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The Etiology and Phenomenology of Sexual Shame: A Grounded Theory Study

Noël Clark

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
In
Clinical Psychology

Seattle Pacific University
School of Psychology, Family and Community
May 10, 2017

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Gratitude:
Dedication and Acknowledgements

Throughout this project I have been humbled and honored to share in the stories of so many brave women—this dissertation is dedicated to the participants of this study, to my clients who have taught me so much, and to all of those who share similar stories.

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Abstract

Although sexual shame is widely present in social discourse and has previously been described clinically—as shame related to sexual thoughts, feelings, behaviors, and attitudes—it has not been defined in an operational manner that can be empirically tested. This study creates a bridge between the colloquial knowledge regarding sexual shame found in clinical practice and the way in which sexual shame is defined and measured scientifically in the psychological research literature. Grounded theory was used in this study to generate theory related to the development and experience of sexual shame. The concept of sexual shame was explored from both a personal and clinical perspective, by interviewing two groups of participants: women who self-identified as having experienced sexual shame, and AASECT certified therapists who worked with individuals who experience sexual shame. Interviews were conducted with 15 total participants from both constituents. Lay participants ($N = 9$) added depth to the understanding of the phenomenology of sexual shame and were diverse in regard to age, ethnicity, and sexual orientation. Therapist participants ($N = 6$) provided rich information about sexual shame from their years of experience in clinical practice ($M = 20.6$) and were similarly diverse in regard to ethnicity as well as training disciplines. Two primary thematic constructs were identified related to the etiology of sexual shame as well as a phenomenological understanding of sexual shame. This study provides evidence for the emergence of sexual shame occurring across systemic levels of influence: from individual experiences at a microsystemic level up through influences from culture and society. Additionally, this study presents a model of sexual shame across systemic influences, and includes four subconstructs related to sexual shame: Internalized Sexual Shame, Partnered Relational Shame, Body/Biological Shame, and Vulnerability Shame. Each of

these concepts adds to the understanding of the phenomenology of sexual shame and assist in differentiating the experience of sexual shame from a more global experience of shame as commonly defined in the psychological literature.

Keywords: sexual shame, shame, sexuality, women's health, ecosystemic, culture, sexual development.

CHAPTER I

Introduction and Literature Review

Purpose

The purpose of this study is to create a bridge between the colloquial knowledge regarding sexual shame found in clinical practice and the way in which sexual shame is defined and measured scientifically in the psychological research literature. Although sexual shame has been described clinically, it has not been defined in an operational manner that can be empirically tested. Researchers in the past who have sought to study sexual shame have done so by utilizing measures of a global experience of shame correlated with measures of sexual attitudes, behaviors, and beliefs (e.g. Alvey, 2008; Kroll, Egan, Keshen, Carre, Johnson & Carey, 2007; Murray, Ciarrochi, & Murray-Swank, 2007). This approach may lack validity in its ability to accurately assess individuals who function well overall, but experience shame with regard to their sexual experiences or sexual identity.

In order to explore and define the construct of sexual shame, grounded theory will be used, which is a qualitative research methodology. Qualitative research is designed for in-depth analysis, which will be useful in defining the construct of sexual shame as a domain-specific construct within the globalized experience of shame (Gilgun, 2009). Participants in this study will consist of two samples: (a) individuals who themselves have experienced shame related to their sexuality and (b) clinicians who work with, or have worked with, clients experiencing sexually oriented shame and/or sexual difficulties. Using the process of grounded theory, interviews will be analyzed to develop theory that explains the emergence and phenomenon of sexual shame and provides direction for future research. By providing an operational definition of the construct of sexual shame, researchers and clinicians will be able to achieve a greater

continuity of knowledge and produce research that more accurately captures the true experience of individuals treated in practice.

The cultural climate within the United States has shifted significantly in the last several decades, allowing for a more open discourse on issues related to sexuality. Despite this increased openness, many conflicting societal messages exist that have made it difficult to navigate sexual development without experiencing some form of shame. Many clients seek treatment for issues related to sexuality, and shame has been identified as an underlying feature in nearly every sexual disorder (Hastings, 1998). Shame is a complex phenomenon involving painful emotion and negative, global evaluations of the self (Blum, 2008). Lewis (2000) described shame as “a highly negative and painful state that also results in the disruption of ongoing behavior, confusion in thought, and inability to speak” (p. 629). Interest in the emotion of shame as it relates to psychological processes has increased greatly over the last decade; however, psychometrically sound measures that assess this construct are limited and lack specificity and applicability to assess idiographic experiences of shame (Rizvi, 2010). While several measures of shame exist within the psychological literature, many of them lack definitional clarity, and may not translate to domain-specific experiences of shame. Although there is a lack of evidence-based research regarding sexual shame, there is an abundance of practice-based evidence suggesting that such a need exists (Hastings, 1998; McClintock, 2001; Pope-Levison & Levison, 2012; Shadbolt, 2009). The focus of this paper is on defining the construct of shame as it pertains to sexuality and identifying whether sexual shame is a construct distinct from a more general concept of shame.

The widespread and damaging permeation of the concept of sexual shame present in our society—as evidenced by clinical and cultural literature—demands that psychologists employ

efforts to study, measure and treat this condition. In order to do so however, initial research needs to more clearly and fully define this construct. If sexual shame does indeed exist as a construct distinct from a more general experience of shame, it will also have a distinct impact on psychological well-being.

Defining shame. Shame is a complex phenomenon involving painful emotion and negative, global evaluations of the self (Blum, 2008). Shame first emerges in the early stages of childhood development through relationships with caretakers. From a developmental perspective, shame can only appear after a child develops a cognitive capacity for self-awareness and abstract thinking (Fischer & Tangey, 1995). These cognitive skills develop around the age of 18 months and allow the child to create representations of the past and think about future events. Although shame can be argued to be a universal part of human nature, shame-proneness appears to be very individualistic and dependent on socialization and personal, internal variables (Blum, 2008).

Erikson addressed shame as an important passage into autonomy. He identified shame as the second of eight stages of psychosocial development; however, he stated that shame was insufficiently studied in our culture because it is an early stage of development that is subsumed by the experience of guilt. Early psychoanalytic models of shame have suggested that shame arises out of tension between the ego and the ego ideal. Shame develops when a goal presented by the ego ideal is not being reached. In this model, guilt results from transgression, whereas shame results from failure to meet perceived expectations. Following the shame-inducing failure, the individual develops an unconscious, irrational fear of abandonment (Piers & Singer, 1971). The idea of shame originating out of a fear of abandonment or loss of love is by no means new

and was first discussed by Freud (1923; 1959). As the field has progressed, however, a broader understanding of shame has developed.

A phenomenological definition of shame was first developed by H. B. Lewis (1971), and refined by M. Lewis (1992) to describe how shame is experienced. First, shame involves intense pain, discomfort, and often anger. Although all theorists agree on pain and discomfort in the definition of shame, anger is not as straightforward and refers to a humiliated fury that is first directed at the self, and then often against the rejecting other (Lewis, 1971; Tangey, Wagner, Fletcher, & Gramzow, 1992). Secondly, the person experiencing shame feels a desire to hide in order to minimize further painful exposure (Ferguson, Stegge, Miller, & Olsen, 1999). Lastly, the person experiences a global evaluation of the self as unworthy and inadequate. In this experience, the shamed person experiences his or her whole being as deficient. While this phenomenological definition outlines the experience of shame, it does not explain why some individuals experience shame and some do not, even after experiencing the same events.

M. Lewis' (2000) cognitive model provided an explanation regarding how families, societies, and cultures impact the development of shame. M. Lewis posited that some emotions (e.g. sadness, happiness, etc.) are unlearned within human experience, while self-conscious emotions, such as shame, guilt, and pride, develop out of complex cognitive processes. Within each culture, standards, rules, and goals derived from value systems inform each individual's self-appraisal. When individuals evaluate their own actions, thoughts, and feelings against the culture's acceptable set of standards, they experience self-conscious emotion. Shame is experienced when the individuals measure themselves against the cultural standard, and find themselves below the standard, and explains this failure through a negative, global self-evaluation. Through this process, there are two types of evaluation that significantly impact the

development of shame: the evaluation of success vs. failure, and the perception of the source of blame as internal or external. Shame develops as a consequence of perceived failure to meet standards resulting in a negative, global evaluation of self. Understanding shame from these perspectives helps distinguish shame from other moral emotions, and begins to establish the profound effect of shame on every level on relationship in a given system.

Shame vs. guilt. Shame and guilt are the most commonly studied self-conscious or moral emotions within the field of psychology. While more research has focused on guilt in relation to sexuality, shame remains an important focus in clinical work. Within the field of psychology there has been debate on what distinguishes shame from guilt, with three primary categorical distinctions: a distinction based on eliciting events, a distinction based on public vs. private transgressions, and a distinction based on the degree to which the person construes the emotion as primarily a failure of the self or a failure of behavior. Tangney, Wagner, and Gramzow (1992) posited that the definition of shame can be understood through its development—that is to say, shame is caused by the interpretation of behavior, rather than the actual behavior that occurs. Shame is a self-focused emotion, and feelings of shame are often painful and overwhelming, because the individual experiencing shame interprets their whole self as being unworthy, incompetent, or bad.

Furthermore, H.B. Lewis (1971) argued that the main distinction between shame and guilt is whether a person believes transgressions to be a reflection of their self, or a reflection of their behavior. “The experience of shame is directly about the self, which is the focus of evaluation. In guilt, the self is not the central object of negative evaluation, but rather the thing done or undone is the focus” (Lewis, 1971, p.30, emphasis in original). Thus, shame is an experience in which the self, rather than the behavior, is viewed as flawed and/or morally

deficient. From these distinctions one can see that sexual shame, as opposed to guilt related to sexual behaviors could have a more lasting impact on psychological health because of the pervasive, negative self-appraisal. Some clinicians have stated that while guilt brings material into therapy, shame prevents individuals from being open and vulnerable. Shame has been a difficult emotion for researchers to address because it requires one to be completely exposed and conscious of being examined while at the same time avoiding such vulnerability (Shadbolt, 2009).

The effect of shame on psychological well-being. Shame is a universal experience that is almost unavoidable in clinical work. As Morrison (1989) noted, some experience or expression of shame is present in nearly every therapy session. Usually shame has been understood as a phenomena that occurs interpersonally including a shamed individual and an individual invoking shame (Nathanson, 1987); however, experiences of shame can be internalized, such that an individual begins to shame him or herself even in isolation (Elias, 2008; Shadbolt, 2009). Shame is a feeling of inferiority, inadequacy, incompetence, and helplessness that leads to interpretation of the self as defective, and flawed (Andrews, Qian, & Valentine, 2002; Ferguson et al., 1999).

Renewed interest in the construct of shame over the last two decades has implicated its role transdiagnostically in a wide array of mental illnesses. Shame has been identified as a mediator and moderator in the development of many mental health problems, yet the systematic study of shame is a relatively new endeavor (Rizvi, 2009). Shame has been associated with many negative psychological health outcomes including decreased self-efficacy (Baldwin, Baldwin, & Ewald, 2006; Covert, Tangney, Maddux, & Heleno, 2003), depression (Andrews, 1995; Feiring, Taska, & Lewis, 2000; Hoblitzelle, 1989; Tangney & Dearing, 2002), and poor

overall psychological health (Tangney & Dearing, 2002; Woien, Ernst, Patock-Peckham, & Nagoshi, 2003).

The effect of shame on interpersonal relationships. Shame not only affects intrapersonal health, but has also been related to difficulties in interpersonal relationships as well. Shame is a powerful and painful affect that is maintained through relationships with parents, siblings, teachers, and friends. Shame has a profound impact on adult romantic relationships due to the pervasive sense of failure and unworthiness. The experience of shame manifests interpersonally because it leads individuals to want to hide their flawed self and avoid the intimacy of relationships that might reveal inadequacies and lead to further rejection (Lansky, 2005; Morrison, 1989). These difficulties include interpersonal anxiety (Lopez, Gover, Leskela, Sauer, Schirmer, & Wyssmann, 1997; Lutwak & Ferrari, 1997), fear of intimacy (Lutwak, Panish, & Ferrari, 2003), social avoidance/distress, and fear of negative social evaluation (Lutwak & Ferrari, 1997), insecure attachment styles (Gross & Hansen, 2000; Lopez et al., 1997), and interpersonal isolation (Hill, Thompson, Cogar, & Denman, 1993; Macdonald & Morley, 2001). Perhaps the most detrimental effect of shame can be seen in adult romantic relationships. Proneness to shame is associated with fear of intimacy in relationships (Lutwak, et al., 2003), avoidant tendencies towards others (Schmader & Lickel, 2006), insecure adult attachment (Karos, 2006; Wells & Hansen, 2003), and distressed couple relationships (Greenberg, 2008).

Harper and Hoopes (1990) found that individuals prone to shame also express more pessimism and have a tendency to believe that things will go wrong for them in relationships. They are often insecure in relationships and are hyper-vigilant about being exposed. If significant others appear too close to uncovering the source of shame, the shame-prone individual will often

withdraw in order to avoid the anticipated rejection. Shame has negative implications for relationships from the foundations of trust and intimacy to sexual expression and satisfaction (Lombardi, 2007). Couples where one or more of the partners suffer from shame often experience difficulty with communication due to the guardedness of the shame-prone person and the efforts engaged to guard against shame-provoking discovery.

Populations at higher risk. Certain populations are believed to be more at risk for the experience of shame within relationships, yet findings are often inconsistent, perhaps in part due to limited measures of shame. Although shame is believed to be a common problem among individuals of sexual minority status, there are many inconsistent findings about the presence of shame and its relationship to other variables such as stigma, which refers to disapproval of a people group based on social characteristics (Johnson & Yarhouse, 2013). In light of findings that counter hypotheses about the relationship between shame and stigma, researchers have made a call for studies focused on developing and testing new models related to shame and stigma particularly in regard to sexuality (Johnson & Yarhouse, 2013).

Another group that is believed to be at risk for developing sexual shame are individuals from conservative, religious backgrounds (Hastings, 1998; McClintock, 2001). Most studies that have tried to identify a relationship between religiosity and moral emotions regarding sexuality have focused on sexual guilt, and there is evidence that a relationship between religiosity and sexual guilt exists (Murray et al., 2007). However, the experiences of shame and guilt vary significantly, as discussed previously, and have different implications for overall psychological health. While many clinicians would attest that a relationship between religiosity and shame exists, it has not been supported by current psychological research (Murray et al., 2007). The previous discussion of M. Lewis' cognitive model of shame (2000) may provide some

understanding of how particular groups that have strong cultural messages about sexuality may develop a shame response specific to that area of their life and identity.

The use of shame in society. Although shame as a moral construct has a negative connotation, from a cultural perspective shame can serve adaptive purposes within relationships as a primary regulator of social behavior. Leeming and Boyle (2004) identified a functional component of shame as maintaining social order and helping people preserve established relational patterns. Additionally, Hooge, Breulgelmans, and Zeelenberg (2008) found that shame can exist as a commitment device that influences one person to commit to another as a means of maintaining social values. Following from these findings, the experience of shame may act as a social learning tool that assists individuals in understanding and adhering to social norms. Most individuals are likely to experience some shame as part of a developmental process while forming their sexual identity, as they evaluate their own experience against perceived cultural norms.

Elias (1939; 1979) posited that America as a whole is a shame-based culture, yet shame remains hidden. The very nature of the emotion creates a system in which people feel shame about their experiences of shame and it therefore remains taboo to engage in conversation about the topic. Some researchers suggest that the taboo on discussing shame has been so strong, that culture has responded as if such a thing does not exist. This taboo is deeply rooted because the shamed see themselves as condemned by society, rather than transgressors who can right their wrongs (Park, 2004). When shame continues beyond a social learning tool into a negative, global evaluation of the self the detrimental effects of shame are evident.

Given that shame has such a widespread, negative impact on mental health, there is a clear need to identify and address shame effectively. Despite the growing body of research that

identifies the relationship between shame and negative mental health outcomes, empirical research on the measurement of shame has been lagging (Rizvi, 2010). Shame appears to be a broad construct with differences in provocation, emotional and behavioral responses, and predictive validity (Johnson & Yarhouse, 2013). In order to know the specific mental health outcomes associated with shame, more research is needed to clearly articulate and define differential expressions of shame. One domain of human functioning that appears to be greatly impacted by shame is that of sexuality. An abundance of evidence suggests that shame serves an adaptive purpose in social learning, yet that shame is correlated with relational difficulty when it persists through adulthood. Perhaps as a result of these relationships between shame and difficulties in adult romantic relationships, or perhaps because of clinical observations of shame combined with difficulty in sexual expression, both a clinical and colloquial knowledge of *sexual shame exists*, yet to date the construct of sexual shame has not been operationally defined within the psychological literature.

Sexual Shame within Clinical Literature

Despite the discussion of sexual shame being limited within psychological literature, there are many books written about sexual shame from a clinical perspective and the topic is widely discussed in society. Many clinical authors have used the term sexual shame in their writing (Hastings, 1998; Lichtenburg, 2007; McClintock, 2001; Mollon, 2005; Shadbolt, 2009), but few have defined the construct or explicitly identified how it differs from a global experience of shame. One common theme throughout writing about sexual shame is that the dynamics of intrapersonal psychology, interpersonal relatedness, and cultural constraints exist at the core of both sexuality and the experience of shame.

