected (Peacock et al., 2009; Tangney et al., 2014). Sherman (2014) equated shame as the feeling of being noticed and desiring to vanish from examination. Elise (2008) concurred and maintained that shame results in a need to disappear, to preserve the concealment of the imperfect self, and to circumvent any social situation that could disclose one's defects

and lead to more dismissal. Shame is a reaction to external injunctions originating from other individuals or establishments (Teroni & Deonna, 2008). Shame comprises a context involving two or more people; “one is shamed in the eyes of another, even if that person is no longer literally present” (Elise, 2008, p. 77). However, Teroni and Deonna (2008) presented a different view, as they argued that in shame, individuals have an evaluative position regarding the self. Thus, shame is categorized by a “specific negative appearance of oneself to oneself” (p. 732).

Shame is not just a remorseful sentiment of self and one’s deed, but it furthermore incorporates the added dimension of witnessing oneself unfavorably via the perspective of others (Beghetto, 2014; Boudana, 2014; Rodriguez et al., 2014). Sznycer et al. (2012) purported that causes of shame have a common ground, such that they all disclose information that could diminish an individual’s worth or social standing to others (Sznycer et al., 2012). People experience shame when others judge them unfavorably. Shame may bring about feelings of estrangement and seclusion from others, experiencing strain in relationships, and contending with self-esteem and sexual identity problems (Kaestle & Allen, 2011; Scheff, 2013). Peacock et al. (2009) conveyed that shame is appreciated as the possible danger of rejection in relationships and ties which are crucial to human beings (see also Sznycer et al., 2012).

Van Vliet (2008), adopting a psycho-evolutionary stance, stated that shame is considered an emotion innately prewired to ensure the continued existence of a certain species. Psycho-evolutionary theory posits that “emotions are communication and survival mechanisms” (Plutchik, 1990, p. 4) in that they raise the likelihood of survival

through proper responses to crisis situations (Kim et al., 2011; Plutchik, 1984, 1990). Per Plutchik (1990), emotions also function as indicators of planned, forthcoming behaviors via presentations of behaviors and activities of differing sorts. Emotions can be viewed as rudimentary adaptive archetypes that can be recognized at all evolutionary levels and deal with fundamental survival concerns, such as food, mates, and caregiving. Emotions are adaptive innate schemata that aid in undertaking matters of survival, such as providing sustenance, successfully. In other words, emotions can be conceptualized as the adjoining experiences that help the end result of comprehensive wellbeing (Plutchik, 1990). To some (Beck, Emery, & Greenberg, 1985; Cheung, Gilbert, & Irons, 2004; Luyten, Corveleyn, & Fontaine, 1998; Van Vliet, 2008), shame is thought to be a maladaptive emotion due to its extensive impact and association with psychological and physical disorders, which will be discussed below.

Shame Versus Guilt

Until recently, psychologists did not clearly distinguish between guilt and shame (Kim et al., 2011; Parker & Thomas, 2009; Tangney, 1996). Furthermore, today many people are still uncertain regarding the differences between guilt and shame (Parker & Thomas, 2009; Tangney, 1996). Teroni and Deonna (2008) provided one explanation of the differentiation between personal (guilt) versus social (shame) emotion. While guilt is a private affective state, adjusting one's conduct according to one's personal principles, shame is a social affective state because it adjusts one's actions by means of other people's values (Teroni & Deonna, 2008). Guilt is concerned with others or the collective, such that an individual is typically striving and works for reparation of the

damage done or caused (Gutierrez, 2013; Rothmund & Baumert, 2014; Teroni & Deonna, 2008). In contrast, shame is concerned with the self, such that one desires to withdraw (Gutierrez, 2013; Parker & Thomas, 2009; Van Vliet, 2008) or conceal oneself from others (Teroni & Deonna, 2008). Rothmund and Baumert (2014) asserted that shame focuses on reestablishing an affirmative sense of self and defending one's self from additional harm (see also Sznycer et al., 2012). However, Tangney (1996) disagreed, stating that both shame and guilt can be solitary experiences that do not require the presence of others. Tangney expanded the concept by explaining that the focus of the evaluation is the significant difference between shame and guilt. Further, Lewis (1971) posited that similar circumstances could prompt guilt in one individual, while eliciting shame in another. She stated that the difference lies in the way an individual construes the role of oneself in the situation.

Although shame and guilt are both affective responses that involve self-conscious judgments of disappointments, lapses, transgressions, and so forth, they differ in their attention or causative designations (Rothmund & Baumert, 2014; Tangney, 1996; Tangney et al., 2014; Teroni & Deonna, 2008). Rothmund and Baumert (2014) clarified that shame responses are harmful assessments of the entire self, while guilt responses convey an undesirable evaluation of a specific action (see also Boudana, 2014; Kim et al., 2011; Roos et al., 2013; Sherman, 2014; Tangney, 1996; Tangney et al., 2014; Teroni & Deonna, 2008). Stated another way, guilt does not disturb an individual's view of the self (Kim et al., 2011; Tangney, 1996). A shame response is more apt to transpire when individual mistakes are ascribed to internal, stable sources (Rothmund & Baumert, 2014;

Tangney, 1996; Teroni & Deonna, 2008). Roos et al. (2013) affirmed that shame engages contributing ascriptions that are internal, universal, and constant, giving rise to a more acute risk to the self, juxtaposed to guilt (see also Tangney, 1992).

Tangney (1996) proposed that it is this difference, between flawed self and troublesome action that creates the distinct responsive experiences. The experience of shame is such an agonizing ordeal as it is the whole self that is glaringly examined and deleteriously appraised (Rothmund & Baumert, 2014; Tangney, 1996; Teroni & Deonna, 2008). This sort of self-examination heralds in a change in self-perception that is frequently amidst a sensation of retreat and of feeling insignificant (Tangney, 1996). The desire to shrink into the shadows is due to sense of worthlessness, helplessness, and of being exposed (Rothmund & Baumert, 2014; Tangney, 1996). Consequently, shame is a devastating and incapacitating emotion that regularly functions to paralyze the self, however briefly (Tangney, 1996). In this way, Tangney contended that it is the shame piece of such incidents that creates the foundation for psychological difficulties.

In their study of 280 college students, Webb, Heisler, Call, Chickering, and Colburn (2007) found that depressive symptoms were positively correlated with shame (see also Carvalho, Dinis, Pinto-Gouveia, & Estanqueiro, 2015; Gilbert, Cheung, Grandfield, Campey, & Irons, 2003; Harder, Cutler, & Rockart, 1992; Mills et al., 2015). Similarly, Troop, Allan, Serpell, and Treasure (2008) surveyed 228 women with a history of disordered eating and found that, when they controlled for depression, shame was connected with eating disorder symptoms (see also Matos, Ferreira, Duarte, & Pinto-Gouveia, 2015; Oluyori, 2013). Researchers have indicated that shame is associated with

numerous other mental health difficulties, such as anxiety (Harder et al., 1992; Mills et al., 2015; Muris, Meesters, Bouwman, & Notermans, 2015), suicidal behaviors (Brown, Linehan, Comtois, Murray, & Chapman, 2009; Fullagar, 2003; Van Vliet, 2008), dissociation (Budden, 2009; Dorahy et al., 2013), posttraumatic stress disorder (Budden, 2009; Dorahy et al., 2013; Dyer et al., 2009; Van Vliet, 2008), violent behavior (Brown, 2004), and addiction (Weichelt, 2007). Shame has also been shown to exacerbate psychological disorders and their resulting symptoms (Gutierrez, 2013). In general, shame has been linked with increased mental health problems (Bybee, Sullivan, Zielonka, & Moes, 2009) and susceptibility to diseases (Dickerson, Gruenewald, & Kemeny, 2004).

Sexual Health

Davidson and Moore (1994) remarked that it is a barrier for women's psychological and physical welfare that masturbation persists to be a sexual outlet that regularly brings about harmful costs such as guilt, shame, and distress. Sexual health is not merely the dearth of ailments, but rather the aptitude to comprehend and encompass sexuality into life and find joy in it (Kaestle & Allen, 2011). Human sexuality is especially varied and there are countless ways of expressing one's sexuality (Coleman, 2002). Individuals participate in various sexual behaviors that have pleasure as their main function. Shame related to sexuality is a very common experience for many individuals due to the belief that they are digressing from society's accepted standard (Coleman, 2002).

Bay-Cheng (2010) submitted that it is not adequate just to distance women from the threat of violence, unwanted pregnancy, illness, and hegemony; it is crucial to strive

for enjoyment, sexual agency, and sexual expression. It is central to advance women's freedom in sexuality and sexual expression so that they have the ability to make cognizant decisions, which will benefit their well-being and health. Moreover, desire and pleasure have to be espoused as unquestionable rights and necessary components of human advancement, not as extravagances sanctioned to an elite group of individuals (Bay-Cheng, 2010; Bowman, 2014; Coleman, 2002). If women deem that they have the right not only to sexual enjoyment but also mental, emotional, and bodily connection, they may be not as liable to endure definitions of deficiencies imposed upon them and internalized. Women would thus be more likely to challenge sexual oppression as an unjustifiable disempowerment (Bay-Cheng, 2010).

Purpose and Justification of the Current Study

The focus of this study was on women's masturbation and the frequent feeling of shame that accompanies the behavior. A substantial limitation in previous academic research related to sexuality and masturbation is that it traditionally has concentrated mostly on men, as there is negligible historical material available concerning women and their experiences related to masturbation (Davidson & Darling, 1988; Hogarth & Ingham, 2009). Fahs and Frank (2014) also noted that very little academic consideration has concentrated on women's masturbation as a valid and evident feature of their sexual expression. Historically, scholars and researchers have studied male sexual responses and expressions, which has resulted in men's sexuality as the accepted model for all individuals, regardless of gender (Shulman & Horne, 2003; Tiefer, 2000). Some of the struggles women face regarding their sexuality result from long-established traditions of

basing knowledge and research on men's sexual norms (Wood et al., 2006). It is increasingly apparent that men and women often experience and express their sexuality in different ways (Leiblum, 2002). According to Wood et al. (2006), it is necessary to study women's sexuality from the embodied experience of women and not from men as the standard or default perspective.

Another limitation of previous academic research on masturbation is the overuse of undergraduate students who are easily recruited through the universities and classes they attend which often results in studies lacking in age, race/ethnicity, and social class diversity (Bowman, 2014, Davidson & Moore, 1994; Davidson et al., 2004; Pei & Ho, 2009). Shulman and Horne (2003) maintained that historically most academic studies focus on middle to upper-middle class women of European American descent. Thus, it is important to access other participants who may differ in age, ethnicity, socioeconomic status, and education from the usual sample of college students (Bowman, 2014; Robinson et al., 2002).

Regarding the association between religiosity, shame and guilt, and masturbation in women, traditionally religiosity has been assessed by frequency of attendance at religious services (Davidson & Moore, 1994; Davidson et al., 1995; Davidson et al., 2004). Assessing only for the frequency of attendance can be limiting, as it does not include other possible factors that contribute to an individual's religiosity. Other measures beyond attendance frequency are necessary to assess for religiosity, such as attitudes and levels of religiosity, which may improve understanding of the role of religiosity as it relates to women's attitudes toward masturbation (Altemeyer &

Hunsberger, 2004; Carlucci, Tommasi, & Saggino, 2013). Further, there is a scarcity in current scholarly research available concerning masturbation and religiosity, thus creating a gap for much needed recent research, especially in light of changing views of religion (Ajzenstadt & Cavaglion, 2002; Coleman, 2002; Davidson et al., 2004; Kwee & Hoover, 2008; Reid & Bing, 2000) and sexuality (Bowman, 2014; Francis, 2004; Gerressu et al., 2008; Herbenick et al., 2010; Hogarth & Ingham, 2009; Kaestle & Allen, 2011; Pei & Ho, 2009) in the U.S.

To date, scholars have tended to combine shame and guilt as one experience regarding women's masturbation, often using these words interchangeably. The final limitation is that to date, scholarly literature intermingles shame and guilt as one and the same in relation to women's masturbation, with researchers frequently employing these terms interchangeably (see Baćak & Štulhofer, 2011; Bowman, 2014; Carvalheira & Leal, 2013; Coleman, 2002; Davidson & Darling, 1988; Davidson & Moore, 1994; Davidson et al., 1995; Davidson et al., 2004; Fahs & Frank, 2014; Hogarth & Ingham, 2009; Kaestle & Allen, 2011; Mosher & Vonderheide, 1985; Tangney, 1996). However, Tangney et al. (2014) contended that research has underscored the variance between guilt and shame. Taking the literature as a whole, it is clear that diverse women's experiences of masturbation have not been studied in conjunction with both shame and guilt. This study examined differences in the responses of shame and guilt in women with diverse backgrounds related to their feelings about masturbation and how their level of religiosity may affect women's experience of shame, guilt, and their feelings about masturbation.

Hypotheses

1. Shame will be positively related to negative feelings about masturbation.
2. Guilt will be positively related to negative feelings about masturbation.
3. Shame will account for greater percentage of variation in negative feelings about masturbation than guilt.
4. The relationship between shame and negative feelings about masturbation will be directly affected by religious fundamentalism, education, age, and ethnicity, such that participants who endorse less religious fundamentalism, more education, higher age, and being White will endorse less shame and negative feelings about masturbation.
5. The relationship between guilt and negative feelings about masturbation will be directly affected by religious fundamentalism, education, age, and ethnicity, such that participants who endorse less religious fundamentalism, more education, higher age, and being White will endorse less guilt and negative feelings about masturbation.
6. Negative feelings will be predicted by shame, guilt, religious fundamentalism, education, age, and ethnicity.

CHAPTER III

METHOD

This chapter contains participants, instruments, and procedures utilized in this study. The hypotheses and their corresponding analyses are presented at the end of this chapter.

Participants

A statistical analysis, using G Power, revealed that a minimum of 210 women were needed for this study to obtain a statistical power above the recommended minimum level of .80 (Cohen, Cohen, West, & Aiken, 2003). Two hundred and forty-three women, ages 18 to 70, took part in the online survey. Of the 243 women, 31 did not complete the survey in its entirety. Listwise deletion was used for the overall regression analyses. If a participant did not provide an answer for an item on a measurement, the participant still received a score for that measurement, according to the scoring guidelines. However, if the participant did not answer any of the questions in a measurement, the participant did not receive a score and was omitted from any analyses with that measurement.

Demographic information describing the sample is detailed below in Table 1. The participating sample was generally White (61.3%), heterosexual (76.5%), Christian (43.6%), and possessed some education beyond high school (70.4%) though there was noticeable diversity in the sample; these have been captured in Table 1, which contains descriptive statistics.

Table 1

Frequencies, Percentages, Means, and Standard Deviations for Categorical Demographic Variables

	<i>n</i>	%	<i>M</i>	<i>SD</i>
Age			35.03	11.42
18-19	2	.8		
20-29	89	36.6		
30-39	69	28.4		
40-49	33	13.6		
50-59	20	8.2		
60-70	10	4.1		
Did not provide	20	8.2		
Years in School			14.87	2.15
Less than 12	2	.8		
12	51	21.0		
13	10	4.1		
14	34	14.0		
15	15	6.2		
16	78	32.1		
17	4	1.6		
18	22	9.1		
19-20	8	3.2		
Did not provide	19	7.8		
Yearly Household Income				
Under 10,000	18	7.4		
10,000-19,999	23	9.5		
20,000-29,999	32	13.2		
30,000-39,999	34	14.0		
40,000-49,999	34	14.0		
50,000-74,999	37	15.2		
75,000-99,999	24	9.9		
100,000-150,000	20	8.2		
Over 150,000	4	1.6		
Did not provide	17	7.0		

(Table 1, continued)

Table 1, continued

	<i>n</i>	%	<i>M</i>	<i>SD</i>
Ethnicity				
American Indian/Alaska Native	6	2.5		
Asian/Asian American	35	14.4		
Black/African American	17	7.0		
Latina/Hispanic	7	2.9		
Native Hawaiian/Pacific Islander	2	.8		
Bi/Multiracial	8	3.3		
White	149	61.3		
Other	2	.8		
Did not provide	17	7.0		
Sexual Orientation				
Heterosexual	186	76.5		
Lesbian	8	3.3		
Bisexual	22	9.1		
Pansexual	3	1.2		
Questioning	3	1.2		
Other	3	1.2		
Did not provide	18	7.4		
Religious Affiliation				
Agnostic	34	14.0		
Atheist	33	13.6		
Buddhist	2	.8		
Christian	106	43.6		
Hindu	12	4.9		
Jewish	2	.8		
Muslim	10	4.1		
None	16	6.6		
Other	11	4.5		
Did not provide	17	7.0		

Due to insufficient representation of participants with ethnicities other than White, two groups were created and a dummy code was used to meet the requirements of the statistical program. Non-White participants were coded as 0 and White participants were coded as 1. Non-White included American Indian and Alaska Native, Asian and

Asian American, Black and African American, Latina and Hispanic, Native Hawaiian and Other Pacific Islander, Bi/Multiracial, and Other, which included participants who self-identified as Indian and Caribbean American.

Instrumentation

In addition to the demographics questionnaire, three scales were administered to the participants to assess the self-conscious emotions of shame and guilt, attitudes towards masturbation, and viewpoints of individual religious beliefs. The instruments are described below.

Demographics

Participants completed an author-generated demographics questionnaire on which they specified their age, ethnicity, sexual orientation, socioeconomic status, education level, and religious affiliation. Three questions assessing participants' history with and current practices regarding masturbation were also included (see Appendix A).

Test of Self-Conscious Affect-Version 3

The Test of Self-Conscious Affect- Version 3 (TOSCA-3) was devised by Tangney et al. (2000) to assess self-conscious emotions, such as shame and guilt, and is currently one of the most utilized guilt and shame measures (Cohen, Wolf, Panter, & Insko, 2011; Gao, Qin, Qian, & Liu, 2013) (see Appendix B). Tangney, Wagner, and Gramzow (1989) conceived the original TOSCA, which was later revised as the TOSCA-2 (Tangney, Ferguson, Wagner, Crowley, & Gramzow, 1996) and then again in 2000 in its current iteration. The TOSCA-3 measures several self-conscious emotions, such as externalization, alpha pride, beta pride, detachment, shame, and guilt. The instrument

was used as intended in its entirety, though the focus in this study was on shame and guilt. The TOSCA-3 consists of five positive and 11 negative situations and a 5-point Likert scale, to which participants are asked to respond by rating how apt they would be to engage certain scenarios. Available responses range from *not likely* (1) to *very likely* (5). Items include scenarios such as,

You are driving down the road, and you hit a small animal. a) You think the animal shouldn't have been on the road. b) You would think: 'I am terrible.' c) You would feel 'Well, it was an accident.' d) You'd feel bad you hadn't been more alert driving down the road. (Tangney et al., 2000, p. 4)

Each response signifies a subscale, such as *a* for externalization, *b* for shame, *c* for detached, and *d* for guilt. Scale scores are calculated by using the sum of responses for the items in the subscale. For example, the score for the Guilt subscale equals the participant's response to 1c, plus the response to 2a, plus the response to 3a, and so forth. Higher scores denote increased self-conscious emotions being measured by the subscale, such as guilt or shame. Previous studies have resulted in shame subscale scores averaging from 2.9 (Schoenleber & Berenbaum, 2010) to 3.7 (Tanaka, Yagi, Komiya, Mifune, & Ohtsubo, 2015) and guilt subscale scores averaging from 3.9 (Tanaka et al.) to 4.0 (Schoenleber & Berenbaum, 2012). Tangney and Dearing (2002) found that the TOSCA-3 showed acceptable reliability for each subscale, including shame (.77-.88) and guilt (.70-.83). The TOSCA-3 has been established as a valid instrument to measure guilt and shame proneness when compared with other similar measurements (Gao et al., 2013; Wolf, Cohen, Panter, & Insko, 2010) such as the Experience of Shame Scale (Andrews,

Qian, & Valentine, 2002) and the Dimensions of Conscience Questionnaire (Johnson et al., 1987). The TOSCA-3 subscales of shame and guilt yielded a Cronbach's α of .80 and .84 respectively for this sample.

