The Impact of Religiosity and Sexual Scripts on Christian Women

Advocating Sexual Agency

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Acknowledgments

To women everywhere who have been lost and in pain and darkness concerning their own sexuality. Anyone who has ever made you feel "less than" is responsible to you, and yet no one person alone is responsible for the harm done from sexual shaming. Our families, cultures, and religions all played a part in framing our internal narrative while we were all trying to live our best life. Today, women have greater access and increased awareness of healthy sexuality, greater influence over their own sexual expressions, and can choose how they experience sexuality during their lifetime. We have power over our bodies and can choose the expression of sexual goodness that is uniquely ours. We are . . . fearfully and wonderfully made . . . (Ps.139:14). Embrace truth.

To my close circle of women friends (and R.J.). Thank you for accompanying me through this part of my journey, strengthen by your love and encouragement, prayers and last minute coaching. I could not have completed this process without any of you. In fact, I gave up several times, only to be nudged along by your faith in me. I am privileged to know such strong, courageous, warrior women (and R.J!). Thank you.

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Abstract

Research supports the correlation between increased sexual satisfaction and increased marital satisfaction. After examining previous research on the sexual satisfaction levels of highly religious women, there was a correlation between high religiosity scores and lower sexual satisfaction levels. This led to the question, "Do Christian married women advocate for their sexual agency (sexual needs, sexual desires, mutuality of expression) within their marriage relationships?" This study examined several influencing factors, current religious constructs, early experiences, and family-of-origin (FOO) influences, to further clinical understanding for Christian women engaged in therapy. Data were collected through social media and snowball recruiting methods to reach the largest audience for data collection. To analyze data, a quantitative research method was used, implementing three self-reporting measures to collect data: Centrality of Religion (CRS), Sexual Satisfaction Survey for Women (SSS-W), and Sexual Assertiveness Scores (SAQ). Inclusion criteria for the study were married, Christian women. The research outcomes were mixed. Baptist and nondenominations scored high on the CRS, yet scores for SSS-W and SAQ were average, in that they did not show any significant difference. Other major findings were among the youngest cohort that scored significantly higher on the SAQ than the other cohorts and correlated with lower CRS scores. This result was predicted, yet other scores (SSS-W) did not show any significant difference among the younger cohort. Recommendations for further studies exploring possible social and behavioral and cultural factors influencing the younger cohort are presented.

Keywords: Religious construct, sexual advocacy, sexual agency, sexual satisfaction among married Christian women

Chapter 1

Introduction

The subject of sexuality within the context of religion has been historically difficult to discuss. Research (Loshek & Terrell, 2015; Menard & Offman, 2009; Meston & Trapnell, 2005; Yoo, Barle-Haring, et al., 2014) has established a link between a lack of marital satisfaction, sexual satisfaction and intimacy, thus leading to some of the most common reasons couples seek therapy. However, within a religious context, the main messages regarding sexual pleasure for women have been focused on shame and guilt (Allender & Longmann, 2014; Sellers, 2017). While some women report emotional closeness to their partners during sexual activity as being positively related to sexual satisfaction (Pronier & Monk-Turner, 2014), there has also been research suggesting influence from religious scripts leads to a decrease in sexual satisfaction for women (Cranney & Stulhofer, 2017; Davidson et al., 1995).

Sexual practices and sexual assertiveness are two factors that research (Loshek & Terrell, 2015; Pronier & Monk-Turner, 2014) has found correlate with women's sexual satisfaction. Earlier research had narrowly defined sexual assertiveness as sexual self-disclosure, whereas more recent research expands this definition to include sexual preferences and advocating for these desires (Menard & Offman, 2009). For women, studies support that higher levels of sexual assertiveness are correlated with increased satisfaction during intercourse (Menard & Offman, 2009) and greater sexual satisfaction overall (Pronier & Monk-Turner, 2014).

In contrast, studies showed less egalitarian practices and more stereotypical gender roles within relationship were correlated with lower levels of sexual satisfaction,

partially due to a lack of sexual agency for the women (Eden, 2015; Pronier & Monk-Turner, 2014; Richie, 2017). There are many factors influencing reduced sexual agency, such as life scripts developed through social and cultural norms, media, and the community. It may be reasonable to assume, with strong Judeo-Christian practices, religious scripts can have a greater impact on the level of sexual satisfaction among women. Religious scripts traditionally maintain a patriarchal perspective regarding appropriate sexual practices for women. These religious scripts may limit women's ability to advocate for their sexual agency within their marriages, due to the underlying constraints of stereotypical gender roles.

According to a recent study by the Pew Research Center (as cited in Masci, 2014), 63% of American adults list having a satisfying sexual relationship as a key ingredient for martial success (Masci, 2014). Sexual satisfaction shares a robust association with relationship satisfaction (Menard & Offman, 2009) and is an essential factor for mental health and relational well-being (Brassard et al., 2015; Menard & Offman, 2009; van Drie et al., 2014). The concept of sexuality encompasses sexual intercourse, gender identities and roles, sexual pleasure, intimacy, and reproductive goals (van Drie et al., 2014). Additionally, the experience of sexuality is expressed through thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, roles, and relationships (van Drie et al., 2014).

Sexual assertiveness is described as asserting sexual needs, initiating sexual behaviors, and viewing sexuality in a positive light (Menard & Offman, 2009). It is considered a subtype of sexual communication, with positive correlations between increased sexual satisfaction and both positive mental health and physical outcomes (Loshek & Terrell, 2015; Menard & Offman, 2009). In addition, sexual self-esteem is

also positively correlated with sexual satisfaction (Menard & Offman, 2009). Several definitions have been used to understand sexual self-esteem. Menard and Offman (2009) defined sexual self-esteem as "one's affective reactions to the subjective appraisals of one's sexual thoughts, feelings, and behavior" (p. 35). Mayers et al.'s (2003) definition expands this description to include an "individual's sense of self as a sexual being, ranging from sexually appealing to unappealing and sexually competent to incompetent . . . the value one places on oneself as a sexual being, including sexual identity and perceptions of sexual acceptability" (p. 269).

One limitation of Menard and Offman's (2009) research was the lack of a clear relationship between sexual assertiveness and sexual self-esteem with increased sexual experiences. The lack of correlation as to whether or not high sexual assertiveness and high sexual self-esteem increased the likelihood of more frequent sexual encounters or whether frequent sexual encounters increased sexual assertiveness and sexual self-esteem was not firmly established. Further research would be necessary to clarify the direction of causality between these variables (Menard & Offman, 2009).

A foundational principle of female sexual assertiveness is the notion that women have power over their own bodies and their sexuality. This suggests autonomy as a basic human right and that women should have ownership over their bodies; therefore, they are under no obligation to let others touch their bodies or be coerced into sexual behaviors (Morokoff et al., 1997).

Yet, within the context of social and religious cultures, Christian women continuously receive sexual scripts that constrain their sense of sexual identity (Cranney & Stulhorer, 2017; Eden, 2015). These scripts of sexuality are often shame based, resulting in sexual responses as an obligation and inundate the female consciousness with mixed messages of what are sexually appropriate behaviors (Coffelt & Hess, 2014; Hatiboglu & Habermas, 2016; Krahe et al., 2007; Traeen & Skogerbo, 2009). For centuries, female sexuality has been defined by deep rooted sexual scripts regarding women's sexual desires, behaviors, and identity (Coffelt & Hess, 2015; Traeen & Skogerbo, 2009). These scripts have been formed through the patriarchal lens that has allowed for minimum latitude for developing sex-positive sexual self-schemas. Sexpositive approach is encompassing, includes pleasurable and nonprocreative sexual behaviors along with recognizing cultural diversity in sexual practice (Williams et al., 2013). Hoyt and Carpenter (2015) described sexual self-schema as a cognitive generalization about aspects of sexuality regarding oneself—in other words, interpretations arrived at automatically based on an individual's ideas and beliefs about themselves. These schemas then affect what people cognitively attend to, what they remember, and what they are willing to accept about themselves (Aumer, 2014). In contrast, sexual scripts are guided by a set of culturally constructed social norms internalized through interpersonal experience and society's expectations (Bernston et al., 2014). These scripts, in conjuncture with stereotypical cultural norms, have often left women from conservative religious backgrounds particularly unable to advocate for their own sexual agency within their marriages (Eden, 2015; Wood, 2017). Outside the arena of the postmodern feminist movement, research is limited from a Judeo-Christian perspective examining the influences of religious dogmas, societal and religious teaching, sexual scripts, and societal influences that have influenced the Christian women's sexual identity and the ability to advocate for their sexual agency (Eden, 2015; Wood, 2017).

For the purpose of clarification, the terms advocacy, agency, and sexual scripts will be further defined. The idea of advocacy states the individual is empowered and has the ability to effect change (Ramirez et al., 2017). Furthermore, advocacy allows for "arguing or pleading for a change or to promote social change for social justice" (Ramirez el al., 2017, p. 190). Agency is defined as "implicated responsibility" suggesting when we perform actions, the individual is under control and freely choose those actions or a "sense of agency" (Koelsch, 2004). This perspective suggests when individuals perform actions, they are under control and freely choose those actions (Koelsch, 2004). Gentsch and Shutz-Bosbach (2011) expanded agency to include our thoughts, actions and external events that results from experiences of mostly voluntary actions. Active participation also provides a sense of impact and control thus increasing one's sense of our self-awareness (Gentsch & Shutz-Bosbach, 2011). The definition of sexual scripts are cultural expectations of sexual attitudes, sexual values, and unfolding of sexual behaviors based upon inherently learned and subsequently normalized sexual attitudes, sexual values, and sexual behaviors.

Historical Sexual Scripts

Sexual Scripts

Previous research defined life scripts as facilitating our understanding of social situations and organize life narratives by providing a basic overview of life events as normalized by one's culture (Hatiboglu & Habermas, 2016; Krahe et al., 2007). In assessing multiple cultures, researchers found strong evidence of national life scripts that provide generalized expectations of the important major life events one may experience (marriage, children, college, etc.; Hatibolu & Habermas, 2016; Shanahan & Busseri,

2016). Studies have suggested cultural life scripts have greater impact during late childhood and mid-adolescence developmental periods, which can then inform later behaviors and decisions in adulthood (Hatibolu & Habermas, 2016; Shanahan & Busseri, 2016). Demorest (2013) described scripts as "implicit assumptions for anticipating and dealing with life experiences so as to maximize positive emotions and minimize negative emotions" (p. 583). Research has supported the function of social scripts as expediting social understanding and normalizing expectations of others (Krahe el al., 2007). Cultures function through social scripts by creating guidelines for individuals to achieve a sense of life satisfaction (schooling, family, and careers; Krahe et al., 2007; Shanahan & Busseri, 2016).

Sexual scripts are one of the intricate parts of our complex social scripts. Coffelt and Hess (2014) argued sexual scripts encompass an individual's generalized sexual knowledge, whether through direct or indirect experiences of sexual encounter. Their research suggested sexual scripts encompass "verbal and nonverbal behaviors" and operate at the three levels: "intrapsychic, interpersonal, and cultural levels" (Berntson et al.,, 2014, p. 150).

Intrapsychic

The intrapsychic functioning of an individual processes sexual motivation, desires, and preferences. Berntson et al. (2014) further explained processing takes place at this level when an individual assesses, interprets, and synthesizes the cultural and interpersonal scripts to construct attitudes about sexuality.

Interpersonal

The interpersonal level influences the communicative and behavioral actions. Processing at this level takes place as an individual applies more cultural scripts to a particular scenario. In addition, peer networks have potential at this level often contributing to "hook-up" scripts common on college campuses (Berntson et al., 2014).

Cultural

The cultural level models social-sexual norms through media, films, and advertisements (Coffelt & Hess, 2014). This level refers to norms that exist on the broadest levels of culture, which has been internalized by individuals, such as attitudes and meaning making of their own behaviors as reflected by these cultural norms (Berntson et al., 2014). Of the three levels, research has shown the intrapsychic sexual script affects the likelihood of exercising agency in sexual encounters (Berntson et al., 2014).

Hooking-Up Culture

Furthermore, sexual scripts connect cognitive processes with an individual's desire to create social meaning between men and women (Coffelt & Hess, 2014). Research on postmodern "dating, hanging out, and hooking-up" resulted in sexual scripts being defined as "cognitive schema that describe and prescribe interpersonal behavior in sexual situations" (Eaton et al., 2016, p. 788). The recent cultural change of late adolescence and young adulthood has been the lack of clear stages in dating relationships (Owen et al., 2010). The hooking-up script had become the new cultural norm for this demographic and is characterized by sexual behavior between uncommitted partners, sometimes referred to as friends-with-benefits (FWB), and for recreational purposes

(Eaton et al., 2016; Owen et al., 2010). Further explanation of the relational patterns of the hooking-up culture would include either periodic or ongoing activities that include kissing, fondling, and sexual intercourse that creates a pattern involving transitory sexual interactions between partners without expectation of continued romantic relationship (Berntson et al., 2014; Monto & Carey, 2014). Studies have indicated the hook-up script is traditionally reflective of a gender double standard, where men gain status by hookingup that centers on physical pleasure without further meaning. In contrast, women are often stigmatized for frequent hook-ups (Berntson et al., 2014; Penhollow et al., 2017). In addition, studies have indicated women more often feel a loss of respect and an increased psychological distress, such as anxiety and depression as well as reduced life satisfaction, because of hook-up behaviors (Owen et al., 2010; Penhollow et al., 2017). Eaton et al. (2016) further explained sexual scripts as actions and events that are "outlined" and normally would unfold in the same way a written script for a play would occur (Krahe et al., 2007). Napper et al. (2016) argued hooking-up culture can be a casual, consensual sexual act. They went on to posit hooking up can have both positive and negative impact on college students (Napper et al., 2016). Although the positive impacts have been reported as feelings of empowerment, attractiveness and excitement, Napper et al. reported the negative effects of a hook-up as feelings of embarrassment, loss of selfrespect, and sexual regret, with women experiencing more sexual regret than men.