Development of intrapersonal sexual shame. Mollon (2005) defined sexual shame as

anything associated with sex or sexuality, sexual desires, and other features of the self that are not permitted access to shared discourse. Much of the learning a child experiences in development occurs in social relationships, but shame is associated with the desires and parts of the self that are not allowed access to shared discourse (Mollon, 2005). The object of shame is excluded from conversation within a people group, and the lack of social conversation causes individuals to believe that their private thoughts about sexuality are somehow flawed or too shameful to expose in an interpersonal setting. In this way, shame emerges through the gaps and disruption in human communication—from the misconnection of expectations and discourse in relationship (Mollon, 2005). From a young age, children recognize that questions and behaviors related to sexuality elicit embarrassment or discomfort in their parents, and if children feel that they do not meet their parents' approval, a sense of shame begins to arise. The child learns to hide those thoughts and behaviors, and instead displays a more socially acceptable façade. This concept is related to Winnicott's false self—the sense of denying authentic, spontaneous expression for fear of disapproval (Winnicott, 1960). When children learn that not all experiences and desires are allowed in public discourse, then what is not admissible in public becomes associated with shame.

Lichtenberg (2007) wrote that relatedness is a central process that determines the potential emergence of shame in early experiences of sexuality. Lichtenberg differentiated the childhood sensuality of touching and desiring touch, from the experience of sexuality, in which the individual becomes the one who desires to touch others, to love and be loved, to desire and be desired. This transition represents a major shift in a child's life—and one that can bring with it the potential for shame. Lichtenberg suggested that there is less risk in sensual desire than in sexual desire, because he claimed, “the interplay between desire and prohibition creates an

experience of tension in sexuality that is not present in sensuality” (p. 2). Children are encouraged to celebrate other sensations and desires—for touch, for taste, for pleasure—but when sexual desire or interest emerges, it is met with disapproval and often with silencing.

Differences between the values of parents and their adolescent children often arise in harsh contrast during the teenage years. These differences that were once viewed as imperfections or slight differences in opinions, become painfully obvious when exaggerated through the lens of adolescence. During this time, shame and shaming experiences bring the public and private experience of the adolescent together and emotional wounds inflicted during this season can leave lasting scars into adulthood. “The psychological, physical, and sexual rollercoaster of adolescence and its potential for shame cannot be underestimated or overstated” (Shadbolt, 2009, p. 165). Many experiences during childhood can elicit a shame response, including sexual abuse, sexual secrecy, exposure to pornography, religious shaming, and excessive modesty or promiscuity (Hastings, 1998). As an individual moves into adulthood, the experiences of shame from development affect interpersonal relationships, particularly adult romantic relationships.

The impact of sexual shame on interpersonal relationships. Hastings (1998) claimed that shame is more focused on sexuality than any other human quality or emotion throughout the world. Even though shame is often conceptualized as an interpersonal process involving a shamer and one being shamed, learning creates a link from past experience so that shame is self-perpetuated. Mellor (1980) described a Type III impasse related to shame and sexuality. He posited that humans naturally experience a range of emotions outside of conscious awareness, including excitement and arousal related to sexuality. However, sometimes these natural emotions are met with an interpersonal message that elicits shame. The individual then

cognitively pairs the experience of excitement with shame, and internally cues shame in response to excitement. In future interpersonal relationships the shamed individual squelches excitement for fear of re-experiencing shame, and does not have the opportunity to learn that they may receive a different response. Therefore, there is a circularity to sexual shame—it arises interpersonally, it dwells intrapersonally, and then it reappears interpersonally. Future sexual encounters continue to elicit shame, pairing shame with arousal in a self-defeating cycle.

Sexual shame inhibits the expression of love through sexual activity, and is likely a barrier to healthy sexual functioning for many individuals. At a clinical level, shame is believed to be an underlying feature in most sexual symptoms (Hastings, 1998). Addressing sexual shame from an ecosystemic perspective is therefore an extremely important task in clinical work with clients who are experiencing sexual difficulty. For example, some researchers have hypothesized that the prevalence of low female sexual desire is evidence of the presence of sexual shame (Elias, 2008). Individuals experiencing shame in regard to their sexuality may have a more difficult time communicating with their partner and therefore have less sexual satisfaction. Despite a growing knowledge of the prevalence and impairing nature of sexual shame, sexual shame has not yet been empirically defined within psychological literature, and therefore sexual shame represents a construct that we are unable to adequately assess.

The impact of sexual shame on society. Many clinicians agree that sexuality is inherently linked to shame and that individuals must untangle their understanding of sexuality from the many conflictual messages that are perpetrated within their cultural context. Sexuality in American culture is enmeshed in shame because of its taboo, secretive role within modern social discourse (Elias, 2008). Even the way that language is constructed suggests that sexuality is inherently shameful. For example, in English the outer female genitals are named pudendum,

which comes from the Latin word *pudenda membra*, which means *a part to be ashamed of*. Similarly, in German, the genital region is called *die Scham*, the pubic mound *schamberg*, and the labia *schamlippen* (shame lips). Furthermore, *private parts* are universally regarded as private and inappropriate for public reference or display. The cultural message that the sexuality of the body should be hidden is longstanding and pervasive. Although shame is recognized across disciplines (e.g. psychology, anthropology, sociology, cultural studies, etc.) as a powerful negative emotion, it is hidden in Western culture and more often displayed nonverbally than discussed verbally. In much the same way, people recognize sexual shame exists even if they don't openly discuss it.

The idea of sexual shame is not just prevalent within clinical literature, but is culturally pervasive as well. Kaufman (2004, p. 44) wrote,

The role of culture in molding personality is no less crucial than family or peer group; it is only less visible. Culture is the fabric that bonds a people together... a web of meaning created out of symbols and traditions. An interpersonal bridge stretches through our cultural consciousness, uniting us in common purpose. The evolution of culture is fueled by the identification need; we feel identified with one another and thereby experience communion.

Individuals desire belonging within a group, but repeated experiences of failure to meet the group's standards will drive feelings of shame and unworthiness.

Young people growing up in America are constantly bombarded with messages related to sexuality and the power and vulnerability inherent within it. Culture acts as a mirror against which individuals evaluate perceived flaws. Constant comparisons are made between individuals' personal experience and what society heralds as the ideal, or even normal expression

of sexuality (Ohanneson, 1983). Sex is used as a commodity to assign value and sell products, but can also be viewed as a dangerous tool used to manipulate and make people vulnerable. Nudity is used for comic relief, and sexual violence is almost commonplace in the media, but images of loving couples engaged in sexual acts often elicit embarrassment in viewers. A quick internet search will reveal that “sexual shame” is a construct widely discussed within the media and health-related popular psychology books, articles, and blogs, and many individuals discuss their experiences with this topic and offer anecdotal advice on recovery from this affliction. Although there have been significant shifts within culture over the last several decades to talk about issues of sexuality more openly and tolerantly, the attitudes within culture shift slowly and the felt experience of sexual tolerance is lagging behind the verbalized cultural ideal.

Therapeutic response to sexual shame. McClintock (2001) writes about overcoming sexual shame, and describes sexual shame as “the emotional experience of unworthiness that clusters around events from the past. It involves those aspects of human sexuality that are generally not changeable—attraction and gender” (p. 31). She writes that if individuals have been shamed by a parent or their community for some kind of sexual behavior or thought, they will learn to alter their behavior over time through the use of self-shame to conform to social norms. When an individual shames herself for spontaneous sexual thoughts, shame ultimately interrupts the natural process of interest or enjoyment in sexual pleasure or excitement and replaces it with disgust. When a shame-bound individual begins to feel pleasure, the memory of a shame-inducing event is recalled and the taboo pulls the individual back to a place of shame.

Clinicians are recognizing a need for measures that can assess sexual shame and provide clinical utility (Kyle, 2013; McClintock, 2001). In 2013, a measure to assess sexual shame was created by a clinical sexologist as part of a dissertation study; however the scale items were

created based on face validity rather than the results of a study or focus group. In the unpublished KISS Scale the author states “For the purpose of this study, sexual shame was defined using an adaptation of the definition of shame proposed by Brené Brown (2007): the intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging *due to our current or past sexual thoughts, experiences, or behaviors*” (italics reflect altered definition of shame, Kyle, 2013, p. 13). Because no operational definition of sexual shame exists, one was created to fit with face validity and the developed measure has been used clinically but has not been validated in research (Kyle, 2015). Many studies have tried to assess sexual shame or make inferences regarding its effects, yet there is no empirically established way in which to assess sexual shame. To further illustrate the need for a greater understanding of the construct of sexual shame, current measures of shame are assessed for their potential validity in addressing the construct of sexual shame. The following review of current measures of shame outlines the insufficiency of these measures in addressing shame that is primarily focused on sexuality or sexual identity.

Review of Current Shame Measures Used to Assess Shame Related to Sexuality

While several measures exist to assess shame as a general construct, recent studies have identified a need for domain-specific shame scales that can inform treatment. Several new measures have arisen in the last five years that are domain specific including the HIV and Abuse Related Shame Inventory (HARSI; Neufeld, Sikkema, Lee, Kochman, & Hansen, 2012), the Interpersonal Shame Inventory for Asian Americans (Wong, Kim, Nguyen, Cheng, & Saw, 2014), and the Trauma Related Shame Inventory (TRSI; Øktedalen, Hagtvvet, Hoffart, Langkaas, & Smucker, 2014). However, no published, empirically supported measure of sexual shame exists, though a growing cultural awareness of sexual shame suggests that such a measure would

have clinical utility.

Even in choosing a measure of shame from among existing measures to relate to sexuality, difficulties arise in determining whether to measure state shame (effect of shame in specific situations) or trait shame (internalized shame). While in some regards the state measure of shame seems more appropriate for application to a specific topic area, such as sexuality, state measures of shame have been criticized for not directly measuring a person's level of shame, but rather measuring their anticipated level of shame given hypothetical situations which may or may not occur in their own lives. Several measures for assessing levels of shame exist, but the measurement of shame is often a subscale on a measure of negative emotions, as is the case with the *Test of Self-Conscious Affect* (TOSCA-3; Tangney, Dearing, Wagner & Gramzow, 2000), the *Self-Conscious Affect and Attribution Inventory* (SCAAI; Tangney, 1990), or the *Differential Emotions Scale* (DES-IV state version; Izard, 1993). In reviewing current measures of shame, it is clear that none of them relate directly to issues of sexuality.

Internalized Shame

The Internalized Shame Scale (ISS). The ISS (Cook, 1987; 1994; 1996; 2001) is used to evaluate the trait presence of shame, meaning it measures shame proneness or internalized shame rather than the effect of shame. The ISS is a 30 item self-report measure that assesses the phenomenological experience of shame among men and women. Each item explores negative, global evaluations of the self and utilize a 5-point Likert-type scale to assess how frequently the participant experiences those thoughts or feelings. The scale ranges from 0 (*Never*) to 4 (*Almost Always*). Items are statements such as, "I feel insecure about others opinions of me" and "I feel I am never quite good enough." Cronbach's alpha for the shame scale is .90. The ISS is one of the few measures of shame that has clinical utility because it is brief, easy to administer, and

includes cutoff scores for clinical levels of shame. Allan, Gilbert, and Goss (1994) found that the ISS is more strongly correlated with psychopathology than shame scales that measure responses to specific events.

The Shame Inventory. The Shame Inventory (Rizvi, 2010) is a self-report measure designed to assess an individual's propensity to experience shame globally and in response to specific life events. The scale begins with a definition of shame, followed by three questions that ask about the frequency and intensity of shame overall. The initial items are followed by a list of 50 potential shame cues (i.e. events, behaviors). Participants rate each cue on a 0 to 4 scale based on the intensity of their current levels of shame related to that item. Seven out of the 50 items relate in some way to sexuality, including questions about sexual abuse or body satisfaction. Although the *Shame Inventory* includes items related to sexuality.

Shame Coping

The Compass of Shame Scale (COSS). The COSS (Elison, Lennon, & Pulos, 2006) is a 48-item self-report measure that assesses shame coping styles, namely Attack Self (AS), Withdrawal (WD), Attack Other (AO), and Avoidance (AV). Each of the items presents a scenario that can invoke an affect of shame, the scenario is followed by four stems which present possible reactions, and asks participants to rate how frequently they might respond in that way. Participants rate the frequency of their response with a Likert-type scale (0 = *never* to 4 = *always*). A same item is "In situations where I feel insecure or doubt myself." Participants then rate the four responses: "I shrink away from others (WD); I feel others are to blame for making me feel that way (AO); I act more confident than I am (AV); I feel irritated with myself (AS)." Confirmatory factor analysis of the scale showed that item responses loaded on the scales which they theoretically represented and the overall scale has a CFI of .94 which demonstrates an

acceptable fit to the data.

Shame

The Test of Self-Conscious Affect (TOSCA). The TOSCA (Tangney, 1990; Tangney, et al., 2000) is a self-report questionnaire that assesses both guilt and shame. The TOSCA contains 15 brief scenarios (10 negative and 5 positive). Each scenario is followed by cognitive, affective, and behavioral responses that capture possible reactions in such situations. Participants are asked to imagine themselves in the situation, and their likelihood of responding in each of the manners indicated using a 5-point Likert scale (1 = *not likely* to 5 = *very likely*). Items are summed across situations to yield indices of shame-proneness (15 items), guilt-proneness (15 items), externalizing blame (10 items), and unconcern (ten items). A sample item from the TOSCA is “while out with a group of friends, you make fun of a friend who’s not there.” The guilt response to this scenario is “you would apologize and talk about that person’s good points” where as the shame response is “you would feel small...like a rat.” Each of these responses to the given situation would be rated on the Liker scale. The TOSCA has acceptable psychometric properties (Tangney & Dearing, 2002). In previous studies, internal consistency has ranged from .76 to .88 for the shame subscale and from .70 to .83 for the guilt subscale (Tangney & Dearing, 2002).

Sexual Shame

The Kyle Sexual Shame Inventory (KISS). The KISS scale (Kyle, 2013) is a 20 item self-report measure that assesses feelings among adults regarding current and past sexual thoughts and behavior that would indicate sexual shame. Participants rate the items on a Likert scale (0 = *strongly disagree* to 5 = *strongly agree*). The scale includes 17 negatively worded items, for example, “I think people would look down on me if they knew about my sexual experiences,” and three positively worded items, such as, “Overall, I feel satisfied with my

current and past sexual choices and experiences.” The measure shows strong internal consistency ($\alpha = .93$, $N = 102$), but the scale was developed by recruiting participants from private practice to evaluate the scale as a clinical tool. Kyle stated that the scale was modeled after other validated measures of shame; however, the items were not based on research about shame related to sexuality and may not comprehensively reflect the proposed construct of sexual shame. The scale was used to measure effectiveness for group therapy related to sexuality ($N = 5$), but has never been published or distributed. Because this measure has only been used once, it does not have the historical reliability that the other measures presented in this paper contain, however, it is the only measure that can be presumed to be measuring domain-specific sexual shame, rather than a global experience of shame or a situation specific shame response that is unrelated to sexuality. The existence of this scale suggests that clinicians and researchers recognize a need for a tool to evaluate sexual shame; however, the need for an operational definition of sexual shame and an empirically validated measure to assess the construct has not been adequately met.

Scale evaluations. Although there are several different measures used to assess shame, each of the measures examined in the previous section examine a slightly different concept of shame and none of them directly assess a construct of sexual shame with established validity. The ISS is conceptualized as a more global indicator of shame—that is it indicates a more continuous experience of shame. The TOSCA on the other hand is more a measure of shame-proneness in specific situations. Additionally the CoSS claims to be a measure of shame, but instead measures shame coping styles. The KISS Scale shows promise as a more clinically useful measure of sexual shame, but the items were created based on face validity and were not further tested to establish reliability and validity. Perhaps the greatest barrier to effectively measuring sexual shame is that the construct itself has not been operationally defined within psychological

literature.

Study Rationale and Purpose

As previously discussed, the effects of shame on an individual's psychological well-being are wide-ranging and potentially devastating. The clinical literature that has discussed the experience of sexual shame indicates that its impact on the entire system in which an individual lives may be negatively impacted on a profound level. Several factors have been described anecdotally to contribute to sexual shame, including childhood sexual abuse, growing up in an extremely religious environment, viewing pornography, engaging in same-sex sexual activity, sexual assault, non-consensual sexual activity, and promiscuity (Hastings, 1998; Lichtenberg, 2007; Weeks, 1989), yet even within these books and studies, the construct of sexual shame is merely claimed rather than defined, and has not yet been supported by empirical research. Because no measure of sexual shame exists, the quantitative research that claims to assess sexual shame has limited validity.

If a construct of sexual shame exists separate from a global experience of shame, it is likely to have differences in epidemiology and psychological health outcomes that could inform treatment. Therefore, it is important to accurately identify and define the construct of sexual shame so that the development and amelioration of sexual shame can be assessed with validity and reliability. Furthermore, research that clearly defines the phenomena of sexual shame, and identifies domain specific variables that can then be used to develop evidence based treatments targeted toward treating sexual shame. Consequently, the purpose of this project is to do just that—to (a) define the construct of sexual shame and (b) identify the variables that comprise the construct, through the process of grounded theory in such a way that it can be operationalized and measured.

CHAPTER II

Method

Research Design Rationale

Sexual shame has been widely discussed on clinical and cultural levels, but has not yet been operationally defined or described through scientific analysis. Kazdin (2003) has argued that although much of the field of psychology is focused on hypothesis testing of relationships between theoretical constructs, the conceptual views that are tested must have a point of origination. Although some descriptive research leads to theory generation, there is no substitute for observation and close contact with the phenomenon of interest. Working in a clinical context allows psychologists to get a first-hand view of what needs to be studied and what processes are at play.

Kazdin (2003) proposed qualitative research as a sound starting point for the systematic study of a phenomenon and an extensive look at individuals or groups who experience a particular situation or show a special characteristic. Before empirical research can be conducted that assesses a construct of interest, that construct must be identified, operationally defined, and a measure must be created and validated that will assess the construct. Because there is no validated measure that can assess sexual shame, previous research studying sexual shame makes significant assumptions related to the validity of findings. Based on the gaps that currently exist in the literature regarding sexual shame, it is important to first clarify the experience of individuals experiencing shame related to sexuality so that it can be adequately assessed, and evidence based treatments can be developed to specifically address sexual shame.

