

The Relationship Between Purity Culture,
Sexual Shame and Sexual Desire Discrepancy

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Abstract

The aim of this dissertation was to investigate the relationship between purity culture, sexual shame, and sexual desire discrepancy (SDD) among heterosexual partners. Purity culture (PC) is a belief system predicated on strict traditional gender roles and sexual abstinence until heterosexual marriage, often shaming behavior outside of these norms and placing greater responsibility on women. It is most common among certain religious communities, such as Evangelical Christianity and the Church of Jesus Christ of Latter-Day Saints and is present in educational and healthcare systems throughout the United States. Previous literature has established a link between PC exposure and certain sexual dysfunctions as well as Post-Traumatic Stress Disorder (Azim, Happel-Parkins, Moses, & Haardoerfer, 2021; Hurst, 2022).

A survey, including an experiment portion, was used to collect causal, correlational, and qualitative data from 1,273 participants. A causal relationship between PC exposure and sexual shame was not found, though this may have been due to limitations in the study design. Correlational data indicated PC exposure was associated with higher sexual shame and among heterosexual couples, higher SDD. The latter relationship was moderated by sexual shame, but not by endorsement of PC. Women with greater exposure to PC were more likely to be the lower-desire partner in their relationships, whereas men with greater PC exposure were more likely to be the higher-desire partner. A wide range of qualitative responses were provided related to PC exposure. Some who endorsed PC shared their beliefs about it, while others reported pervasive experiences of harm to emotional, relational, and sexual well-being.

While the majority of participants did not indicate increased sexual shame and SDD in association with PC exposure or endorsement and there are other factors that influence SDD more, PC exposure had a slight but significant and undeniable association with sexual shame and

SDD, and the association may be severe in some individuals. This association was not found among those who endorsed PC, indicating that differences in the internalization of PC beliefs may influence outcomes.

Based on these findings, it is recommended to equip adolescents with sex-positive, comprehensive sex education. This is likely to achieve better health outcomes overall, not only in reduced unplanned pregnancies and sexually transmitted infections, but in improved sexual functioning, satisfaction, and long-term relationship health and well-being, essential priorities during a loneliness epidemic.

Keywords: purity culture, sexual shame, sexual desire, sexual desire discrepancy, sex education

Definition of Terms

Purity Culture (PC) as experienced in the United States is a belief system centered on the perception of God's¹ will that sexual behavior be reserved for marriage, is heterosexual, monogamous, is the greater responsibility of women to achieve, is accompanied by strict, traditional gender norms, and adherence to is required for happiness in life and eternal salvation (House & Moslener, 2023).

Exposure to purity culture (PC exposure) occurs to varying degrees throughout people's lives at home, among peers, at school and in religious settings. In this study, lifetime PC exposure was measured by the EPCBS (Exposure to Purity Culture Beliefs Scale), adapted from the Purity Culture Belief Scale (PCBS; Ortiz, 2019). Regarding the experiment portion of this study, participants were directly exposed to PC by showing them a video preaching purity culture messages. Apart from Hypothesis I and the experimental portion of the study, PC exposure refers to lifetime exposure.

Endorsement of purity culture (PC endorsement) refers to the degree one believes or agrees with a PC message. In this study it was measured by the Purity Culture Beliefs Scale (PCBS; Ortiz, 2019).

Sexual shame is a negative emotional state characterized by feelings of disgust or humiliation toward one's identity as a sexual being, one's sexual desires, or one's own body (Graziani & Chivers, 2024; Sævik & Konijnberg, 2023). Three shame measurements were used in this study 1) Positive and Negative Affect Scale (Watson et al., 1988) – Ashamed, measuring a state-dependent feeling of shame, 2) Purity Culture Belief Scale (Ortiz, 2019) – Guilt and Shame Subscale, measuring guilt and shame related to PC exposure, and 3) Sexual Shame Inventory

¹ Based on a Christian interpretation of God.

(Seebeck, 2021), measuring one's experience of sexual shame in general at the moment of answering the questionnaire.

Sexual desire is a subjective, psychological experience, distinct from physiological arousal.

Sexual desire was not measured in this study.

Sexual desire discrepancy is a difference between partners in the frequency of sexual desire. It

was measured subjectively in this study by the Simple Sexual Desire Discrepancy Measure

(adapted from Sutherland et al., 2015), measuring the degree of discrepancy (item 1) and

whether the participant was the lower or higher-desire partner (item 2).

Chapter 1

Introduction

Sexual health is a crucial aspect of humans' overall health and well-being, demonstrating positive correlations with physical, social, mental, and emotional health (Andreson et al., 2022; Meuwly, Suris, Auderset, Stadelmann & Barrense-Dias, 2021; Woody, Russel, D'Souza & Woody, 2000). In order to improve the sexual health and well-being of Americans, it is necessary to examine American sexual values that inform behavior. American history and culture feature a strong foundation in religious fundamentalism, including an emphasis on sexual purity. These roots developed into purity culture, a movement of the 1990s that originated in Evangelical Christian communities whose influence continues throughout the country today. Purity culture (PC) as experienced in the United States is a belief system centered on the perception of God's² will that sexual behavior be reserved for marriage, is heterosexual, monogamous, is the greater responsibility of women to achieve, is accompanied by strict, traditional gender norms, and adherence to is required for happiness in life and eternal salvation (House & Moslener, 2023). Evidence of this belief system is present throughout American systems including health care, education, and government.

In the United States, the sexual health care industry represents a significant economic sector. A conservative estimate places the cost at over \$38 billion, encompassing: (1) sexual wellness products including contraceptives, lubricants, and toys, valued at an estimated \$11 billion (Statista Research Department, 2024); (2) costs associated with sexually transmitted infections (STIs; \$15.9 billion; Chesson et al., 2021); and, (3) teen pregnancy: including increased foster care utilization, incarceration rates among children of teen parents, and lost tax

² Based on a Christian interpretation of God.

revenue due to lower educational attainment and income among teen mothers, (totaling an estimated \$11 billion; Youth.gov., 2011).

Among sexual health care issues, the United States has one of the highest rates of teen pregnancy compared with other developed regions (Power to Decide, 2019), and has historically focused on reducing teen pregnancy through significant study related to delaying sexual debut (Adamczyk, 2009; Armour & Haynie, 2007; Magnusson, Crandall & Evans, 2019) and implementing strategies to attempt this, like Abstinence-Only-Until-Marriage (AOUM) educational curricula for youth (Santelli et al., 2017). While this approach has seen success by some measures, considering teen pregnancy in the United States has dropped by 64% from 1991 to 2015 (Power to Decide, 2019), recent studies suggest potential unintended consequences: increased rates of sexual dysfunction and mental health issues among younger generations (Andreson et al., 2022; Grelle et al., 2023; Ueda, Mercer, Ghaznavi & Herbenick, 2020).

Did we overshoot? Not only are teens delaying their sexual debut, but overall, members of Generations X and Y (Millennials) are having much less sex³ than prior generations (Twenge, Sherman & Wells, 2017; Ueda et al., 2020). While some may celebrate decreased sexual behavior translating to fewer STIs, unwanted pregnancies and abortions, this shift may also be also associated with increased sexual dysfunction, isolation, and mental health problems. Millennials and Gen Z score significantly higher in their rates of anxiety, depression, perceived stress, loneliness, quality of life, fatigue, and maladaptive coping through substance use (Grelle et al., 2023). Could AOUM education and the purity culture values that are their foundation be related to this trend?

³ It is a significant limitation of these studies that “sex” was not defined in terms of specific acts (e.g. vaginal penetration or fellatio) It is unclear what kind of “sex” participants were referring to when reporting their behavior, which would be helpful in understanding how much sexual behavior has changed and in which ways.

Sexual Dysfunction

Sexual dysfunction is negatively associated with overall well-being (Laumann, Paik & Rosen, 1999). Sexual dysfunctions include problems with desire, arousal, orgasm, pain, and/or satisfaction. Each sexual dysfunction can be connected to and influence another sexual dysfunction within an individual as well as between partners. The prevalence of each sexual dysfunction varies, ranging from 1%-42% in the United States and is further influenced by age and gender. See Table 1 for the current prevalence of each sexual dysfunction.

Table 1

Prevalence of Sexual Dysfunctions in the United States

<u>Sexual Dysfunction</u>	<u>Estimated Prevalence</u>
Female Orgasmic Disorder	42% (DelCea, 2019)
Erectile Disorder	35% (Krzastek et al., 2019)
Premature (Early) Ejaculation	33% (Saitz & Serefoglu, 2016)
Delayed Ejaculation	1-4% (Di Sante et al., 2016)
Male Hypoactive Sexual Desire Disorder	1-20% (Brotto, 2010)
Female Sexual Interest/Arousal Disorder	6-20% (West et al., 2008)
Genito-Pelvic Pain/Penetration Disorder	19% (Azim et al., 2021)

Sexual dysfunction can cause distress to individuals and partners, warranting effective treatment to address the underlying causes and improve sexual well-being. Among these dysfunctions, those related to desire and orgasm are most common (Witting et al., 2008). This follows logically, as desire acts as the foundation for sexual response. Without it, the physiological changes leading to arousal and orgasm cannot occur in a healthy, satisfying way

(Kaplan, 1979). Additionally, in a cyclical relationship, sexual satisfaction is associated with sexual desire (Mark, 2012). Therefore, addressing sexual desire problems is crucial, as it impacts all other aspects of sexual function, which impacts relationship satisfaction as a whole (Rausch & Rettenberger, 2021).

Briken et al., (2020) found sexual dysfunction causing marked distress was reported by 13.3% of sexually active men and 17.5% of sexually active women. Despite how common and potentially quite disruptive to people's lives and well-being they are, sexual dysfunctions are rarely discussed openly enough and treated. A systematic review found that among patients with a chronic illness diagnosis, over half of patients were embarrassed to discuss sexual functioning with health care providers (O'Connor et al., 2019). Unfortunately, when perceiving patient embarrassment, rather than taking the initiative to inquire about this important health issue, 84.5% of providers do not actively ask their patients about sexual functioning (Ribeiro et al., 2014).

Patients often believe health care providers are unconcerned about their sexual problems (Berman et al., 2003). Zhang, Sherman and Foster (2020) found that 74% of patients viewed their sexual problems as an important health need, while 78.3% of nurses believed patients did not expect discussion of sexual concerns and that sexual assessment was less important than other assessments. Zhang et al. (2020) found that 44.2% of nurses believed that sexuality should be discussed only if initiated by the patient, while 44.7% of patients thought the provider should raise the topic. These significant barriers to treatment are allowing suffering and dysfunction to continue, inhibiting patients' quality of life. Intervention is needed to address sexual shame and embarrassment so that patients and providers can treat sexual concerns as equally important as other health concerns.

Anxiety and depression are significant risk factors for sexual dysfunction (McCabe et al., 2016). Poor mental health, in general, is associated with sexual inactivity, which occurs at higher rates among those with sexual dysfunctions (Andresen, Graugaard, Andersson, Bahnsen & Frisch, 2022). The causal relationship likely goes in both directions, and specifically, improvement of sexual dysfunction is related to improvement of depression among patients with Major Depressive Disorder (Baldwin, Moreno & Briley, 2008). Evidence also indicates that sexual dysfunction is both a contributor to and a consequence of relational conflict (Byers, 2005; Davison Bell, LaChina, Holden & Davis, 2009; Metz & Epstein, 2002; Sprecher, 2002). Failing to adequately address sexual health in the United States is neglecting an important aspect of people's well-being. The worst part is, many suffer in silence, unaware of the many effective treatments available. They may assume they are unique in their problems, isolated in ignorance, as their sexual satisfaction, fulfillment, and relationships continue to suffer.

It seems efforts over recent decades have achieved life with fewer STIs and unwanted pregnancies, but also less sex generally, more depression, isolation, and loneliness.⁴ In 2023 the U.S. Surgeon General declared loneliness and isolation as an epidemic linked to serious health consequences, including a 60% increased risk of premature death (US Department of Health and Human Services, 2023). Could there be another way to achieve better outcomes overall? Comprehensive sex education, including teaching safer sex practices, has been shown to be more effective at reducing infection transmission and unplanned pregnancy, while improving sexual functioning, appreciation of sexual diversity, intimate partner violence prevention, development of healthy relationships, prevention of child sex abuse and improved social/emotional learning (Goldfarb & Johnson, 2020; Lieberman, 2021; McCabe et al., 2016). Hawkins (2016) found that

⁴ These are complex constructs to study, with many factors contributing to this trend. I speculate whether these constructs may be connected, and whether purity culture teachings may have contributed to this trend.

women's sexual functioning and health were related to their sex education, such that increased sexual information was associated with improved performance in terms of desire, lubrication, satisfaction, and pain. Behboodi Moghadam et al. (2015) also found increased sexual functioning among women after they received comprehensive sex education.

Purity Culture and Abstinence-Only Until Marriage Education

Despite these desirable outcomes, AOUM educational curricula continue to be the standard in many states. These programs emphasize that it is better to wait until marriage to become sexually active and that abstaining from sexual activity is the most effective way to prevent teen pregnancy and STIs. In 2022, the federal government awarded \$55 million to AOUM/Sexual Risk Avoidance Education (SRAE) programs in 38 states (SIECUS, 2022). These programs have an updated title (SRAE), but in practice emphasize that AOUM is the best way to avoid sexual risk (Family and Youth Services Bureau, 2020). Despite the fact that while that is literally true, AOUM is infrequently practiced, and emphasizing AOUM has been demonstrated to be ineffective at changing sexual risk avoidance behaviors (Santelli et al., 2017).

A review of PC related research, examined in Chapter 2, reveals that improving health outcomes is not the only motivator for addressing sexual public health concerns. Abstinence teachings are promoted in the United States not only by those who hold belief in them, but also by those who would not get funding for their educational programs without doing so. The fact that AOUM/SRAE programs persist despite their ineffectiveness indicates that those responsible for awarding federal educational funding with AOUM stipulations prioritize AOUM values over health outcomes.

Given the importance of sexual health for people's overall well-being, it is necessary to examine ideas that may be contributing to sexual dysfunction. Since evidence indicates that

discrepancies in sexual desire between partners can lead to reduced relationship satisfaction (Mark, 2012), and given the emphasis many AOUM believers place on marital relationships, it is crucial to explore whether certain teachings or practices might inadvertently contribute to such conflicts and dissatisfaction.

An emphasis on sexual purity has historically been an integral part of American sexual values and its widespread influence continues. What are the outcomes of these values? What is the impact of these beliefs on sexual health? Overall, do these attitudes do more harm or more good? Are PC values contributing to sexual dysfunctions and reduced relationship satisfaction?

Purpose

Given the prevalence and impact of PC in the United States, an in-depth study of the roots of PC and American sexual attitudes is necessary in order to understand motivations and desired outcomes related to sexual and relational health and well-being. Sexual desire is the foundation of sexual functioning (Kaplan, 1979). Problems with sexual desire in individuals and couples are the most common complaint among those who seek out sex therapy (Leiblum, 2010; McCarthy & Oppliger, 2019). Most often, the greatest amount of distress experienced is due to the impact of sexual desire problems in relationships (Basson, 2002; Levine, 2002; Marieke et al., 2020). Therefore, this study will examine the relationship between PC beliefs, sexual shame, and sexual desire discrepancies between partners.

Hypothesis I: Participants exposed to video clips demonstrating PC beliefs will report increased sexual shame on a post-test measure.

Hypothesis II: Greater the exposure to PC beliefs will be associated with greater sexual desire discrepancy between heterosexual partners. This relationship will be stronger the more

sexual shame participants have and when they endorse PC beliefs such that exposure to PC beliefs is associated with greater desire discrepancy. See Figure 1 for depiction.

Figure 1A

Hypothesis II: Sexual shame as a moderator between purity culture exposure and sexual desire discrepancy

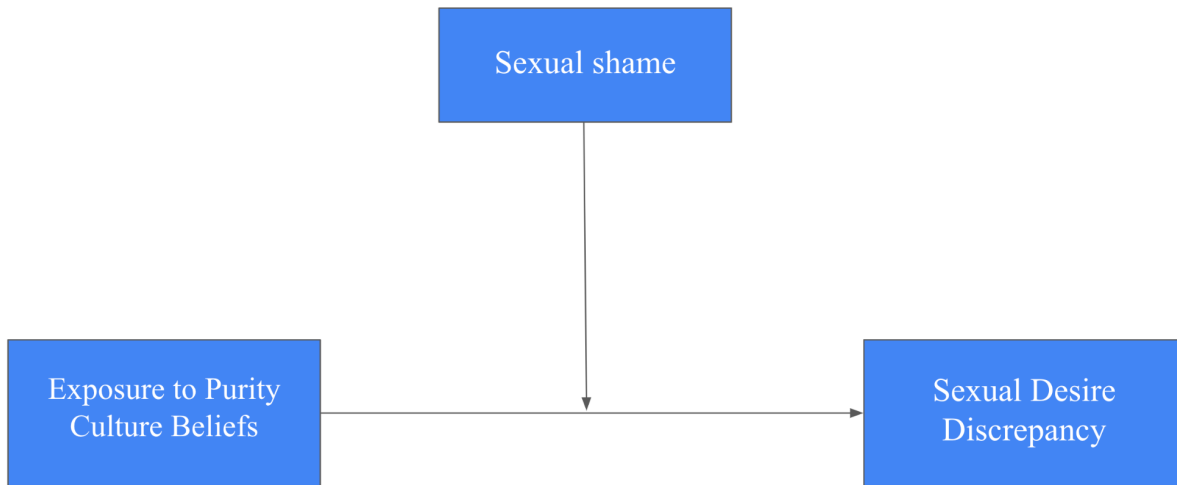
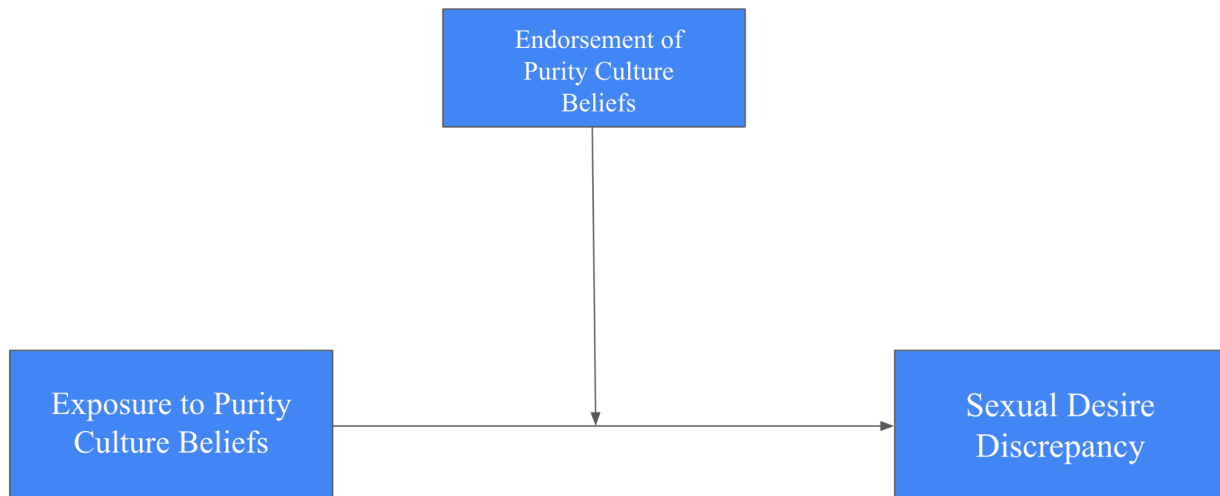


Figure 1B

Hypothesis II: Purity culture endorsement as a moderator between purity culture exposure and sexual desire discrepancy



Hypothesis III: In heterosexual relationships, women's sexual desire will be lower than men's sexual desire and this will be moderated such that women exposed to PC will report even lower sexual desire compared to their partners.

Hypothesis IV: Participants will report lifetime experiences of distress associated with exposure to PC beliefs.

Significance

By examining the historical roots of American sexual values, which stem from Christianity, this research aims to elucidate the impact of these belief systems on sexual health outcomes for anyone who was exposed to them. A particular focus of this study will be placed on those with Evangelical or Mormon backgrounds, where the strongest impact of these belief systems may be observed, given the frequent emphasis in these communities. Not only do these groups make up a significant population segment of Americans, estimated at approximately 15% (PRRI, 2021), but they are also very politically active, which may contribute to increased exposure of PC beliefs to many Americans outside of these communities, as these ideas are present in laws, health care, education and in popular culture.

The following chapter will examine the historical development of American sexual values, shedding light on the potential influence of PC on sexual shame and sexual desire discrepancy between partners. Investigating this connection holds significant implications for the field of sexual health. By analyzing these outcomes, we can gain crucial insights into some of the health consequences associated with current educational practices and sexual attitudes. This newfound knowledge can then be strategically used to design and implement more effective pedagogical approaches. Improved sex education curricula have the potential to cultivate healthier sexual attitudes within the target population, ultimately informing more effective

therapeutic interventions and leading to measurable improvements in relational and sexual health outcomes.

Chapter 2

Review of Literature

As described above, PC is a belief system centered on the perception of God's will that sexual behavior be reserved until after marriage, is heterosexual, monogamous, is the greater responsibility of women to achieve, includes strict gender norms, and is key in achieving happiness in life and salvation (House and Moslener, 2023). It devalues the importance of sexual pleasure and normative sexual and relational development, a point that will be expounded upon later in this paper. PC extends beyond simply holding sexual abstinence until marriage as a value. PC constitutes a multifaceted system of beliefs and practices, often prevalent within certain religious communities, emphasizing sexual abstinence until marriage, particularly focusing on women's virginity and femininity (Klement & Sagarin, 2017). It promotes benevolent sexism, portrays men as unable to control their sexual desires, places women in the role of sexual gatekeepers of what is presented as men's insatiable sex drive, normalizes the oppression of women's bodies, restricts sexual agency, is replete with narratives of shame, and perpetuates rape culture (Klement & Sagarin, 2017; Manning, 2014; Ortiz, 2019; Owens, Hall & Anderson, 2020). Hurst (2022) found that when women behaviorally endorsed the PC belief that it is a woman's duty to sexually satisfy her husband, 53% of them developed PTSD symptoms from consenting to unwanted sex. The applications of PC teachings appear to be related to significant harm, especially for certain minorities.

PC narratives that center white, heterosexual, thin, able-bodied women may imply that people of color are innately impure (Anderson, 2015; Natarajan, Wilkins-Yel, Sista,

Anantharaman & Seils, 2022), LGBTQIA+ identities are invalid, women must be controlled, and overweight and disabled people are invisible and asexual. Therefore, PC may disproportionately harm women, sexual minorities, people of color, plus-size, and disabled people. It is outside the scope of this paper to go into depth regarding the PC impact of each of these identities, but it is important to recognize the intersecting identities that may make people more vulnerable to harm from PC teachings.

This chapter will review the historical origins of PC and the specific beliefs and practices present in PC today, particularly in Evangelical and Latter-Day Saint communities in the United States, who may be the most acutely impacted by these types of PC messages. This chapter will also review what is known about sexual desire, sexual desire discrepancy between partners, other relevant associated health outcomes, and the literature on religiosity and PC that is related to these outcomes.

Historical Origins

PC developed within patriarchal structures, where men hold more power than women. These structures are present in many cultures and religions. Contrary to popular belief, patriarchy, in the way it is organized by humans, is not common in the animal kingdom, did not develop with the biological evolution of humans, and has not been practiced by humans since the dawn of time (Garrard, 2011). To this point, anthropologists have identified at least 160 matrilineal societies where the genetic line is traced through the mothers. Often in these communities, men and women hold equal power (Surowiec, Snyder & Creanza, 2019). The first recorded patriarchal system dates back to around 5,000 BC in Mesopotamia. It developed to meet the needs of the state, specifically to maintain population levels, especially during times of

war. They developed gender roles to fulfill this purpose, shaming men who did not want to go to war and women who did not want to birth children, treating them as less of a man or woman (Omvedt, 1987). This is also supported by Eagly and Wood's (2012) Social Role Theory based on significant evidence indicating that gender roles developed from beliefs and stereotypes, not biological differences, as is traditionally assumed. Out of patriarchy developed misogynistic myths that women are weak, not to be trusted, and are best confined to the home, the beginning of traditional gender norms (Heinemann, 1920).

There are a variety of PCs that each developed in distinct ways, leading to diverse experiences. Sexual purity is emphasized in each Abrahamic religion, encompassing Judaism, Christianity, and Islam, which constitutes roughly 55% of the global population (Pew Research Center, 2012) and 72% of Americans (PRRI, 2021). Abrahamic religions emerged within the Mesopotamian-influenced patriarchal structure. Evidence of the patriarchal underpinnings that would later inform the development of PC is found within the Old Testament, a text foundational to Christianity, and the first five books of which are foundational to Judaism, with the former evolving from the latter. Pannenberg (1996) pointed out that in the creation story, it appears God assigned gender identities and roles (p. 37). It was taught that it is the woman's job to sexually satisfy her husband (King James Bible, n.d., Proverbs 5:19).⁵ In her book, *Purity and Danger*, Mary Douglas (1966) provided an in-depth analysis of how the idea of purity was conceptualized in these books, how it manifests in several tribes and communities, the influence extending to today. She explained that in order for religion to emphasize the sacred, the concept of impurity was necessary. She discussed the diverse attributions of impurity that presented in different

⁵ There are many versions of the Christian Bible. The message is largely the same, though some versions use updated language for ease of modern readers. The King James Version Study Bible was selected and used for consistency throughout the paper.

communities; for example, the perception of menstrual blood or sexual fluids as contaminated and dangerous, believing contact with these fluids, or a recently sexually active person, without a ritual cleansing, could lead to all kinds of infirmity or death (p. 182). She also identified that historically, women and adultery were perceived in the same category, as impure and dangerous. It is beyond the scope of this paper to name every specific way the idea of purity is applied in each specific community, but these are a few examples of beliefs that lead to the perception of grave danger being associated with sexuality.

A critical examination of the biblical story of Sodom and Gomorrah, commonly misunderstood as a story that forbids homosexual behavior, reveals instead that the story forbids sexual violence against men, that it is sinful to degrade and humiliate men in this way (Waters, 2017). Sexual coercion against women, however, was tolerated, as sexual submission was accepted as the woman's role. This story makes no comment on consensual homosexual sex, and particularly states no issue with a man providing penetrative sex (Waters, 2017). However, it may be interpreted that if a man received penetrative sex, he degraded himself by having sex like a woman, a belief that by today's standards is degrading toward both women and men who are receptive of anal penetration. Modern biblical scholars interpret this story not as condemning homosexuality, but rather upholding patriarchal values present in Jewish culture at the time (Rhodes, 2008; Corey, n.d.; Waters, 2017). Abrahamic religions teach that Abraham became the "father of many nations" (King James Bible, n.d., Genesis 17:5), his vast patriarchal influence spreading across the world, comprising Judaism, Islam, and Christianity today.

In the New Testament of the Christian Bible, another text that is the foundation of Christianity, the apostle Paul reinforced patriarchal ideas. Modern interpretations of his teachings

include that (1) it is a married woman's responsibility to sexually please her husband (King James Bible, n.d., 1 Corinthians 7:34); (2) that it is better that people not have sex, but men have poor self-control, so if they must have sex, they should get married first (King James Bible, n.d., 1 Corinthians 7:1-2); (3) that a woman's virginity is pure, a gift, and that sex is contaminating (King James Bible, n.d., 1 Corinthians 7:34); (4) that sex outside of marriage is a sin (King James Bible, n.d., 1 Corinthians 6:18); and (5) that your body does not belong to you, but to your spouse and to God (King James Bible, n.d., 1 Corinthians 7:4; 6:19).

The global influence of these messages is far-reaching. Due to the teachings of Jesus Christ and the 12 apostles, a strong missionary, evangelist spirit is embedded in Christian culture. Over the last 2,000 years, Christianity has spread from its origin in the Levant, to Europe and North Africa (until it was eliminated there after Muslim conquest) and continued to spread across Europe during the Crusades and the Ottoman Empire expansion, to the Americas, then to Africa through missionary efforts. Christians currently comprise about one-third of the world's global population (Pew Research Center, 2011), and 73% of Americans (PRRI, 2021).

Throughout millennia, Christianity has divided into many denominations, each with shared as well as distinct beliefs. Puritanism is a branch of Christianity that emerged during the Protestant Reformation in 16th century Europe to "purify" the Church of England. Puritanism became a strong influence in the American Colonies when it was brought over by early European settlers. Puritans believed in man's innate depravity and poor self-control (Trinterud, 1951). These self-depriving, anti-pleasure ideas spread in the Colonies, especially regarding sexual behavior. Puritanical beliefs laid the foundation for a specific moral framework that viewed sex outside of heterosexual marriage as sinful and immoral (Fessenden, Radel & Zaborowska, 2014).

Throughout the 19th century, Victorian ideals further reinforced this attitude, promoting a culture of sexual repression and strict adherence to traditional gender roles. Emory Elliot (1988) identified how Hawthorne's (1850) *Scarlet Letter* illustrated the American national ideal of sexual purity, ideas that became entrenched in American identity.

Around the 1960s, Christianity took cues from the early 20th century Social Gospel movement, popularizing the idea that Christian principles should be applied to address social problems. This led to Christian beliefs becoming intertwined with government and politics. Simultaneously, the sexual revolution of the 1960s came as an uprising against the puritanical values that had dominated American society. Emerging as a response to the sexual revolution of the 1960s and the AIDS crisis, a strong sexual purity movement began in the 1970s. The movement further evolved from that time and surged in popularity during the 1990s. In 2008, Donna Freitas coined the term "purity culture" to describe this movement (Freitas, 2008).

There are many purity cultures that stem from patriarchal systems. Though they each have similar foundations and claims, they developed in distinct ways in different cultures, and were even emphasized in different ways in different congregations and even in different families of the same congregation. It is important to recognize the shared history of purity cultures in order to understand the vast impact of these patriarchal ideas. In the way purity culture is discussed in literature today, the term most often refers to the 1990s Evangelical movement in the United States.

Patriarchy was the fertile ground in which the seed of puritanism was planted, out of which PC grew. Until relatively recently challenged by feminist movements, patriarchal values had become doxa, meaning they were so widely spread and deeply embedded that they were

accepted as uncontested truth, many believing patriarchy is natural and has always existed. Scholars have thoroughly disproved this claim (Garrard, 2011). It is evident that patriarchy, puritanism, and PC developed to meet the social and political goals of those in power.