Stereotypical Norms

Sexual scripts are entrenched in cultural norms about sexuality, which also include societal gender stereotypes and behavioral expectations (Krahe et al., 2007). As a result, sexual scripts generally reflect the consensus of a particular cultural community regarding the expected sexual behaviors typical of individuals. Furthermore, sexual scripts are acquired through socialization and informed by cultural and religious norms (Tomaszewska & Krahe, 2016). For example, the culture of conservative religious communities is generally less permissive of sexual behaviors outside of marriage (Krahe et al., 2007). These negotiations of sexual intimacy depend on the implicit cues of sexual intent, which are largely based on traditional gender scripts. For example, men are considered the sexual initiators and women are seen as the "gatekeepers" of sexual chastity (Krahe et al., 2007). Overall, scripts help organize and maintain social and life expectations, which influence interpersonal roles and have a lasting impact on one's of life events.

Gender Scripts in Antiquity

Historically, women have held a limited role in society. During the classical antiquity period, influential roles were reserved for members of the elite class and access to these positions was dependent on political status and wealth (Cohick, 2009). Yet, the political, public and private social scripts of antiquity were established on patriarchal hierarchies (male-dominated power structure) and misogynic (contempt or ingrained prejudice against women) ideas which informed national scripts of the time. Evidence of misogynic beliefs are evident as early as 800 BCE, through the oldest surviving documents in European literature: *The Iliad* and *The Odyssey* (Cunningham & Hamilton, 2000). Considered monumental to the origins of their cultural and religious scripts, these writings constitute the foundation of "the roots of Western misogyny" (Cunningham & Hamilton, 2000), by passing on the legends of Greek gods, goddess, and the roles of male and female, and thereby embedding them into the national and cultural scripts of early

Greco-Roman societies. These influences manifested culturally as seen by the undervalued position of being born a women (Cohick, 2009; Cunningham & Rogers, 2000). Infanticide was commonly practiced during this era with evidence supporting that female infants were exposed more frequently than male infants (Cohick, 2009). During this time, a daughter was viewed as a possession and marriages were used as a family transaction, adding to the fortunes and status of both families and for procreation of males as barrenness would bring shame (Cunningham & Hamilton, 2000; Wood, 2017). The generalized cultural script was being born a woman lacked social value and significance in early Greco-Roman era (Cohick, 2009; Cunningham & Hamilton, 2000; Wood, 2017).

The cultural scripts seen in these early documents supports the superiority of males. During this time, domestic violence against women was acceptable due to the misguided notion that the nature of women was to be deceitful, tricky, disloyal, and lacking common sense (Wood, 2017). According to Wood (2017), these social scripts are demonstrated in Homer's description of Zeus' violent treatment of his goddess wife, Hera, and boasting of his multiple infidelities. Furthermore, to emphasize women's lack of autonomy, women were passed along as property from their male relatives (father, uncle, or brother) to another male (husband) upon marriage (Wood, 2017). The cultural notion that women lacked virtue from birth was supported by Homer's description of Hera's character whom he portrayed as a hateful wife, full of deception, manipulation and fear. This further reinforced the social script of women's untrustworthy nature and lack of common sense in Greek culture (Cunningham & Hamilton, 2000). In the minds of the Greeks, the goddess Hera was the ideal women, but also full of deceit, jealousy, and

fear. Cunningham and Hamilton (2000) and Wood (2017) indicated these myths help to further establish a patriarchal system of rule as Hera "needed" to be abused and controlled by her husband.

During 700 BCE, the Greek poet, Hesiod, reinforced the devaluing social script of women further in *The Theogony*. In these writing, he tells the myth of the origins of women, which were culturally adapted by the Greco-Roman societies (Cunningham & Rogers, 2000; Woods, 2017). Hesiod reports Zeus created Pandora out of a vindictive rage directed toward men and further describes women as "man's eternal curse." Hesiod described women as being "a beautiful evil" and "a deadly race" (Cunningham & Rogers, 2000). These cultural scripts of the vile nature of women were also seen in the writings of the prominent Greek philosophers such as Socrates (469-399 BCE), Plato (470-347 BCE), and Aristotle (384-322 BCE). In the writings of Plato, women were inferior in goodness to men, and men who were cowardly were reincarnated back into a female form as a curse for their behaviors. Aristotle referred to women as a "monstrosity" and a "deformed male" (Cunningham & Hamilton, 2000; Wood, 2017). In addition to the writings of the philosophers, a common form of communications was through playwrights. Aristophanes, one of the greatest comedy writers during this era, portrayed women as "shameless" and "the vilest creatures," which according to Cunningham and Hamilton (2000) further perpetuating their inferior status.

Politicians further contributed to this systemic reinforcement by creating laws that promoted prostitution (Cunningham & Hamilton, 2000). Athenian political leader, Solon (640-561 BCE), enacted a law promoting prostitution as "civil servants of sex" with the funds generated from their sexual transactions used to increase the government coffers (Cunningham & Hamilton, 2000).

Similar to the Greek patriarchal system, the Roman Empire held similar sentiments. Cunningham and Hamilton (2000) indicated Roman poet, Virgil (70-19 BCE), in *The Aeneid*, reaffirmed the same lack of value of women, and the Roman political leader, Cicero (106-43 BCE) considered women in the same category as "slaves, dogs, horses, and asses" (pp. 91–92). According to Cunningham and Hamilton (2000) and Wood (2017), exploring the influences of these early cultural scripts brings clearer understanding of the world view and culture that was present during the formation of the early church.

Early Church Fathers

A brief review of research on historical religious dogma (Murray et al., 2007; Nelson, 2003) suggests the early church's social position was to interpret scripture and establish social scripts for their communities, mostly who were illiterate. Historically, the early church fathers continued with the centuries old, persuasive beliefs of the inferior quality of women and the sanctioning of sexual activity. According to Cooke (2014) and Davidson et al. (1995), sex was considered for functional means and precreation, but not as an avenue to enjoy "fleshy pleasures." In their study examining the relationship between religiosity and sexual behaviors, Davidson et al. argued during the infancy of the Christian faith, engaging in sexual activity was viewed mainly as a reproductive function as a means to enlarge "the kingdom of God." Davidson et al. argued these negative, religious scripts have continued to influence the concept of acceptable sexual activities from antiquity through the modern ages, and has been foundational in the development of sexual scripts within the early church (Hunt & Jung, 2009; Murray et al., 2007). When viewed through the feminism lens, the writings of Paul (Wood, 2017) to the early church can be interpreted as statements of gender inequality (supporting test: New Testament: 1 Timothy 2:12-14, 1 Corinthians 11:7-9, 1 Corinthians 14:33-34, Ephesians 5:22-23). According to Wood (2017), Paul was affirming the innate inferiority of women while reinforcing the perception of higher intellect belongs to men.

Second century theologian Tertullian considered women as "the devil's gateway" (LaPorte, 1982; Leeming, 2003), stating:

You are the devil's gateway: you are the unsealer of that (forbidden tree); you are the first deserter of the divine law . . . you destroyed God's image, man . . . all the luxury of feminine dress is the baggage of woman in her condemned and dead estate. (Tertullian, 155 CE-240 CE, as translated by Thelwall)

Other influential writings from early church leaders included Jerome who further argued against marital sex for mutual pleasure and desire, "wise man ought to love his wife with judgment not affections . . . control his impulses and not be borne headlong into copulation. Nothing is fouler than to love a wife like an adulteress" (Jerome, as cited by Bullough, 1976, p. 167). In his writing, *Against Jovinianus*, Jerome (374 CE-420 CE) argued the state of man and woman were intended to remain virgins while in Paradise and after the Fall, engaged in copulation as a result of sin, "they who in Paradise remained in perpetual virginity, when they were expelled from Paradise were joined together" (Jerome, as cited by Bullough, 1976, p. 193), further reinforcing sex-negative script in the early church. The fourth century philosopher Augustine wrote of his own sexuality: "... but I, foamed like a troubled sea, following the rushing of my own tide sea ... when the madness of lust (to which human shamelessness giveth free license ...) took rule over me. ... My friends ... took no care by marriage to save my fall" (Augustine, 427 CE, translated by E. B. Pusey, 1999) inferred his lack of healthy sexual schema as a youth, which continued to influence his writings throughout his lifetime (Boullough, 1976; Cole, 1956; Leeming, 2003; Nelson, 2003). Keen (1983) argued, during this period, "Christianity fell into an anti-erotic posture; glorifying virginity, degrading women, linking sex to guilt, discouraging romance, denying the flesh, casting suspicion upon sensuality" (p. 9).

Further research supports the continuation of these kinds of sexual scripts during the latter half of the 11th century (McLaughlin, 2010; Mattox, 2015). During the reforms within the Episcopal Church, doctrinal struggles were focused on the sexual behaviors of bishops and clergy (McLaughlin, 2010). The implications of sexuality within the marriages of their bishops are significant (McLaughlin, 2010; Mattox, 2015). Mattox (2015) examined the position that the role of Adam and Eve as one of shared equality and spiritual dignity before the Fall. In addition, the reformer, Oecolampadius, used biblical exegesis to establish the "created goodness of the female sex" as part of his reformation of the social standing of women and to provide solid biblical foundations for clerical marriages (Mattox, 2015). This was in direct contrast to Augustine's view that "the woman was created for 'submission' but punished after the Fall with 'servitude'" (Mattox, 2015, p. 199). Historically, the Catholic church banned contraception as church tenets identified procreation as the primary purpose of marriages. In 1930, Pope Pius XI issued an *Encyclical on Christian Marriage*, entitled *Casti Connubii*, which summarized the Catholic churches ban on using contraceptives as a means of birth control and restated the church's position on the function of sex in marriage was for procreation purposes:

The primary end of marriage is the procreation and the education of children. . . . Therefore, the conjugal act is destined primarily by nature for the begetting of children, those who in exercising it deliberately frustrate its natural powers and purpose sin against nature and commit a deed which is shameful and intrinsically vicious. (Pope Pius XI, 1930, paras. 17, 54)

Additional research has suggested the ongoing misogynistic influence on church writings, which opposed women in general by emphasizing their "sinful nature" (McLaughlin, 2010). Historical writings further vilify women for being the object of unacceptable desires which only heightened the "existing misogynist tendencies within medieval clerical culture" (McLaughlin, 2010, p. 28). Accordingly, even religious women who served the church as canonesses (member of a religious community of women) were subject to punishment, not for sexual behaviors, but for presenting a temptation (McLaughlin, 2010). One document reported a particularly severe punishment of a canoness's expulsion from the community after evidence of her "bewitching" the bishop through her shoes was presented to the church (McLaughlin, 2010). McLaughlin stated examples of the 11th century reformer, St. Peter Daman, who struggled with his sexual feelings by demonizing women as a source of sin and thus punishing them for innocuous behaviors.

As research has suggested, these negative, religious sexual scripts held toward women's sexuality and condemning sex for sensual pleasure are observed from the very formation of the early church (Eden, 2015; Leeming, 2003; Mattox, 2015; McLaughlin, 2010). These convictions were influenced by the Greco-Roman cultural scripts rooted in misogynistic and patriarchal systems. Similar early-church assertions are found throughout the second century in church doctrine and continue to negatively influence current religious scripts on the mutuality of marriage roles, women's right to advocate for sexual needs, and appropriate sexual behaviors of women within the context of a heterosexual marriage today (Leeming, 2003; Nelson, 2003). Our current religious ideologies have been informed by these early traditions and perpetuate the misunderstanding of female sexuality by condemning women for making decisions for her body and discouraging women to seek or expect sexual satisfaction on the same level as men (Leeming, 2003; Nelson, 2003). Leeming (2003) argued, "We have a deeply ingrained horror of mixing sex and religion" (p. 102), and this allows for the perpetuating of these sexual distortions. These systems of antifemale, antisexual scripts promote a lack of egalitarian relationships within Christian cultural scripts that are still prevalent (Eden, 2015). How prevalent are these theological scripts, and do they continued to distort the female sexual identity?

Current Church Views

The centuries of religious scripts Christian women received have become common doctrinal attitudes often ascribing a lack of worth and value, which may cause confusion, harm, and shame. From a young age, these religious scripts shape the feminine sense of self with respect to sexual behaviors, sexual values, and sexual autonomy. Mixed messages of feminine sexuality fused within the church doctrine have created results that are less positive for the female populace of the church (Richie, 2017). Studies have shown the dominant sexual scripts from mass media outlets, both mainstream and Christian, suggest women desire sex less than men do (Busch, 2009; Cunningham & Hamilton, 2000; Eden, 2015; Fogel, 2013). In addition, the embedded scripts found within past and current Christian marriage literature also include the assumptions that men desire sexual engagement more than women and women agree to sex infrequently and often with reluctance (Eden, 2015).

Eden (2015) argued literature often suggests this is due to the natural biological traits of assertiveness and pursuer that belong to men, whereas the nature biological traits of women are passive and compliant. These arguments reinforce stereotypical gender roles by implicitly asserting men are more assertive by nature, which qualifies them as leaders, and therefore more capable of assuming leadership roles within the church and businesses, such as pastors and CEOs (Eden, 2015), whereas the female nature is more passive and therefore only qualified for supportive roles within churches and businesses (Eden, 2015). Additionally, gender socialization has suggested girls are taught to be more passive, obedient, sociable, and nurturing, whereas boys are encouraged toward more aggressive, competitive, and independent traits (McFarland et al., 2011).