Qualitative Methodology

A qualitative approach was employed in this study because of the need to openly explore

a construct to provide a definition of sexual shame from a variety of worldviews. Qualitative research has the unique ability to allow participants to attribute meaning to their experience and provide rich information about cultural themes and practices (Gilgun, 2009). Additionally, grounded theory allows access to detailed data that may have been difficult to interpret through the use of existing questionnaires or quantitative research, particularly given the sensitive and hidden nature of the topic examined (Creswell, Hanson, Plano, & Morales, 2007) and the lack of empirically supported measures assessing this construct. Qualitative research is particularly useful for the delineation of social processes and the development of assessment instruments and survey items (Gilgun, 2009).

Philosophy of science. Examining the construct of sexual shame from an interpretive/constructivist paradigm allows the researcher to move away from the hypothesis testing of the post-positivist paradigm and gain a broader understanding of the construct (Haverkamp & Young, 2007; Ponterotto, 2005). Knowledge and meaning emerges through the interaction of participants and researchers, in order that a greater understanding of the interpretation of behavior and experience can be understood. The interpretive/constructivist paradigm is idiographic in nature, representing multiple, equally valid realities which emerge through the interpretation of data.

Grounded theory methodology. Many researchers note that qualitative research mirrors truth in clinical work because of the inductive nature of qualitative approaches to the construction of knowledge. Corbin and Strauss (2008) describe the purpose of grounded theory as the development, rather than the testing of a theory, that will help establish the building blocks of concepts inherent in a theoretical approach. Grounded theory is a clinical research approach where the development of theory is birthed out of the firsthand accounts of participants. In this

way, grounded theory is methodologically analogous to the scientist-practitioner model and will be useful in creating a bridge between clinical knowledge and scientific inquiry.

Using grounded theory to provide an operational definition of sexual shame offers a number of advantages for a rich and comprehensive understanding. Glaser and Strauss (1967) wrote that grounded theory helps close the gap between theory and empirical research. Through grounded theory researchers develop an understanding or explanation of a construct within the context in which it occurs. One of the benefits of using grounded theory is that it promotes ecological validity. That is to say, the research findings and subsequent theory are reflective of the real-world settings in which they occur (Charmaz, 2003). Additionally, grounded theory allows for novelty. There already exists speculation within culture about the phenomena of sexual shame; by using grounded theory to map a definition of sexual shame using narrative data there is potential to uncover new and innovative ways to comprehend this construct, as well as to establish validity for colloquial understanding. Furthermore, grounded theory promotes a parsimonious definition of complex phenomena. Qualitative interviews are rich sources for items that can be used for future research instruments and clinical assessment tools (Gilgun, 2009). Because the interviews reflect the actual language of the participants, items developed from this approach will mirror the language and level of abstraction used in discussing concepts.

Participants. Grounded theory utilizes theoretical sampling, which means that as initial cases were analyzed, future participants were included who could add information to theory development. Within qualitative research, there is no set standard regarding a necessary sample size (Richie, Lewis, & Elam, 2003); rather an appropriate sample size is reached when the goals of the specific study are met and there is sufficient data to draw out universal concepts. However, within grounded theory, the minimum number of participants recommended to reach data

saturation is six. Data saturation is reached when there is redundancy in the data evidenced by repeated themes from multiple participants—regardless of how many participants are interviewed (Creswell et al., 2007). Self-selection and snowball recruitment procedures were used to identify and recruit participants; however, only two therapists were recruited through snowball sampling, while the rest of the participants self-selected after viewing advertisements.

For this study, participants are comprised of two groups of individuals who could speak to the experience of sexual shame. The first sample consisted of currently licensed therapists ($N = 6$) who work, or have worked, with individuals who report experiencing sexual shame, and who hold American Association of Sexuality Educators, Counselors, and Therapists (AASECT) Certification. All participants were recruited through email solicitation via AASECT websites, and list serves. While all therapists were practicing as AASECT certified mental health therapists, the sample came from diverse training disciplines including Clinical Psychology, Social Psychology, Marriage and Family Therapy, Art Therapy, Human Sexuality, Human Development, and Education. Although it was not a requirement for participation, all therapists had been practicing at least ten years ($M = 20.6$, $s = 10.2$).

Another sample of participants is comprised of individuals where recruited through advertisements on social media and national internet-based advertising sites (i.e. Craigslist and Facebook). All individuals self-identified as adult women who have personally experienced sexual shame. All participants ($N = 9$) identified as female, were at least 18 years of age ($M = 27$, $s = 10.9$), and spoke English. None of the participants had sought out therapy specifically for concerns regarding sexual shame; however all but one had attended therapy to address a variety of concerns including depression, anxiety, post-traumatic stress disorder, loneliness, sexual

trauma, sexual identity, and one had attended family therapy to address sexual behavior as a teenager.

By selecting participants from these two samples, I was able to examine shame related to sexuality from both a phenomenological account by those who have personally experienced shame, and to address the impact that sexual shame has on psychological well-being and interpersonal relationships from a therapeutic standpoint. Additionally both samples were able to provide insight into the cultural norms and values that lead to the development of sexual shame, as while also informing a broader understanding of what sexual shame actually is. In this way, the study provides a holistic, ecosystemic understanding of the experience and treatment concerns related to the construct of sexual shame.

Procedure

Qualitative interviews. I conducted all 16 interviews in a designated private space to ensure the privacy and confidentiality of all participants. Many of the interviews were conducted in person and some were conducted via a secure web connection, if reasonable accommodations to meet in person could not be made, or if the participant indicated that they were not comfortable meeting in person. All interviews were audiotaped on a digital recording device and are between 50-90 minutes long. Many of the participant interviews were longer than one hour; however, several therapists asked that their interviews be kept to 50 minutes to comply with their work schedule. All interviews were conducted by the primary researcher for the purpose of consistency. In adherence with the methods of grounded theory, broad, open-ended questions were posed, followed by subsequent inquiries used to draw out depth in participant responses (Charmaz, 2000). Two broad questions guided the content of the interviews: First, what is sexual

shame and how does it impact client's lives? And second, in what way is sexual shame differentiated from a more global experience of shame?

The qualitative interview questions developed for this study were based on existing clinical literature on sexual shame (e.g., Hastings, 1998; Kyle, 2012; McClintock, 2001; Shadbolt, 2009) and consultation with psychologists who specialize in issues related to sexuality and/or shame. In the questions participants were asked about the experience of sexual shame in their clients, but participants were also given the opportunity to share their own conceptualizations of shame and sexuality as distinct constructs. Interview questions were adapted to meet the needs of participants, for example, although demographic information could have been gathered via a questionnaire format, the interviewer discussed these questions with participants to help build rapport, before asking questions of a more sensitive nature. Additionally, the ordering and timing of questions was altered to begin with a brief sexual history so that participants could become comfortable talking about their sexuality with the interviewer before being asked about shame in relation to sexuality. Following each interview, participants were given a statement thanking them for their time and contribution to the field.

Procedure for Analysis

Data coding and analysis. Data was analyzed using the guidelines of grounded theory (Charmaz, 2000; Corbin & Strauss, 2008; Glaser & Strauss, 1967). In grounded theory, data coding and analysis occur in a recursive fashion, with initial interviews informing the interpretation of subsequent interviews (Corbin & Strauss, 2008). Transcription is the first step of data analysis and was performed by the primary investigator's research team consisting of graduate students trained by myself to ensure the accuracy of transcription and attention to pauses, and changes in emotion and inflection. Each interview was reviewed and verified with

the audio file by myself to ensure accuracy (Polkinghorne, 2005). Data was broken into fragments and coded. After coding, data was analyzed for similar themes and patterns. Data was also examined for similarities and differences across interviews to create an understanding of the broad conditions that influence the development of sexual shame, the lived experience of sexual shame, the context and consequences of addressing sexual shame (Creswell et al., 2007). After coding all the data and generating themes, categories (themes grouped together), and concepts (categories grouped together), two primary constructs were identified and other categories were linked to them to generate a theory.

Trustworthiness. A common concern in qualitative research involves the trustworthiness of data collected. Morrow (2005) established a set of criteria that researchers use to ensure the validity and credibility of their research. The first step of engaging in trustworthy research is to be cognizant of any existing biases or beliefs that might interfere with the research process. Through the process of collecting and analyzing data, I kept a journal to record the steps, processes, and decisions made and solicited feedback regarding alternative viewpoints and considerations.

Additionally, all interviews were semi-structured for the purpose of drawing out thick descriptions. A thick description of human behavior is one that explains the given behavior in context so that it becomes meaningful to an outsider. Throughout each interview, I adjusted or changed research questions and design to adapt to the information that was being disclosed. I remained attentive to any disconfirming or contradictory evidence bearing in mind that the goal of the research is to identify key categories and themes that accurately reflect the experience of sexual shame, rather than to confirm an existing theory.

Lastly, Morrow (2005) suggested deep immersion in the data, including repeated reading of transcriptions, careful note-taking, and triangulation. Triangulation refers not only to checking comparing data across participant sources, but also comparing and confirming interpretation of data with other research. In this study, triangulation was accomplished by comparing data from the two samples, and comparing and contrasting findings with current writing regarding sexual shame. The data that is presented in this study, uses participants' words whenever possible to reflect the richness and accuracy of their experiences. In order to add to the trustworthiness of this study, additional cultural texts and artifacts, such as news articles, were used to clarify or expound upon information provided by participants.

CHAPTER III

Results

Demographic Information

In accordance with the standards for qualitative research, and grounded theory in particular, each interview was reviewed after being conducted and collection continued until a point of saturation was reached. Lay participants ($N = 9$) were recruited through online advertisements and therapist participants ($N = 6$) were recruited via email using contact information provided on AASECT websites. This approach led to a total of 15 participants. After completing a screening over the phone or by email, individuals were scheduled for a semi-structured interview with myself. Interviews were conducted beginning in November of 2015 and ending October of 2016. Two lay participants and one therapist participant followed up their interview to provide additional information. Three of the six therapist participants requested additional information before agreeing to participate (e.g. interview questions, additional information related to the study purpose). Table 1 provides demographic information for those participants who were lay participants. Table 2 provides aggregate data for the characteristics of the therapist participants. The demographic characteristics for therapist participants are presented in aggregate form to protect the privacy of therapist participants as they belong to a smaller community and potentially would otherwise be identifiable.

Table 1

Lay Participant Demographic Information

| Participant | Age | Sexual Orientation | Ethnicity | Relationship Status | Current Religious Affiliation |
|-------------|-----|---------------------------|----------------------|---------------------------|-------------------------------|
| 1 | 21 | Straight/ Asexual | Korean- American | Committed Relationship | None |
| 2 | 20 | Heterosexual | Chinese- American | Single | Christian |
| 3 | 22 | Heterosexual | Mexican- American | Committed Relationship | Catholic |
| 4 | 21 | Heterosexual | Euro-American | Single | Spiritual Non-religious |
| 5 | 20 | Pansexual/ Questioning | Mexican- American | Committed Relationship | Spiritual Non-religious |
| 6 | 52 | Heterosexual | Euro-American | Married | Spiritual Non-religious |
| 7 | 37 | Heterosexual | Euro-American | Casual Dating | Spiritual Non-religious |
| 8 | 29 | Questioning | Euro-American | Single | Christian |
| 9 | 21 | Heterosexual | Euro-American | Committed Relationship | Christian |

Note. * Data reflects participant self- identification at the time of data collection.

Table 2

| <i>AASECT Therapist Participant Demographics</i> | |
|--|-------------|
| | <u>N</u> |
| <i>Gender</i> | |
| Female | 4 |
| Male | 2 |
| <i>Ethnicity</i> | |
| European American | 3 |
| Hispanic | 1 |
| Middle-Eastern American | 2 |
| <i>Sexual Orientation</i> | |
| Heterosexual | 6 |
| <i>Partner Status</i> | |
| Married | 4 |
| Divorced | 1 |
| Widowed | 1 |
| <i>Degrees Held</i> | |
| MFT | 2 |
| Ph.D. | 4 |
| Psy.D | 1 |
| M.Div. | 1 |
| <i>Degree Discipline</i> | |
| Clinical Psychology | 3 |
| Marriage and Family Therapy | 2 |
| Human Sexuality | 1 |
| Social Psychology | 1 |
| Human Development | 1 |
| Art Therapy | 1 |
| Education | 1 |
| <i>Current Employment</i> | |
| Private Practice | 5 |
| Professor | 1 |
| Researcher | 2 |
| Clergy | 1 |
| <i>Religious Affiliation</i> | |
| Spiritual, Non-religious | 3 |
| Atheist | 1 |
| Christian | 2 |
| | <u>Mean</u> |
| Age in years | 56.4 |
| Years in Practice | 20.6 |

Review of Data Analysis

Conceptual Development. Through analysis of the interviews of both lay participants and therapist participants, two primary thematic constructs emerged as well as an organizing framework for the data. The first construct has to do with the etiology of sexual shame; the data provide a robust understanding of its development. The second is a phenomenological understanding of sexual shame. Through analysis of the data, categories and concepts related to the lived experience of sexual shame emerged which provide evidence of the existence of a domain specific construct. Finally, the data naturally organized itself around an ecosystemic scaffold, providing a solid theoretical framework from which to understand both the etiology and phenomenology of sexual shame.

The Etiology of Sexual Shame

Through analysis of the data in this study, several themes emerged related to the etiology of sexual shame. Lay participants often described the relationships, experiences, and ideologies that they first associated with sexual shame. Likewise, therapist participants identified influences from individual interactions on up through the broader culture that they had seen impacting their clients who presented with sexual shame. The following results provide an understanding of how sexual shame develops in a person's life and reflect influences across systems.

The results of this study provide support for an ecosystemic model of sexual shame, which develops across time and across systemic levels of influence. The concept of an ecosystemic model has been demonstrated to theoretically support other forms of development in past research. Bronfenbrenner (1994) posits that human development takes place through a series of increasingly complex reciprocal interactions between humans and the people, objects, and symbols in their immediate environments. These interactions, referred to as proximal processes,

occur frequently and regularly over extended periods of time, solidifying the patterns of interaction and the meaning making that subsequently occurs. Examples of such enduring patterns would be parent child relationships, peer-to-peer interactions, and various developmental tasks. These interactional patterns are organized into sub-systems each with reciprocal influence on the others and acting in concert, provide a biopsychosocial model of each individual where the whole of a life is greater than the sum of parts (Bronfenbrenner, 1994). The results of this study regarding the etiology of sexual shame naturally organized around an ecosystemic structure, reflecting the following systemic categories: microsystemic (e.g. individual's immediate relationships); mesosystemic (e.g. interactions and connections between microsystems); exosystemic (e.g. Media, politics, and social services); and macrosystemic (e.g. culture and ideology). See Table 3 for an overview of the themes, categories, and concepts related to an ecosystemic model of the etiology of sexual shame as outlined by this study.

Table 3

Ecosystemic Model of the Etiology of Sexual Shame

| Themes | Category | Concept |
|--------------------------------|---------------|--------------------------|
| Family Relationships | Microsystemic | Etiology of Sexual Shame |
| Silence over Safety | | |
| Peer Relationships | | |
| Silence to Avoid Shame | | |
| Sexuality Defined by Others | | |
| Ideals vs. Reality | Mesosystemic | |
| Double Bind Media Messages | Exosystemic | |
| Female Reproductive Healthcare | | |
| Sexual Women as “Impure” | | |
| Buy a Better Body | Macrosystemic | |
| Laws Regulating Sex | | |
| Gender Inequality | | |
| Growing Sexualization of Girls | | |

Microsystems. The first area where the development of sexual shame can be seen is within the microsystem. The microsystem refers to the interactions that occur on a face-to-face level, such as with family members, peers, classmates, or coworkers. The proximal processes that occur within this level produce and sustain development as the individual engages in progressively more complex interactions with others that solidify their beliefs about themselves and their individual value.

Family relationships. Through the interviews with participants, several themes emerged indicating the influence of the microsystem on the development of sexual shame. Perhaps the strongest theme that emerged related to microsystemic interactions is that silence regarding sexuality plays a large role in the development of shame. Many participants indicated that they did not feel comfortable discussing concerns related to sexuality with their closest family members and friends. Many participants indicated that when they became sexually active, their families did not find out until later—often years later. Participant 4 described her parents finding

out she was sexually active, “I was twenty at that point, and it had been about four years (since I became sexually active). And it blew their minds. Like, a lot of shame, a lot of guilt, a lot of, you know, like, ‘What are you gonna offer your marriage now that you’ve given this away?’ A lot of that kind of stuff.” Even though 75% of American women have had premarital sex by age 20, and 95% of American women will have premarital sex in their lifetime (Finer, 2007) this young woman’s parents reacted as if they were shocked by this discovery. Following this incident, Participant 4 indicated that she felt her sexuality was under scrutiny by her family, “I felt like a constant topic of discussion, but it wasn’t really talked about, it was just that hovering over. It just felt kind of weighty, if that makes sense. Just like the whole situation had a weird thing around it.”

Calderone (1981; p. 5) wrote about the importance of sexual socialization and defined key elements of sexual socialization as follows:

1. Recognition and acceptance of the pleasure factor
2. Careful and consistent socialization for privacy and responsibility, and appropriateness of time, place, and person.
3. Continuing education about the nature and purposes of sex
4. Building self-esteem about the goodness of all the child’s human endowments, including sex
5. Putting the child in charge of its body and all of its functions

Clearly the majority of the women in this study did not experience this healthy process of sexual socialization, and received messages that did not align with those elements of healthy socialization. The lack of openness even within the closest relationships was a factor that many

participants regarded as shame inducing. Regarding the idea of sexual shame, Participant 7 stated,

I mean, I always think of it as things that I've done that I can't talk about. Like, you know, things that you say, 'Oh, I'm going to take it to my grave!' or whatever. Or, that, you know, I'm just not comfortable... even though everybody probably has the same types of issues, I feel ashamed when I feel like I can't bring it up to people who I'm close to—like my mom or my sister—I don't feel like I could talk to them about some things.