Sexual Attitudes, Science and Medicine

In the late 19th and early 20th centuries, medicine and psychiatry in the United States developed within this puritan-influenced framework. This led to the classification of certain sexual behaviors and identities, such as masturbation and homosexuality, as abnormal and potentially harmful. Medical professionals and moral reformers propagated the belief that deviating from heterosexual, procreative sex was aberrant and harmful to both individuals and society (Malan & Bullough, 2005).

It was widely believed during this era that masturbation was harmful. This belief was held and circulated long before then by Dr. Tissot (1728-1797). A prominent physician of the time, he theorized that masturbation deprived nerves of blood, contributing to various ailments such as madness, weakness, pains, impotence, premature ejaculation, gonorrhea, priapism, tumors, hemorrhoids, and “masturbatory insanity.” Other physicians followed and reinforced these claims throughout the 19th and 20th centuries, with homosexuality believed to be an almost inevitable result of masturbation (Bullough, 1973). As a result, male circumcision became popularized as a means of prevention, with some advocating for the procedure to be performed without pain relief, intending the male to associate stimulating his penis with pain (Johnson, 1860). Additionally, many writers of the time considered most non-procreative sexual activity to be potentially harmful (Malan & Bullough, 2005).

Women have not fared any better. Dr. Elizabeth Comen (2024), in her comprehensive analysis of sexism in medical care, sheds light on the long-standing incidents of women's bodies being objectified, shamed, subjugated, mutilated, and disregarded. Patriarchal ideology that justifies this behavior is present even in some medical terms like "pudenda," used by medical professionals today as a synonym for "vulva." The word originated from the Latin word "pudere," meaning "to be ashamed." The continued use of this word underscores the historical perception of female sex organs as sources of shame and embarrassment. Sigmund Freud's concept of "penis envy" further perpetuated this narrative, reinforcing the idea that female bodies are flawed versions of the male ideal. Some theorize this judgment developed because female sex organs are more internal, so scientifically ignorant humans from previous centuries believed they are concealed because they are inherently shameful. Others theorize this judgment was just another tactic that developed from patriarchal control. Whatever the reason, the idea that any part of a person's body, of any gender, is inherently shameful is harmful. Dr. Comen emphasizes that these historical narratives continue to influence women's health outcomes, their relationship with their bodies, and their experiences of mistreatment within medical settings.

The latter half of the 20th century saw a shift in American scientific perspectives on human sexuality. This shift challenged deeply held societal beliefs influenced by Puritan-based sexual values. A key figure in this change was Alfred Kinsey, a pioneer who conducted groundbreaking research on human sexual behavior. Through extensive interviews of over 5,000 men and 6,000 women, he aimed to provide a comprehensive understanding of human sexual behavior (Kinsey, Pomeroy, Martin, & Gebhard, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). Contrary to prevailing beliefs, Kinsey's research debunked many myths perpetuated by traditional American sexual values, revealing that practices such as masturbation, oral sex, and

homosexual behaviors were not deviant from normative human behavior, but rather, quite common. His work, along with Bill Masters, Virginia Johnson, and other human sexuality researchers, began to normalize diverse sexuality and create an openness that blossomed into the sexual revolutions of the 1960s and 1970s. Sawyer (2022) said of this time, “Female purity lost much of its power as an organizing principle for enforcing sexual orthodoxy as young women and men together explored the erotic” (p. 75). Kinsey’s work generated significant controversy, particularly among religious groups who viewed it as potentially undermining traditional values related to sexual morality.

Also of note, the research of Steckel (1917/1953) shed further light on the impact of sexual ideals on mental health. His findings underscored significant mental health risks associated with the shame and guilt youth developed from attempting masturbation abstinence. Notably, he documented cases of suicidal ideation and completed suicides attributed to the psychological trauma resulting from such abstinence teachings and practices. These findings generated awareness of the profound risks of perpetuating extreme abstinence teachings.

Building upon the efforts of Alfred Kinsey and other human sexuality researchers, the American Association of Sexuality Educators, Counselors and Therapists (AASECT) was founded in 1967 in an effort to promote sexual health by developing and advancing the fields of sex therapy, counseling, and education. The organization requires rigorous standards of education, training, and practice in each discipline to ensure exceptional standards of care and education.

American science and medicine have significantly evolved from their Puritan-based origins, leading to a notable divide between scientific and religious perspectives on sexuality.

The shift towards accepting and affirming diverse sexual orientations and practices marks a profound change from the introduction of European, Puritan influence in the United States over five centuries ago. This evolution, particularly evident in the last 50 years, highlights an ongoing debate where progressive and traditional viewpoints vigorously contend to shape societal norms and attitudes regarding sexuality.

Political, Religious and Social Movement

The changing landscape of American sexual attitudes, influenced by scientific advancements, has encountered significant resistance from religious groups. Moslener (2015) argued that purity movements within these groups may not be solely focused on promoting a literal biblical interpretation of sexuality, as they claim. Instead, her research suggested these movements may serve as a response to broader cultural shifts, which have been a source of societal anxiety. These anxieties, according to Moslener, have included Anglo-Saxon decline and evolving social norms surrounding sexual, gender and social norms. She argued that purity movements have offered a structured approach to navigating these changes, reflecting a natural human tendency to resist change, particularly by those for whom established social systems are perceived as beneficial. She identified that when religious leaders assert that sexual immorality is causing these social changes, viewed as problematic in religiously conservative communities, emphasizing sexual purity as imperative is utilized as a “cultural project” implemented to maintain heterosexuality and whiteness (Moslener, 2015, p. 8).

Furthermore, research by scholars like Banasihan (2020) suggested that the emphasis on sexual purity within these movements might extend beyond individual well-being, agreeing with Moslener’s perspective. Banasihan (2020) also argued that PC may function as a means to

maintain the traditional, heteronormative family structure within American society. This perspective challenges the portrayal of sexual purity as a purely virtuous personal quality. Instead, Banasihan (2020) suggested that it may be a performative act, reinforcing patriarchal ideologies. Purity culture's goals, according to these perspectives, may extend beyond individual morality and toward influencing broader societal ideologies and power structures.

Sawyer (2022) pointed out that the white teen has been “situated by sociologists, evangelical leaders, politicians, and her parents at the center of at least three moral/sex panics” (p. 64) from the late 19th to the late 20th centuries, receiving the message that the stability of the nation rests on her shoulders. These dynamics were present in what Sawyer (2022) calls: the “family values movement.” She elaborated on this movement,

By the 1970s, political and social liberals and conservatives agreed that there was a country-wide decline in family values but could not agree on the cause or how to address it. Liberals were primarily concerned with economic problems—i.e. the rise in divorce rates, the decline in wages, the weakness of the Black family—and solutions— e.g. universal childcare, welfare, et cetera. Conservatives were concerned with the moral permissiveness birthed out of feminist, gay rights, and civil rights (pp. 79-80).

To address these social concerns, liberals took the approach of creating welfare programs, while conservatives aimed to address what they perceived as underlying moral issues.

Sawyer found that during this time, family values became such a politically divisive issue that it was comparable to a cultural war. She quotes historian Seth Dowland (2018) explaining, “The vision of family values created a bond between evangelicalism and political

conservatism” (p. 81). Other religious conservatives joined with Evangelicals and the Republican party in a “war against immorality” (Sawyer, 2022).

The debate over sexual attitudes in the United States continues on the battleground of sex education in schools today. Abstinence-only sex education has been the traditional standard, increasingly so after the family values movement. While abstinence is the only 100% effective way to prevent STIs and teen pregnancies, over 40% of teen students are not practicing sexual abstinence (Rabbitte & Enriquez, 2019). As these educational programs have been evaluated, mounting evidence has shown they are ineffective at reducing rates of teen pregnancy and STIs, and leave sexually active teens unprepared and uninformed on how to reduce risk effectively (Landry, Darroch, Singh & Higgins, 2003). These programs have been criticized for disseminating medically inaccurate and stigmatizing information regarding sexuality, perpetuating harmful misconceptions and attitudes, and overly emphasizing abstinence as the only effective risk-prevention method, making teens less likely to use contraception (Landry et al., 2003).

Scholars warn that the perpetuation of abstinence-only programs poses a significant threat to fundamental human rights, including the rights to health, information, and life (Santelli et al., 2017). On the other hand, Christian-based organizations believe that comprehensive sex education programs “threaten the sanctity of the heterosexual relationship” in a “sex-saturated society” (Ningtyas & Susilastuti, 2022, p. 225). It is evident in this debate that each group is prioritizing different values. Given the outcomes, it appears that those who support comprehensive sex education are prioritizing health care, medically accurate information, and

the prevention of STIs and unwanted pregnancy, and those who support abstinence-only sex education are prioritizing sanctity, authority, and tradition.

The majority of public opinion favors the inclusion of comprehensive information on pregnancy prevention and STI transmission, in addition to abstinence education (Goldfarb & Lieberman, 2021; Rabbitte & Enriquez, 2019). Despite this preference of the majority of citizens, as of March 1, 2022, only 20 states required information regarding contraception and 39 required information on abstinence, 28 of which required that abstinence be emphasized (Betit & Kennedy, 2022). This debate is nothing new. Bleakley, Hennessy and Fishbein (2006) pointed out that the federal government continued to fund abstinence-only programs, despite the lack of support by the majority of the public and the scientific community in 2006. Nearly 20 years later, this pattern continues; in 2022 the federal government awarded \$55 million to Abstinence Only Until Marriage (AOUM)/Sexual Risk Avoidance Education (SRAE) programs in 38 states (SIECUS, 2022). Johnson (2020) found these abstinence-only programs contributed to higher rates of unintended pregnancies, abortions, and STIs in the U.S. than in any other developed nation in the world. She also argued that AOUM education influences sexual fear in young people, which could cause sexual and relationship dysfunctions.

Sexual purity movements are present religiously, politically, and in popular culture. The authority of the mandate for sexual purity is increased when peers and popular celebrities are advocating for these ideas. For example, popular musicians like the Jonas Brothers and Miley Cyrus were known during this time period, around 2008, to wear purity rings (Rosenstein, 2009). The strong push for sexual purity by religious and political leaders and popular public figures

lead millions of American teens to be affected, even outside of religious and conservative communities.

With its strong religious historical foundations, the United States today grapples with how to approach sex education in schools, particularly when it intersects with traditional values. This can lead to a focus on established social norms over the potential health benefits of sex education for young people. In a country founded on the principle of religious freedom, religious and political leaders who claim to know and do “God’s will” hold significant power with this authoritative claim. The influence is staggering for people who feel they cannot argue with God, or someone who claims to know God’s will. This can prevent people from critically examining the social and political motivations that lead PC to develop and see its priority of adherence to a prescribed set of moral standards over the practical realities of sexual health. The scientific and religious conflict related to sex education in schools reflects the broader objectives of purity movements, which extend beyond individual well-being to encompass the maintenance of existing power structures and social hierarchies.

Evangelical Christianity

Evangelical Protestantism is one of the most popular branches of Christianity in the United States, making up 14% of Americans (PRRI, 2021). James Dobson, an Evangelical Christian minister and clinical psychologist, has been very influential in the development of PC in the United States. He promoted the conservative idea of “family values” defined by heterosexual marriage and traditional gender roles, which he believes are mandated by the Christian Bible. He taught that feminism and advocacy for LGBT rights threaten the stability and functioning of American civilization. He preached these messages over four decades through

founding movements and organizations like Focus on the Family, Family Research Council, Family Talk, authoring over 30 books, and over 100,000 hours of audio content. He was a central figure in the debates over sex education in public schools and same-sex marriage (Dobson Library, 2020; Stephens, 2019). His work has had a significant influence on Evangelical communities, and upon many Americans nation-wide, due to the significant impact of his movement on the American educational system. “The evangelical view of the integrity of the family, youth’s role in it, and the fear of liberal sexuality, expressed by Dobson and his contemporaries, laid the foundation for evangelical PC to thrive in the 1990s and beyond” (Sawyer, 2022, p. 85).

The most conspicuous example of PC in Evangelical Christianity is purity balls, which emerged in 1998 in Colorado Springs, and have since proliferated across the country. Thousands of these events continue to occur annually, many of which are federally funded (Ortiz, 2019). Purity balls are ritualistic gatherings that emphasize the importance of abstinence until marriage, typically attended by adolescent girls and their fathers. Adams Phillips (2009) provided a detailed account of the inaugural purity ball in Colorado Springs, outlining the structure of the ceremony, including written scripts, and offering insights from participants. His writing shed light on the rituals and rhetoric employed during purity balls and highlighted their significance in reinforcing traditional gender roles within families. Notably, Adams Phillips (2009) proposed that while purity balls ostensibly aim to protect the chastity of daughters, they also serve to reinforce the authority and influence of male figures in their daughters’ identity development. They are structured in a way that sexual choice is not owned by the girl or woman, but by her father, God, and eventually, her husband.

There are many examples of literature documenting PC in Evangelical communities. Banasihan (2020) provided an in-depth analysis of the PC messages in several highly influential Evangelical books. In *I Kissed Dating Goodbye*, Joshua Harris taught that purity is choosing to be single and prepare for marriage, and that intimacy and relational and life satisfaction are harmed by dating and kissing before marriage (Harris, 2003). Though 20 years later he acknowledged the harm he caused in writing this book, disavowed many of his original teachings, and discontinued publication of the book, it had a significant cultural and religious impact (Harris, 2023). Elisabeth Elliot taught in *Passion and Purity: Learning to Bring Your Love Life Under Christ's Control* that women need to choose between sexual desire and marital duty (Elliot, 2002, p. 51) and that women's passion should be directed toward being loved by God rather than men (Banasihan, 2020). John and Staci Eldredge confirmed this teaching in *Captivating: Unveiling the Mystery of a Woman's Soul* that women's sexual desire is satisfied by being "romanced by God," therefore women's sexual pleasure is unnecessary (Eldredge & Eldredge, 2004, p. 112). Kristen Clark and Bethany Baird explain in *Sex, Purity, and the Longings of a Girl's Heart: Discovering the Beauty and Freedom of God-Defined Sexuality*, that a woman's anatomic'l design itself "is only a mere reflection of her overall distinct role" (Clark & Baird, 2019, p. 30), insinuating that vaginas were designed by God because a woman's purpose is to receive men, be submissive, passive, and bear children.

DeRogatis (2014) summarized the movement of husband-wife teams since the 1970s creating evangelical sex manuals that have been very popular and influential. She identified common themes in these manuals as 1) sanctified sex is better than secular sex and Evangelical Christians have the best sex (pp. 42; 52); 2) "Sex is natural, biblically sanctioned, and – if practiced in the proper arena of heterosexual marriage – sex can be a sign of salvation" (p. 43);

3) The Bible is the best sex manual. Yet, the faithful still need to purchase sex manuals to help them interpret what the bible says (p. 69); 4) teaching women how and what to feel in order to enjoy sex, that their pleasure, or inability to experience orgasm during intercourse is their own responsibility (p. 45); 5) it is your responsibility to sexually satisfy your spouse (p. 49); if you suffer from sexual dysfunction, you are deficient (p. 49); 6) male dominance and female submission are necessary for sexual satisfaction (pp. 51, 63); 7) sex is emotional for women and physical for men (p. 62), and women can train themselves to enjoy sex, but an even better reason is for secondary gain (i.e. your husband will buy you things and help around the house), essentially advocating for sexual manipulation; and 8) the manuals simultaneously appropriate secular sex manuals, while preaching against them. For example, secular sex manuals teach freedom to explore without rigid requirements and highlight self-discovery as important. Evangelical sex manuals teach that such discoveries must exclusively occur within heterosexual marriage. These are some of the key messages from literature that has significantly impacted the Evangelical community.

Purity movements have evolved over time. In the 1990s it became popular and even “cool” to take a sexual purity pledge, promising to reserve sexual activity for after marriage. True Love Waits, a Christian organization, initiated this movement. Since then, approximately 2.2 million teens have taken a pledge, whether at a church event, at a Christian rock concert, or at school in federally funded AOUM programs (Grello, 2000; Sawyer, 2022). Rarely were these pledges effective. The majority of those who pledged sexual purity continued to engage in sexual activity, though often with greater shame and less contraceptive use than sexually active peers who had not taken a pledge (Bearman & Bruckner, 2001; Landor & Simons, 2014).

Laura Anderson, PhD, founder of the Religious Trauma Institute and author of *When Religion Hurts You* (2023), shared her experience growing up Evangelical.

When the church youth pastor began talking to us about abstinence, virginity, and sex, I nodded along as if I understood. We were told about God's plans for sex and that anything outside that plan was not only a sin but evidence that perhaps we were not Christians at all. The decision to sign the True Love Waits pledge card was not a difficult one. I signed my name, was applauded by the congregation, and, a few years later, received a purity ring from my parents.

The True Love Waits campaign crossed the divide between religious and secular cultures through its marketing. Though some celebrities shared publicly about their own abstinence commitments and though abstinence-only sex education was nationally funded in schools, I still didn't understand the commitment I had made. Intuitively, however, I recognized the biological changes happening in my body to be a source of shame and disgust. Though I desperately wanted a boyfriend, I quickly became repulsed if someone liked me back because I feared it meant my body had caused them to lust (p. 13).

Dr. Anderson conveyed an experience shared by hundreds of thousands of people who grew up being influenced by PC. Given there are approximately 46.6 million American Evangelicals, in such a large group of people, there is a diversity of experiences. The leaders and literature named in this section had a significant impact in Evangelical communities, and even so, the lived experience of PC in these communities varies by congregation, family, and person. Her experience is common in Evangelical communities, and elements of it in the general

population as well, given the strong Evangelical influence in public education and political arenas.

The Church of Jesus Christ of Latter-Day Saints

Followers of The Church of Jesus Christ of Latter-Day Saints, which has also been known as the LDS or Mormon church,⁶ make up 1% of the U.S. population (the same amount as there are Jews, Muslims, or Buddhists) with highest concentrations in Utah and surrounding states (PRRI, 2021). Along with Evangelical Protestants, they are one of the groups most highly impacted by PC teachings, due to the extreme demands related to sexual behavior itself, as well as the intense emphasis on the importance of following the teachings.

The LDS church is centralized worldwide, with a prophet, First Presidency — which includes the prophet and two additional counselors — and 12 apostles that lead the church. All are men as women are not permitted to hold these offices. These men, along with other church leaders, including a small percentage of women, speak to the general population of the church every six months in a general conference. LDS members believe their religion is the only one on the earth that has direct authority from God and that it is the only “true” church. Therefore, what is taught in their scriptures, in their general conference, and in their Sunday school manuals, is directly inspired by who they believe to be God himself. For LDS members, this adds a significant weight of authority to these teachings. Members are also discouraged from seeking

⁶ As stated above, the current president of The Church of Jesus Christ of Latter-Day Saints has asked that the full name of the church be used. Some members have adopted this, while others continue to use the term “Mormon” or “LDS” to refer to themselves. Given discrepancies between the current president’s admonition and some members’ comfort with previously utilized terms, I would like to convey respect toward members of The Church of Jesus Christ of Latter-Day Saints and will at times use the terms “Mormon” or “LDS” for brevity.

information or opinions that contradict these teachings, making them extremely susceptible to potential negative impacts from teachings that may be in error.⁷

Malan and Bullough (2005) compiled a history of attitudes toward masturbation within LDS culture, reflecting a complex interplay between religious doctrine and medical beliefs. LDS religious leaders echoed the hysteria surrounding masturbation prevalent in broader American society during the 19th and 20th centuries, aligning with influential physicians who pathologized the act. This sentiment persisted, with a prominent LDS leader who later rose to become the church's prophet, echoing the traditional and inaccurate belief that masturbation could lead to homosexuality (Kimball & Campbell, 1969). Malan (2005) concluded that despite the previously documented harm of anti-masturbation teachings (e.g. shame, guilt, suicidal ideation and completed suicides; Steckel, 1917/1953), the prioritization of sexual purity over individual well-being was validated in a message delivered by the First Presidency of the Church during the April 1942 general conference, stating, "Sexual purity is youth's most precious possession; it is the foundation of all righteousness. Better dead clean than alive, unclean" (The Church of Jesus Christ of Latter-day Saints, 1943, p. 43).

Kinsey's work and the sexual revolution of the 1960s spurred strong resistance by LDS leadership. Then President Ernest Wilkinson of The LDS Church-owned Brigham Young University appointed a faculty committed to ensure the institution was providing a strong "defense of chastity" to address the "masturbation problem" (Bergera & Priddis, 1985, p.81). In his book, *Mormon Doctrine*, LDS General Authority Bruce McConkie acknowledged that people

⁷ There are many examples of church leaders discouraging seeking education outside of church-approved sources, including from the man who is currently next in line to be prophet of the church, Dallin H. Oaks, who stated, "I suggest that research is not the answer." (Swensen, 2019).

were seeking psychiatrists for “a serious guilt complex and consequent mental disorder,” caused by “sexual immorality,” (p. 431) and included masturbation under that label. He wrote that psychiatrists might tell their patients that masturbation is not evil, as a way to rid them of guilt. He referred to that appropriate treatment option as condoning iniquity and said that it would prevent members from gaining “the mental and spiritual peace that overcomes mental disorders” (McConkie & Kelling, 1966, p. 431). McConkie’s writing had a far-reaching influence on church members, and his stance on the treatment of masturbation guilt reflected a broader trend within Mormon culture, wherein religious doctrine often superseded empirical evidence, shaping attitudes and behaviors surrounding sexuality and mental health care. Institute member Victor Brown Jr. wrote, “truth lies with the scriptures and prophets, not with secular data” (Bergera & Priddis, 1985, p. 69).

This pattern of maintaining traditional teachings despite scientific evidence to the contrary continued to reverberate throughout the Mormon community. Many church leaders saw psychological professionals as threatening to the faith of their members, and so would discourage them from seeking mental health care, echoing McConkie’s teaching that mental health problems would be overcome through spiritual wellness, guided by their religious leader. One of the first shifts to reduce mental health stigma in the LDS community was in LDS apostle Jeffery Holland’s (2013) General Conference address, *Like a Broken Vessel*, when he acknowledged that depression is a valid reason to seek out mental health care, and may not be resolved with a bishop alone. Unfortunately, the changing attitudes and openness toward mental health care have not extended to sexual health. On the contrary, the LDS Church garnered national attention when they excommunicated Natasha Helfer, LMFT, an LDS AASECT-Certified Sex Therapist, for her

normalization of masturbation and homosexuality (Bailey, 2021). This action effectively labeled the recommendations and best practices of sexual health experts as anti-Mormon.

These attitudes have a significant impact on individual members of the LDS church. In 2002, the nation's heart broke for Elizabeth Smart, a 14-year-old girl who was abducted from her home near Salt Lake City, Utah in the middle of the night, and held in captivity for 9 months, during which she was raped frequently, often daily, by her captor. After she was found, many wondered why she did not run. In addition to fearing for her life and the life of her family, she reported that traditional Latter-Day Saint sexual purity lessons contributed to her captivity. She stated,

“I thought, ‘Oh, my gosh, I’m that chewed up piece of gum, nobody re-chews a piece of gum, you throw it away.’ And that’s how easy it is to feel like you no longer have worth, you no longer have value,” Smart said. “Why would it even be worth screaming out? Why would it even make a difference if you are rescued? Your life still has no value.” (Frumin, 2013, para. 5).

Though an extreme and heartbreaking example, it leaves one to wonder how many others are psychologically held in captivity by PC teachings. Today she advocates for changing sexual purity teachings in the LDS church to decrease others' vulnerability to abuse.

Unfortunately, the chewed-up piece of gum was an all-too-common Sunday school object lesson for many young Latter-Day Saint and Evangelical girls. Children would be offered the choice between receiving a new piece of gum or one that had been previously chewed, saying that a woman who has had sex before marriage is like a chewed-up piece of gum that no one

would want. This discouraged girls' and women's sexual development in general, believing it would cause them to be worth less. The boys were typically spared that lesson but were told not to masturbate or look at pornography, that these were evil behaviors of which they could repent. Anecdotally, this led to many boys and men developing their sexuality associated with shame. It was often assumed that girls and women did not look at pornography, which added to shame for many who did. The LDS church continues to forbid masturbation, pornography use, and homosexual relationships. In addition to restricting sexual behavior, they command that the unwed should not experience feelings of arousal at all (For the Strength of Youth, n.d.). They also teach that sexual sin is next to murder in terms of severity, the second most grievous sin a person can commit (The Church of Jesus Christ of Latter-day Saints, 2013, Alma 39:5).

The rigidity and intensity of these teachings, for something so fundamental to being human as sexuality, create a tremendous impact on their members. A high-demand, or high-control religion, is a religion that requires obedience, discourages members from questioning its teachings, promotes extreme or polarizing beliefs, and expects its members to suppress their authentic selves in service of belonging to the group (Shipps, 2023). Members of high-demand religions, like Mormonism, with high religiosity, develop their identity as inextricably linked to their faith, often from a young age. Humans are highly socially influenced, so being taught these messages by authority figures, and having peers who believe them make it very likely that those exposed to PC teachings will believe them⁸.

⁸ This section includes common themes and experiences in Mormonism, but is not inclusive of every experience a person within Mormonism may have. Though the church's teachings are centralized, the way the messages are emphasized and internalized may differ in each local congregation, family, and person.

Purity Culture Messages

The following PC messages were named and organized by Ortiz (2019).

Table 2

The Messages of Purity Culture (Ortiz, 2019)

Message	Explanation	Evidence
The sexual double standard	Female sexual behavior should be more regulated and constrained than male sexual behavior. Women do not need sexual desire. Women desire to be desired, and so are sufficiently satisfied by being loved by God. A woman’s purpose is to love and please men, therefore the purity of womanhood is desirable for its own sake, sexual pleasure is unnecessary for women. Women are worth less than men. Women’s sexuality is inferior to men’s sexuality. Benevolent sexism: women need to be protected and controlled.	(Anderson, 2015; Banasihan, 2020; Clark & Baird, 2019; Claney, 2018; Darnall, 2017; Eldredge & Eldredge, 2004, p. 112; Field, 2016; Gregoire, 2016; Moslener, 2015). (King James Bible, n.d., Proverbs 5:19; Corinthians 7:34) Sodom and Gomorrah modern interpretation (Corey, n.d.; Rhodes, 2008)
Women as sexual gatekeepers	Women are responsible for their own sexual behavior, as well as their partners’.	(Sakaluk et al., 2014)
Men as unable to control their sexual desires	Sex is bad, but men have poor self-control, so sexual thoughts and behaviors are more acceptable for men than for women. Men are always ready for sex.	(Crawford & Popp, 2003; King James Bible, n.d., 1 Corinthians 7:1-2; McCormick, 2010; Reid et al., 2011; Sakaluk et al., 2014)
Extreme modesty	Bodies are inherently bad, especially women’s bodies, and therefore, should be covered up. Women should dress modestly, so they will be less desirable to men, so men can avoid temptation.	(Anderson, 2015; Claney 2018; Darnall, 2017; Field, 2016; Gregoire, 2016)

<p>Virginity as a gift</p>	<p>Sex is sacred. You are a more pure and worthy spouse if you abstain from sex until after marriage. If not, you are worth less, or are “damaged goods.”</p>	<p>(Anderson, 2015; Clancy 2018; Darnall, 2017; Hardy & Willoughby, 2017; Hernandez et al., 2011; King James Bible, n.d., 1 Corinthians 7:4; Murray-Swank et al., 2005;)</p>
<p>“All-or-nothing” mentality related to sexual activity</p>	<p>Sexual activity outside of marriage is contaminating and sinful. You are either a virgin or a whore.</p>	<p>(Beck, 2006; Garceau & Scott, 2017; King James Bible, n.d., 1 Corinthians 6:18; Mahoney, 2008)</p>

Sexual Victimization

An unfortunate application of the sexual double standard is that women are sometimes made to feel responsible for sexual violence that men perpetrate. Klement, Sagarin and Skowronski (2022) found that PC perpetuates rape myths, such that those who endorse PC teachings are more likely to endorse rape myths, for example that victims are partially to blame for their abuse. Daniluk (1993) found in interviewing female survivors of sexual trauma that participants felt their religious beliefs were a primary source of feeling responsible for men’s sexually abusive behavior. Though it did not specify gender, this was explicitly stated in a General Conference talk by an LDS apostle, Richard G. Scott (1992, para. 14), “The Lord may prompt a victim to recognize a degree of responsibility for abuse.”

People, especially women, in high-demand religions are at greater risk of being victimized by leaders, especially men, with religious authority, and by family members (Denney, Kerley & Gross, 2018). The sexual double standard of PC makes it increasingly difficult for women to adaptively recover from these traumas, as they are more likely to blame themselves

rather than place appropriate responsibility on the perpetrator of the abuse. This happens in a variety of circumstances, most often committed by people the victims know, including within marriages. This makes victims of intimate partner sexual violence especially vulnerable and under-resourced to escape these circumstances when they believe their pleasure is unimportant and it is their duty to satisfy their husbands.

Heterosexual, Monogamous, Procreative

PC makes it clear that despite all of the above limitations on sexuality, God does want you to be sexual, but in prescribed ways. Elisabeth Elliot taught “The desires still exist, are still strong, natural, and human, but they are subjugated to the higher power of the Spirit. They are purified and corrected as we live day by day in faith and obedience” (1984, p. 95). This sends a strong message that sexuality should be superseded by religiosity and spirituality. Continuing to build upon the religious importance of sexuality, Latter-Day Saint teaching states, “Sexual feelings are an important part of God’s plan to create happy marriages and eternal families” (For the Strength of Youth, n.d., para. 4). And lastly, Billy Graham, a very influential Evangelist, confirmed this message, “From the very beginning, God has given us moral laws governing the subject of sex that are absolute and unchangeable. Nowhere does the Christian Bible teach that sex in itself is a sin. But from Genesis to Revelation, the Christian Bible condemns the wrong use of sex” (Graham, 2015, para. 2).

Though PC teaches to abstain from sex until marriage, it is not specifically clear how to accomplish this. Some preachers of PC teach to avoid penile-vaginal intercourse (Fahs, 2010, pp. 124-125). Some say God forbids all forms of penetrative sex, including oral and anal sex (The First Presidency of The Church of Jesus Christ of Latter-Day Saints, 1982). Some teach that

kissing and fondling are wrong (Lenz, 2016; Ortiz, 2019). Some teach that masturbation, or so much as doing anything to arouse sexual feelings in one's body is violating this teaching (For the Strength of Youth, n.d.).