These embedded social scripts may partially explain why women are more susceptible to the sexual scripts emphasized by the religious community (McFarland et al., 2011). Furthermore, Petersen and Hyde (2011) suggested current, stereotypical social expectations influence gender differences in sexual behaviors and attitudes, wherein women are expected to be more sexually conservative than men. Viewed through this social and religious lens, women often find themselves the casualty of these harmful sexual scripts. Especially within the constructs of Christian marriages, the woman's right to advocate for self-agency of sexual identity, needs, and desires are often seen as less important than her husbands.

Research on the influence of religiosity and sexual behavior suggests high church engagement reduced premarital sexual activities among females (Abbott et al., 2016; McFarland et al., 2011; McMillen et al., 2011; Young et al., 2015). McFarland et al. (2011) found although religious, unmarried individuals were less likely to engage in sex in general, the reduction was more prevalent among the women than men. Kimberly et al. (2014) suggested a relationship between religious commitment and sexual attitudes. For example, individuals with lower levels of religious commitment had higher levels of sexual behaviors (Kimberly et al., 2014). In contrast, women who scored high in religious commitment scored lower in their perception that sexual behavior matched their moral values, and they were less likely to engage in premarital sexual behavior (Abbott el al., 2016). However, despite the reduction in sexual activity, church engagement was correlated with increased anxiety and sexual guilt for women (Abbott et al., 2016; Davidson & Norton, 1995). Additional research has suggested a correlation between women with high religious rigidity and regular church attendance with impaired marital sexual functioning, such as guilt, inhibition and lower levels for sexual interest, activity and responsiveness (Davidson et. al., 1995).

Abbott et al. (2016) suggested one reason women were less likely than men to have premarital sex was the sexual scripting found in "the major world religions [which] are situated within the patriarchy" (p. 1069), which have historically been a structure that allows for female oppression. Within the religious patriarchy system, standards and expectations around sex are typically restrictive for women (Yoon et al., 2014). Furthermore, within traditional Christian religion, sex is often equated with functional purposes, which discourages mutual sensual gratification (Abbott et al., 2016; Richie, 2017). In heterosexual Christian marriages, women often struggle for sexual fulfillment due in part to the emphasis placed on the importance of sexual pleasure for her husband while often devaluing her own experience (Abbott et al., 2016; Richie, 2017).

Traditional religious teachings sanction sexuality within the context of marriage (Richie, 2017; Yoon et al., 2014). As Christian women enter into matrimony with idealized expectations, they can find themselves unwitting participant of implied presumptions from centuries of church teachings. As a result, Christian women feel less assured of their right to advocate for self-agency regarding their sexual needs within the marriage and less assured of their right to experience a mutuality of sexual needs, wants, desires within the context of marriage (Eden, 2015; Richie, 2017). This, in part, is due to the influences of historical and modern religious ideologies and the influences of society on female sexuality. As a result, unrealistic expectations of sexual values, desires and behaviors on the part of the women can lead to subtle pressure to meet the expected roles of the traditional duties for a wife. These duties can include being available sexually to their husbands regardless of the context and their personal sentiments. Women can lose their sense of autonomy within the context of fulfilling their Christian martial duties. The lack of identity and individuation can cause psychological effects such as depression, anxiety, and despair (Mollen & Stabb, 2010; Yoon et al., 2014).

Current Scripts

Family-of-Origin

One of the foremost ways individuals receive life scripts is through relationship patterns learned within their family-of-origin (FOO; Bandura, 1969, 1992; Gardner et al., 2011; Knapp et al., 2015).

Social Learning Theory

The social learning theory suggests members of society learn through "direct observation of response patterns" (Bandura, 1969, p. 213). Within FOO, the mechanism of social learning happens as children attend to and see connections between information about relations and between actions and outcomes (Grusec, 1992). The four key components of Bandura's theory are observational learning, self-regulations, self-efficacy and reciprocal determinism (Grusec, 1992).

Observational learning posits the observer must pay attention to what is being modeled, the material must be retained from what has been observed and internalized, and there must be sufficient incentive to perform the modeled actions (Bandura, 1992). Bandura (1992) theorized individuals hold onto "ideological positions" or internalized standards in spite of changing situations (self-regulation). Children observed modeled behaviors (family scripts) and are reinforced by the personal benefits of socialization (life scripts) which depend on external forces received (e.g., consequences, rewards), with individuals actively evaluating what is being modeled and choosing self-agency in their own behaviors as a result (Grusec, 1992).

Self-efficacy is an individual's belief about their own abilities that guide their behaviors (Grusec, 1991). Grusec (1991) further indicated whether or not an individual

puts into action the knowledge they have is dependent on the strength of their belief of their own abilities to be successful in carrying out the behavior. Bandura (1992) argued influences for development came from an interrelationship between the individual, the environment, and behavior otherwise known as reciprocal determinism. Expectations, self-perceptions, goals, and physical structures direct behaviors as well as the impact of environmental events, such as social pressure (Bandura, 1992).

Attachment Theory

The attachment theory suggests all humans have an innate need to connect to others (Bretherton, 1992; Dinero et al., 2011; Jensen et al., 2015; Mikulincer & Shaver, 2003). The early days of bonding and attachment between infant and primary caregiver influences an individuals' intrapsychic development along with behavioral patterns in interpersonal relationships, and is important in shaping ways of organizing future experiences (Bretherton, 1992; Scharff & Scharff, 2000; Summers, 1994). In other words, these early relationships are formatively seen as either emotionally safe, emotionally untrustworthy and unsafe, or an ambiguous mix of both (Jensen et al, 2015).

Furthermore, attachment theory suggests individual attachment processes influences future adult romantic relationship's style of communicating, resolving conflict, staying in close proximity while in conflict and distressful situations (Dennison et al., 2014; Dinero et al., 2011; Gardner et al., 2011; Knapp et al., 2015). Attachment styles are individual differences or patterns of expectations, needs, emotions, and social behaviors directed toward attainment of actual or perceived protection and security from an attachment figure or primary caregiver (Milulincer & Shaver, 2003). Attachment theory posits the relationship with the primary caregiver serves as a model for future relationships (Gardner et al., 2007). During interactions, the responsiveness and positive affect (secure attachment) or lack of responsiveness and negative affect (insecure attachment) of the parent toward the child in distress helps develop within the child their own sense of emotional regulation, such as receiving consistent comfort during crisis (Knapp et al, 2015). These skills later influence how well an individual self-regulates their own needs within romantic relationships as well as allowing for autonomy and engaging in advocating for romantic needs and desires in a secure relationship. Hence, the development of internalized life scripts.

Attachment theory suggests, within the family system, healthy attachment style influences interpersonal formation and success in relationships, making the FOO one of the most important systems that predict further relational satisfaction (K napp et al., 2015). Research supports that one influencer to the romantic attachment style for a young adult happens during adolescent from behavioral interactions with parents and directly predicts the attachment style in middle 20s (Dinero et al., 2011).

According to FOO attachment style theory, individuals bring into marriages "enduring vulnerabilities" related to the quality of family experiences (Knapp et al., 2015). These vulnerabilities (an individuals internalized script) may stem from stressors such as patriarchal and authoritarian systems, family conflict, violence, hostility, and parental divorce and cause martial couples to respond negatively to these stressors with poor communication, physical aggression and hostility (Knapp et al., 2015). As threats are perceived, an individual will look for the presence or absence of a "security-providing attachment figure" (Dinero et al., 2011, p. 622). During these stressful moments, if there is not an available "safe" person to respond, an individual will either hyperactive or deactivate their attachment system. This behavior will lead an individual to pursue more energetically the absent partner or withdrawal from the relationship (Dinero et al., 2011). These behaviors may ultimately lead to maladaptive behaviors and a decrease in marital satisfaction if the couple cannot adapt.

Dysfunctional scripts within the FOO negatively influence future early adult romantic relationships (Gardner et al., 2011). Research supports young adults are negatively affected in specific areas of emotional, intellectual, and sexual health and satisfaction (Gardner et al., 2011). Also affecting the quality of interpersonal behaviors within future relationships are the parental socialization practices. In FOO with parents that exhibit high hostility and low warmth, have shown negative associations in the quality of early romantic relationships (Gardner et al., 2011). In addition, problems in parents' marriage such as jealousy, anger, negative sentiment affect, and poor spousal communication appear to have a negative effect on the future relationships of the children (Gardner et al., 2011). Adults exposed to violence and high conflict from FOO, are more likely to be physically aggressive or develop a victimized stance in future early romantic relationships, which inhibits their ability to advocate for their needs within the relationship (Gardner et al., 2011).

Other Family Factors

Research widely views the most common foundational development to an adolescent's sexual script is the parent-adolescent communication culture (Holman & Kellas, 2015; Koesten, 2004). The earlier and more frequently a parent discuss sexrelated topics with their adolescents, the higher probability adolescents delay sexual debut and less likely to engage in risky sexual behaviors (Halman & Kellas, 2015). In addition, parent-child closeness affects the adolescents' sexual script (Halman & Kellan, 2015). However, the most significant findings from Holman and Kellas's (2015) research on family communication culture was the adolescents' perceptions of parents' communication skills, comfort, and sincerity when communicating about the topics of sex.

Media

Mixed sexual scripts from media outlets have influenced recent sexual attitudes in our culture. Social science supports the effect mass media has on shaping our concepts about a particular topic and subsequently, our behaviors (Montgomery-Graham et al., 2015). As popular media repeats stories, ideologies, and relational patterns, this shapes our culture and brings legitimacy to new cultural norms, both sexual and non-sexual (Montgomery-Graham et al., 2015). Yet, these media messages can be confusing and often highlight the polarizing issues of female sexuality.

With the increase popularity in the genre of "reality" dating television programs, there has also been an increase in research of the influences these programs have on our culture's sexual attitudes, activity, and behaviors (Fogel & Kovalenko, 2013; Ward & Friedman, 2006). Ward and Friedman (2006) argued adolescents have ranked media as one of their top sources for sexual information. Research conducted by Fogel and Kovalenko (2013) supported the correlation between participants who viewed sexual relationship in reality television shows (higher sexual content) and an increase of sexual permissiveness attitudes. Furthermore, research supports the correlation between an increased exposure to specific sexual stereotypes from TV programs, such as women viewed as sex objects and men valued for their predatory sexual behaviors and a higher

likelihood of stereotypic schemas being absorbed by the viewers. In other words, viewers of these sexual shows are more likely to endorse overtly permissive and biased sexual scripts which may become a way of viewing and organizing their world (Ward & Friedman, 2006).

Additional research on the influences of primetime network television on adolescents, supports the premises of social learning theory in that the greater exposure to sexual encounters in the media are linked to a higher their level of expectations of similar sexual encounters taking place in the real world (Kim et al., 2007). In their research, Kim et al. (2007) created a codebook for the heterosexual scripts used during primetime television. Their research showed a positive correlation between viewing primetime TV and the normalizing of stereotypical gender roles. In this media, male characters on sitcoms openly judge women by their physical appearances and sexually objectify them. In addition, men's uninvited sexual overtures are portrayed as "playful" and "lighthearted" and free of negative consequences. The script of male masculinity predicated on sexual "conquest" at any cost (Kim et al., 2007).

In contrast, the stereotypical gender roles of female sitcom characters also reinforce certain maladaptive sexual scripts. Female characters were primarily valued for their physical appearances which was reaffirmed as an important asset negotiating malefemale relationship. When female characters were sexually suggestive, the reactions of other characters were negatively judgmental often calling them "sluts," "tarts," and "tramps" (Kim et al., 2007). In addition, male characters are portrayed as actively avoiding commitment versus the portrayal of female characters as feeling "deficient" without a boyfriend or husband (Kim et al., 2007). As supported by research (Fogel & Kovalenko, 2013; Kim et al., 2007; Ward & Friedman, 2006) viewing these stereotypes may become a way of organizing interactions with others and may develop into negative sexual scripts for future interpersonal behaviors.

Postfeminist trends are influenced by broadcasting programs as well. New social trends made popular by the debut of the television series *Sex and the City* (SATC) in 1998, left an impression on the psyche of single female viewers, as it portrayed liberal sexual behaviors as acceptable for women (Markle, 2008). The series was acclaimed for the portrayal of four, single, White, high–SES women navigating sexual encounters. The sexual activities of these protagonist have been stated as "groundbreaking" and "boundary pushing," even describing SATC as an avenue that explored the female character's sexual agency and the modern women living vicariously through their portrayal (Markle, 2008).

Researching how SATC reworked the cultural scenarios of appropriate female sexual behaviors, Markle (2008) studied the portrayal of the interpersonal scripts and quantified them as either traditional, relational or recreational (like a man). In her analysis, she found each of the main female characters had more than five sexual partners, while realistically only 2.5% of women and 7.5% of men reported this number of partners (Markle, 2008).

However, research has supported the cultural fallout from the sexually explorative nature of the main characters from SATC (Southard, 2008). The exploration into the postfeminist sexual behaviors of SATC female characters has actually further fostered "single-girl angst" and contributed to unrealistic expectations of heterosexual romances via overglamorized images of women, unrealistic body image, and confusing sexual identity (Southard, 2008). In addition, these modern dating programs do not address the real-life negative consequences of multiple sexual partners such as unplanned pregnancy, sexually transmitted diseases, and date-rape scenarios (Southard, 2008). The influence of other primetime television series such as Desperate Housewives, further contributes to the transitory nature of our cultures changing sexual scripts for women (Busch, 2009; Southard, 2008).