From this description, one might think that Participant 4 was referencing an experience far outside the norm, or a behavior that she felt was morally objectionable; however, Participant 7 was discussing a somewhat uncommon bodily function that she experienced (female ejaculation) about which she felt a great deal of shame.

I wanted to ask my mom a long time ago... I wanted to ask my mom, like, "Does this happen to you?" But I've never been comfortable... and I still probably will never ask her. I just want to know where it came from and why that's how I am.

Another example of talking about a normal bodily function that was shame inducing came from Therapist 2, and referenced a woman she was working with:

Like with this couple I was just talking about, they are going to get pregnant with their second child, and they are trying to figure out the timing. And if they get pregnant next month they will be delivering about the time they are having this family reunion. So we were troubleshooting that and he was like, "Lets just ask them to move it." And she was like "(dramatically) Then I would have to talk to my mom about sex!" And she was just like (therapist mimes jaw dropping)! And so we were like, "Lets talk about that, what

might be valuable for you about that conversation?” And so she calmed down a little bit, but she got kind of (sighs heavily). It was shaming to her!

At times participants experiences were outside of the norm, and they desired a trusted source with whom they could discuss their experiences, but felt that discussions related to sexual experience were off-limits, or they were afraid of the reaction they might receive from their family members. Participant 5 disclosed,

My first boyfriend, who I kept secret from my family, was transgender, female to male. At the time, even dating him, it kind of taught me a lot about sexuality and gender. It made me okay with a lot of things that I was taught not to be okay with before. After that... I mean, I feel like a lot of straight people would not be attracted to someone with a female body because he hadn't transitioned at all physically. I don't know, sometimes I feel like I'm a little bit confused about that, but I guess I'm more naturally inclined to be attracted to men.

Silence over safety. Participant 5 went on to describe how this initial secrecy related to her sexual relationship, led to further pressure to not share details about her relationship, for fear of exposing her situation or her boyfriend's personal experience. This ongoing secrecy led to Participant 5 feeling alone in dealing with conflict in her relationship and having no one to turn to:

Later when he started being mean to me, I couldn't tell them that either... And then when I finally was having all these struggles to break up with him... because I really wanted to but at the same time he really threatened me... like saying, “If you do that I might kill myself or something!”... I had again no one to talk to, you know, because it just snowballed. All of these untruths... Just concealing everything... I mean I couldn't talk

to my parents. I couldn't talk to my siblings and even my friends who I told I had a boyfriend ...I don't know why but I... I never told them even at the beginning about any of the issues we were starting to have... just because ...I don't know... I mean this happens to everyone when someone has a boyfriend or girlfriend. I guess because I was already really worried about my boyfriend, I guess I just didn't want them to (worry about) me.

Participant 5 was not the only one who spoke of silence regarding sexuality being a barrier to get help when needed. Participant 9 also spoke about a time when she had been afraid for her own safety because her boyfriend had threatened to hurt her when she disclosed that she might be pregnant. Even though Participant 9 expressed fear that she could be in physical danger, she didn't not feel comfortable going to her parents for support because to do so she would have to reveal that she was sexually active,

And so my brother-in-law helped me take a pregnancy test and kind of helped deal with that but that was really hard because I had to sneak around and I couldn't tell my mom that my boyfriend was saying that if I was pregnant he would it hurt me until, like, it (the fetus) was not there anymore.

This participant had described this same boyfriend as having been both physically and sexually violent in the past, and did not believe that his indications of an intent to harm her were empty threats. At the time she was 15 years old, and her partner was several years older. When asked about the fear that had kept her from disclosing her relationship to someone who could help, and what thoughts she had about how other people would view her, she responded with strong emotion in her voice,

Oh, I don't have to imagine (what others think of me) all the time. My mom found me one time texting (sexually explicit content) with a guy and, like, said that I was acting like a whore and... just thoughts like that... and other people... when people find out that someone's not a virgin they're like, "Oh! (gasps) They shouldn't have done that! They should have waited till marriage!"

For this young woman, the threat of physical harm to her body was more bearable than the shame that she believed she would endure if her family members found out that she was sexually active and potentially pregnant. Parents are often the primary interpreters for children about the meaning or understanding of their experiences. Their responses influence how a child responds to situations in his or her own life, and impacts whether children will feel strong emotions such as pride, fear, shame, and the like, in response to their circumstances.

Peer Relationships. Another important microsystem that influences the development of sexual shame takes place in the interactions between peers. Many of the participants discussed the impact of peer relationships, including friends, siblings, and classmates, on the development of their understanding of sexuality. For many participants, these interactions were complicated in that they broadened their understanding of sexual behaviors and attitudes, but often in a way that led to unhealthy comparison. That is to say, participants often compared the reality of their own experiences to what other people described as "the ideal" rather than comparing to other lived experiences. Participant 7 described how her belief that her sister had not had sex before marriage made her feel shame in comparison:

In terms of sex and things like that, my sister saved herself until she got married, and so I never felt like I could talk to my sister about sex because she was always asking me when I was younger if I was saving myself and I hadn't. And like my mom—like, I love my

mom—but we never talked about sex at all. It was never brought up, so I feel like it's not something I could bring up now.

Whether or not it was correct, the assumption that others were not sexually active, kept Participant 7 from feeling that she could be fully open with others about her own sexual experiences, even as an adult

You know, I haven't been married and I've been with a few people and I don't think that my parents actually saved themselves for marriage—I'm quite certain they didn't. But, that was kind of how we were raised—that you should save yourself for marriage. Obviously I'm not going to wait until I'm 37 years old... but it's just... I don't know. I kind of feel like with my family it was taboo, like we didn't talk about it, so that put some shame on, you know, "Oh you shouldn't be doing it!" or ... but I don't know. I feel like everybody does. It's not just me.

Participant 7 went on to describe a sense of loneliness that she experienced when she first became sexually active because she did not feel comfortable confiding in anyone else about what she was experiencing.

Participant 7: When I first did have sex I didn't know that much about it. Nobody ever said this is what's going to happen, this is how you're going to feel, you're going to have all these emotions. Nobody ever said that to me so it was kind of like "Oh!"

Interviewer: What kind of emotions?

Participant 7: Oh... I mean there was a lot of emotions and nobody took me aside and said like, "Oh you're going to be really emotional!" or you know, whatever. But there was (a lot of emotion) and I didn't have anybody to, like, confide in and ask questions I guess.

Often these early concerns related to comfort and experience discussing topics related to sexuality carries over into women's life as adults, impacting their views of self as sexual beings. The silence related to sexuality in adolescence persists into longstanding discomfort in sharing concerns related to sexuality with others and can lead to a sense of isolation. Therapist 2 described this experience with one of her clients who had longstanding concerns related to shame and sexual dysfunction in the following way:

She grew up in a household where people didn't talk about sex—and she had no sexual violation of any sort—but we were talking about, “Well, who have you ever talked about your sexuality with?” And, she's like, “No one, really.” And she said that when she was in the fraternity in college, they would share a little bit about, “How far are you going with that guy?” You know? But since she left college, even her college friends, they don't talk about their sex lives, and I said, “Well maybe you want to, you know, put your toe in, and see. Maybe nobody is talking about it, but maybe they would be open to it.” And she's like, “Well I don't know about that...” And so she didn't really want to share with friends, she didn't want to share with her husband because her thought was, “ My sexuality is completely private, its mine! Its nobody else's.”

Silence to avoid shame. Although several participants spoke of the silence of others as shame inducing in their lives, many of them also spoke of staying silent about their own experiences for fear of bringing shame on themselves. Participant 5 acknowledged that she cut off ties with some of her friends, because she believed they would judge her for being in a non-heterosexual relationship. Although none of her friends had directly expressed that belief, several of them attended church and she felt that it would be easier to no longer be friends than to try to address her concerns with them.

I don't know... I feel like sometimes I wish I could have talked to them about like why I left in a more truthful way... and maybe I would have found out that some of them agree with me, but I never did because I didn't want to make any trouble.

Similarly, Participant 4 talked about the conflict she felt when her parents had disapproved of her sexual behavior, but she decided not to discuss her situation with any of her friends either.

And then its just like...having the balls to actually go and talk about it with people that would have opinions that aren't my parents. And kind of figure...work through whether I am actually in the right or in the wrong. I think that kind of scares me. I don't want to lose that confidence that I have. So I don't want to challenge it.

Later in her interview, Participant 4 went on to say,

I kind of figured that as long as I didn't talk about it with people, it doesn't exist. There is no one to condemn me. So its not condemnable, I think was my thing, and then justified it in my mind.

Both Participant 5 and Participant 4 clearly demonstrate the power of negative reinforcement, allowing the silence around sexuality to continue. Both believed that in sharing their experiences with peers, they might incur further negative consequences in the form of judgment, and therefore kept experiences private to avoid negative interactions. In doing so, however, each also prevented any opportunity to learn that others might respond differently, perhaps in a more flexible or affirming way.

Therapist 2 described her experiences with women who have shame related to sexuality and the ways in which they will avoid contact with others to avoid the negative feelings associated with shame. These women sometimes avoid the acknowledgement of shame, but do so in exchange for isolation and a lack of connection with others.

Well I think some people are better at compartmentalizing, and so if somebody who is really good at compartmentalizing, then very few people know about the sexual shame. They have managed to create an outer façade, where if people don't get too close to them, they don't really know. And that is one of the things that I have noticed about people who have a lot of shame. They don't actually have a lot of people who are really close to them. They keep kind of a distance or a barrier. Or they are, have a personality type that they are a joking, sarcastic person. Or somebody might be really nice and very sweet, and very caring, but have this other side of their personality that is sort of hidden from the public view.

A sexuality defined by others. Several participants described how peer interactions early in their sexual lives shaped how they would continue to view themselves as sexual beings. Participant 3 spoke about her gradual realization that she knew less about sexuality than most of her peers, and some of the embarrassment she felt at learning about sexuality through male peers with whom she carpoled to high school:

And I just was like straight up with them. And they just, through conversations, realized that I had no idea what was going on with any of that sort of thing... and so they just taught me—just by telling me—“This is how you do it,” and... “This is how sex works, and this is how babies are made, and you would birth them... um, out your vagina.” And different things like that. Once I started having that conversation with them I became very curious just wanting to learn more. Which I feel like is very typical... in fifth grade. Is that when you learn those things? Um, but I am now a freshman in high school at this point. They always joked, “You are like a 12 year old boy.”

Participant 3 spoke of her desire to be “cool” with her peers in contrast to learn more about sexuality from those who were willing to talk to her. However, as she talked with her peers, she often felt pressured to behave in a certain way to keep them interested in her as a friend.

And when I started to date (my boyfriend) the guys in my carpool would ask me, you know, like “What have you guys done sexually?” and different things like that. And, for the longest time I was like “Nothing, nothing,” like “That’s gross! I’m not into that... I don’t want to do that with him.” Different things like that. But as our relationship progressed and I started to maybe want to be more physical with him, um...or he would want to be more physical with me but me not really feeling comfortable quite yet...The guys in my carpool started calling me prude. And I really just didn’t like that.

The pressure of these social interactions pushed Participant 3 to make decisions in regard to her sexuality that she was not fully comfortable with placed her in compromising positions. These peer relationships seem to play an integral role in the understanding and development of sexual identity, and as a result, they also have a strong influence on the subsequent development of shame in relation to sexuality.

Mesosystems. The concept of the mesosystem refers to the way that different microsystems interplay with each other—in essence the mesosystem is a system of microsystems. The strongest evidence of mesosystemic influence on the development of sexual shame exists in the interplay between religion and family interactions.

Ideals vs. Reality. Consistently across interviews where participants talked about the intersection of religion and their sexuality, the comments regarding religion were impacted by the response of others, most often family members, that framed the subsequent shame that participants experienced. The participants reflected on their experiences being contrasted with

black and white ideals, or standards of what was expected within a religious frame, while their own experiences at times were more difficult to define as clearly being in or outside of what they was believed to be acceptable behavior. Part of this difficulty was contained in the fact that families were sending messages that “sex is bad” without being involved in broader conversations educating young women about their sexuality. Participant 2 described her struggle with whether or not she “should feel ashamed” of her sexual behavior as a young woman:

(My parents) talked about strict boundaries and so that’s when I was like “Ok, well this is as far as I go with someone.” And then later on as I grew up, those boundaries shifted a *little*, or barely if anything. I think I got a message early on that sex is bad and you have to wait until you are married otherwise you are committing a big sin or you’re not a good person or you are promiscuous without any nuance or anything. Yeah... When I started dating it made me like think, “What’s considered sexual? Or not?” I think that played a big part of it.

Participant 4 discussed the traumatic impact of the response of her parents, who Participant 4 identified as being highly religious, discovering that she was sexually active at age 20.

They definitely brought up the ideas of how this is a sin, and there are consequences. They kind of played off of the whole punishment idea. So for me, in that moment, hearing these words thrown around, I know a lot of it was really terrifying. I remember being really, really scared, just because there’s like eternal damnation—that’s the concept they were throwing into this whole equation. And if it works out like you say it does then I am going there, and if I walk out of the house and get hit by a bus tomorrow, then I am screwed. It was a very scary time. And I remember it just feeling dark and oppressive. And the relationship with my parents became more stressed than it had ever been.

Because I had been sexually active since I was sixteen, and I'd done all of these things since I had been living at their house, I was just really careful about keeping it a secret.

Whether they turned a blind eye purposefully, or really just had no idea, things were fine because it was a secret.

Participant 4 went on to describe how these strong responses from her parents prevented her from ever being able to engage with them in conversation related to her sexuality and sexual experience from any other lens beyond evaluating whether or not it was sinful.

I remember talking to my aunt about it afterwards, and just explaining how the conversation went, and she asked me, "Did your mom ask you about your first time at all? Did she ask you about if you enjoyed sex? Did she ask you if you had any questions?" and I was like, "No. Her main concern was my spiritual well being and whether or not I was gonna go to hell for my actions."

The lack of open communication in this response from her parents prevented Participant 4 from being able to get feedback and support related to her own decision making related to her sexual behavior. Ultimately this led to an altering of her view of self because she couldn't align her behavior with what she believed was morally right. Participant 4 described her own struggle with this conflict:

I became sexually active when I was 16, with him. And didn't tell anybody. Nobody knew. I didn't want anybody to find out. And we dated for probably like 8 months. And then, since then, I just... I think before that sex for me had always been like this thing that you do with the person you're getting married to—you don't want to fuck that up. And so with him I definitely—while we were dating—that was my mentality that like "I'm gonna marry this guy.... I'm 16, but I'm gonna marry this guy." You know, like,

“We’ll date for two more years, and then we’ll get married, and this will be the only guy I have sex with”... And then we broke up.

For this young woman, that conflict ultimately led to the loss of her identification with religion, because she could not integrate her own experiences with what she was told was required within her religious practice. Because she had already engaged in sexual behavior, and received a condemning message she felt unable to reconcile her faith with her understanding of her own lived experiences.

Exosystems. For most participants, there was an indication that the exosystem is where individuals are learning the most about sexuality. The exosystem encompasses the broader societal influences in our lives, such as mass media, healthcare, and politics. Because sexuality is often seen as an uncomfortable topic, or even outright taboo, young people glean what they believe to be the most candid and reliable information from media, news, and Internet sources. Young women often feel uncomfortable asking family members, or even friends about questions related to sexuality, and turn instead to a source that offers anonymity in response. When asked where she had learned some of the messages about the meaning associated with different sexual behavior, Participant 9 responded, “I don't remember it was a long time ago, but it was not from my family—it was from, like, the people (kids) around me or T.V. shows or things like that....I would get curious and look something up on the internet.” It is interesting to note, that even in a generation that is heralded as being more sexually liberal, and for those who are growing up in educational systems that push a broader understanding of sexuality, the messages that are learned often come from marginally credible sources, such as other children, sitcoms, and blogs.

Double-bind media messages. From a cultural perspective, women are often faced with a double-bind in regard to sexuality—a situation in which two irreconcilable demands are in

competition with each other. One of these double binds was outlined in writing by Freud and referred to as the “Madonna-Whore Complex” which posits that men are not sexually attracted to women who are “respectable” and “good”—the Madonna; yet, neither can they respect a woman who is sexual—the Whore. This concept has perpetuated in modern culture as “the virgin/whore dichotomy” which has been referred to in recent literature, particularly feminist media critiques, to describe the way that women are portrayed in the media. Women are often portrayed in one of two ways: either as innocent, sweet, and good, or they are overly sexualized and given adjectives such as powerful and bold. Both sides are seen as having merit, but the message sent is that no woman can be both, which is sexually limiting for women.

Several of the participants commented on this double bind and the ways in which they felt pressure to live up to each of these ideals. Participant 5 stated:

It's like it's a weird juxtaposition ... on one side people want you to own your sexuality and are like, “You're sexy! You're a woman, that's powerful!” You know? And, “You can have sex with as many people as you want! You're the owner of your body!” And then on the other side... having sex with a lot of people is kind of dirty... and “You should be more than your sexuality!... Why are you focused on being sexy? Stop trying to be so sexy all the time! Just be yourself!” ... and how pretty you are or how beautiful you are shouldn't matter. Which are both in a sense, good messages. One saying, “Beauty isn't the most important thing,” and then the other saying, “Don't feel like you have to be ashamed of your sexuality. You are in control of it.” But a lot of times I think they fight with each other.

Participant 1 also discussed her frustration with double standards in relationship to her sexual decision-making:

As a woman, there's a double-standard. You know, you're supposed to be, like, pure and innocent, um... But then, if you say no to sex then you're a prude, but if you say yes... then you're a slut.

