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ORTHODOXY (DEFINED AS RELIGIOUS RIGIDITY AND RELIGIOUS CLOSED-
MINDEDNESS) AND MARITAL SEXUAL FUNCTIONING

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AN EMPIRICAL STUDY OF THE RELATIONSHIP BETWEEN RELIGIOUS
ORTHODOXY (DEFINED AS RELIGIOUS RIGIDITY AND
RELIGIOUS CLOSED-MINDEDNESS) AND MARITAL
SEXUAL FUNCTIONING

A Dissertation
Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by
Stephen Lennard Purcell

April 1984

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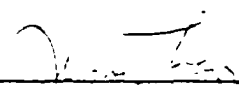
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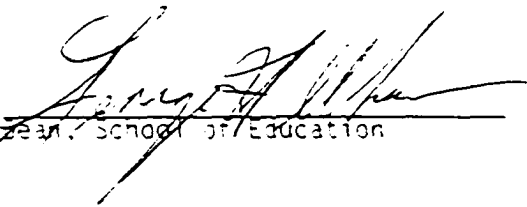
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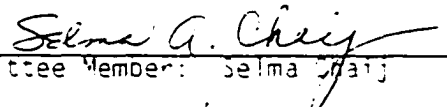
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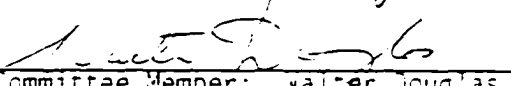
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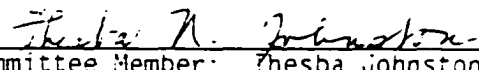

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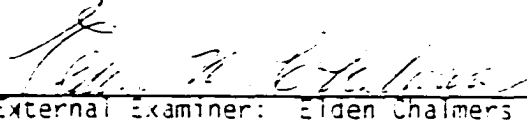

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ABSTRACT

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Stephen L. Purcell

Chairperson: Jerome Thayer

ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Andrews University

Department of Education

Title: AN EMPIRICAL STUDY OF THE RELATIONSHIP BETWEEN RELIGIOUS ORTHODOXY (DEFINED AS RELIGIOUS RIGIDITY AND RELIGIOUS CLOSED-MINDEDNESS) AND MARITAL SEXUAL FUNCTIONING

Name of researcher: Stephen L. Purcell

Name and degree of faculty adviser: Jerome Thayer, Ph.D.

Date completed: April 1984

Problem

This study attempted to explore whether or not a significant relationship exists between religious orthodoxy (defined as religious rigidity and religious closed-mindedness) and marital sexual functioning.

Methodology

Two Likert-type scales were developed to measure religious orthodoxy and marital sexual functioning, respectively, in a sample of 217 subjects representing the Catholic, Protestant, and Jewish faiths. The relationship between the eleven indices of marital sexual functioning (overall marital sexual functioning, sexual interest,

;

responsivity, foreplay, frequency, pleasure, inhibition, anxiety, guilt, shame, and disgust) and religious rigidity, religious closed-mindedness, and four moderator variables (sex, age, education, and duration of marriage of subjects) were investigated using step-wise and "best" subsets regression procedures.

Results

1. Overall, religious rigidity, religious closed-mindedness, and each of the four moderator variables correlated significantly with marital sexual functioning.

2. When the effects of the moderator variables were controlled, both variables significantly predicted marital sexual functioning. However, overall, religious rigidity was a much better predictor than religious closed-mindedness. Religious closed-mindedness appeared only in the cases in which religious rigidity did not appear.

3. Education emerged as the best predictor of marital sexual functioning among the moderator variables as well as its best overall predictor.

4. The variables of religious rigidity, sex, age, education, and duration of marriage constituted the "best" model for predicting marital sexual functioning.

5. Increasing religious rigidity, religious closed-mindedness, and age were significantly related to decreasing marital sexual functioning, increasing education to increasing marital sexual functioning, and females showed lower marital sexual functioning than males.

Conclusions

1. Overall, there was a significant relationship between religious orthodoxy and marital sexual functioning.

2. Of the two postulated dimensions of religious orthodoxy, religious rigidity emerged as a much better predictor of marital sexual functioning than religious closed-mindedness. This held true even when the effects of the controlled moderator variables considerably reduced the sizes of their correlations. Religious rigidity, therefore, constituted the main component of religious orthodoxy in this study.

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CHAPTER I

INTRODUCTION

Statement of the Problem

An examination of the results of an array of studies (Kinsey, 1953; Terman, 1931; Terman, 1951; Shope, 1966, 1967; Tavis & Sadd, 1977; Chesser, 1956, etc.) relative to the relationship between religiosity and sexual functioning and satisfaction reveals that there is no significant connection between the two variables. However, Hamblin and Blood (1966), Kinsey (1948, 1953), and Goshen-Gottstein (1966) observe that the more extreme or orthodox the religious group the less sexually active they tend to be. For example, Kinsey (1948) found that the least sexually active individuals in any age and educational group were the orthodox Jews (who were least active of all), the devout Catholics, and the active Protestants (in that order); and Goshen-Gottstein (1966) found that the women of an orthodox Jewish group in Israel never or rarely experienced orgasm.

This phenomenon has led some researchers (e.g., Kinsey, 1948, 1953; Fisher, 1973, etc.) to theorize that unusual extremes of religiosity, i.e., religious orthodoxy, is possibly connected to sexual functioning. The findings by many clinicians (Masters & Johnson, 1970; Kaplan, 1974, 1979, Ellis, 1980; Spillman, 1972; Lazarus, 1978; LoPiccolo, 1978, etc.) are consistent with this theory. For example, Masters and Johnson (1970), on the basis of clinical observation, have

concluded that it is not so much the content of the religious belief system that contributes to sexual dysfunction but religious orthodoxy. They declare: "While the multiplicity of etiological influences is acknowledged, the factor of religious orthodoxy still remains of major import in primary orgasmic dysfunction as in almost every form of human sexual inadequacy" (p. 221).