In addition, research of gender roles in situational comedies (sitcoms) support the common use of patriarchal themes to endorse negative stereotypical roles. Walsh et al. (2008) argued the consistency of these themes being reinforced when researching the culture of sitcoms. Featuring modern-day "mismatched" couples (*The King of Queens, According to Jim*), an attractive and intelligent wife is contrasted with a lower intelligent, less attractive husband. The recurrent messages found from research are the use of comedy to "mollify patriarchy and trivialize everyday moments of feminist empowerment" (Walsh et al., 2008, p. 131). Story plots are created where the situations contrast the intelligence of the wives and the "buffoonish" behaviors the husbands, yet the storyline's common resolution evolves as the wife becomes increasingly guilt ridden for her rational behaviors and apologetic toward the husband, while the husbands dominant, less rational behaviors are reaffirmed (Walsh et al., 2008). Nontraditional roles of men and women (depicted as being single and unhappy) in these sitcoms support the notion of traditional, married gender roles as being superior (Walsh et al., 2008).

Can women advocate for their sexuality within egalitarian, heterosexual relationships? So far, the cultural messages have not been supportive of relationships based on mutuality.

Workplace Scripts and Sexual Harassment

Hostile work environment for women has predated the Industrial Revolution and has been well documented (Fitzgerald, 1993). In 1734, a publication in the *New York Weekly Journal* by a group of [female] domestic servants read in part, "We think it reasonable we should not be beaten by our mistresses husband[s] . . . they being too strong and perhaps may do tender women mischief" (Foner, 1974, as cited by Fitzgerald, 1993, p. 6). With the passing of Title VII of the Civil Rights Act of 1964, workplace sexual harassment was deemed illegal. However, it was not until the 1980s that the U.S. Equal Employment Opportunity Commission (EEOC) legally defined sexual harassment (Fitzgerald, 1993). In part, this defined sexual harassment as "attempts to extort sexual cooperation by means of subtle or explicit threats . . . related verbal or physical conduct that is unwelcomed" (Fitzgerald, 1993, p. 1071). Fitzgerald (1993) argued sexual harassment functions as an agent of social control and is an "expression of contempt and hostility for woman who venture beyond the socially prescribed confines of the private feminine sphere of the home" (p. 1072), reinforcing negative stereotypical gender roles.

During the last 20 years, workplace aggression, sexual harassment, and gender harassment have increased (Hershcovis & Barling, 2010; Leskinen et al., 2015). Hershcovis and Barling (2010) argued 58% of women reported sexual harassment and 72% women reported gender harassment in the workplace, whereas Kearl (2018) argued the prevalence of sexual harassment reported by women who experienced sexual harassment during their lifetime was 81%. Gender harassment are behaviors that demean and disparage an individual based on their gender and are considered a subtype of sexual harassment (Leskinen et al., 2015). Leskinen et al. (2015) argued women who have traditionally more masculine traits, interests, and behaviors, such as competitiveness, dominance, risk taking, and logical thinking, defy social expectations and experience more negative repercussions for their "counter stereotypical" traits. Qualities traditionally found in male leaders for corporate success, are the same qualities women are penalized for; women with more assertiveness are rated more negatively among other women, women with higher knowledge of stereotypically masculine information experience sabotage in their field by male counterparts (Leskinen et al., 2015). The findings of this study also highlighted women with more masculine traits, behaviors, and attitudes are vulnerable in female-dominated work domains as well. This study supports that when women change the stereotypical life scripts of femininity (congeniality, emotionality, weakness, passivity, and attentiveness to physical appearance) in the workplace and have more masculine traits (self-reliant, self-advocating, risk taking) are more vulnerable to sexual harassment and gender harassment from both male and female colleagues.

Psychological Effects of Workplace Harassment

The psychological effects of sexual harassment of women in the workplace has serious mental health issues (Fitzgerald, 1993; Shaw et al., 2018). This is seen through job-related decrease of morale and an increase of absenteeism, increased of anxiety, depression, headaches, sleep disturbances as well as being linked to posttraumatic stress disorder (PTSD) and depression (Fitzgerald, 1993; Shaw et al., 2018). An additional cost to individuals who experience workplace harassment are seen in the high correlation between harassment and job change, reduced opportunities for financial gain, on-the-job learning and advancement by mentors (Shaw et al., 2018). These studies show the continued influence of the workplace on both gender and sexual scripts.

#MeToo Movement

One attempt to address sexual harassment in the workplace has been the development of advocacy groups who created movements such as *#MeToo*, which was created and launched in 2006 by Tarana Burke (Bhattacharyya, 2018). This advocacy group enables people to speak out about sexual harassment and has focused social awareness on significant issues (Bhattacharyya, 2018; Mizrahi, 2018; Schultz, 2018). Schultz (2018) reconceptualized sexual harassment as an expression of workplace sexism and a way for men to brand women as inferior and reinforce the stereotypically masculine work identity and status of superiority. Moreover, Schultz's new theory of sexual harassment broadens the meaning to consider all forms of harassment, including demeaning behaviors aimed at women and other forms of sex discrimination.

Schultz (2018) used this broader definition to spotlight ongoing harassing and demeaning behaviors by men in power toward subordinate female employees. This broader understanding empowers women in the workplace to put a halt to hostility and inequality in work environments by further defining more subtle forms of harassment, such as berating, demeaning, sexual and nonsexual forms of harassment. The impact on workplace culture by this movement has been significant for women, as they have been given more avenues to advocate for their safety and report hostile behaviors. The impact of the #MeToo movement can be measured by the increase of complaints from women that are taken more seriously, and legal consequences are more probable for the offender. Prior to the #MeToo movement, only an estimate of 3%–6% of cases made it to trial due

in part to reluctance of the victims to report sexual harassment incidences (Noguchi, 2017). The #MeToo movement has brought a "cultural consciousness" that is forcing a reevaluation of legal standards and clearing the way for more sexual harassment cases to be reported (MacKinnon, 2019; Noguchi, 2017). Although federal law prohibits sexual harassment in the workplace, not every sexual interaction that occurred has been considered an "actionable" offense by law (White, 2018). Conduct we now recognize as unlawful harassment was, in the past, regarded as "personal in nature" and had nothing to do with breaking the laws on workplace harassment (White, 2018).

In an attempt to refine the definition of sexual harassment, the Supreme Court stated the action had to be deemed "sufficiently severe of pervasive," be motivated by sex by the perpetrator which had to be proven before conduct was considered actionable by the courts (White, 2018). Prior to the #MeToo movement, women victims who brought sexual harassment cases were assumed by the courts to have a sterner character, and therefore, should be able to withstand the pressure when dealing with "crude comments . . . lewd gestures, and even unwanted touching" (White, 2018, p. 1019) from male coworkers. The courts deemed these gestures as "insufficiently severe or pervasive" and considered unactionable by the courts resulting in lack of consequences for workplace sexual harassment behaviors (White, 2018). Determining when unwanted conduct reaches the level of "severe or pervasive" had made legal interventions for victims difficult to pursue.

White (2018) argued the change in victims' ability to prosecute sexual harassment cases is due to heighted awareness from the #MeToo movement of the harm done through harassment toward victims and an increased intolerance for perpetrators. This

cultural shift endorses advocating for oneself against coercion and abusive behaviors and gives forward momentum for women in the workplace.

Contrary with other media scripts, the message of the *#MeToo* movement highlights the rights women have over their bodies and their right to refuse unwanted sexual behaviors through coercion and other predatory behaviors. These examples of differing sexual scripts found within the media and workplace contradict each other and send juxtapose representations of socially acceptable sexual values, attitudes, behaviors, and identities for women.

Pornographic Consumption

Another negative influence on the agency of women is the high rate of pornographic consumption. Research on pornographic consumption has demonstrated the adverse effects on marital satisfaction and is generally geared toward male consumers, with men feeling more positively toward pornography than women (Resch & Alderson, 2014; Szymanski & Stewart-Richardson, 2014). However, pornographic consumption has grown in the recent years, especially due to the availability of internet pornography (IP; Short et al., 2015). IP is the most frequently searched topic online with around 40 million U.S. adults viewing pornographic material on a regular basis (Short et al., 2015). Research shows IP may interfere with family bonding and lead to underlying issues of depression, anxiety, and obsessive-compulsion disorders (Short et al., 2015). Moreover, research supports potential antecedents to men's pornography consumption including gender role conflict and attachment style (Szymanski & Sewart-Richardson, 2014). Szymanski and Sewart-Richardson (2014) defined gender role conflict as "a psychological state in which socialized gender roles have negative consequences on others and occurs when restrictive and sexist gender roles result in person rigidness, devaluation . . . of the self or others" (p. 65). Studies support gender role conflict having related negative and stereotypical thinking such as hostility toward women, acceptance of rape myths, sexual entitlement, sexually aggressive behaviors, and positive attitudes toward and tolerance for sexual harassment (Szymanski & Sewart-Richardson, 2014).

Szymanski and Sewart-Richardson (2014) further argued the influence of attachment styles in the role of pornography use among men. According to attachment theory, there are three main attachment styles in adult romantic love: secure, insecure anxious and insecure avoidant. These attachment styles develop early in life and have lasting influences in reciprocal relationships, as previously explained (Szymanski & Sewart-Richardson, 2014). Men with more avoidant and/or anxious attachment styles become more emotionally disengaged from their partners are less interested in romantic relationships, have higher breakup rates, and experience less distress after a breakup (Szymanski & Sewart-Richardson, 2014). Findings support the correlation between gender role conflict and insecure attachment styles, which are negatively associated with relationship quality, sexual satisfaction and increased pornography use (Szymanski & Sewart-Richardson, 2014).

In addition, studies support that an increase in pornography consumption by men negatively affects how men view women, women's perceptions of themselves, and is a factor in sexual addiction (Szymanski & Sewart-Richardson, 2014; Tomaszewka & Krahe, 2016). Further research suggested women with partners who consume pornography can experience adverse effects such as hurt, betrayal, loss of self-esteem, mistrust, suspicion, fear, and a lack of intimacy (Szymanski & Sewart-Richardson, 2014). A study of Polish adolescents found an increase in aggressive sexual coercion among those who consumed pornography (Montgomery-Graham et al., 2015; Tomaszewka & Krahe, 2016). Tomaszeka and Krahe (2016) found male participants with reported frequent pornography use also reported increased risky sexual scripts and increased risky sexual behaviors (alcohol consumption, ambiguous sexual communication). They also demonstrated sexual coercion schemas as part of their normal script. This is in contrast with lower pornography consumption by female participant and less risky sexual scripts (Tomaszewka & Krahe, 2016). In other words, increased use of pornography influenced sexual script by socializing violent behaviors and leads to increased sexual coercion (Tomaszewka & Krahe, 2016). Additional research suggested an increase in pornographic consumption increases the risk of depression in men, desensitizes men to their wives and increases behaviors that lead to infidelity (Montgomery-Graham et al., 2015).

In contrast, another study supported the premises that male users who communicate honestly with their female partners about their pornography consumption tend to have relationships that are more open about discussing sexual desires and fantasies, as well as sexual dysfunctions (Resch & Alderson, 2014). However, an unexpected finding of this research showed lower levels of relationship satisfaction reported by their female partners (Resch & Alderson, 2014). The implications of these findings were that even when women found their partners consumption of pornography acceptable, the study supported they may feel distraught by their partners becoming sexually aroused by other women and compare their physical and sexual prowess, which lead to higher levels of relational distress (Resch & Alderson, 2014). Overall, sexual scripts are expectations shaped from the many spheres of cultural influences: media, workplace experiences, and religion. Research has indicated high religiosity is often associated with low sexual satisfaction as supported in research (Davidson et al., 1995; Hernandez et al., 2011). Sexual assertiveness is a major factor in high sexual satisfaction, falling only behind sexual self-esteem in importance. However, women advocating over their own bodies and for their sexual behaviors are often considered as too liberal and are outside most Christian marriages supported by traditional Judeo-Christian churches (Eden, 2015).

Psychological Research on Healthy Relationships

Current psychological research notes several important factors in maintaining a healthy relationship: an individual must be able to have a healthy sense of self and maintain healthy boundaries in relationships (Marcantonio et al., 2018; Neal & Mangis, 1995; Timm & Keiley, 2011). Individuals with a healthy self-differentiation can advocate for their needs and desires which leads to higher levels of sexual intimacy (Timm & Keiley, 2011). Self-differentiation is the developmental process by which a person manages individuality and togetherness in a relationship (Timm & Keiley, 2011). Studies have supported the idea that individuals with a healthy sense of self are able to have healthy boundaries and have a higher tolerance for distressful sexual communications, due in part to self-differentiation and allowing for separateness within relationships (Mikulincer & Nachshon, 1991; Timm & Keiley, 2011). Individuals who are self-differentiated are able to establish and maintain boundaries and a sense of autonomy while maintaining connectedness within relationships (Timm & Keiley, 2011). These psychological studies support the importance of hearing and saying a healthy "no" within

relationships versus the inability to tolerate boundaries and only allowing an unhealthy, compliant "yes" (Marcantonia et al., 2018; Neal & Mangis, 1995).

A healthy "no" in sexual communication allows for mutual respect of personal resources (limitations, boundaries) without being punitive toward others, but from a position of secure attachment, self-differentiation, and autonomy. Communicating a healthy "yes" is not based on an overly compliant position, but from a position of self-awareness of abilities, desires, and resources and on mutual respect for self and others. In other words, sexual satisfaction increases with high levels of sexual communication, which involve healthy boundaries, high distress tolerance, strong self-differentiation, and the ability to advocate for self (Mikulincer & Nachshon, 1991; Timm & Keiley, 2011).

Rationale for this Study

Research has supported the correlation between high sexual satisfaction and high martial satisfaction (Brassard et al., 2015; Menard & Offman, 2009; van Drie et al., 2014). However, research is limited on the influences of religious scripts on the development of sexual scripts for women. The significance of this current research is to add to the growing body of literature on the associations between sexual satisfaction among married Christian women, sexual assertiveness and religiosity. Studies have supported high correlations between women sexual behaviors, attitudes and assertiveness with high relational satisfaction (Menard & Offman, 2009). There is an association between low sexual assertiveness, and highly rigid, religious scripts communicated by the churches (Davidson et al., 1995; McLaughlin, 2010; Murray et al., 2007; Shaw, 1994). However, there is a gap in the research on whether Christian women advocate for their own sexual agency. Moreover, there is limited research on whether there is a correlation

between high religiosity and inhibited sexual assertiveness for women when advocating for their sexual needs.