Incidentally, her candid statement is almost a word-for-word quote from the iconic 1980's movie, *The Breakfast Club*, in which Ally Sheedy shares a similar sentiment regarding women's self-disclosure related to sex, "Well, if you say you haven't, you're a prude. If you say you have, you're a slut. It's a trap." Media truly does have a powerful influence on development and the internalization of messages related to sexuality.

And these messages aren't just related to physical appearance or behavior, but even effect the level of desire a woman believes she is allowed to experience. Therapist 6 indicated,

Women feel a lot of shame about their level of desire. If a woman has a low to no sexual desire, she's called frigid. If she is in tune with her sexual needs and wants to feel pleasure on a regular basis and then some, she's called promiscuous.

Women are taught to highly regulate and restrict their own arousal and desire. Therapist 1 described how these messages can become a shameful experience in women's lives:

These messages turn into shame because people feel bad about themselves, they feel there's something wrong with them if they are sexual, like if they pleasure themselves or anything. And so they learn that sex is not something to be enjoyed, its something to save or restrict. And so it becomes a commodity in our culture.

These messages are broad reaching within our culture and have a pervasive level of influence on the way in which people understand sexuality, particularly for women. Therapist 1 went on to say:

Well yeah, its not just religion, it's the whole culture, its education, and the media too.

The media are very moralistic. And they sensationalize, but they are ultimately moralistic about sex, so they really give a dual message about sex. A mixed message to people that sex is something that's great, its sensationalized, but don't do it. Which is just, its like, offering a doughnut a foot away from someone and then not giving it to them, right?

These messages within the media and broader culture restrict women's understanding of their own sexuality and their ability to make decisions regarding sexual behavior that they feel aligns with their values. These messages in a broad sense suggest a lose-lose scenario in which no matter how a woman acts sexually, she will always be lacking because of the assumption that she cannot be both sexually fulfilled and respected. Much of what we think of as sexual desire is not physical sexual drive itself, but "the desire for desire" (Levine, 1988), and if women receive conflictual messages from culture indicating that their sexual experiences are bad, they are likely to develop shame and then their sexual desire is likely to suffer as a result.

Female reproductive healthcare. Another area where women talked about the development of sexual shame was in relation to female healthcare. As women there are different needs related to reproductive health and menstruation, and often these concerns are treated as "dirty" or "gross." Participant 1 discussed how even advertising for women's health products indicates that there is something secretive or shameful about women's natural bodily function:

Even going through puberty for girls is kind of shameful... I was having this discussion with one of my friends about how they made, um... these new wrappers or packaging for pads and tampons so that they wouldn't make noise when you went into the bathroom. But then she said, "Yeah! Let's make packaging super quiet so that we cannot hear each other when we're in the *women's* bathroom, and we all pretty much all have our periods."

Which totally made sense to me... like, okay. We're all women. We all have our periods.

Then why do we feel levels of shame among each other?

Other times women have the experience of being shamed for taking measures to promote their own health in relation to sexuality or even other physical functioning. Participant 7 recalled,

When I was 18, I ended up going on birth control and it was something unrelated to sex, actually just to help regulate my periods because I was having so much pain, and I asked my mom, and she's like, "Well I'm not really comfortable with you being on birth control," she goes, "well if it really helps, I'm okay with it but I hope that you're not gonna sleep around." I was 18, I was like, "Mom! I'm 18!" I just... and I didn't (sleep around). But that's like the only thing I really remember her saying about it.

It was interesting that in the interview, Participant 7 recalled this interaction with her mom, and her defense to her mom, but then also clarified to the interviewer that she had not "slept around," as though she still felt the shame of that interaction, and still felt the need to justify her use of birth control, and what it indicated about her as a person, even as an adult.

Sexual woman as impure. These double bind messages extend even into the perception of women as "impure" vs. "innocent." Many instances of media responses to women's healthcare demonstrate that there is a pervasive belief that protecting the concept of "innocence" in women is more important than protecting their physical bodies. When the HPV vaccine became available to protect women from contracting a sexual transmitted disease that could cause cervical cancer, there was huge pushback among conservative organizations and medical doctors alike due to concerns that it would increase promiscuity among young women. In a Washington Post article (Stein, 2006), one pediatrician accused the vaccine of being an "attack on girls' innocence." The concept of innocence was being prioritized over prevention against cancer. The concept of

innocence is often associated with young women, rather than young men, and isn't limited to specific controversies. In 2008, an MSNBC medical article made reference to the loss of girls' innocence. In the article, medical doctor Billy Goldberg provided information about young women menstruating at earlier ages than in past generations. He queried, "What has happened to the innocence of youth?" and went on to write that the "earlier onset of puberty is associated with health concerns beyond the youthful loss of innocence" (Goldberg & Leyner, 2008). This sentiment suggests that women who are not premenstrual are no longer innocent, but rather that something regarding their wholeness or goodness has been lost.

Concerns related to sexual shame do not just effect young women, or even women of reproductive age. In fact, many of the concerns related to sexual shame can continue, or even intensify, as women get older. Therapist 6 described the difficulty of maintaining a comfort with one's sexual identity across the lifespan:

Some of the biggest causes of shame in our society are really sexist and ageist attitudes about sexuality for women and also these myths and stereotypes about what it means to be a very sexual woman or even an asexual women. Women that are going through menopause are seen as sort of at the end of their sexuality.

Clearly the concerns related to shame around sexuality are not limited to a particular subset of women, but effect women of all ages and levels of development.

Macrosystems. At the macrosystemic level we begin to see how the attitudes and ideologies of the culture in which individuals are embedded effect the development of sexual shame. In many ways, a capitalistic society promotes shame in the form of changes to women's bodies due to the possibility of profit. Women are offered countless avenues to "improve" their bodies to be more sexually appealing. Vaginal Rejuvenation is the fastest growing form of plastic surgery in the U.S between 2000-2006 (ASPS, 2006). These surgeries cost between \$2000-\$5000 and vary in practice from trimming the labia, liposuction of outer lips, tightening vaginal muscles, or a hymenoplasty, where a doctor will actually reconstruct a fake hymen—something that is often seen as a symbol of virginity. Beyond the cost of these surgeries, they come with a number of risks including pain during intercourse, infection, loss of feeling, and nerve damage. Not only do women want to look younger, but there has also been evidence that women undergo these surgeries out of a desire to "look normal" due to misleading information about what is normal in respect to female genitalia (Graham, 2007). Despite their popularity, these surgeries have become a public health concern to the extent that the American Congress of Obstetricians and Gynecologists (ACOG) released a statement warning women not to have these surgeries, and noting that it is deceptive for doctors to suggest to their patients that they are routine and accepted surgical practices (Kaiser, 2007). In addition to these surgeries are "Mommy Makeovers" including tummy tucks, liposuction, and breast lifts, suggesting that a woman's postnatal body is no longer attractive or appealing.

These ideas of what makes a woman's body "normal" are not defined by real women, but by what is seen in media, and pornography. Therapist 2 discussed how she has seen the pornography industry influence women's perception of themselves, and subsequent level of shame. Although Therapist 2 stated that she believes pornography usage can be healthy for many

individuals and couples, she suggested that for many women, it is difficult to interact with pornography without feeling shame:

Therapist 2: I always ask how much exposure to pornography there was. Because I think pornography overall—I am not against pornography across the board—but I think over exposure to pornography leads to shame. Definitely. And I think the earlier people are exposed to pornography, the more shame inducing it is.

Interviewer: What about pornography do you think is shame inducing for people?

Therapist 2: Well for women I think it's a comparison. Its like, “If I don't fit that picture, there is something wrong with me. That’s the picture that men like, and I am not like that, so I am not good enough.” So that's a common one. Or, “I have to express myself sexually to be loved and cared about.”

Factors related a woman’s height, weight, the size and shape of her breasts, and the amount and distribution of her body hair do not have any impact on a woman’s level of sexual responsiveness, but her *brain* does effect her sexual responsiveness (Zoldbrod, 2009). Yet if a woman has received messages through her culture and subsequent life experiences that her own bodily features are she begins to question her own worth and starts to feel sexual shame. Subsequently, her distress and lack of security about her own level of attractiveness will impact her ability to respond sexually without shame.

Laws regulating sex. In many ways the social and political climate in the United States is antagonistic to women’s sexual experience. These sentiments have impacted the way that political systems protect or limit women’s rights. In 2007, Bill Napoli, a senator from South Dakota, was interviewed about his position on an abortion ban that would allow no exceptions for rape or incest. However, he did relay a type of scenario under which abortion might be

acceptable, “A real-life description to me would be a rape victim, brutally raped, savaged. The girl was a virgin. She was religious. She planned on saving her virginity until she was married. She was brutalized and raped, sodomized as bad as you can possibly make it, and is impregnated” (PBS, 2006). The idea that there might be an exception to such a law for a virgin again suggests that women who are sexually active are impure, or less deserving—unworthy. Therapist 1 elaborated on this idea that laws regulating sex and sexually related experiences can lead to the development of shame:

We have all these laws against what you can do sexually, and most of them aren't enforced, but they're on the books, you know? And some of them are enforced. Laws against oral sex, laws against, um, just about anything. You know? So laws and policies and then a lack of sex education in schools, I mean of course people think that there is something wrong with sex. When it's not discussed in the family or the school, or the church... Well, they are going to grow up with this concept of shame, right?

Gender inequality. The societal pressures regarding sexuality do not impact genders equally. Many of the themes that arise in the following discussion on the phenomenology of sexual shame center around the idea of expectations regarding sexuality that are different for women than they are for men. Participant 1 described the differences between herself and her older brother and reflected that despite growing up in the same household, she had experienced a high level of shame related to sexuality, whereas she believed her brother had not. Participant 1 described her understanding of this discrepancy in the following way:

Because, you know, men don't really feel as much shame regarding sex. They're encouraged to, like, masturbate, you know? Having sex is some kind of rite of passage into manhood.

The messages that women hear often focus on preserving their innocence, as discussed before, and often place high emphasis on the concept of virginity. Participant 9 discussed how much her sexual identity was dependent on the notion of her being a virgin, and after having sex she struggled with self-judgment and shame.

I grew up a Christian and was kind of raised like “Oh, you need to be a virgin for your husband.” Which is great—true—like, waiting for marriage is wonderful. But it also is taking me a while (to get married)... and sometimes I slip back into being like “My worth is gone. Because I’m not a virgin. My worth is not there because I’ve had sex and that part of me is ruined.

It is interesting that Participant 9 stated that she needed to be a virgin for her husband, rather than for a reason related to her own well-being. Similar to the cultural standards pertaining to purity and innocence discussed earlier, the term virginity seems to play a large role in women’s view of their sexuality. The term “virgin” almost always refers to women and an equal term does not exist for men. The concept of virginity itself is a construct that is culturally defined; being both heteronormative, and pertaining primarily to women. Though some who have written about virginity refer to it as “the state of not having partnered sex” (Blank, 2007) even this definition is lacking. Feminist writer Valenti argues, “If virginity is simply the first time someone has sex, then what is sex? If its just heterosexual intercourse, then we’d have to come to the fairly ridiculous conclusion that all lesbians and gay men are virgins, and that different kinds of intimacy, like oral sex, mean nothing. And even using the straight-intercourse model of sex as a gauge, we’d have to get into the down and dirty conversation of what constitutes penetration” (Valenti, 2009). Although there is a lot of cultural emphasis placed on virginity, the definition itself is problematic and leaves room for confusion and self-stigma.

Growing sexualization of girls. The influence of culture on female sexuality has not gone unnoticed by those within the psychological community. The American Psychological Association produced a report addressing the sexualization of girls and found that nearly every form of media provided “ample evidence of the sexualization of women” with the majority being related to young women (APA Task Force, 2007). The APA defined sexualization in the following way:

- a person’s value comes only from his or her sexual appeal or behavior, to the exclusion of other characteristics;
- a person is held to a standard that equates physical attractiveness (narrowly defined) with being sexy;
- a person is sexually objectified—that is, made into a thing for others’ sexual use, rather than seen as a person with the capacity for independent action and decision making; and/or
- sexuality is inappropriately imposed upon a person.

Within this report there was also recognition that this sexualization takes place across a ecosystemic framework, and that although the media played a large role in this phenomena, it also appeared across other levels of systemic influence through interpersonal relationships with peers, parents, and teachers. Thorne (1993) showed that girls are identified by boys as sexual at an early age, independent of their own behavior. Nichter (2000) and Eder (1995) found that girls often have policing responses to each other, commenting on ideals such as thinness and sexiness, while older girls will hypersexualize girls that they identify as threats (e.g. by labeling them sluts). Teachers also contribute to the sexualization of girls (Martin, 1998), encouraging heavily

gendered role-play that often espouses the messages portrayed within media. And parents as well can contribute to the sexualization of their daughters, by contribution to products marketed by media as conveying sexiness. The past two decades have shown a sharp rise in the level of girls under 18 who have undergone invasive plastic surgery, which has to be consented to (and is typically financed by) a parent (American Society of Plastic Surgeons, 2006). Although individuals across these systems may not intend to place this type of pressure on young women, all of these players exist within the same context of society, are exposed to the same messages regarding women's sexuality, and may convey their support for these ideals, whether overtly or subtly and unknowingly.

The Phenomenology of Sexual Shame

In the previous section, data was presented which supported the etiology of sexual shame. Similarly, through an analysis of participant interviews a conceptual understanding of the phenomenology of sexual shame emerged which also fits within an ecosystemic model. The following results provide an understanding of the lived experience of sexual shame where lay participants were able to provide rich descriptions of their experiences, which were confirmed and discussed more broadly by therapist participants. Within this broader construct of the phenomenology of sexual shame were four sub-constructs: internalized sexual shame, partnered relational shame, bodily/biological shame, and vulnerability shame. Table 3 provides an overview of the concepts, categories, and themes related to the phenomenology of sexual shame identified through analysis of participant interviews.

Table 4

Phenomenology of Sexual Shame

| Themes | Category | Concept |
|--------------------------------------|--|--------------|
| Self-Judgment | Internalized Sexual Shame <i>Intrapersonal</i> | Sexual Shame |
| Taboo Desires | | |
| My sexuality is gross/dirty/unworthy | | |
| Warning Future Partners | | |
| Discounting Relationship Potential | | |
| Rumination | | |
| Identity Questioning | | |
| Pleasure Pressure | Partnered Relational Shame <i>Microsystemic</i> | |
| Honesty vs. Conflict | | |
| Desire Discrepancy | | |
| Lack of Communication | | |
| Lack of Trust | Body/ Biological Shame <i>Exosystemic</i> | |
| Am I normal? | | |
| Difficulty with Sexual Functioning | | |
| Body Shaming | | |
| Normative Body Features are “kinky” | Vulnerability Shame <i>Macrosystemic</i> | |
| Lack of Power/Agency | | |
| Sexual Coercion | | |
| Fear of Exploitation | | |
| Didn't I say no? | | |
| Double Bind | | |

Internalized sexual shame—Intrapersonal sexual shame. When previous researchers have discussed sexual shame, they have often discussed the impact on an individual level, focusing on the internalized experience of unworthiness and while the data in this study provided evidence that sexual shame develops and exists across all levels of an ecosystemic framework, much of the phenomenology of sexual shame is verbalized as an internalized experience. At an individual level, it becomes apparent the messages that women have received during their development, from their closest interpersonal relationships to the messages they hear through media become internalized and continue to impact their functioning both in and out of relationships.

As a sexual being, I am dirty, bad, unworthy. Many women described their appraisal of their own sexuality as something that was dirty, bad, and unworthy. When discussing how the experience of sexual shame felt, women reverted to simplistic language; perhaps reflecting arrested development at an early stage. Participant 2 described the conflict she felt related to her sexuality when she first became sexually active, and the questions that arose within her related to her own worth:

I think part of the reason (I experience sexual shame) is that I planned to abstain from sex until I am married. So when it gets closer to that boundary, I am like, “Oh my gosh, what about this promise that I made?” And then I also start feeling like, “Am I easy? Am I not a good person?” That kind of thing, I guess.

Participant 5 described very similar questioning of her worth when she first became sexually active:

I was always told all these things are bad. It just led to a ton of confusion. Because for a long time I just felt like it was still the gift...being unwrapped... you know? And so

when that finally happened to me (having sex) I was like, “Wow, what's *wrong* with me? Why did I ...” Even though by the time I was eighteen I was mostly, like, I *thought*, over all that stuff. It still kind of was with me, you know? It was just like, “Why did I let it happen so easily?”

Participant 7 described the shame she felt related to her sexual functioning and the disgust that she felt related to it:

Well yeah, and I don't want somebody...I don't want somebody to think I'm like peeing on them, you know? That's disgusting... which nobody has ever said, but in my head that's what I always think they're going to think. Like, “Oh my god! She just peed all over me.”

Participant 3 also described visceral disgust that she felt toward herself in an experience that caused sexual shame:

I felt gross. I think that's the word I would use. I felt... slutty I guess. If that makes any sense. I don't know if that's the right word. I just felt slimy and gross. I wanted to go home and take a shower I—I wanted to wash it off of me—not actually anything—but the experience. I wanted to get rid of it. I didn't want that to be a part of my life.

Participant 9 described her shame at viewing pornography and her harsh criticism of herself following failed attempts to stop pornography usage. Regarding her views of herself looking at porn she said, “It's dirty. It's wrong! This is just gross! And normal people don't do this! Even though it's socially accepted, it's wrong!” She went on to say that her disgust extended to her experiences masturbating which she reported always induced shame,

I think its easier to identify as a male. All these guys masturbate, all these guys have sex, all these guys watch porn—like it's kind of an industry *for* men and so I feel like (if I

were a man) I would still feel a lot of shame ...but at least I wouldn't feel as alone in the shame.