Attitudes Toward Masturbation Scale

The Attitudes Toward Masturbation Scale (ATMS) was created by Young and Muehlenhard (2011) to assess the multifaceted and frequently contradictory thoughts and emotions people have regarding their own masturbation (see Appendix D). This scale is divided into three subscales entitled *reasons for wanting to masturbate*, *reasons for avoiding (or trying to avoid) masturbating*, and *feelings about masturbation*. The subscale *feelings about masturbation* is further divided into *negative feelings* and *positive feelings*. The entire instrument was used as intended; however, the focus of this study was on the *negative feelings* subscale. The ATMS consists of 179 items and uses a 7-point Likert scale with each section. In the *reasons for wanting to masturbate* subscale, the potential reactions encompass *not a reason* (0) to *a very important reason* (6). Items in this section contain statements, such as "I feel an uncomfortable urge to do it" and "If I want to have an orgasm." In the *reasons for avoiding (or trying to avoid) masturbating* subscale, the possible responses incorporate *not a reason* (0) to *a very important reason* (6). Items in this section comprise statements, such as "It just doesn't appeal to me" and "I was raised to believe it's wrong." In the *feelings about masturbation* subscale, the potential answers range from *not at all* (0) to *very strongly* (6). The available responses were represented as intended on the questionnaire; however, PsychData defaulted the scores to 1 (*not at all*) through 7 (*very strongly*). Items in this section contain feeling

words and respondents evaluate the intensity of each feeling in relation to masturbation, such as “calm,” “ashamed,” and “indifferent.” Scores are analyzed by summing the responses for the items in each composite; this study focused on the *negative feelings* subscale. Higher scores in the *negative feelings* subscale suggest a greater magnitude of negative feeling; however, previous studies utilizing the ATMS was not found in the literature to compare norms or average scores for this measure. The ATMS was found to have adequate reliability, with subscales ranging from .71 to .97 (Fisher, Davis, Yarber, & Davis, 2011). The ATMS has been shown to be a valid measure of attitudes related to masturbation by previous studies (Fisher et al., 2011) such that masturbators had significantly greater scores on positive feelings and lower scores with negative feelings associated with masturbation. The ATMS demonstrated high reliability with this sample, Cronbach’s $\alpha = .97$.

Revised 12-Item Religious Fundamentalism Scale

The Revised 12-Item Religious Fundamentalism scale (RRFS) was constructed by Altemeyer and Hunsberger (2004) to assess mindsets about personal religious beliefs (see Appendix E). The RRFS endeavors to gauge attitudes of fundamentalism, rather than the observance of a certain religion. Altemeyer and Hunsberger (1992) created the original 20-item Religious Fundamentalism Scale and later modified it to its current form. The RRFS utilizes an 8-point Likert scale with possible answers ranging from *very strongly disagree* (-4) to *very strongly agree* (+4). The available responses were represented as intended on the questionnaire; however, PsychData defaulted the scores to 1 (*very strongly disagree*) through 9 (*very strongly agree*). Items consists of sentences, such as

“It is more important to be a good person than to believe in God and the right religion” and “No single book of religious teachings contains all the intrinsic, fundamental truths about life.” Higher scores denote increased fundamentalism. Previous studies have resulted in scores averaging from 2.6 (LaBouff & Ledoux, 2016), 2.7 (Miller, Maskaly, Peoples & Sigillo, 2014), 2.8 (Brandt & Van Tongeren, 2015), and 4.1 (LaBouff & Ledoux). Altemeyer and Hunsberger (2004) found that the RRFS exhibited high reliability, Cronbach’s $\alpha = .91$. The RRFS has been found to be a valid assessment of religious fundamentalism as compared with similar instruments (Altemeyer & Hunsberger, 2004) such as the 10-item Religious Emphasis scale (Altemeyer, 1988) and the 20-item DOG scale (Altemeyer, 1996). For this sample, the RRFS generated a Cronbach’s α of .88.

Procedure

Following the approval from the Institutional Review Board (IRB), the survey was created on PsychData. PsychData uses several forms of security to protect participants’ confidentiality, such as encryption. Participants were recruited via Mechanical Turk (MTurk). MTurk is an online crowdsourcing service created by Amazon.com, which has been found to be comparably representative to the general U.S. populace (Azzam & Jacobson, 2013; Buhrmester, Kwang, & Gosling, 2011; Goodman, Cryder, & Cheema, 2013). Further, MTurk’s participants have been found to be more diverse than traditional community and student participants commonly recruited for studies (Buhrmester et al., 2011; Goodman et al., 2013; Paolacci & Chandler, 2014) and other Internet methods (Buhrmester et al., 2011; Casler, Bickel, & Hackett, 2013).

Buhrmester et al. (2011) found that the data acquired through MTurk are at a minimum as reliable as those acquired through traditional means (see also Holden, Dennie, & Hicks, 2013). Commonly, with MTurk participants received a monetary incentive to participate; as with most studies in which participants are recruited through MTurk, the amount is negligible, usually between \$0.50 and \$1.00 (Buhrmester et al., 2011; Holden et al., 2013; Paolacci & Chandler, 2014). Participants for this study received \$1.50 due to the length of the questionnaire.

A link to the questionnaire was posted to MTurk with a recruitment script (see Appendix F). When the participants clicked on the link they were taken to the questionnaire, which was hosted on PsychData. The participants were then presented with the informed consent form (see Appendix G). In an effort to reduce the potential for demand characteristics, both the recruitment script and the informed consent form used an alternate title, Women's Personal Attitudes and Beliefs, to disguise the true nature of this study. An alternate purpose of study was also used, stating that purpose of this study was to explore the relationship between women's feelings about topics such as masturbation and religion. After indicating their consent, participants completed the instruments. The order of the instruments they completed was as follows: demographic questionnaire, TOSCA-3, ATMS, and RRFs. The sequence of the questions was not counterbalanced as this was not viable in MTurk. At the end of the survey, participants received referrals to counseling resources (see Appendix H) and a debriefing script, which revealed the actual title of this study: Women's Masturbation: An Exploration of

the Influence of Shame, Guilt, and Religiosity. The debriefing script also explained the actual purpose of the study (see Appendix I).

Data Analysis

Descriptive statistics. Descriptive statistics and correlations were calculated to describe the dataset. Means, standard deviations (SD), and ranges for all continuous variables were assessed. Frequencies and percentages for all categorical variables were assessed. A correlation matrix was run for all continuous variables.

Analysis of primary hypotheses. The purpose of this study was to observe the various effects of shame and guilt in women with diverse backgrounds concerning their feelings about masturbation. Further, the focus of this study was how women's degree of religiosity may impinge on their experience of shame, guilt, and their feelings about masturbation. As such, the intention of the current study was to distinguish the responses of shame and guilt in women related to their attitudes towards masturbation while considering the influence of religiosity. Each hypothesis is stated below and the corresponding method of analysis is specified.

Hypotheses

1. Hypothesis 1, which predicted that shame would be positively related to negative feelings about masturbation, was analyzed with a Pearson's r .
2. Hypothesis 2, which predicted that guilt would be positively related to negative feelings about masturbation, was analyzed with a Pearson's r .

3. Hypothesis 3, which predicted that shame would account for greater percentage of variation in negative feelings about masturbation than guilt, was analyzed using multiple regression analysis.
4. Hypothesis 4, which predicted that the relationship between shame and negative feelings about masturbation would be directly affected by religious fundamentalism, education, age, and ethnicity, such that participants who endorsed less religious fundamentalism, more education, higher age, and being White would endorse less shame and negative feelings about masturbation, was analyzed with hierarchical multiple regression examining interactions between shame and proposed moderators. As per Aiken and West's (1991) recommendation, the continuous variables were centered and interaction terms were created. The hierarchical multiple regression was conducted in two steps, with the proposed moderators added in the second step of the equation.
5. Hypothesis 5, which predicted that the relationship between guilt and negative feelings about masturbation would be directly affected by religious fundamentalism, education, age, and ethnicity, such that participants who endorsed less religious fundamentalism, more education, higher age, and being White would endorse less guilt and negative feelings about masturbation, was analyzed with hierarchical multiple regression examining interactions between guilt and proposed moderators. As per Aiken and West's (1991) recommendation, the continuous variables were centered and interaction terms were created. The hierarchical multiple regression was conducted in two steps, with the proposed moderators added in the second step of the equation.

6. Hypothesis 6, which predicted that negative feelings would be predicted by shame, guilt, religious fundamentalism, education, age, and ethnicity, was analyzed with a stepwise regression.

CHAPTER IV

RESULTS

Descriptive Statistics

Descriptive statistics were calculated on the instruments utilized in this study. The descriptive statistics are reported in Table 2. Missing data were addressed by summing the scores for the measures. Summing participants' RRFS scores resulted in an actual range which is smaller than the potential range, as seen in Table 2.

Table 2

Descriptive Statistics for Administered Instruments

Instrument	<i>M</i>	<i>SD</i>	Potential Range	Actual Range
TOSCA-3 Shame	52.47	10.28	16-80	21-74
TOSCA-3 Guilt	64.53	9.37	16-80	20-80
ATMS	2.20	1.45	1-7	1-6.46
RRFS	48.68	21.69	12-108	11-100

Note. TOSCA-3 is the Test of Self-Conscious Affect-Version 3 scale. ATMS is the Attitudes toward Masturbation Scale. RRFS is the Revised 12-Item Religious Fundamentalism Scale.

Additionally, a correlation matrix was run to assess relationships between the instruments used in this study and the demographics. Correlations among the variables are portrayed in Table 3. The correlations amongst the variables were examined for multicollinearity and found to be well under the threshold of .80 (Leahy, 2001). This suggests that multicollinearity was unlikely to have been problematic. Further, the effect sizes were medium, ranging from .16 to .30 (Cohen et al., 2003). Results show that guilt

had a negative relationship with negative feelings about masturbation, such that women who reported increased guilt indicated fewer negative feelings about masturbation. Guilt was also found to have a positive relationship with age and shame, in that women who signified increased guilt were older and reported increased shame. Negative feelings about masturbation demonstrated a negative relationship with age, meaning that older women denoted fewer negative feelings about masturbation. Negative feelings about masturbation was also found to have a positive relationship with religious fundamentalism, in that women who adhere to more religious fundamentalist views endorsed more negative feelings about masturbation. Religious fundamentalism had a negative relationship with education. In other words, women who identify with more religious fundamentalist beliefs reported fewer years of education.

Table 3

Correlations Between the Variables

	Age	Education	Shame	Guilt	Negative Feelings	Fundamentalism
Age	-	-.02	-.05	.28**	-.20**	.02
Years of Education		-	-.04	-.05	-.04	-.19**
Shame			-	.45**	.06	-.01
Guilt				-	-.33**	-.12
Negative Feelings					-	.36**
Fundamentalism						-

Note. Negative Feelings about Masturbation. The *n* ranges from 223 to 226 due to occasional missing data. ** $p < .01$.

Analysis of Primary Hypotheses

Hypothesis One

The first hypothesis predicted that shame would be positively associated with negative feelings about masturbation. A Pearson's r was utilized to assess the relationship between shame and negative feelings about masturbation, as seen in Table 3. Contrary to predictions, the relationship between shame and negative feelings about masturbation was not significant, $r(209) = .06, p = .42$, thus this hypothesis was not supported.

Hypothesis Two

The second hypothesis predicted that guilt would be positively associated with negative feelings about masturbation. A Pearson's r was calculated to assess the relationship between guilt and negative feelings about masturbation, as shown in Table 3. While the relationship between guilt and negative feelings about masturbation was significant, this hypothesis was not supported due to the unexpected negative relationship between guilt and negative feelings about masturbation, $r(209) = -.33, p < .01$.

Hypothesis Three

The third hypothesis predicted that shame would account for greater percentage of variation in negative feelings about masturbation than guilt. A multiple regression analysis was conducted. Although the overall model was significant, ($F(2, 208) = 19.90, p < .000$), with an R^2 of .16, guilt had a higher β coefficient as presented in Table 4. A change of one standard deviation on the guilt subscale was associated with a .45 standard deviation reduction in negative feelings about masturbation, controlling for shame,

whereas a change of one standard deviation on the shame subscale was associated with a .26 standard deviation increase in negative feelings about masturbation, controlling for guilt. Therefore, this hypothesis, predicting shame would account for a greater percentage of variance in negative feelings towards masturbation than guilt, was not supported.

Table 4

The Impact of Shame Versus Guilt Relative to Negative Feelings about Masturbation

	R ²	B	SE	β	t-value
	.16				
Shame		.04	.01	.26	3.60**
Guilt		-.07	.01	-.45	-6.25**

Note. ** $p < .01$.

Hypothesis Four

The fourth hypothesis predicted that the relationship between shame and negative feelings about masturbation would be directly affected by the proposed moderators. The moderators included religious fundamentalism, education, age, and ethnicity. It was anticipated that older participants who were White, endorsed less religious fundamentalism, and had more education would experience less shame and negative feelings about masturbation. A multiple regression was conducted, and the results are presented in Table 5. Age was a negative predictor, such that older participants endorsed less negative feelings about masturbation. Religious fundamentalism was a positive predictor, such that participants who endorsed more religious fundamentalism also endorsed more negative feelings about masturbation. Race was also a predictor such that being White was associated with having less negative feelings about masturbation

compared with non-White participants who endorsed increased negative feelings about masturbation. However, the additional interaction terms of shame and education were not significant. Thus, this hypothesis was not supported.

Table 5

Negative Feelings About Masturbation and Shame as Affected by Proposed Moderators

	<i>R</i> ²	<i>B</i>	<i>SE</i>	<i>β</i>	<i>t</i> -value
Model 1	.22**				
Age		-.02	.01	-.16	-2.55**
Years of Education		-.01	.04	.01	.18
Fundamentalism		.02	.00	.32	4.91**
Shame		.01	.01	.09	1.40
White		-.67	.20	-.22	-3.30**
Model 2	.23**				
Age		-.02	.01	-.16	-2.52**
Education		.01	.04	.02	.27
Fundamentalism		.02	.00	.32	4.81**
Shame		.03	.02	.18	1.49
White		-.71	.21	-.23	-3.43**
Shame x Age		.00	.00	-.03	-.44
Shame x Education		.00	.01	-.03	-.43
Shame x Fundamentalism		.00	.00	.05	.72
Shame x White		-.02	.02	-.10	-.80

Note. ** *p* < .01.

Hypothesis Five

The fifth hypothesis predicted that the relationship between guilt and negative feelings about masturbation would be directly affected by the proposed moderators. The moderators included religious fundamentalism, education, age, and ethnicity. It was expected that participants who reported increased age, being White, endorsing less religious fundamentalism, and having more education would experience less guilt and negative feelings about masturbation. A multiple regression was calculated and multiple

significant relationships were found, which can be seen in Table 6. Consistent with predictions, religious fundamentalism was a positive predictor, such that participants who presented more religious fundamentalism also endorsed more negative feelings about masturbation. Race was also a predictor such that being White was associated with fewer negative feelings about masturbation compared with non-White participants who endorsed increased negative feelings about masturbation. An unexpected result was found, such that increased guilt was significantly related to having fewer negative feelings about masturbation. However, the additional interaction terms of age and education were not significant. Thus, this hypothesis was not supported.

Table 6

Negative Feelings About Masturbation and Guilt as Affected by Proposed Moderators

	<i>R</i> ²	<i>B</i>	<i>SE</i>	<i>β</i>	<i>t</i> -value
Model 1	.26**				
Age		-.01	.01	-.11	-1.65
Education		-.00	.04	-.00	-.06
Fundamentalism		.02	.00	.29	4.60**
Guilt		-.04	.01	-.23	-3.57**
White		-.58	.20	-.19	-2.99**
Model 2	.26**				
Age		-.01	.01	-.11	-1.55
Education		.00	.04	.00	-.01
Fundamentalism		.02	.00	.30	4.48**
Guilt		-.04	.02	-.29	-2.32*
White		-.58	.20	-.19	-2.87**
Guilt x Age		1.02	.00	.00	.01
Guilt x Education		-.00	.01	-.05	-.72
Guilt x Fundamentalism		.00	.00	-.04	-.60
Guilt x White		.01	.02	.05	.42

Note. * $p < .05$. ** $p < .01$.

Hypothesis Six

The sixth hypothesis anticipated that negative feelings about masturbation would be predicted by shame, guilt, religious fundamentalism, education, age, and ethnicity. Due to insufficient representation of ethnicities besides White, two groups were created and a dummy code was used to meet the requirements of the statistical program. A stepwise regression was conducted to assess whether negative feelings about masturbation could be predicted by the proposed variables. Results are presented in Table 7. Religious fundamentalism was a positive predictor, such that participants who presented more religious fundamentalism endorsed more negative feelings about masturbation. Shame was also a positive predictor, such that participants who presented more shame endorsed more negative feelings about masturbation. Guilt was a negative predictor, such that participants who endorsed more guilt reported less negative feelings about masturbation. Race was also a predictor such that being White was associated with less negative feelings about masturbation compared with non-White participants who endorsed increased negative feelings about masturbation. However, age and education were not included in the final model, and therefore, this hypothesis was partially supported.

Table 7

Stepwise Regression Considering Negative Feelings Being Predicted by Proposed Variables

	R ²	B	SE	β	t-value
	.30				
Fundamentalism		.02	.00	.27	4.47**
Guilt		-.06	.01	-.38	-5.66**
Shame		.04	.01	.27	4.02**
White		-.72	.18	-.24	-3.87**

Note. ** $p < .001$

Exploratory Analyses

In addition to running analyses specifically related to testing the research questions and hypotheses, further analyses were conducted to examine the relationships between reported masturbation behaviors. Frequencies and percentages of masturbation engagement are shown below in Table 8. As shown, two-thirds of the sample reported masturbating as a child/adolescent (66.5%) and 87.6% of participants reported masturbating as an adult. Current masturbation frequencies were originally asked as a Likert-type scale (see below); however, further evaluation of the obtained values indicated that scores fell within the acceptable range of normality, and were as such, used as continuous variables in further analyses.