One example of the limited scope of research on sexuality from the Judeo-Christian lens was a project launched by the Center for Sexuality and Religion (CSR). CSR reported sexuality and sexual health issues were not being addressed in seminaries in the United States as part of a moral theology course (Turner & Stayton, 2014). The report inferred the lack of curriculum or lack of attention to sexuality "can convey a lack of regard for pastoral problems arising from sexuality, while reinforcing the shame and discomfort that often attend sexuality issues" (Turner & Stayton, 2014, p. 486). In addition, Turner and Stayton (2014) argued U.S. culture overall has created three main barriers to healthy sexual functioning and pleasure: our culture is sexually traumatized (e.g., daily stimuli of unnatural sexuality-highly commercialized sexuality, exploitive, and objectifying of women); our culture values sexual ignorance; and lastly, our culture is sexually secretive.

Furthermore, these cultural barriers propagate our lack of knowledge of ourselves, our ability to become sexually healthy individuals and prevents us from integrating mind, body, and spirit, as traditional religious scholar's emphasizes the spirit and its rewards while deemphasizing the physical body and its pleasures (Turner & Stayton, 2014). This supports the lack of information at the academic levels of seminaries, which perpetuates the negative religious sexual scripts for women.

In a clinical setting, more research is needed for the purpose of better therapeutic outcomes through an understanding of the connection between maladaptive behaviors that result from embedded religious scripts of sexual shame and obligatory, compliant sexual behaviors, which prevents an egalitarian relationship model for sexual selfadvocacy. The peculiarities of sexual scripts for females regarding sexual values, behaviors, and rigid gender roles of religious influences, make it challenging to treat clients who demonstrate strong religious beliefs yet, cannot advocate for themselves sexuality due to the religious constraints of these scripts. A potential outcome of this research would aim to increase therapeutic competency through the normalizing of sexual attitudes, behaviors and facilitating self-advocacy for women's sexual agency thus increasing martial satisfaction. Insight from this research will support the church in highlighting the importance of women advocating for their sexual needs within the marriage relationship.

Research Question and Hypotheses

The influence of the religious culture of the participants more often than other cultural influences will predicate sexual assertiveness and sexual satisfaction levels in relationships (McMillen et al., 2011). Healthy sexual assertiveness (the ability to sexually advocate for one's own needs) and high levels of sexual satisfaction (sexual needs/desires being fulfilled) are indicators of positive sexual scripts as examined in the previous sections. To close the gap on this research and add to the therapeutic competencies, this study will focus on the following questions:

- 1. What is the relationships between religiosity, sexual assertiveness, and sexual satisfaction among Christian women?
- 2. Which early influences (i.e., family of origin, friends/peers, cherish beliefs, religious organizations, popular culture) are more positively contributed to sexual assertiveness and sexual satisfaction?

The hypotheses of this research are:

H1: The hypothesis of this research is that religious influences and early experiences will demonstrate a relationship with sexual assertiveness among Christian women, and religious influences and early experiences will demonstrate a relationship with sexual satisfaction among Christian women.

H2: Early childhood influences (i.e., family of origin, friends/peers, cherish beliefs, religious organizations, popular culture) will more positively contributed to sexual assertiveness and sexual satisfaction than religiosity alone.

Chapter 2

Methods

This study was designed to explore the relationship between religiosity and sexual assertiveness (ability to self-advocate) and sexual satisfaction (sexual needs /desires being fulfilled) of married women. The questions examined were: Was there a relationship between high religiosity, low sexual assertiveness, and low sexual satisfaction among Christian women? and Do early childhood influences (i.e., family of origin, friends/peers, cherish beliefs, religious organizations, popular culture) more positively contribute to sexual assertiveness and sexual satisfaction and religiosity alone.

Metrics were collected that organized participants' religious backgrounds (religious culture of FOO and current religious constructs being practiced) which were compared with participants' ability for self-advocacy regarding their sexual needs and desires in their relationship and sexual satisfaction level. Data were collected using online self-report surveys to assess these variables.

Research Design

This study used an ANOVA design, using a convenience sample with snowball recruiting. The design for this study was a cross-sectional study with data collected from participants who used an online platform. The rationale for using an online platform was for participants' convenience and potential increase of a wider population of participants. In addition, statistical results were immediately available, and the surveys were administered anonymously. This study was designed to explore relationships between high religiosity, assertive sexual behaviors and sexual satisfaction among Christian women.

Anticipated time for each participant to compete the surveys was approximately 15 minutes. Data collection began after defense of the dissertation proposal and after receiving IRB approval from Northwest University.

Participants

The projected sample size was based on a plan that used an ANOVA to address the research questions. The maximum number of groups was 4. To achieve a power level of .80, to detect a medium effect size (.15), using an alpha level of .05, the sample size would need to be: n = 180. To address the research questions and hypotheses, restated below, an ANOVA approach was used.

H1: Religious influences and early experiences will demonstrate a relationship with sexual assertiveness among Christian women, and religious influences and early experiences will demonstrate a relationship with sexual satisfaction among Christian women.

H2: Early childhood influences (i.e., family of origin, friends/peers, cherish beliefs, religious organizations, popular culture) will more positively contribute to sexual assertiveness and sexual satisfaction than religiosity alone.

The first question about the relationships between religiosity, sexual assertiveness, and sexual satisfaction among Christian women involved the CRS (either total score or subscales), the SAQ (either total or subscale scores), along with potential demographic variables as predictors, with SSS-W scores as the outcome variable. The second question about the effects of popular early influences on sexual satisfaction was also be evaluated with an ANOVA analysis. In that equation, predictors will be scores or composite scores related to early influences, possible demographic variables, and the

outcome variable were used for sexual satisfaction (SSS-W). The inclusion specific demographic variables, inclusion of total versus subscale scores for the three surveys (CRS, SAQ, and SSS-W), and the construction of composite variables based on early influence information were determined after initial examination of the characteristics and connections among variables. An ANOVA and *t* test was used to test the research questions.

Participants will have the opportunity to enter a drawing for one of two \$50.00 gift cards as an incentive to participate and completing the study. The two main inclusion criteria will be: women who are married and women who were raised in Christian churches adhering to Judeo-Christian principles.

Measures

Recruiting method for participants were from social media which asked for volunteers and redirected participants to self-report survey using Qualtrics 1. Measures of demographics were a 6-item self-report, which included age, current marital status, history of religious practices of family-of-origin (FOO), current religion, current levels of religious involvement, and greatest influences on sexual development (FOO, popular culture, religious organizations, cherished beliefs, friends). Following the demographics form, the participates were directed to three self-report surveys (see Appendix C for sample).

Centrality of Religiosity Scale

The Centrality of Religiosity Scale (CRS) measures the centrality, importance or salience of religious constructs in personality (Huber & Huber, 2012; Zarzycka & Rydz, 2014). It was developed by Huber and Huber (2012), and has been applied in more than

100 studies in sociology of religion and psychology of religion in 25 countries with more than 100,000 participants. CRS is a brief, 15-item measure assessment, developed to measure the importance of religious meanings. CRS measured religiosity based on five subscales, three items per subscale: intellectual (themes of interest, hermetical skills, styles of thought and interpretation, bodies of knowledge, frequency of thinking about religious issues); ideology (beliefs, unquestioned convictions); public practice (patterns of action, a sense of belonging with respect to a certain social body, ritualized imagination of the supernatural); private practice (patterns of action and a personal style of devotion); and religious experience (patterns of religious perceptions, a body of religious experiences and feelings; Huber & Huber, 2012; Zarzycka & Rydz, 2014). Huber and Huber (2012) used probabilistic logic as a means of validating the validity of the CRS, meaning the higher scores on CRS indicated a more religious construct system an individual had. Additional validate consists internally in the scale by predication of categorical groups of respondents based on scores outcomes. Huber and Huber differentiated between groups as such: highly religious are individuals with a central position of religious construct system; religious are individuals with a subordinate position of a personal religious construct system; nonreligious individuals with scarcely any religious construct system. The total result of the Centrality is the sum of the subsets' results. In addition, in three separate studies, the reliabilities of these individual dimensions range from 0.80 to 0.94, along with Cronbach alpha was 0.94 (Huber & Huber, 2012; Zarzycka & Rydz, 2014).

Participants indicated their endorsement through a mixed scoring method. Items 1-7 are measured on a scale of 1 (*not at all*) to 5 (*very much so*). Items 8-9 are measure

by checking one of eight circles that correlates to the questions, with the answers ranging from "several times a day" to "never." The last items, 10-15, are measured on a scale of 1 (*never*) to 5 (*very often*; see Appendix D for sample of CRS).

Sexual Assertiveness Questionnaire

The Sexual Assertiveness Questionnaire (SAQ) was developed by Loshek and Terrell (2015) as a more comprehensive measure for sexual assertiveness. The SAQ is a brief, 18-item measure, developed to measure sexual assertiveness along three distinct subsets: communication about sexual initiation, refusal of unwanted sex, and sexual history communication. The Cronbach's alphas for subscales were .79, for satisfaction subscale, .78 for refusal subscale, and .81 for risk/history subscale (Loshek & Terrell, 2015). Participants indicated their level of endorsement for each item using a Likert-type scale that ranges for 1 (*strongly disagree*) to 7 (*strongly agree*; see Appendix E for sample of SAQ).

Sexual Satisfaction Scale for Women

The Sexual Satisfaction Scale for Women (SSS-W) scale was developed to serve as a comprehensive self-report measure of women's sexual satisfaction and sexual distress (Meston & Trapnell, 2005). The SSS-W used data based on 800 women who responded to this study. The SSS-W is a 30-item measure of sexual satisfaction and sexual distress composed of five domains (two relational; three personal), with six items per subset: Contentment (overall global contentment with emotional and sexual aspects of the relationship), Communications (ease and comfort discussing sexual and emotional issues), Compatibility (compatibility between partners in terms of sexual beliefs, preferences, desires, and attraction), Relational Concern, and Personal Concern (whether or not a woman experienced personal distress or relational distress regards to sexual interactions; Meston & Trapnell, 2005).

There were separate domain scales to represent the five factors listed previously, which were scored by summing responses to the six subset scales to each assigned domain (Meston & Trapnell, 2005). Using Cronbach' coefficient alpha, in the combined samples of the controlled group (women without FSD) from the Meston and Trapnell (2005) study showed values exceeding 0.80 except for communication (0.72) and contentment (0.79). The test-retest reliability was assessed by comparing the SSS-W domain from the first session with those obtained later during a second session (4-5 weeks later). Reliability was significant and moderately high for all domains (Meston & Trapnell, 2005).

Participants indicated their level of endorsement using a Likert-type scale that ranges from 1 (*strongly disagree*), 2 (*disagree a little*), 3 (*neither agree nor disagree*), 4 (*agree a little*) to 5 (*strongly agree*; see Appendix F for sample of SSS-W).

Procedure

Participants were recruited through the snowball method through a common social media platform. They were redirected to a hyperlink that advised them of any possible stressors involved in taking the surveys through an informed consent form, brief demographics form, and three self-report measures on Qualtrics 1. All questionnaires are kept secure on a personal laptop that is secured with a passcode and participants were anonymous unless they left email information for the drawing of one of the two available gift cards. Email information was kept on a separate key drive, and locked in a desk drawer for security. Once the drawing for the gift cards has been completed, all email information will be deleted. Data from questionnaires are in digital format remain, without contact information, secured on a laptop, up to 3 years after the research has been completed, and will be deleted afterwards by the principal investigator (PI).

Summary

The purpose of this study was to examine the relationship between high religiosity, increased sexual assertiveness and sexual satisfaction among Christian, heterosexual women in marriages. The importance of understanding religious scripts and how these scripts influence behaviors, values, and expectations of intimacy within the marriage is relevant to developing healthy sexual and an egalitarian partnership.

Current research supports the importance of high sexual satisfaction in a relationship increases the overall relationship satisfaction for couples (Brassard et al., 2015; Coffelt & Hess, 2015; Davidson et al., 1995; Hernandez et al., 2011; Menard & Offman, 2009). Conversely, according to Davidson et al. (1995) and McLaughlin (2010), studies also indicate a lack of sexual satisfaction decreases relationship satisfaction within marriages. In addition, research supports an increase of psychological vulnerabilities with mental health issues when there is a decrease of sexual satisfaction in marital relationship (McFarland et al., 2011; Mollen & Stabb, 2010; Young et al., 1998). This is frequently expressed by increased depression, low self-esteem, and anxiety symptoms, and a decrease in overall mental well-being.

This current research will enable clinicians to become more aware of how religion scripts may affect the sexual agency of clients. The usefulness of this research data adds to current research and helps to bring awareness to clients who are experiencing sexual dissatisfaction due in part to religious stereotypical sexual roles. This research will better inform clinicians when working with clients who present with psychological issues due to lack of advocacy/differentiation within the marriage relationship and support the clients' development of new, positive sexual scripts and thereby led to an increase of sexual advocacy and sexual satisfaction for the clients.

Chapter 3

Results

The hypotheses of this study were:

H1: Religious influences and early experiences will demonstrate a relationship with sexual assertiveness among Christian women, and religious influences and early experiences will demonstrate a relationship with sexual satisfaction among Christian women.

H2: Early childhood influences (i.e., family of origin, friends/peers, cherish beliefs, religious organizations, popular culture) will more positively contribute to sexual assertiveness and sexual satisfaction than religiosity alone.