The Purpose of the Study

The purpose of this study, therefore, was to probe the area of uncertainty referred to by Fisher (1973), i.e., to examine the relationship between religious orthodoxy and marital sexual functioning in a religious sample in an attempt to empirically verify whether there is a significant relationship between religious orthodoxy and marital sexual functioning.

Theoretical Framework for Religious Orthodoxy as a Two-Dimensional Variable: Religious Rigidity and Religious Closed-Mindedness (Dogmatism)

In this study, religious orthodoxy is postulated as having two dimensions: religious rigidity and religious closed-mindedness. These dimensions are regarded as two discriminable phenomena. The first dimension of the phenomenon of religious orthodoxy refers to the rigidity with which religious persons hold and practice their religious beliefs. "Hold" in this sense refers to a rigid mental attitude toward their single beliefs which are more or less expressed overtly through their behavior or their rigid practice of these single beliefs in the daily life. The second dimension of the phenomenon of religious orthodoxy refers to the closed-minded (dogmatic) way in which religious persons hold their belief systems.

These two terms, rigidity and closed-mindedness (dogmatism), although they appear on the surface to be synonymous and are often used interchangeably in everyday discourse, should not be so regarded in psychological thinking. For indeed, if both terms are synonymous, then dogmatic thinking is superfluous and should be excluded from psychological thinking, since the concept of rigidity has had a considerably longer history.

That rigidity and closed-mindedness (dogmatism) seem to be two dimensions of religious orthodoxy can be observed in religious people who tend to manifest orthodox behavior. More common than not, closed-mindedness (dogmatism) seems to accompany rigidity. For example, the religious person who tends to hold and practice his religious beliefs in a rigid way tends also to be closed, not only to differential religious belief systems but even to certain secular knowledge. For example, Masters and Johnson's (1970) clinical observation is that patients in whom religious orthodoxy is a contributing factor to their sexual dysfunction often showed considerable sexual ignorance and experienced little communication with the outside world.

Rokeach's (1960) study on "Dogmatic Thinking versus Rigid Thinking" lends further support to the rigidity-closed-mindedness variable. The results of Rokeach's study not only indicate that rigid and dogmatic thinking are discriminable processes but also that rigidity and dogmatism in the personality tend to go together.

Rokeach (1960) is by no means postulating that rigidity and dogmatism are totally independent factors, but that dogmatic and rigid thinking are discriminably different psychological processes. Rokeach mentions that rigidity refers to resistance to change of single

beliefs (or sets or habits) and closed-mindedness (dogmatism) refers to resistance to change of systems of beliefs. Rokeach continues to postulate that the referent of dogmatic thinking seems to be a total cognitive configuration of ideas and beliefs organized into a relatively closed system; while rigidity, on the other hand, points to difficulties in overcoming single sets or beliefs encountered in attacking, solving, or learning specific tasks or problems. Thus, when the term "religious rigidity" is used in this study, it refers to rigidity toward specific beliefs within one's religious belief system, e.g., John has a very rigid prayer life. Conversely, when the word closed-mindedness is used, it refers not to specific beliefs within the person's religious belief system, but to the totality of the person's religious belief system.

Rokeach (1960) proceeded to test his theory through an experimental research which he called the "Doodlebug Problem." His basic assumption was that if the distinction between rigid and dogmatic thinking was valid, then high rigidity would lead to difficulties in the analytic phase of thinking, and high dogmatism (closed systems) would lead to difficulties in the synthesizing phase of thinking.

Rokeach found in respect to analysis or ease of overcoming the individual beliefs that there was no difference between the closed and open groups. They overcame the individual beliefs at about the same time. However, there was a significant difference between the rigid and non-rigid groups. The rigid group took longer to analyze the problem than the non-rigid group. The high and low scores on rigidity differed significantly from each other in analytic thinking, but high and low scores on the Dogmatism Scale did not.

In respect to synthesis, Rokeach found no significant difference in the performance of the rigid and non-rigid groups. However, the closed group took a significantly longer time than the open group. Rokeach concluded, therefore, (1) that dogmatic or closed thinking can now be empirically referred to resistance to change of total belief systems as is evidenced by the greater difficulty shown by the closed subjects in synthesizing or integrating beliefs into a new system which contradicts their everyday system (also, that closed and open subjects did not differ from each other with respect to analysis or the breaking down of individual beliefs); and (2) that the findings lend empirical support to the theoretical distinction drawn between dogmatic and rigid thinking. As has been shown, the high and low scorers on rigidity differed on measures of analysis.

Rokeach's conclusion that rigidity and dogmatism are discriminably different psychological processes is further supported by two factor analysis studies done by Rokeach and Fruchter (1956) and Fruchter, Rokeach, and Novak (1958). Both studies indicate that the Dogmatism and Rigidity Scales are measuring essentially discriminable psychological dimensions.

The fact that dogmatic and rigid thinking are essentially discriminable processes does not mean they are necessarily (totally) independent processes. As mentioned above, correlations between the Dogmatism and Rigidity Scales, and between analysis and synthesis of thinking suggest that the two phenomena tend to go together. Therefore, in one sense closed-mindedness (dogmatism) and rigidity are related--in that they tend to go together, and in another sense they are separate--that is, they are discriminable psychological processes.

Subproblems

Three subproblems were also considered in this study. The first was to determine whether there is a significant relationship between religious orthodoxy as religious rigidity and marital sexual functioning. The second was to find whether there is a significant relationship between religious orthodoxy as religious closed-mindedness and marital sexual functioning. The third was to determine whether there is a significant relationship between the joint linear combination of religious rigidity and religious closed-mindedness and marital sexual functioning.

Delimitations

This study was based on religious orthodoxy when defined as religious rigidity and religious closed-mindedness (dogmatism) and not in terms of theological or doctrinal orthodoxy.

Religious orthodoxy and its relationship to sexual functioning was investigated only among a sample of married subjects.

Religious orthodoxy and its relationship to sexual functioning was investigated only in a sample of subjects who are members of the more conservative denominations within the three religious faiths, i.e., evangelical-fundamentalist Protestants, conservative-orthodox Jews, and conservative Catholics.