PC claims that the only acceptable sexual and gender identities are cisgender, heterosexual, monogamous men and women. It has been taught that anything other than a heterosexual lifestyle is sinful and contrary to God's plan (Falwell, 2020). Dallin Oaks, who later went on to become an LDS apostle and member of The First Presidency, has gone so far to claim that homosexual behavior is deviant and should be criminally charged (Oaks, 1974, p. 8).

PC adherents claim that the message of procreation as the purpose of sex has been preached from the beginning (King James Version Study Bible, 1988, Genesis 1:28). With this highly emphasized purpose, pleasure has been deprioritized, and at times even discouraged: "Sex is for the procreation of the species, not for sensual pleasure. God made it clean and sacred. He intends that we shall keep it so" (Petersen, 1969, p. 143). However, since procreative sex includes stimulation to the point of orgasm for men, this sentiment is reflective of the double standard of PC, that sexual pleasure only matters for men, not women. Purity movements have changed their emphasis on procreative sex over time. Some fundamentalist movements taught that procreative sex, only engaging in sexual intercourse with the intent to reproduce, was the only sexual behavior condoned by God (DeLamater, 1981). This is a less common teaching today, especially as contraception is permitted in most Evangelical and Mormon communities. However, some purity movements still emphasize that vaginal penetration with a penis is the only correct way to have sex (Fahs, 2010, pp. 124-125), which may be a remnant of the historical emphasis on procreative sex.

Christians preach that sex should only be experienced within the bonds of marriage (King James Bible, n.d., Genesis 2:24, Deuteronomy 22:13-28, Galatians 5:19, Hebrews 13:4, and 1 Thessalonians 4:3). PC teaches that God wants people to be sexual as long as it is heterosexual, maritally monogamous, and that the purpose of procreation is often emphasized. It teaches sex is not primarily for pleasure and anything outside of these guidelines is sinful.⁹

High Stakes

There is intense emphasis placed on the importance of following PC teachings. Preachers of purity use the psychological technique of promising reward or punishment based on compliance. Evangelical PC authors including Leslie Ludy, Elisabeth Elliot, and John and Staci Eldredge, have promised that following sexual purity teachings can lead to spiritual transcendence and everlasting life (Houser, 2021). The LDS church promises that following sexual purity teachings will lead to a healthy body, freedom from addiction, increased personal revelation from God, approval from God, and spiritual power (For the Strength of Youth, n.d.).

Promised rewards also include that it will make sex better (Anderson, 2015; Banasihan, 2020; Darnall, 2017; DeRogatis, 2014). For example, author Joshua Harris explained, “The joy of intimacy is the reward of commitment” (Harris, 2003, p. 28). Clark and Baird (2019) concede that purity is less desirable in the short term, but one will be rewarded in the end. However, they reinforce the idea that women should not actually need that reward, “Ultimately, although every woman wants a hero, the pure women’s hero ought to be Jesus, not a man” (p. 184).

⁹ Teachings on pleasure and sex as strengthening the marital relationship differ among purity cultures. For example, the Evangelical sex manuals discussed in the Evangelical Christianity section emphasize that when these teachings are followed, Evangelicals have the best sex. Some do emphasize that sexual pleasure will increase when guidelines are followed. However, sexual pleasure is often deprioritized.

It is interpreted by many, and at times directly taught, that failing to comply with PC teaching diminishes one's worth. It has been taught in many Sunday School lessons that a woman who engages in premarital sex is like a broken teacup, dirty piece of tape, chewed piece of gum or damaged goods that no one would want (Anderson, 2015; Calhoun, 2017). Some have been taught that they will be loved less by God, that they will fare worse in life, and that they have sinned and therefore deserve punishment. Though it is often taught the punishment will be delivered in the afterlife, many begin punishing themselves in the present with intense guilt and shame, which can contribute to suicidal ideation and self-harm (Kealy, Treeby & Rice, 2021; Sheehy et al., 2019).

Balliet, Mulder and Van Lange (2011) found that using rewards and punishment can have a strong influence on human behavior. This intense emphasis on the importance of following PC teachings is an example of coercion, stemming from patriarchal control.

Summary of Purity Culture Messages

It is important to understand each of the individual claims of PC, as well as to understand the message and impact as a whole. It teaches men and women to abstain from sex until marriage, though the specifics of how to accomplish this are inconsistent. It teaches women that their sexual desire is not important, that their worth is in their sexual purity, that they are responsible for maintaining it, as well as men's, through self-discipline and extreme modesty. Purity discourages and may delay normative sexual development. It teaches men that they should also stifle, control and delay their sexuality; however they are given more freedom to explore, and it is often conceded that they will be unable to succeed in achieving the goals of PC, which is why it is the greater responsibility of the woman. Men also are taught significant shame for their

sexuality is appropriate if they fail to follow PC teachings. The intensity and importance of PC teachings that are conveyed in some religious communities sends the message that people are worth less and loved less by God if they fail. People who do engage in sexual behavior prior to marriage are often exposed to significant judgment and rejection by their community.

Some PC messages are paradoxical. Various preachers of PC have emphasized different principles at different times. PC teaches that sex is not good (King James Version Study Bible, 1988, 1 Corinthians 7:34) and also that sex is good and desirable after heterosexual marriage. It teaches that sexual desire and pleasure are not important, but that if one follows these teachings, they will have greater sexual satisfaction. The inconsistency of some of the messages brings into question the validity of these claims.

It is well established in scientific literature that beliefs have a significant impact on behavior and emotional well-being. Albert Ellis (1962) is credited for developing the idea that the human experience, made up of how humans feel and behave, is highly influenced by their beliefs. The claims of PC are taught in the affected communities from a young age. Receiving these messages throughout the course of one's development is likely to have a significant impact on sexual health, functioning and well-being.

Sexual Health

The World Health Organization (2012) has declared that sexual health is a human right and an integral part of well-being. Sexual health significantly impacts people on individual, interpersonal, and systemic levels. Sexual behavior is correlated with social health (Meuwly et

al., 2021; Woody et al., 2000), which is important for well-being. Sexuality is a valuable way that humans connect with one another and is developmentally important.

Sexual inactivity has been linked to a range of negative health outcomes, although a direct cause-and-effect relationship has not been definitively established. Studies show that people who are sexually inactive with a partner are more likely to be single and experience health problems related to the heart, skin, gastrointestinal system, pain, cancer, weight issues and mental health concerns (Mikkil et al., 2022). These mental health issues include stress, anxiety, self-harm, suicidal thoughts and attempts, PTSD, personality disorders, eating disorders, and psychoses (Andreson et al., 2022). Mollaioli et al. (2021) found that during the COVID-19 pandemic, sexual activity was associated with lower levels of anxiety and depression, suggesting that sexual activity can have a positive impact on emotional well-being and adaptive coping, even while experiencing high environmental stress.

The health risks associated with lack of sexual activity extend beyond partnered sex. Men who abstain from sex or experience low ejaculation frequency may have a higher risk of prostate cancer (Giles et al., 2003). For women, avoiding masturbation can contribute to sexual dysfunction and difficulties with sexual intimacy (DelCea, 2019). The prevalence of these problems is great, with four out of ten women having had times of significant difficulty achieving orgasm, including within marriage (DelCea, 2019). Masturbation is a crucial part of healthy sexual development and is often recommended as a treatment for certain types of sexual dysfunction, especially orgasm difficulties (Marchand, 2021).

Mitchell, Lewis, O'Sullivan and Fortenberry (2021) affirmed the importance of sexual health, "We situate sexual well-being alongside sexual health, sexual justice, and sexual pleasure

as one of four pillars of public health enquiry” (para. 1). Sexual health is about so much more than avoiding STIs. Health is about justice, pleasure, freedom, and wellness. Self-esteem is another important aspect of well-being and is slightly and positively correlated with sexual health (Sakaluk, Kim, Campbell, Baxter & Impett, 2020). Safe sex and sexual consent are important aspects of sexual health, and Sakaluk et al. (2020) found that sexual functioning was even more strongly associated with self-esteem than were safe sex and sexual consent. It is clear that people have an increased likelihood of being healthier and more satisfied in life and enjoying better health in several domains when they are engaging in frequent sexual behavior, free of dysfunction.¹⁰

Sexual Desire

The human sexual response cycle, developed by Masters and Johnson (1966) then built upon by Kaplan (1979), is desire, excitement/arousal, plateau, orgasm, and resolution. Desire is the foundation. Without desire, nothing healthy and positive can happen sexually. Then, in her circular model of the female sexual response cycle, Basson (2001) added willingness as an important precursor to experiencing desire.

Masters and Johnson laid the foundation for understanding human sexuality by identifying arousal, ejaculatory control, orgasm, and freedom from pain as necessary for healthy sexual functioning. They insinuated this was all that was needed for healthy sexuality. McCarthy

¹⁰ Asexuality: More data is needed regarding health outcomes for people who identify as asexual. However, healthy sexuality begins with desire. Engaging in sexual behavior without having sexual desire can be harmful. It can lead to violations of consent and could be a negative, distressing, or traumatic experience. Sexual behavior is not recommended for those without sexual desire, as it would not lead to positive outcomes.

and Wald (2012) built upon this initial understanding, and Kaplan, Basson's, and other's work, to identify that the key to healthy sexuality is desire and satisfaction, not functioning alone.

There is a reciprocal relationship between humans' physiology and mental state. Desire emerges from excitement (Both, Everaerd, Laan & Janssen, 2007). The anticipation of a positive experience, which is necessary for sexual desire, is more likely to occur when someone has had positive experiences in the past (McCarthy & Wald, 2012). Therefore, sexual satisfaction is related to sexual desire. Sexual satisfaction first requires willingness, desire, arousal, and letting go (Basson, 2001). Physiologically, erectile tissue itself, which is present in the genitalia of all genders, is actively inhibited by the body at rest. For the valve to release and allow blood to flow toward erectile tissue, it requires relaxation, a letting go, that allows arousal and orgasm to occur. When people have shame or distress, they tense up and have a hard time relaxing. This is evident in Azim et al.'s (2021) finding that when religion causes sexual guilt, it increases risk for genital tenseness in women, to the point where they cannot receive penetration, or it is extremely painful. Being able to let go and relax is necessary in order to allow arousal and orgasm, which are related to sexual satisfaction, which in turn affects sexual desire.

There are a variety of factors that influence sexual desire. Biological factors, including hormonal changes and neurotransmitter imbalances, psychological factors such as relationship issues, body image, stress, and sociocultural factors like societal norms, cultural influences, and media portrayals of sexuality all influence individual's experience of sexual desire (Ronghe, Pannase & Gomase, 2023). Sævik and Konijnenberg (2023) found that cognitive factors predicted sexual desire. Barry and Emily McCarthy (2020) wrote that the keys to sexual desire are anticipation, a sense of deserving pleasure, freedom and choice, and unpredictable sexual

scenarios (i.e. novelty). Desire is responsive to emotional connection and pleasure-oriented touch. These are the principal emotional, psychological, and relational factors that desire needs in order to thrive. If certain beliefs hinder these factors, they are likely to impact desire. For example, if one feels undeserving of pleasure, or lacks the feeling of a sense of freedom and choice, that sex is an obligation or a responsibility to perform, it is likely they will have reduced sexual desire. Since desire results from anticipation of a positive experience, negative sexual experiences are likely related to decreased sexual desire. Not only do these factors affect desire in the short-term, but over years and decades of repeated negative sexual encounters, endorsement of maladaptive, guilt or shame-based beliefs, body image issues, stress, and other issues, an individual's sexual desire can become much lower, in some cases so low that it is no longer accessible to them, to the point that they may endorse narratives that women do not have sexual desire, because these factors have stifled their sexuality for so long. This can happen for men as well, but prior to this study was anecdotally more common among women, which is to be expected given the sexual double standard.

There are many factors that are related to sexual satisfaction. A systematic review revealed several factors that impact sexual satisfaction both individually and systemically (del Mar Sánchez-Fuentes, Santos-Iglesias & Sierra, 2014). Of those factors, those that may be related to or impacted by an upbringing in PC are included in Table 3.

Table 3

Factors Related to Sexual Satisfaction (del Mar Sánchez-Fuentes et al., 2014)

Microsystem	Mesosystem	Exosystem	Macrosystem
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Psychological factors (perfectionism, locus of control)	Frequency of sex, sexual behavior, hedonistic behavior, performance anxiety, sexual interest and motivation, propensity to excitation, contraceptives	Social support, discrimination, family relationships, affection, responsibility, religion, spirituality.	Cultural conflicts
Self-concept (self-actualization, differentiation of self, self-esteem, sexual self-concept, sexual self- confidence, body image, gender role, sexual role)			
Sexual attitudes (sexual thoughts, sexual guilt, internalized homophobia, watching pornography, importance attributed to sex)			
Sexual history (sexual abuse, rape, educational background, sexual information, previous sexual experience, number of sexual partners)			
Other factors: autonomy, experiential avoidance, sexual assertiveness, sexual functioning.			

Overall health and well-being are associated with sexual satisfaction, which increases sexual desire. In a cyclical relationship, sexual desire predicts sexual satisfaction (Mark, 2012). Regarding the impact of sexual dysfunction on sexual satisfaction, Laan and Janssen (2007) found that desire and orgasm problems are the most common sexual dysfunctions, both of which are associated with decreased sexual satisfaction. Erectile problems and premature ejaculation were associated with partner dissatisfaction, early ejaculation was associated with partner orgasm dysfunction, and dysfunctions with lubrication, orgasm, and satisfaction were highly associated with partner sexual incompatibility (Laan & Janssen, 2007).

Lack of sexual desire (for those who do not identify as asexual) can profoundly impact an individual's quality of life. Ronghe (2023) found that it can cause emotional distress, reduced self-esteem, and feelings of inadequacy. It can adversely impact intimate relationships, especially when partners have different levels of sexual desire. Both partners sometimes wonder what is wrong with them: the lower-desire partner for not having sexual desire, the higher-desire partner for not being sexually wanted. This strain can lead to communication breakdowns and conflicts in the relationship. The desire discrepancy can create a cycle of reduced sexual desire, emotional disconnect, and strained relationships. The emotional toll on each individual can increase stress and may exacerbate existing psychological conditions (Ronghe, 2023; Simon et al., 2022).

Sexual desire is the foundation of sexual behavior. Desire problems among individuals and discrepancies between partners are the number one reason people seek out sex therapy (Leiblum, 2010; McCarthy & Opplinger, 2019). Given the importance of sexual health for human well-being, when we harm sexual desire, we harm people.

Sexual Shame

Shame-based beliefs have a significant impact on mental health and may be related to sexual desire. Shame is defined as “an emotional response to a negative evaluation of one’s self as wrong or bad, due to a violation of social norms” (Ruebottom & Toubiana, 2024, p. 1824). It has frequently been studied in cognitive and behavioral terms, while recent research has begun to shed light on shame as an embodied experience. Ruebottom and Toubiana (2024) summarize previous literature and identify shame as not just a transitory emotion but discuss a type of shame that builds up over time and becomes embodied, especially when amends cannot be made, or no

resolution for one's behavior is possible. This is the case when one is made to feel ashamed of their natural ways of being sexual.

Sexual shame can lead to suicidal ideation and self-harm (Sheehy et al., 2019). Sexual shame is one example of psychological distress, which is associated with low sexual satisfaction (del Mar Sánchez-Fuentes et al., 2014). There is a significant inverse relationship between sexual shame and self-esteem, and between sexual shame and sexual satisfaction (Day, 2019). Sexual shame has a significant impact on sexual functioning outcomes. Among survivors of childhood sexual abuse, sexual shame mediated the likelihood of developing sexual dysfunction (Pulverman & Meston, 2020). Further research is needed to understand the relationship between sexual shame and sexual desire. McCarthy, Ginsberg and Fucito (2006) found that sexual guilt or shame and chronic sexual dysfunction were significant factors that contributed to inhibited sexual desire, as did relationship difficulties, traumatic sexual experiences and negative self-image. Sævik and Konijnenberg (2023) found no relationship between sexual shame and sexual desire, whereas Graziani and Chivers (2024) found for women in particular, sexual shame negatively affected their sexual functioning, including arousal, desire, orgasm, and pain. Evidence indicates that sexual shame is associated with higher sexual desire in men, whereas in women it is associated with lower sexual desire (Graziani & Chivers, 2024; van Tuijl, Verboon & van Lankveld, 2021). Several of these factors: sexual shame, negative sexual experiences and self-image, are more probable to occur after exposure to PC messages.

Sexual Desire Discrepancy

People are entitled to have any level of sexual desire. Whether low, medium, or high, if one's level of sexual desire is satisfactory to them, it can be functional and healthy. In

understanding sexual desire, it is important to recognize the way it is defined on an individual level is different from how it functions in a relationship (Levine, 2003). Though one may be satisfied with their own level of sexual desire, if the frequency of sex desired is quite different than their partner or partners', it can create immense strain on the relationship.

High Sexual Desire Discrepancy (SDD) between partners is associated with negative relational outcomes, including lower reported relationship satisfaction, stability, and more reported couple conflict (Willoughby, Farero & Busby, 2014). Causal data has determined that SDD predicts distress (Jodouin, Rosen, Merwin & Bergeron, 2021). Often women diagnosed with Hypoactive Sexual Desire Disorder (HSDD) are distressed by the impact it has on their relationship, rather than their individual experience with HSDD itself (Basson, 2002; Levine, 2002; Marieke et al., 2020). Among men, low SDD was highly associated with high relationship satisfaction, and those with problematic SDD had lower relationship satisfaction than those with non-problematic SDD (Pereira, Machado & Peixoto, 2019). It is clear that SDD can have a significant negative impact on relationships.

Though it has been traditionally assumed that women tend to have lower sexual desire than men and older studies have verified this observed effect (Regan & Atkins, 2006), newer studies have found there to be no difference in gender when it comes to SDD-induced level of distress or who is more likely to be the lower or higher sexual desire partner (Jodouin et al., 2021; Mark, 2012). Based on sexual orientation, Pereira et al., (2019) found no differences in SDD or relationship satisfaction among men. Evidence indicates SDD is not caused by gender differences in desire itself but may be influenced by differences in the definition of sexual desire and type of sexual acts desired (Marieke et al., 2020; Mark, Herbenick, Fortenberry, Sanders &

Reece, 2014; Miller & Byers, 2004; Santtila et al., 2008; Willoughby et al., 2014). Dawson and Chivers (2014) concluded that sexual desire emerges similarly in women and men and that the observed gender differences in sexual desire are due to other factors. Harris et al. (2023) found that in the short term, there was no significant difference between men's and women's fluctuations in sexual desire. Sævik and Konijnenberg (2023) found no gender difference in sexual desire. Of note, women's sexual desire is more contextually dependent than men's, whereas men's sexual desire may be more spontaneous, regardless of context (Baumeister, Catanese, & Vohs, 2001; Marieke et al., 2020; Vowels, Mark, Vowels & Wood, 2018). Further highlighting the importance of egalitarian perspectives related to gender and sexual desire, traditional gender roles regarding sexual initiation can negatively impact satisfaction. Studies have shown that among heterosexual couples, holding the belief that men should always initiate sexual interactions lowers sexual satisfaction in both partners, whereas sexual initiation in both genders would increase sexual satisfaction (Marieke et al., 2020). More is understood today about how sexual desire presents in men and women differently and that there is no significant difference in the frequency and intensity of sexual desire between them.

There are, however, several significant gender differences related to SDD. There are indications that women's sexual desire, specifically, is important to both her own and her partner's sexual satisfaction (Marieke et al., 2020; Mark, 2012; Pascoal et al., 2018). SDD was significantly inversely associated with men's relationship satisfaction, but not women's, highlighting the importance of low SDD to men (Mark, 2012). Women tend to take a leading responsibility for maintaining the relationship and are thus more prone to prioritize relationship needs over personal needs (Kiecolt-Glaser & Newton, 2001; Marieke et al., 2020). As a result, women may hide their lack of sexual desire, so that their partners are not even aware of the

discrepancy (Marieke, 2020; Mark & Murray, 2012). This can lead to women consenting to sex they do not want. Not only is this practice unsustainable, but Hurst (2022) found that 53% of women who engaged in this type of sex developed symptoms of PTSD due to that experience. When the discrepancy is eventually revealed, it can create mistrust, resentment, disappointment, and strain on the relationship. It is likely that left unaddressed, the negative impact of SDD is compounded over time (Jodouin, 2021; Willoughby, 2014). Sexual desire discrepancy is an important sexual health and relationship concern.

Religiosity and Sexuality Related Literature

This section will include what is known about PC messages' direct or indirect impact on sexual desire based on what has been found in related literature. Several studies have examined interactions between Abrahamic religiosity and sexuality. Religiosity influences sexual behavior and sexual behavior influences religious participation (Thornton & Camburn, 1989). Burdette and Hill (2009) found that (1) higher rates of privately practicing religion (i.e. prayer and scripture study) was associated with delayed transitions into sexual touching; (2) higher levels of church attendance were associated with delays in both sexual touching and sexual debut; and, (3) church attendance was unrelated to rates of engaging in oral sex. Among adolescents, friends' religiosity influenced participants' coital debut. Additionally, teens who delay their coital debut tend to switch to more religious friends, while teens who have had their coital debut tend to switch to less religious friends (Adamczyk, 2009); this could explain why 30% of "very religious" respondents refrained from premarital sex, while about 7% of nonreligious respondents abstained (Janus & Janus, 1993). Among college women, Davidson, Moore and Ullstrup (2004) found that higher degrees of religiosity were associated with negative attitudes

toward non-procreative sexual activities, guilt associated with masturbation, lower likelihood of engaging in sexual intercourse, and fewer sexual partners if sexually experienced. Uecker, Regnerus and Vaaler (2007) found among their participants that marriage curbed religious decline, while cohabitation and nonmarital sex accelerated diminished religiosity, especially religious participation, during early adulthood. Marcinechová & Záhorcová (2020) found intrinsic religiosity was related to negative individual sexual attitudes, and sexual shame was negatively related to sexual satisfaction and positively to intrinsic religiosity.

There is conflicting evidence related to religiosity and sexual satisfaction. Several studies found no association between the two (Ashdown, Hackhorton & Clark, 2011; Davidson, Darling & Norton, 1995; Young, Luquis, Denny & Young, 1998). By contrast, Higgins, Trussell, Moore and Davidson (2010) and Abbott, Harris, and Mollen (2016) found that religiosity was associated with low sexual satisfaction. McFarland, Uecker and Regnerus (2011) found that among married older adults, religion was largely unrelated with sexual frequency and satisfaction, although religious integration in daily life shared a weak, but positive, association with pleasure from sex. For unmarried adults, such religious integration exhibited a negative association with having had sex in the last year among women, but not among men. Laumann, Gagnon, Michael and Michaels (2000) found that religious individuals were less likely to think about sex, masturbate, have oral or anal sex, or have multiple partners, and interpreted that religion can shape sexual attitudes and behavior, even after marriage. Some studies have found that other factors have a stronger influence on sexual desire and satisfaction than religion does; for example, good health, positive sexual self-esteem, a sexually skillful partner, positive spousal support, relationship happiness, and emotional satisfaction (Kontula & Haavio-Mannila, 2009; McFarland et al., 2011).

Several studies have found that more impactful on human behavior than someone's religious affiliation is their level of adherence to religious teachings; in other words, their religiosity (Burdette & Hill, 2009; Regnerus, 2005; Visser, Smith, Richters & Rissel, 2007). Many studies find that women are more religious than men and that their religiosity has a stronger impact on their behavior than their male counterparts (De Vaus & McAllister 1987; Burdette & Hill, 2009; Krause Ellison & Marcum, 2002; McFarland et al., 2011; Miller & Hoffman 1995). Religious commitment is associated with decreased sexual activity and increased sexual guilt, particularly among women (Abbott et al., 2016). Being religious is a risk factor for sexual dysfunction in women (McCool-Myers, Theurich, Zuelke, Knuettel & Apfelbacher, 2018). In a qualitative study of women, Daniluk (1993) found that the influence of religious beliefs contributing to negative internalized messages from sexual trauma emerged as a significant theme in the interviews. Among the LGBTQIA+ community, Goodwin (2022) found the majority faced adverse religious experiences, rejection based on sexual identity, conflict between religious identity and sexual identity, increased rates of depression, anxiety, internalized sexual stigma, suicidality, substance abuse, and high-risk sexual activity. Though not measured in that study, given the negative associations between these factors and sexual desire cited above, it is likely that these individuals experienced decreased sexual desire, health, and well-being.

Given the origins of patriarchy in ancient Mesopotamia, where Abrahamic religions emerged, it is important to study Abrahamic and Eastern traditions separately as they relate to sexuality. Daniluk and Browne (2008) found that in Egypt, Japan, and in Hindu and Buddhist traditions, religious teachings place great value on sexuality as integral to spirituality, and value sexual equality and reciprocation without domination and rigid gender roles. They found that

equality-based and woman-affirming perspectives on sexuality are not found in Abrahamic religions.

In reviewing the above literature related to religiosity and sexuality, it is clear that both subjects are multi-faceted. One construct as a whole cannot be quantified and studied in relation to the other construct as a whole in order to determine the relationship in a meaningful way. The literature is extensive and yields different results depending on what is specifically measured. Evidence from the available literature indicates that (1) religiosity and sexuality have a long-lasting influence on one another; (2) Abrahamic religion is associated with sexual guilt and either no impact on sexual satisfaction or a negative impact; (3) the impact of religion is greater on women; and, (4) members of the LGBTQIA+ community have higher rates of adverse religious experiences and negative impacts on their mental health due to their religious affiliation.

Purity Culture and Sexual Desire Discrepancy

The impact of PC teachings will likely depend on the messages people internalize from them. Cognitive dissonance is the discomfort one feels when they hold contradictory beliefs, or when their behaviors do not align with their values or beliefs (Festinger, 1957). Believing in PC while experiencing its distressing impact on one's sexual functioning and relationships may cause cognitive dissonance. People respond to cognitive dissonance differently and consequently have different outcomes (Fontana & Rosenheck, 2004; Mahaffy, 1996). People also respond differently to religious teachings. Those who internalize positive ideas from religion have more positive outcomes, while those who internalize negative ideas from religion have more negative outcomes (Pargament, Koenig, Tarakeshwar & Hahn, 2004; Smith, McCullough & Poll, 2003). For example, if someone believes that God loves them, wants what is best for them, and is

guiding them toward positive outcomes, they are more likely to have positive outcomes due to those beliefs. However, if someone believes they are inherently bad, and God wants to punish them for their wrongdoings, they are likely to have negative outcomes. Both of those messages are taught in religious settings, and people internally emphasize different messages. Even so, “Purity culture often affects a person even after they have cognitively rejected its messages.” (Anderson, 2023, p. 55).

Negative messages about sex have a powerful impact on the way the brain interprets physiological responses. For example, someone with a vulva can feel vaginal wetness; if they interpret that in a positive way, that can increase their excitement, which can cause them to lubricate more. Conversely, a person with the same physiological response can observe the self-lubrication, and if they interpret this as wrong and should not be happening, they may become confused, scared, and ashamed, which will reduce their sexual response (Castellanos, 2024). Among lesbians, an Evangelical identity predicted cognitive dissonance about their sexuality, which they responded to in a variety of ways, including some by altering their religious beliefs, some leaving the church, and others living with the dissonance (Mahaffy, 1996). Among Latter-Day Saints, Bradshaw, Dehlin and Galliher (2022) found that sexual minorities who live with the dissonance had worse psychosocial and sexual health outcomes. They found that both men and women engaged in extensive effort to change their sexual orientation, but only about 4% of the respondents claimed those efforts had been successful. They also found that generally among their participants, only those who identified as bisexual reported success in maintaining a mixed-orientation marriage and continuing activity in the church. The above is evidence that people are different and respond to dissonance differently, which leads to different outcomes.

Sexual dysfunction is more common in women (43%, compared to 31% of men), is highly associated with negative experiences in sexual relationships, and is negatively associated with overall well-being (Laumann et al., 1999). It is possible that women experience increased sexual dysfunctions due to societal sexual double standards. It is already known that sexual guilt stemming from religion is a risk factor for developing Genito-Pelvic Pain/Penetration Disorder, where the affected cannot receive vaginal penetration, or experience pain upon doing so (Azim et al., 2021). Additionally, Southern Christian women diagnosed with dyspareunia (genito-pelvic pain) are less likely to seek help for sexual pain if they feel sexual shame or guilt (Happel-Parkins, Azim & Moses, 2020). Thus, it is established that some Christian religious teachings can cause sexual shame or guilt and sexual dysfunction. It remains to be determined which sexual dysfunctions are affected, including sexual desire and sexual desire discrepancy.

Given the double standards for men and women, it is likely that PC teachings contribute to more frequent negative sexual experiences for women, increasing their likelihood of developing issues with sexual desire, sexual dysfunction, and decreasing their sexual satisfaction.

Sense of Self-Worth and Sexual Satisfaction

Beliefs and experiences related to a person's view of themselves impact both their sexual satisfaction and their sexual desire (McCarthy et al., 2006). Self-esteem is a psychological resource (Hobfoll, Freedy, Lane & Geller, 1990). Kong et al. (2024) identified that self-competence includes possessing autonomy, desirability, and the ability to achieve pleasure from one's sexual activities and performance (Closson et al., 2018; Fichten et al., 2019), and is positively associated with sexual functioning (Manouchehri, Saeedi & Najmabadi, 2021). In a systematic review of the relationship between self-esteem and sexual functioning, Kong et al.

(2024) observed that most studies found a significant positive relationship between self-esteem and sexual functioning, whereas some studies yielded non-significant findings (Ng et al., 2019; Safarinejad, Shafei & Safarinejad, 2013; Sánchez-Fuentes et al., 2014; Wang et al., 2022). Generally, a meta-analysis of self-esteem and sexual health by Sakaluk et al. (2020) found that the positive relationship between self-esteem and sexual functioning was significant, yet this effect was small. It is complex to define and measure each related variable to the self: self-worth, self-esteem and self-competence, and the results of each study will vary given the definition and measurement of these constructs. Marcinechová & Záhorcová (2020) found that sexual shame, shame proneness, and intrinsic religiosity explained 19% of the variance of decreased sexual satisfaction, while the strongest negative predictor was sexual shame. They also found that women are more prone to shame. The above evidence indicates that one's view of themselves is a significant factor in their sexual functioning, which is related to sexual satisfaction (Rausch & Rettenberger, 2021).