Table 8

Frequencies and Percentages of Masturbation Engagement

	<i>n</i>	%
Masturbated as a child or adolescent		
Yes	149	66.5
No	75	33.5
Masturbated as an adult		
Yes	198	87.6
No	28	12.4
Masturbation Frequency		
I don't masturbate	33	14.7
Once per year or less often	19	8.4
Several times per year	28	12.4
Monthly	37	16.4
Several times per month	34	15.1
Weekly	31	13.8
Several times per week	30	13.3
Daily	10	4.4
Several times per day	3	1.3

Note. Uneven totals reflect incomplete participant data.

To examine the differences in key outcomes (RRFS, ATMS, TOSCA-3 Shame, TOSCA-3 Guilt), a series of tests of differences were conducted regarding whether or not participants reported masturbating as a child/adolescent or as an adult (see Table 9 below). Due to highly discrepant group sizes, these differences were assessed using non-parametric Mann-Whitney U tests. There were further indications of the violations of parametric testing, such as high observed heterogeneity of variance across groups. While Mann-Whitney U tests are conducted on median values, means and standard deviations are reported below as these metrics for consistency across tables.

Table 9

Means and Standard Deviations of Key Outcomes by Masturbation Engagement

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>U</i>
Masturbate as a Child/Adolescent				
RRFS				3953.50*
Yes	140	39.31	24.78	
No	70	47.73	26.20	
ATMS				4233.00
Yes	140	2.03	1.33	
No	71	2.53	1.63	
TOSCA-3 Shame				5272.50
Yes	144	52.51	9.98	
No	74	52.20	10.86	
TOSCA-3 Guilt				5327.00
Yes	144	64.29	9.81	
No	74	64.78	8.38	
Masturbate as an Adult				
RRFS				1570.50*
Yes	184	40.67	25.24	
No	26	53.33	25.35	
ATMS				1146.00**
Yes	187	2.06	1.38	
No	24	3.30	1.57	
TOSCA-3 Shame				2039.50
Yes	192	52.97	9.84	
No	27	48.93	12.63	
TOSCA-3 Guilt				2438.00
Yes	192	64.38	9.48	
No	27	65.59	8.69	

Note. TOSCA-3 is the Test of Self-Conscious Affect-Version 3 scale. ATMS is the Attitudes toward Masturbation Scale. RRFS is the Revised 12-Item Religious Fundamentalism Scale. * $p < .05$. ** $p < .01$.

As shown, those who did not masturbate as a child reported significantly higher religious fundamentalism ($M = 47.73$, $SD = 26.20$) compared to those who reported masturbation as a child/adolescent ($M = 39.31$, $SD = 24.78$). There were no differences in attitudes towards masturbation, shame, or guilt as a function of whether or not participants reported masturbating as a child or adolescent.

Similarly, those who reported that they do not masturbate as adults reported higher levels of religious fundamentalism ($M = 53.33, SD = 25.35$) compared to those who did endorse masturbating in adulthood ($M = 40.67, SD = 25.24$). Those who did not endorse masturbating as adults had high levels of negative attitude towards masturbation ($M = 3.30, SD = 1.57$) compared to those who did endorse masturbating ($M = 2.06, SD = 1.38$). There were no differences in levels of shame or guilt as a function of masturbating as an adult.

Lastly, to examine the relationship between masturbation frequency and key outcomes, Pearson's product moment correlations were computed; see Table 10. Higher frequencies of masturbation were associated with lower levels of guilt ($r = -.19$) and religious fundamentalism ($r = -.26$).

Table 10

Pearson's Product Moment Correlations Between Masturbation Frequency and Outcomes

	Masturbation Frequency
TOSCA-3 Shame	-.10
TOSCA-3 Guilt	-.19*
ATMS	-.08
RRFS	-.26**

Note. TOSCA-3 is the Test of Self-Conscious Affect-Version 3 scale. ATMS is the Attitudes toward Masturbation Scale. RRFS is the Revised 12-Item Religious Fundamentalism Scale. * $p < .05$. ** $p < .01$.

CHAPTER V

DISCUSSION

Summary of Findings

The present study's purpose was to examine the responses of shame and guilt among women related to their attitudes towards masturbation, while also considering the impact of religious fundamentalism. Additionally, the potential impact of age, ethnicity, and education were also examined as moderating variables. While none of the hypotheses were supported in their entirety, some partial support was found and several significant findings were observed. In the current study, results revealed that women who were younger, identified as non-White, and had more religiously fundamentalist views are more apt to convey increased negative feelings about masturbation. Years of education were not found to be linked with negative feelings about masturbation. Also, contrary to the predictions of this study, increased shame and guilt were not found to be significantly associated with increased negative feelings about masturbation. However, an unexpected result, that increased guilt was related to having fewer negative feelings about masturbation, was revealed during analysis. Masturbation was found to be commonplace for the women of this study, both in childhood and adulthood.

Integration of Findings with Previous Literature

This study helps contribute to the relative dearth of existing research concerning women's sexuality, specifically masturbation (Davidson & Darling, 1988; Fahs & Frank,

2014; Hogarth & Ingham, 2009). Further, the present study undertook differentiating the responses of shame and guilt related to women's masturbation which some previous researchers have tended to conceptualize and measure together (Baćak & Štulhofer, 2011; Bowman, 2014; Carvalheira & Leal, 2013; Fahs & Frank, 2014; Hogarth & Ingham, 2009; Kaestle & Allen, 2011) though others have advanced the concept that guilt and shame are separate self-conscious emotions (Boudana, 2014; Cryder, Springer, & Morewedge, 2012; Gutierrez, 2013; Kim et al., 2011; Lewis, 1971; Muris et al., 2015 Rothmund & Baumert, 2014; Roos et al., 2013; Sherman, 2014; Tangney, 1996; Tangney et al., 2014; Teroni & Deonna, 2008). The current study distinguished between the self-conscious emotions of guilt and shame regarding feelings about masturbation. While there were no significant findings for shame and negative feelings about masturbation, increased guilt was associated with fewer negative feelings about masturbation.

Bowman (2014) found similar results, such that the women in her study endorsed fewer negative responses to masturbation, like shame and guilt, compared to earlier studies. Several authors have noted a similar increase in the acceptance of and fewer shame and guilt responses related to women's masturbation over the past several decades (Bridges et al., 2004; Das et al., 2009; Davidson & Darling, 1988; Davidson & Moore, 1994; Davidson et al., 1995; Fahs & Frank, 2014; Pei & Ho, 2009). Thus, though contrary to predictions, the lack of significant results concerning shame and negative feelings about masturbation could be a reflection of the gradual changing and increasingly more positive attitudes about women's masturbation.

Guilt was significantly associated with negative feelings about masturbation. However, unexpectedly and against predictions, guilt was negatively related to feelings about masturbation, such that women who endorsed more feelings of guilt also endorsed fewer negative feelings about masturbation. One explanation for this finding lies with the stress-reducing effect masturbation has for some women. Previous research has found that women use masturbation as a means to self-soothe (Bowman, 2014; Fahs & Frank, 2014; Kaestle & Allen, 2011; Shulman & Horne, 2003). If women masturbate to self-soothe, one possibility is that some women masturbate as a way to attenuate their stress response. Thus, women who feel increased guilt may in turn have fewer negative reactions to masturbation because they use masturbation to reduce guilt about other things. Another possibility considered for fewer negative feelings about masturbation related to increased feelings of guilt could be a coping response. That is, women who experience more feelings of guilt may hide guilt feelings related to masturbation by denying that there is anything wrong with masturbation. However, previous research has shown that while shame may elicit a denial response in an effort to distance one's self from the discomfort of shame, guilt is not apt to result in avoidance or denial (Cryder et al., 2012; Olthof, 2012; Roberts et al., 2014; Tangney et al., 2011; Wietzker, Buysse, Loeys, & Brondeel, 2011; Yi, 2011).

Additionally, researchers have found guilt to be a prosocial emotion (Olthof, 2012; Roberts, Strayer, & Denham, 2014; Tangney, Stuewig, Mashek, & Hastings, 2011), such that its role is often regarded as adaptive (Peters & Geiger, 2016; Tangney et al., 2011) and helps to maintain relationships (Olthof, 2012; Wietzker et al., 2011), gain

perspective (Cryder et al., 2012; Peters & Geiger, 2016), remediate behaviors (Cryder et al., 2012; Muris et al., 2015), facilitate empathy (Olthof, 2012; Peters & Geiger, 2016; Roberts et al., 2014; Tangney et al., 2011), and make reparations (Cryder et al., 2012; Olthof, 2012; Wietzker et al., 2011). Further, previous authors have found that guilt is a protective factor (Tangney et al., 2011) such that it promotes accountability for one's behavior (Cryder et al., 2012; Olthof, 2012; Roberts et al., 2014; Tangney et al., 2011) agency and control (Roberts et al., 2014), and restraint (Cryder et al., 2012; Muris et al., 2015). Beyond guilt being adaptive, serving to gain perspective, promoting accountability, and aiding in a sense of control, guilt is also other-centered (Cryder et al., 2012), such that the focus is on repairing damage done to relationships and as opposed to protecting oneself (Wietzker et al., 2011). Guilt fostering other-centeredness allows individuals to maintain their sense of self without the global blaming of self as bad (Cryder et al., 2012; Muris et al., 2015; Peters & Geiger, 2016; Tangney et al., 2011). If guilt is centered on wrongs done to others, then the women of this study may have been able to distinguish masturbation, which by definition is self-focused, from guilt felt for behaviors done to others. This may be especially true for women who find masturbation soothing, a way in which to relieve stress when experiencing guilt and adding to a sense of agency related to self.

In this study, it was expected that shame would account for a greater percentage of variance in negative feelings about masturbation than guilt. Although this was not supported, it is interesting to note that guilt played a bigger role in the variance of negative feelings about masturbation and that the relationship was negatively skewed. In

contrast, though not statistically significant, the relationship between shame and negative feelings about masturbation was positively skewed. Stated another way, increased guilt resulted in fewer negative feelings about masturbation and had a bigger impact on the variance of negative feelings than shame, which resulted in increased negative feelings. This may be in part a reflection of the significant findings of guilt and the negative relationship with negative feelings about masturbation and shame's nonsignificant, but positive, relationship with negative feelings. These results may also reflect that some women do not internalize masturbatory behavior as a failing of self, as is common with shame (Peacock et al., 2009; Roos et al., 2013; Rothmund & Baumert, 2014; Schooler et al., 2005). Rather, if self-stimulation may be viewed as a way to cope with stress or relieve tension (Bowman, 2014; Fahs & Frank, 2014; Kaestle & Allen, 2011; Shulman & Horne, 2003), this perspective may engender a sense of oneself as capable and, independently of others, able to soothe oneself (Clarke, 2009; Meadows, 1997).

Notwithstanding the lack of significant results concerning shame, guilt, and increased negative feelings about masturbation and the purported variables of religious fundamentalism, ethnicity, age, and education, several important trends emerged. Religion has had a profound impact on society's view of sexuality (Reid & Bing, 2000), including masturbation (Davidson et al., 1995; Davidson et al., 2004). Historically, religious teachings have promoted masturbation as shameful (Ajzenstadt & Cavaglion, 2002; Davidson et al., 2004; Kwee & Hoover, 2008; Waheed, 2002). Previous researchers have found support for increased shame, guilt, and negative attitudes toward masturbation among women who endorse higher rates of religious worship attendance

(Clark & Weideman, 2000; Davidson & Moore, 1994; Davidson et al., 1995; Davidson et al., 2004; Knox et al., 2001; Meier, 2003). It is therefore cogent that findings revealed that the participants in the current study endorsed a positive relationship between religious fundamentalism and negative feelings about masturbation when taking into account both shame and guilt. Stated another way, women who endorsed views consistent with religious fundamentalism indicated greater negative feelings about masturbation. This finding has widespread support in the literature about fundamentalist Christians (Baćak & Štulhofer, 2011; Davidson et al., 2004; Gerressu et al., 2008; Herbenick et al., 2010; Kwee & Hoover, 2008; Reid & Bing, 2000), Orthodox Jews (Ajzenstadt & Cavaglion, 2002; Dorff, 1998), and conservative Muslims (Else-Quest et al., 2005; Kalmuss, 2004; Yaşan et al., 2009).

In the current study, there was a significant relationship between negative feelings about masturbation and race. While it was necessary, due to an insufficient number of participants from non-White groups, to divide participants into White and non-White groups, it was cogent in light of previous studies that have found that White women endorse fewer negative feelings about masturbation than women of color. Previous authors have found that White women reported masturbating more often, frequently with more positive feelings about masturbation, than Black (Cain et al., 2003; Das, 2007; Dodge et al., 2010; Gerressu et al., 2008; Shulman & Horne, 2003), Latina (Cain et al., 2003; Dodge et al., 2010), and Asian (Cain et al., 2003; Das, 2007) women. Frequently, non-White women report experiencing more demeaning and stricter expectations regarding their sexuality than White women (Cain et al., 2003; Das, 2007; Pei & Ho,

2009) which may influence their feelings and attitudes about masturbation. Reid and Bing (2000) highlighted the differences and similarities between various ethnicities concerning sexual expectations, such as Latina, Indian, and Asian women. They discussed the sexual limitations often experienced by many Latina women, such that they are expected to abstain from sexual intercourse until marriage and then view sex primarily as an obligation to their husbands. Similarly, many Indian women are raised with the expectation to protect their virginity until marriage and their sexual satisfaction is not deemed significant and Asian women in general are frequently regarded as subservient to men (Reid & Bing, 2000). Cultural messages can impact women's perceptions of their own and others' sexuality, including feelings and attitudes about masturbation (Bay-Cheng, 2010).

Age was negatively associated with negative feelings about masturbation, a finding consistent with Meadows (1997) and Das (2007) who found that older women feel more comfortable with their sexuality in general and masturbation specifically (see also Clarke, 2009; Davidson & Moore, 1994). The increased comfort with sexuality and masturbation as women age may come from more experience, learning how to traverse complicated relationship dynamics, and gaining more confidence and efficacy around advocating for their sexual pleasure with partners and/or providing it for themselves (Clark, 2009; Meadows, 1997; Pei & Ho, 2009).

In contrast with predictions, there was not a significant relationship between educational level and negative feelings about masturbation in the current study. Previous authors have reported that having increased levels of education has a liberating effect on

women, thus increasing their acceptance of and/or participation in masturbation (Davidson & Darling, 1988; Davidson & Moore, 1994; Gerressu et al., 2008; Sharma & Sharma, 1998). Davidson and Darling (1988) observed their participants over a 2-year time period during their academic career and found that the women's approval of masturbation increased as did their experiences with masturbation. Gerressu et al. (2008) ascertained that masturbation increased with education levels and higher SES. However, the current study did not corroborate a significant association between education level and negative feelings about masturbation. A difference in the results of previous studies and the present study could be due to the time period in which each were conducted. Many of the studies citing significant differences in attitudes toward masturbation are dated. However, there has been less of a focus on the relationships between masturbation attitudes and education levels more recently. De Graaf, Vanwesenbeeck, and Meijer (2015) observed differences in years of education, such that less education increased the risk of STIs, unplanned pregnancies, and sexual assaults. Less education was associated with younger age at first sexual intercourse and less sexual health knowledge. However, De Graaf et al. did not inquire about masturbation in particular. Bowman's (2014) sample was predominantly well-educated women, with 85% of the women having a bachelor's degree or more education. Bowman found, in her mostly masturbation-positive group, that educational level did not affect sexual empowerment; however, attitudes about masturbation, related to level of education, were not specifically measured. Ammar, Gauthier, and Widmer (2014) found that women with more education endorsed fewer gendered sexual roles, which in turn led to more accepting

attitudes related to sexuality, but they also did not study masturbation explicitly. Without further current data regarding attitudes towards masturbation and educational level, it is difficult to project reasons for the conflicting data results with the present study and previous research. However, a tentative explanation is that the conflicting results may reflect the general increasing acceptance of masturbation and decreasing of shame and guilt responses to masturbatory behavior in modern society (Bridges et al., 2004; Bowman, 2014; Das et al., 2009; Fahs & Frank, 2014; Pei & Ho, 2009).

Implications for Theory

Evolutionary theory stipulates that (heterosexual) men's chief schema encompasses a desire for more sexual partners and more sexual activity to improve the likelihood for their bloodline to continue. Concurrently, evolutionary theory argues that women are supposed to be very selective when choosing their sexual partners, due to lengthy pregnancies, which in turn affords fewer children (Buss & Schmitt, 1993, 2011). Accordingly, society tends to expect men to be more sexual than women and numerous cultural norms have facilitated the dismissal of women's sexual experience, stipulating it as less important than men's (Wade et al., 2005). Further, as per Conley et al. (2011), women are thought to desire sex less and experience fewer orgasms than men. However, results of the present study revealed that the majority of the participants have masturbated across the lifespan. Expectations of both scholars and laypeople may minimize or ignore women's pleasure, which can result in women relinquishing their own sexual desires in favor of the more culturally acceptable viewpoints. The participants in this study, especially those who were younger, non-White, and identified with fundamentalist

religious backgrounds, may internalize the pressure of their culture to deny their sexual desires, including participating in masturbation. Lastly, evolutionary theorists advance that people prefer sexual intercourse over masturbation due to nonprocreative function of masturbation (Eisenman, 2006). Yet, evolutionary theory does not account for women who self-stimulate because they enjoy the sexual pleasure they derive from masturbation (Bowman, 2014; Waskul et al., 2007). Additionally, consistent with several recent studies, most of the women in this study did not associate masturbation with shame or guilt (Bowman, 2014; Fahs & Frank, 2014), thus lending support to the reality that many women can and do enjoy sexual pleasure independent of reproductive purposes.

Regarding self-in-relation theory, Impett et al. (2006) observed that women's and girls' view of themselves is intertwined with their capability of sustaining meaningful interpersonal relationships. As per Tolman and Porsche (2000), a way in which girls and women safeguard important relationships is to quiet their own desires and aspirations. Women and girls exhibit this propensity when they submerge their viewpoints and feelings to satisfy others' view of what encompasses being acceptable for them. The desire to attenuate their wants and needs could have been in the foreground for the women of the current study who reported more negative feelings about masturbation, especially those who identify with the previously discussed populations. Women who quell their desires and yearnings may also struggle articulating their sexual wishes and longings (Impett et al., 2006). This neglect of self, for the supposed advancement of relationships, whether interpersonally or culturally, may be particularly harmful and pertinent in a society that values men's sexual experiences over women's and negates

women's entitlement to sexual fulfillment and autonomy (Impett et al., 2006; Tiefer, 1996).