Religious orthodoxy both in terms of rigid and closed-minded religious attitudes was measured, not the content of the belief systems.

This study was concerned only with religious beliefs that are common to the three religious faiths (Jewish, Catholic, and

Protestant), i.e., Judeo-Christian beliefs.

Assumptions

It was assumed that rigidity of mental attitude and practice of religious beliefs presupposes perceptions and interpretations of the same religious beliefs; therefore, it is not necessary to measure perceptions and interpretations of religious beliefs.

The second assumption was that religious orthodoxy is a homogeneous phenomenon within each of the three religious faiths, as well as among the three religious faiths (Jewish, Catholic, and Protestant)

The third assumption was that there is sufficient commonality in the belief systems of the three religious faiths (Jewish, Catholic, and Protestant) for the development of a single valid scale to measure the homogeneous phenomenon of religious orthodoxy.

Definition of Terms

Religion: The term religion as used in this study refers to overt systems of beliefs, practices, and values which usually continues through time, and is often related to a particular community. Durkheim (1965) exemplifies this usage in his statement that a religion is a unified system of beliefs and practices relative to sacred things (things that are set apart and forbidden) which unite all those who adhere to them into a single community called a church. Thus, religion can be said to be the sum total of beliefs, sentiments, and practices, both individual and social, which have for their object a power which man recognizes as being supreme and omnipotent, upon which he depends, and with which he can enter into a meaningful and lasting relationship.

Religious Orthodoxy: Religious orthodoxy here refers to the rigidity of mental attitude and practice of religious beliefs and the closed-mindedness (dogmatism) with which the religious belief system is held.

A. Rigidity of mental attitude and practice of religious beliefs refers to strict cognitive and behavioral adherence to one's religious beliefs. Rigidity originates in the mind of the believer, i.e., the believer covertly adopts rigid attitudes toward his beliefs. These rigid attitudes are more or less expressed in the practice of the same beliefs. In daily life rigidity is expressed through a practical adherence that is more or less strait-laced or puritanical (i.e., one lacks ability to analyze, to distinguish the principle from the letter of the belief and thus punctiliously adheres to the letter of the belief rather than to the underlying principle); that reveals itself in routinized, fixed, or inflexible religious behavior; and that is irrationally extreme or over-religious.

B. Closed-Mindedness (dogmatism) with which the religious belief system is held refers to a narrowness of mental attitude that tends to more or less exclude or shut out alternative religious opinions or more or less reluctantly to entertain or give rational consideration to different religious beliefs or religious belief systems.

It should be noted that this definition of religious orthodoxy does not purport to be a theological definition; it is rather more reflective of the psychological and clinical usage of the term.

The intention of the researcher was to avoid a theological definition of religious orthodoxy because of the various connotations

of the term as well as the lack of a theological consensus as to its definition.

In the theological sense, religious orthodoxy seems to vary in meaning. One nuance of the term deals with correct or true belief or the certainty of the perceived authenticity of religious beliefs (New English Dictionary, The Random House Dictionary of the English Language, and Roget's International Thesaurus); another nuance concerns the conformity to doctrines or practices that are held to be right or true by an authority, standard, or tradition (Webster's Collegiate Thesaurus, MacMillian's McDean's Dictionary, and Random House Dictionary of the English Language). It is interesting to note also that the term "orthodox" implies to a certain extent narrowness, fixedness, and hardness of intellect (New English Dictionary). This nuance seems to be consistent with one of the nuances of the Roget's International Thesaurus. It is referred to as hyper-orthodoxy and is defined as strait-laced, puritanical, dogmatic, precisionism, over-religious, and narrow-minded.

Religious orthodoxy as used in the psychological and clinical literature seems to be reflective of the last nuance mentioned above. For example, Adorno et al. (1950) connects religious orthodoxy to rigidity of thought, and Allen and Spilka (1967) speak of consensual religiosity (synonymous to religious orthodoxy) as opposed to committed religiosity. Committed religiosity is described as a highly personal, diverse, clearly formulated and flexible style, while consensual religiosity represents a concrete, specific, and rigid style (Parker, 1971).

In clinical literature, especially the literature on human

sexual functioning and dysfunction (Masters & Johnson, 1970; Kaplan, 1974, 1979; Ellis, 1980; Lo Piccolo, 1978, 1980), the term religious orthodoxy is frequently used. Clinicians have observed that this phenomenon of religious orthodoxy as manifested more so by Orthodox Jews, Catholics, and fundamentalist Protestants is a major contributing factor to sexual dysfunction. It is interesting to note that the phenomenon of religious orthodoxy has been clinically described (Masters & Johnson, 1970; Kaplan, 1974; Lo Piccolo, 1980, etc.) and its indices fit into a religious rigidity--closed-mindedness framework. For example, Dr. Meyners, Director of Clinical Programs for the Masters and Johnson Institute and a theologian responding on the behalf of Dr. Masters to the researcher's inquiry about a definition of religious orthodoxy as used in the book Human Sexual Inadequacy, says: "Masters and Johnson were referring to an extreme conservative pole of the spectrum in each religious group (Orthodox Jews, Catholics, and fundamentalist Protestants who follow the dictates of their religion with literal precision)" (Masters & Johnson, 1982).

In summary, the definition of religious orthodoxy for this study reflect more of the psychological and clinical usage of the term, and not so much a theological definition for the following reasons:

1. The various connotations and nuances of the term religious orthodoxy would possibly have generated theological controversies which the research wanted to avoid.
2. An apparent lack of consensus exists among theologians as to a definition of the term.
3. The term religious orthodoxy as defined in this study fits

into the psychological and clinical usage. Because the central purpose of this study was to empirically test the theory of a relationship between religious orthodoxy (as clinically observed) and sexual functioning, it seemed reasonable to establish an operational definition that approximates as closely as possible the clinically observed phenomenon.

4. The clinical indices of religious orthodoxy fit into the religious rigidity-closed-mindedness framework for which a strong theoretical base was developed (see section on Theoretical Framework for Religious Orthodoxy as a Two-Dimensional Variable).