Despite PC's claims that sex is more pleasurable and satisfying for those who wait until marriage, Klement (2013) found no correlation. PC includes significant messages about self-worth related to sexual purity. Some who have engaged in premarital sex feel internalized shame due to their sexual behavior, and at times overt shaming by their community. Some have followed PC teachings and believed their worth was measured by their virginity, and upon marrying, experienced a lack of sexual self-confidence due to inexperience, or guilt and shame due to difficulty adjusting their sense of self-worth after no longer being a virgin. McKenney and Bigler (2016) found that internalized sexualization, where women internalize their sexual attractiveness to men as an important part of their identity, is associated with higher levels of body surveillance and body shaming. It is likely that some who were taught that their worth is

measured by their virginity, while simultaneously their sexual attractiveness to others, may develop a lower sense of self-worth, which could reduce their sexual functioning, consequently their sexual satisfaction, and ultimately their sexual desire.

Benefit to Some

There are examples of people interpreting positive messages from Christian religious teachings and their having a positive impact on sexuality related factors. PC teachings may contribute to fewer sexual partners (Davidson et al., 2004) and a low number of sexual partners was generally associated with higher sexual satisfaction (Heiman et al., 2011). Hardy and Willoughby (2017) claimed in their abstract that belief in abstinence until marriage was linked to sexual frequency, sexual satisfaction, and happiness. However, in the actual study, the impact on happiness was small, indirect, and only significant for the LDS population, yet not for Catholics or other Protestants. Belief in marital sex as bonding was positively related to sexual satisfaction, though this belief can be developed independent of PC teachings. PC emphasizes whiteness as more pure. This may partially explain the finding that being white is associated with increased sexual satisfaction (McCall-Hosenfeld et al., 2008). PC may have some benefit to white people, while disproportionately harming people of color (Natarajan et al., 2022) because of how purity culture implicitly and explicitly describes white women as pure and women of color as impure.

Hernandez, Mahoney and Pargament (2011) and Murray-Swank, Pargament and Mahoney (2005) found that believers who embraced the idea that God wants them to be sexual were more likely to have increased sexual satisfaction. For those who identify with traditional gender roles and feel comfortable in those identities, the masculine role in men (Daniel & Bridges, 2013) and the feminine role in women (Pedersen & Blekesaune, 2003) was associated

with higher sexual satisfaction. McFarland et al. (2011) found that religious integration was positively associated with social support, and social support was positively associated with relationship happiness and sexual pleasure. Though there are other ways to get social support, those who find it in religious communities have positive relational and sexual outcomes. These positive impacts of PC teachings are significant for some white, heterosexual, and/or religious people.

Body Image

Teaching women that their worth is in their sexual purity and that their sexual desire is not important is likely to discourage their sexual exploration and development. Feeling worthy is not something people want to give up. This teaching de-incentivizes sexual exploration and development, therefore decreasing women's willingness to be sexual, a necessary prerequisite for experiencing desire (Basson, 2001). Instead, women are taught to accomplish sexual purity through utilizing extreme modesty, often with the justification that their bodies are tempting, bad, carnal, and should be covered up to avoid temptation. As stated in the Heterosexual, Monogamous, Procreative section above regarding the inconsistency of exactly how to accomplish PC, e.g. how short can shorts be, whether showing shoulders is allowed), this is another example of how PC messages impact women's relationship with their bodies. Daniluk (1993) interviewed several women who survived sexual trauma and found that many of them identified their religious beliefs as the reason they felt that the female body was dirty and shameful. These body-negative beliefs can contribute to poor body image, which is correlated with reduced sexual satisfaction, which in turn impacts desire (Pujols, Meston & Seal, 2010).

Those affected by a negative body image tend to feel uncomfortable and may avoid sex in order to avoid their discomfort with their bodies.

Duty Sex

PC teachings contribute to men pressuring their partners for sex and women consenting to sex they do not want (Hurst, 2022). Women¹¹ are exposed to varying levels of coercion by their partners, who may feel entitled to sexual satisfaction from their wives, since they have each been taught that is her responsibility. Even when there are low levels of coercion, many women who have been exposed to PC teachings feel a duty to please, which creates pressure and consenting to unwanted sex. This occurrence is very common; 82% of participants reported being coerced for sex, 37% of which consented to unwanted sex often or very often (Hurst, 2022). This duty to please is a very prevalent socialization among followers of high-demand/high-control religions, especially for women, and is present in most aspects of their lives, not just sexually. Hurst (2022) examined the impact of consenting to unwanted sex for those who had no history of being the victim of sexual abuse or violence and did not experience sexual coercion to the level of threat of violence or death. Even while controlling for these variables, she found that 53% of women who consented to unwanted sex developed symptoms of PTSD due to these encounters (Hurst, 2022).

Her participants described the experience of duty sex as, “I think sometimes he knew I didn’t really want to, but justified it since it would have been my job to say something” (p. 70). “He was never coercive, only pouty and mad at me, it was easier to consent than to deal with his

¹¹ Hurst studied participants who identified as women.

emotion(s)” (p. 71). Though the negative consequences of declining sex in these instances was relatively mild, women exposed to PC, who have been taught it is her responsibility as a wife to sexually please her husband, are particularly vulnerable to engaging in this behavior.

“I feel a small piece of me fall away when I perform. I lie about arousal or interest in sexual activities to show my investment in our marriage. I consensually experiment in activities or fantasy situations that are REALLY exciting to my husband because it is the least I could do. But I know I’m detaching.” (p. 71).

Though negative consequences are exactly what these women have been trying to avoid, consenting to unwanted sex can lead to longer term problems. “It feels easier to cope with to just have sex and know that I will have a day or a few days of peace where I don't have to worry about his advances because we have already done that recently. My feelings of anxiousness have progressively gotten worse over the years” (p. 72).

These participants’ words highlight the sexual double standard for men and women and women being the sexual gatekeepers. 95% of participants confirmed that the most common form of consent they use is “just going along with it” regardless of if they wanted it or not (Hurst, 2022, p. 71).

Teachings that lead to duty sex, women feeling responsible for satisfying their husbands and men feeling entitled to sexual pleasure from their wives have serious negative health and relationship outcomes. In addition to the negative impact on their mental health, women tend to only consent to unwanted sex for so long, and eventually tend to avoid it altogether (Hurst, 2022). One participant stated, “I have no desire for sex anymore. I have no desire for my partner”

(p. 80). Another described the impact of consenting to unwanted sex on her sexual desire more in depth:

I am the classic "duty sex" wife. I felt guilty for not enjoying it, but it was less guilt than if I resisted sex. Me going along with sex kept him happy but gradually made me hate sex more and more. I am to the point now that I literally cannot have sex with him, it feels repulsive. Recently I told him I am done with sex, and I feel so relieved. At the same time, I feel very guilty. I feel that I can go on with our marriage by cultivating a supportive, platonic friendship. I feel like I can be in my own bedroom without feeling nervous and dreading that he will start touching me in expectation of sex. But he is of course, extremely unhappy that I said I am done with sex. In fact, he immediately broke out in a full-body rash or hives. Our marriage is very shaky over the sex issue" (p. 183-184).

Duty sex has a very negative impact on sexual desire (Hurst, 2022) and is a significant contributing factor to sexual desire discrepancies between partners.

Sexual Victimization

As the sexual gatekeepers, women often feel responsible for sexual violence that men perpetrate. This is a rape myth, acceptance of which is correlated with endorsement of PC beliefs (Owens et al., 2020). Emerging evidence further indicates a possible causal relationship, where endorsement of PC may strengthen rape myth acceptance (Klement et al., 2022). Daniluk (1993) interviewed primarily white, heterosexual women and found that participants identified their religious beliefs as a primary source of their feelings of accountability for the sexually violent

actions of men. In a small, qualitative study, McEvoy (1993) found that Indigenous women of color who were sexually abused as children and had a strong religious influence in their upbringing felt a strong sense of invalidation, confusion, unworthiness, unlovability, and that they were somehow to blame for their abuse and deserved it. These childhood experiences lead to a loss of belief in safe, intimate relationships. People who internalize distorted messages from trauma (i.e. that abuse they endured was their fault), are more likely to develop PTSD from the trauma. Evidence indicates that exposure to PC messaging is a risk factor for increased internalization of negative messages. Sexual victimization has been found to be related to low sexual satisfaction, increased sexual dysfunction, and increased sexual shame (Lipinski & Beck, 2022; Marcinechová & Záhorcová, 2020).

Men

Among men, PC can influence the development of their sexuality being associated with shame. Though they are given more permission to sexually develop than women are, it is still discouraged. This may lead to men having similar rates of masturbation engagement compared to their non-religious peers, but significantly more shame associated with the behavior. They are often taught to repent for masturbating. Zimmer and Imhoff (2020) found that attempting masturbation abstinence was related to a higher-than-average perceived impact of masturbation, conservatism, religiosity and to lower trust in science. Pornography and masturbation are not always used together, but in most circumstances, pornography is primarily used as a tool for masturbation. Evangelicals living in politically conservative areas (Perry & Whitehead, 2020) and Utahns (home to the greatest number of Mormons than anywhere in the world) consume

pornography more frequently than anyone else in the country (Edelman, 2009), despite the behavior being highly discouraged by their religious leaders.

Many Americans consume pornography without shame, and do not do so compulsively or in a way that causes distress in their lives. It is well established that shame increases compulsive behavior, including for compulsive sexual behavior (CSB; Lew-Starowicz, Lewczuk, Nowakowska, Kraus & Gola, 2020; van Tuijl et al., 2021). The intense emphasis with which pornography use and masturbation is discouraged makes it more likely than people who do so will develop CSB. Though this does happen for women, men are at greater risk, and develop CSB at higher rates than women (Kürbitz & Briken, 2021). This is likely because of the double standards for men and women and the specific ways PC impacts men. The idea that men are always ready for sex and cannot control their sexual desires is a harmful myth that justifies compulsive behavior. This myth also adds significant pressure on men to sexually perform. This contributes to performance anxiety, premature ejaculation and erectile dysfunction, which is associated with low sexual satisfaction for men and their partners.

When men do not have as much sexual desire as society expects them to, they may wonder what is wrong with them. Erectile dysfunction can be a source of great shame, especially for couples struggling with fertility issues, which is a significant risk factor for sexual dysfunction. The emphasis on the importance of procreation among religious communities adds to this intense pressure to perform in order to achieve pregnancy. This performance pressure contributes to men's orgasm and hopeful impregnation of their partner becoming all the more elusive. Based on 35,000 hours of anecdotal evidence with his patients, Watter (2022) theorizes that existential meanings such as these are among the most significant contributing factors in the

development of men's sexual dysfunctions. He explains that the pressure to "be a real man" is one of these meanings that can impact functioning. Given that people respond to social messaging differently, some men develop sexual entitlement due to the social permission they are given, which can negatively impact their relationships, while others develop shame for their sexual desires and do not want to be perceived as overly interested in sex. This can contribute to performance anxiety, inhibited sexual initiation, and stifling sexual desire.

LGBTQ+ Experiences

When exposed to PC, those whose identities are incompatible with heterosexual, monogamous, procreative sex are likely to feel guilt and shame for being who they are, and for the natural desires that accompany their identities. Abiseid (2023) found that many of those with intersecting queer and religious identities experienced religious and identity conflict, increased levels of suicidal ideation, depression, guilt, shame, decreased self-esteem, feeling their sexual and/or gender identity was incompatible with religion, and being targets of identity erasure.

Dehlin, Galliher, Bradshaw and Crowell's (2015) findings suggest that rejection or compartmentalization of sexual identity may be difficult to sustain over time and likely comes at a significant psychosocial cost. Integration of religious and sexual identities appears to be associated with optimal outcomes, though may be extremely difficult to achieve. Among sexual minorities, women exhibited a greater degree of alienation from the church, were more likely to express negative sentiments about their personal experience in it and were less believing in its doctrine and policies (Bradshaw, Galliher & Dehlin, 2021).

Shame

As stated in the sexual desire section, shame-based beliefs have a significant impact on mental health may be related to sexual desire. Narratives of shame are abundant in PC. Women's bodies, homosexuality, masturbation, "abnormal" amounts of sexual desire based on one's prescribed gender and sex outside of marriage have all been the targets of shame-based teachings. The idea that one is irreparably damaged after engaging in premarital sexual activity can lead to intense feelings of shame and guilt (Ortiz, 2019). Studies have shown that a significant number of individuals interpret their sexual behavior as hypersexual, even when their rates of sexual activity are similar to the general population (Cantor et al., 2013; Grubbs, Stauner, Exline, Pargament & Lindberg, 2015; Walton, Lykins & Bhullar, 2016). Feeling sexually abnormal can contribute to sexual shame. PC teachings may distort reality by shaming developmentally normal sexual behavior.

Anecdotal Experiences

A wealth of anecdotal evidence suggests PC is harmful for sexual health and overall well-being. Hundreds of individuals in the post-PC community have publicly shared their experiences of being raised in PC and how it impacted them throughout their lives. Experiences include feeling damaged, broken, shamed, worthless, inadequate, conflicted between their sexuality and their faith, wicked, dangerous, and disqualified from true love (Allison, 2021; Anderson, 2015; Bessey, 2013; Frumin, 2013; Holmes, 2018; Klein, 2018; Lenz, 2016; Valenti, 2009; Woodiwiss, 2016). These narratives suggest that PC teachings frequently harm both those who follow them, and those who do not. For those who do not, individuals have spoken of enormous amounts of internalized shame for their sexual behavior, and at times public shaming by parents, friends, and

religious leaders. For those who do follow PC teachings, many have found these teachings over-promised and under-delivered. At times PC teachings have made women vulnerable to abuse and are damaging to their faith. One woman shared her experience,

I am a purity culture success story: I am a heterosexual woman, a virgin until marriage, now with two small children and a husband I deeply love. We attend church. We believe in God. And yet, for me, the legacy of purity culture is not one of freedom but one of fear...So many women in my life cracked under the untenable pressure, often giving up on God altogether. Others were forced into marriages with men who hit them and hid their abuse behind another message of the church borne from purity culture, that God hates divorce. (Lenz, 2016, para 8)

Lenz's words highlight the experience that even those who follow PC teachings are left with a message of fear. For some, that is not the case, and they are able to make the transition to a satisfying sex life after marriage. Others have difficulty when they have been taught sex-negative messages their whole life, then sex is suddenly condoned for them after marriage, to allow themselves to let go and experience desire, pleasure, and satisfaction. It has been established in this paper that complex psychological factors impact sexual functioning and satisfaction. Even though sex is encouraged after marriage, sometimes people struggle to somatically make that transition when sex was seen as wrong for them for so long.

Asexuality and Low Sexual Desire

Approximately 1% of the general population ascribes to an asexual identity (Bogaert, 2004). Currently among asexuality researchers the most accepted empirical definition of

asexuality is an enduring absence of sexual *attraction*, not *desire* (Bogaert, 2015; Brotto, Knudson, Inskip, Rhodes, & Erskine, 2010; Graham & Prause, 2007). There are mixed results regarding asexual individuals' experience of sexual desire. Many asexual people masturbate, which may be interpreted as the presence of sexual desire, but not sexual attraction. Though the following distinction requires more empirical testing, the most significant difference between low sexual desire and an asexual identity is the presence of distress (Brotto et al., 2010). Most self-identified asexual people are not distressed by their orientation. To the contrary, they are often distressed by the presence of sexual desire, perhaps because it is unfamiliar to some of them and incongruent with their identity (Brotto et al., 2010). Evidence indicates that for those who are distressed by issues related to their asexuality, it may be due to interpersonal factors, such as relationship difficulties with an allosexual (non-asexual) partner, feeling misunderstood by their community, or sociological distress due to society being structured to accommodate heteronormative, monogamous families, which they may not feel they can fit into, given their lack of attraction. Brotto (2010) found that 27% of asexual people had consented to unwanted sex for reasons other than sexual attraction, compared with 38% in a heterosexual sample (O'Sullivan & Allgeier, 1998). Among such dyads, the asexual participants added that sexual activity did not help them to feel closer to their partners in the way that their allosexual partners described. Many asexual people experience romantic attraction, and may therefore identify as gay, straight, or biromantic (Bogaert, 2015).

This experience is in contrast to someone with low sexual desire which has not developed into an asexual identity. When low sexual desire has persisted for more than 6 months and causes clinically significant distress, the affected individual may be diagnosed with Male Hypoactive Sexual Desire Disorder (MHSDD) or Female Sexual Interest/Arousal Disorder (FSIAD). These

individuals are typically quite distressed by their lack of sexual desire, and their condition is correlated with low self-esteem, depression, and other psychological conditions (Ronghe, 2023; Simon et al., 2022).

It is possible that exposure to PC may influence the development of low sexual desire, MHSDD, FSIAD, and perhaps even an asexual sexual orientation. This is understandable if throughout the course of one's sexual development they receive strong messages of engaging in sex being sinful or frowned upon, and abstaining from sex being godly, pure, and a sign of greater self-control. Other researchers have acknowledged that cultural influences such as these may lead to low sexual desire and/or the development of an asexual orientation (Bogaert, 2015). Women may be more likely to develop low sexual desire and/or an asexual orientation because they are more flexible, responsive, and open to social and cultural influences (Baumeister, 2000), and are less socialized to be sexual (Bogaert, 2015). Following the directives of PC is extraordinarily difficult for most allosexual people to follow. It is possible that some may have simply thought they were righteous and obedient by remaining celibate until marriage, only to realize later in life they are asexual. When asexual people are called to be celibate prior to marriage, it may delay their understanding of their sexual orientation, which could negatively impact future relationships. Therefore, it is possible that PC exposure may hide or contribute to the development of an asexual identity, as well as low sexual desire. More research is needed in order to understand the complex relationship between sexual attraction and sexual desire (Bogaert, 2013).

Summary of Literature Review

There is a complex interplay of factors that impact sexual desire discrepancy between partners. As cited above, Banasihan (2020) identified PC as a performative act. When people are expected to perform their gender role, when there are double standards for men and women, it creates a discrepancy in their experience and understanding of sexuality from the very beginning. Without intervention, the discrepancy is likely to worsen over time. Some people seem able to make the switch to embracing their sexuality once married, and some report that transition to be very difficult. When one is expected to perform purity, it is likely to negatively impact desire.

The above cited literature indicates that PC teachings have direct and indirect effects on self-worth, social support, sexual satisfaction and overall health and well-being, including emotional trauma and psychological conditions, body image concerns, stress, social influence, sense of freedom, sense of being deserving of pleasure, guilt and shame, all of which impact sexual desire.

It seems PC makes significant demands of men and women leading up to marriage, but grossly under-prepares them to succeed in marriage. From a young age they are provided with significantly different understandings of sexuality and can develop distinct skills, experiences, beliefs, and self-concepts. There are some positive outcomes of PC endorsement for those who identify as white, heterosexual, religious, and monogamous. However, there are many examples of these teachings being experienced as harmful by those within those identities, as well as outside of them. Men's sexual development is allowed, but discouraged and associated with great shame, whereas women are discouraged from sexually developing at all. Even after achieving the demands of PC, the impact of these teachings continues to limit sexual expression

even within marriage (Laumann et al., 1994). Overall, evidence indicates that PC teachings cause more harm than good.

While benefiting some, the evidence cited in this chapter indicates that exposure to PC has an overall negative impact on the sexual health and well-being of women, men, members of the LGBTQIA+ community, people of color, and survivors of sexual trauma, influencing increased negative self-worth and body image, duty sex, and shame. With the understanding of how these factors relate to sexual desire and satisfaction, it is likely that exposure to PC is related to increased sexual desire discrepancy among heterosexual couples. The purpose of this study was to examine the impact of PC on sexual shame and sexual desire discrepancy between heterosexual partners. This study hypothesized that exposure to PC beliefs would be associated with distress, increased sexual shame, be associated with increased desire discrepancy between heterosexual partners and increased likelihood that women in heterosexual relationships become the lower desire sexual partner, all of which are moderated by sexual shame and endorsement of PC beliefs.

Chapter 3

Research Models, Methods, and Procedures

Research Design

This project utilized an experiment, a correlational study, and an exploratory study design. This approach provided causal data, correlational data, and qualitative data. Participants provided a baseline measurement of sexual shame, watched a video including either a PC message, a sex positive message, or a control video of a personal finance message, then provided a post-test measurement of sexual shame. The selected videos each had a positive, uplifting tone.

Then participants completed a measure of general sexual shame, sexual desire discrepancy, exposure to and endorsement of PC beliefs, and a journal prompt on their experience with PC beliefs. While many were taught PC (exposure), people vary in how much they believe the messages (endorsement). Therefore, these two constructs were measured separately. An online survey method was employed to allow for ease of accessibility to participants, likely increasing participation. Previously established measurements were used to increase the validity and reliability of the statistical analyses of the data collected. Participants were recruited through online advertisement on multiple social media platforms, online groups, client outreach via colleagues, and paid participant recruitment through Forthright Access.

Participants completed a total of 52 items on the questionnaire, and one open-ended survey response question. They provided a baseline measurement of sexual shame through completing the Purity Culture Belief Scale (PCBS, Ortiz, 2019) guilt and shame subscale (7 items) and four items of the Positive and Negative Affect Schedule (PANAS, Watson, Clark & Tellegen, 1988): “Ashamed” and “Distressed” as well as “Inspired” and “Proud” as controls (4 items). See Appendix A for all measures.

After initially completing the 11 items from the PCBS guilt and shame subscale and the 4 PANAS items, participants were randomly assigned a brief video clip of someone sharing a purity culture message, a sex positive message, or a control video on making wise financial choices. They completed the 11 items again after they watched their assigned video. This between-groups method, rather than within-groups, was selected to reduce participant fatigue, order effects, and regression effects.

After the experiment, participants completed the Sexual Shame Inventory (SSI; 10 items, Seebeck, 2021), remainder of the PCBS (17 items), a sexual desire discrepancy measure (2

items), an item assessing previous exposure to PC, and a journal prompt asking about their previous experiences with PC teachings and their perceived impact of it on their lives. Each sexual shame scale was intended to measure the construct of sexual shame slightly differently. The PCBS guilt and shame subscale (PCBS-GS) measured endorsement of shame-based beliefs specific to PC. The PANAS was intended to measure the participants' subjective, present moment experience of shame and distress. The PANAS is a state-dependent scale that was expected to vary after introducing a variable that may impact the feeling of shame or distress, making it ideal for an experiment. The SSI was intended to measure participants' general experience of sexual shame. Utilizing 3 scales that relate to sexual shame was implemented to provide more information related to participants' experience in order to increase measurement validity. These scales were chosen because they were previously validated, are interpretable, and relate to the constructs they are intended to measure. It was expected scores on the PCBS-GS and the PANAS Ashamed subscale would correlate with the SSI score.

Population

Participants were required to be adults, U.S. residents, and able to read and write in English in order to be eligible for study participation. Consenting participants shared demographic information including their age, race, sex declared at birth, gender, sexual orientation, religious affiliation and participation, religiosity, and relationship status. If they were raised religious but were no longer affiliated, they were asked regarding the length of time since they had left religion. Partnered participants were asked about the length of time they have had a relationship with their partner. Attempts to recruit a diverse sample in these categories were made via the aforementioned methods. Recruitment efforts emphasized participants with current or previous Evangelical or The Church of Jesus Christ of Latter-Day Saints affiliation, since

people in these populations have likely been most significantly impacted by PC. General population participants were also recruited for the purpose of comparison.

Materials

Purity Culture Belief Scale (PCBS)

The PCBS (Ortiz, 2019) is a 24-item scale that intends to measure exposure to and endorsement of PC beliefs such as, “It is more acceptable for a man to not be a virgin on his wedding night than a woman,” “Waiting to have sex until marriage will make the wedding night and future sex life that much better,” and “Sex outside of marriage will make you damaged goods.” Higher scores indicate greater exposure to and endorsement of PC beliefs.

The PCBS demonstrated acceptable internal consistency ($\alpha = .83-.90$). It found similar results as other scales intended to measure similar constructs, demonstrating convergent validity with the Heterosexual Script Scale (Seabrook et al., 2016), the Complementary Gender Differentiation and Heterosexual Intimacy subscales (but not the Protective Paternalism subscale) of the Benevolent Sexism aspect of the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996), the Hostile Sexism subscale of the ASI, all subscales of the Sexual-Spiritual Integration Scale (Wittstock, Piedmont, & Ciarrocchi, 2007) and the Shame subscale of the Objectified Body Consciousness Scale (OBCS; McKinley & Hyde, 1996). The PCBS demonstrated measurement of a distinct construct through initial discriminant validity with the Manifestation of God in Sexuality Scale, the Sacred Qualities of Sexuality Scale (Claney, 2018), the Christian Orthodoxy Scale (Fullerton & Hunsberger, 1982), both subscales of the Positive and Negative Affective Scale (PANAS; Watson et al., 1988), and the Surveillance subscale of the OBCS (Ortiz, 2019).

Positive and Negative Affect Schedule (PANAS)

The PANAS (Watson et al., 1988) is a measurement of positive and negative emotions. Variations of the items used and length of time they are referring to have been empirically validated. This study will employ the use of four PANAS items: “ashamed,” “distressed,” “proud” and “inspired” for the present moment that participants are responding. Higher scores indicate currently experiencing the respective emotion more intensely.

Watson et al. (1988) found the PANAS demonstrated internal consistency ($\alpha = .84 - .90$). The subscales were reliable and only moderately intercorrelated with one another (for Positive Affect, $\alpha = .85$; for Negative Affect, $\alpha = .91$) and only moderately intercorrelated with one another ($r = -.27$). With other mood scales, the PANAS demonstrated convergent validity (.76 - .92), and the discriminant coefficients were all low. The PANAS demonstrated external validity between .51 and .74 with the Hopkins Symptom Checklist (a measure of anxiety and depression symptoms; DeRogatis, Lipman, Rickels, Uhlenhuth & Covi, 1974), the Beck Depression Inventory (Beck, Ward, Mendelson, Mock & Erbaugh, 1961), and the State-Trait Anxiety Inventory State Anxiety Scale (Spielberger, Gorsuch & Lushene, 1970).

Sexual Shame Inventory (SSI)

The SSI (Seebeck, 2021) is a 10-item measurement of participants' current experience of sexual shame. It includes items like “When it comes to sex, I feel like I am never good enough” and “I feel ashamed to talk to others about my sexuality/sexual experiences.” Higher scores indicate higher levels of sexual shame.

The scale demonstrated internal consistency ($\alpha = 0.86$). It was significantly and positively correlated with other measures of shame, such as the Kyle Inventory of Sexual Shame (Kyle, 2013) and the Test of Self-Conscious Affect (TOSCA-3; Tangney & Dearing, 2002) Shame

Proneness index, demonstrating convergent validity. It was unrelated to externalization ($p = .62$; TOSCA-3, Externalizing index) and the Heartland Forgiveness Scale ($p = .54$; Thompson et al., 2005), demonstrating discriminant validity (Seebeck, 2021).

Measuring Sexual Desire Discrepancy and Exposure to Purity Culture

Sutherland, Rehman, Fallis and Goodnight (2015) followed the example of other researchers who have measured sexual desire discrepancy (SDD) between partners by creating a 3-item assessment. For this study, two of the items were used since Sutherland et al.'s item 1 was redundant with item 3. For the present study, higher scores on the first item that was used indicate a greater desire discrepancy, "In general, how does your sexual desire level compare to that of your partner?" For item 2, "Using the scale below, rate which statement best captures yours and your partner's desire levels," a higher score indicates being a higher desire sexual partner, a zero score indicates no discrepancy, and a lower score indicates being the lower desire sexual partner. These questions measured the direction and magnitude of an individual's perceived SDD in their relationship. This 2-item assessment will be referred to as the Simple Sexual Desire Discrepancy Measure (SSDDM).

To measure the degree of lifetime exposure to PC, one item was developed, the Exposure to Purity Culture Beliefs Scale (EPCBS). After completing the PCBS, participants came to a screen showing all of the purity culture beliefs included in the PCBS and answered the question, "How frequently have you previously been exposed to these messages in your life?" Ortiz (2019) originally had participants complete the entire PCBS for "How strongly did you receive this message" and a second time for "How strongly do you agree with this message?" It was hypothesized that participants had similar exposure to all purity culture messages, therefore a

composite exposure score would be relevant and reduce participant fatigue while increasing participation by reducing the number of items administered.

Data Analysis

Hypothesis I: Participants exposed to video clips demonstrating PC beliefs will report increased sexual shame on a post-test measure. To measure the impact of PC exposure on sexual shame, a repeated-measures ANOVA was used to compare scores on the PANAS (4 items) and the (PCBS-GS) for each condition: baseline and after watching a randomly assigned video (PC message, sex positive message, or personal finance video). For the PCBS-GS, Cronbach's Alpha was used to measure internal consistency and Pearson's Correlation was used to measure convergent validity with the SSI.

Hypothesis II: Greater exposure to PC beliefs will be associated with greater sexual desire discrepancy between heterosexual partners. This relationship will be stronger the more sexual shame participants have and when they endorse PC beliefs such that exposure to PC beliefs is associated with greater desire discrepancy. Heterosexual participant data was analyzed because of the hypothesized differing impact of PC exposure on men and women, associated with men having higher desire and women having lower desire (see Hypothesis III).

To examine the relationship between exposure to and endorsement of PC beliefs and sexual shame and SDD between partners, Spearman's Correlation was used to measure correlations between the PC exposure (EPCBS), PC endorsement (PCBS), sexual shame (SSI), and the degree of SDD (SSDDM - item 1). Correlations were examined in the general population. Then, the correlational analysis was repeated with participant data split into groups based on level of PC endorsement. Two moderation analyses were used to assess whether sexual

shame and PC endorsement, respectively, moderated the relationship between PC exposure and SDD.

Hypothesis III: In heterosexual relationships, women's sexual desire will be lower than men's sexual desire and this will be moderated such that women exposed to PC will report even lower sexual desire compared to their partners. As discussed in the literature review, this hypothesis stems from the body of research that shows no difference between men's and women's levels of sexual desire (e.g. Harris et al., 2023; Marieke et al., 2020). This study measured SDD between partners and hypothesized that after lifetime exposure to PC, women's sexual desire would be lower than men's. An independent t-test was used to compare men and women being the lower desire or higher-desire partner in their current relationship. A moderation analysis was used to see whether gender (binary) moderated the relationship between PC exposure and being the higher or lower-desire partner.

Hypothesis IV: This study also included an exploratory research question to examine themes of lived experiences with PC. Participants were asked to share their lifetime experience with the beliefs included in the PCBS. It was expected participants would report lifetime experiences of distress and sexual shame associated with exposure to PC beliefs. Qualitative data was examined utilizing The 6 Step Thematic Analysis Method (Braun & Clarke, 2006).