Further, Impett et al. (2006) employed a feminist developmental viewpoint by explaining that the embodiment of what it means to be feminine necessitates women to detach themselves from their bodies, such that they are repressing their desires and needs so that they may be able to emulate what society requires of them. Fredrickson and Roberts (1997), utilizing objectification theory, emphasized that as girls' bodies mature and develop during their teenage years, many learn to disengage from their physical needs and implement behaviors intended to oppress and censor their bodily appetites. It is possible for the women of this study to have learned to objectify themselves, relative to the expectations of their cultures, thus also learning to deny their own physical appetites and desires. This may be especially pertinent for the participants who feel discomfort with self-stimulation. The denial of their physical inclinations can have adverse effects on their sexuality (Impett et al., 2006). Schooler et al. (2005) likewise noted the disquiet, stating that women who disconnect from their bodies and emotions may experience complications advocating for their own needs and desires. As such, women who experience more negative feelings about masturbation may avoid preferred sexual behaviors and accordingly jeopardize their health by engaging in unsafe sexual activities due to the strictures of their culture (Schooler et al., 2005).

Psycho-evolutionary theory advances that the purpose of emotions, like shame and guilt, is to ensure survival, such that they encourage suitable reactions to crisis experiences (Kim et al., 2011; Plutchik, 1984, 1990). Emotions are also adaptive and

assist in the components of survival by affording nourishment, securing and maintaining relationships, and effective childrearing (Plutchik, 1990). While the relationship between shame and feelings about masturbation was not significant in the current study, the relationship between guilt and feelings about masturbation was noteworthy. The finding that women in this study experienced more guilt coupled with fewer negative feelings about masturbation and the nonsignificant relationship of shame and feelings about masturbation alludes to the possible disentangling of society's expectations related to women's masturbation and women's own acceptance of masturbation as a valid expression of sexuality, thus circumventing rejection from society and ensuring important relationships.

Implications for Practice

To date, several authors (Bowman, 2014; Bridges et al., 2004; Das et al., 2009; Fahs & Frank, 2014; Pei & Ho, 2009) have suggested or discovered that women's masturbation is becoming less stigmatized and perceived more as a legitimate expression of sexuality compared with previous decades. While most of the participants in the current study have masturbated, the results also indicate that some women may still struggle with strictures from society and cultures that demand conformity to acceptable expression of sexuality, particularly those women who identify as non-White, with more fundamentalist religious organizations, and are younger. The American Psychological Association (APA) *Guidelines for Psychological Practice with Girls and Women* (2007) encouraged psychologists to be cognizant of the impact learned social roles, which include gender and sexuality, has on women and girls. Further, the APA advocated for

psychologists to distinguish the different forms of oppression that girls and women experience, as many occupy multiple marginalized identities, such as age, sexual orientation, ethnicity, and religion. The guidelines specified by the APA afford understanding of the consequences that biases oppressed individuals' mental and physical well-being. Moreover, the APA endorsed therapeutic relationships that rely on and foster empowerment for girls and women. Relative to the present study, women who identify with aforementioned groups may struggle with more negative feelings about masturbation while others, particularly those who are White, older, and ascribe less to religious fundamentalism, may derive more positive affect in response to their masturbation.

Results of this study suggest that negative feelings about masturbation impact women who adhere to more fundamentalist beliefs related to religion. For these women, the benefits of masturbation established by researchers may not be available or feasible due to the tenets they follow (Bowman, 2014; Coleman, 2002; Fahs & Frank, 2014; Hogarth & Ingham, 2009; Pei & Ho, 2009; Rye & Meaney, 2007; Shulman & Horne, 2003; Smith et al., 1996; Tiefer, 1998). Particular groups of religious women may deny a fundamental part of their sexuality consistent with scriptural teachings or, when women with more religious fundamentalist belief systems do participate in masturbatory behaviors, it may have a detrimental impact on them, although more research would be beneficial to examine this relationship more directly.

Similarly, results of the current study indicate that some non-White women may continue to have negative feelings about masturbation. The APA (2003) provided

direction for psychologists when working with individuals from marginalized ethnicities or ones dissimilar from their own. Comparable to the recommendations for providing services for girls and women, the APA underscored the importance of being aware of the impact of culture on viewpoints. It is important for psychologists both to be aware of and utilize the standards of multiculturalism and apply culturally sensitive interventions in their work with individuals from differing ethnicities (APA, 2003). Some women from particular marginalized ethnic groups may avoid masturbation due to cultural proscriptions or struggle with the potentially harmful consequences of acting against what their culture stipulates. Psychologists working with women should be thoughtful and sensitive regarding discussions about sexuality, particularly masturbation, especially with women whose ethnic or religious groups prohibit or condemn female masturbation.

Implications for Training

Professional guidelines underscore the importance of the need for psychologists to be educated regarding influences related to multicultural variables, including gender, race, sexual orientation, age, and religion (APA, 2003, 2007). Training programs and continuing education offerings would benefit future and current psychologists and therapists by incorporating sexuality topics and coursework, including multicultural aspects related to sexuality. Sexuality is an important part of many people's identities, including women (McKenna et al., 2001; Mollen & Stabb, 2010). However, historically, women's sexuality has been subjected to societal and cultural constraint (Glabach, 2001; McCarthy & Bodnar, 2005). Understanding that societal and cultural restrictions have regarded masturbatory behaviors as inappropriate, shameful, and sinful, especially for

women, is crucial when educating students about many women's lived experience within their particular cultural groups (Baćak & Štulhofer, 2011; Bowman, 2014; Francis, 2004; Gerressu et al., 2008; Herbenick et al., 2010; Hogarth & Ingham, 2009; Kaestle & Allen, 2011; Pei & Ho, 2009; Pinkerton et al., 2002; Rye & Meaney, 2007). Further, providing information and research that demonstrates that masturbation is both normative and beneficial and associated with many aspects of sexual health is important for students who may themselves matriculate into graduate programs with negative messages about sexuality and self-stimulation among women (Bowman, 2014; Coleman, 2002; Fahs & Frank, 2014; Hogarth & Ingham, 2009; Pei & Ho, 2009; Rye & Meaney, 2007; Shulman & Horne, 2003; Smith et al.; 1996; Tiefer, 1998).

Implications for Research

Researchers who desire to contribute the topic of women's sexuality and masturbation have many areas to explore. While the current study did not find a relationship between negative feelings about masturbation and education levels, previous authors have found differing rates of masturbation and acceptance according to education levels, such that increased education has been found to be associated with more masturbatory behaviors and acceptance of masturbation (Davidson & Darling, 1988; Davidson & Moore, 1994; Gerressu et al., 2008; Sharma & Sharma, 1998). The majority of women who participated in the present study had attained at least some higher education. Gerressu et al. (2008) found that advanced education and higher SES levels were associated with increased endorsement of masturbation for women. Therefore, the conflicting data regarding relationship between educational levels and attitudes towards

masturbation needs additional exploration. It would be interesting to conduct a longitudinal study of possible changes in viewpoint during the course of an academic career related to masturbatory participation and attitudes.

Fredrickson and Roberts (1997) discussed the importance of considering women's lived experiences, which was a point echoed by Wood et al. (2006), as a possible method to study women's sexuality. Wood et al. maintained that to comprehend women's sexuality, it is necessary to do so without a foundation centered on men's sexuality. Some authors have undertaken documenting women's sexuality as a lived experience (Fahs & Frank, 2014; Kaestle & Allen, 2011; Meadows, 1997; Mollen & Stabb, 2010; Waskul et al., 2007), concentrating on women's narratives. Taking a more qualitative approach to the topic of women's masturbation would aid in capturing women's lived experience and their narrative. A potential research topic could include women's narratives regarding where they learned their attitudes towards masturbation, both negative and positive. How did masturbation-positive women learn positive attitudes and /or overcome negative attitudes toward masturbation? Conversely, what contributed to changing a positive outlook towards masturbation to a more negative view about masturbation?

The current study attempted to add to the scholarly literature concerning race/ethnicity and attitudes about masturbation. While significant differences were found, this study was limited in the numbers of participants from diverse ethnicities. It was necessary to combine all non-White participants due to insufficient representation of women from specific non-White groups. Previous authors have begun the study of

different cultural views and the experiences of women's sexuality (Cain et al., 2003; Das, 2007; Dodge et al., 2010; Gerressu et al., 2008; Shulman & Horne, 2003). However, research in this area is limited and additions to the literature about diverse ethnicities and women's masturbation, to understand sexuality and masturbation from their cultural lens, would be beneficial.

A sparsely researched area relates to women's masturbation considering sexual orientation variables. Studying current literature shows minimal research on various sexual behaviors for lesbian and bisexual women (Bailey, Farquhar, Owen, & Whittaker, 2003; Peplau, 2003), asexual women (Maciel & Laganà, 2014), and transgender women (De Cuypere et al., 2005; Wierckx et al., 2011); however, even fewer study masturbation. A couple of exceptions include Yule, Brotto, and Gorzalka (2014), who surveyed asexual women about their masturbatory behaviors and use of sexual fantasy and Schick, Herbenick, Rosenberger, and Reece (2011), who queried lesbian and bisexual women about their vibrator use, which included during masturbation. Additional research in this area is needed.

An interesting direction of study could focus on messages in mass media about women's masturbation. Clarke (2009) examined magazines with an intended audience of adolescents and middle-aged women, observing the portrayal of women's sexuality and sexual health. A potential emphasis for future research would be the study of perceived messages in different media forms that encompass the theme of women's masturbation. It could also be enlightening to show any changes over time. Have messages in the media followed popular thinking or have the messages preceded societal opinions?

Strengths

The present study adds to the literature concerning women's sexuality and masturbation (Bay-Cheng, 2010; Davidson & Darling, 1988; Hogarth & Ingham, 2009; Tiefer, 2000; Wood et al., 2006) as related to guilt, shame, and religious fundamentalism. The contribution of the current study addresses the limitation of previous scholarly research and literature related to women's sexuality and masturbation, which has historically focused on men (Davidson & Darling, 1988; Hogarth & Ingham, 2009), relying on them as the standard for sexuality (Tiefer, 2000; Wood et al., 2006). Leiblum (2002) asserted that women's experience and expression of sexuality is commonly dissimilar from men's. According to Wood et al. (2006), researchers should observe women's sexuality from their experience and viewpoint, creating a female standard. The present study adds to the field of sexuality concerning women's masturbation, from women's point of view and experience.

Another limitation this study addressed was posited by Shulman and Horne (2003), who asserted that a majority of scholarly research about sexuality has concentrated on middle to upper-middle class White women. Further, it is common for researchers to over-rely on undergraduate students due to their ready accessibility on university campuses (Bowman, 2014, Davidson & Moore, 1994; Davidson et al., 2004; Pei & Ho, 2009). Both scenarios result in research studies lacking in diversity, such as age, race, and SES. Per Bowman (2014) and Robinson et al. (2002), it is essential to include diverse participants who vary in age, race, SES, and years of education. The current study contributes to the literature by recruiting participants diverse in age,

ethnicity, and income through online resources and including their experiences with women's masturbation, shame, guilt, and religious fundamentalism.

The current study addressed the dearth of available literature which studies masturbation and religiosity. Supplementing to the literature is imperative due to the variations in findings regarding religion (Ajzenstadt & Cavaglioni, 2002; Kwee & Hoover, 2008; Reid & Bing, 2000) and sexuality (Bowman, 2014; Gerressu et al., 2008; Herbenick et al., 2010; Pei & Ho, 2009). Further, religiosity, as it relates to shame, guilt, and masturbation, has historically been measured by noting the frequency of religious service attendance (Davidson et al., 1995; Davidson et al., 2004). Relying solely on religious service attendance as a measure of religiosity can be problematic, as there are other aspects that factor into religiosity (Altemeyer & Hunsberger, 2004; Carlucci et al., 2013). This study augmented understanding about religiosity's role in women's masturbation, shame, guilt by assessing participants' adherence to religious beliefs. Measuring the levels of religious fundamentalism as a construct of an individual's religiosity as opposed to relying solely on a measure of religious service attendance is a strength of the present study.

A final consideration is that historically academic research and literature have combined guilt and shame as one variable, often using the words interchangeably (Baćak & Štulhofer, 2011; Bowman, 2014; Carvalheira & Leal, 2013; Coleman, 2002; Davidson & Darling, 1988; Davidson & Moore, 1994; Davidson et al., 1995; Davidson et al., 2004; Fahs & Frank, 2014; Hogarth & Ingham, 2009; Kaestle & Allen, 2011; Mosher & Vonderheide, 1985; Tangney, 1996). Tangney et al. (2014) challenged this practice,

asserting that that research has highlighted the discrepancies between shame and guilt. The present study examined and was able to differentiate between the experience of guilt and shame as they related to participant's feelings about masturbation. Regardless of nonsignificant findings related to several of the hypotheses, significant differences were observed among shame, guilt, and negative feelings about masturbation, thus adding to the literature highlighting the importance of continuing to differentiate between shame and guilt.

Limitations

All studies have limitations and it is important to reflect on and acknowledge these so that others may understand the parameters of the study and information it provides. While online surveys and questionnaires do reach a larger and more diverse population, there are some drawbacks intrinsic in accessing exclusively online participants. A major disadvantage to online sampling is that participants who do not have access to computers and the Internet are excluded. Riggle, Rostosky, and Reedy (2005) discussed the obstacles of coverage and sampling errors when relying on online surveys. According to Riggle et al., coverage error denotes the individuals who do not have access to the online resources and therefore cannot contribute to the study. Sampling error likewise signifies those who have access to a computer and the Internet, but do not participate in the study. As a result, participants from lower SES backgrounds and those who lack experience with technology may have been excluded. Future studies may consider using different methods of enlisting participants, including those that do not rely solely on more advanced forms of technology.

Another limitation of the present study was the sensitive nature of the topic. Some cultures preclude discussion of sexuality in general, which would make answering a questionnaire about women's masturbation extremely uncomfortable. Personal experience, religious beliefs, and one's upbringing could also contribute to discomfort about sexuality topics. In accordance with approval of the IRB, this study was transparent regarding the sensitive nature of the topics discussed within the questionnaire. This fact may have precluded some individuals from participating or completing the questionnaire. Fenton, Johnson, McManus, and Erens (2001) described participation bias as potentially problematic in studies that focus on aspects of sexuality, such that individuals uncomfortable with the topic may choose to not participate in the study. Wietzker et al. (2011) denoted that feelings of shame often result in avoidant behaviors; therefore, women with more negative attitudes toward masturbation, shame, guilt, or religious fundamentalism may have been underrepresented in this study.

Many researchers contend with the limitations of various methods of statistical analyses. Inherently, regression analyses do not permit inferences of causality between the proposed variables (Aiken & West, 1991). Consequently, even though significant relationships between negative feelings about masturbation and religious fundamentalism, guilt, age, and race were found, causal relationships cannot be determined nor should they be inferred.

A further limitation to the present study relates to the research design. This study was unable to counterbalance the measures, due to the restraints of PsychData, the hosting site of the survey. Kooken et al (2016) asserted that test order effects have

potential outcome consequences and researchers should counterbalance measures where possible. Brooks (2012) concurred, stating that counterbalancing is important in experimental design. It is unknown the impact of being unable to counterbalance the measures has had on the current study.

Lastly, the instrument used to measure shame and guilt in this study could be a limitation, in that the TOSCA-3 gages shame and guilt-proneness (Tangney et al., 2000) and not necessarily shame and guilt about masturbation exclusively. The ATMS, which assesses attitudes about masturbation, does utilize the words “shame” and “guilt” when inquiring about negative feelings toward masturbation; however, they are a part of the subsection of feeling words and not evaluated on their own. Therefore, an instrument which evaluates shame and guilt about masturbation specifically may result in a different outcome.

Conclusion

The current study contributes to academic research and literature indicating that some women continue to experience negative attitudes towards masturbation, especially younger non-White women who identify with more religious fundamentalism. However, the women of this study did not endorse significantly more shame or guilt related to negative feelings about masturbation, which underscores previous recent studies, demonstrating that attitudes about women’s masturbation seem to be changing, becoming more tolerant. An unexpected finding was observed in the present study, such that women who reported experiencing more guilt also reported fewer negative feelings associated with masturbation. As such, the findings contribute to literature that has

revealed the adaptive function of guilt. Masturbation was reported as commonplace among women across the lifespan. Accordingly, psychologists should consider both the established benefits of masturbation among women and the cultural factors that may attenuate some of these benefits due to proscriptions against women's sexuality and non-procreative sexual behaviors.

REFERENCES

- Aiken, L. S., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions*. Thousand Oaks, CA: Sage.
- Ajzenstadt, M. & Cavaglio, G. (2002). The sexual body of the young Jew as an arena of ideological struggle, 1821-1948. *Symbolic Interaction*, 25, 93-116.
doi: 10.1525/si.2002.25.1.93
- Allen, K. R. & Goldberg, A. E. (2009). Sexual activity during menstruation: A qualitative study. *Journal of Sex Research*, 46, 535-545.
doi: 10.1080/00224490902878977
- Altemeyer, B. (1988). *Enemies of freedom*. San Francisco: Jossey-Bass.
- Altemeyer, B. (1996). *The authoritarian specter*. Cambridge, MA: Harvard University Press.
- Altemeyer, B. & Hunsberger, B. (1992). Authoritarianism, religious fundamentalism, quest, and prejudice. *The International Journal for the Psychology of Religion*, 2, 113-133. http://dx.doi.org/10.1207/s15327582ijpr0202_5
- Altemeyer, B. & Hunsberger, B. (2004). A revised religious fundamentalism scale: The short and sweet of it. *The International Journal for the Psychology of Religion*, 14, 47-54. http://dx.doi.org/10.1207/s15327582ijpr1401_4
- American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, 58, 377-402. doi: 10.1037/0003-066X.58.5.377

- American Psychological Association. (2007). Guidelines for psychological practice with girls and women. *American Psychologist*, 62, 949-979.
doi: 10.1037/0003-066X.62.9.949
- Ammar, N., Gauthier, J. A., & Widmer, E. D. (2014). Trajectories of intimate partnerships, sexual attitudes, desire and satisfaction. *Advances in Life Course Research*, 22, 62-72. <http://dx.doi.org/10.1016/j.alcr.2014.06.001>
- Andrews, B., Qian, M., & Valentine, J. D. (2002). Predicting depressive symptoms with a new measure of shame: The experience of shame scale. *British Journal of Clinical Psychology*, 41, 20-42. <http://doi.org/dgjrt>
- Atwood, J. D. & Gagnon, J. (1987). Masturbatory behavior in college youth. *Journal of Sex Education and Therapy*, 13, 35-42.
- Azzam, T. & Jacobson, M. R. (2013). Finding a comparison group: Is online crowdsourcing a viable option? *American Journal of Evaluation*, 34, 372-384.
doi: 10.1177/1098214013490223
- Bačak, V. & Štulhofer, A. (2011). Masturbation among sexually active young women in Croatia: Associations with religiosity and pornography use. *International Journal of Sexual Health*, 23, 248-257. doi: 10.1080/19317611.2011.611220
- Bahr, H. & Chadwick, B. (1988). Religion and family in Middletown, U.S.A. In D. L. Thomas (Ed.), *The religion and family connection: Social science perspectives* (pp. 51-65). Provo, UT: Religious Studies Center, Brigham Young University.