Preparation of Data for Analysis

Data were collected from 111 individuals. To be included in the sample, a participant was required to be a married Christian woman (n = 111). After collection, the data from each survey were imported from Qualtrics into SPSS. Through the process of preparing the data for analysis, it was discovered there were categories that had uneven responses from participants (current religious affiliation and participant age). Although these variables could be used to describe the sample, the uneven number of participants in each category indicated these categories should be combined to create large enough groups to test. This required data from some of the variables (age of participant and current religious practices) to be clustered and/or eliminated so the groups could be examined for differences in the dependent variables (CRS, SSS-W, SAQ).

Age of Participant

The range of participant ages were clustered into three main categories: 20- to 40year-olds were in the same group, the "childbearing" years, the "middle-aged" group included those who were 41- to 55-year-olds, and the last group consisted of the 56+ year-olds, the "retirement" group. This allowed for a more equal distribution across all groups and therefore allowed the age variable to be checked using one-way ANOVAs to see if age differences were present in the main study variables.

Family of Origin and Current Religious Practices

When preparing the variables for the "current religious practices/faith that you identify with" (to assess current religious practice), I found several groups that did not contain enough participants from one of the Christian organizations (Methodist, n = 7) and decided to exclude this group only from the analysis of current religious practice as a variable, but included their data in the rest of the study. In addition, I organized these variables from the original seven possible outcomes (Catholic, Methodist, Baptist, Pentecostal, Nondenominational, Spiritual/not religious, and Other) into several larger groups, Catholic, Baptist/Methodist, Pentecostal/nondenominational, and Spiritual, not Religious/Other, for data analyses.

The decision to include the religious group "spiritual/not religious/other" was due to current trends of an increase of Christians who do not affiliate with any particular religious denomination and prefer to describe themselves as "spiritual." Hout and Fischer (2014) argued the younger cohort already has a weaker attachment to organized religion and pointed to the political backlash from conservative religious denominations gaining political influence by advocating for a conservative social agenda. This led to polarization politically as the younger cohort grew disillusioned with organized religion. This generation still considers themselves to be Christian, but do not affiliate with a denomination or go to church. Political backlash and generational succession are two reasons why the religious group "Spiritual/Not Religious/Other" was used to include broader religious demographics.

These groups were grouped according to what was considered more strict/conservative religious organizations to the less strict religious/conservative organizations: Catholics, Baptists, Pentecostal/Nondenominational, and Spiritual/Not Religious/Other (Olson & Perl, 2001). These religious identities were regrouped according to Olson and Perl's (2001) study, which concluded religious denominations that are considered stricter/more conservative, placed higher demands for greater personal sacrifice on the behaviors of their congregants (e.g., no smoking or drinking, restrictions on social relationships) than less strict/conservative religious organizations.

Early Childhood Influences

This question asked the participants to indicate which factors were most influential on the development of their sexual attitudes/values/behaviors and to rank five possible groups in order of most influential to least influential. This variable was important in the original conceptualization of the study, but the data produced was determined to be invalid and therefore this line of inquiry could not be addressed. The unexpected difficulty arose because the instructions were ambiguous, and the answers were set up on the survey platform to allow participants to move forward before completely answering the question. Therefore, missing answers or ambiguously scored answers caused the data to be excluded from the analyses. For this reason, Hypothesis 2 could not be tested and will no longer be included as a factor for analysis. However, information from "other early influences" (premarital intercourse, perception of satisfaction of parents' marriage, and FOO religious affiliation) were still used to test Hypothesis 1.

Results

Descriptive Statistics for the Sample

Overall descriptive statistics of the demographics variables and family

background questions are located in Table 1.

Table 1

Frequencies for Demographic, Categorical Variable Subgroups

Variables	N	Valid %
Participant Age Group		
21 to 40	36	37.1
41 to 55	37	38.1
Older than 55	24	24.7
Years Married		
Less Than a Year	2	2.8
1 to 5 Years	10	14.1
6 to 10 Years	19	26.8
11 to 15 Years	12	16.9
16 to 20 Years	13	18.3
Premarital Intercourse		
Yes	73	71.3
No	29	28.7
Current Religion		
Catholic	7	6.9
Baptist	11	10.8
Pentecostal or Nondenominational	63	61.8
Spiritual, not Religious, or Other	21	20.6
Family of Origin Religion		
Catholic	13	13.5
Baptist	16	16.7
Pentecostal or Nondenominational	34	35.4
Spiritual, not Religious, or Other	33	34.4
Parents Martial Status		
Currently Married	34	33.0
Divorced/Separated	34	33.0
Other (Widow/Widower)	35	34.0

Descriptive Statistics for Dependent Variables

The descriptive statistics for each outcome variables (SAQ SSS-W, Full Scale, CRS) are provided in Table 2. For sexual assertiveness (SAQ) the mean is 4.81 (SD = .97, n = 99) with a minimum score of 2.86 and a maximum score of 6.79 out of potential range of 1 to 7. For sexual satisfaction (SSSW), the mean is 10.66 (SD = 1.90, n = 89) with a minimum score of 7.33 and a maximum score of 15.08. The mean score for CRS was 4.15 (SD = .67, n = 93) with a minimum score of 1.20 and a maximum score of 5.00.

Table 2

Descriptive Statistics for Dependent Variables

	N	Mean	SD	Minimum	Maximum
SAQ	99	4.81	0.97	2.86	6.79
SSSW	89	10.66	1.90	7.33	15.08
CRS	93	4.15	0.67	1.20	5.00

Hypothesis 1 Results

Hypothesis 1: Religious influences and early experiences will demonstrate a relationship with sexual assertiveness among Christian women, and religious influences and early experiences will demonstrate a relationship with sexual satisfaction among Christian women.

Sexual Assertiveness

An ANOVA was used to test the differences in current religious affiliation, family of origin religious affiliation, parents' marital status, and participants age group on sexual assertiveness. There was no difference across current religious affiliation groups and sexual assertiveness, F(3, 94)= .567, p = .638, MSE = .543, η^2 = .018. There was no difference across family of origin's religious affiliation groups and sexual assertiveness, $F(3, 88) = 2.294, p = .083, MSE = 2.094, \eta^2 = .086$. There was no difference across parents' marital status and sexual assertiveness, $F(2, 96) = .872, p = .421, MSE = .818, \eta^2 = .018$.

There was a difference across age groups and sexual assertiveness, F(2, 90) =5.794, p = .004, MSE = 5.201, $\eta^2 = .114$. The post hoc test "least significant difference" (Fisher's LSD) test was used to compare groups on the outcome variables for this significant ANOVA test. Specifically, those 18–40 had significantly higher SAQ scores as compared to those 41-55 (p = .038, 95% CI [.03, .93]) and as compared to those older than 55 (p = .001, 95% CI [.35, 1.36]). Means, standard deviations, and n's for sexual assertiveness (SAQ) were: (age 18 to 40; M = 5.2, SD = .98, n = 34; age 41 to 55; M =4.72, SD = .89, n = 36; age 55 and older; M = 4.35, SD = .98, n = 23). A *t* test was used to test the differences in SAQ scores between those who had and had not engaged in premarital sex. There was no difference between these two groups in terms of sexual assertiveness, t(95) = -1.250, p = .214, 95% CI [-.723, .164] (see Table 3).

Sexual Satisfaction Scale for Women

An ANOVA was used to test the differences in current religious affiliation, family of origin religious affiliation, parents' marital status, and participants age group on sexual satisfaction. There was no difference across current religious affiliation groups and sexual satisfaction, F(3, 84) = 1.470, p = .229, MSE = 5.203, $\eta^2 = .050$ There was no difference across family of origin's religious affiliation and sexual satisfaction, F(3, 79) = .345, p =.793, MSE = 1.271, $\eta^2 = .013$. There was no difference across parent's marital status and sexual satisfaction, F(2, 86) = .520, p = .596, MSE = 1.891, $\eta^2 = .012$. There was no difference across age groups and sexual satisfaction, F(2, 81) = 2.617, p = .079, MSE =

9.130, $\eta^2 = .061$.

Table 3

Results for Sexual Assertiveness

	М	SD	F	df	р
Current Religious Affiliation					
Catholic	4.64	1.49	.567	3,94	.638
Baptist/Methodist	4.9	0.73			
Pentecostal/Nondenominational	4.89	0.99			
Spiritual/Other Religious	4.59	0.83			
Family of Origin Religious Affiliation					
Catholic	4.23	1.18	2.294	3,88	.083
Baptist	4.8	0.83			
Pentecostal/Nondenominational	5.04	0.83			
Spiritual/Other Religious	4.74	1.05			
Parents' Marital Status					
Married	4.99	0.78	.872	2,96	.421
Divorced/Separated	4.69	1.14			
Widowed/Other	4.75	0.96			
Participant Age Group					
18 to 40	5.2	0.98	5.794	2	.004
41 to 55	4.72	0.89			
Older than 55	4.35	0.98			
Premarital Intercourse			t	df	р
No	4.61	1.11	-1.250	95	.214
Yes	4.88	0.92			

A *t* test was used to test the differences between those who had and had not engaged in premarital sex. There was no difference between these two groups in terms of sexual assertiveness, t(85) = -1.250, p = .214, 95% CI [-.723, .213]. Overall, none of these variables were significant predictors of sexual satisfaction (see Table 4).

Table 4

	М	SD	F	df	р
Current Religious Affiliation					
Catholic	10.24	2.11	1.470	3,84	.229
Baptist	9.98	2.15			
Pentecostal/Nondenominational	10.61	1.97			
Spiritual/Other Religious	11.38	1.31			
Family of Origin Religious Affiliation					
Catholic	11.14	1.81	.345	3,79	.793
Baptist	10.45	1.96		,	
Pentecostal/Nondenominational	10.86	1.96			
Spiritual/Other Religious	10.62	1.89			
Parents' Marital Status					
Married	10.88	1.75	.520	2,86	.596
Divorced/Separated	10.71	1.88			
Widowed/Other	10.4	2.07			
Participant Age Group					
18 to 40	10.45	1.66	2.617	2	.079
41 to 55	11.33	2.18			
Older than 55	10.29	1.64			
Premarital Intercourse			t	df	р
No	10.56	2.06	201	85	.841
Yes	10.66	1.85			

Results for Sexual Satisfaction Scale for Women

Additional Findings

Due to data collection limitations, additional calculations were run to see what findings were significant with the current data. This included examining the relationship between religious influences (current religious affiliations) and early experiences (premarital intercourse, perception of satisfaction of parents' marriage, and family of origin religious affiliation) and Centrality of Religiosity.

Centrality of Religiosity Scale

An ANOVA was used to test the differences in current religious affiliation, family of origin religious affiliation, parents' marital status, and participants age group on the centrality of religiosity. There was a difference between the participants' own religious affiliation and their CRS index score, F(3, 88) = 10.97, p < .001, MSE = 3.737, $\eta^2 = .272$. Baptists (M = 4.50, SD = .50, n = 9) had significantly higher scores than Catholics (M = 3.64, SD = .40, n = 6, p = .007, 95% CI[-1.66, -.04]) and Spiritual/Other religious groups (M = 3.58, SD = .92, n = 19, p < .001, 95% CI[.30,1.54]), but not different than Pentecostals. Pentecostals (M = 4.35, SD = .46, n = 58) were also significantly higher than Catholics (M = 3.64, SD = .40, n = 6, p = .006, 95% CI[.05, 1.37]) and Spiritual/Other religious groups (M = 3.58, SD = .92, n = 19, p < .001, 95% CI[.37, 1.18]).

There was no difference across family of origin's religious affiliation and CRS index score, F(3, 82) = 1.298, p = .281, MSE = .587, $\eta^2 = .045$. There was no difference across parent's marital status and CRS index score, F(2, 90) = .185, p = .831, MSE = .085, $\eta^2 = .004$. There was no difference across age groups and CRS index score, F(2, 84) = 2.42, p = .085, MSE = 1.104, $\eta^2 = .057$. a

A *t* test was run to see if there was a significant difference in CRS scores between those who had and had not engaged in premarital sex. There was a significant difference between those who reported experiencing (n = 64, M = 4.03; SD = .73) and those who did not experience (n = 28, M = 4.46; SD = .39) premarital intercourse for religious centrality, t(86) = 3.65, p < .001, 95% CI [.195 - .664]. The Levene's test for equality of variances showed equal variances could not be assumed, F = 9.116, p = .003 (see Table 5).

Table 5

	М	SD	F	df	р
Current Religious Affiliation					
Catholic	3.64	0.4	10.965	3,88	<.001
Baptist	4.5	0.5			
Pentecostal/Nondenominational	4.35	0.46			
Spiritual/Other Religious	3.58	0.92			
Family of Origin Religious					
Affiliation					
Catholic	4.07	0.5	1.298	3,82	.281
Baptist	4.25	0.64			
Pentecostal/Nondenominational	4.29	0.46			
Spiritual/Other Religious	3.97	0.88			
Parents' Marital Status					
Married	4.17	0.56	.185	2,90	.831
Divorced/Separated	4.09	0.83			
Widowed/Other	4.2	0.63			
Participant Age Group					
18 to 40	4.01	0.84	2.542	2	.085
41 to 55	4.15	0.5			
Older than 55	4.42	0.6			
Premarital Intercourse			t	df	р
No	4.46	0.39	3.651	86.379	<.001
Yes	4.03	0.73			

Results for Centrality of Religiosity Scale

Summary of Findings

For sexual assertiveness, only age was a significant predictor with those age 18– 40 having higher assertiveness scores compared to the other groups. There were no significant predictors for sexual satisfaction, thus the first hypothesis is only supported for age on assertiveness and not for sexual satisfaction. For additional findings, a significant difference was found among Baptist and Pentecostals/Nondenominations, demonstrating increased CRS scores when compared with the Catholics and Spiritual/Nonreligious groups. Another key finding from this study, when looking at those who had premarital sex, with those who were abstinent, there was a significant relationship with the CRS. Participants who did not have premarital sex, had higher centrality of religion scores than those who did have premarital sex. Thus, only early experiences (premarital sex) and not religious influences were associated with religiosity.