Positionality

The author of this dissertation identifies as a white, bisexual, married woman and a practicing therapist (Licensed Clinical Social Worker, Certified Sex Therapist), primarily treating clients for relational and mental health issues related to their sexuality and religiosity. Her positionality was informed by being raised as a devout Mormon with extensive exposure to PC. She presently identifies as non-religious.

Chapter 4

Results

Survey Outcome

Participant data were collected from August 13 - September 13, 2024. A total of 2,071 participants responded to an online survey. However, 798 of those responses were incomplete or failed manipulation checks and were excluded from analysis. Therefore, 1,273 participants provided complete responses that were analyzed. 46.7% of the sample identified as men, 46.3% as women, 2.8% non-binary, and 1.3% transgender. In terms of current religious affiliation, 31.4% identified as members of the Church of Jesus Christ of Latter-Day Saints, 27% as Atheist, 10.4% as Unaffiliated, 9.1% Catholic, 6.4% Christian (non-LDS or Evangelical), 3.7% Evangelical, 0.9% Eastern (Buddhist, Hindu, Sikh), 0.8% Muslim, 0.5% Jewish, and 0.5% Wiccan. In terms of religiosity and religious history, 50.7% identified as actively involved in an Abrahamic religion, 2.7% as nuanced,¹² 19.8% as formerly religious but are no longer, and 26.7% as other/did not disclose. The majority of the sample identified as straight (74.1%), 16.3% as bi/pansexual, 4.7% as gay, 3.4% as asexual, 3.1% as queer, and 1.2% as questioning. The majority of the sample identified as White (86.3%), 6.7% Hispanic, 5.1% Black, 3.1% Asian, 2% Indigenous American, and .9% Hawaiian/Pacific Islander. Sample ages ranged from 18 to 82 years old. The mean age was 38.86 years, ($SD = 12.8$). See Appendix C for sample demographic tables.

For context, to examine participants' overall endorsement of purity culture, it was found that out of 1223 participants with a valid PCBS score, 826 (67.5%) had a PCBS score of 24-59¹³

¹² Nuanced was defined as affiliated with a religion but disagreeing with some of its core teachings.

¹³ Score categories were created based on the 1-5 Likert scale. Where 3 = neither agree or disagree, a score of 2.5 and below X 24 items was considered a general rejection of PC, and a score of 3.5 X 24 items was considered a

indicating overall rejection of PC, 333 participants (27.2%) had a PCBS score of 60-83, indicating no strong opinion of PC overall, and 64 participants (5.2%) had a PCBS score of 84-120, indicating overall endorsement of PC.

Validity and Reliability of the Purity Culture Belief Scale - Guilt and Shame Subscale

The purpose of the PCBS-GS scale is to measure endorsement of guilt and shame-based beliefs related to purity culture (PC) exposure. It was expected this would be correlated with the Sexual Shame Inventory (SSI), a pre-established scale measuring sexual shame, and Positive and Negative Affect Scale (PANAS) Ashamed, but that it would not be correlated with PANAS Inspired or Proud. The PCBS-GS was administered before and after a randomly assigned video. Pre-test data was used for the validity and reliability analyses. PCBS-GS demonstrated high internal consistency with a Cronbach’s Alpha of $\alpha = .91$. A Pearson correlational analysis indicated the PCBS-GS was significantly and positively correlated with the SSI ($r = .24, p = <.001, R^2 = .06$), PANAS Ashamed ($r = .28, p = <.001, R^2 = .08$) and Inspired ($r = .195, p = <.001, R^2 = .038$) and was not correlated with Proud ($r = .029, p = .297$) (see Table 4). These results demonstrated some convergent validity, and mixed discriminant validity. As expected, scores on the PCBS-GS and the PANAS Ashamed subscale each correlated with the SSI score.

Table 4
Convergent Validity for Purity Culture Beliefs Scale-Guilt/Shame

	1.	2.	3.	4.	5.	6.
1. PCBS-GS Pre-Test	-	.24**	.28**	.20**	.20**	.03
2. SSI		-	.54**	.44**	-.06*	-.11**
3. Ashamed			-	.66**	.05	-.04
4. Distressed				-	.07*	-.02
5. Inspired					-	.61**
6. Proud						-

Notes. * $p < .05$, ** $p < .001$. PCBS-GS = Purity Culture Belief Scale-Guilt/Shame, SSI = Sexual Shame Inventory.

general endorsement of PC. A score of 2.5 to 3.5 X 24 items was chosen to create a range of 1 point, on average showing no strong opinion of PC.

Hypotheses I

It was hypothesized that participants exposed to video clips advocating PC beliefs would report increased shame on a post-test measure. The data did not support this. A repeated-measures ANOVA revealed that curiously, participants in every experimental condition reported decreased shame on a post-test measure. There was significantly reduced PC-related guilt and shame (measured by the PCBS-GS) in every condition. Participants reported feeling significantly less distressed in the sex-positive and control conditions.

PANAS-Inspired and Proud were intended as controls for comparison purposes, though it is notable that those exposed to a sex positive video reported feeling significantly more inspired after, and those exposed to a PC video were significantly less inspired afterward (see Table 5).

Table 5

Means and Standard Deviations for Dependent Variables by Experimental Condition

	Purity Culture Condition		Sex-Positive Condition		Control Condition (Finance)	
	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test
PCBS-GS	2.01 (1.08)	1.86** (1.06)	2.10 (1.88)	1.88** (0.96)	2.09 (1.84)	1.84** (0.93)
Ashamed	1.61 (0.96)	1.51* (0.98)	1.81 (1.09)	1.51** (0.90)	1.65 (0.96)	1.51** (0.87)
Distressed	1.87 (1.07)	1.94 (1.18)	2.01 (1.16)	1.73** (1.03)	1.92 (1.07)	1.79** (0.98)
Inspired	2.39 (1.15)	2.23** (1.29)	2.55 (1.19)	2.83** (1.19)	2.51 (1.29)	2.57 (1.25)
Proud	2.57 (1.27)	2.52 (1.36)	2.72 (1.21)	2.77 (1.24)	2.66 (1.30)	2.63 (1.29)

Notes. *P* values for pre-post only. * $p < .05$, ** $p < .001$.

Therefore, there was no observed causal relationship between PC exposure and shame, as measured by PANAS Ashamed and the PCBS-GS. However, an additional exploratory Pearson

correlation revealed there was a significant positive correlation between PC exposure and sexual shame, as measured by the SSI ($\rho = .06, p = .04, R^2 = .003$).

Hypothesis II

It was hypothesized that exposure to PC would be positively correlated with sexual desire discrepancy (SDD) among heterosexual couples and that this relationship would be moderated by sexual shame and by endorsement of PC, such that exposure to PC would be associated with greater SDD, and even more so among participants with higher sexual shame and PC endorsement. The data supported the association of exposure to PC with SDD. The relationship was moderated by sexual shame but not by endorsement of PC.

There was a positive correlation between PC exposure and SDD among heterosexual couples ($\rho = .14, p < .001, R^2 = .02$). A moderation analysis was completed to determine whether sexual shame interacted with exposure to PC to influence SDD. A significant interaction was found. See Figure 2A depicting the relationship of PC exposure and SDD among heterosexual participants, with sexual shame as a moderator. A moderation analysis was completed to determine whether endorsement of PC interacted with exposure to PC to influence SDD. No significant interaction was found with endorsement of PC. See Figure 2B depicting the relationship of PC exposure and SDD among heterosexual participants, with PC endorsement as a moderator

Figure 2A

Moderation of sexual shame between exposure to purity culture and sexual desire discrepancy

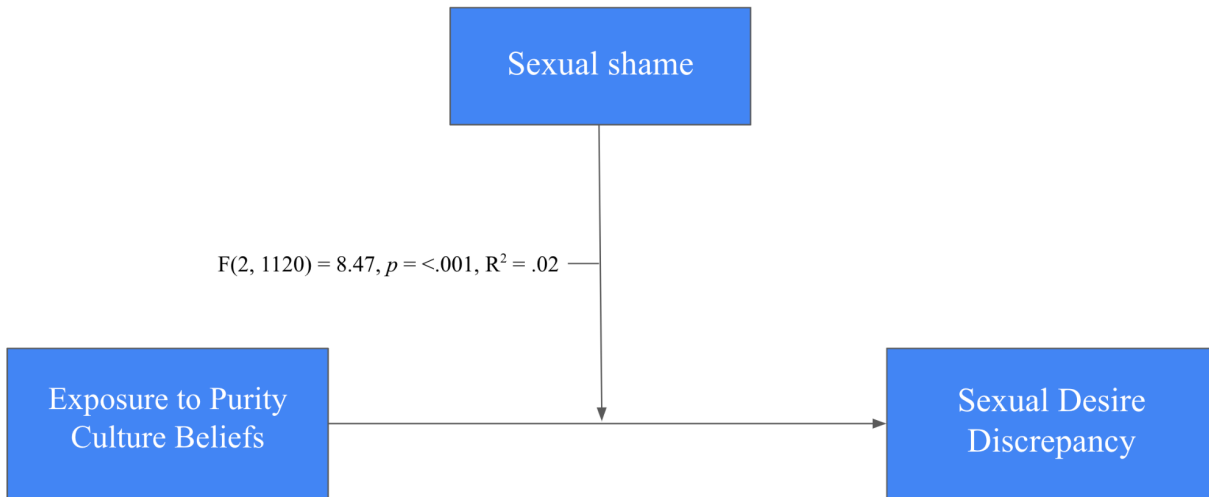
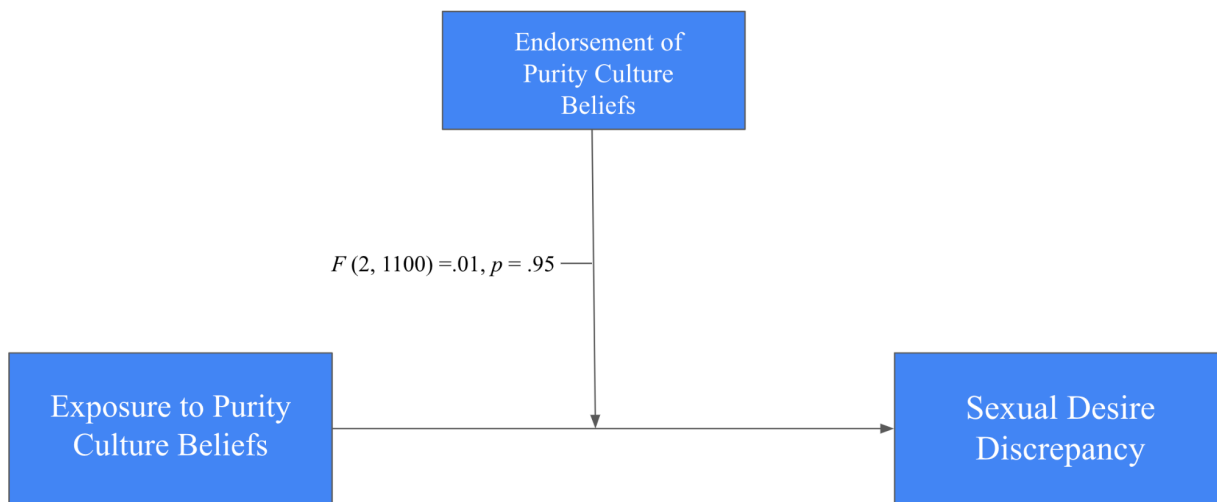


Figure 2B

Moderation of purity culture endorsement between purity culture exposure and sexual desire discrepancy



Endorsement of PC was positively associated with sexual shame ($\rho = .24, p = <.001, R^2 = .06$). Endorsement of PC was not associated with SDD. Higher sexual shame was associated with higher SDD ($\rho = .30, p = <.001, R^2 = .09$). PC exposure was negatively associated with PC endorsement ($\rho = -.45, p = <.001, R^2 = .20$). The association of PC exposure with SDD and sexual shame was only present when PC beliefs were not endorsed. The association of PC

exposure with sexual shame was only present when PC beliefs were overall rejected. PC endorsement was associated with sexual shame only when PC was not endorsed (see Table 6).

Table 6

Correlations of exposure to PC, endorsement of PC, sexual shame and SDD, split by level of endorsement of PC.

	Rejection of PCB ^A			No strong opinion of PC			Endorsement of PC		
	ρ	R ²	<i>p</i>	ρ	R ²	<i>p</i>	ρ	R ²	<i>p</i>
Exposure X SDD	.09	.01	.01*	.11	.01	.04*	-.02	-	.90
Exposure X Sexual shame	.21	.04	<.001*	.03	-	.59	-.13	-	.29
Endorsement X Sexual shame	.11	.01	.002*	.17	.03	.002*	.20	-	.11

Notes. * $p < .05$, ** $p < .001$; PC = purity culture, SDD = sexual desire discrepancy; ^APurity culture endorsement: Low PCBS score suggesting rejection of PC = 24-59; moderate PCBS score suggesting no strong opinion of PC = 60 - 83, high PCBS score indicating endorsement of PC: 84-120.

Hypothesis III

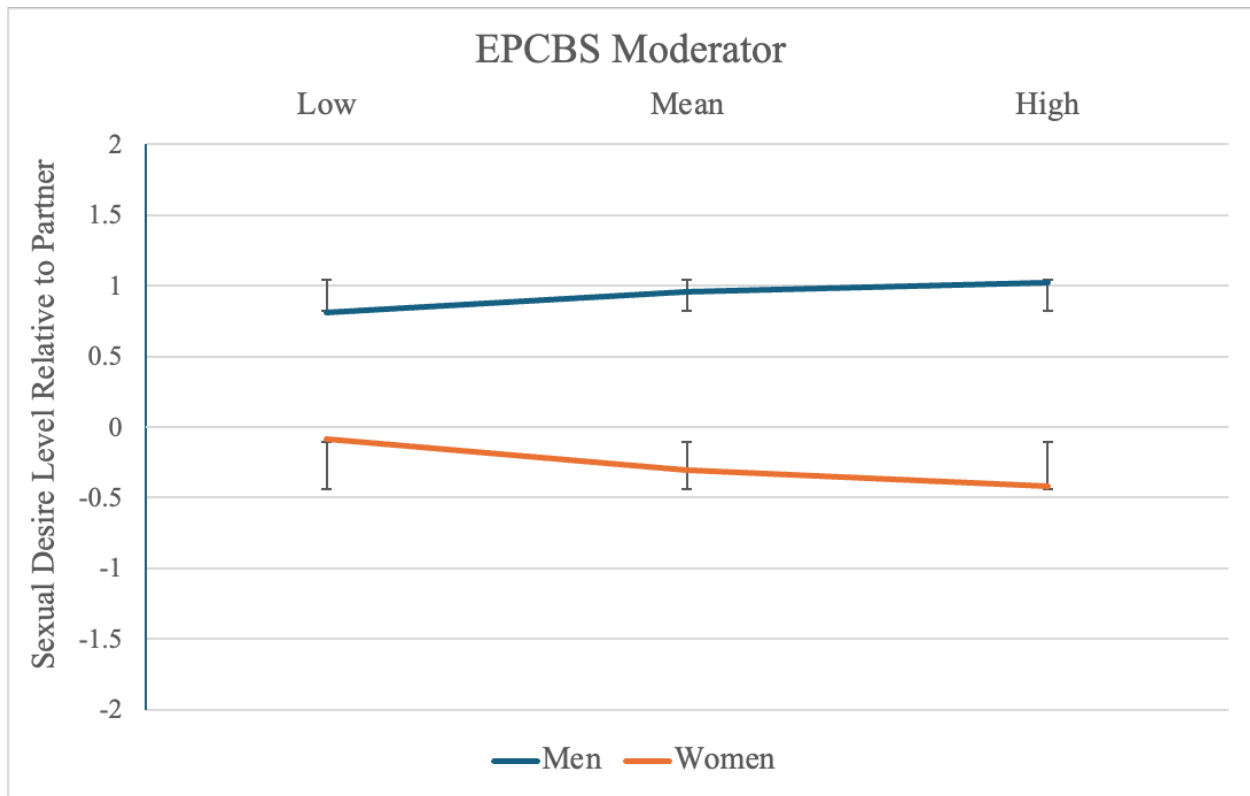
It was hypothesized that in heterosexual relationships, women’s sexual desire would be lower than men’s sexual desire and this would be moderated such that women exposed to PC would report even lower sexual desire compared to their partners. This was supported by the data.

An independent t-test revealed that women were much more likely than men to be the lower-desire partners in their relationships ($t(1092) = 17.0, p = <.001, d = 1.03$). Moderation analyses were completed to determine whether PC exposure interacted with gender (binary) to influence being the lower or higher sexual desire partner in a relationship. A significant interaction was found such that with greater PC exposure, women were even more likely to be

the lower-desire partners, and men were even more likely to be the higher-desire partners (see Figure 3).

Figure 3

Purity culture exposure as a moderator of sexual desire



Note. This figure demonstrates gender (binary) as the independent variable, sexual desire level relative to partner, where 0 = my sexual desire is about the same as my partner, 1 = slightly higher or lower, and 2 = much higher or lower, with their exposure to purity culture (mean EPCBS score, one standard deviation higher and lower) as a moderator.

Additional exploratory analyses were conducted. lower-desire partners were more likely to report higher exposure to PC than higher-desire partners ($\rho = .15, p = <.001, R^2 = .02$). An independent t-test revealed that women were more likely to report greater exposure to PC than men ($t(1208) = 5.57, p = .04, d = .3$). Men were slightly more likely to endorse PC than women were ($t(1177) = 2.34, p = .009, d = .14$). There was no gender difference in the association of PC

endorsement and sexual shame. When analyzing only men’s data, PC exposure was associated with men being more likely to be the higher-desire partner. When analyzing only women’s data, PC exposure was associated with women being more likely to be the lower-desire partner. Among women, PC exposure was positively associated with sexual shame and there was no association among men (see Table 7).

Table 7

Correlations of purity culture exposure, endorsement, sexual shame, sexual desire discrepancy and higher desire relative to partner for men and women

		1.	2.	3.	4.	5.
1. Exposure	Spearman’s ρ	-	-.49	-.01	.14	.10
	Effect size R^2	-	.24	-	.02	.01
	<i>p</i> -value	-	<.001**	.76	<.001**	.02*
2. Endorsement	Spearman’s ρ	-.40	-	.24	-.04	-.14
	Effect size R^2	.20	-	.06	-	-
	<i>p</i> -value	<.001**	-	<.001**	.37	-
3. Sexual shame	Spearman’s ρ	.13	.24	-	.05	.048
	Effect size R^2	.02	.06	-	-	-
	<i>p</i> -value	.002**	<.001**	-	.27	.266
4. SDD	Spearman’s ρ	.12	.01	.36	-	.66
	Effect size R^2	.02	-	.13	-	.44
	<i>p</i> -value	.004**	.81	<.001**	-	<.001**
5. Higher Desire Relative to Partner	Spearman’s ρ	-.11	-	-.12	-.26	-

¹⁴ Result of the correlation between PC endorsement and higher desire relative to partner not included because a scatterplot revealed the relationship is quadratic, so the result is invalid. See Appendix D for scatterplot.

Effect size R ²	.01	-	.01	.07	-
<i>p</i> -value	.02*	-	.006	<.001**	-

Notes. * *p* < .05, ** *p* < .001. SDD = sexual desire discrepancy. Scores above the diagonal signify men; scores below the diagonal signify women.

Hypothesis IV

It was hypothesized that participants would report lifetime experiences of distress and sexual shame associated with exposure to PC. This was supported by the data. 341 participants responded to the optional question, “Please tell us anything else you would like researchers to know about your experience with these beliefs.” The Braun and Clarke (2006) 6 step method was used to 1) get familiar with the data and notate initial observations, 2) develop initial codes, 3) search for themes, 4) evaluate themes, 5) define themes, and 6) write the results. After developing codes, the principal investigator manually counted the frequency of occurrence of the main themes as supplemental information.

The most frequent and predominant theme participants volunteered was experiences of harm they have endured due to their exposure to PC. They reported this occurred in their interpersonal relationships, their emotional well-being, their sexual and relational development, their sexual functioning, and by experiencing sexual shame. Many reported the harm continued long after they had come to reject PC. Additionally, many participants who endorsed some PC beliefs discussed their thoughts about those.

Shame

Many reported believing they were inherently dirty or evil, some for their sexual behavior, and many for simply having sexual desires at all. Several reported developing shame about their body or body image, and some cited this was due to modesty teachings, specifically. Many reported developing low self-esteem in general due to the shame they developed from PC

teachings. Some mentioned that the shame was particularly potent for them if they were sexually attracted to people of their same sex. In response to the beliefs listed on the PCBS, one participant said, "I logically disagree with everything on this list... and feel anxious about sex and sex outside of marriage in general (I am a virgin)... I still feel shameful for things that I don't want to feel shameful for." Another participant stated, "These beliefs were very harmful. I believe they caused me to explore my sexuality with a lot of shame and secrecy. I felt like I was sinning for having sexual desires before marriage."

On the other hand, some participants reported being exposed to these teachings but not feeling very impacted due to either recognizing the beliefs as harmful or incorrect early on or the messages not being emphasized in their home. One participant wrote,

I have heard these things. I'm an LDS Church member from the East Coast, and interestingly I have no shame about my sexuality and I recognize these beliefs as cultural dogma and somewhat manipulative. I sometimes I feel like I'm less ashamed because I'm not from Utah or Idaho. I'm really grateful I don't have the issues I know some people have, not feeling connected to their own sexuality.

Another wrote,

While I was exposed to much of these beliefs at church, my parents were much more moderate and taught about the atonement rather than shame. My belief is that sexual relationships are absolutely wonderful, but best within the context of marriage for many reasons. However, I don't think that it's the end of the world if someone has sex before marriage... your value is so much greater than your virginity.

The responses indicated that there were some fortunate people who did not internalize harm or shame from PC teachings. Unfortunately, many more reported that they did, including

this participant, “It's been hard for me to reverse some of my beliefs concerning sexuality... guilt and shame occasionally creep in, and I judge myself harshly.”

Emotional Impact

Many participants ($n=70$) reported negative emotional impact including guilt, regret, fear, anxiety, self-harm, suicidal thoughts, or feeling that PC had “ruined” part of their life or “messed them up.” One stated,

Growing up as a young woman and learning about purity culture made me feel like I was inadequate. I grew up Mormon, so it was understood that becoming a wife and a mother was the whole purpose of women. Not to mention that my virginity was the most important thing about me. The only thing of value. Losing that meant I was no longer of value... I am doing better, and have left the church. Despite being in college, though, I still feel gross and guilty when I think of sex. I can't do it.

Sexual and Relational Impact

Participants ($n=59$) reported sexual or relational problems stemming from exposure to PC. Many said it hurt or prevented important relationships and experiences. Many reported feeling their sexual development was stunted or delayed. A woman reported her boyfriend's bishop (the leader with the most authority in local LDS congregations) instructed him to end his relationship with her due to sexual behavior, discouraging normal sexual and relational development and causing sexual shame. This can be a relatively common practice by LDS bishops. Participants reported PC exposure led to an unhealthy relationship with sex, a “bad” or unfulfilling sex life, duty sex, struggles to communicate their sexual needs and wants, and sexless marriage. Some lamented not knowing who they were sexually before making a marital commitment and that led to regret, feeling stuck, and in some cases “miserable.” Some said after

years they eventually recovered from some of these challenges, while others said they still have not.

Some participants reported feeling PC exposure affected or was related to their sexual identity development, “I am not married and have not had sex. I identify as mostly if not entirely asexual (I don't have a sex drive). I know many people who are the same way in the church and wonder if it is suppressed feelings.” Another participant wrote, “As a gay man raised to believe I should marry a woman, there are many more layers to sexuality than have been discussed here.”

Several reported these beliefs negatively impacted their relationships. One man stated, “Purity culture sets men and women up for disappointment and resentment in marriage.” One participant reported poor marital sexual satisfaction for a variety of reasons including issues with pain and subsequent loss of desire and attraction. She stated,

As I experience a faith transition I wish I had also had sex before we got married so I had positive experiences to draw from that would give me hope I can one day experience real sexual desire... I did believe I would be blessed with a good sex life for waiting... My upbringing has been harmful to my sexuality as an adult. I love him and don't want to be without him but I'm terrified at the thought of one day having children without having ever had a fulfilling sex life.

It was evident in one participant's comment, that though he may have good intentions, PC set his expectations based on benevolent sexism, instilling in him the entitlement of relational and sexual fulfillment by a woman as his reward, “To this day I've been a virgin man in search of a somewhat of a modest woman... as far as we have come it's difficult as is finding the star that shines the most... Really hoping our God comes in clutch with the right woman and he knows my exact type too.”

One participant reported following PC teachings and lamented, “I am middle aged, 50s, single female and have never had sexual intimacy, other than solo stimulation, never had a boyfriend and such.” She continued that she has had, “deep feelings of what is wrong with me, also perhaps if I had violated these ‘laws’ earlier, I could possibly have had a child. I also hate scripture that says sexual sin is next to murder, this causes deep shaming I think.”

Participants reported struggling with sexual dysfunctions and problems they believed were connected to their exposure to PC, including sexual developmental delay, stifling of their sexual identity, female orgasmic disorder, guilt upon climax, hypersexuality/high sexual desire, low/no sexual desire, sexual pain, low sexual self-confidence, feeling undeserving of sex, difficulty enjoying sex, and feeling the extreme deprivation encouraged by PC instead pushed them to an opposite extreme of deviancy.

Many participants mentioned sexual trauma in connection with PC teachings. Several said PC intensified the harm of their sexual trauma. Survivors reported believing the trauma was their fault, they were damaged goods, and that they were ashamed about the trauma. Some reported the abuse was perpetrated by religious leaders, in religious buildings, at religious events, and even that PC beliefs were used as justification to abuse or assault them.

I was a victim of CSA [childhood sexual abuse] at age 8. The purity culture of the Mormon church caused me to believe I was “damaged goods” and it destroyed any kind of normal sexuality I could have had. Sex was trauma. My husband was very old school Mormon and sex was all about him. Because of my church's teachings, I felt obligated to participate in sex when I had no interest. My husband demanded that, and my church youth leader taught that. I didn't believe I had a choice until I distanced myself from the

church. I feel that my life was ruined by the purity culture teachings I was indoctrinated with.

For this participant, the PC impact of intensifying deep shame and relational harm after abuse are evident in this heartbreaking example.

Hope

While many participants expressed the harm of PC being long-lasting, many noted finding healing and growth as they moved on from PC. Accessing sex-positive, secular education, learning about consent and communication, coming to embrace themselves as a sexual being, accepting their sexual identity, exploring erotic literature, non-monogamy and naturism were all named by participants as things that have helped them recover from PC. One participant stated, “Leaving these beliefs behind allowed me to feel more empowered and in control of my own body.”

Religious Engagement

Participants ($n=46$) reported their experience with PC influenced their religious participation. Many said they have deconstructed PC beliefs and no longer endorse them. Many said they left religion all together in part because of these teachings, while others maintained their religious engagement. Several expressed a commitment to teach their children differently than they were taught.

Endorsement of Purity Culture Beliefs

Some participants said that PC beliefs were archaic and outdated, that they were taught to them when they were young, but times have changed, while many others reported continuing to endorse them. Many participants reported endorsing some PC beliefs but not all, while some endorsed all of them.

Some participants reported valuing modesty, privacy, and respect in matters of sex, that they believe sex should be reserved for marriage, that women should be cherished as pure creatures and are more sexually pure than men, that sexual desires should be controlled, that purity is sacred and important, that promiscuity is wrong. One participant said the beliefs are beneficial and “we don't need to get away from feeling shame for committing sin, although with Christ's help and atonement, we can be forgiven.”

Participants expressed that sexuality should be accompanied by responsibility, and that they see sex as a serious commitment. Some said they were cautious about the influence of modern culture on sex. Some said sex should be an expression of love. Some said they believe these principles generally but would like to challenge part of the harmful messages related to self-worth. Several expressed valuing abstinence before marriage, while emphasizing the importance of nuance related to self-worth for those who have sex outside of marriage. For example, “I feel these beliefs are still relevant for this day and time. However, being human sometimes causes one to give in to sexual desires... They should not be made to feel like damaged goods.”

Some participants commented on a desire to adjust or improve the teachings, “There needs to be more done to teach that sex is wonderful and good and not to be ashamed of.” Another participant highlighted a desire for sex-positive messaging, “I would have been better off being told that sexual feelings are normal and exploring should be comfortable, safe, and private but not secretive.” Yet another participant commented on the struggle of growing up in PC, “Teaching a child that sex is bad for [20+ years] is hard to overcome, even after being married and told it is now ok. The way religions teach sexual purity needs to be improved.”

Summary of Qualitative Findings

There were diverse responses provided by participants on their experience with PC. For those who endorsed PC, most shared their thoughts about why endorsing it was important to them, rather than direct personal experience with PC. This could be another sign of cognitive dissonance, indicating participants emphasized reasons for their beliefs rather than acknowledge lived experience when the two may seem to be in conflict (see Sexual Beliefs and Cognitive Dissonance section of this chapter). Of those who shared direct personal experience with PC, most reported experiencing harm to their emotional, relational, and sexual well-being. Many of those participants also shared these negative experiences influenced disaffiliation with their faith.

Chapter 5

Results Summary

In examining the relationship of purity culture (PC) exposure, sexual shame, and sexual desire discrepancy (SDD) in couples, the data indicated that PC was negatively associated with some people's emotional and relational well-being. An experiment revealed that PC exposure did not cause shame, though PC exposure was associated with higher sexual shame. PC exposure was associated with increased SDD among heterosexual couples, and the relationship was moderated by sexual shame, but not by PC endorsement. Women were more likely to be the lower desire sexual partner in heterosexual relationships and were even more likely with greater exposure to PC teachings, while men were even more likely to be the higher-desire partner when they've had greater exposure to PC teachings. The predominant experiences participants shared about their exposure to PC were that of harm, including shame and emotional, relational and sexual problems.

The majority of participants did not indicate increased sexual shame and SDD in association with PC exposure or endorsement. Results indicated there are other factors that influence SDD more. However, PC exposure had a slight but significant and undeniable association with sexual shame and SDD in the overall population, and the association may be severe in some individuals.