- Bailey, J. V., Farquhar, C., Owen, C., & Whittaker, D. (2003). Sexual behaviour of lesbians and bisexual women. *Sexually Transmitted Infections*, 79, 147-150. doi:10.1136/sti.79.2.147
- Bancroft, J., Long, J. S., & McCabe, J. (2011). Sexual well-being: A comparison of U.S. Black and White women in heterosexual relationships. *Archives of Sexual Behavior*, 40, 725-740. doi: 10.1007/s10508-010-9679-z
- Bay-Cheng, L. Y. (2010). Justifying sex: The place of women's sexuality on a social justice agenda. *The Journal of Contemporary Social Services*, 91, 97-103. doi: 10.1606/1044-3894.3962
- Beck, A. T., Emery, G., & Greenberg, R. L. (1985). *Anxiety disorders and phobias: A cognitive approach*. New York: Basic Books.
- Beghetto, R. A. (2014). Creative mortification: An initial exploration. *Psychology of Aesthetics, Creativity, and the Arts*. <http://dx.doi.org/10.1037/a0036618>
- Bennett, P. (1993). Critical clitoridectomy: Female sexual imagery and feminist psychoanalytic theory. *Signs: Journal of Women in Culture and Society*, 18, 235-259. doi: 10.1086/494792
- Beyer, C. E. & Ogletree, R. J. (1996). Gender representations in illustrations, text, and topic areas in sexuality education curricula. *The Journal of School Health*, 66, 361-364. <http://dx.doi.org/10.1111/j.1746-1561.1996.tb03393.x>
- Boston Women's Health Book Collective. (2011). *Our bodies, ourselves* (40th anniversary ed.). New York, NY: Simon & Schuster.

- Boudana, S. (2014). Shaming rituals in the age of global media: How DSK's perp walk generated estrangement. *European Journal of Communication, 29*, 49-67.
doi: 10.1177/0267323113509361
- Bowman, C. P. (2014). Women's masturbation: Experiences of sexual empowerment in a primarily sex-positive sample. *Psychology of Women Quarterly, 38*, 363-378.
doi: 10.1177/0361684313514855
- Brandt, M. J. & Van Tongeren, D. R. (2015). People both high and low on religious fundamentalism are prejudiced toward dissimilar groups. *Journal of Personality and Social Psychology. <http://dx.doi.org/10.1037/pspp0000076>*
- Braun, V. & Kitzinger, C. (2001). 'Snatch,' 'hole,' or 'honey-pot'? Semantic categories and the problem on nonspecificity in female genital slang. *Journal of Sex Research, 38*, 146-158. doi: 10.1080/00224490109552082
- Braun, V. & Tiefer, L. (2010). The 'designer vagina' and the pathologisation of female genital diversity: Interventions for change. *Radical Psychology, 8*(1). Retrieved from <http://www.radicalpsychology.org/vol8-1/brauntiefer.html>
- Braun, V. & Wilkinson, S. (2001). Socio-cultural representations of the vagina. *Journal of Reproductive Health and Infant Psychology, 19*, 17-32.
doi: 10.1080/026483002003274
- Bridges, S. K., Lease, S. H., & Ellison, C. R. (2004). Predicting sexual satisfaction in women: Implications for counselor education and training. *Journal of Counseling & Development, 82*, 158-166.
<http://dx.doi.org/10.1002/j.1556-6678.2004.tb00297.x>

- Brooks, J. L. (2012). Counterbalancing for serial order carryover effects in experimental condition orders. *Psychological Methods, 17*, 600-614. doi: 10.1037/a0029310
- Brown, J. (2004). Shame and domestic violence: Treatment perspectives for perpetrators from self psychology and affect theory. *Sexual and Relationship Therapy, 19*, 39-56. doi: 10.1080/14681990410001640826
- Brown, M. Z., Linehan, M. M., Comtois, K. A., Murray, A., & Chapman, A. L. (2009). Shame as a prospective predictor of self-inflicted injury in borderline personality disorder: A multi-modal analysis. *Behaviour Research and Therapy, 47*, 815-822. doi: 10.1016/j.brat.2009.06.008
- Budden, A. (2009). The role of shame in posttraumatic stress disorder: A proposal for a socio-emotional model for DSM-V. *Social Science and Medicine, 69*, 1032-1039. doi: 10.1016/j.socscimed.2009.07.032
- Buhrmester, M., Kwang, T., & Gosling, S. D. (2011). Amazon's Mechanical Turk: A new source of inexpensive, yet high-quality data? *Perspectives on Psychological Science, 6*, 3-5. doi: 10.1177/1745691610393980
- Buss, D. M. & Schmitt, D. P. (1993). Sexual strategies theory: An evolutionary perspective on human mating. *Psychological Review, 100*, 204-232. doi: 10.1037/0033-295X.100.2.204
- Buss, D. M. & Schmitt, D. P. (2011). Evolutionary psychology and feminism. *Sex Roles, 64*, 768-787. doi: 10.1007/s11199-011-9987-3

- Bybee, J. A., Sullivan, E., Zielonka, E., & Moes, E. (2009). Are gay men in worse mental health than heterosexual men? The role of age, shame and guilt, and coming-out. *Journal of Adult Development, 16*, 144-154.
doi: 10.1007/s10804-009-9059-x
- Cain, V. S., Johannes, C. B., Avis, N. E., Mohr, B., Schocken, M., Skurnick, J., & Ory, M. (2003). Sexual functioning and practices in a multi-ethnic study of mid-life women: Baseline results from SWAN. *Journal of Sex Research, 40*, 266-276.
doi: 10.1080/00224490309552191
- Carlucci, L., Tommasi, M., & Saggino, A. (2013). Factor structure of the Italian version of the religious fundamentalism scale. *Psychological Reports: Mental & Physical Health, 112*, 6-13. doi: 10.2466/07.17.PRO.112.1.6-13
- Carvalho, A. & Leal, I. (2013). Masturbation among women: Associated factors and sexual response in a Portuguese community sample. *Journal of Sex & Marital Therapy, 39*, 347-367. doi: 10.1080/0092623X.2011.628440
- Carvalho, S., Dinis, A., Pinto-Gouveia, J., & Estanqueiro, C. (2015). Memories of shame experiences with others and depression symptoms: The mediating role of experiential avoidance. *Clinical Psychology and Psychotherapy, 22*, 32-44.
doi: 10.1002/cpp.1862
- Casler, K., Bickel L., & Hackett, E. (2013). Separate but equal? A comparison of participants and data gathered via Amazon's MTurk, social media, and face-to-face behavioral testing. *Computers in Human Behavior, 29*, 2156-2160.
<http://dx.doi.org/10.1016/j.chb.2013.05.009>

- Cheung, M. S., Gilbert, P., & Irons, C. (2004). An exploration of shame, social rank and rumination in relation to depression. *Personality and Individual Differences, 36*, 1143-1153. doi: 10.1016/S0191-8869(03)00206-X
- Clark, D. A. & Wiederman, M. W. (2000). Gender and reactions to a hypothetical relationship partner's masturbation and use of sexually explicit media. *Journal of Sex Research, 37*, 133-141. <http://dx.doi.org/10.1080/00224490009552030>
- Clarke, J. (2009). Women's work, worry and fear: The portrayal of sexuality and sexual health in US magazines for teens and middle-aged women, 2000-2007. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care, 11*, p. 415-429. doi: 10.1080/13691050902780776
- Clifford, R. E. (1978). Development of masturbation in women. *Archives of Sexual Behavior, 7*, 559-573. <http://dx.doi.org/10.1007/BF01541922>
- Cohen, Cohen, West, & Aiken, (2003). *Applied multiple regression/correlation analysis for the behavioral sciences* (3rd ed). Mahwah, NJ: Lawrence Erlbaum Associates.
- Cohen, T. R., Wolf, S. T., Panter, A. T., & Insko, C. A. (2011). Introducing the GASP scale: A new measure of guilt and shame proneness. *Journal of Personality and Social Psychology, 100*, 947-966. doi: 10.1037/a0022641
- Coleman, E. (2002). Masturbation as a means of achieving sexual health. *Journal of Psychology & Human Sexuality, 14*, 5-16.

- Conley, T. D., Moors, A. C., Mastick, J. L., Ziegler, A., & Valentine, B. A. (2011). Women, men, and the bedroom: Methodological and conceptual insights that narrow, reframe, and eliminate gender differences in sexuality. *Current Directions in Psychological Science, 20*, 296-300.
doi: 10.1177/0963721411418467
- Cornog, M. (1986). Naming sexual body parts: Preliminary patterns and implications. *Journal of Sex Research, 22*, 393-398. doi: 10.1080/00224498609551318
- Cryder, C. E., Springer, S., & Morewedge, C. K. (2012). Guilty feelings, targeted actions. *Personality and Social Psychology Bulletin, 38*, 607-618.
doi: 10.1177/0146167211435796
- Das, A. (2007). Masturbation in the United States. *Journal of Sex & Marital Therapy, 33*, 301-317. doi: 10.1080/00926230701385514
- Das, A., Parish, W. L., & Laumann, E. O. (2009). Masturbation in urban China. *Archives of Sexual Behavior, 38*, 108-120. doi: 10.1007/s10508-007-9222-z
- Davidson, J. K. & Darling, C. A. (1988). Changing autoerotic attitudes and practices among college females: A two-year follow-up study. *Adolescence, 23*, 773-792.
- Davidson, J. K., Darling, C. A., & Norton, L. (1995). Religiosity and sexuality of women: Sexual behavior and sexual satisfaction revisited. *The Journal of Sex Research, 32*, 235-243. <http://dx.doi.org/10.1080/00224499509551794>

- Davidson, J. K. & Moore, N. B. (1994). Masturbation and premarital sexual intercourse among college women: Making choices for sexual fulfillment. *Journal of Sex and Marital Therapy, 20*, 178-199.
<http://dx.doi.org/10.1080/00926239408403429>
- Davidson, J. K., Moore, N. B., & Ullstrup, K. M. (2004). Religiosity and sexual responsibility: Relationships of choice. *American Journal of Health Behavior, 28*, 335-346. <http://dx.doi.org/10.5993/AJHB.28.4.5>
- de Brujin, G. (1982). From masturbation to orgasm with a partner: How some women bridge the gap – and why others don't. *Journal of Sex and Marital Therapy, 8*, 151-167. <http://dx.doi.org/10.1080/00926238208405819>
- De Cuypere, G., TSjoen, G., Beerten, R., Selvaggi, G., De Sutter, P., Hoebeke, P., ...Rubens, R. (2005). Sexual and physical health after sex reassignment surgery. *Archives of Sexual Behavior, 34*, 679-690. doi: 10.1007/s10508-005-7926-5
- De Graaf, H., Vanwesenbeeck, I., & Meijer, S. (2015). Educational differences in adolescents' sexual health: A pervasive phenomenon in a national Dutch sample. *The Journal of Sex Research, 52*, 747-757. doi: 10.1080/00224499.2014.945111
- Dekker, A. & Schmidt, G. (2002). Patterns of masturbatory behavior: Changes between the sixties and the nineties. *Journal of Psychology & Human Sexuality, 14*, 35-48.
- Dickerson, S. S., Gruenewald, T. L., & Kemeny, M. E. (2004). When the social self is threatened: Shame, physiology, and health. *Journal of Personality, 72*, 1191-1216. doi: 10.1111/j.1467-6494.2004.00295.x

- Dodge, B., Reece, M., Herbenick, D., Schick, V., Sanders, S. A., & Fortenberry, J. D. (2010). Sexual health among U.S. Black and Hispanic men and women: A nationally representative study. *Journal of Sexual Medicine, 7*, 330-345.
doi: 10.1111/j.1743-6109.2010.02019.x
- Dodson, B. (1987). *Sex for one. The joy of self love*. Glendale, CA: Crown.
- Dodson, B. (2008). We are all quite queer. *Journal of Bisexuality, 4*, 155-163.
http://dx.dio.org/10.1300/J159v04n03_12
- Dorff, E. N. (1998). *Matters of life and death: A Jewish approach to modern medical ethics*. Philadelphia, PA: Jewish Publication Society
- Dorahy, M. J., Corry, M., Shannon, M., Webb, K., McDermott, B., Ryan, M., & Dyer, K. (2013). Complex trauma and intimate relationships: The impact of shame, guilt, and dissociation. *Journal of Affective Disorders, 147*, 72-79.
doi: 10.1016/j.jad.2012.10.010
- Dyer, K. F., Dorahy, M. J., Hamilton, G., Corry, M., Shannon, M., MacSherry, A., & McElhill, B. (2009). Anger, aggression, and self-harm in PTSD and complex PTSD. *Journal of Clinical Psychology, 65*, 1099-1114.
doi: 10.2307/1387529
- Eisenman, R. (2006). Evolutionary psychology insights regarding human sexuality. *Europe's Journal of Psychology, 2*(4). doi:10.5964/ejop.v2i4.290
- Elise, D. (2008). Sex and shame: The inhibition of female desires. *Journal of the American Psychoanalytic Association, 56*, 73-98.
doi: 10.1177/0003065108315685

- Else-Quest, N. M., Hyde, J. S., & DeLamater, J. D. (2005). Context counts: Long-term sequelae of premarital intercourse or abstinence. *The Journal of Sex Research*, 42, 102-112. <http://dx.doi.org/10.1080/00224490509552263>
- Fahs, B. & Frank, E. (2014). Notes from the back room: Gender, power, and (in)visibility in women's experiences of masturbation. *Journal of Sex Research*, 51, 241-252. doi: 10.1080/00224499.2012.745474
- Fahs, B. & Swank, E. (2013). Adventures with the "Plastic Man": Sex toys, compulsory heterosexuality, and the politics of women's sexual pleasure. *Sexuality & Culture*, 17, 666-685. doi: 10.1007/s12119-013-9167-4
- Fenton, K. A., Johnson, A. M., McManus, S., & Erens, B. (2001). Measuring sexual behaviour: methodological challenges in survey research. *Sexually Transmitted Infections*, 77, 84-92. doi:10.1136/sti.77.2.84
- Fisher, T. D., Davis, C. M., Yarber, W. L., & Davis, S. L. (2011). *Handbook of sexuality-related measures* (3rd ed.). New York: Routledge.
- Francis, E. (2004). From self to self. *Journal of Bisexuality*, 4, 167-176. doi: 10.1300/J159v04n03_14
- Fredrickson, B. L. & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, 21, 173-206. <http://dx.doi.org/10.1111/j.1471-6402.1997.tb00108.x>

- Fullagar, S. (2003). Wasted lives: The social dynamics of shame and youth suicide. *Australian and New Zealand Journal of Sociology, 39*, 291-307.
doi: 10.1177/0004869003035076
- Gagnon, J. (1985). Attitudes and responses of parents to pre-adolescent masturbation. *Archives of Sexual Behavior, 14*, 451-466. <http://dx.doi.org/10.1007/BF01542005>
- Gallup Foundation. (2015). Religion. Retrieved April 16, 2015, from <http://www.gallup.com/poll/1690/Religion.aspx>
- Gartrell, N. & Mosbacher, D. (1984). Sex differences in the naming of children's genitals. *Sex Roles, 10*, 867-876. doi: 10.1007/BF00288510
- Gao, J., Qin, M., Qian, M., & Liu, X. (2013). Validation of the TOSCA-3 among Chinese young adults. *Social Behavior and Personality, 41*, 1209-1218.
<http://dx.doi.org/10.2224/sbp.2013.41.7.1209>
- Gerressu, M., Mercer, C. H., Graham, C. A., Wellings, K., & Johnson, A. M. (2008). Prevalence of masturbation and associated factors in a British national probability survey. *Archives of Sexual Behavior, 37*, 266-278.
doi: 10.1007/s10508-006-9123-6
- Gilbert, P., Cheung, M. S., Grandfield, T., Campey, F., & Irons, C. (2003). Recall of threat and submissiveness in childhood: Development of a new scale and its relationship with depression, social comparison, and shame. *Clinical Psychology and Psychotherapy, 10*, 108-115. doi: 10.1002/cpp.359

- Glabach, D. (2001). Naturally sexual breast-feeding: An evolutionary prescription for emotional health. *Journal of Prenatal & Perinatal Psychology & Health, 16*, 151-166.
- Goodman, J. K., Cryder, C. E., & Cheema, A. (2013). Data collection in a flat world: The strengths and weaknesses of Mechanical Turk samples. *Journal of Behavioral Decision Making, 26*, 213-224. doi: 10.1002/bdm.1753
- Gupta, M. A. & Schork, N. J. (1995). Touch deprivation has an adverse effect on body image: Some preliminary observations. *Journal of Eating Disorders, 17*, 185-189.
[http://dx.doi.org/10.1002/1098-108X\(199503\)17:2<185::AID-EAT2260170212>3.0.CO;2-0](http://dx.doi.org/10.1002/1098-108X(199503)17:2<185::AID-EAT2260170212>3.0.CO;2-0)
- Gutierrez, D. (2013). The toxicity of shame applications for Acceptance and Commitment Therapy. *Journal of Mental Health Counseling, 35*, 43-59.
<http://ezproxy.twu.edu:2339/ehost/pdfviewer/pdfviewer?sid=5f104ab1-14a5-48ac-9e8e-1ddee5261136%40sessionmgr4001&vid=52&hid=4212>
- Harder, D. W., Cutler, L., & Rockart, L. (1992). Assessment of shame and guilt and their relationships to psychopathology. *Journal of Personality Assessment, 59*, 584-604. doi: 10.1207/s15327752jpa5903_12

- Herbernick, D. D., Reece, M., Sanders, S. A., Dodge, B. S., Ghassemi, A., & Fortenberry, J. D. (2009). Prevalence and characteristics of vibrator use by women in the United States: Results from a nationally representative study. *Journal of Sexual Medicine, 6*, 1857-1867.
<http://dx.doi.org/10.1111/j.1743-6109.2009.01318.x>
- Herbenick, D., Reece, M., Schick, V., Sanders, S. A., Dodge, B., & Fortenberry, J. D. (2010). Sexual behaviors, relationships, and perceived health status among adult women in the United States: Results from a national probability sample. *Journal of Sexual Medicine, 7*, 277-290.
<http://dx.doi.org/10.1111/j.1743-6109.2010.02010.x>
- Herbenick, D. D., Schick, V., Reece, M., Sanders, S. A., Dodge, B. S., & Fortenberry, J. D. (2011). The female genital self-image scale (FGSIS): Results from a nationally representative probability sample of women in the United States. *Journal of Sexual Medicine, 8*, 158-166.
<http://dx.doi.org/10.1111/j.1743-6109.2010.02071.x>
- Hogarth, H. & Ingham, R. (2009). Masturbation among young women and associations with sexual health: An exploratory study. *Journal of Sex Research, 46*, 558-567.
doi: 10.1080/00224490902878992
- Holden, C. J., Dennie, T., & Hicks, A. D. (2013). Assessing the reliability of the M5-120 on Amazon's mechanical Turk. *Computers in Human Behavior, 29*, 1749-1754. <http://dx.doi.org/10.1016/j.chb.2013.02.020>