Chapter 4

Discussion and Conclusion

The purpose of this study was to explore the sexual attitudes among married Christian women and to add to the existing body of research on this subject. This study was designed to investigate sexual attitudes among married Christian women, specifically, the nature of the relationship between religiosity/early experiences and sexual assertiveness/sexual satisfaction in their marital relationship.

For Hypothesis 1, this study examined relationships between religious influences and early experiences and sexual assertiveness (SAQ) and sexual satisfaction (SSS-W) outcomes among the participants. Hypothesis 1 predicted there would be a relationship between these variables. Additional findings were considered for any relationship between religious influences (current religious affiliations) and early experience (premarital intercourse, perception of satisfaction of parents' marriage, and family of origin religious affiliation) and Centrality of Religiosity.

Interpretation

Sexual Assertiveness

The younger cohort (20- 40-year-olds) had significantly higher Sexual Assertiveness (SAQ) scores when compared to 41- to 55-year-olds and 56+ year-olds. These scores indicated younger women were more sexually assertive in their marriages, initiating sexual contact or refusing unwanted sexual contact. In addition, this cohort was more comfortable talking to their husbands about their sexual needs/likes/dislikes and more communicative about their past sexual experiences. Conversely, the only variable that had a significant difference in the analyses for sexual assertiveness was age, particularly among older women. Older women are less likely to discuss their sexual preferences, sexual history, or initiate discussions that would evaluate potential health risk due to STI with their spouses (i.e., sexual history).

Sexual Satisfaction

Across the range of variables (current religious affiliation, FOO religious affiliation, parents' marital status, participant age group, premarital intercourse), there were no predictors for sexual satisfaction for married Christian women. Neither FOO culture, early experiences, nor ages of cohort were predictors on the outcome for the Sexual Satisfaction (SSS-W) assessment. The lack of significant difference for the participants was unexpected and supports a lack of relationship from these variables (current religious affiliation, FOO religious affiliation, parents' marital status, participant age group, premarital intercourse) from this sample's SSS-W scores. One possible explanation for these results were the homogenous and conservative demographics of the participants from this study. For inclusion in this current study, participants had to have a Christian background. Having a Christian background may have had an influence on how these participants scored when responding to intimate and potentially embarrassing sexual questions, which they may have underreported their experiences. These scores may reflect the participants' Christian's bias's toward sexual conservatism informed by religious scripts (Abbott et al., 2016).

Additional Findings

Centrality of Religion and Premarital Intercourse

One of the most important findings regarding early experiences were the outcome scores of participants that had premarital intercourse. Participants who reported having premarital intercourse also scored lower on the CRS. As individuals experienced sexual agency prior to marriage (premature sexual behaviors), there was a decreased religiosity (practices of private and public religion) among these women. The significant results support the predicted outcome, as participants engaging in early sexual experiences (premarital intercourse) they also experienced a decrease of personal religious expression/practices in their daily lives (lack of daily religious rituals). There is a significant relationship between religiosity and premarital behaviors. The impact of low religious commitment may increase the likelihood of premarital behaviors among women.

Centrality of Religiosity and Current Religious Affiliation

The results from this study indicated that Baptists and Pentecostals/ Nondenominational were significantly higher in their scores compared to the Catholics and spiritual, not religious/other in terms of the CRS scores. These findings support the Baptists and Pentecostals/Nondenominational groups are more engaged with their religious practices (e.g., daily Bible reading, church attendance) on a public and personal level. One explanation for the higher scores among these denominations may be due to more conservative religious groups reflects the denominations ability to provide its members with more "personal meaning" and therefore an increase of private religious practices (Olson & Perl, 2001). In addition, according to Fahmy (2019), one explanation for the Baptist denomination having higher CRS levels were due to their higher levels of commitment to their daily practices of religion than other denominations. Regarding the significantly higher results for the Pentecostal denomination, Eurelings-Bonthckoe et al. (2005) argued the Pentecostal denomination has an overall increase of positive feelings toward God, views God as being supportive and less distressed about negative aspects of God (judge, punisher). However, the participants CRS scores did not show a relationship with the other variables (FOO religious affiliations, parent's marital status, age of cohort).

Integration

Importance of Sexual Assertiveness

Women who have higher sexual assertiveness skills better communicate their sexual needs and wants, avoid unwanted sexual contact, discuss past sexual history, and advocate for what they really want from their sexual experiences with their partner. Sexual advocacy and sexual agency are important for promoting higher levels of selfesteem and relational satisfaction (Bouhard & Humphrey, 2019). Results from this study demonstrated the younger cohort have increased levels of sexual assertiveness, meaning they endorsed being more communicative with personal sexual preferences and are more invested in getting their sexual needs satisfied.

When examining the results of the SAQ scores between age cohorts, findings of the older cohort were significant. Although this study clearly supported a relationship for the younger age cohort and higher sexual assertiveness/sexual agency, the opposite was implied by lack of findings for older women. The lack of sexual assertiveness among older, married women may indicate less sexual communication and less sexual agency.

Sexual Satisfaction Scales for Women

Previous research supported a relationship between high sexual satisfaction and high marital satisfaction among couples (Brassard et al., 2015; Menard & Offman, 2009; Pronier & Monk-Turner, 2014; van Drie et al., 2014). However, results of this study and measures of the SSS-W scores of the individuals did not support a relationship between the variables (religious affiliation, FOO religious affiliation, parents' marital status, ages of cohort) and sexual satisfaction.

One possible variable that may have impacted the SSS-W results in this study may be attributed to the homogeneity of participants. The main recruiting tool was an online social media platform to reach the largest number of participants to take part in this project. As participants contacted other social media members of their own social community, these groups may consist of individuals with similar values, opinions, and experiences. This may account for the lack of diversity among the answers to the survey and reflective in the scores for the SSS-W.

Additional Findings

Centrality of Religion and Premarital Intercourse

This research also studied other variables (early experiences), examining relationships between these variables and participants' sexual behaviors. This study supported previous findings (Abbott et al., 2016; Dew et al., 2020; Murray et al., 2007), that women who practiced premarital sexual behaviors also engaged in less religious practices in their lives. Women who experience premarital sexual behaviors are less likely to turn to daily religious practices. One possible explanation for the decrease religious practices may be due to shame/guilt/sex shame messages from their denomination. Another explanation may be participants are able to differentiate from their previous beliefs and developing autonomy in adulthood about early sexual practices and cherish beliefs. Although there is considerable research on sexuality and religiosity (Cranney & Stulhorer, 2017; Eden, 2015; Wood, 2018), there is limited research on the relationship between age, sexual assertiveness, and religiosity, which this study included. The effects on Christian women's conceptualization that their sexuality outside of marriage is something that cannot be integrated into their Christianity, which was explored in greater detail in chapter one, allows us to see the relevance of these findings, that Christian women are still struggling with their sexual agency today.

Centrality of Religiosity and Current Religious Affiliation

Findings from this study indicated the Baptist group was more highly engaged in their religious beliefs and practices, with the Pentecostal/Nondenominational group scoring the next highly engaged religious group. These denominational groups scored higher in engagement of their religious beliefs and practices, which was supported from other studies (Olson & Perl, 2001, 2005) as well.

From this current study, those affiliated as Baptist and Pentecostal/ Nondenominational groups were more active in their Christian beliefs and in their public and private religious practices than the Catholic and Spiritual/Other groups. Compared to other groups, they were more likely to practice their religious beliefs intensity and consider their religious beliefs as a central theme of their personality or religious construct.

Limitations

One limitation of this study to consider is that within testing/measures with selfsurveys, there is a phenomenon called *response bias* among participants (Catania et al., 1986). Catania et al. (1986) argued response bias is more prevalent among human sexuality studies, and presumably, due to how personally threatening disclosing potentially embarrassing information can be to participants. Therefore, participants underreport their actual lived experiences in an effort to avoid disclosure and the threat of embarrassment. Catania et al. argued a lack of knowledge and negative sexual experiences may add to participants avoidant behaviors and that normalizing sexual behaviors may help to reduce this phenomenon. Future studies on the relationship of shame on participants' ability to accurately respond to human sexuality surveys may help decrease the response bias phenomenon.

In addition, another limitation is the lack of addressing diverse cultures, ethnicity and race. Sexuality varies from culture to culture and can be associated with different sexual motives outside of the Western perspective on sexuality (Heinemann, 2016). Christian women may vary in their race, nationality, and ethnicity. Thus, the intersectionality between their religion and ethnicity may impact their attitudes and experiences around sexuality. Understanding these cultural differences would help add to the clinical relevance of this study.

Another limitation of this study was directly related to the lack of data needed for Hypotheses 2 (H2). Data needed for analyzing H2 became invalid due to the lack of clarity in the structure of the question, which was worded too ambiguously. This caused confusion with the participants, as some only gave partial answers. As a result, the data could not be used in the final analyses. One simple way to improve the clarity for the participants would be to restructure the questions to be more concise. In addition, changing the survey platform to allow participants to advance to the next question upon completing each question in the survey, which would ensure participants responded completely to each question. This would be beneficial for collecting all data needed for use in the statistical analyses.

Another way this study could have been improved, would have been narrowing the scope of this research. During the latter stages of analyzing these statistical data, the data collection became too convoluted and difficult to understand which data were supporting which part of Hypothesis 1. Designing the project to be more concise and more focused on one aspect (sexual agency or sexual advocacy) of sexuality among Christian married women, would allow for a more specific and directed outcome in the study results.

Future Directions/Recommendations

One area of future exploration would be to examine the findings regarding premarital intercourse. To help increase clarity of the influencing factors involved in the prevalence of premarital sexual behaviors among Christian women, it would be important to distinguish whether or not women's behaviors were from personal choice (sexual agency) or peer pressure (sexual cohesion). In addition, understanding how premarital sex relates to faith or the lack of religious attachments seen in the younger cohort would be beneficial. This would help further enhance the therapeutic approach and help ongoing clinical work with clients who may be experiencing cognitive dissonance from their sexual experiences. In addition, the focus of future studies could include relationship with social and behavioral factors that may influence women's engagement in premarital behaviors (peer pressure, sexual coercion versus sexual advocacy). Examining these relationships further will help with the clinical application (i.e., decreased anxiety/depressive/distressful symptoms for clients). Whether participants practiced premarital sexual behaviors due to their own sense of advocacy and sexual agency or due to guilt/shame/social pressures from other was beyond the scope of this study.

Future studies could examine participants' relationships with healthy differentiation, practicing sexual advocacy, and sexual agency. Addition studies could then explore whether these women experience increased marital satisfaction, long-term relational outcomes and whether an individual is behaving against their religious scripts due to the psychological stressors of guilt/shame/lack of personhood. Exploration of internal scripts may also be an area of interest as one may produce sex-shame, sexualguilt, and sexual-compliance while the other internal script may produce sex-positive, sexual awareness, and may lead to sexual agency.

Conclusion

This study examined relationships between religious influences and early experiences and sexual assertiveness and sexual satisfaction levels of Christian married women. The key findings of this study were that the younger cohort had higher sexual assertiveness, those who experienced premarital intercourse had lower levels of religiosity, and Baptist and Pentecostal / Nondenominational had increased religiosity. Findings of the younger cohort partially supported Hypothesis 1, that early experiences (premarital intercourse) did have a relationship with sexual assertiveness. The other key findings were not initially part of the study but were found to be statistically significant: that premarital intercourse behaviors predicted lower religiosity and the younger cohort had higher levels of sexual assertiveness/agency. The implications of this study suggest younger cohorts have an increased sexual agency and better sexual communication skills with their spouses' about their sexual desires, compared to older cohorts. In addition, these findings support a relationship between religiosity and premarital intercourse. Although the direction of the relationship is unclear (does decreased religiosity adds to an increase of premarital behaviors or does increased of premarital behaviors adds to the decrease of religiosity practices) this would be an important distinction to understand.

In addition, the relationship between age cohort (early experiences) and increased sexual assertiveness were unexpected. However, future clarity of possible confounding variables (possible influences of younger cohort's sexual assertiveness behaviors (i.e., sexual coercion versus sexual autonomy, cultural considerations, current social trends) experienced by this cohort would help add greater understanding for clinical interventions.

Another finding was the increased religiosity scores within the Baptist and Pentecostal groups and lack of significant difference in the scores for sexual assertiveness and sexual satisfaction. In this study, these two religious groups did not have a relationship with sexual assertiveness or sexual satisfaction in their marriages. These findings imply active, personal, religious practices do not necessitate an increase of sexual agency or sexual satisfaction in the marriage relationship.

Overall, the research examined the religious, social influences, and current trends, which shape our social and religious sexual constructs. These social and religious scripts influenced Christian women's sexual experiences. This study attempted to further the understanding of these relationships and the clinical implications for Christian married women. It is hoped that increasing research in this area would also increase healthy sexual relationships and overall marital satisfaction for Christian women.

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Appendix A

Recruitment for Participants for Facebook

Hello. My name is Nancy Crowley. I am completing my PsyD degree from Northwest University in Kirkland, WA and would like to invite you to participate in a research project for my dissertation. The purpose of this study is to gain an understanding of the influence religion on sexual advocacy and sexual satisfaction among married women. The hope is that this research will add clarification for therapists in the clinical setting. I am looking for married Christian women who are willing to answer a couple of questionnaires to help with my dissertation research. The entire survey will take approximately 10 minutes to complete. All participants and responses will remain anonymous.

If you are interested, please click on the link. There will also be a link to a drawing for one of two \$50.00 gift cards after you finish the questionnaires. Thank you for considering being a part of this study.

Please forward this message to anyone you may think may like to participate as well.