Discussion

Sexual Shame

Cultural beliefs and values relate to sexual satisfaction, an important and too often neglected area of human health (del Mar Sánchez-Fuentes et al., 2014). Sexual shame is associated with poor mental, emotional, relational and sexual health outcomes, including sexual desire, satisfaction, and functioning (Day, 2019; McCarthy et al., 2006; Pulverman & Meston, 2020; Sheehy et al., 2019). It is important to identify beliefs that cause sexual shame. PC exposure was correlated with sexual shame; however, exposing participants to a PC message did not increase their feeling ashamed during the experiment. Interestingly, PANAS Inspired was administered as a fill item, however a between groups difference was found, that those exposed to a PC message were left feeling less inspired, while participants exposed to a sex positive message were left feeling more inspired and less distressed than at baseline. It is unclear why there was an unexpected positive correlation between the PCBS-GS and PANAS Inspired.

A causal relationship between PC exposure and sexual shame was not established in this study. It may be that a causal relationship between PC exposure and sexual shame exists, but creating a meaningful shift in such a complex and deeply rooted construct like sexual shame is not possible during a brief experiment. Given the participants were all adults, they may have been at a point in their development where they were less vulnerable to experiencing shame due

to PC teachings. It may be that there is not an ethical way to measure a causal relationship between PC exposure and sexual shame since it would require teaching PC to young people or the willingness of churches and families who teach PC to collaborate for research purposes and collect longitudinal data. In an attempt to measure sexual shame, the choice to use both PANAS Ashamed and the PCBS-GS in the experiment portion was made because a state dependent measure of sexual shame was not available, the PANAS is well established, and the PCBS-GS is PC specific. It also may be that PANAS Ashamed and the PCBS-GS were ineffective in measuring sexual shame. A slight, positive association between PC exposure and sexual shame was found, using the SSI as a measure, which is more established than the PCBS-GS and more relevant to PC than PANAS Ashamed. However, it could not be used for the experiment because it is not a state-dependent scale.

It was found that PC exposure was positively associated with sexual shame among women and there was no association among men. This result contributes to mounting evidence of the disproportionate harm of PC to women, including that women are more prone to shame (Marcinechová & Záhorcová, 2020) and are more highly influenced by religion (De Vaus & McAllister 1987; Krause et al., 2002; Miller & Hoffman 1995), including their religious commitment being associated with more sexual guilt, less sexual activity, and more sexual dysfunction (Abbott et al., 2016; McCool-Myers et al., 2018). Women internalizing greater sexual shame associated with PC is to be expected given the way PC messages are targeted toward women. However, this result also could be due to the way PC exposure was measured based on the PCBS scale, which included many gendered items related to PC, like “Women should dress modestly to avoid sexually tempting men.” While these items are representative of PC, this scale was not designed based on the specific ways PC impacts men. Anecdotally, in

therapeutic settings, and in the qualitative portion of this study, many men have reported significant shame associated with purity culture exposure that they believe harmed their self-confidence, self-worth, sexual development, and relationships. Additionally, the association of PC endorsement with sexual shame was significant, and equal for men and women. See Future Directions section for future research suggestions related to studying the impact of PC on men and women.

It is evident that internalizing negative beliefs is harmful to a person's well-being (Daniluk, 1993; del Mar Sánchez-Fuentes et al., 2014; Pargament et al., 2004; Smith et al., 2003). In light of this previous research, the PC teaching that a person is damaged goods, worth less for being sexual, that one is wrong, bad, or less than for their sexual desires is harmful. Harm and damage rhetoric related to sexuality is pervasively used in PC teachings (Gish, 2018). This is the kind of shame that does not get resolution, lives on in people's bodies long-term, and is difficult to measure (Ruebottom & Toubiana, 2024). Some may argue that these negative messages are not explicitly stated. They would mostly be correct, with some exceptions. However, evidence indicates that the great majority of how humans learn from one another is based on what is modeled and felt, not simply from what is spoken (Akers & Jennings, 2015). Humans learn from socialization, implicit life experiences, such as how others react to them in their facial expressions and tone of voice, as well as their words. Shame is a learned emotion that is culturally dependent (Collardeau, Dupuis, & Woodin, 2023). The results indicate that there is a significant, positive relationship between PC and sexual shame. These shame-based beliefs of sexual behavior being related to worth, though often not explicitly stated, may be part of the reason. Even for those who do not consciously believe those statements, the results of this study may begin to give voice to the implicit experiences of those affected.

When an adolescent believes they are inadequate, failing at something important, or that an integral part of themselves is wrong, they may be less motivated to accomplish goals, take risks, socialize, and may become more hopeless. They are more likely to be depressed and use substances (Rahim & Patton, 2015). Many participants reported internalized shame and low self-worth in association with PC exposure. This may have developed from being expected to accomplish something impossible for some, and contrary to their identity and normative development for many others. It is clear that internalized shame has a negative impact on human development and relationships (Rollins & Crandall, 2021).

Sexual Desire Discrepancy

Sexual desire discrepancies are very challenging and associated with high interpersonal conflict and low self-worth for each partner (Jodouin et al., 2021; Willoughby et al., 2014). It is hopeful to discover that when examining the sample as a whole, many did not report increased sexual shame or SDD associated with purity culture exposure. Some indicated having protective factors; for example, PC messages either not being emphasized or even being directly challenged in their home. However, there was a significant, positive relationship between PC exposure and SDD, indicating that while most were unaffected, still many were. The results of this study, as well as evidence in other literature, indicate PC exposure is a risk factor for sexual shame, chronic sexual dysfunction, relationship difficulties, traumatic sexual experiences, and negative self-image, all of which contribute to inhibited sexual desire (Azim et al., 2021; Hurst, 2022; McCarthy et al., 2006).

Sexual shame slightly and significantly moderated the relationship between PC exposure and SDD. This indicates that having higher sexual shame is part of the reason why PC exposure was associated with higher SDD. Direct sexual abuse is another kind of sexual harm, that like

PC, it was found that after the harm occurred, sexual shame mediated the likelihood of developing sexual dysfunction among sexual abuse survivors (Pulverman & Meston, 2020). This indicates that exposure to sex positive teachings may be a protective factor to reduce the risk of developing sexual problems after experiencing sexual harm.

PC endorsement did not moderate the relationship between PC exposure and SDD. However, additional exploratory analyses revealed that PC exposure was associated with higher SDD when PC was not endorsed. This seeming contradiction of results may be evidence of cognitive dissonance as a confounding variable, or of a nuanced experience of purity culture exposure, depending on endorsement (see next section).

Women were more likely to be the lower-desire partners in general, contrary to the hypothesis that there would be no difference. In hindsight, this result was to be expected given the way SDD was measured in this study, based on self-report of perceived desire levels. This result supports earlier research findings that women's sexual desire is lower than men's, however it does not contradict more recent findings that gender differences in sexual desire may be influenced by differences in the definition of sexual desire and type of sexual acts desired (Marieke et al., 2020; Mark et al., 2014; Miller & Byers, 2004; Santtila et al., 2008; Willoughby et al., 2014) and is more contextually dependent for women (Baumeister et al., 2001; Marieke et al., 2020; Vowels et al., 2018). These nuances in sexual desire were not measured in this study as it was only based on participant perception of SDD.

Though sexual desire typically emerges similarly in women and men and the observed gender differences in sexual desire are due to other factors (Dawson and Chivers, 2014), it was found in this study that gender moderated the relationship between PC exposure and SDD, such that men exposed to PC reported even greater sexual desire relative to their partner and women

exposed to PC reported even lower sexual desire relative to their partner. This is evidence of purity culture messages impacting men and women in distinct ways, negatively affecting their sexual relationship when men and women are partnered together.

Part of this added challenge is that a woman's sexual desire is important to both her own and her partner's sexual satisfaction, where the same extent is not true of men; men's desire did not predict his own or his partner's sexual satisfaction (Marieke et al., 2020; Mark, 2012; Pascoal et al., 2018). This may be due to the myth that men usually want sex and women usually do not, therefore women seek less reassurance of men's sexual desire, since it is often assumed, and men place a greater importance on women's sexual desire. The high correlation between being the higher-desire partner and perceiving a greater SDD for men ($\rho = .66, p = <.001, R^2 = .44$), and the significant but much lower correlation between being the lower-desire partner and perceiving a greater SDD for women ($\rho = -.26, p = <.001, R^2 = .07$) supports Mark's (2012) finding that SDD was significantly inversely associated with men's relationship satisfaction, but not women's, highlighting the importance of low SDD to men. Evidence indicates that PC exposure is associated with the added challenge of higher SDD for heterosexual couples, which left unaddressed, is likely to worsen over time (Jodouin, 2021; Willoughby, 2014).

Related to these gender differences in PC, there is conflicting evidence regarding traditional gender roles and sexual satisfaction. Daniel & Bridges (2013) found that men taking on a masculine role was associated with higher sexual satisfaction, and Pedersen & Blekesaune (2003) found the same was true for women taking on the feminine role. However, Marieke et al., (2020) found the belief that men should always initiate sexual interactions lowers sexual satisfaction in both partners, and suggested sexual initiation in both genders would increase sexual satisfaction. This could be due to drastic changes in the conversation around gender and

how gender is defined and experienced since the time these studies were published. See Future Directions for further exploration on this topic.

Results indicated that women were more likely to report higher exposure to PC, become even lower-desire partners when exposed, and were less likely to endorse PC, while men were more likely to report lower PC exposure, become even higher-desire partners when exposed, and were slightly more likely to endorse PC. Though these gender differences were present, it is relevant to acknowledge that most people in general did not endorse PC, and endorsing PC was equally associated with sexual shame for both men and women.

Sexual Beliefs and Cognitive Dissonance

This study revealed several points of evidence that people believing different things was associated with different outcomes. The association of PC exposure with SDD was only present when PC beliefs were not endorsed. The association of PC exposure with sexual shame was only present when PC beliefs were overall rejected. PC endorsement was associated with sexual shame only when PC was not endorsed. These results may indicate cognitive dissonance among those who endorse PC.

People who endorse PC may expect to have no sexual problems. When asked if they feel ashamed about their sexuality, and they consciously believe that sex is condoned by God, they may answer according to their conscious beliefs as opposed to their lived experience. They may be uncomfortable with being asked about their sexuality to the point that they report no problems without having thoroughly examined their experience or knowing how to recognize a problem if it were there. Those who endorse PC may be less likely to discuss their sexual experience with others, as it can be frowned upon to do so in some circles within religious communities. They may not have much experience outside of their own to compare it to, which may make it

challenging to recognize having sexual shame. It may be a sign of being disconnected from their bodies, evidence of which is present in the case of women with religious sexual guilt having higher rates of Genito-Pain/Pelvic Penetration Disorder, where PC teachings may be associated with the brain-body connection being disrupted, to the point where women are unable to relax their pelvic floor muscles to allow for comfortable or pleasurable penetration (Azim et al., 2021). PC may train people to engage in shame-based behaviors such as extreme modesty (McKenney & Bigler, 2016), sexual avoidance and stifling of sexual desire, while also being taught explicitly that they should not be ashamed. These individuals may be engaging in behaviors that contribute to sexual shame while implicit messaging obscures the consciously recognized impact.

Another potential explanation for these findings is that the benefit or harm of religious teachings depends on the messages internalized (Pargament et al., 2004; Smith et al., 2003). Therefore, it could be that those who endorse PC continue to do so because it is what makes sense to them, is aligned with their values, and they are not experiencing associated sexual shame or increased SDD. World-renowned psychotherapist and best-selling author Esther Perel has taught that sex is a place we go with another person to have our deepest emotional needs met (Bereznak, 2024). It could be that some who were taught that abstaining from sex until marriage is virtuous and achieved this, did not internalize shame, but rather sex-positive messages. It may be that when they experience sex within their heterosexual marriage, they feel free, affirmed, and proud that they accomplished what was expected of them and what they value. Therefore, this could explain PC exposure not being associated with sexual shame and SDD among those who endorse PC.

Understanding the experience of cognitive dissonance is essential when considering the utility of data collected related to religiosity outcomes. Nuance and dialectical thinking are

necessary to both validate the harm endured by those affected as they advocate for change, while acknowledging the benefits to those who experience them. It is important to recognize there is no singular experience of purity culture, just as there is no singular experience among those who are part of the military. Some may experience strengthened character, skills, and community, some are irreparably harmed, and some may experience both.

Purity Culture Exposure and Religious Engagement

The majority of participants did not endorse PC teachings and saw them as problematic or harmful, while some expressed they believed some of the teachings to be beneficial, like abstaining from premarital sex. However, there is no compelling evidence that abstaining from sex before marriage is associated with healthier, happier marriages or better sex (Klement, 2013). Participants brought up in PC expressed feeling misinformed, underprepared for relationships, and betrayed when faced with life challenges made worse by PC beliefs or impact.

Many people who once had religious faith, who then experienced a loss of faith, experience this as a significant health issue. This is evidenced by poorer health and lower well-being than those consistently affiliated and those who have never been affiliated with religion (Fenelon & Danielsen, 2016). Further supporting this point, weakened religious faith was a significant factor related to more extensive use of VA mental health services (Fontana & Rosenheck, 2004). Some make the transition away from faith without much difficulty. However, many, especially those who had been very devout, find that a loss of faith is a shattering of their world view. People no longer trust the authority that provided the beliefs and values that had once guided their lives. Though much of the literature related to religiosity and well-being finds that social support is one of the most significant mediating factors, and those who leave religion

can rebuild community and identify their own personal values to guide their lives, this transition can take a sometimes temporary, sometimes years long toll on their health.

Qualitative participant responses corroborated previous findings that religious engagement, which often includes PC exposure, is related to delayed sexual behavior (Burdette and Hill, 2009; Hull, Hennessy, Bleakley, Fishbein & Jordan, 2011). Participants expressed regret about this delay, that it prevented relationships and experiences that were important for their development. While proponents of delaying sexual activity emphasize its role in preventing teen pregnancy and STIs, the effectiveness of contraception raises questions about the true motivations behind this emphasis. In American culture, the idea of adolescent sexual exploration may be met with discomfort, potentially stemming from parental and educator anxieties rooted in their own internalized sexual shame, which is an American heritage (Fessenden et al., 2014; Trinterud, 1951). When teens delay their sexual development, it may reduce self-confidence and sexual competence and leave them feeling behind their peers, which could cause sexual shame and ultimately could relate to higher SDD. While healthy sexual development can occur at different paces, when high sexual shame develops due to delays, it may prevent opportunity for important developmental experiences.

Many participants indicated in the open-ended responses that their experience with purity culture was related to their religious involvement. Changing some purity culture teachings may help religious communities retain members and prevent negative relational and health consequences due to loss of faith.

PC exposure was negatively associated with PC endorsement. This may suggest the impact of purity culture exposure is significant and long lasting, even, or perhaps especially, when PCBs are no longer endorsed. It may indicate that the more exposed to PC someone is, the

more likely they are to reject it. It may be that with minimal exposure, the beliefs may seem relatively benign, but when exposure is high, people experience greater distress and harm, and come to reject the teachings. Another possibility is that the more one rejects PC, the more likely they are to report greater exposure. For those who had negative experiences in religion, reducing their exposure to it through disaffiliation may make the harm and exposure to it seem greater in hindsight. The higher rates of reported PC exposure, lower rates of endorsement, and higher rates of sexual shame and SDD indicate that those who become disaffiliated with their faith are at greater risk of experiencing negative outcomes related to PC exposure.

Implications

Therapy and Education

The implications for mental health/sex therapy and education are interconnected. Framing sexual debut as a “loss” of virginity instead of a celebration of connection and personal development fosters sexual shame and diminishes self-worth. PC, steeped in sexual shame, often dictates that women must cover their bodies, that worth diminishes with any sexual activity, and sexual desire is inherently wrong. Sexual shame is linked to low self-esteem, reduced sexual satisfaction (Day, 2019), and greater SDD, as evident in this study's findings. While some PC teachings may appear sex-positive by celebrating marital sex, this study demonstrates the enduring harm of years of shaming any sexuality outside of heterosexual marriage. Even within heterosexual marriages, individuals exposed to such teachings often carry years of sexual shame from their pre-marital lives. Sexuality is an integral and lifelong aspect of human experience. Imposing rigid rules on when an individual can embrace their sexuality can contribute significantly to this sense of shame.

With the proper tools and information, most couples can navigate a small sexual desire discrepancy without much difficulty. Gendered expectations around sexuality like “men are always ready for sex” and women are “pure creatures” who need to be “won over” by men are outdated, inaccurate, and contribute to shame and pressure for men and women. When people are taught that sexual desire occurs on a spectrum for people of all genders and varies with age over time, people can be empowered to embrace whatever their experience of sexual desire is at any given point in time. This educational point is important for navigating a relationship with someone and accepting they may have a different experience of sexual desire than oneself.

Sexual desire discrepancy is the most common reason couples seek out sex therapy (Leiblum, 2010; McCarthy & Oppliger, 2019). When the discrepancy is high, it is very challenging to navigate and is associated with significant distress and poorer well-being for each partner (Jodouin et al., 2021, Willoughby et al., 2014). Each partner may feel resentful, frustrated, and experience low self-worth. Lower-desire partners may feel guilty and wonder what is wrong with them for not desiring sex as much as their partner. They may engage in duty sex for years until eventually losing nearly all sexual desire due to negative associations with sex. Higher-desire partners may feel inadequate for not being sexually desirable enough or feel entitled and angry that their partner is “withholding.” They may become emotionally dysregulated due to sexual frustration, which may influence coercive behavior, infidelity, or withdrawing from the relationship. The more these dynamics occur, the behavior of one partner often reinforces the behavior of the other, to the point where couples become less affectionate in general. This can leave both partners disconnected from their sexuality and from each other.

These dynamics may be influenced by misinformation from the beginning about the importance of embracing all ways of being sexual. Without this information, and when partners

feel too much shame to discuss what they are experiencing, discrepancy and disconnection often worsens over time. It does not have to be this way. After years of feeling compelled to engage in duty sex, PC expectations leave some women eventually feeling their only option for their well-being is to stop engaging in sex entirely (see Hurst, 2022 participant quote on page 63).

Consenting to unwanted sex is harmful, and so is eliminating sex entirely. Changing the information provided early on, fostering consent culture, empowerment of all partners, and effective sexual communication may lead to more egalitarian dynamics and allow partners to sexually engage in ways that work for each of them. Equipping people with comprehensive, sex positive education can lead to making informed choices when choosing a mate who is within a range of compatibility, as well as improved tools to communicate about and address sexual desire discrepancies. A certified sex therapist can also assess various individual and relational factors relevant to understanding sexual desire discrepancy and help identify creative solutions to address them.

To reduce negative impact related to PC exposure, comprehensive sex education, highlighting the importance of sexual pleasure, accepting one's sexual identity, expressing one's desired sexuality freely while aligned with personal values and Harvey's 6 principles (Harvey Institute, n.d.), is recommended for improving and maintaining sexual health.

PC and abstinence only until marriage (AOUM) teachings are related, but distinct. There is compelling evidence that the shame and gendered messages of PC are harmful. It is recommended that sex education not include those messages. For those who believe in AOUM, it is recommended AOUM be taught without fear and shame-based reasons for it. And even when AOUM is taught, information about contraceptives and STI prevention should be provided. It is recommended that rather than teaching strict AOUM with limited justification for it, it would be

more effective for overall well-being to teach young people Harvey's Six Principles of Sexual Health: consent, nonexploitation, honesty, shared values, prevention from STI's and unplanned pregnancy, and mutual pleasure (Harvey Institute, n.d.). Under these six principles, many young people will still choose AOUM if it is aligned with their values, and all will be better equipped for healthier sex and relationships throughout their lives. When young people are empowered with information, affirmation, and acceptance rather than fear and shame, their behavior is more likely to be adaptive and pro-social throughout their lives, not just while they are minors.

Religious Communities

Marcinechová & Záhorcová (2020) found intrinsic religiosity was related to negative individual sexual attitudes, and sexual shame was negatively related to sexual satisfaction and positively to intrinsic religiosity. It does not have to be this way. Sexuality is an inherent part of the human experience. The association of sexual shame with some branches of Abrahamic faiths is alienating for many. Creating a culture of sex positivity may expand a sense of belonging to more people. Changing the way sexuality is taught and discussed could significantly improve the quality of life and retention of members. Daniluk & Browne (2008) found that in Eastern religious traditions, great value is placed on sexuality as integral to spirituality, sexual equality and reciprocity. It is possible to maintain religious faith as well as sex positivity. This may cause a short-term culture crisis for some Abrahamic religious communities, though the change may be worth it in the long-term.

Moslener (2015) suggested that PC developed as a religious, political, and social movement to maintain heteronormative family structure. Uecker et al. (2007) found among their participants that marriage curbed religious decline. Perhaps religious groups who continue to preach PC with the intent to retain membership by encouraging young marriage, while preaching

against sexual exploration as a motivator to marry young. It is important for religious leaders to recognize evidence indicates this practice has the unintended consequences of being associated with higher sexual shame, members choosing to leave religion, and higher SDD among heterosexual couples, which harms marital satisfaction, the very thing PC aims to uphold. Though Uecker et al. (2007) also found cohabitation and nonmarital sex accelerated diminished religiosity, this is likely because of shame and a sense of no longer belonging with their religious community if they do not follow PC teachings. For religious leaders who preach PC for the reason of membership retention, it is worthy of consideration that creating a culture of sex positivity may expand a sense of belonging to more people. This is already happening within some religious sects, like the Unitarian Universalists who provide the Our Whole Lives: Lifespan Sexuality Education, a comprehensive, sex positive curriculum, to their members (Unitarian Universalist Association, 1996-2025).

Many who belong to Abrahamic religious communities value having healthy, stable, satisfying, heterosexual marriages. The results of this study indicate that the way PC is taught was associated with higher sexual shame and among heterosexual couples, higher SDD, but only when they did not endorse PC. It is difficult to predict who will and will not be harmed by PC teachings, as many people from both groups are present in religious communities. Even though there are some who endorse PC and are not harmed, perhaps sex positive teachings that are egalitarian across genders would benefit them even more and prevent harm to those who are negatively affected. Especially for those who value maintaining abstinence only until marriage (AOUM), in addition to emphasizing the above recommendation, it is recommended that education on sexual development be provided. Young people must be taught to explore their sexuality in a pressure-free way over time. The pressure of expectations that can accompany the

practice of AOUM must be mitigated by the recommendation to not go from zero sexual exploration to penetrative vaginal sex on the wedding night, but rather allow sexuality to be explored and developed over time. It is also recommended that the principles of consent be emphasized in these communities, so young people are better equipped with tools to communicate about sexual desires, rather than being set up for failure by differing sexual expectations for men and women from the beginning. Providing more realistic expectations and communication tools can equip inexperienced couples to have more positive early sexual experiences at a mutually agreed upon pace and may reduce SDD over the long-term.

Some respondents wrote that one should be ashamed for violating God's teaching about sexuality. However, for something so integral to the human experience as sexuality, I urge those who endorse shame-based beliefs about sexuality to consider the cost of these beliefs against the perceived benefit. Considering there are more effective ways to prevent unplanned pregnancy and STI transmission without perpetuating shame, it is paramount to consider the long-term consequences of teachings about sexuality during such a critical developmental stage. There are several Abrahamic religious groups who have already made great strides in evolving from their patriarchal origins to embrace sex positivity, like some progressive Christian denominations and Reform Judaism. When considering how to teach young people about sexuality, it is more important to prioritize their long-term health, well-being, and relationships, rather than short-term compliance.

Sexology Research

Purity culture research is in its infancy. This was the first study of its kind, examining purity culture as it relates to sexual shame and sexual desire discrepancy. With a sample size of 1,273 participants, this study was a significant step in understanding more about the impact of

purity culture beliefs as they relate sexuality and relationships. There is still much to learn in this field of study, as will be discussed in future directions.

Limitations

The term “purity culture” was coined regarding Evangelical communities, though there are versions of purity culture in each Abrahamic religion. Researchers attempted to recruit as many Evangelical participants as possible, however, only a small portion of participants were Evangelical.

The majority of this study’s findings were correlational and qualitative. Therefore, causation of the impact of PC teachings was not established. In the experiment portion of the study, PCBS-GS and PANAS Ashamed scores decreased in every condition. This may indicate a flaw in the experimental design or an unknown confounding variable. It may be that PC exposure does not cause sexual shame, that it is difficult to create a meaningful change in such a complex, and years-long construct like sexual shame, or that adolescents are more vulnerable to developing shame from teachings about sexuality, and this effect is less likely to be observed among adults.

To measure PC exposure, participants were shown all 24 PCBS beliefs and asked about their frequency of exposure on average in their life, referred to as the Exposure to Purity Culture Beliefs Scale (EPCBS). Participants mentioned in their feedback it was hard to answer because some beliefs they were exposed to frequently, and some not at all. It may have provided additional clarity to ask participants to score their exposure to each belief, then compute a total score. Instead, the decision to ask participants to self-report their overall exposure was made to reduce participant fatigue. It was also an error to include every PCBS item in the EPCBS, since the PCBS included three control items. Those should have been omitted from the EPCBS and

analyzed differently to compute the PCBS score. Fortunately, participant responses indicated responding to the PC messages as a whole, focusing on the other 21 items, however, this error may have slightly confounded some of the data.

This study was cross-sectional and did not follow participants over time. Participants were self-selected, so there may have been a volunteer bias, where only those who felt comfortable discussing their experience participated. This sample did not have the same ratios represented as the US population. Participants provided self-report, which can include biases like recall errors, limited insight, subjectivity, and providing socially desirable responses.

The intersection of religion and sexuality is an emotionally activating topic for many. Participants provided feedback to researchers that included strong emotional reactions. Some participants accused researchers of trying to preach purity culture, while others accused researchers of challenging their religious beliefs, and still others thanked the researchers and said participating in the study was a positive experience. Researchers attempted to collect data in the most objective, unbiased way possible. Hopefully these diverse responses indicate this was achieved. Strong emotional responses of participants may have affected their responses. For example, those who endorse PC may have responded more positively related to their experience with PC, sexual shame, and SDD, while those who do not endorse PC and felt harmed by it may have responded more negatively related to their experience with PC, sexual shame, and SDD.

I was exposed to purity culture and am post-religious. This is a strength in some ways, due to the intimate understanding of the nuances of purity culture and different ways it is taught and experienced, contributing to increased understanding and interpretation of the data and understanding of lived experience. My upbringing may also contribute to bias related to

perceiving harm from PC. Still, I made attempts to reduce bias by considering and discussing alternative viewpoints throughout the investigative process.

Future Directions

This study collected data from individuals rather than couples. As the first study in this specific area, it was more important as a first step to have a larger sample and obtain more general data, which was more accessible by studying individuals. It is recommended for future studies of SDD that data be collected from couples to measure both objective levels of desire as well as perception of SDD in the relationship, which will provide additional clarity. Findings from those studies may help improve the accuracy of perceived SDD, which may reduce distress due to SDD.

Because PC messages are gendered, they impact people of different genders in distinct ways. Therefore, it is recommended that future research examine women, gender diverse people, and men for the distinct ways each may be affected, which should be specifically investigated for each construct being studied. For example, to further understand the impact of PC exposure on men, it is recommended that a distinct scale be developed. PCBS items like “Virginity is a gift to give your spouse on your wedding night,” “God’s will is for sex to happen within a marriage relationship,” and “Waiting to have sex until marriage will make the wedding night and future sex life that much better,” among others, are still recommended for use with men. For future research with men, a men-specific PCBS scale should be developed to include those items as well as items like “Masturbation is harmful” and “Using pornography is shameful.” Public conversation around gender has changed dramatically over the last 20 years. People thinking about and experiencing their gender in different ways is a significant variable that will likely impact sexual dynamics. Advocating traditional gender roles is a significant PC message. Further

study about the way one's experience of their gender and the sexual roles they play relates to sexual desire, functioning, and satisfaction is recommended.

Respondents indicated in the qualitative free response a variety of reasons for developing sexual shame due to purity culture, including attraction to those of the same gender and feeling sexual desire itself is wrong. Future PC researchers may consider adding items to the PCBS scale like "Sexual attraction toward the same sex is wrong," "Sexual behavior with the same sex is wrong," "It is wrong to have too much sexual desire," "It is wrong to have too little sexual desire," and empirically validating these or similar items for use.

The study of the relationship between religion and well-being continues to yield nuanced and diverse findings. When studying the impact of religion, it is important to examine the positive and negative effects that result from the same factor. People often do not experience a factor as only positive or only negative. Studies should be designed with this in mind, to measure outcomes bi-directionally, rather than only how positively or how negatively a factor impacted them. Given the inherent patriarchy embedded in many Abrahamic religions, it is important to study Abrahamic and Eastern traditions separately as they relate to sexuality.

This study was designed to examine experiences related to PC in a U.S. sample, studying people with varying levels of exposure for comparison purposes, as well as observing that many in the U.S. reported exposure to PC even outside of religious communities. It is recommended that future studies have an inclusion criterion of only those exposed to purity culture. This would likely yield different results, and it may show a stronger relationship between purity culture exposure and a variety of mental, emotional, relational, and sexual health outcomes for that population, perhaps including sexual shame and sexual desire discrepancy. In utilizing the

PCBS, during data analysis it may also be useful to separate which outcomes are more strongly related to which PC beliefs, since some beliefs were endorsed more strongly than others.

Studies have already established a link between PC exposure and Genito-Pain/Pelvic Penetration Disorder (Azim et al., 2021), and PTSD (Hurst, 2022). This study indicated a connection between PC exposure, sexual shame, and SDD. In the infancy of PC research, future studies with the aim to continue to examine the relationship between PC exposure and sexual shame as well as and other sexual and relational issues such as Out of Control Sexual Behavior (OCSB), infidelity, erectile dysfunction, Female Orgasmic Disorder, continued exploration of PTSD and sexual victimization, as well as overall sexual development, including the development of low sexual desire and an asexual identity, is recommended.

Conclusion

In the ongoing considerations of how to teach young people about sexuality, competing values among the American people are at play. How to prioritize between health, well-being, sanctity, tradition, and other personal values remains up for debate. When it comes to purity culture teachings, perhaps there is more common ground to be found in acknowledging the diversity of experiences. Perhaps there is room to respect personal values while collaborating to provide the necessary education to promote long-term well-being.

The literature summarized in Chapter 2 indicated that (1) religiosity and sexuality have a long-lasting influence on one another, (2) Abrahamic religious commitment is associated with sexual guilt (3) the influence of religion is greater on women, (4) PC teachings have direct and indirect associations with poor self-worth, sexual satisfaction, emotional trauma, body image issues, stress, sense of freedom, sense of being deserving of pleasure, guilt and shame, all of which influence sexual desire (5) people respond differently to religious teachings and therefore

experience different outcomes (6) cognitive dissonance is a significant factor related to understanding the impact of religious teachings. This study provided additional evidence that PC is associated with sexual shame, higher SDD, impacts men and women in distinct ways, is experienced as deeply harmful by some, while others are unaffected.