Therapist 4 echoed these sentiments from her experiences of women who have sexual shame and stated that many women feel that, "As a woman they feel they really shouldn't be doing it," reflecting a cultural message that it is more shameful for a woman to masturbate than for a man to engage in the same act. Therapist 2 also indicated that women often feel a sense of disgust at their sexual experiences and stated that women who have sexual shame, "Usually feel like a fraud. A fake. They worry that people are going to find them out."

Taboo Desire. Many women described a feeling related to sexual shame that they described as having desires that are off-limits and internalize as evidence of being disgusting. Participant 2 described feeling shame related to erotic dreams she had regarding male authority figures:

In high school, I had a couple of dreams about my male professors touching me or trying to do things that I wasn't...in my dreams I was like, "I don't know how to stop this right now, because he's my teacher... but 'Uh oh!'" And I think I had a similar dream once in college, not about any particular teacher or professor, but just a male authority figure.

Participant 5 described embarrassment and shame that she felt about being aroused by erotica:

I mean this, is kind of gross, but I remember I found erotica when I was in middle school and it was like, "This is really interesting to read. Oh my gosh! What's all this?" But I was also really ashamed and I was like, "Why did I read this? Why am I like this? Something's wrong with me!" I feel like at the time, when you're really young, you feel like you're the first person its *ever* happened to. Like, "I am *the* only person that's like ...ever accidentally seen porn or erotica! What is this weird feeling? No one has ever felt

this before!”... I would just feel extremely interested but also extremely ashamed of myself for being interested.

Participant 9 discussed shame that she felt while she was sexually involved with one of her brother’s friends. Participant 9 believed her brother would be upset with her if he found out, and the secrecy aroused her, but also left her feeling ashamed:

Well it's hard because I didn't feel shame until later... like until after that it was over because during it it's fun. But the last guy that I had—not intercourse with, but had sexual relations with—was a friend of my brothers and we would go to church together. I would hang out his house and everything was really secretive. And I just felt a lot of shame wrapped up in any time we hung out. Like we'd meet up in parking lots and mess around in his car and every time I would ... feel a sense of pride but then after that was gone, after that euphoria was gone, then I would feel really ashamed that I was kind of messing around with my brother's friend. And I would drive home and feel really weird about it. And then it kind of cycled over and over again—once the shame was gone, I would do it again and then I would feel ashamed again and it went on like that for a while. Like a year.

Participant 9 described the shame she had in relation to sexuality as being very different than other emotions she had experienced because of the taboo nature of sexuality, and the confusion of conflicting messages from different sources in her life:

I think that it's different because it's so contextual, depending on where you are. I mean I guess shame in the broader sense... there are things that you should be ashamed of—there are general norms. But then I feel like sexual shame has so many more taboos and so many more... like to some people it's OK to others it's not and it really just depends on

your context and how intense the community feels against you. And normal shame you can kind of talk about. But I feel like sexual shame has so many different opinions on it that it's hard to know how to feel: if you just want to feel guilty or if you want to hate yourself because of what happened.

Participant 8 also described her struggle with taboo attraction, and often her secret fantasies were the most arousing, but also the most shame inducing:

Even just talking about some of my desire makes it seem less alluring. When I had that crush on the (married) woman before, I felt infatuated by them. There was something that was exciting about it, but I also felt shame. When I talked about it though I think I snapped out of it; I wasn't compelled to be around her. When I have those kind of crushes on people, I am living in fantasy. And the way that I relate to them—when I am away from them—I am relating to them like they are not a real person. When I am with them, I actually don't feel the same level of interest. I don't feel compelled to be near them. When I am with them we are dealing in reality, but when I am away from them I am thinking about them in that fantasy world. Talking about it has been really helpful because I don't think about it in that obsessive way anymore.

Therapist 1 also described seeing this struggle with taboo desire over and over in his clients:

Well they internalize this and then that keeps them in a state of shame where they don't enjoy sex and that can ruin a marriage if they feel like there is something wrong with them. Like there is something wrong with them if they notice another person on the street or have a fantasy about them... well that's normal! You know, some people walk into a telephone poll looking at another person, so you tell them to get a helmet, right? So fantasies, there's an issue for shame. I think when you have really erotic fantasies and

you share them with some body who is inhibited, or you know, very conservative about sex, then they shame the person who feels the fantasy.

Discounting relationship potential. Several women described feeling obligated to warn future partners about something they found shameful, before even having a relationship with them. These instances often seemed like a pre-emptive self-shaming that women felt obligated to engage in so as not to “trick” a partner into getting involved with them. Participant 7 indicated that she always tells potential sexual partners about her sexual functioning (e.g. experiencing female ejaculation) before engaging with them, because of her fear that their response in the moment may bring her further pain:

Anybody I've ever been with, I'll always kind of, like, before we do anything, “I have to tell you this...” um, and I don't feel like that should be something I have to tell someone but I feel like I do, they're gonna want to know.

These disclosures did not actually make Participant 7 more comfortable with others, but in some way allowed her to feel that she would not be further humiliated by sexual encounters.

Participant 7 described her first feelings of sexual shame as being deeply tied to her physical experiences during sex, reinforcing her fear that she would scare others away if she didn't at least provide some warning. She described this ongoing struggle in the following way:

I really do think it was after the first time that I had sex. (that I experienced sexual shame) I realized that, you know... like I said... that my body does something totally different than most people—or I don't know actually how many people it happens to—but I'm like, “My body's different!” Then I was like, “Why am I different? It's gonna freak people out!” For a while I was like a circus clown or something, like a freak. I

mean my boyfriend was like, “That’s not true, it’s great!” but I didn’t ever think—and I still don’t think—it’s great. To me it’s not great.

Participant 3 spoke with heavy emotion about a past relationship in high school where she had been unfaithful and her feeling that she needed to warn her new partner about her past before beginning a relationship. She described the shame she felt related to her past and her attempt to convince him that she could be worthy of a second chance:

I don’t think it was necessarily a mistake that I could make up for... I vowed to him (new partner) that I would not and that I—that that would not happen in our relationship, and it hasn’t. I promised him that that was not going to be—that was not—that was not me. And that was not...I was not that person anymore. I said that it was a specific circumstance and it was unfortunate that I—I felt the need to do that...or the desire to—but it wasn’t going to be that way now.

Participant 6 also spoke of her feelings of inadequacy in relationships due to past abuse, and her tendency to discount her relationship potential:

Participant 6: You know, its like, you don't deserve it kind of thing,

Interviewer: What do you mean by that?

Participant 6: Its one of those things where you feel like you don't deserve...

Interviewer: What would you not deserve?

Participant 6: I guess love.

Rumination. One of factors that was identified as intensifying sexual shame was the amount of rumination related to the shame that women engaged in. Therapist 2 identified this as having a pervasive effect on the sexual shame women experienced, “I think the level of negative self talk is really high in a person’s head that has shame.” She went on to say she believes

women engage in rumination related to sexuality far more often than men, “Some event will make them ruminate, “Oh I was such an idiot, I was so stupid.” I think women tend to generalize it and have more of an ongoing dialogue with themselves about how upset they are.” Therapist 1 also noted this as having an impact on shame, “I think it keeps them in a state of isolation with themselves. It keeps them frozen.”

Participant 7 described this experience of rumination as being true for her in her experience of sexual shame:

I feel like it's always on my mind. I mean like yeah I'm comfortable with you (partner) and like if we have sex I'm sure it's good—everybody I've had it with has been good with it... But then I'd still, in my mind, be like, “Are they gonna break up with me because I'm a freak?” or I don't know, it's just always in my mind there, somehow.

Participant 5 also described her experiences of “overthinking” her responses to sexual situations, which led to more distress:

I felt like even though I had been told that was the right thing to do, I just felt so ashamed and stupid. This guy is a lot older than me and has been with so many people... and he probably thinks I am so dumb, for not wanting to (have sex). So I don't know. I was weirdly ashamed of not wanting to do it with him and then also ashamed of letting it go that far because I hadn't been really enjoying myself at all. And he thought I was kind of dumb or something.

Identity Concerns. Lastly, some of the participants had questioning related to their identity that impacted the level of internalized sexual shame they felt. Participant 5 described the distress and shame she felt at not knowing how to label her own sexual identity:

I feel like sometimes I used to kinda really be concerned about it, that I didn't know exactly what I was, like a name for my orientation. I feel like it just has very small subtleties I guess. I don't pursue women in the same way that I would see guys—I don't know flirt with them a lot. If I met a girl, I feel like—if I wasn't in a relationship of course—I feel like there could potentially be something there, but it would probably start more emotional than physical. So, I don't know. I used to be weird like, “I need a name for what I am!” But then I kind of—as I grew older—I just realized that, I don't know, it's not something that I need to be telling everybody anyways so... I guess who cares.

The desire for a label related to sexuality that falls outside of the bounds of what is more commonly discussed leads some women to feel shame related to sexuality. The question, “Am I normal?” which has been repeated by many women arises in relationship to identity, where individuals feel that if their experience does not align with the terms they have heard to describe sexual identity, then it must not be ok.

Partnered relational shame—Microsystemic sexual shame. Within the ecosystemic model of sexual shame, one of the primary areas where sexual shame is experienced is within partnered relationships that occur at the microsystemic level. During the interviews, participants often noted that they reflected on past experiences with shame when they began romantic relationships. Although the shame in relationship to sexuality was still present for some of the women outside of relationships, it was felt more acutely within a partnered romantic relationship.

Pleasure Pressure. One of the areas where women reported shame was in relation to their desires to please their partners. Women often felt that there was pressure to perform sexually, and fears about not being able to “please” their partner sexually led to an experience of shame. At times they felt this pressure completely outside their own desire for sexual intimacy,

but felt compelled to act on a perceived expectation to engage sexually for their partner's benefit.

Participant 1 described this conflict:

I guess once I did become sexually active, it was kind of like, "Why am I doing this? This isn't what I want. Am I doing this because I feel like I have to?" And so... I think that has a lot to do with (my sexual shame) because... um... I guess, deep down, there's a kind of fear that if I don't do this then no one's gonna want to be with me. No one's just gonna accept being in a romantic relationship without, I guess, sexual things. ... And so, I just decided, you know, I don't *hate* it, so I might as well just do it for the other person. But at the same time, I feel like that has been pretty compromising for me.

Desire Discrepancy. Often participants described differences in desire for sex as a source of shame. Sometimes women had a stronger, or more frequent desire than their partners, whereas other times they experienced less desire, or wanted to engage in sex less frequently. Regardless of the direction of the mismatch between partners, these women were left feeling that their level of desire was "not okay" or "not normal."

Participant 1 described her feelings about identifying as asexual and the impact that had on her relationship. Participant 1 was sexually active with her partner but viewed her sexual activity as meeting a need for him, rather than for herself. Participant 1 described shame related to feeling judged or unvalued by her partner:

With the person that I'm dating right now... I was like "Oh, I'm kind of asexual," and so they're like "Oh, tell me more about that." Which was great, but then all of the sudden they were like, "So, you know, I decided that I'm okay with your asexuality." And I just kind of looked at him like, "Great. You're okay with it (sarcastically)." As if it—you

know... that implies that somehow that wouldn't be okay. Since asexuality doesn't really fall under normal categories, I feel like ... there's some shame in that."

Participant 1 later went on to describe her internal struggle to accept her understanding of her level of sexual desire and the difficulty in understanding her experience within the context of other messages she had heard about sex:

Yeah, I think its something that I struggle with... you know... me not really having a ton of sexual desire. Its kind of—It's not really frustrating for me, because I've kind of accepted that about myself. I think it's more frustrating for me in context of society. It's because when people ask me, "Well why not? Or what does that even mean?" Um... because it's kind of seen as, like, a deviant trait?

On the other end of the spectrum, some women described their feelings of having more desire than their partners and feeling that it was taboo to express their desires. Many of these sentiments have direct ties to the messages that women receive related to gender roles and what they are "allowed" to do or feel as women. Participant 3 described that feeling in the following way:

I have felt that as a woman I am supposed to be very dependent on a man. That I need to be submissive in a way and that I—that its ok for men to do some things but not so much for me. Because I am a female I can't be the breadwinner in the house or be the one with a higher sex drive than the guy or different things like that. So feeling those things and maybe achieving or wanting to achieve a higher role in the work force and not be a stay at home mom or different things like that. That that's not ok for me to want, that's not ok for me to desire. It's not ok for me to initiate sexual contact with a guy. It's not ok for me to ask someone out because I am a female.

Honesty vs. Conflict. Often women expressed desire to be open with others about their sexual experience, but found that they did not want to create any potential conflict, and felt that maintaining equilibrium within the relationship was more important than their own discomfort. Participant 5 described this dilemma through the way she discussed her relationship with others and overlooked problems in order to focus on the positive aspects of her relationship:

I would only tell my friends the happy parts... that made it hard for me to really open up about any of those (negative) issues... ever... because there was no one I could really ask for advice on a issue... because I already have kept so much a secret from everybody. So during that part of my life, I just felt like I didn't have a choice because I had already put all that work into keeping it a secret. And I didn't know what people would think of me if I told them the truth. I just pushed it away and just said, "This is kind of *your* fault!" I mean *I* was the one who made the secret right? What can you do, yeah? Yeah.

Therapist 2 also identified this avoidance of conflict as both being a result of sexual shame, and producing further shame:

The vulnerability piece I think is like somebody that is more needy that will have as much sex as their partner wants and never tell them that they are unhappy about it. And so they think that that's part of their role, or they're too worried about upsetting their partner to tell.

Lack of Communication. Women also identified sexual shame showing up in their relationships through a lack of communication with their partners. The sexual shame promotes secrecy and a lack of communication, but then in a recursive manner, the silence produces further shame. Therapist 1 spoke about the importance of increasing communication between couples to work through sexual shame:

I mean most of those people really need coaching around communication. Because generally if there is sexual abuse history, then there is a projection of the perpetrator onto the partner. And that creates a crazy dynamic in the relationship. And usually the survivor is unconsciously doing that. And usually the partner is behaving in ways that are triggering. You know? And so, I mean, my goal is get them in here and get that on the table so that that can stop. And it usually makes a huge difference.

Participant 1 also discussed lack of communication as a problem in her relationship:

So we didn't really talk about (sex), we just did it. So in my head, I was just like, "Okay, well, you know what? This is gonna happen. I'm okay with that. There's a first time for everything. Let's just try it." And so it was... It wasn't, like, pleasurable, but it wasn't really unpleasurable. I know a lot of people say that, like, their first time it hurts, but I didn't have that. Um... So I was happy about that. And... then, let's see... I just remember thinking part way through just like, "Is it over yet?"

Participant 1 went on to describe how the lack of communication in her first sexual relationship created problems because she didn't feel like she could communicate her desires or needs to her partner, but instead acted out what she believed was expected. In a subsequent relationship, she described her increased communication as helping her resolve some of the feelings of shame and negotiate her own needs, but she still reported difficulty in being fully open in communication, even with a trusted partner.

Lack of Trust. Building on the lack of communication in relationships leading to shame was a theme of lack of trust in sexual relationships. These concerns seemed to mutually reinforce each other, although they were described differently. Often this lack of trust stemmed from a fear of the partner leaving or betraying trust if the sexual relationship wasn't ideal. For Participant 9

who had experienced sexual abuse and had physical therapy as a result, she reported fear that if she were to have sex with her current partner and it didn't go well, he may choose to leave her. She stated that she had chosen not to become sexually involved with him unless they were married, due to her fears of not being sexually adequate:

I mean if I end up having trouble having sex... It's not like he's just going to leave. It's a more secure relationship, something that's not just sex. It's not like we're just in it for the sex—because we're married—that would be stupid to get married just for sex. Yeah, just having that secure relationship with someone I really love.

The shame that participant 9 acknowledged related to sex prevented her from being able to act related to her sexual desire. Ultimately, that shame was being expressed as a lack of trust within the relationship.

Bodily/Biological shame—Ecosystemic sexual shame.

Am I normal? One of the biggest questions that participants asked themselves that was associated with sexual shame was the question of whether or not their bodies and their sexual functioning was “normal.” As was described in the discussion regarding the etiology of sexual shame, women get most of their messages about their bodies and sexual functioning from the media, which is inundated with images of idealized women. Although women’s bodies are highly individual, the beliefs they hold about their bodies seem to most often reflect the influence of the ecosystemic influence. Even if a woman can recognize that the glorified ideal is not practical or realistic for her, she still doesn't have a concept of what is within healthy or normal limits, and therefore struggles with a comparison for which she has no metric. Therapist 6 described this questioning that so many women experience in the following way:

We all have bad sex, sometimes great sex, sometimes messy sex, whatever it is. It can be validating to know that you're not alone and also that you're normal. A lot of women come and say, "Am I normal?" It's this big question that they've read something online or they had another friend or even their own mothers say, "Oh, that's a problem. You should check it out." All these issues create this question of, "Am I normal?"

Difficulty with sexual functioning. Therapist 5 also reported recognizing this bodily sexual shame and stated, "Many women I have worked with did not know who to ask about bodily functions that were embarrassing, either while they were growing up, or even as adults, and turned to porn to help fill in gaps with inaccurate information." Often women experience something that they haven't heard others talk about before and interpret this lack of information to indicate that what they have experienced is something shameful. Participant 7 described her difficulty in understanding her own bodily functions and the shame that it brought her:

I never really told anybody, I mean other than somebody I've been with, you know, but the first time I ever had sex I didn't know what to expect. I didn't know what was going to happen. But that's when I found out that...um...and I don't know if this is common, but normal people—when they have sex—they come (orgasm) like normal, but I actually squirt. I guess that's not real common, so both me and my boyfriend we didn't know what was wrong, I was like, "Did I pee on you?" I didn't know what happened and it was really embarrassing. I didn't have anybody to ask so that was really embarrassing. And we were both kind of like, "What just happened?" We didn't know. So we stopped. And then another time we kind of figured out that that's what happened, but we didn't think that's what was *supposed* to happen. And still, I'm like, "Is that really why? Why is this happening?" It's very different.