Religiosity: The term religiosity here refers to religious commitment. It is the extent to which the individual commits himself, or conforms to the expectations of the church (denomination) with which he or she is affiliated, in matters of religious beliefs, religious practices, religious feelings, religious knowledge, and religious life-style (see Stark & Glock, 1968, pp. 14-16). As mentioned above, it represents the more clearly formulated and flexible religious posture.

Sexual Functioning: As used here, sexual functioning refers to the performance of an individual in heterosexual behaviors and activities and the pleasure derived from the performance of such heterosexual behaviors and activities. Sexual functioning encompasses: the degree of interest in heterosexual behaviors and activities; the degree of anxiety, guilt, shame, and disgust or pleasure experienced during the performance of heterosexual behaviors and activities; the extent to which the individual is heterosexually

responsive or inhibited; and the range and frequency of the performance of heterosexual behaviors and activities (e.g., frequency of coitus).

Jews: The Jews used as subjects in this study were official members of the three Jewish denominations--Reformed, Conservative, and Orthodox.

Catholics: Members of the Roman Catholic faith referred to in this study as Catholics, were those who have been accepted officially through the rite of baptism.

Protestants: The Protestants who made up the Protestant population for this study were official members (through the rite of baptism) of those Christian bodies that do not adhere to the Roman Catholic Church, or were separated from it during the Reformation, or any group descended from them. The Protestants range from the more liberal (e.g., Lutheran) to the more conservative (e.g., Pentecostal) denominations.

Religious belief system: The totality of a religious denomination's tenets, doctrines, or dogma to which official members are adhering encompassed the religious belief system. These tenets, beliefs, etc., range from abstract religious beliefs, e.g., belief in God, Jesus Christ as Savior, the Holy Scriptures, etc., to the more practical tenets, e.g., sacred rites and observations.

Holds religious beliefs: The term "holds" is used to refer to the repeated or habitual following or implementation of religious tenets in the daily life.

Importance of the Study

Many studies (Kinsey, 1953; Terman, 1951; Rainwater, 1965; Hunt, 1974; Fisher, 1974; Bell, 1974; Tavis & Sadd, 1977; and Chesser, 1956) have demonstrated that there is no significant connection between religiosity and sexual functioning. However, some researchers and clinicians (e.g., Masters & Johnson, 1970; Kinsey, 1953; Goshen-Gottstein, 1966; and Fisher, 1973) have theorized that there is a connection between unusual extremes of religiosity, i.e., religious orthodoxy, and sexual functioning. Nevertheless, this area of religious orthodoxy and its contribution to sexual problems remains an area of uncertainty because no empirical study has been done to verify such a connection, even though it has been clinically observed to be of major import in almost every form of human sexual inadequacy.

As far as could be determined, this study which purported to investigate the relationship between religious orthodoxy and marital sexual functioning was the first to be undertaken by any researcher. It was anticipated that the results would provide empirical evidence as to whether to accept or reject the theory that a connection between religious orthodoxy and marital sexual functioning actually existed.

On the one hand (provided a significant connection were established) the findings of this study could provide evidence in support of the results of studies which indicate there is no significant connection between religiosity, i.e., religious commitment, and sexual functioning and satisfaction. In other words, if a connection between religious orthodoxy and marital sexual functioning were empirically verified, then concerned individuals would have more confidence in these studies that show no connection between religiosity and sexual

functioning and satisfaction, because religious orthodoxy could be regarded with greater certainty as being a major contributing factor to sexual dysfunction.

On the other hand, if a connection between religious orthodoxy and sexual functioning were not empirically verified, it would call for an investigation of other religious factors (e.g., religious teachings) and/or a re-examination of the studies that show a connection between religiosity and sexual functioning and satisfaction with the hope of identifying possible weaknesses and/or limitations that may warrant the replication of such studies.

Also, the results of this study could provide useful information to sex counselors, sex therapists, marriage and family counselors, clinical social workers, psychologists, and psychiatrists as to the direction they should take when working with clients in whom they perceive that a religious factor is contributing to an existing sexual problem. The information could help them in their decision as to whether to explore and modify the religious orthodoxy, as manifested by the client, or to explore other religious factors (e.g., religious teachings) that may possibly be contributing to the sexual problem.

In addition, the findings of this study could provide useful information to clergy of the Jewish, Catholic, and Protestant faiths as to whether they should develop and implement measures that would modify religious orthodoxy as manifested by their parishoners. A knowledgeable clergy could thus help to minimize the incidence of sexual problems among their congregations, or could help them explore other religious factors that may possibly contribute to sexual problems.

CHAPTER II

REVIEW OF RELATED LITERATURE

No study has been found which attempts to test the hypotheses asserted in this investigation. However, some literary material--both research studies and clinical data--exists that is related to the topic and when brought to bear on the problem addressed in this study, it forms a framework for the research hypotheses.

Literature has been selected which appears to be representative of that existing within the related fields. It is reviewed here under the following subdivisions:

1. Literature on the relationship between religious factors and sexual attitudes and behaviors.
2. Literature on the relationship between religious factors and sexual functioning and satisfaction.
3. Literature on the clinical phenomenology of sexual dysfunction with religious orthodoxy as a contributing factor.
4. Summary and evaluation of literature reviewed.

Religious Factors and Sexual Attitudes and Behaviors

Most of the initial studies concerning religion and sexuality have investigated the relationship between religious factors and sexual attitudes and behaviors. It seems that the majority of such studies have limited their investigation to religious factors and

sexual permissiveness, especially premarital coitus among the youth.

Studies in this area seem to be equivocal in that they reveal differential results. It is the intention of the researcher, therefore, to review the important studies that present both points of view.

Many researchers have found that there is a strong relationship between religiosity and sexual attitudes and behaviors despite variations in terms of samples, measurement techniques, and the nature of the method of analysis. For Kinsey (1948, 1953) religiosity was defined in terms of religious participation. He notes that those most religiously active were most sexually inactive and, conversely, those most sexually active were least religiously active. Reiss (1967) who also operationalized religiosity in terms of devoutness found an inverse relationship between religious devoutness and sexual permissiveness.