During such a crucial developmental stage as adolescence, it is essential to equip young people with information and experience that will set them up for success. Entrusting adolescents with accurate information about their bodies, health, pleasure, and how to be safe sends an empowering message that they own their own bodies, they get to choose how they share their body with others, and their relationships are important. This can contribute to raising confident, skilled, empowered young people. Evidence indicates that this may help improve their overall well-being, which will make them more likely to be more open to connect with others. In an epidemic of loneliness and isolation, this is needed now more than ever. We can shift our systemic focus from short-term compliance to equipping young people with information that will help them have healthier, happier relationships throughout their lives. As we evolve beyond a history of fear and shame about sexuality, we can create a culture of sex positivity, affirmation, and empowerment.

Appendix A: IRB Submission, Approval and Survey Materials

IRB Submission

STUDY TITLE:

The Role of Purity Culture in Sexual Shame and Sexual Desire Discrepancy Between Partners

PRINCIPAL INVESTIGATOR:

Name: Amanda Gray

CO-INVESTIGATORS:

Name: N/A

COMMITTEE CHAIR:

Name: Kat Klement

Check any **applicable** boxes in the table below – you will be asked for further detail on these topics later in the protocol form:

Indicate Vulnerable Population(s) to be Enrolled	<input type="checkbox"/> Children <input type="checkbox"/> Cognitively Impaired Adults <input type="checkbox"/> Pregnant People (IF the research activities will affect the pregnancy or the fetus) <input type="checkbox"/> Prisoners (or other detained/paroled individuals)
--------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1.0 Purpose and rationale of the study:

The purpose of the study is to examine the relationship between exposure to and endorsement of purity culture beliefs (PCBs), sexual shame and sexual desire discrepancy between partners.

Participant data on their exposure to PCBs, their endorsement of PCBs, their levels of sexual shame, and their experience of desire discrepancy in their primary romantic/sexual relationship will illuminate the relationships between these constructs.

This will add to the current body of literature regarding whether purity culture exposure/endorsement contributes to sexual problems. It has already been demonstrated that it contributes to increased Genito Pain/Pelvic-Penetration Disorder.

2.0 Enrollment Criteria (who can be in your study and who would not be eligible to participate in your study):

Inclusion Criteria:

- Adult
- U.S. Resident
- Must be able to read and write in English
- Both general population and
- Those raised Evangelical or in The Church of Jesus Christ of Latter-Day Saints

Exclusion criteria:

- Adults unable to consent/Cognitively Impaired
- Individuals who are not yet adults (below the age of 18).
- Prisoners or other detained individuals

3.0 Sample Size:

A minimum of 250 participants is anticipated, which will provide a statistically significant sample size.

4.0 Recruitment and Screening Methods:

Those raised with a Abrahamic religious background, particularly in Evangelicalism and in The Church of Jesus Christ of Latter-Day Saints, will be recruited through online advertisement on multiple social media platforms and online groups where it is allowed (Reddit: r/mormon, r/exmormon, r/llds, r/Evangelical, r/Exvangelical, r/Christianity, r/exchristian, r/muslim, r/exmuslim, r/jewish, r/exjew; Facebook Groups: Faith Journey Meetups, Utah Vally Post-Mormons; and personal social media pages), and client outreach via researchers and colleagues. General population participants will be recruited through Survey Monkey via a paid service.

Prospective participants will receive an advertisement via one of the above platforms that will include a link they can click to access the survey. They will not be contacted outside of this.

The study will begin with the inclusion and exclusion criteria, and participants will be asked to exit the study if they don't meet the criteria.

Please see Appendix A for the recruitment materials.

5.0 Procedures Involved:

Please check the boxes for all applicable data collection procedures you plan to use:
 ✓ Questionnaires/surveys

The 52-item survey will take approximately 10-15 minutes to complete.

Provide demographic information		
Complete the Purity Culture Belief Scale (PCBS) guilt and shame subscale (7 items) and the Positive and Negative Affect Schedule (PANAS): “ashamed,” “distressed,” “inspired,” and “proud” subscales (4 items)		
Watch a randomly assigned video. Either:		
Purity culture message video	Sex positive message video	Control, nature video

Again, complete the Purity Culture Belief Scale (PCBS) guilt and shame subscale (7 items) and the Positive and Negative Affect Schedule (PANAS): “ashamed,” “distressed,” “inspired,” and “proud” subscales (4 items)
Complete the Sexual Shame Inventory (SSI; 10 items),
Complete the remainder of the PCBS (17 items)
Complete a sexual desire discrepancy measure (2 items)
Complete an item assessing previous exposure to purity culture (1 item)
Complete an optional journal prompt describing their previous experiences with purity culture teachings and their perceived impact on their lives.

6.0 Research with Vulnerable Populations

N/A

7.0 Incomplete Disclosure or Deception:

N/A

8.0 Consent Process:

Because this study takes place online, participants in all studies will receive informed consent on the first page of the questionnaire. They may exit the study at any time. By clicking through, they will affirm that they consent to participate and are aware of their rights as participants.

9.0 Waiver of Participant Signature on Consent Form:

Participants will provide implied consent by clicking forward to continue the online survey. Obtaining participants' signatures on the consent form is not realistic for this study because data collection will take place through an online survey.

10.0 Waivers and Alterations of Consent Information:

N/A

11.0 Financial Compensation:

Participants who desire will be entered to win an Amazon gift cards, a value of \$50. Participants who elect to be entered to win will provide an email address in a separate anonymous survey link where they will receive the gift card if awarded. The email address will not be tied to their survey response or used for any other purpose. They will receive the compensation by no later than 12/01/2024.

There is no cost to the participant for participating in the study.

12.0 Audio/Video Recording/Photography

N/A

13.0 Potential Benefits of this Research:

There are no direct benefits to study participants. Their participation could contribute to improvements in health care, education, and the cultivation of healthier sexual attitudes in the United States, which may benefit them. They will also be provided with a list of resources that may benefit them if they have felt harmed by purity culture teachings.

14.0 Potential Risks to Participants:

There is minimal risk to participants for participating in the study. For participants who have suffered religious trauma, they may experience distress from reading, seeing, or

hearing examples of purity culture beliefs they have previously been exposed to. Participants are free to stop the study at any time if they are experiencing distress. They will be provided with mental health resources in the case of the need for additional mental health support.

15.0 Provisions to Protect Participant Privacy and Data Confidentiality:

The survey will be anonymous. No identifying information will be connected to the data. The survey will be set so that email/IP addresses are not collected. Email addresses provided for the chance to win a gift card will be stored separately from participant data.

The investigators of the study will be the only ones with access to the data during collection, transmission, and storage. All services and devices used will be password protected. Any transmission of data will be encrypted.

Data will be stored on the PI's computer for at least three years after publication, consistent with Modern Sex Therapy Institute guidelines. After this point, the data may be permanently deleted.

16.0 Data Monitoring Plan to Ensure the Safety of Participants:

N/A

17.0 Long-term Data and Specimen Storage and Sharing:

Data will be stored on the PI's computer for at least three years after publication, consistent with Modern Sex Therapy Institute guidelines.

18.0 Qualifications of Research Team to Conduct the Research:

All of the investigators have completed the NIH tutorial for the handling of human subjects; Dr. Klement completed the online tutorial May 2024. Ms. Gray completed the NIH online tutorial in June 2024. Ms. Gray has past research experience conducting in-person interviews and coding participant data for a longitudinal study. Dr. Klement has conducted and published several research studies focused on topics in gender and sexuality.

IRB Approval



Institutional Review Board

August 5, 2024

IRB Number: 2024_08

Principal Investigator (or person requesting determination): Amanda Gray

Title of Study or Project: The Role of Purity Culture in Sexual Shame and Sexual Desire Discrepancy Between Partners

The Modern Sex Therapy Institutes Institutional Review Board has considered the submission for the study referenced above.

The IRB has determined the study to be:

- Approved
 Deferred
 Rejected

Your research is categorized as:

- Exempt
 Expedited
 Full Review

You are permitted to begin data collection. Please note that, where applicable, subjects must sign and must be given a copy of the approved Consent Form before the subjects' participation. All data, as well as the investigator's copies of the signed Consent Forms, must be retained by the principal investigator for a period of at least three years following the termination of the project.

Should you wish to make changes to the IRB approved procedures, the following materials must be submitted for IRB review and be approved by the IRB prior to being instituted:

- Form MSTI-HRP-589,
- Description of proposed revisions and the documents (and respective sections) affected,
- *If applicable*, any new or revised materials, such as recruitment fliers, letters to subjects, or consent documents with requested changes indicated in red; and
- *If applicable*, updated letters of approval from cooperating institutions and IRBs.

During the active phase of your research, you must report any adverse events to the IRB. An adverse event is defined as any time a research subject experiences an adverse reaction to, or unexpected event following, an intervention by a researcher as part of the IRB reviewed protocol. In addition, report any *serious* adverse event **POSSIBLY RELATED** to the study design or procedures that is unanticipated, meaning its occurrence was not cited in the protocol application reviewed by the IRB. An event is considered serious if it potentially affects the rights, welfare, or safety of subjects in the study. Submit the Adverse Incident Reporting Form MSTI-HRP-591 to the IRB Coordinator within 48 hours of becoming aware of any adverse event.

At the present time, there is no need for further action on your part with the IRB.

Sincerely,

Ashley D. Sweet, MA, LPC, LMHC, CCHt
 Chair, Institutional Review Board

cc: IRB Vice Chairs and IRB Coordinator

Experiment Videos

Please watch the video below.

Purity Culture:

<https://www.youtube.com/watch?v=2xE-iK1pdp0>

Sex Positivity (needs to be edited):

<https://www.youtube.com/watch?v=I-3CANRKuAM>

Control Video:

<https://www.youtube.com/watch?v=caGlzR9F2zI>

Could you see and hear the entire video? (Yes/No)

What was the video about? (Select one of the following)

- Revamping your sex life by treating sex as a hobby
- Why religious people choose to be sexually abstinent
- Making good financial choices

Measure 1

Directions: The following items deal with messages about sexuality you may have received growing up and whether you endorse them. Please answer all items using a 5-point scale, in which a “1” represents that you strongly disagree with the statement, and a “5” represents that you strongly agree with the statement.

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree

Purity Culture Belief Scale - Guilt and Shame Subscale (Ortiz, 2019)

1. You should feel ashamed if you have sex outside of marriage.
2. Sexual thoughts and feelings outside of marriage should cause guilt.
3. A woman who dresses immodestly causes her brothers to stumble.
4. It will be difficult for your future spouse to forgive you if you have sex with someone else before marriage.
5. Having premarital sex will make you unattractive to your future spouse.
6. Sex outside of marriage will make you damaged goods.
7. Women should dress modestly to avoid sexually tempting men.

Positive and Negative Affect Schedule (PANAS) (Watson et al., 1988)

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you feel this way right now, that is, at the present moment. Use the following scale to record your answers.

1	2	3	4	5
Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
8. ___ Ashamed			10. ___ Inspired	
9. ___ Distressed			11. ___ Proud	

Measure 2**Sexual Shame Inventory (SSI) (Seebeck, 2021)**

The following are some statements that may or may not describe how you are feeling right now.

Please rate your agreement with each statement using the 6-point scale below.

1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree

1. I feel bad about how many sexual experiences I've had.
2. There are some things I just can't talk about with my sexual partner(s).
3. I worry people will find out about my sexual flaws.
4. When it comes to sex, I feel like I am never good enough.
5. I feel ashamed that I have been forced into uncomfortable sexual situations.
6. I feel like wanting to shower or wash off when thinking about my sexuality/sexual experiences.
7. I feel ashamed to talk to others about my sexuality/sexual experiences.
8. I worry about being able to sexually satisfy my partner(s).
9. I am afraid of sharing my private sexual thoughts with my partner(s).
10. I replay sexual experiences I am ashamed of over and over in my head.

Measure 3

Purity Culture Belief Scale (PCBS) (Ortiz, 2019) (Remaining items)

Directions: The following items deal with the messages about sexuality you may have received growing up and whether you endorsed them. Please answer all items using a 5-point scale, in which a “1” represents that you strongly disagree with the statement, and a “5” represents that you strongly agree with the statement.

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree

1. Virginity is a gift to give your spouse on your wedding night.
2. God’s will is for sex to happen within a marriage relationship.
3. It is more acceptable for a man to not be a virgin on his wedding night than a woman.
4. Waiting to have sex until marriage will make the wedding night and future sex life that much better.
5. Women should cover themselves up; men can wear whatever clothing they choose.
6. It is normal to experience sexual thoughts and feelings throughout one’s life.
7. You lose a piece of yourself every time you have sex with someone new.
8. Women should not have sexual desire.
9. Purity is primarily about my virginity.
10. Men and women should be equally responsible for maintaining sexual purity.
11. If you remain a virgin until marriage, God will bless you and your spouse with a great sex life.
12. It is normal for a man to struggle with pornography, but not normal for a woman.
13. If you are patient and sexually pure, God will bring you the perfect spouse.
14. Women are, by nature, more sexually pure than men.
15. It is normal for women to struggle with lust.
16. Women should be cherished as pure creatures.
17. It is the woman’s fault if sexual boundaries are crossed in a dating relationship.

Measure 4

Simple Sexual Desire Discrepancy Measure (SSDDM) (Sutherland et al., 2015)

The following questions relate to your relationship with your spouse or significant other. If you do not currently have a spouse or significant other, leave these items blank. Select the appropriate response.

1. In general, how does your sexual desire level compare to that of your partner?

1	2	3	4	5
No different	Slightly Different	Moderately different	Very different	Extremely different

2. Using the scale below, rate which statement best captures yours and your partner's desire levels.

2	1	0	-1	-2
My desire level is much higher than my partner's	My desire level is slightly higher than my partner's	My desire level is equal to my partner's	My partner's desire level is slightly higher than mine	My partner's desire level is much higher than mine

Measure 5**Exposure to Purity Culture Beliefs Scale (EPCBS)**

How frequently have you previously been exposed to these messages in your life?

1	2	3	4	5
Never	A little	Moderately	Very frequently	These messages were foundational to my upbringing

1. Women should dress modestly to avoid sexually tempting men.
2. Virginity is a gift to give your spouse on your wedding night.
3. God's will is for sex to happen within a marriage relationship.
4. It is more acceptable for a man to not be a virgin on his wedding night than a woman.
5. Waiting to have sex until marriage will make the wedding night and future sex life that much better.
6. Women should cover themselves up; men can wear whatever clothing they choose.
7. Sexual thoughts and feelings outside of marriage should cause guilt.
8. It is normal to experience sexual thoughts and feelings throughout one's life.
9. You lose a piece of yourself every time you have sex with someone new.
10. A woman who dresses immodestly causes her brothers to stumble.
11. Women should not have sexual desire.
12. Purity is primarily about my virginity.
13. Having premarital sex will make you unattractive to your future spouse.
14. Men and women should be equally responsible for maintaining sexual purity.
15. If you remain a virgin until marriage, God will bless you and your spouse with a great sex life.
16. It is normal for a man to struggle with pornography, but not normal for a woman.
17. Sex outside of marriage will make you damaged goods.
18. It will be difficult for your future spouse to forgive you if you have sex with someone else before marriage.
19. If you are patient and sexually pure, God will bring you the perfect spouse.
20. Women are, by nature, more sexually pure than men.
21. You should feel ashamed if you have sex outside of marriage.
22. It is normal for women to struggle with lust.
23. Women should be cherished as pure creatures.
24. It is the woman's fault if sexual boundaries are crossed in a dating relationship.

Recruitment Flyers



Religious Messages and Sexuality Study

Would you like to help other LDS-raised folks navigate sexuality in healthy ways?
If so, please take this survey!

I am collecting data from LDS-raised folks on messages they received and how that impacts their sexuality today. The online survey will take approximately 10-15 minutes to complete and you can be entered to win a \$50 Amazon gift card.

Anonymously sharing your experience may help others coming from the same background engage with their sexuality in happier and healthier ways.

To complete the survey, click the following link:

Questions? Contact Amanda Gray at amanda.gray.lcsw@gmail.com



In order to participate you must be:

- 18 years of age or older
- Able to read and write in English
- A U.S. resident



This research is being completed by Amanda Gray as partial fulfillment of the requirements for the doctoral degree at Modern Sex Therapy Institutes. The study has been approved by an Institutional Review Board to ensure the safety and welfare of the study participants.



Religious Messages and Sexuality Study

Would you like to help other members of the Church of Jesus Christ of Latter-Day Saints navigate sexuality in healthy ways?

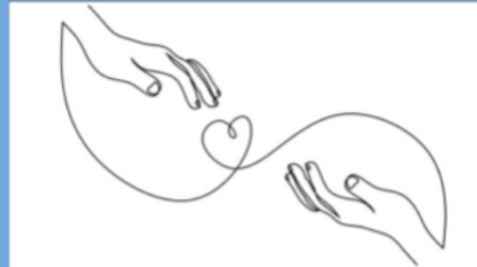
If so, please take this survey!

I am collecting data on messages people may have received at home, church, or with friends and how that impacts their sexuality today. The online survey will take approximately 10-15 minutes to complete and you can be entered to win a \$50 Amazon gift card.

Anonymously sharing your experience may help others coming from the same background engage with their sexuality in happier and healthier ways.

To complete the survey, click the following link:

Questions? Contact Amanda Gray at amanda.gray.lcsw@gmail.com



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- 18 years of age or older
- Able to read and write in English
- A U.S. resident

GIVE BACK
TO YOUR
CHURCH
COMMUNITY!

This research is being completed by Amanda Gray as partial fulfillment of the requirements for the doctoral degree at Modern Sex Therapy Institutes. The study has been approved by an Institutional Review Board to ensure the safety and welfare of the study participants.



Religious Messages and Sexuality Study

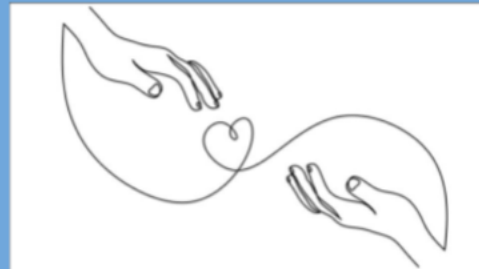
Would you like to help other Evangelical-raised folks navigate sexuality in healthy ways? If so, please take this survey!

I am collecting data from Evangelical-raised folks on messages they received and how that impacts their sexuality today. The online survey will take approximately 10-15 minutes to complete and you can be entered to win a \$50 Amazon gift card.

Anonymously sharing your experience may help others coming from the same background engage with their sexuality in happier and healthier ways.

To complete the survey, click the following link:

Questions? Contact Amanda Gray at amanda.gray.lcsw@gmail.com



In order to participate you must be:

- 18 years of age or older
- Able to read and write in English
- A U.S. resident

GIVE BACK TO
THE
EVANGELICAL-
RAISED
COMMUNITY!

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Religious Messages and Sexuality Study

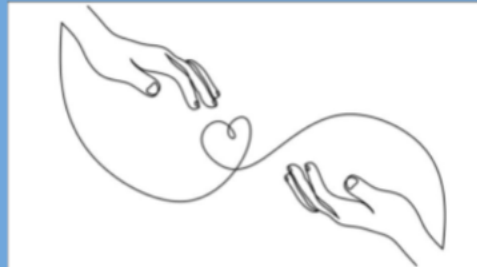
Would you like to help other Christian-raised folks navigate sexuality in healthy ways?
If so, please take this survey!

I am collecting data from Christian-raised folks on messages they received and how that impacts their sexuality today. The online survey will take approximately 10-15 minutes to complete and you can be entered to win a \$50 Amazon gift card.

Anonymously sharing your experience may help others coming from the same background engage with their sexuality in happier and healthier ways.

To complete the survey, click the following link:

Questions? Contact Amanda Gray at amanda.gray.lcsw@gmail.com



In order to participate you must be:

- 18 years of age or older
- Able to read and write in English
- A U.S. resident



This research is being completed by Amanda Gray as partial fulfillment of the requirements for the doctoral degree at Modern Sex Therapy Institutes. The study has been approved by an Institutional Review Board to ensure the safety and welfare of the study participants.



Religious Messages and Sexuality Study

Would you like to help other religious-raised folks navigate sexuality in healthy ways?
If so, please take this survey!

I am collecting data from religious-raised folks on messages they received and how that impacts their sexuality today. The online survey will take approximately 10-15 minutes to complete and you can be entered to win a \$50 Amazon gift card.

Anonymously sharing your experience may help others coming from the same background engage with their sexuality in happier and healthier ways.

To complete the survey, click the following link:

Questions? Contact Amanda Gray at amanda.gray.lcsw@gmail.com

This research is being completed by Amanda Gray as partial fulfillment of the requirements for the doctoral degree at Modern Sex Therapy Institutes. The study has been approved by an Institutional Review Board to ensure the safety and welfare of the study participants.



In order to participate you must be:

- 18 years of age or older
- Able to read and write in English
- A U.S. resident

GIVE BACK
TO THE
RELIGIOUS-
RAISED
COMMUNITY!

Informed Consent

Sexual Beliefs and Sexual Satisfaction Study

By clicking below, you agree to participate in the research project titled “Sexual Beliefs and Sexual Satisfaction” being conducted by Amanda Gray, a doctoral candidate at Modern Sex Therapy Institutes. By clicking below you also affirm that you are over 18 years old, a U.S. resident, and able to read and write in English.

The purpose of the study is to examine individuals’ sexual beliefs and how they relate to their sexual satisfaction.

If you agree to participate in this study, you will be asked to:

- Report your own exposure to and endorsement of several beliefs related to sexuality
- Watch a brief video that may contain a message related to sexuality
- Complete a questionnaire regarding experience you may have with sexual shame
- Complete a questionnaire regarding experience you may have related to wanting more or less frequent sex than your partner
- Complete an optional free response regarding experiences with the identified beliefs

These data will be collected completely anonymously, which means that your identity will not be connected to your responses in any way. You will not be required to complete any questions that make you uncomfortable. In fact, you can choose to end the survey at any time. We expect at least 250 participants will be part of this study.

This survey may take between 10-15 minutes. You may enter to win a \$50 Amazon gift card as compensation for participation.

There is a low likelihood of risk to you for participating in this study. Some participants who came from a religious background may experience discomfort or distress while seeing the beliefs that may have previously caused them distress. Please keep in mind you can choose at any time to stop participating in the study and all data will be anonymous.

If you have any questions regarding this study or would like a summary of the results, feel free to contact Amanda Gray at amanda.gray.lcsw@gmail.com.

This research has been reviewed and approved by an Institutional Review Board (“IRB”) – an IRB is a committee that protects the rights of people who participate in research studies. You may contact the IRB by phone at (561) 379-7207 or by email at irb@modernsextherapy.com if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research participant.
- You want to get information or provide input about this research.

1) Are you over the age of 18? (I am over the age of 18; I am not over the age of 18).

I understand that my consent to participate in this project does not constitute a waiver of any legal rights or redress I may have as a result of my participation, and by clicking below, I acknowledge that I wish to participate in this study.

2) Do you consent to participate in this study? (I consent; I do not consent).

Appendix B: Tables and Figures

Table 1

Prevalence of Sexual Dysfunctions in the United States

Female Orgasmic Disorder	42% (DelCea, 2019)
Erectile Disorder	35% (Krzastek et al., 2019)
Premature (Early) Ejaculation	33% (Saitz & Serefoglu, 2016)
Delayed Ejaculation	1-4% (Di Sante et al., 2016)
Male Hypoactive Sexual Desire Disorder	1-20% (Brotto, 2010)
Female Sexual Interest/Arousal Disorder	6-20% (West et al., 2008)
Genito-Pelvic Pain/Penetration Disorder	19% (Azim et al., 2021)

Figure 1A

Hypothesis II: Sexual shame as a moderator between purity culture exposure and sexual desire discrepancy

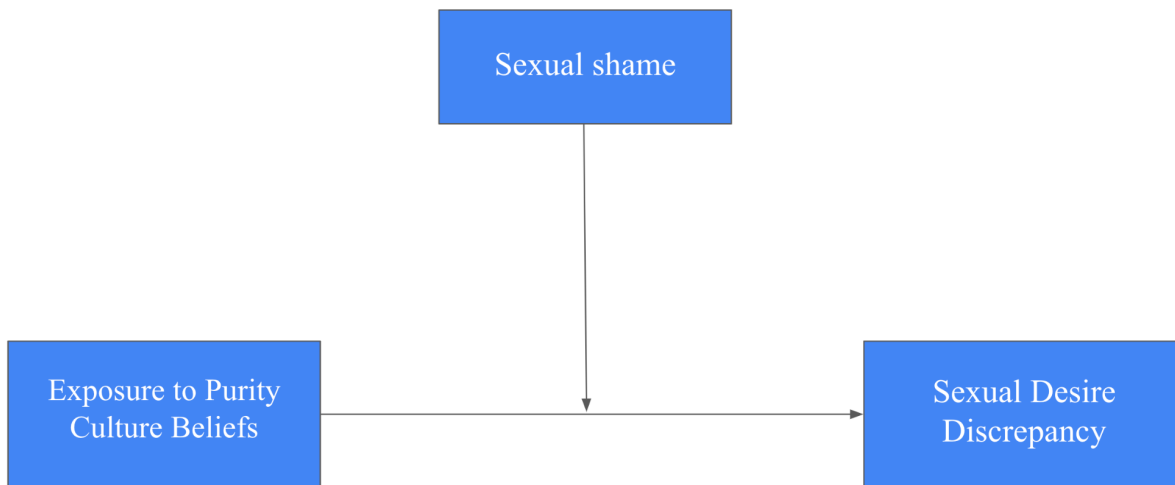


Figure 1B

Hypothesis II: Purity culture endorsement as a moderator between purity culture exposure and sexual desire discrepancy

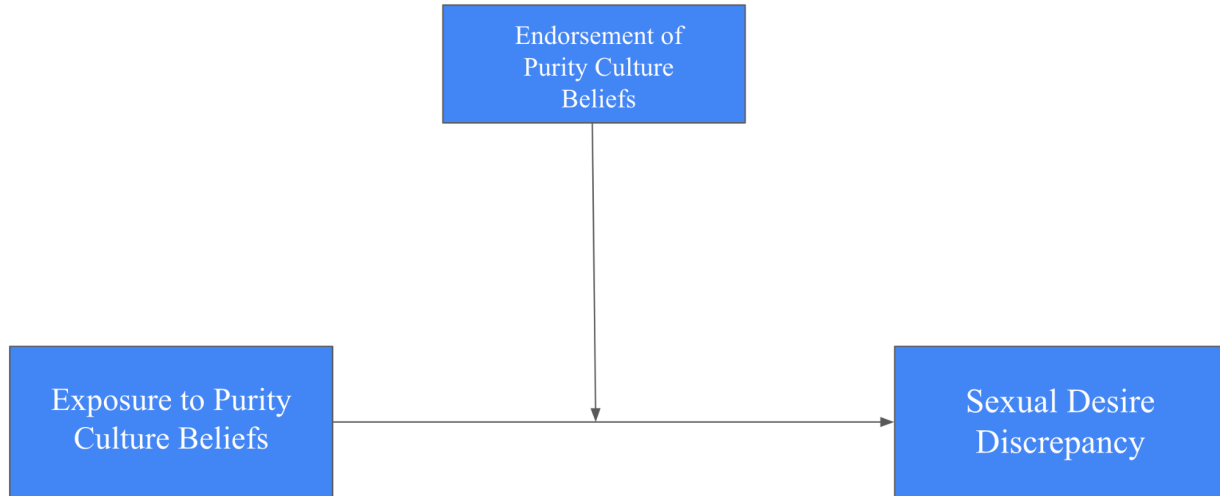


Table 2

The Messages of Purity Culture (Ortiz, 2019)

Message	Explanation	Evidence
The sexual double standard	<p>Female sexual behavior should be more regulated and constrained than male sexual behavior. Women do not need sexual desire. Women desire to <i>be</i> desired, and so are sufficiently satisfied by being loved by God. A woman’s purpose is to love and please men, therefore the purity of womanhood is desirable for its own sake, sexual pleasure is unnecessary for women.</p> <p>Women are worth less than men. Women’s sexuality is inferior to men’s sexuality.</p> <p>Benevolent sexism: women need to be protected and controlled.</p>	<p>(Anderson, 2015; Banasihan, 2020; Clark & Baird, 2019; Claney, 2018; Darnall, 2017; Eldredge & Eldredge, 2004, p. 112; Field, 2016; Gregoire, 2016; Moslener, 2015).</p> <p>(King James Bible, n.d., Proverbs 5:19; Corinthians 7:34)</p> <p>Sodom and Gomorrah modern interpretation (Corey, n.d.; Rhodes, 2008)</p>

<p>Women as sexual gatekeepers</p>	<p>Women are responsible for their own sexual behavior, as well as their partners’.</p>	<p>(Sakaluk et al., 2014)</p>
<p>Men as unable to control their sexual desires</p>	<p>Sex is bad, but men have poor self-control, so sexual thoughts and behaviors are more acceptable for men than for women. Men are always ready for sex.</p>	<p>(Crawford & Popp, 2003; King James Bible, n.d., 1 Corinthians 7:1-2; McCormick, 2010; Reid et al., 2011; Sakaluk et al., 2014)</p>
<p>Extreme modesty</p>	<p>Bodies are inherently bad, especially women’s bodies, and therefore, should be covered up. Women should dress modestly, so they will be less desirable to men, so men can avoid temptation.</p>	<p>(Anderson, 2015; Clane 2018; Darnall, 2017; Field, 2016; Gregoire, 2016)</p>
<p>Virginity as a gift</p>	<p>Sex is sacred. You are a more pure and worthy spouse if you abstain from sex until after marriage. If not, you are worth less, or are “damaged goods.”</p>	<p>(Anderson, 2015; Clane 2018; Darnall, 2017; Hardy & Willoughby, 2017; Hernandez et al., 2011; King James Bible, n.d., 1 Corinthians 7:4; Murray-Swank et al., 2005;)</p>
<p>“All-or-nothing” mentality related to sexual activity</p>	<p>Sexual activity outside of marriage is contaminating and sinful. You are either a virgin or a whore.</p>	<p>(Beck, 2006; Garceau & Scott, 2017; King James Bible, n.d., 1 Corinthians 6:18; Mahoney, 2008)</p>

Table 3

Factors Related to Sexual Satisfaction (del Mar Sánchez-Fuentes et al., 2014)

Microsystem	Mesosystem	Exosystem	Macrosystem
Psychological factors (perfectionism, locus of control) Self-concept (self-actualization, differentiation of self, self-esteem, sexual self-concept, sexual self-confidence, body image, gender role, sexual role) Sexual attitudes (sexual thoughts, sexual guilt, internalized homophobia, watching pornography, importance attributed to sex) Sexual history (sexual abuse, rape, educational background, sexual information, previous sexual experience, number of sexual partners) Other factors: autonomy, experiential avoidance, sexual assertiveness, sexual functioning.	Frequency of sex, sexual behavior, hedonistic behavior, performance anxiety, sexual interest and motivation, propensity to excitation, contraceptives	Social support, discrimination, family relationships, affection, responsibility, religion, spirituality.	Cultural conflicts

Table 4

Convergent Validity for Purity Culture Beliefs Scale-Guilt/Shame

	1.	2.	3.	4.	5.	6.
1. PCBS-GS Pre-Test	-	.24**	.28**	.20**	.20**	.03
2. SSI		-	.54**	.44**	-.06*	-.11**
3. Ashamed			-	.66**	.05	-.04
4. Distressed				-	.07*	-.02
5. Inspired					-	.61**
6. Proud						-

Notes. * $p < .05$, ** $p < .001$. PCBS-GS = Purity Culture Belief Scale-Guilt/Shame, SSI = Sexual Shame Inventory.