It's interesting to note that Participant 7 described this experience as being "different" and "not normal" despite it being normal for her and the only way she has experienced her own sexual functioning. Participant 7 reported having significant shame related to this bodily reaction, and feeling that shame intensely before beginning sexual encounters with new partners, and even limiting her sexual involvement with others because she didn't want to be subjected to feeling the shame. She interpreted her own experience as being "less than" others' experiences: "I'm like, 'That's not what normally happens. So how come I'm not normal? This is not normal!' Whatever that means."

Body Shaming. Part of the difficulty that women face in accepting their bodies seems to be due to experiences they have had of "body shaming." Several participants mentioned experiences they had had where they were told that their bodies were not adequate. Participant 7 talked about experiencing bullying when she was young related to her weight that continued to impact her sexual experiences. Even though it wasn't directed at herself, Participant 1 offhandedly stated during her interview that "no one wants to have sex with an ugly person." Therapist 4 also recognized this deep impact that body shame has on a woman's sexuality and stated:

A lot of work related to sexual shame has to do with looking at images of self, and learning to accept the self. It's not exactly body image, although it has components of body image in it. It's looking at the emotional experience of the body, the visceral space where you face yourself.

She went on to say that often women who appear high functioning in many other aspects of their life have a difficult relationship with their body and "allow" themselves to relate to their own bodies as if they are shameful.

Normative body features are “kinky.” Another aspect related to sexual shame for women is the cultural emphasis on adapting one’s body to become more appealing or sexual by cultural standards. Therapist 3 stated that, “people often experience shame from the media when they see things that are different than they are. For women it can be breast size—realizing that theirs aren’t as big or perky as what is represented in the media.” Women feel their bodies “aren’t normal” when they see bodies represented in the media that don’t represent the full range of normal, healthy bodies. Therapist 5 also discussed how there is a whole market within porn for features that are now considered “kinky,” but actually reflect normative body features such as the presence of pubic hair, differences in labia development, and large or small breasts. The fact that a niche market for this type of “kinky” porn that showcases normative bodily features, makes those who have these features feel a sense of shame because they perceive themselves as outside of the norm.

Vulnerability—Macrosystemic sexual shame.

Lack of Power/Agency. One concept that came up in multiple interviews was the feeling of powerlessness and lack of agency within sexual relationships. Many of the women discussed experiences of abuse or coercion, and three participants disclosed sexual coercion or abuse to the interviewer during the interview that they had never discussed with anyone before, including their partners. Therapist 4 identified that “for people who have experienced vulnerability and helplessness in that way (being sexually coerced or abused)—for them sexual shame takes over a big part of their life.” Participant 1 described one of these interactions and the difficulty she had in knowing how to respond and the discrepancy between what she was thinking and what she was able to express:

Participant 1: But then he put his hands down my pants and I just didn't want it. But I didn't know how to say no at the time. So I just kind of let him do that, but I just felt so uncomfortable because I just don't want to be touched. Like, "No one puts their hands down my pants! Did I tell you that was okay? No, I didn't tell you that was okay!" But... I just... I don't know why I couldn't tell him no. I just ... (Participant simultaneously laughs and cries) Why? I did everything else. Like, I tried to reposition myself so it wouldn't be possible. I tried to say, "Oh, I need to go to the bathroom," you know. And... it just didn't really work. And I didn't really know what to do. It would have been so much easier if I was just like, "I'm just not comfortable with that. Please stop". But I just didn't do it. I just kind of sat through it.

Interviewer: What do you think kept you from being able to say no to that?

Participant 1: Um... I think I just didn't want to make it awkward afterward. Um... I think they know (that she didn't want to engage sexually). And because I see that someone wants something, I don't like dealing with the disappointment of not fulfilling that.

For Participant 1, she felt that preventing her partner from feeling "awkward" or not getting something that he wanted was more important than her own needs. Participant 7 also described an experience with unwanted sexual contact and was unsure how to respond:

I never told anybody this either, but I had this boyfriend—we had been together for a while, and we kind of worked opposite shifts. I would be tired, and he would get home and I'd already be asleep. And twice actually, I woke up and we were having sex but I'm like, "But I was not even awake!" So I'm like, "Are you raping me?" He's like, "Well you said yes." And I'm like, "When?" I wasn't even coherent. And I kind of just let it go

but I'm like, "Does he do this all the time?" Or is it possible that I really slept through or don't remember saying, "Oh, let's do this!" But it was very weird. I'm like, "I don't imagine even if I'm half awake I'm going to say 'Yes, please! Let's do it!'" So I felt bad about it because like in my head I was just questioning myself, "Did I actually say yes to this? Or am I losing my mind? I don't know." But definitely if I was half asleep it wasn't like it was enjoyable for me or anything. "Am I a horrible girlfriend? I don't know, I'm like a horrible girlfriend! Do I fall asleep during it?" I just felt really like, and maybe even shame isn't the right word, maybe more conflicted... I didn't know how to fix it or what to do. Or just tell me (1) did I do it? Or (2) did he do it? I don't know. I honestly don't know exactly what happened. For a little bit I felt like maybe, you know, I should say something. I mean I did tell him that I didn't like it... who would want to have sex with someone when they aren't actually even awake, you know...or looking at you... or in the moment? I did at one point, I think I told a friend about it and she's like, "Well that's not normal." And I'm like, "Well I didn't think it was normal." But, you know, I didn't know what to do about it.

Participant 1 never did address her concerns with that boyfriend, but broke up with him some time later. She reiterated that the experience made her question her value in the relationship, and whether she was a "good enough girlfriend," rather than acknowledging at the time that he was taking advantage of her. This questioning and confusion related to being taken advantage of sexually was pervasive across interviews. Participant 9 described her own struggle to understand her own experience following being violently raped by an acquaintance:

It's been really hard like...trying not to think about (being raped) and I struggled for a long time being like, "Oh, it's your fault!" and not being able to label it as rape until the

last year that I was finally been able to be like, “It's ok. You were raped. It's not your fault.” And kind of processing that and helping that change my behaviors into being more ok with guys ...more ok with the situation that happened. Trying to get less flashbacks and less dreams.

In her discussion of the sexual assault she experienced, it was obvious by her language that she is still questioning her level of responsibility in what happened:

The definition of rape or molestation or like sexual assault—I didn't know the difference at all. But I also felt like... I had set myself up for it (being raped). Because I had been ... I had been talking to him about sex. I had been wanting to be willing for it and like... but I had said “no” beforehand and it was kind of just...Kind of learning that “No means no.” It doesn't matter when, it doesn't matter how, it doesn't matter where you're at in the event. Once you say “no” then you have that right. Anything past that is assault and they're not allowed to do that. I think ...I blamed myself for a long time because ... reasonably I *could* have kept myself from that situation. That could have made that not happen... if I never talked to him. If I didn't ever talk about sex at all but *also*, like, *he* crossed that boundary and he did it. So I think it took me a long time to mature enough to be able to see both sides, you know? I did put myself in a bad situation, but it's not my fault.

Fear of Exploitation. Women also described their vulnerability through their discussion of fears in their relationships. If they had past experiences where they were taken advantage of, they often felt shame and a fear of being further exploited in subsequent relationships.

Participant 2 described her fears related to fearing being taken advantage of:

When I was dating I didn't have a problem with holding hands or hugging but I think when it came to kissing and making out and all of these other things, I was really reluctant. Because I was like, "What if I don't know how to control myself? Or what if he doesn't? How do I say 'stop' when I'm not feeling it anymore or anything?" Coming into college, I haven't really dated much. I've had one "almost" relationship with someone.

Participant 6 talked about her past experiences with sexual abuse, and how it influenced her view of herself. She stated that her past abuse and subsequent sexual shame impacted all of her relationships in a negative way:

P6: Yeah, I would say so (referencing her sexual shame impacting relationships). Because, I didn't feel worthy of the good. The good love. And... You know this is something I was just recently thinking in my head—it seems like once you're vulnerable it's like you have a tattoo on your head. And people just see that and use that against you. Use your vulnerability to take advantage of you, and not just sexually, but in all situations, but sexually that happened a lot.

Didn't I say no? One of the more disturbing themes that emerged from the interviews was that often women were so impacted by cultural messages regarding their ability to be assertive or express discomfort, that they had a difficult time discerning, both in the moment and afterward, whether or not a sexual experience was abusive or coercive. At times this seems due in part to insufficient definitions or a lack of widespread understandings of what constitutes sexual abuse, and not only that, but a return to the question of, "What is sex anyway?" And the question that naturally follows is, "How can I say no to sex, if I am not sure if it is sex in the first place?" Therapist 6 also identified this difficulty with women often feeling confused about

sexual coercion, and pointed out, “A lot of it is that we tend to think of sexual abuse as the extreme rape or an extreme violation but it can be so many things. Sexual harassment is a form of sexual abuse.” With the ambiguity related to both sex itself and to sexual coercion, it's no wonder that women feel confused related to this topic.

This theme showed up in a number of different ways throughout the interviews. For Participant 3, even during her interview, she changed her language related to her sexual abuse to soften the truth of sexual coercion:

Participant 3: My boyfriend in high school, um... pushed me to have oral sex when I did not feel comfortable with it. Um... Really had to, like, coax me—And that's like making it sound deceitful. I knew what I was doing. Um, but he really had to encourage me—that's a better word for it right? He encouraged me to do it.

Through the changing of her words, you can hear her own self-doubt related to her experiences. She initially acknowledged the sexual coercion, but in saying it out loud, retracted her statement to justify his behavior. Similarly, Participant 5 described a sexual relationship with a manager at work where she frequently felt coerced, but in discussing it during the interview, denied the experience as being sexual abuse, despite it being unwanted sexual contact:

So I went over, we started making out and stuff and then I kind of stopped feeling it... Like I was excited before... to do like... sexual things but I stopped like wanting to because I was getting really anxious. He could kind of see that I was pushing away a little bit. I wasn't saying anything. I don't know why. I mean he *saw* that I was pushing away. I told him already that I had never done anything before. *At all*. So he knew I was an eighteen year old virgin, so I feel like he should have known better, but he kept saying, “It's fine, it's fine.” Um... So I just kind of went with it. He kept ... After doing some

oral stuff that I was not really excited for and I kind of just faked my way through—pretending I was enjoying it—because I just kind of wanted it to be done. And he kept asking—sorry, again really graphic—he put his fingers in me. And it felt horrible because I'd never done that before, and I was like “Ugh, this feels terrible!” Which—and I feel like this is not flattering to him—but he said, “Its not that different if I put my dick in you.” I was like, “First of all, your dick is way bigger than your finger... hopefully.” Yeah, so this time I actually said, “No, I don't want to have sex.” And he said, “Why? Are you saving yourself for some stupid college boy?” And I was like, “No, I just want to have sex with someone who loves me for the first time.” And I was kind of embarrassed about that, because, it like sounded very naïve, so I was like, “Not all the time... for the first time at least.” And he was kind of like, “Oooh (with a mocking tone)” like kind of weird about it. So we kept doing stuff and he kept asking and I was like, “No I really want to wait.”

When asked if she felt like her partner's actions toward her were inappropriate, she stated:

I feel like it was as on the line as it can be. I didn't... like, I didn't say no, or express—I think *enough*—that I didn't want to do anything. But it was obviously a situation where you feel pressured. But, I didn't have—not to be too graphic, sorry—it wasn't like penetrative or anything, it was just oral and it wasn't... you know (sex). So I don't know. I felt kind of icky afterwards, because I felt like I didn't super want to do it, but, at the time I was just... I feel like I was really...I don't know...and I feel like growing up didn't really prepare me for being able to say “no” to things. Just because I was always told that I wasn't supposed to do anything (sexual) at all.

When evaluating this interaction, Participant 5 felt unable to label this interaction as abusive or coercive, because she didn't know if it *actually counted* as sex. She also stated that the interaction was not penetrative when in fact, according to legal definitions regarding sex, oral sex as well as digital penetration are both considered penetrative sex. As discussed previously, related to the Macrosystemic development of sexual shame, a lack of understanding about what constitutes sexual behavior places unfair emphasis on some behaviors over others, and leaves women confused about what rights they have in regard to their own bodies. When describing these interactions, it is clear that trying to put language to her experience was difficult for Participant 5. Otherwise articulate, when describing this experience she stammered and felt unable to express herself:

I guess especially with that guy that I mentioned—that was that weird sexual encounter that I don't like counting, you know?—Especially with that I just felt ... I felt really ashamed because I was like, “Oh it's my fault... because why wasn't I clear? Why do I not know what I want?” I don't know... just a lot of weirdness... and... I mean that being my first like really, you know, sexual encounter was just... I don't know! It just kind of like... I feel like... it kind of screwed me up! I kind of felt, for a little bit, and I kind of felt, like, I don't know...this weird distance from what I was feeling to what I was doing. Like *why* would I allow him to do that?!... I don't know! I feel like I am not making sense!

Her difficulty with language and clarity regarding sexual behavior, led Participant 5 to have difficulty assessing her responses to sexual situations.

Double Bind. A theme that came up in several lay participant interviews yet was more clearly articulated by some of the therapist participants was the double bind that women

sometimes experienced in relation to sexual shame and subsequent sexual experiences. Many women find that engaging in activities that are shame reducing can also be shame creating. That is to say that future experiences wherein women feel more power or agency can stop short of relieving the shame either because women experience a negative result, or because they find that their experiences still don't align with their values or desires for their lives. Participant 3 described one of these double bind experiences when she felt shame regarding being rejected by a potential partner. In response to her shame she was more bold in pursuing another partner, but also engaged in riskier behavior that resulted in nonconsensual sexual activity and left her feeling more vulnerable and ashamed:

Participant 3: I think the instance with the alcohol (Participant references an incident where she was coerced to engage in sex while intoxicated). Because within that past week, like I said, I had gotten rejected by the person that I had dated in the summer. Because what happened was, we dated in the summer, and then he was like, “Oh, I don’t think I’m ready for a relationship, so I probably shouldn’t.” And then we didn’t talk for several months. And then we started hanging out again because we had classes or whatever, and I was like “Oh my gosh! What’s happening between us?” and I asked if he wanted to date and he said no, and within that week of him saying no was when the alcohol incident happened... I guess I’m calling it the alcohol incident now. And so, I think that made me more—the whole rejection made me want to feel wanted more. That was a big factor.

One of the participants spoke about how she experienced shame following a sexual assault. In the relationship that followed, she felt confused because the sexual acts she engaged in relieved her experience of shame as she was involved in them because she was acting autonomously, but

then increased her shame even more later on, because her actions were not congruent with her value system:

Participant 9: I wanted to mess around with him, so I did it. And I made that choice so it's OK. And that I was able to make him feel good... that made me happy and proud. That I had some worth.

Interviewer: So almost in the act of it, you felt like that was the defining your worth? And then how did that translate to shame later?

Participant 9: I think I kind of thought it, personally, was pathetic that I was doing this with this guy that wasn't going to date me. I was going out messing around with him and sneaking around and, like, how dumb was that? But then rethinking, like, "You need to do it again because you're not worth it. Right now you're only worth it when you're with him and pleasing him." And so it went back to ... shame because I shouldn't do it but also shame that I'm not doing it right now because I want to get back up to that high.

In these experiences it seems that sexual vulnerability, sexual shame, and sexual trauma impact each other in a recursive fashion. Therapist 2 stated, "Women who presented with sexual shame related to compulsive behavior, were like, 'I felt bad about myself. I don't like this, but I feel like this is the only way I can get pleasure.'" Clearly outside influences related to coercion and abuse have left these women feeling shamed and vulnerable, yet they also may need assistance in finding ways to reverse their patterns of sexual interaction and arousal so that they are not repeatedly engaging in behaviors that are further traumatizing.

CHAPTER IV

Discussion

The analysis of the data presented in this study provides a novel understanding of sexual shame in several fundamental ways. The data lends itself to an ecosystemic definition of sexual shame, and provides support for a theoretical model of the etiology of sexual shame similarly following an ecosystemic framework. Further, the results provide an understanding of the phenomenology of sexual shame that is also congruent with an ecosystemic model. Examining sexual shame through this systems framework provides an understanding of both the development and experience of sexual shame that has not previously been researched.

Through analysis of the data present in this study, it became clear that sexual shame is a construct which shares overlap with a more general construct of shame, but which has its own distinct features. The results of this study provide a new understanding and new definition of sexual shame. Sexual shame is a visceral feeling of humiliation and disgust toward one's own body and identity as a sexual being and a belief of being abnormal and inferior; this feeling can be internalized but also manifests in interpersonal relationships having a negative impact on trust, communication, and physical and emotional intimacy. Sexual shame develops across the lifespan in interactions with interpersonal relationships, one's culture and society, and subsequent critical self-appraisal. Furthermore, sexual shame reflects a vulnerability and a distrust of one's own ability to make decisions related to safety and autonomy in sexual relationships. The following discussion examines the implications of the results of this study, and provides direction for further research and clinical intervention.

The Impact of Two Research Samples

The inclusion of two participant samples—those who had experienced sexual shame personally and participants who were themselves therapists who specialized in sexuality—allowed for a richer understanding of both the etiology and phenomenology of sexual shame. Both provided valuable insight across the different categories and concepts within the results, and each had unique perspective to offer. Often when a lay participant described her personal experience, she was able to provide rich descriptions that illuminated the impact of her sexual shame in her life. Conversely, the therapist perspectives were often less rich or detailed, but provided confirmation of the universality of the experiences being reported by lay participants. The convergence provided by these two samples' accounts leads to a more robust understanding of sexual shame itself, and leads to the development of theory which helps explain the emergence and recurrence of sexual shame across an ecosystemic framework.