Other researchers, in their attempt to study the relationship between religiosity and sexual attitudes and behavior operationalized religiosity in terms of the frequency of church attendance. Ehrmann (1959) found that irregularity of church attendance is associated with a higher incidence rate in stages of advance sexual activity. Thomas (1973), in a study which focused on early church attendance and its influence on premarital heterosexual activity in young adulthood, found that the more regularly the student attended church the less he was involved in sex. Thomas' (1975) study on "Conservatism and Premarital Sexual Experience" produced similar results. His results indicate that sexual experience is consistently related to low conservatism, favorable attitudes towards premarital sexual behavior, low

church attendance, and lack of religious affiliation. Other studies that operationalized religiosity in terms of church attendance and found an inverse relationship are Bell and Chaskes (1970), Mol (1970), Burgess and Wallin (1953), Kanin and Howard (1958), and Dedman (1959).

Lindenfeld (1960) defined religiosity as "the importance laid on religion by the group." In this study, students with a high degree of religiosity were more restrictive in their attitudes concerning sexual behavior than those of lower religiosity.

Of interest are two important studies conducted by Ogren (1974) and Primeau (1977). Both researchers found that sexual guilt is a better predictor of sexual attitudes and behaviors than religion. The researchers concluded, on the basis of their findings, that it is not religion per se that influences sexual attitudes and behaviors but sexual guilt. However, they noted that the sexual guilt resulted from early religious training and experiences. Gunderson and McCary's (1979) study lends support to the sexual guilt studies and reiterates that religious factors are the underlying influences in sexual attitudes and behaviors. The results of the studies indicate that both males and females with strong religious interest and frequent church attendance are significantly less liberal in their sexual attitudes, are less sexually active, and have more sexual guilt than those with weak religious interest and infrequent church attendance. The researchers also found that present religious interest and frequency of church attendance are significantly related to sexual attitudes, sexual behavior, and sexual guilt for both males and females.

Dahlquist (1972) investigated sexual attitudes in the Baptist General Conference and reported some interesting results. Topics

under study were abortion, censorship of erotic material, sex education, premarital coitus, extramarital coitus, homosexuality, contraception, masturbation, unwed parenthood, sex (abstract), the double standard, and divorce. Items were designed to differentiate respondents along a conservative permissive continuum. Mean scores for each of the six respondent groups (Laymen, Laywomen, Clergy, Bethel College Males, Bethel College Females, and Bethel Theological Seminary Students) were determined for each of the twelve scales. Total group mean scores for each item were reported.

The results of the study indicate that the majority of all groups oppose premarital and extramarital coitus, support the use of contraceptives, and reject unwed parenthood and double standards. College and seminary students differ significantly from their elders. Students tend to approve abortion. Students are more accepting of homosexuality, masturbation, and divorce. The students overwhelmingly support sex education, whereas Clergy and Laity are cautious in their support of sex education. On a continuum from conservative to permissiveness, the groups rank as follows: Laywomen, Laymen, Clergy, College Females, College Males, and Seminararians.

A similar study was done by Washa (1978). Washa studied the relationship between closed-mindedness (dogmatism) and attitudes toward sexual behavior among Roman Catholic priests of the Diocese of Brooklyn. The results of the study indicate a positive relationship between closed-minded attitudes of the priests and conservative sexual attitudes in general, conservative attitudes toward sexual behavior, and conservative attitudes towards sexual fantasy. Also,

there existed a positive relationship between closed-minded attitudes and increasing age.

Not all researchers found an inverse relationship between religiosity and sexual attitudes and behaviors as indicated by the results of the aforementioned studies. Some researchers, when they operationalized 'religiosity' in terms of more than frequency of church attendance and religious participation, were forced to reject the hypotheses of an inverse relationship between religiosity and sexual attitudes and behavior. King et al. (1976) went beyond the use of church attendance and measured religiosity in terms of religious beliefs and attitudes and found them not to be predictive of sexual behaviors. However, the researchers consider their finding not so much contradictory to original findings as being a new finding. They attempt to explain the differences in finding by noting that when researchers related religiosity to attitudes regarding sex, they tended to use attitudes toward religion and/or beliefs as their measure. In contrast, those concerned with sexual behavior chose to measure religiosity in terms of church attendance.

Ruppel (1970) employed Faulkner and DeJong's 5-dimensional scale in their study of the relationship between religiosity and sexual permissiveness. This composite scale, as suggested by Glock and Stark (1965), is based upon the five dimensions of religiosity: (1) the experiential (feeling, emotion), (2) the ritualistic (religious behavior), (3) the ideological (beliefs), (4) the intellectual (knowledge), and (5) the consequential (the effect of the secular world on the other dimensions).

It is interesting to note that the expected stronger

relationship between religiosity and permissiveness in groups with traditions of low sexual permissiveness than in groups with traditions of high sexual permissiveness did not occur. Intercorrelations between the sub-scales which measured the five dimensions of religiosity and sexual permissiveness revealed that the ritual dimension (religious behavior) was not as important a determinant of sexual permissiveness as the intellectual, ideological, and the experiential dimensions. It was concluded that studies (e.g., Reiss, 1967; Dedman, 1959, etc.) which measure religiosity in terms of church attendance tap only the ritual dimension of the multi-dimensional concept and thus provide an incomplete and possibly inaccurate measure of this variable.

In an attempt to disprove Mol's (1970) hypothesis (those who actively practice religion will be less likely to engage in premarital sex), Martin and Westbrook (1973) decided to measure both sexual attitudes and behaviors and revealed some interesting results that not only supported studies by King (1967) and Ruppel (1970) but also some interesting new findings.

The researchers tested Mol's hypothesis in a sample of 177 students who answered questions relating to their sexual attitudes and behaviors, religious beliefs, and church attendance. A filtering procedure was developed to estimate the tendency to lie in such questionnaires and to exclude suspect responses from the final analysis.