- Hurlbert, D. F. & Whittaker, K. E. (1991). The role of masturbation in marital and sexual satisfaction: A comparative study of female masturbators and nonmasturbators. *Journal of Sex Education and Therapy, 17*, 272-282.
- Impett, E. A., Schooler, D., & Tolman, D. L. (2006). To be seen and not heard: Femininity ideology and adolescent girls' sexual health. *Archives of Sexual Behavior, 35*, 131-144. doi: 10.1007/s10508-005-9016-0
- Jehl, D. (1994, December 10). Surgeon General forced to resign by White House. *The New York Times*. Retrieved from <http://www.nytimes.com/1994/12/10/us/surgeon-general-forced-to-resign-by-white-house.html>
- Johnson, R. C., Danko, G. P., Huang, Y. H., Park, J. Y., Johnson, S. B., & Nagoshi, C. T. (1987). Guilt, shame and adjustment in three cultures. *Personality and Individual Differences, 8*, 357-364. doi: 10.1016/0191-8869(87)90036-5
- Kaestle, C. E. & Allen, K. R. (2011). The role of masturbation in healthy sexual development: Perceptions of you adults. *Archives of Sexual Behavior, 40*, 983-994. doi: 10.1007/s10508-010-9722-0
- Kalmuss, D. (2004). Nonvolitional sex and sexual health. *Archives of Sexual Behavior, 33*, 197-209. <http://dx.doi.org/10.1023/B:ASEB.0000026620.99306.64>
- Kelly, M. P., Strassberg, D. S., & Kircher, J. R. (1990). Attitudinal and experiential correlates of anorgasmia. *Archives of Sexual Behavior, 19*, 165-167. <http://dx.doi.org/10.1007/BF01542230>

- Kim, S., Thibodeau, R., & Jorgensen, R. S. (2011). Shame, guilt, and depressive symptoms: A meta-analytic review. *Psychological Bulletin, 137*, 68-96.
doi: 10.1037/a0021466
- Knox, D., Cooper, C., & Zusman, M. E. (2001). Sexual values of college students. *College Student Journal, 35*, 24-27.
- Kooken, J., Welsh, M. E., McCoach, D. B., Miller, F. G., Chafouleas, S. M., Riley-Tillman, T. C., & Fabiano, G. (2016). Test order in teacher-rated behavior assessments: Is counterbalancing necessary? *Psychological Assessment*.
[http:// dx.doi.org/10.1037/pas0000314](http://dx.doi.org/10.1037/pas0000314)
- Kwee, A. W. & Hoover, D. C. (2008). Theologically-informed education about masturbation: A male sexual health perspective. *Journal of Psychology and Theology, 36*, 258-269.
- LaBouff, J. P. & Ledoux, A. M. (2016). Imagining atheists: Reducing fundamental distrust in atheist intergroup attitudes. *Psychology of Religion and Spirituality*.
<http://dx.doi.org/10.1037/re10000066>
- Leahy, K. (2001). Multicollinearity: When the solution is the problem. In: O. P. Rud (Ed.). *Data mining cookbook: Modeling data for marketing, risk and customer relationship management* (pp. 106-108). New York: John Wiley & Sons, Inc.
- Leiblum, S. R. (2001). Critical overview of the new consensus-based definitions and classification of female sexual dysfunction. *Journal of Sex & Marital Therapy, 27*, 159-168. <http://dx.doi.org/10.1080/00926230152051879>

- Leiblum, S. R. (2002). Reconsidering gender differences in sexual desire: An update. *Sexual and Relationship Therapy, 17*, 57-68. doi: 10.1080/14681990220108027
- Lerner, H. E. (1977). Parental mislabeling of female genitals as a determinant of penis envy and learning inhibitions in women. In H. P. Blum (Ed.). *Female psychology: Contemporary psychoanalytic views* (pp. 269-283), Oxford, England: International Universities Press.
- Lerner, H. (2004). *Fear and other uninvited guests: Tackling the anxiety, fear, and shame that keep us from optimal living and loving*. New York: Harper Collins Publishers.
- Lewis, H. B. (1971). *Shame and guilt in neurosis*. Oxford, England: International Universities Press.
- Luyten, P., Corveleyn, J., & Fontaine, J. R. J. (1998). The relationship between religiosity and mental health: Distinguishing between shame and guilt. *Mental Health, Religion & Culture, 1*, 165-184. doi: 10.1080/13674679808406507
- Maciel, M. & Laganà, L. (2014). Older women's sexual desire problems: Biopsychosocial factors impacting them and barriers to their clinical assessment. *BioMed Research International*. Retrieved from <http://dx.doi.org/10.1155/2014/107217>
- Matos, M., Ferreira, C., Duarte, C., & Pinto-Gouveia, J. (2015). Eating disorders: When social rank perceptions are shaped by early shame experiences. *Psychology and Psychotherapy: Theory, Research, and Practice, 88*, 38-53. doi: 10.1111/papt.12027

- Mayo Clinic. (2015, March 5). Tests and procedures: Withdrawal method (coitus interruptus). Retrieved from <http://www.mayoclinic.org/tests-procedures/withdrawal-method/basics/definition/prc-20020661>
- McCarthy, B. W. & Bodnar, E. (2005). The equity model of sexuality: Navigating and negotiating the similarities and differences between men and women in sexual behavior, roles and values. *Sexual and Relationship Therapy, 20*, 225-235.
doi: 10.1080/14681990500113229
- McKenna, K. Y. A., Green, A. S., & Smith, P. K. (2001). Demarginalizing the sexual self. *The Journal of Sex Research, 38*, 302-311.
<http://dx.doi.org/10.1080/00224490109552101>
- Meadows, M. (1997). Exploring the invisible: Listening to mid-life women about heterosexual sex. *Women's Studies International Forum, 20*, 145-154.
- Meier, A. M. (2003). Adolescents' transition to first intercourse, religiosity, and attitudes about sex. *Social Forces, 81*, 1031-1052.
[http://dx.doi.org/10.1016/S0277-5395\(96\)00093-3](http://dx.doi.org/10.1016/S0277-5395(96)00093-3)
- Merriam-Webster. (n.d.). Religion. Retrieved July 1, 2015, from <http://www.merriam-webster.com/dictionary/religion>
- Miller, M. K., Maskaly, J., Peoples, C. D., & Sigillo, A. E. (2014). The relationship between mock jurors' religious characteristics and their verdicts and sentencing decisions. *Psychology of Religion and Spirituality, 6*, 188-197.
doi: 10.1037/a0036344

- Miller, S. A. & Byers, E. S. (2010). Psychologists' sexual education and training in graduate school. *Canadian Journal of Behavioural Science, 42*, 93-100.
doi: 10.101037/a0018571
- Mills, R. S. L., Hastings, P. D., Serbin, L. A., Stack, D. M., Abela, J. R. Z., Arbeau, K. A., & Lall, D. I. K. (2015). Depressogenic thinking and shame proneness in the development of internalizing problems. *Child Psychiatry and Human Development, 46*, 194-208. doi: 10.1007/s10578-013-0416-4
- Mollen, D. & Stabb, S. (2010). Women's sexuality and meaning-making. *Journal of Constructivist Psychology, 23*, 295-320. doi: 10.1080/10720537.2010.502400
- Mosher, D. L. & Vonderheide, S. G. (1985). Contributions of sex guilt and masturbation guilt to women's contraceptive attitudes and use. *The Journal of Sex Research, 21*, 24-39. <http://dx.doi.org/10.1080/00224498509551242>
- Muris, P., Meesters, C., Bouwman, L., & Notermans, S. (2015). Relations among behavioral inhibition, shame-and guilt-proneness, and anxiety disorders symptoms in non-clinical children. *Child Psychiatry and Human Development, 46*, 209-216. doi: 10.1007/s10578-014-0457-3
- Neuman, R. P. (1975). Masturbation, madness, and the modern concepts of childhood and adolescence. *Journal of Social History, 8*, 1-27.
<http://dx.doi.org/10.1353/jsh/8.3.1>
- Ogletree, S. M. & Ginsburg, H. J. (2000). Kept under the hood: Neglect of the clitoris in common vernacular. *Sex Roles, 43*, 917-926. doi: 10.1023/A:1011093123517

- Olthof, T. (2012). Anticipated feelings of guilt and shame as predictors of early adolescents' antisocial and prosocial interpersonal behavior. *European Journal of Developmental Psychology, 9*, 371-388.
<http://dx.doi.org/10.1080/17405629.2012.680300>
- Oluyori, T. (2013). A systematic review of qualitative studies on shame, guilt and eating disorders. *Counselling Psychology Review, 28*, 47-59.
<http://ezproxy.twu.edu:2339/ehost/pdfviewer/pdfviewer?sid=5f104ab1-14a5-48ac-9e8e-1ddee5261136%40sessionmgr4001&vid=32&hid=4212>
- Paolacci, G. & Chandler, J. (2014). Inside the Turk: Understanding Mechanical Turk as a participant pool. *Current Directions in Psychological Science, 23*, 184-188.
doi: 10.1177/0963721414531598
- Parker, S. & Thomas, R. (2009). Psychological differences in shame vs. guilt: Implications for mental health counselors. *Journal of Mental Health Counseling, 31*, 213-224.
<http://ezproxy.twu.edu:2339/ehost/pdfviewer/pdfviewer?sid=5f104ab1-14a5-48ac-9e8e-1ddee5261136%40sessionmgr4001&vid=55&hid=4212>
- Patton, M. S. (1985). Masturbation from Judaism to Victorianism. *Journal of Religion & Health, 24*, 133-146. <http://dx.doi.org/10.1007/BF01532257>
- Patton, M. S. (1986). Twentieth-century attitudes toward masturbation. *Journal of Religion & Health, 25*, 291-301. <http://dx.doi.org/10.1007/BF01534067>

- Peacock, M., Bissell, P., & Owen, J. (2014). Shaming encounters: Reflections on contemporary understandings of social inequality and health. *Sociology, 48*, 387-402. doi: 10.1177/0038038513490353
- Pei, Y & Ho, P. S. Y. (2009). Gender, self and pleasure: Young women's discourse on masturbation in contemporary Shanghai. *Culture, Health & Sexuality, 5*, 515-528. doi: 10.1080/13691050902912775
- Peplau, L. A. (2003). Human sexuality: How do men and women differ? *Current Directions in Psychological Science, 12*, 37-40. doi: 10.1111/1467-8721.01221
- Peters, J. R. & Geiger, P. J. (2016). Borderline personality disorder and self-conscious affect: Too much shame but not enough guilt? *Personality disorders: Theory, Research, and Treatment*. Advance online publication. <http://dx.doi.org/10.1037/per0000176>
- Petersen, J. L. & Hyde, J. S. (2010). A meta-analytic review of research on gender differences in sexuality, 1993-2007. *Psychological Bulletin, 136*, 21-38. doi: 10.1037/a0017504
- Petersen, J. L. & Hyde, J. S. (2011). Gender differences in sexual attitudes and behaviors: A review of meta-analytic results and large datasets. *Journal of Sex Research, 48*, 149-165. doi: 10.1080/00224499.2011.551851
- Pinkerton, S. D., Bogart, L. M., Cecil, H., & Abramson, P. R. (2002). Factors associated with masturbation in a collegiate sample. *Journal of Psychology & Human Sexuality, 14*, 102-121.

- Pitts, M. & Rahman, Q. (2001). Which behaviors constitute 'having sex' among university students in the UK? *Archives of Sexual Behavior*, 30, 169-176.
doi: 10.1023/A:1002777201416
- Plutchik, R. (1984). Emotions and imagery. *Journal of Mental Imagery*, 8, 105-111.
- Plutchik, R. (1990). Emotions and psychotherapy: A psychoevolutionary perspective. In R. Plutchik & H. Kellerman (Eds.), *Emotion, Psychopathology, and Psychotherapy* (pp. 3-42). San Diego, CA: Academic Press, Inc.
- Pugh, L. R., Taylor, P. J., & Berry, K. (2015). The role of guilt in the development of post-traumatic stress disorder: A systematic review. *Journal of Affective Disorders*, 182, 138-150. doi: 10.1016/j.jad.2015.04.026
- Ramazanoglu, C. & Holland, J. (1993). Women's sexuality and men's appropriation of desire. In C. Ramazanoglu (Ed.), *Up against Foucault: Exploration of some tensions between Foucault and feminism* (pp. 239-264). New York: Routledge.
- Reid, P. T. & Bing, V. M. (2000). Sexual roles of girls and women: An ethnocultural lifespan perspective. In C. B. Travis & J. W. White (Eds.), *Sexuality, society, and feminism* (pp. 141-166). Washington, DC: American Psychological Association.
- Rieves, L. & Cash, T. F. (1996). Social developmental factors and women's body-image attitudes. *Journal of Social Behavior and Personality*, 11, 63-78.
- Riggle, E. B., Rostosky, S. S., & Reedy, C. (2005). Online surveys for BGLT research: Issues and techniques. *Journal of Homosexuality*, 49, 1-21.
doi:10.1300/J082v49n02_01

- Roberts, W., Strayer, J., & Denham, S. (2014). Empathy, anger, guilt: Emotions and prosocial behavior. *Canadian Journal of Behavioral Science, 46*, 465-474.
doi: 10.1037/a0035057
- Robinson, B. E., Bockting, W. O., & Harrell, T. (2002). Masturbation and sexual health: An exploration of low income African American women. *Journal of Psychology & Human Sexuality, 14*, 85-101.
- Robinson, W. L. & Calhoun, K. S. (1983). Sexual fantasies, attitudes and behavior as a function of race, gender, and religiosity. *Imagination, Cognition, and Personality, 2*, 281-291.
- Rodriguez Mosquera, P. M., Tan, L. X., & Saleem, F. (2014). Shared burdens, personal costs of the emotional and social consequences of family honor. *Journal of Cross-Cultural Psychology, 45*, 400-416. doi: 10.1177/00220022113511299
- Roos, S., Hodges, E. V. E., & Salmivalli, C. (2013). Do guilt- and shame-proneness differently predict prosocial, aggressive, and withdrawn behaviors during early adolescence? *Developmental Psychology, 50*, 941-946. doi: 10.1037/a0033904
- Rothmund, T. & Baumert, A. (2014). Shame on me: Implicit assessment of negative moral self-evaluation in shame-proneness. *Social Psychological and Personality Science, 5*, 195-202. doi: 10.1177/1948550613488950
- Runkel, G. (1998). Sexual morality of Christianity. *Journal of Sex and Marital Therapy, 24*, 103-122. <http://dx.doi.org/10.1080/00926239808404924>
- Rye, B. J. & Meaney, G. J. (2007). The pursuit of sexual pleasure. *Sexuality & Culture, 11*, 28-51. <http://dx.doi.org/10.1007/BF02853934>

- Sanders, S. A. & Reinisch, J. M. (1999). Would you say you 'had sex' if...? *Journal of the American Medical Association*, 28, 275-277. doi: 10.1001/jama.281.3.275
- Scheff, T. (2013). Goffman on emotions: The pride-shame system. *Symbolic Interaction*, 37, 108-121. doi: 10.1002/SYMB.86
- Schick, V., Herbenick, D., Rosenberger, J. G., & Reece, M. (2011). Prevalence and characteristics of vibrator use among women who have sex with women. *Journal of Sexual Medicine*, 8, 3306-3315. doi:10.1111/j.1743-6109.2011.02503.x
- Schoenleber, M. & Berenbaum, H. (2010). Shame aversion and shame-proneness in cluster C personality disorders. *Journal of Abnormal Psychology*, 119, 197-205. doi: 10.1037/a0017982
- Schoenleber, M. & Berenbaum, H. (2012). Aversion and proneness to shame in self- and informant-reported personality disorder symptoms. *Personality Disorders: Theory, Research, and Treatment*, 3, 294-304. doi: 10.1037/a0025654
- Schooler, D., Ward, L. M., Merriwether, A., & Caruthers, A. S. (2005). Cycles of shame: Menstrual shame, body shame, and sexual decision-making. *The Journal of Sex Research*, 42, 324-334. <http://dx.doi.org/10.1080/00224490509552288>
- Sexuality Information and Education Council of the United States. (n.d.). Human sexuality. Retrieved October 11, 2014, from <http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=494&parentID=472>
- Sharma, V. & Sharma, A. (1998). The guilt and pleasure of masturbation: A study of college girls in Gujarat, India. *Sexual & Marital Therapy*, 13, 63-70. doi: 10.1080/02674659808406544

- Sherman, N. (2014). Recovering lost goodness: Shame, guilt, and self-empathy. *Psychoanalytic Psychology, 31*, 217-235. doi: 10.1037/a0036435
- Shulman, J. L. & Horne, S. G. (2003). The use of self-pleasure: Masturbation and body image among African American and European American women. *Psychology of Women Quarterly, 27*, 262-269. <http://dx.doi.org/10.1111/1471-6402.00106>
- Smith, A. M., Rosenthal, D., & Reichler, H. (1996). High schoolers' masturbatory practices: Their relationship to sexual intercourse and personal characteristics. *Psychological Reports, 79*, 499-509. <http://dx.doi.org/10.2466/pr0.1996.79.2.499>
- Studd, J. & Schwenkhagen, A. (2009). The historical response to female sexuality. *Maturitas, 63*, 107-111. doi: 10.1016/j.maturitas.2009.02.015
- Sznycer, D., Takemura, K., Delton, A. W., Sato, K., Robertson, T., Cosmides, L., & Tooby, J. (2012). Cross-cultural differences and similarities in proneness to shame: An adaptationist and ecological approach. *Evolutionary Psychology, 10*, 352-370.
- Tanaka, H., Yagi, A., Komiya, A., Mifune, N., & Ohtsubo, Y. (2015). Shame-prone people are more likely to punish themselves: A test of the reputation-maintenance explanation for self-punishment. *Evolutionary Behavioral Sciences, 9*, 1-7. <http://dx.doi.org/10.1037/ebs0000016>
- Tangney, J. P. (1992). Situational determinants of shame and guilt in young adulthood. *Personality and Social Psychology Bulletin, 18*, 199-206.
- Tangney, J. P. (1996). Conceptual and methodological issues in the assessment of shame and guilt. *Behavior Research and Therapy, 34*, 741-754.