Sexual Shame as a Domain-Specific Experience of Shame

This study expands on previous knowledge regarding the concept of shame. In understanding a definition of sexual shame, it is important to return to the existent definitions of shame itself. Many researchers have agreed on elements of shame as an intense, painful discomfort that leads to a global evaluation of the self as unworthy (Brown, 2007; Ferguson et al., 1999; Lewis, 1992; Lewis, 2000; Tangey, et al., 1992). Additionally, this sense of unworthiness influences the affected individual to want to hide from others in order to prevent further painful exposure. Researchers have further explained shame as a “self-conscious emotion.” While some emotions are unlearned within human experience, self-conscious emotions, including shame, result from an individual's self-appraisal governed by their values systems, which in turn have been impacted by cultural rules and standards (Lewis, 2000). Shame is experienced when the individual measures herself against the cultural standard, finds herself

below the standard, and explains this failure through a negative, global self-evaluation (Lewis, 2000).

The results of this study provide evidence that sexual shame exists as a domain-specific construct within a broader construct of shame. This study provides a new, clearer understanding of what is meant by sexual shame and the broad reaching effects it has across an ecosystemic framework. Sexual shame is not wholly separate from a more global experience of shame, yet is itself nuanced and multifaceted. When a woman talks about sexual shame she does not merely mean shame related to sexual acts, although this may also be the case, but her discussion of sexual shame may include meaning attributed to trust and openness in her romantic relationships, shame related to her body aesthetics and function, fear and uncertainty related to her power to make decisions related to sexual encounters, and internalized judgment toward her own sexual desire, her worthiness in relationships, and the sense of disgust she feels toward herself as a sexual being.

In the past, researchers have described sexual shame simply as shame related to sexual experiences. Hastings (1998) suggested that the following experiences all induced sexual shame: sexual abuse, sexual secrecy, exposure to pornography, religious shaming, and excessive modesty or promiscuity. All of these were clearly articulated in subjective terms—the term excessive in itself is subject to personal and contextual interpretation. Other researchers have explained sexual shame by taking accepted definitions of globalized shame and adapting them to reference sexuality (Kyle, 2013), such as this one which adapts shame researcher, Brown's (Brown, 2007) definition, "Sexual shame is the intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging *due to our current or past sexual thoughts, experiences, or behavior*" (Kyle, 2013, p. 13). This understanding of

sexual shame does not adequately reflect the etiology and phenomenology of sexual shame that can occur independent of individual thoughts, experiences, or behaviors. Participant 5 said it well when describing coercive behavior from a male partner, “I felt a weight in my stomach and just felt gross and I didn't even know what any of that meant... because I felt like it was all my fault but nothing had even happened.” Because women’s learning about sexual norms and expectations is so heavily rooted in a cultural context, and so many double bind messages exist related to women’s sexuality, sexual shame can develop independent of personal experience, merely by being a woman growing up in American culture.

Intrapersonal. On an individual level there is also a great deal of congruence between aspects of sexual shame and research related to shame in general. Participants in this study often demonstrated an internalized message of sexual shame, such that their shame persisted even beyond the context of interpersonal relationships, similar to what happens in a more general sense of shame (Elias, 2008; Shadbolt, 2009). The shameful feelings of inferiority, inadequacy, and helplessness that lead to interpretation of the self as defective, and flawed (Andrews, et al., 2002; Ferguson et al., 1999) seemed to be present also in participants’ descriptions of sexual shame. In many descriptions of shame, it has been described as intense embarrassment toward the self; however, in descriptions of sexual shame, there seemed to be more of an emphasis on disgust toward the self. Participants described their experience of sexual shame as “gross,” “icky,” “slimy,” and “filthy”—descriptors that don't seem as congruent with a more general sense of shame. Participants talked about having a “visceral reaction” and wanting to “wash off” their shameful experiences. This difference in language used to describe sexual shame may be an important clinical indicator of the presence of internalized sexual shame rather than a more general sense of shame.

Interpersonal. From an early age, sexual shame begins to develop in interpersonal interactions and in comparison to the experiences of others. Women learn about sexuality from things that are said and go unsaid within the home. Often in these interpersonal relationships with family and peers young women begin to learn to remain silent regarding their sexuality, and as a result often feel unable to get answers to questions related to sexuality.

Between romantic partners the effects of sexual shame become very obvious, and also map most closely onto descriptions of general shame in romantic relationships. Past research on the effect of shame has identified that shame leads individuals to want to hide their flawed self and avoid intimacy within relationships for fear that their inadequacies might be revealed and lead to further rejection (Lansky, 2005; Morrison, 1989) a finding which was confirmed within descriptors of sexual shame in this study. Additionally there is significant evidence of a correlation between shame and insecure adult attachment styles (Gross & Hansen, 2000; Karos, 2006; Lopez et al., 1997; Wells & Hansen, 2003) and interpersonal isolation (Hill, et al., 1993; Macdonald & Morley, 2001) which is not dissimilar to the findings in this study related to partnered relational shame. Lutwak, et al. (2003) also identified shame as a predictor of a fear of intimacy, which relates to the lack of trust that is experienced by those with sexual shame. Greenberg (2008) also identified shame as a predictor of distressed couple relationships, which is certainly evident in this study.

Couples where one or more of the partners suffer from shame often experience difficulty with trust and communication due to the guardedness of the shame-prone person and the efforts engaged to guard against shame-provoking discovery (Lombardi, 2007). While the understanding of sexual shame within interpersonal relationships provided by this study does not expound on the knowledge of the impact shame has on coupled relationships, it does provide a

greater understanding of the ways in which poor communication and lack of trust are displayed within romantic relationships. In future studies, researchers may find that past findings correlating shame with certain problems in romantic relationships may be better explained by the presence of sexual shame rather than a more general sense of shame.

Cultural and contextual. As evidenced across interviews, an individual's experience of sexual shame cannot be separated from their cultural context, giving further evidence of the importance of evaluating sexual shame from an ecosystemic framework. America has been described as having a shame-based culture (Elias 1939; 1979). The shame that people feel regarding their experiences of shame creates a taboo that prevents open communication. This taboo is deeply reinforced because those who experience shame see themselves as outcasts in society (Park, 2004), rather than imperfect people who remain worthy of acceptance and belonging. These understandings of the culture related to shame in America hold true with the descriptions of sexual shame provided by participants in this study.

One of the unique findings of this study was the emphasis on vulnerability among women as both a cause and effect of sexual shame. This finding indicating that a large part of the etiology and phenomenology of sexual shame revolves around a lack of power and agency in sexual relationships, sexual coercion, and feelings of vulnerability. A history of past sexual abuse has frequently been proposed as a predictor of sexual abuse, but explanations as to why this occurs have not been provided. By examining the etiology of sexual shame through an ecosystemic framework, it is clear that a women's experience of vulnerability leads to a sense sexual shame. The pervasiveness of societal messages women receive which objectify them and make them feel powerless lead to ongoing difficulty in sexual decision making and communication regarding sex. The data in this study indicate that not only do blatant experiences

of sexual abuse lead to sexual shame, but also experiences of sexual manipulation, coercion, and confusion caused by poor information and a sense of helplessness.

Although not explicitly stated by any of the participants, several participant stories indicated an expectation of enduring sexual coercion and manipulation to avoid conflict and feeling sexual shame as a result. As mentioned earlier, one participant indicated that she allowed herself to be taken advantage of sexually because she didn't want her partner to "feel awkward." She spared him momentary awkwardness in exchange for lasting shame related to unwanted sexual contact. This behavior seems to reflect a cultural devaluing of women, such that they don't feel empowered to speak up for their own bodies, and when they do are unsure of whether their desires will be respected.

Clinical Implications for Sexual Shame Prevention and Recovery

Throughout the interviews from both samples was information related to recovery and prevention of sexual shame. Perhaps the most important piece of information related to recovery was provided by Therapist 6 who stated that in order for women to recover from sexual shame, they had to be willing to accept that each person's experience related to sex is unique and it is more important to understand your own experience, than to compare it to that of other people. "There is no normal around sex. Its about finding out what works for you. Being sex positive means good information, right information, without judgment." Throughout interviews, participants shared suggestions for the prevention of and recovery from sexual shame. These suggestions spanned the ecosystemic levels of influence.

Intrapersonal recovery. Participants spoke of several intrapersonal factors that allowed them to experience healing from sexual shame. One of these factors was forgiveness. Participant 2 who had been molested by her older brother stated that it wasn't until she had forgiven him that

she started to feel safer in relationship with a partner. Additionally Participant 3 talked about how being open in her communication with others allowed her to forgive herself for past sexual behavior that didn't align with her values, which has helped alleviate her experience of sexual shame.

Although many participants indicated that religious beliefs could promote or perpetuate sexual shame, a few participants who identified as still being religious stated that their faith allowed them to trust others and more fully accept themselves. Participant 3 described significant fear in her current romantic relationship and a desire to pull away due to shame, but stated, “I had to pray a lot about it and I felt like God telling me—pushing me—to stay in it and not just leave because I was afraid of what could happen.”

Lastly, many participants talked about how a commitment to openness in future relationships led to a reduction in sexual shame. And this openness was not only present in their sexual relationships, but in other relationships as well. Participant 5 talked about a commitment she made to herself to be open with others about her experiences following being in an unsafe relationship and feeling afraid to ask for help. She stated, “I just decided I'm not going to keep anything else secret from now on because that is when bad things happen So, I feel like I have learned to deal with that much better, by you know, just being open.”

Interpersonal recovery. Therapists and lay people alike discussed the importance of recovery occurring within relationships. In fact, some even went as far as to say that recovery could not occur in isolation. Therapist 1 stated that he believes one of the most impactful ways individuals can reduce sexual shame is “by connecting with others who don't have shame” and learning from their healthy example. He went on to say that shame can only be resolved interpersonally: “We need others to help us realize we don't need to feel shame...and that doesn't

happen without good communication and varied experiences.” Therapist 4 also described the importance of interpersonal relationships and stated that:

People who have had a chance to be held, to be cherished, and treated well despite bad things happening, they are able to disassociate bad things from themselves. They no longer feel disgraced and humiliated but can see the action as separate from who they are.

Several of other participants spoke of the need for “shame-free” friendships and increased communication. Participant 6 recommended that others who struggle with sexual shame “surround yourself with good strong people, that can guide you into being the person you want to be.” Participant 5 discussed how much open communication related to shame had alleviated the shame she felt with her partner:

One time we were doing stuff and I felt that ickiness again, and it was really strong. So I just said, “Hey, can we stop?” We didn't have any clothes on or anything, but I said, “Can we just stop and sit down for a second?” And he was like, “Sure.” So I kind of cried, and I didn't know why at the time, but it was just...it was nice and he didn't care that we stopped ...he never cared. He just sat there next to me. I feel like after that I was pretty much ok with things.

Participant 3 recounted a similar experience,

One of the things that I really love about him (current partner) is that I don't feel embarrassed about my body. I don't feel embarrassed about what we do. He doesn't push me in any way to do something that I am not ready to do. I can say no at any point in time and he will stop and be ok with it—he won't throw a fit, won't pout about it, or be upset with me. If he wants to do something and I am just not in the mood I can say no and he respects that—and I really, really love that about him.

Not only does Participant 3's account reflect effective communication regarding sex, but also demonstrates the deep importance of her partner's respect of her body as her own. Therapist 3 indicated, "Most couples do not discuss these issues (sexual thoughts and feelings). They make assumptions, rather than discussing and coming to an agreement and I think that's a mistake, because that means they don't trust each other. And trust is obviously very important." Therapist 1 also suggested that, "You can't have openness and trust within a relationship, unless you are willing to have openness to discussing sex and trust that the other person will hear you."

Several participants indicated that after finally telling partners about sexual shame, they felt relief from their shame. Similarly, partners who did not keep secrets from each other reported feeling less affected by their shame. This indicates that therapists who are working with women who experience sexual shame should focus on increasing effective communication regarding sex, encourage women to be more open in discussing both past sexual experiences and current desires, and help facilitate increased trust and mutual respect within partnered relationships.

Cultural implications. Several therapists recognized that there need to be significant shifts in the way that sex and gender are talked about within culture in order to produce a less shame-prone society. Therapist 1 stated, "This whole abstinence based approach instills shame. You are telling people not to do something until marriage that is very natural and normal not to wait for. There's no reason. It's a farce—the whole thing. Most people don't wait. So let's have them be productive and not get in trouble along the way. Let's help them have a healthy approach." Conversations related to healthy sexuality need to be brought back into family homes, so that there is less silence and secrecy. Therapist 1 stated that most parents aren't comfortable discussing sex because they were never trained to do so. There is no cultural modeling of healthy conversations about sex with your children, but a cultural shift to discuss

sex more openly within homes could create a pathway to less shame related to sex. Additionally, education regarding sex needs to take place across systems so that there is more open discourse about sexuality. This education needs to include discussion about power dynamics and consent and come from a protective, justice-based stance to protect and empower women.

Study Limitations

Although this study provides important information about the etiology and phenomenology of sexual shame, there are limitations to these findings. First, the generalizability of the data is limited by the lack of diversity of the sample with regard to national origin and religious upbringing. All participants identified as being born and raised in the U.S. and having been brought up in homes that identified as Christian or Catholic. While many participants stated that this religious orientation was not actively practiced within their home, the ideology likely played a large part in participant's sexual socialization. Although sufficient for this study, the small sample size and lack of variability in this regard also suggests that the data may not be generalizable to individuals raised in other faith traditions or who were brought up in countries other than the United States. One therapist who self-identified as Middle-Eastern hypothesized that in different areas of the world where there are either more progressive or more restrictive cultural understandings of sexuality, the impact on women's development is also likely to be quite different.

Implications for Future Research

The results of this study provide a robust view of the etiology and phenomenology of sexual shame among women and open the door for future research to expand this understanding of sexual shame. In this study I purposefully recruited only women, due to evidence that there is great variation in the sexual experiences of men and women (Basson, 2000) and that the

experience of women is more greatly affected by cognitive complexities (Everaerd & Laan, 1995). However, sexual shame is not exclusively experienced by women, as confirmed by interviews with the therapists, and further research is needed to create a better understanding regarding the experience of sexual shame for men and individuals with other gender identities.

Furthermore, additional research is needed to develop measures that can provide researchers and clinicians with specific and valid assessments of sexual shame. As demonstrated by the review of current shame scales provided in this study, current measures provide very little assessment, if any, related to sexual concerns. There is great need for instruments to be developed so that there can be empirical study of sexual shame to further bridge the gap between clinical understanding and the body of literature related to sexual shame. Having effective assessments would allow more researchers to (1) Provide greater evidence for the etiology and outcomes related to sexual shame, (2) Expand knowledge about recovery from sexual shame, (3) Clarify the impact of sexual shame on sexual functioning, and (4) Create evidence-based treatments across systems to promote shame-free sexual health.

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Appendices

Appendix A

Demographic Questionnaire for Therapist Participants

1. How old are you?
2. How do you identify your gender?
3. How do you identify your ethnicity?
4. What is the highest level of education that you have completed?
5. What is your marital/partner status?
 - If currently married/partnered, what is the total number of years you have been married?*
 - If currently divorced, how long were you married?*
 - If currently divorced, how long have you been divorced?*
6. Do you have children?
 - If yes, what are the ages and genders of the children?*
7. What is your current employment status and position title?
8. How long have you been licensed to work as a therapist?
9. How many clients have you worked with you had concerns related to shame and/or sexuality?
10. Are you spiritual/religious? If so, what beliefs do you hold?

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Appendix B

Demographic Questionnaire for Lay Participants

1. How old are you?
2. How do you identify your gender?
3. How do you identify your ethnicity?
4. What is the highest level of education that you have completed?
5. What is your marital/partner status?
If currently married/partnered, what is the total number of years you have been married?
If currently divorced, how long were you married?
If currently divorced, how long have you been divorced?
6. Do you have children?
7. What is your current employment status and position title?
8. Have you ever sought therapy for concerns related to sexuality or shame?
If yes, how many therapists have you seen?
For approximately how many sessions?
9. Are you spiritual/religious? If so, what beliefs do you hold?

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Appendix C

Semi-Structured Interview Protocol for Therapist Participants

1. You were invited to participate in this study because you are a therapist who has worked with clients who have sought treatment for sexuality related concerns. Can you describe the context of your work and the type of clients you see?
2. What do you understand shame to be?
3. What do you understand sexual shame to be?
4. How does the experience of shame related to sexuality impact client's self-evaluations?
5. How does the experience of shame related to sexuality impacted client's relationships with others--both sexual and nonsexual?
6. Do you think it is possible for a client to have a sense of shame relative to their sexuality that does not extend to other areas of their life? How so?
7. Can you share a case example of someone who had a deep sense of shame related to their sexuality?
8. What factors do you believe contribute to the experience of shame related to sexuality?
9. Drawing from your experience, what are some risk-factors that make some individuals more vulnerable to shame related to their sexuality?
10. What kinds of messages within families or culture contribute (in healthy and/or unhealthy ways) to client's experience of sexuality?

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Appendix D

Semi-Structured Interview Protocol for Lay Participants

1. You were invited to participate in this study because you indicated that you have experienced shame related to sexuality. Can you describe what this means to you?
2. What do you understand shame to be?
3. What do you understand sexual shame to be?
4. Are there any factors that you believe have made you more vulnerable to experiencing shame?
5. What kinds of messages within your immediate family and social circles have contributed (in healthy and/or unhealthy ways) to your experience of sexuality?
6. In what ways do you think the culture has contributed (in healthy and/or unhealthy ways) to your experience of sexuality?
7. How has the experience of shame related to sexuality impacted your evaluation of yourself?
8. How has the experience of shame related to sexuality impacted relationships both sexual and nonsexual?
9. When you enter a new relationship in what ways does shame impact your ability to connect with your partner?
10. Can you share an example of a time when you felt a strong sense of shame related to your sexuality? What thoughts did you have about yourself? How did you feel? How did the experience of shame affect your behavior?

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