The results indicate that attitudes toward premarital sex and adultery are significantly related to both church attendance and belief in God. The prevailing attitude toward premarital sex is approval and towards adultery, disapproval. Neither attitude to the

double standard nor self-estimate of knowledge about sex was related to either religious variable. The tendency to have incomplete knowledge of sex among virgins was not related to either religious variable. Approval of the pill for the unmarried was more frequent among Catholics than others, but not related to belief or attendance within the Catholic group. Among those affiliated with other religions it was unrelated to belief but significantly more frequent among poor attenders.

A slight majority of the sample said they were virgins or had been prior to marriage, and this claim was significantly related to both belief in God and church attendance. Also, frequency of intercourse among the single non-virgins showed some positive relationship with belief in God but was unrelated to church attendance. Among the married there was a small positive relationship with church attendance. Also among the married there was a small positive relationship between church attendance and frequency, but the latter was not related to belief. There was some negative relationship among the unmarried between number of sexual partners and both belief and attendance as well as among the married partners.

Based on these findings, the researchers concluded that those committed to religion show more tendency to confine their sexual activity to the marriage partner but are no less active overall. Religious individuals do appear to be less active and more disapproving, but only in regard to those kinds of sexual conduct specifically interdicted by religious norms. This suggests that the data give reason to suppose that commitment to religion promotes regulation of sexual conduct according to explicit norms, but are by no means

incompatible with a high level of sexual activity. Research relative to this finding is discussed next.

Religious Factors and Sexual Functioning and Satisfaction

The previous subdivision of this review of related literature covered research studies regarding the relationship between religious factors and sexual attitudes and behaviors. This section, however, purports to go beyond sexual attitudes and behaviors into the area of the relationship between religious factors and sexual functioning and satisfaction.

Kinsey, Martin, and Pomeroy (1948), in attempting to measure the influence of the church on male sexual behavior in the American population, recognized three religious groups--Protestant, Catholic, and Jewish--which embrace most Americans who recognize any church affiliation. Within each group Kinsey made a still more important classification. This involved the degree of adherence of the individual to the doctrines and to the activities of the religious group to which he belongs. Kinsey's classification ranged from the less active (or less devout) members of each faith to the more active (or more devout) members of those same faiths. Active or devout was taken to mean regular church attendance and/or active participation in organized church activities, and/or frequent attendance at the Catholic confessional or the Jewish synagogue. Inactive or non-devout applied to all persons who were not qualified as active or devout under the above definitions.

Based on the above definitions, Kinsey found that in these particular groups marital intercourse was consistently affected by

the degree of church affiliation. In practically every instance the religiously active groups engaged in marital intercourse less frequently than the religiously inactive groups.

In subsequent research studies on sexual behavior in human females, Kinsey's et al. (1953) results indicated just the opposite phenomenon. Operationalizing religiosity (religious devoutness) in terms of frequency of church attendance and participation in church activities in the Jewish, Protestant, and Catholic faiths and measuring the degree of religiosity, Kinsey was not surprised to find that the accumulative and active incidences of marital coitus were essentially the same among all the groups of females in the sample, irrespective of their levels of religious devotion. Once the religious women started sexual activity, they were no different from the non-religious women, especially in marriage. He found they had intercourse just as often, orgasm just as often, and experimented just as often. The only inhibition exhibited was a reluctance to masturbate or have an extramarital affair. The explanation by Kinsey et al. (1953) for the inconsistency in results of the 1948 study on sexual behavior in males and the 1953 study in females is that the level of the male's religious devotion affects the rates of the marital coitus while the female level of devotion does not. Thus males tend to carry over their moral attitudes and to keep the coital rates low in marriage.

Studies by Terman (1938, 1951) support Kinsey's (1948) study that in males there is an inverse relationship between religious devoutness and sexual responsiveness. Terman (1938) found that the wife's orgasm adequacy is entirely uncorrelated with her religious

training while the husband's has a negative correlation. Terman postulates that strict religious training on the part of the husband is unfavorable to the establishment of orgasm in the wife, or that devoutly religious are more likely to mate with the type of woman who is inadequate. Terman (1951) also found that the wife's adequacy was unrelated to her own religious training, but there was a slight inverse association with strictness of her husband's religious training. Terman asserts that in view of the fact that the earlier sample (in 1938) yielded a significant association in the same direction for husbands, he is inclined to believe the difference found may be real.

That there is no relationship between religiosity and sexual responsiveness, especially when studied among women, has been supported by many other studies. Shope (1966, 1967) found no correlation in a group of unmarried college girls between orgasmic consistency and religiosity. Rainwater (1965) made no mention of religion when discussing levels of sexual interest and frequency of intercourse because no differences were apparent in the data between Catholics and non-Catholics. In his sample, 85 percent of Protestant husbands specifically commented on the desirability of sexual relations being gratifying to the wife. He reported that husbands often mentioned mutual orgasm and more often still said they thought it important that their wives found sexual relations generally satisfying. For Hunt's (1974) sample as a whole, no relation between devoutness and orgasm frequency was found. However, when the sample was split in two, devout women in the younger half experienced more orgasms, while in the older half, the non-devout were more orgasmic. Hunt suggests that devout women may marry earlier than their nonreligious counterparts

and calls upon longer marital experience to explain the higher orgasm frequencies.

The results of Fisher's (1973) study continue to corroborate previous studies that there is a lack of connection between religiosity and sexual functioning. Women in several of Fisher's samples were asked to complete questionnaires in which they rated their own degree of religiosity and indicated not only their own frequency of church attendance but also that of their parents. Furthermore, in a number of other samples measures of the degree to which there was endorsement of religious values were available. Fisher found that there was no relationship between orgasm consistency and any of the religious measures. He mentions, however, that the great majority of the women were of low to moderate religiosity, so the possibility remains that differences in orgasmic capacity might emerge if one compared women representing the real extremes of religiosity.