- Tangney J. P. & Dearing R. (2002). *Shame and guilt*. New York: Guilford
- Tangney, J. P., Dearing, R., Wagner, P. E., & Gramzow, R. (2000). *The test of self-conscious affect-3 (TOSCA-3)*. Fairfax, VA: George Mason University.
- Tangney, J. P., Ferguson, J. T., Wagner, P., Crowley, S. L., & Gramzow, R. (1996). *The test of self-conscious affect-2 (TOSCA-2)*. Fairfax, VA: George Mason University.
- Tangney, J. P., Stuewig, J., & Martinez, A. G. (2014). Two faces of shame: The roles of shame and guilt in predicting recidivism. *Psychological Science, 25*, 799-805.
doi: 10.1177/0956797613508790
- Tangney, J. P., Stuewig, J., Mashek, D., & Hastings, M. (2011). Assessing jail inmates' proneness to shame and guilt. *Criminal Justice and Behavior, 38*, 710-734.
doi: 10.1177/0093854811405762
- Tangney, J.P., Wagner, P., & Gramzow, R. (1989). *The test of self-conscious affect (TOSCA)*. Fairfax, VA: George Mason University.
- Teroni, F. & Deonna, J. A. (2008). Differentiating shame from guilt. *Consciousness and Cognition, 17*, 725-740. doi: 10.1016/j.concog.2008.02.002
- Thorton, A. & Camburn, D. (1989). Religious participation and adolescent sexual behavior and attitudes. *Journal of Marriage and Family, 51*, 641-653.
<http://dx.doi.org/10.2307/352164>
- Tiefer, L. (1996). Towards a feminist sex therapy. *Women and Therapy, 19*, 53-64.
doi: 10.1300/J015v19n04_07

- Tiefer, L. (1998). Masturbation: Beyond caution, complacency, and contradiction. *Sexual and Marital Therapy, 13*, 9-14.
<http://dx.doi.org/10.1080/02674659808406539>
- Tiefer, L. (2000). The social construction and social effects of sex research: The sexological model of sexuality. In C. B. Travis & J. W. White (Eds.), *Sexuality, society, and feminism* (pp. 79-107). Washington, DC: American Psychological Association.
- Tilghman-Osborne, C., Cole, D. A., & Felton, J. W. (2010). Definition and measurement of guilt: Implications for clinical research and practice. *Clinical Psychology Review, 30*, 536-546. doi: 10.1016/j.cpr.2010.03.007
- Tolman, D. (1994). Doing desire: Adolescent girls' struggles for/with sexuality. *Gender and Desire, 8*, 324-342. doi: 10.1177/089124394008003003
- Tolman, D. L., Impett, E. A., Tracey, A. J., & Michael, A. (2006). Looking good, sounding good: Femininity ideology and adolescent girls' mental health. *Psychology of Women Quarterly, 30*, 85-95.
<http://dx.doi.org/10.1111/j.1471-6402.2006.00265.x>
- Tolman, D. L. & Porche, M. V. (2000). The Adolescent Femininity Ideology Scale: Development and validation of a new measure for girls. *Psychology of Women Quarterly, 24*, 365-376. <http://dx.doi.org/10.1111/j.1471-6402.2000.tb00219.x>
- Troop, N. A., Allan, S., Serpell, L., & Treasure, J. L. (2008). Shame in women with a history of eating disorders. *European Eating Disorders Review, 16*, 480-488.
<http://dx.doi.org/10.1002/erv.858>

- Vance, C. S. (1984). *Pleasure and danger: Exploring female sexuality*. Boston: Routledge & K. Paul.
- Van Vliet, K. J. (2008). Shame and resilience in adulthood: A grounded theory study. *Journal of Counseling Psychology, 55*, 233-245.
doi: 10.1037/0022-0167.55.2.233
- Wade, L. D., Kremer, E. C., & Brown, J. (2005). The incidental orgasm: The presence of clitoral knowledge and the absence of orgasm for women. *Women & Health, 42*, 117-138). doi: 10.1300/J013v42n01_07
- Waheed, I. (2002, December 9). The truth about masturbation: A few misconceptions. *Understanding Islam*. Retrieved from <http://www.understanding-islam.com/reader-articles/social-issues/the-truth-about-masturbation-a-few-misconceptions-7958>
- Waskul, D. D., Vannini, P., & Wiesen, D. (2007). Women and their clitoris: Personal discovery, signification, and use. *Symbolic Interaction, 30*, 151-174.
doi: 10.1525/si.2007.30.2.151
- Webb, M., Heisler, D., Call, S., Chickering, S. A., & Colburn, T. A. (2007). Shame, guilt, symptoms of depression and reported history of psychological maltreatment. *Child Abuse & Neglect, 31*, 1143-1153.
<http://dx.doi.org/10.1016/j.chiabu.2007.09.003>
- Wiechelt, S. A. (2007). The specter of shame in substance misuse. *Substance Use & Misuse 42*, 399-409. doi: 10.1080/10826080601142196

- Wiederman, M. W. & Pryor, T. (1997). Body dissatisfaction and sexuality among women with bulimia nervosa. *International Journal of Eating Disorders*, 21, 361-365. [http://dx.doi.org/10.1002/\(SICI\)1098-108X\(1997\)21:4<361::AID-EAT9>3.0.CO;2-M](http://dx.doi.org/10.1002/(SICI)1098-108X(1997)21:4<361::AID-EAT9>3.0.CO;2-M)
- Wiederman, M. W., Pryor, T., & Morgan, C. D. (1996). The sexual experience of women diagnosed with anorexia or bulimia nervosa. *International Journal of Eating Disorders*, 19, 109-118. [http://dx.doi.org/10.1002/\(SICI\)1098-108X\(199603\)19:2<109::AID-EAT1>3.0.CO;2-R](http://dx.doi.org/10.1002/(SICI)1098-108X(199603)19:2<109::AID-EAT1>3.0.CO;2-R)
- Wierckx, K., Elaut, E., Van Caenegem, E., Van De Peer, F., Dedecker, D., Van Houdenhove, E., & T'Sjoen, G. (2011). Sexual desire in female-to-male transsexual persons: exploration of the role of testosterone administration. *European Journal of Endocrinology*, 165, 331-337. doi: 10.1530/EJE-11-0250
- Wietzker, A., Buysse, A., Loeys, T., & Brondeel, R. (2011). Easing the conscience: Feeling guilty makes people cooperate in divorce negotiations. *Journal of Social and Personal Relationships*, 29, 324-336. doi: 10.1177/0265407511431180
- Wingood, G. M., & DiClemente, R. J. (1998). Partner influences and gender-related factors associated with noncondom use among young adult African American women. *American Journal of Community Psychology*, 26, 29-51. <http://dx.doi.org/10.1023/A:1021830023545>
- Wolf, S. T., Cohen, T. R., Panter, A. T., & Insko, C. A. (2010). Shame proneness and guilt proneness: Toward further understanding of reactions to public and private transgressions. *Self & Identity*, 9, 337-362. doi: 10.1080/15298860903106843

- Wood, J. M., Koch, P. B., & Mansfield, P. K. (2006). Women's sexual desire: A feminist critique. *The Journal of Sex Research, 43*, 236-244.
doi: 10.1080/00224490609552322
- Wyatt, G. E. & Dunn, K. M. (1991). Examining predictors of sex guilt in a multiethnic sample of women. *Archives of Sexual Behavior, 20*, 491-485.
<http://dx.doi.org/10.1007/BF01542409>
- Yaşan, A., Essizoglu, A., & Yildirim, E. A. (2009). Predictor factors associated with premarital sexual behaviors among university students in an Islamic culture. *International Journal of Sexual Health, 21*, 145-152.
doi: 10.1080/1931761090311381
- Yi, S. (2011). Coping with guilt and shame in the impulse buying context. *Journal of Economic Psychology, 32*, 458-467. doi:10.1016/j.joep.2011.03.011
- Young, C. D. & Muehlenhard, C. L. (2011). Attitudes toward masturbation scale. In T. D. Fisher, C. M. Davis, W. L. Yarber, & S. L. Davis (Eds.), *Handbook of sexuality-related measures* (3rd ed.) (pp. 491-494). New York: Routledge.
- Yule, M. A., Brotto, L. A., & Gorzalka, B. B. (2014). Sexual fantasy and masturbation among asexual individuals. *Canadian Journal of Human Sexuality, 23*, 89-95.
doi:10.3138/cjhs.2409

APPENDIX A

Demographics

Demographics

1. Age: _____

2. Race/ethnicity
How do you describe yourself?
 American Indian or Alaska Native
 Asian or Asian American
 Black or African American
 Latina or Hispanic
 Native Hawaiian or Other Pacific Islander
 White
Other: _____
Bi/Multiracial: _____

3. Years of education
What is the highest grade or year of school you completed (for example, 10 would indicate 10th grade completed, 12 would indicate high school diploma or equivalency, or specify degree)?

4. Sexual orientation
 Heterosexual
 Lesbian
 Bisexual
 Pansexual
 Asexual
 Queer
 Questioning
 Other: _____

5. What is your total current household income, before taxes?
 Under \$10,000
 \$10,000 - \$19,999
 \$20,000 - \$29,000
 \$30,000 - \$39,999
 \$40,000 - \$49,999
 \$50,000 - \$74,999
 \$75,000 - \$99,999
 \$100,000 - \$150,000
 Over \$150,000

6. Religious affiliation
 Agnostic

- Atheist
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- None
- Other: _____

Masturbation is defined as sexual self-touch.

7. Did you ever masturbate as a child or adolescent?

- Yes
- No

8. Have you ever masturbated as an adult?

- Yes
- No

9. If you currently masturbate, indicate approximately how often. About:

- Once per year or less often
- Several times per year
- Monthly
- Several times per month
- Weekly
- Several times per week
- Daily
- Several times per day
- I don't masturbate

APPENDIX B

Test of Self-Conscious Affect Version-3

(Tangney et al., 2000)

Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations.

As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. There are multiple items for the different scenarios, because people may feel or react more than one way to the same situation, or they may react different ways at different times. Please rate your responses to the different items of the scenario. You are not required to answer all of the questions.

For example:

A. You wake up early one Saturday morning. It is cold and rainy outside.

a) You would telephone a friend to catch up on news.

not likely 1---2---3---4---5 very likely

b) You would take the extra time to read the paper.

not likely 1---2---3---4---5 very likely

c) You would feel disappointed that it's raining.

not likely 1---2---3---4---5 very likely

d) You would wonder why you woke up so early.

not likely 1---2---3---4---5 very likely

In the above example, I've rated ALL of the answers by marking a number. I marked a "1" for answer (a) because I wouldn't want to wake up a friend very early on a Saturday morning -- so it's not at all likely that I would do that. I marked a "5" for answer (b) because I almost always read the paper if I have time in the morning (very likely). I circled a "3" for answer (c) because for me it's about half and half. Sometimes I would be disappointed about the rain and sometimes I wouldn't -- it would depend on what I had planned. And I marked a "4" for answer (d) because I would probably wonder why I had awakened so early.

1. You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood him/her up.

- a) You would think: "I'm inconsiderate."
not likely 1---2---3---4---5 very likely
- b) You would think: "Well, they'll understand."
- c) You'd think you should make it up to him/her as soon as possible.
not likely 1---2---3---4---5 very likely
- d) You would think: "My boss distracted me just before lunch."
not likely 1---2---3---4---5 very likely

2. You break something at work and then hide it.

- a) You would think: "This is making me anxious. I need to either fix it or get someone else to."
not likely 1---2---3---4---5 very likely
- b) You would think about quitting.
not likely 1---2---3---4---5 very likely
- c) You would think: "A lot of things aren't made very well these days."
not likely 1---2---3---4---5 very likely
- d) You would think: "It was only an accident."
not likely 1---2---3---4---5 very likely

3. You are out with friends one evening, and you're feeling especially witty and attractive. Your best friend's spouse seems to particularly enjoy your company.

- a) You would think: "I should have been aware of what my best friend is feeling."
not likely 1---2---3---4---5 very likely
- b) You would feel happy with your appearance and personality.
not likely 1---2---3---4---5 very likely
- c) You would feel pleased to have made such a good impression.
not likely 1---2---3---4---5 very likely
- d) You would think your best friend should pay attention to his/her spouse.

not likely 1---2---3---4---5 very likely

e) You would probably avoid eye-contact for a long time.

not likely 1---2---3---4---5 very likely

4. At work, you wait until the last minute to plan a project, and it turns out badly.

a) You would feel incompetent.

not likely 1---2---3---4---5 very likely

b) You would think: "There are never enough hours in the day."

not likely 1---2---3---4---5 very likely

c) You would feel: "I deserve to be reprimanded for mismanaging the project."

not likely 1---2---3---4---5 very likely

d) You would think: "What's done is done."

not likely 1---2---3---4---5 very likely

5. You make a mistake at work and find out a co-worker is blamed for the error.

a) You would think the company did not like the co-worker.

not likely 1---2---3---4---5 very likely

b) You would think: "Life is not fair."

not likely 1---2---3---4---5 very likely

c) You would keep quiet and avoid the co-worker.

not likely 1---2---3---4---5 very likely

d) You would feel unhappy and eager to correct the situation.

not likely 1---2---3---4---5 very likely

6. For several days you put off making a difficult phone call. At the last minute you make the call and are able to manipulate the conversation so that all goes well.

a) You would think: "I guess I'm more persuasive than I thought."

not likely 1---2---3---4---5 very likely

b) You would regret that you put it off.

not likely 1---2---3---4---5 very likely

c) You would feel like a coward.

not likely 1---2---3---4---5 very likely

d) You would think: "I did a good job."

not likely 1---2---3---4---5 very likely

e) You would think you shouldn't have to make calls you feel pressured into.

not likely 1---2---3---4---5 very likely

7. While playing around, you throw a ball and it hits your friend in the face.

a) You would feel inadequate that you can't even throw a ball.

not likely 1---2---3---4---5 very likely

b) You would think maybe your friend needs more practice at catching.

not likely 1---2---3---4---5 very likely

c) You would think: "It was just an accident."

not likely 1---2---3---4---5 very likely

d) You would apologize and make sure your friend feels better.

not likely 1---2---3---4---5 very likely

8. You have recently moved away from your family, and everyone has been very helpful. A few times you needed to borrow money, but you paid it back as soon as you could.

a) You would feel immature.

not likely 1---2---3---4---5 very likely

b) You would think: "I sure ran into some bad luck."

not likely 1---2---3---4---5 very likely

c) You would return the favor as quickly as you could.

not likely 1---2---3---4---5 very likely

d) You would think: "I am a trustworthy person."

not likely 1---2---3---4---5 very likely

e) You would be proud that you repaid your debts.

not likely 1---2---3---4---5 very likely

9. You are driving down the road, and you hit a small animal.

a) You would think the animal shouldn't have been on the road.

not likely 1---2---3---4---5 very likely

b) You would think: "I'm terrible."

not likely 1---2---3---4---5 very likely

c) You would feel: "Well, it was an accident."

not likely 1---2---3---4---5 very likely

d) You'd feel bad you hadn't been more alert driving down the road.

not likely 1---2---3---4---5 very likely

10. You walk out of an exam thinking you did extremely well. Then you find out you did poorly.

a) You would think: "Well, it's just a test."

not likely 1---2---3---4---5 very likely

b) You would think: "The instructor doesn't like me."

not likely 1---2---3---4---5 very likely

c) You would think: "I should have studied harder."

not likely 1---2---3---4---5 very likely

d) You would feel stupid.

not likely 1---2---3---4---5 very likely

11. You and a group of co-workers worked very hard on a project. Your boss singles you out for a bonus because the project was such a success.

a) You would feel the boss is rather short-sighted.

not likely 1---2---3---4---5 very likely

b) You would feel alone and apart from your colleagues.

not likely 1---2---3---4---5 very likely

c) You would feel your hard work had paid off.

not likely 1---2---3---4---5 very likely

d) You would feel competent and proud of yourself.

not likely 1---2---3---4---5 very likely

e) You would feel you should not accept it.

not likely 1---2---3---4---5 very likely

12. While out with a group of friends, you make fun of a friend who's not there.

a) You would think: "It was all in fun; it's harmless."

not likely 1---2---3---4---5 very likely

b) You would feel small...like a rat.

not likely 1---2---3---4---5 very likely

c) You would think that perhaps that friend should have been there to defend himself/herself.

not likely 1---2---3---4---5 very likely

d) You would apologize and talk about that person's good points.

not likely 1---2---3---4---5 very likely

13. You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.

a) You would think your boss should have been more clear about what was expected of you.

not likely 1---2---3---4---5 very likely

b) You would feel like you wanted to hide.

not likely 1---2---3---4---5 very likely

c) You would think: "I should have recognized the problem and done a better job."

not likely 1---2---3---4---5 very likely

d) You would think: "Well, nobody's perfect."

not likely 1---2---3---4---5 very likely

14. You volunteer to help with the local Special Olympics for handicapped children. It turns out to be frustrating and time-consuming work. You think seriously about quitting, but then you see how happy the kids are.

a) You would feel selfish and you'd think you are basically lazy.

not likely 1---2---3---4---5 very likely

b) You would feel you were forced into doing something you did not want to do.

not likely 1---2---3---4---5 very likely

c) You would think: "I should be more concerned about people who are less fortunate."

not likely 1---2---3---4---5 very likely

d) You would feel great that you had helped others.
not likely 1---2---3---4---5 very likely

e) You would feel very satisfied with yourself.
not likely 1---2---3---4---5 very likely

15. You are taking care of your friend's dog while they are on vacation and the dog runs away.

a) You would think, "I am irresponsible and incompetent."
not likely 1---2---3---4---5 very likely

b) You would think your friend must not take very good care of their dog or it wouldn't have run away.
not likely 1---2---3---4---5 very likely

c) You would vow to be more careful next time.
not likely 1---2---3---4---5 very likely

d) You would think your friend could just get a new dog.
not likely 1---2---3---4---5 very likely

16. You attend your co-worker's housewarming party and you spill red wine on their new cream-colored carpet, but you think no one notices.

a) You think your co-worker should have expected some accidents at such a big party.
not likely 1---2---3---4---5 very likely

b) You would stay late to help clean up the stain after the party.
not likely 1---2---3---4---5 very likely

c) You would wish you were anywhere but at the party.
not likely 1---2---3---4---5 very likely

d) You would wonder why your co-worker chose to serve red wine with the new light carpet.
not likely 1---2---3---4---5 very likely

APPENDIX C

Permission for the Test of Self-Conscious Affect Version-3

From: Rebecca Warden [rsutter@gmu.edu]
Sent: Wednesday, October 08, 2014 9:14 AM
To: Hungrige, Angela
Subject: RE: Request Form: Measure

Hello Angela,

You are more than welcome to use our measures. I am attaching the TOSCA-3 (our most recent measure of shame and guilt proneness for adults) along with scoring information. If you need another version (for children or adolescents), please let us know. You can also find information on the reliability and validity of the TOSCA-3, and a summary of our research in:

Tangney, JP & Dearing, RL (2002). Shame and Guilt. NY: Guilford Press.
The book is available through www.guilford.com<<http://www.guilford.com/>>, www.amazon.com<<http://www.amazon.com/>>, and in some university libraries.

Best Wishes,

Becky Warden

Laboratory Manager

George Mason University

4400 University Drive MSN 3F5

Fairfax, VA 22030

Tel: 703-993-1365

Fax: 703-993-1335

rsutter@gmu.edu<<mailto:rsutter@gmu.edu>>

From: Angela Hungrige [<mailto:burst@emailmeform.com>]
Sent: Tuesday, October 07, 2014 11:16 PM
To: Rebecca Warden
Subject: Request Form: Measure

Name*:

Angela Hungrige


Email*:

ahungrige@twu.edu<<mailto:ahungrige@twu.edu>>

Request Type*:

Measure

Request Details*:

Tangney, J. P., Dearing, R., Wagner, P. E., & Gramzow, R. (2000). The Test of Self-Conscious Affect  3 (TOSCA-3). George Mason University, Fairfax, VA.