Thank you,

Nancy Crowley MA, PsyD Candidate

Northwest University, Kirkland, WA

Appendix B

Consent Form

Dissertation Research, Northwest University

You are invited to participate in a research study conducted by Nancy Crowley, graduate student in the doctoral program in Counseling Psychology at Northwest University. The study is being conducted for dissertation research. The purpose of this study is to gain an understanding of whether religion has influenced concepts of sexual advocacy and sexual satisfaction among married women.

If you agree to participate in the study you will be asked to answer several questions about your religious background and sexual satisfaction with your partner. *The full survey will take approximately 7-10 minutes and at a time that is convenient for you prior to deadline of May 03, 2020.*

There are minimal risks associated with participation. Some individuals may be uncomfortable answering these questions. Other risks may include possible embarrassment or recalling uncomfortable experiences and may include symptoms of discomfort or anxiety. If distressful symptoms continue after completing the survey, it is suggested that you reach out to a mental health professional to help process lingering distressful symptoms or any stressful events that may result from recalling uncomfortable experiences. Resources can be found at National Alliance on Mental Illness (NAMI) at https://www.nami.org/Find-Support/NAMI-HelpLine/Top-HelpLine-Resources or to speak to someone, call 800-950-NAMI (6264). In addition, mental health providers can be found online at PsychologyToday.com.

Participation in this study is voluntary. You may choose not to participate in this study or discontinue for any reason. You may refuse to answer any questions asked. There will not be any negative consequences for you if you refuse to participate. Your responses will be confidential and anonymous. The questionnaires will be secured on a locked laptop and no identifying information will be shared. Your questionnaires will be identified with a randomly selected number. By checking the box, you are indicating that you understand the risks and are giving permission to use your responses in this research study. You may keep this consent form for your records.

The results from this study will be presented at a professional meeting prior to August, 2020 and published in a dissertation. All data forms will be destroyed by July 1, 2021. If you have any questions about this study, please contact Nancy Crowley at xxxx@northwestu.edu If you have any further questions, please contact the faculty advisor Nikki Johnson, Psy.D at <u>nikki.johnson@northwestu.edu</u> or the Chair of the Northwest University IRB, Dr. Cherri K. Seese, at <u>cherri.seese@northwestu.edu</u> or 425-285-2413.

In appreciation for your participation, please feel free to enter a drawing for one of two \$50 gift cards at the conclusion of the survey.

Nancy Crowley, MA, PsyD Candidate	Dr. Nikki Johnson, PsyD
xxxxx@northwestu.edu	nikki.johnson@northwestu.edu
Doctoral Student in	Associate Professor of Psychology
Counseling Psychology	College of Social and Behavioral
Sciences	
Northwest University	Northwest University

By clicking the "I Consent" box, you agree to participate in this study, that you fully understand the potential risks and research benefits involved, and that you understand that all of your answers will remain anonymous.

Thank you.

Appendix C

Demographics

(Fill-in your answers)

- 1. Age: _____
- 2. Current marital status:
 - a. How long have you been married?
 - i. Did you experience pre-martial sexual intercourse?
- 3. History of family of origin (FOO):
 - a. What religion did your parents practice?
 - b. Are your parents:
 - i. Currently married to each other?
 - ii. Divorced/separated from each other?
 - iii. Other (widowed/widower)_____
 - c. On a scale of 1-4, how would you rate your parents' marriage?

(1 = not at all happy, 2 = slightly happy, 3 = very happy, 4 = extremely

happy).

Answer here: _____.

- 4. Check what current religious practices/faith that you identify with:
- a. Catholic
- b. ____Methodist
- c. ___Baptist
- d. ___Pentecostal

- e. ___Nondenominational
- f. ____Spiritual, not religious
- g. ___Other: _____

 On a scale of 1-4, how active are you with your faith/spiritual practices? (see scale below)

(1 = not active, 2 = barely active, 3 = more active-regular prayer/meditation, 4 = very active-daily personal prayer/meditation, weekly church attendance and bible reading.)

Answer here: _____

- 6. What had the greatest influence on you as you were developing your sexual attitudes/values/behaviors? Indicate on a scale of 1-5, how influential are these factors on the development on your sexual attitudes/values/behaviors?
 (1= negative influence on sexual attitudes/values/behaviors, 2 = neutral, 3 = somewhat influential, 4 = very influential, 5 = extremely influential on developing sexual attitudes/values/behaviors):
 - _____Family/parents
 - _____Popular culture/television programming/social trends
 - ____Religious organizations
 - _____Cherished beliefs (i.e., such as true love, soulmates)
 - _____Friends/peer groups

Appendix D

The Centrality of Religiosity Scale (CRS-15)

Regarding this one and the following questions please take your personal imagination of "god" or "something divine."

1. To what extent do you believe that God or something divine exists?

1	2 3	4	5				
Not at all	Not very much Moderately	Quite a bit	Very much so				
2. How interested are you in learning more about religious topics?							
1	2 3	4	5				
Not at all	Not very much Moderately	Quite a bit	Very much so				
3. To what extend do you believe in an afterlife (e.g., immortality of the soul, resurrection of the dead or reincarnation)?							
l	2 3	4	5				
Not at all	Not very much Moderately	Quite a bit	Very much so				
4. How important is to take part in religious services?							
l	2 3	4	5				
Not at all	Not very much Moderately	Quite a bit	Very much so				
5. How important is personal prayer to you?							
l	2 3	4	5				
Not at all	Not very much Moderately	Quite a bit	Very much so				
6. In your opinion, how probable is it that a higher power really exists?							
1	2 3	4	5				
Not at all	Not very much Moderately	Quite a bit	Very much so				
7. How important is it for you to be connected to a religious community?							
l	2 3	4	5				
Not at all	Not very much Moderately	Quite a bit	Very much so				
 8. How often do you pray? Several times a day Once a day More than once a week Once a week 							

- \Box One to three times a month
- \Box A few times a year
- \Box Less often
- □ Never

9. How often do you take part in religious services?

- \Box More than once a week
- \Box Once a week
- \Box One to three times a month
- \Box A few times a year
- \Box Less often
- □ Never

How often do you experience the following situations or events?

10. How often do you think about religious issues?

1 Never	2 Rarely	3 Occasionally	4 Often	5 Very often			
11. How often do you experience situations in which you have the feeling that God or something divine intervenes in your life?							
1	2	3	4	5			
Never	Rarely	Occasionally	Often	Very often			
12. How often do you experience situations in which you have the feeling that God or something divine wants to show or reveal something to you?							
1	2	3	4	5			
Never	Rarely	Occasionally	Often	Very often			
13. How often do you keep yourself informed about religious questions through radio, television, internet, newspapers, or books?							
1	2	3	4	5			
Never	Rarely	Occasionally	Often	Very often			
14. How often do you pray spontaneously when inspired by daily situations?							
1	2	3	4	5			
Never	Rarely	Occasionally	Often	Very often			
15. How often do you experience situations in which you have the feeling that God or something divine is present?							
1	2	3	4	5			
Never	Rarely	Occasionally	Often	Very often			

Appendix E

Sexual Assertiveness Questionnaire (SAQ)

Indicate your level of agreement with each question:

1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = undecided, 5 = slightly agree, 6 = agree, 7 = strongly agree.

- 1. I let my partner know what I do not like in sex.
- 2. I feel uncomfortable telling my partner what feels good.
- 3. I feel uncomfortable talking during sex.
- 4. I am open with my partner about my sexual needs.
- 5. I feel comfortable initiating sex with my partner.
- 6. I let my partner know if I want to have sex.
- 7. I feel shy when it comes to sex.
- 8. I approach my partner for sex when I desire it.
- 9. I begin sex with my partner if I want to.
- 10. I am reluctant to describe myself as a sexual person.
- 11. It is easy for me to discuss sex with my partner.
- 12. I try to avoid discussing sex.
- 13. I feel uncomfortable talking to my friends about sex.
- 14. I refuse to have sex if I don't want to.
- 15. I find myself having sex when I do not really want it.
- 16. I give in and kiss if my partner pressures me, even if I already said no.
- 17. I have sex if my partner wants me to, even if I don't want to.
- 18. It is easy for me to say no if I don't want to have sex.
- 19. I ask my partner if he or she has been tested for sexually transmitted infections/diseases.
- 20. I would ask my partner about his or her risk of HIV.
- 21. I would ask my partner if he or she has had sex with someone who shoots drugs with needles.
- 22. I ask my partner if he or she has practiced safe sex with other partners.
- 23. I ask my partners about their sexual history.
- 24. I ask my partners whether they have ever had a sexually transmitted infection/disease.

Appendix F

The Sexual Satisfaction Scale for Women (SSS-W)

Indicate your level of agreement with each question by marking 1-5 that best represents your answer:

- 1. I feel content with the way my present sex life is.
 - □ 1-Strongly disagree
 - □ 2-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 4-Agree a little
 - □ 5-Strongly agree
- 2. I often feel something is missing from my present sex life.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 2-Agree a little
 - □ 1-Strongly agree
- 3. I often feel I don't have enough emotional closeness in my sex life.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 2-Agree a little
 - □ 1-Strongly agree
- 4. I feel content with how often I presently have sexual intimacy (kissing, intercourse, etc.) in my life.
 - □ 1-Strongly disagree
 - □ 2-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 4-Agree a little
 - □ 5-Strongly agree
- 5. I don't have *any* important problems or concerns about sex (arousal, orgasm, frequency, compatibility, communication, etc.).
 - □ 1-Strongly disagree
 - □ 2-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 4-Agree a little
 - □ 5-Strongly agree
- 6. Overall, how satisfactory or unsatisfactory is your present sex life?
 - □ 5-Completely satisfactory
 - □ 4-Very satisfactory
 - □ 3-Reasonable satisfactory
 - □ 2-Not very satisfactory
 - □ 1-Not at all satisfactory

- 7. My partner often gets defensive when I try discussing sex.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 2-Agree a little
 - □ 1-Strongly agree
- 8. My partner and I do not discuss sex openly enough with each other, or do not discuss sex often enough.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 2-Agree a little
 - □ 1-Strongly agree
- 9. I usually feel completely comfortable discussing sex whenever my partner wants to.
 - □ 1-Strongly disagree
 - □ 2-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 4-Agree a little
 - □ 5-Strongly agree
- 10. My partner usually feels completely comfortable discussing sex whenever I want to.
 - □ 1-Strongly disagree
 - □ 2-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 4-Agree a little
 - □ 5-Strongly agree
- 11. I have no difficulty talking about my deepest feelings and emotions when my partner wants me to.
 - □ 1-Strongly disagree
 - □ 2-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 4-Agree a little
 - □ 5-Strongly agree
- 12. My partner has no difficulty talking about their deepest feelings and emotions when I want him to.
 - □ 1-Strongly disagree
 - □ 2-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 4-Agree a little
 - □ 5-Strongly agree
- 13. I often feel my partner isn't sensitive or aware enough about my sexual likes and desires.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 2-Agree a little
 - □ 1-Strongly agree

- 14. I often feel that my partner and I are not sexually compatible enough.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - \Box 2-Agree a little
 - □ 1-Strongly agree
- 15. I often feel that my partner's beliefs and attitudes about sex are too different from mine.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - \Box 2-Agree a little
 - □ 1-Strongly agree
- 16. I sometimes think my partner and I are mismatched in needs and desires concerning sexual intimacy.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 2-Agree a little
 - \Box 1-Strongly agree
- 17. I sometimes feel that my partner and I might not be physically attracted to each other enough.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 2-Agree a little
 - □ 1-Strongly agree
- 18. I sometimes think my partner and I are mismatched in our sexual styles and preferences.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 2-Agree a little
 - □ 1-Strongly agree
- 19. I'm worried that my partner will become frustrated with my sexual difficulties.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 2-Agree a little
 - □ 1-Strongly agree
- 20. I'm worried that my sexual difficulties will adversely affect my relationship.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - \Box 2-Agree a little
 - □ 1-Strongly agree

- 21. I'm worried that my partner may have an affair because of my sexual difficulties.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 2-Agree a little
 - □ 1-Strongly agree

22. I'm worried that my partner is sexually unfulfilled.

- □ 5-Strongly disagree
- □ 4-Disagree a little
- □ 3-Neither agree or disagree
- □ 2-Agree a little
- □ 1-Strongly agree
- 23. I'm worried that my partner views me as less of a woman because of my sexual difficulties.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 2-Agree a little
 - □ 1-Strongly agree
- 24. I feel like I've disappointed my partner by having sexual difficulties.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 2-Agree a little
 - □ 1-Strongly agree

25. My sexual difficulties are frustrating to me.

- □ 5-Strongly disagree
- □ 4-Disagree a little
- □ 3-Neither agree or disagree
- □ 2-Agree a little
- □ 1-Strongly agree
- 26. My sexual difficulties make me feel sexually unfulfilled.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - \Box 2-Agree a little
 - □ 1-Strongly agree
- 27. I'm worried that my sexual difficulties might cause me to seek sexual fulfillment outside my relationship.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - \Box 2-Agree a little
 - □ 1-Strongly agree

- 28. I'm so distressed about my sexual difficulties that it affects the way I feel about myself.
 - □ 5-Strongly disagree
 - □ 4-Disagree a little
 - □ 3-Neither agree or disagree
 - □ 2-Agree a little
 - □ 1-Strongly agree

29. I'm so distressed about my sexual difficulties that it affects my own well-being.

- □ 5-Strongly disagree
- □ 4-Disagree a little
- □ 3-Neither agree or disagree
- \Box 2-Agree a little
- □ 1-Strongly agree

30. My sexual difficulties annoy and anger me.

- □ 5-Strongly disagree
- □ 4-Disagree a little
- □ 3-Neither agree or disagree
- □ 2-Agree a little
- □ 1-Strongly agree