Bell's (1974) comparative study ("Religious Involvement and Marital Sex in Australia and the United States") provides empirical data that further elucidates past research. Bell examined religious involvement as measured by church attendance in both Australia and the United States--countries which, according to Bell, are very much alike in heritage, having developed primarily from a British tradition, being basically Protestant with capitalistic economic system; and strongly influenced by Victorian beliefs about sexual matters and conservative Catholic values. Bell's respondents were divided between those who attended at least one religious ceremony during an average month as against those who attended no ceremonies during an average month. Bell referred to the first group as the "religious" women and

the second group as the "non-religious" women. In both countries the women who attended religious services averaged three years older than those who did not. Bell assumed that, to some degree, the more conservative sexual patterns of the religious women could also be a function of their being slightly older. In both countries religion and old age are associated with more conservative sexual experiences.

Bell reported that the women in both countries were asked to evaluate the sexual aspect of their marriages. The results indicate that religion did not reveal any differences in either Australia or the United States. The women in both countries evaluated the sexual aspect of their marriages as "very good" or "good."

The women in the study were also asked to evaluate sexual frequency in their marriages. Once again the results indicate no difference by religion in either Australia or the United States nor were there differences when the women in the two countries were compared.

The women were further asked to estimate the average number of times they had intercourse with their husbands in the three or four months prior to the study. There was no significant difference in the mean rate due to religious involvement in either country. Bell also notes that in neither country was there any difference in orgasm capacity due to religion; however, the data did indicate that religious women initiated sexual relations in marriage less than non-religious women. Also, fewer religious women than non-religious women indulged in oral-genital and extramarital sex. Bell found that the lowest incidences of extramarital coitus occurred among the most devoutly religious, and the highest incidences among those least closely connected with any church activity.

Thus far, studies that reveal no significant difference in sexual responsiveness among religious and nonreligious persons have been covered. It is interesting to note, however, that a few studies indicate that the more religious women described themselves to be, the happier they were with their sex lives and their marriages. Foremost among these studies is the one conducted by Tavis and Sadd (1977), using a Redbook sample. The results of this study were similar to Kinsey's et al. (1953). Once they start sexual activity, religious women are no different from nonreligious women, especially in marriage. They have intercourse just as often, orgasm just as often, and experiment just as often. The only inhibition that remains after marriage is reluctance to masturbate or to have an extramarital affair. The Redbook data, however, revealed one stunning addition: the more religious a woman described herself to be, the happier she said she was with her sex life and her marriage. The trend held for women of all ages--under twenty-five, twenty-five to thirty-five, over thirty-five. Strongly religious women said they were happier than moderately religious women, who in turn were happier than nonreligious women. The researchers found that the most religious women of all faiths were consistently more likely to report being happier most of the time, to describe their marriages and their sex lives as very good, to be satisfied with the frequency of intercourse, to discuss sex freely with their husbands, and even to be more orgasmic. However, they were slightly more reluctant to masturbate, to experiment with oral and anal sex, and to use erotic gadgets or pornography for stimulation.

The researchers posit two reasons for the reported higher

satisfaction of devout wives. The first has to do with expectations; the second, with changes in the churches themselves.

The result of Chesser's (1956) study is consistent with the results of the Redbook study. Chesser found that a high proportion of those women who attend church regularly or occasionally experience more consistent orgasm than those women who never attend church. The same difference was found with respect to sexual satisfaction. Chesser interprets this association as reflecting a high degree of marital happiness among her sample of regular churchgoers. It is also interesting that she found no correlation between strength of religious background and orgasm frequency or sexual satisfaction. Even when this relationship was studied in a sample of clergy wives by Hartley (1978), it was found that there was a high level of sexual satisfaction. Ogren (1974) concluded, therefore, that religiosity (i.e., devoutness to one's religion in terms of frequency of church attendance, present religious interest, and religious experience in childhood) is not the villain in sexual dysfunction.

If, as the results of many studies indicate, religiosity is not connected to decreased sexual functioning, then what is there in religion that contributes to decreased sexual functioning? This area seems to be fraught with uncertainty. For instance, Hamblin and Blood (1956) found mixed results in their study. They found that devout Catholics had a lower rate of coital orgasm than "inactive" Catholics, a distinction that did not appear between devout and inactive Protestants.

Kinsey et al. (1948) found that there were few differences between the behavior of equally devout or non-devout members of the

three religious faiths with one exception--that among the orthodox Jewish males. As a matter of fact, Kinsey observed that the least sexually active individuals in any age and educational group were the orthodox Jews (who were least active of all), the devout Catholics, and the active Protestants--in that order. Kinsey says that of all the religious groups the orthodox Jews were sexually least active, both in regard to the frequency of their total outlet and in regard to the incidences and frequencies of masturbation, nocturnal emissions, and homosexuality.

In addition, in his 1953 study with the human female, Kinsey found that in nearly every age group and in nearly all the samples (Protestant, Catholic, and Jewish females) small percentages of the more devout and larger percentages of the inactive groups had responded to orgasm after marriage. The median frequencies of orgasm were lower for those who were devout and higher for those who were religiously active. Kinsey notes, however, that in many groups the differences were not great; but in some instances, especially among the Catholic females who were married between the ages of twenty-one and twenty-five, the differences were of some magnitude.

Fisher (1974) found no relationship between orgasm consistency and religiosity. However, Fisher mentions that the majority of the women who participated were of low to moderate religiosity. He asserts, however, that the possibility remains that differences in orgasmic capacity might emerge if one compared women representing the real extremes of religiosity.

The observation that the more extreme or orthodox the religious group, the less sexually active they tend to be (Hamblin

and Blood, 1956; Kinsey, 1948, 1953), was supported by an interesting study done by Goshen-Gottstein (1966). This study used only orthodox Jews living in Israel. Information from the study indicates that the women rarely or never attain orgasm.

Based on this finding (Goshen-Gottstein, 1966) and the findings previously cited from studies by Kinsey (1948, 1953), Hamblin and Blood (1956), and Fisher (1973), one can theorize that there is a possible connection between unusual extremes of religiosity, i.e., religious orthodoxy, and sexual functioning in the three religious faiths: Jewish, Catholic, and Protestant. It is interesting to note that there is present in the literature an abundance of clinical data from authoritative sources which indicate such a connection.