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Powered by EmailMeForm<<http://www.emailmeform.com/>>

APPENDIX D

Attitudes Toward Masturbation Scale

(Young & Muehlenhard, 2011)

Reasons for **Wanting** to Masturbate

Whether they masturbate or not, people may want to masturbate (or be **tempted** to masturbate) for many different reasons. Below is a list of possible reasons. Please rate how strong each of the reasons is for your **wanting** to masturbate or being tempted to masturbate, regardless of whether or not you actually masturbate.

- _____ 6 A Very Important Reason
- _____ 5
- _____ 4
- _____ 3 A Moderately Important Reason
- _____ 2
- _____ 1
- _____ 0 Not a Reason

For you, how strong are the following reasons for **wanting** to (or being **tempted** to) masturbate?

1. If I'm feeling horny
2. I find it pleasurable
3. If there is nothing else to do
4. If I'm not getting as much sex as I want
5. If I'm bored
6. To relieve stress
7. If I'm anxious
8. Because – even though I try – I just can't stop myself
9. Because it's a substitute for sex with a partner
10. Out of sexual frustration
11. I hope that masturbating will help me reach orgasm with my partner
12. Someone else thinks I should (e.g., a friend or a dating partner)
13. To explore my own sexuality
14. So I could say that I've done it (it's something to talk about)
15. My partner wants to watch me do it
16. It's a good way to take a break (e.g., a break for studying from studying, etc.)
17. I'm curious about it
18. If I want to avoid unwanted arousal later
19. My friends have masturbated, and I want to be able to talk with them about it
20. "Everyone" does it, and I want to feel "sexually normal"
21. If I'm so sexually aroused that it's interfering with other things I want or need to do
22. If I don't have a partner to have sex with
23. To make myself a better sexual partner (e.g., to figure out how to achieve orgasm or to become more comfortable having orgasms with my partner)
24. Masturbating helps me keep my mind off sex with a partner
25. It's a compulsive sexual behavior

26. Masturbating helps me remain a virgin
27. I just do it without really thinking about it
28. Masturbating makes it easier to avoid sex with a partner, and I don't want to have sex with a partner for moral reasons (e.g., I don't want to have sex before marriage)
29. Masturbating makes it easier to avoid sex with a partner, and I don't want to have sex with a partner for health reasons (e.g., I don't want to risk sexually transmitted diseases or pregnancy)
30. Masturbating makes it easier to avoid sex with a partner, and I don't want to have sex with a partner for self-esteem reasons (e.g., I don't feel comfortable being sexual with someone else)
31. If I have a partner, but my partner refuses to have sex
32. I feel an uncontrollable urge to do it
33. If I want to decrease my sexual arousal so I can focus on something else
34. It's more moral to masturbate than to have sex with a partner
35. If I want to have an orgasm
36. I get aroused by sexual activities that are not socially acceptable, so I fantasize about them during masturbation
37. I get aroused by sexual activities that are not possible in real life, so I fantasize about them during masturbation (e.g., sex with a movie star, sex on a beach, etc.)
38. Because I hear about it from TV, movies, magazines, etc.
39. Masturbating improves my sexual health
40. To help me fall asleep
41. Because it's fun
42. Because I know exactly how to stimulate myself and maximize my pleasure
43. It's a habit
44. If I am already sexually aroused (e.g., from watching a movie, reading a magazine)
45. Because I feel like no one is attracted to me
46. If I want to relax
47. If I'm angry
48. If I want to exercise my imagination
49. So that I can focus my concentration on a task after masturbating
50. Because I deserve to experience pleasure
51. If I see someone or something that is arousing
52. If I have an urge to do something sexual
53. Because I'm not comfortable enough with my body to be sexual with someone else
54. To learn how to give myself pleasure
55. To gain more sexual confidence
56. Because it's good exercise
57. Because my friends masturbate
58. To calm myself down
59. So that I can stop thinking about masturbating
60. If I feel frustrated about something else
61. It makes me feel peaceful

62. It distracts me when I'm feeling down
63. To try a new methods (e.g., sex toys, pornography)
64. It's an escape
65. To avoid using another person for sex
66. Because it arouses my partner when he/she knows that I masturbate
67. If I'm in a bad mood
68. To learn how to have better orgasms
69. If I'm already sexually aroused, and I want to decrease my level of sexual arousal
70. Because it arouses my partner when I masturbate in front of him/her
71. If I'm feeling unattractive
72. I enjoy my fantasies during masturbation

Reasons for **Avoiding** (or for Trying to Avoid) Masturbating

Whether they masturbate or not, people might **avoid** (or try to avoid) masturbating for many different reasons. Below is a list of possible reasons. Please rate how strong each of the reasons is for you **avoiding** (or trying to avoid) masturbating, regardless of whether or not you actually masturbate.

- _____ 6 A Very Important Reason
- _____ 5
- _____ 4
- _____ 3 A Moderately Important Reason
- _____ 2
- _____ 1
- _____ 0 Not a Reason

For you, how strong are the following reasons for **avoiding** (or trying to avoid) masturbating?

73. It's against my religion
74. It's against my morals or values
75. It's against my parents' morals or values
76. I'm just not interested
77. It just doesn't appeal to me
78. I am uncomfortable with any sexual behavior
79. It would make me feel cheap
80. If I am committed to someone
81. I would feel guilty about it
82. I am anxious about sexual behavior
83. I know I'd regret it
84. I fear it will damage my reputation
85. I feel uncomfortable or embarrassed about my body
86. I think it would be physically uncomfortable

87. It seems weird to me
88. I feel strange doing it
89. I think I should have more self-control
90. If I'm currently sexually satisfied
91. Society says it's wrong
92. If I'm stressed
93. I'm afraid of someone knowing I masturbate
94. It makes me feel lonely
95. If I'm afraid of being caught
96. It makes me feel sexually inadequate
97. It's bad for my health
98. If I'm in a committed relationship
99. I like to feel in control of my urges
100. I'm not sure how to masturbate
101. I don't like how it feels
102. It's embarrassing to me
103. Because I like intercourse better
104. Because I like any sexual contact with a partner better
105. I feel bad about myself afterwards
106. If I'm depressed
107. Orgasms are better with a partner
108. My partner doesn't want me to do it
109. If I'm worried about something else
110. If I've recently had sex
111. It makes me less able to orgasm during sex
112. It makes me less horny during sex
113. I want to improve my self-discipline
114. It's boring
115. I feel like I'm cheating on my partner
116. My fantasies during masturbation bother me
117. If I've had a bad day
118. It's a waste of time
119. It seems pointless
120. I don't find it sexually arousing
121. Other people might find me gross
122. My family is against it
123. My friends are against it
124. It makes me feel empty inside
125. I was raised to believe it's wrong
126. It makes me feel ashamed
127. It's disrespectful to myself
128. If I'm satisfied with the quantity of the sex I'm having
129. If I'm satisfied with the quality of the sex I'm having

- 130. My sexual thoughts during masturbation bother me
- 131. Masturbation in an adult is immature
- 132. It makes me feel like I'm sinning against myself
- 133. It's not as good as sex
- 134. It does not fit with my religious views

Feelings about Masturbation

Check which set of directions applies to you:

___ **If you masturbate:** People feel many different things when they masturbate.

Below is a list of possible feelings. How strongly, if at all, do you usually experience these feelings when you masturbate?

___ **If you don't masturbate:** People feel many different things when they masturbate. Below is a list of possible feelings. How strongly, if at all, do you think you **would** usually experience these feelings when you **did** masturbate?

- ___ 6 Very Strongly
- ___ 5
- ___ 4
- ___ 3 Somewhat
- ___ 2
- ___ 1
- ___ 0 Not at all

How strongly do you experience this feeling when you masturbate?

OR

How strongly would you experience this feeling if you did masturbate?

- 135. happy
- 136. guilty
- 137. empty
- 138. pathetic
- 139. healthy
- 140. indifferent
- 141. nothing
- 142. strange
- 143. embarrassed
- 144. anxious
- 145. tense

146. horny
147. focused
148. awkward
149. good
150. calm
151. relieved
152. in control
153. ashamed
154. regretful
155. degraded
156. pleased
157. connected to myself
158. refreshed
159. frustrated
160. aggressive
161. angry
162. nervous
163. content
164. unemotional
165. stressed
166. attractive
167. immoral
168. remorseful
169. disgusted
170. thrilled
171. disappointed
172. detached
173. aroused
174. relaxed
175. passive
176. comfortable
177. satisfied
178. invigorated
179. sinful

APPENDIX E

Revised 12-Item Religious Fundamentalism Scale

(Altemeyer & Hunsberger, 2004)

This survey is part of an investigation of general public opinion concerning a variety of social issues. You will probably find that you *agree* with some of the statements, and *disagree* with others, to varying extents. Please indicate your reaction to each statement by blackening in a bubble in SECTION 1 of the bubble sheet, according to the following scale:

- | | |
|----------------------------|--|
| Blacken the bubble labeled | -4 if you <i>very strongly disagree</i> with the statement |
| | -3 if you <i>strongly disagree</i> with the statement |
| | -2 if you <i>moderately disagree</i> with the statement |
| | -1 if you <i>slightly disagree</i> with the statement |
| Blacken the bubble labeled | +1 if you <i>slightly agree</i> with the statement |
| | +2 if you <i>moderately agree</i> with the statement |
| | +3 if you <i>strongly agree</i> with the statement |
| | +4 if you <i>very strongly agree</i> with the statement |

If you feel exactly and precisely *neutral* about an item, blacken the “0” bubble. You may find that you sometimes have different reactions to different parts of a statement. For example, you might very strongly disagree (“-4”) with one idea in a statement, but slightly agree (“+1”) with another idea in the same item. When this happens, please combine your reactions, and write down how you feel on balance (a “-3 in this case).

1. God has given humanity a complete, unfailing guide to happiness and salvation, which must be totally followed.
2. No single book of religious teachings contains all the intrinsic, fundamental truths about life.
3. The basic cause of evil in this world is Satan, who is still constantly and ferociously fighting against God.
4. It is more important to be a good person than to believe in God and the right religion.
5. There is a particular set of religious teachings in this world that are so true, you can't go any “deeper” because they are the basic, bedrock message that God has given humanity.
6. When you get right down to it, there are basically only two kinds of people in the world: the Righteous, who will be rewarded by God; and the rest, who will not.
7. Scriptures may contain general truths, but they should NOT be considered completely, literally true from beginning to end.
8. To lead the best, most meaningful life, one must belong to the one, fundamentally true religion.
9. “Satan” is just the name people give to their own bad impulses. There really is *no such thing* as a diabolical “Prince of Darkness” who tempts us.
10. Whenever science and sacred scripture conflict, *science* is probably right.
11. The fundamentals of God's religion should never be tampered with, or compromised with others' beliefs.

12. *All* of the religions in the world have flaws and wrong teachings. There is *no* perfectly true, right religion.

APPENDIX F

Recruitment Script

Hello,

My name is Angela Hungrige and I am a doctoral candidate at Texas Woman's University. I am currently working on my dissertation under the supervision of Debra Mollen, Ph.D., who is a faculty member in the Counseling Psychology program in the department of the Psychology and Philosophy. I am looking for adult women over the age of 18 to participate in my study, Women's Personal Attitudes and Beliefs. The purpose of this study is to explore the relationship between women's feelings about topics such as masturbation and religion.

Participation in this study is voluntary and will take approximately 30 to 40 minutes to complete. In appreciation of your time, you will receive financial compensation of \$1.50 through MTurk.

Contact information will not be collected from you to help maintain your confidentiality, however, there is a potential risk of loss of confidentiality in all email, downloading, and Internet transactions. If you are interested in participating in this study, you may access the informed consent letter and survey at the following link:

(link)

Should you have any questions about this study, please feel free to contact me at ahungrige@twu.edu or Debra Mollen, Ph.D. at dmollen@mail.twu.edu. This study has been approved by Texas Woman's University Institutional Review Board (Protocol #18712).

Sincerely,

Angela Hungrige, M.A.

APPENDIX G

Consent to Participate in Research

Consent to Participate in Research

Title: Women's Personal Attitudes and Beliefs

Investigator: Angela Hungrige, M.A.....ahungrige@twu.edu

Advisor: Debra Mollen, Ph.D.....dmollen@mail@twu.edu

Explanation and Purpose of Research

You are being invited to participate in a research study for Angela Hungrige's dissertation, under the supervision of Debra Mollen, Ph.D., in the Counseling Psychology program at Texas Woman's University. The purpose of this study is to explore the relationship between women's feelings about topics such as masturbation and religion.

Description of Procedures

If you decide to participate, you will be asked to complete a 30 to 40-minute online survey that is completed anonymously. In order to be a participant in this study, you must be a woman at least 18 years of age or older.

Potential Risks

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Loss of time and fatigue are potential risks of participating in this study. The survey will take approximately 30-40 minutes; however, participants may take breaks while completing the questionnaires. Participation is voluntary, you are not required to answer all of the questions, and you may withdraw from the study at any time.

Loss of confidentiality is potential risk of participating in this study. However, confidentiality will be protected to the extent that is allowed by law. Completion of surveys will take place online, in any location of your choosing. Your responses and personal information are private and will be kept confidential. Your personal information will not be included in the actual survey materials. You should be aware that there is a potential risk of loss of confidentiality in all e-mail transactions and with using MTurk. However, all MTurk IDs and e-mails will not be shared with anyone and will be deleted after completion of the investigation in order to minimize this risk.

The survey contains questions that are very explicit due to the sensitive topic. Potential risks in this study are embarrassment and emotional discomfort regarding these questions. It is suggested that you complete the questionnaire in a private location. Participation is voluntary, you are not required to answer all of the questions, and you may withdraw from the study at any time. If you feel the need to talk to a professional about your discomfort, resources will be provided when you end the survey.

If you experience emotional discomfort at any time during this survey, and you are a student, you should contact your university or college counseling center if one is available. Their services are likely to be free or low-cost to you. If you are not a university or college student, the following resources are available to help you locate assistance:

Counseling Resources in the United States of America

American Psychological Association Psychologist Locator

<http://locator.apa.org/>

National Register of Health Service Psychologists

<http://www.findapsychologist.org/>

Psychology Today Find a Therapist

<http://therapists.psychologytoday.com/rms/>

American Association for Marriage and Family Therapy

<http://www.therapistlocator.net/iMIS15/therapistlocator/>

National Board for Certified Counselors

<http://www.nbcc.org/CounselorFind>

Counseling Resources Internationally

Befrienders Worldwide

<http://www.befrienders.org/>

International Federation of Telephone Emotional Support

<http://www.ifotes.org/members/full-members>

Recovery International

<http://www.recoveryinternational.org/>

Good Therapy International Therapist Search

<http://www.goodtherapy.org/international-search.html>

Participation Benefits

Participation is completely voluntary and you may withdraw from the study at any time. In appreciation of your time, you will receive financial compensation of \$1.50 through MTurk.

Thank you for considering participation in this study. The submission of your completed questionnaire constitutes your informed consent to act as a participant in this research.

Questions Regarding the Study

Should you have any questions about the study, please contact the researchers at any time; their contact information is at the top of this form. This study has been reviewed and approved by Texas Woman's University Institutional Review Board. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Agree/Consent to Participate

Do Not Agree/Do Not Consent to Participate

APPENDIX H
Counseling Resources

Counseling Resources

If you have experienced emotional discomfort at any time during this survey, and you are a student, you should contact your university or college counseling center if one is available. Their services are likely to be free or low-cost to you. If you are not a university or college student, the following resources are available to help you locate assistance:

Counseling Resources in the United States of America

American Psychological Association Psychologist Locator

<http://locator.apa.org/>

National Register of Health Service Psychologists

<http://www.findapsychologist.org/>

Psychology Today Find a Therapist

<http://therapists.psychologytoday.com/rms/>

American Association for Marriage and Family Therapy

<http://www.therapistlocator.net/iMIS15/therapistlocator/>

National Board for Certified Counselors

<http://www.nbcc.org/CounselorFind>

Counseling Resources Internationally

Befrienders Worldwide

<http://www.befrienders.org/>

International Federation of Telephone Emotional Support

<http://www.ifotes.org/members/full-members>

Recovery International

<http://www.recoveryinternational.org/>

Good Therapy International Therapist Search

<http://www.goodtherapy.org/international-search.html>

APPENDIX I
Debriefing Script

Debriefing

Thank you for your participation in the study. You were told that the purpose of this study was to explore the relationship between women's feelings about topics such as masturbation and religion. However, to protect the integrity of this study we could not fully divulge all the details of this study in the beginning. Now that you have completed the study we want you to have a better idea about what we were studying. We are interested in the differences between guilt and shame in relation to women's feelings about masturbation. We are also interested in the impact that different levels of religious commitment may have on women's experiences of shame, guilt, and their feelings about masturbation. Thus, this study is entitled: *Women's Masturbation: An Exploration of the Influence of Shame, Guilt, and Religiosity*.

Research has shown that some women experience guilt and shame in relation to masturbation. Research has also shown that guilt and shame affect people in different ways, which in turn may influence how women may feel toward masturbation. We wanted to see if the experiences of guilt and shame would impact women's feelings about masturbation differently and what other factors may increase or decrease the negative feelings women sometimes have concerning masturbation, such as differing degrees of commitment to a religion.

If at all possible, we would like for you to refrain from discussing this study's purpose and aims to other potential participants. Again, we appreciate your time and your willingness to participate. If you have any questions feel free to email the researchers: Angela Hungrige, M.A. at ahungrige@twu.edu or Debra Mollen, Ph.D. at dmollen@mail.twu.edu.

APPENDIX J

IRB Approval Letter



Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378
email: IRB@twu.edu
<http://www.twu.edu/irb.html>

DATE: December 17, 2015

TO: Ms. Angela Hungrige
Psychology & Philosophy

FROM: Institutional Review Board (IRB) - Denton

Re: Approval for Women's Masturbation: An Exploration of the Influence of Shame, Guilt, and Religiosity (Protocol #: 18712)

The above referenced study was reviewed at a fully convened meeting of the Denton IRB (operating under FWA00000178). The study was approved on 12/17/2015. This approval is valid for one year and expires on 12/16/2016. The IRB will send an email notification 45 days prior to the expiration date with instructions to extend or close the study. It is your responsibility to request an extension for the study if it is not yet complete, to close the protocol file when the study is complete, and to make certain that the study is not conducted beyond the expiration date.

If applicable, agency approval letters must be submitted to the IRB upon receipt prior to any data collection at that agency. A request to close this study must be filed with the Institutional Review Board at the completion of the study. Because you do not utilize a signed consent form for your study, the filing of signatures of subjects with the IRB is not required.

Any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any adverse events or unanticipated problems. All forms are located on the IRB website. If you have any questions, please contact the TWU IRB.

cc. Dr. Shannon Rich Scott, Psychology & Philosophy
Dr. Debra Mollen, Psychology & Philosophy
Graduate School