Table 5

Means and Standard Deviations for Dependent Variables by Experimental Condition

	Purity Culture Condition		Sex-Positive Condition		Control Condition (Finance)	
	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test
PCBS-GS	2.01 (1.08)	1.86** (1.06)	2.10 (1.88)	1.88** (0.96)	2.09 (1.84)	1.84** (0.93)
Ashamed	1.61 (0.96)	1.51* (0.98)	1.81 (1.09)	1.51** (0.90)	1.65 (0.96)	1.51** (0.87)
Distressed	1.87 (1.07)	1.94 (1.18)	2.01 (1.16)	1.73** (1.03)	1.92 (1.07)	1.79** (0.98)
Inspired	2.39 (1.15)	2.23** (1.29)	2.55 (1.19)	2.83** (1.19)	2.51 (1.29)	2.57 (1.25)
Proud	2.57 (1.27)	2.52 (1.36)	2.72 (1.21)	2.77 (1.24)	2.66 (1.30)	2.63 (1.29)

Notes. P values for pre-post only. * $p < .05$, ** $p < .001$.

Figure 2A

Moderation analysis of sexual shame between exposure to purity culture and sexual desire discrepancy

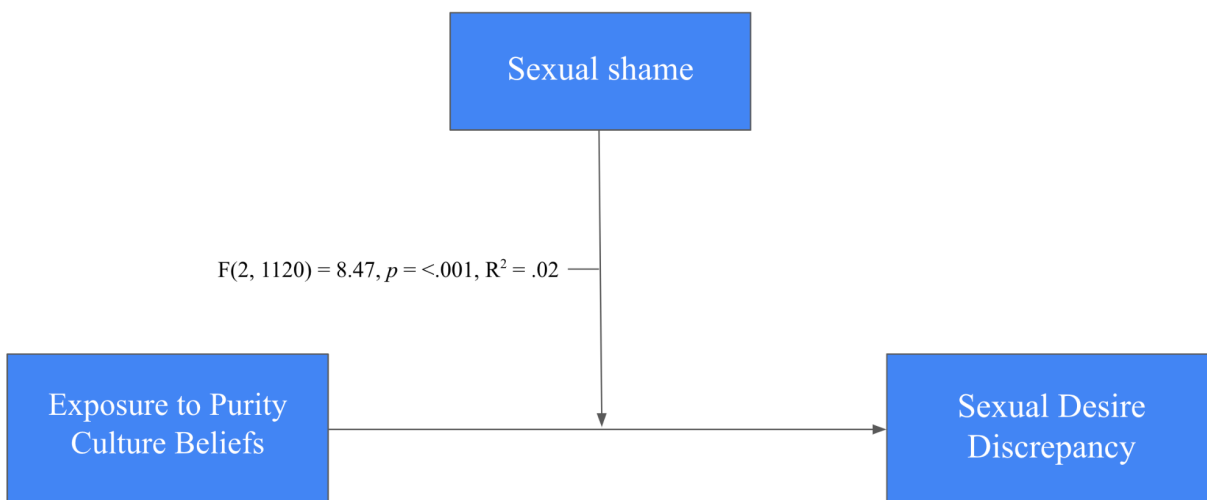


Figure 2B

Moderation of purity culture endorsement between purity culture exposure and sexual desire discrepancy

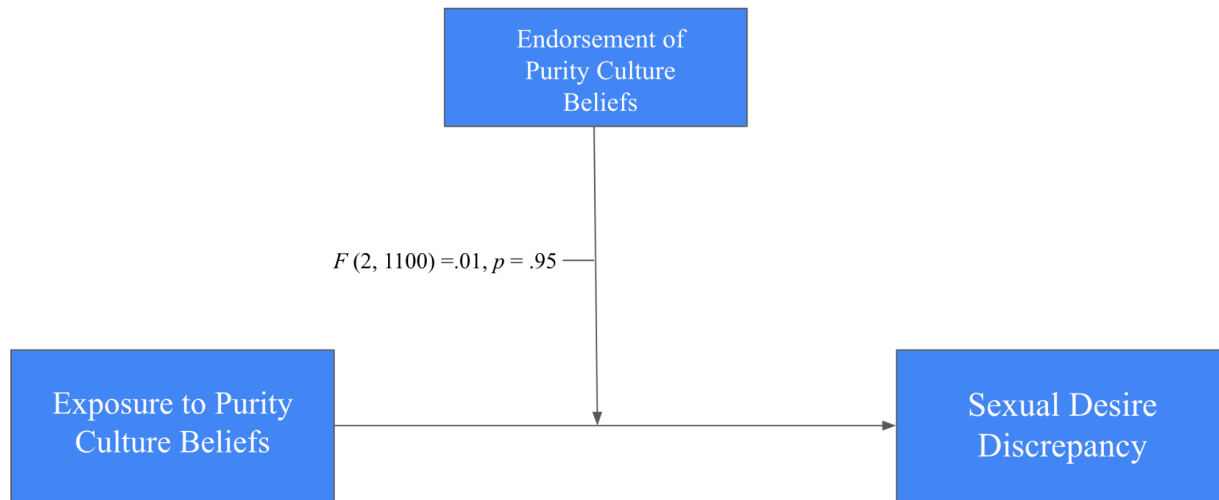


Table 6

Correlations of exposure to PC, endorsement of PC, sexual shame and SDD, split by level of endorsement of PC.

	Rejection of PCB ^A			No strong opinion of PC			Endorsement of PC		
	ρ	R ²	<i>p</i>	ρ	R ²	<i>p</i>	ρ	R ²	<i>p</i>
Exposure X									
SDD	.09	.01	.01*	.11	.01	.04*	-.02	-	.90
Exposure X									
Sexual shame	.21	.04	<.001*	.03	-	.59	-.13	-	.29
Endorsement X									
Sexual shame	.11	.01	.002*	.17	.03	.002*	.20	-	.11

Notes. * $p < .05$, ** $p < .001$; PC = purity culture, SDD = sexual desire discrepancy; ^APurity culture endorsement: Low PCBS score suggesting rejection of PC = 24-59; moderate PCBS score suggesting no strong opinion of PC = 60 - 83, high PCBS score indicating endorsement of PC: 84-120.

Figure 3

Purity culture exposure as a moderator of sexual desire

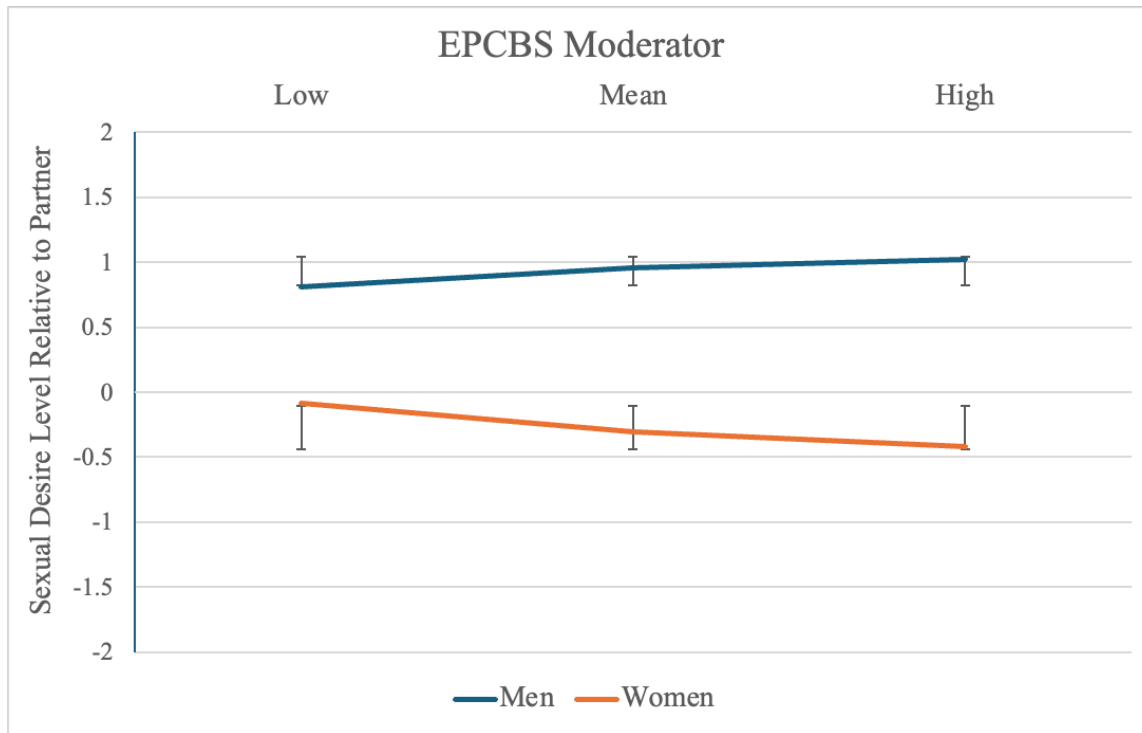


Table 7

Correlations of purity culture exposure, endorsement, sexual shame, sexual desire discrepancy and higher desire relative to partner for men and women

		1.	2.	3.	4.	5.
1. Exposure	Spearman's ρ	-	-.49	-.01	.14	.10
	Effect size R^2	-	.24	-	.02	.01
	<i>p</i> -value	-	<.001**	.76	<.001**	.02*
2. Endorsement	Spearman's ρ	-.40	-	.24	-.04	-.15
	Effect size R^2	.20	-	.06	-	-
	<i>p</i> -value	<.001**	-	<.001**	.37	-

¹⁵ Result of the correlation between PC endorsement and higher desire relative to partner not included because a scatterplot revealed the relationship is quadratic, so the result is invalid.

3. Sexual shame	Spearman's ρ	.13	.24	-	.05	.048
	Effect size R^2	.02	.06	-	-	-
	p -value	.002**	<.001**	-	.27	.266
4. SDD	Spearman's ρ	.12	.01	.36	-	.66
	Effect size R^2	.02	-	.13	-	.44
	p -value	.004**	.81	<.001**	-	<.001**
5. Higher Desire Relative to Partner	Spearman's ρ	-.11	-	-.12	-.26	-
	Effect size R^2	.01	-	.01	.07	-
	p -value	.02*	-	.006	<.001**	-

Notes. * $p < .05$, ** $p < .001$. SDD = sexual desire discrepancy. White boxes signify men; gray boxes signify women.

Appendix C: Population Demographics

Population Sample Religious Affiliation	
Church of Jesus Christ of Latter-Day Saints	31.4%
Atheist	27%
Unaffiliated	10.4%
Catholic	9.1%
Christian (not LDS or Evangelical)	6.4%
Evangelical	3.7%
Unaffiliated + Another religion	1.6%
Eastern (Buddhist, Hindu, Sikh)	0.9%
Muslim	0.8%
Jewish	0.5%
Wiccan	0.5%
Multi-Affiliated	0.2%
Did not disclose	2%

Population Sample Religiosity	
Actively Involved in an Abrahamic Religion	50.7%
Nuanced ¹⁶	2.7%
Formerly religious, but are no longer	19.8%
Other/did not disclose	26.7%

¹⁶ Nuanced was defined as affiliated with a religion but disagreeing with some of its core teachings.

Population Sample Gender Identity¹⁷	
Cisgender Men	46.7%
Cisgender Women	46.3%
Nonbinary/Agender/Genderqueer ¹⁸	2.8%
Transgender ¹⁹	1.3%
Two-Spirit	.1%
Multi-Gender	.1%
Other	.3%
Did not disclose	2.1%
Population Sample Sexual Identity²⁰	
Heterosexual	74.1%
Bi/Pansexual	16.3%
Homosexual	4.7%
Asexual	3.4%
Queer	3.1%
Something Else	3.1%
Curious/questioning/uncertain	1.2%

¹⁷ Of note, when compared with the US adult general population, .5% of people identify as transgender, whereas this study attracted 2.6 times that amount (UCLA Williams Institute, 2022), 3.6% identify as nonbinary, whereas this study attracted .75 of that amount (UCLA Williams Institute, 2021). US statistics of those who identify as cisgender men and women were not available. The Kaiser Family Foundation (2022) found the current US population to be 49.3% male and 50.7% female, so this study likely included a slightly higher men to women ratio than the US population.

¹⁸ Grouped together in order to not count a participant twice, because several participants selected multiple of these categories to describe their gender identity.

¹⁹ Each participant who selected multiple gender categories also selected “Transgender” and so were counted in both categories.

²⁰ Many participants selected multiple sexuality identities. Labels were prioritized coded as: “Asexual,” even if they also selected another.

“Bisexual,” if they also selected another.

“Queer,” only when no other labels were selected, for specificity.

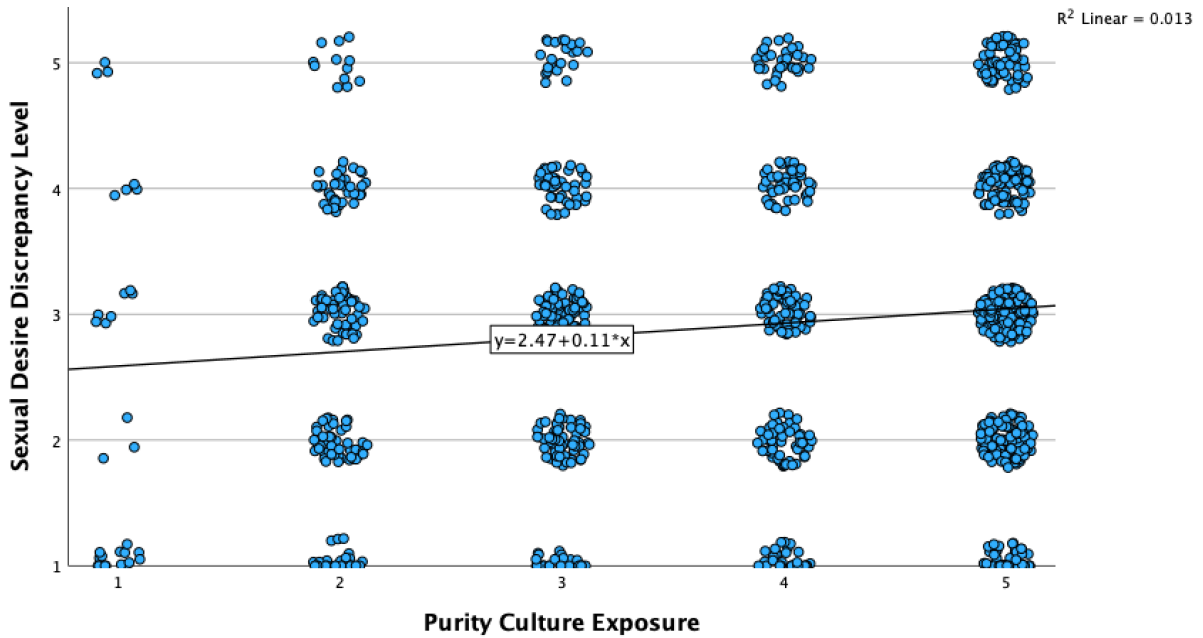
Population Sample Age	
18-24	10.2%
25-30	20.4%
31-40	29.1%
41-50	22.2%
51-60	10.6%
61-70	5.7%
71-82	1.7%

Population Sample Race	
White	86.3%
Hispanic	6.7%
Black	5.1%
Asian	3.1%
Indigenous American	2%
Hawaiian/Pacific Islander	0.9%
Something else	1.1%

Appendix D: Scatterplots

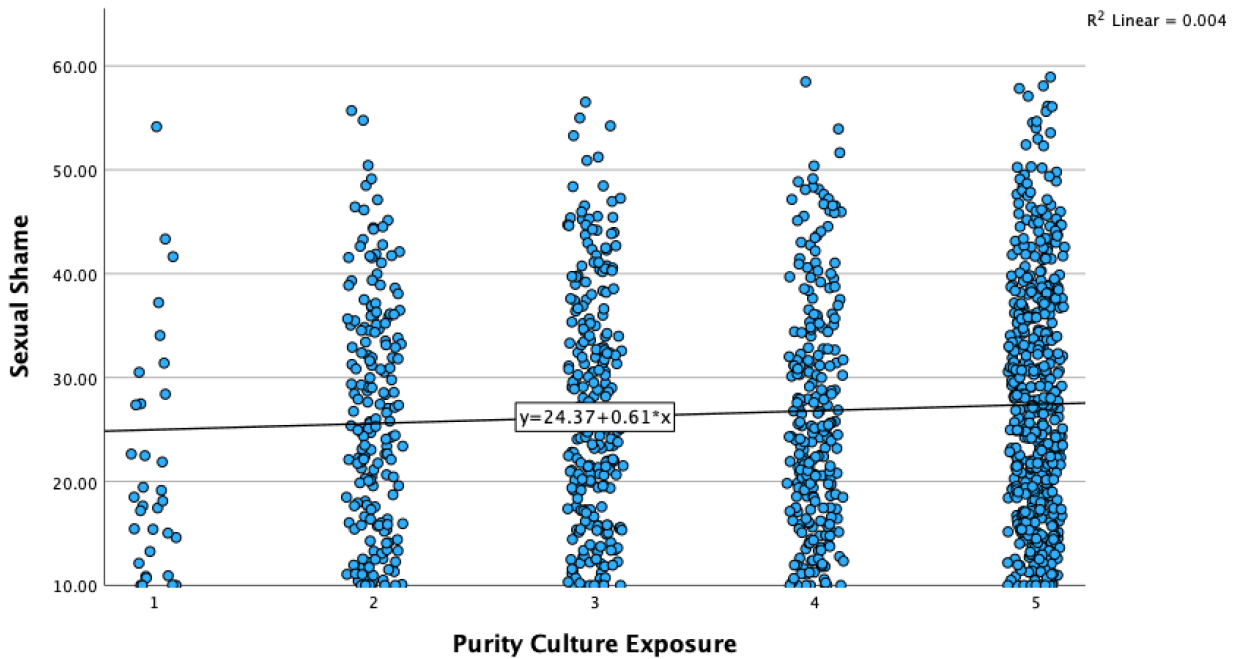
Scatterplot 1

Sexual desire discrepancy level and purity culture exposure



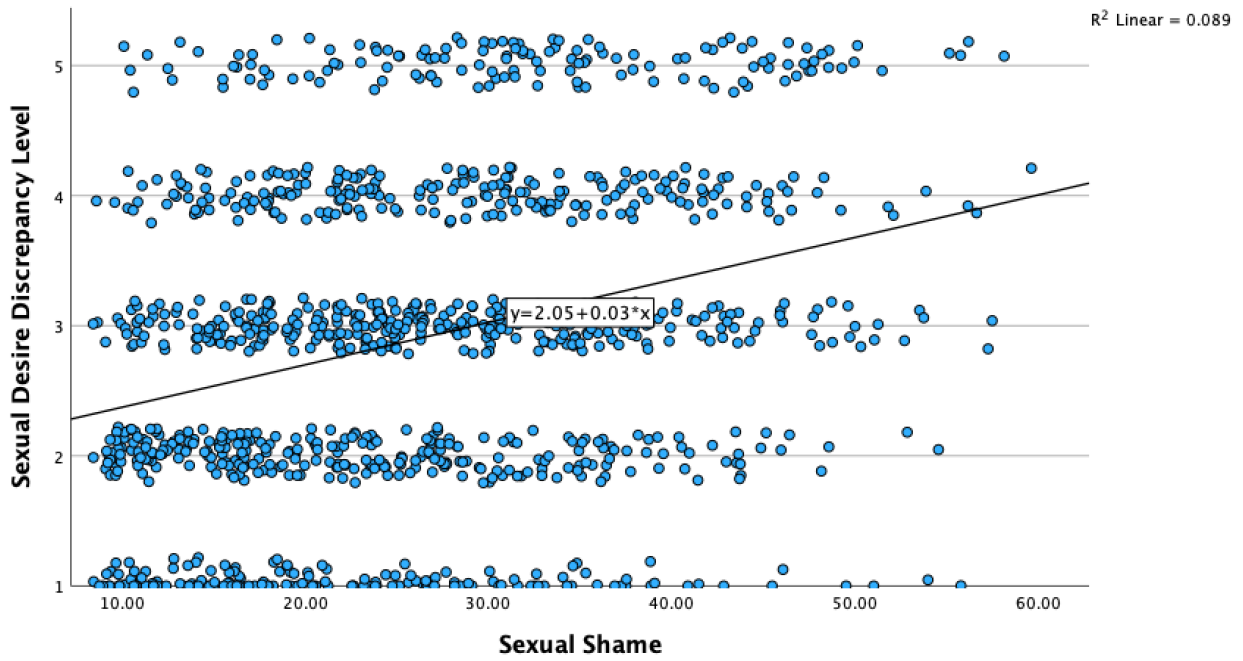
Scatterplot 2

Sexual shame and purity culture exposure



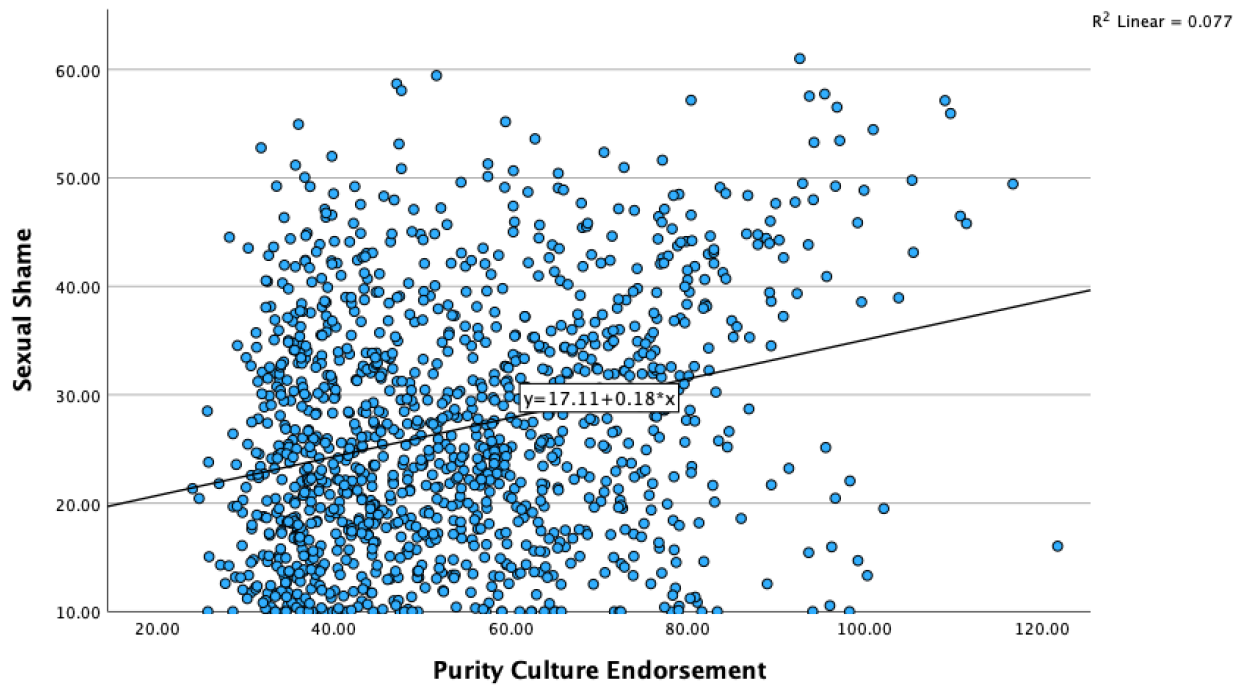
Scatterplot 4

Sexual desire discrepancy level and sexual shame



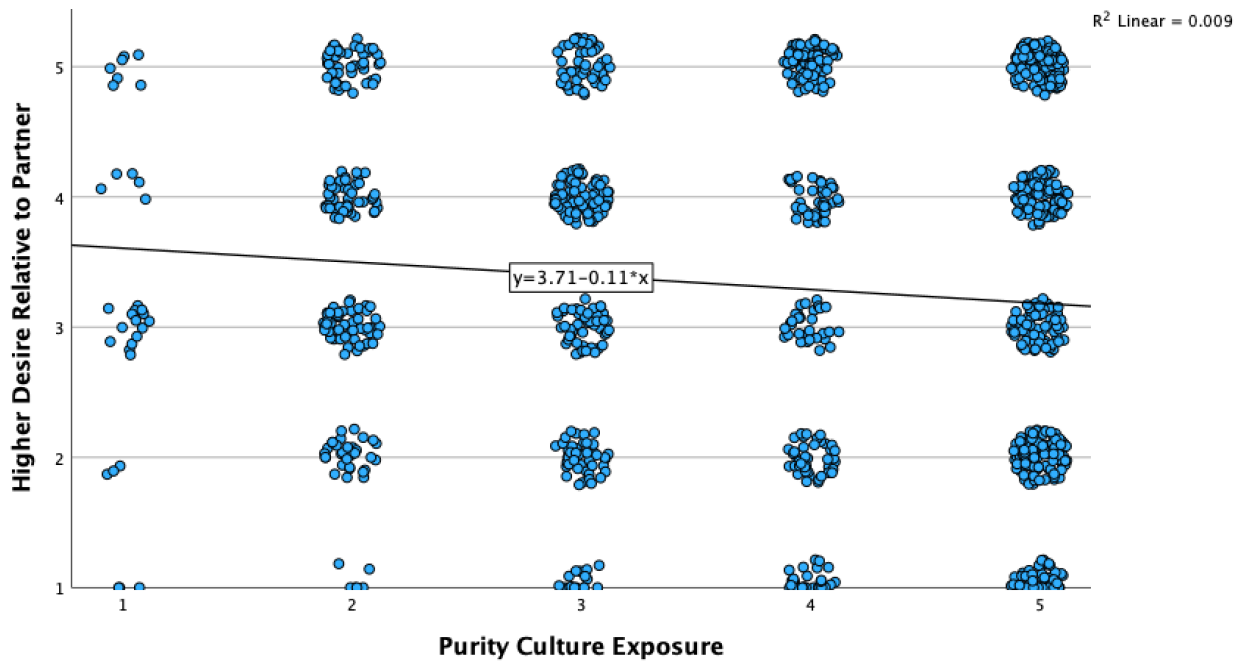
Scatterplot 5

Sexual shame and purity culture endorsement



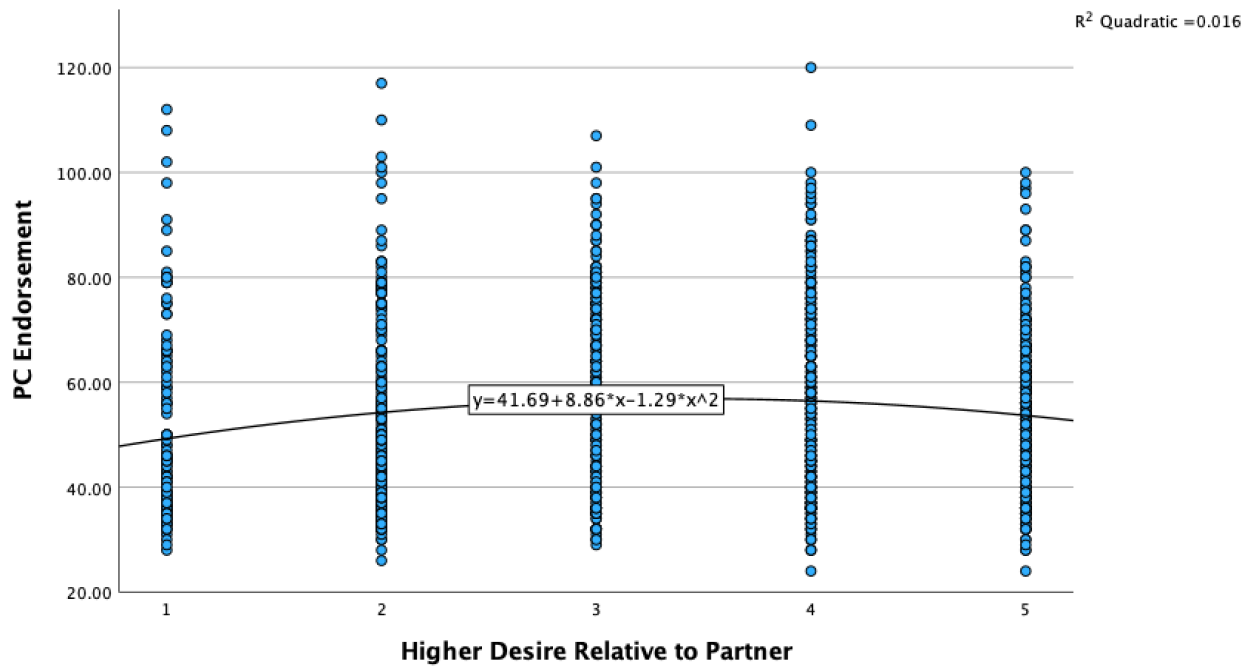
Scatterplot 6

Higher sexual desire relative to partner and purity culture exposure



Scatterplot 7

Higher sexual desire relative to partner and purity culture endorsement



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