The Clinical Phenomenology of Sexual Dysfunction with Religious Orthodoxy as a Contributing Factor

It is virtually impossible to present here the clinical data from every sex therapy clinic and mental health institution in America, due mainly to the proliferation of such centers over the recent past and the difficulty involved in procuring such data. Nevertheless, literature does provide sufficient information, mostly from recognized and authoritative sources, that gives an adequate insight into the clinical relationship between religious orthodoxy and marital sexual functioning.

The foremost clinicians in this area of investigation have been William Masters and Virginia Johnson. They have been very articulate in pointing out the clinical connection between religious orthodoxy and sexual dysfunction. In their popular and well-respected book

Human Sexual Inadequacy (1970), they declare:

While the multiplicity of etiological influences is acknowledged, the factor of religious orthodoxy still remains of major import in primary orgasmic dysfunction as in almost every form of human sexual inadequacy. (p. 221)

Masters and Johnson (1970) assert that religious orthodoxy contributes to the rejection and denial of sexual function, thus resulting in acquired sexual dysfunction. They also point out that this phenomenon not only contributes to a negative sexual value system which directly influences one's sexual attitudes and behaviors but actually engenders extremely high levels of anxiety in the individual prior to or even during attempts at sexual connection.

Masters and Johnson take the position that religious orthodoxy not only directly contributes to sexual dysfunction but also has its negative impact on individuals who have been reared under orthodox theological control. They report that of the total 193 women who had never achieved orgasmic return before referral to their Foundation for treatment, 41 were products of rigidly channelized religious control. Eighteen were from Catholic, 16 from Jewish, and 7 from Fundamentalist Protestant background.

Kaplan (1974) seems to concur with Masters and Johnson that orthodox theological control does influence one's sexual response. Kaplan observes that the tradition among Judeo-Christian religions has been to equate sex with sin. She calls this the immorality-sexuality equation which is deeply ingrained in our culture. She asserts:

The youngster learns from his infancy that it is wonderful to walk, to talk, to paint, that he is a good boy when he eats his meals or takes his nap, but that his sexual impulses are not acceptable. He is taught to deny his sexuality, to

dissociate this aspect of himself, that it is dangerous, nasty, hostile, dirty, disgusting, that sex is sinful, shocking, ugly, dangerous and taboo. (p. 147)

No wonder Kaplan (1979) asserts that this type of attitude toward sexuality causes many people to adapt negative contingencies which are associated with expressions of sexuality during their formative years with varying degrees of sexual alienation.

Heiman, Lo Piccolo, and Lo Piccolo (1976) discuss the contribution of religious orthodoxy to sexual ignorance. Heiman et al., mention that in the "name game" where the parent names a part of the body and the child points to it, many parents would never mention the genitals. The child may conclude, therefore, that the genitals are unimportant or too bad or dirty to talk about. This type of attitude begins the process of isolating sexuality from the rest of a person's experience. For example, Heiman mentions that many women do not know exactly where their vagina is until after they have begun to menstruate or have intercourse. Lo Piccolo (1978) seems to concur with Heiman that sexual ignorance contributes to sexual dysfunction. He declares:

Most patients suffering from sexual dysfunction are woefully ignorant of both basic biology and effective sexual techniques. Sometimes this ignorance can directly lead to the development of anxiety, which in turn produces sexual dysfunction. (p. 3)

Heiman et al. (1976) continue to report that many women seen at their clinic come from strict religious backgrounds where sex is usually regarded as dirty. Because of this, many women just avoid doing anything sexual or they may be sexual but feel very tense while engaging in coitus and may feel very guilty afterwards, even within a marriage.

Barbach (1980) sees religious orthodoxy as frequently leading women to feel that they are bad or abnormal if they experience strong sexual urges. He reports that they often experience feelings of shame and sometimes disgust toward the genitals and sexual functioning.

Spillman (1972), in his presentation entitled "Treatment of Sexual Problems in the South," emphasized that sexual inhibitions have been attributed not only to the influence of those churches that have been present for a long time but also to the off-shoot denominations which are quite prominent throughout certain areas of the South. Spillman mentions that areas around Boston founded by the Puritans are still known for the sexual inhibitions shown by the members of the local population. Other areas with a similar phenomenon are certain areas of Maryland, the deep South along the Gulf coast where the original settlers were Catholic, certain areas of Georgia that were declared a missionary zone by the Catholic church, the Virginias--English in origin--and Appalachia. However, Spillman mentions that many of his patients are from other clinics, including New Orleans, the Gulf coast, and the Chesapeake Bay area in which Catholicism figures deeply in sexual problems.

Concerning the South, Spillman (1972) says that religious orthodoxy became prevalent during the advent of the movement west in the late 1700 and 1800s when many people who moved into the mountain areas were completely cut off. Thus was introduced the idea of lay ministers who became exponents of the Bible. Spillman reports that the lay ministers included in the Bible teachings their own inhibitions and problems which formed the basis for the Splinter denominations and the fire and brimstone type of Baptist offshoots. Spillman

mentions that even today only the Baptist denomination recognizes the lay minister. Spillman observes that most of the problems presented at the clinic come from children who were in the congregations at the time, and who were extremely impressed with the rantings and ravings of the minister as to the future possibility of hell, fire, and brimstone, especially brought on by sexual activity of illicit findings. It is interesting to note that more Baptists are treated at the clinic than any other denomination because of their use of the non-definitive type of punishment without any regard to the patient's absolution.

Ostrov (1978) reports on the treatment of orthodox Jewish couples at the Jewish Family Service (New York City). Ostrov noticed that only two of the twelve couples whom he had seen over a two-year period had applied for treatment which did not affect their ability to bear children. The two couples requested help solely for the purpose of improving their sexual functioning to enhance the marital relationship; the others applied for treatment because the dysfunction was impeding their ability to conceive children. Thus among the orthodox Jews, dysfunctions such as vaginismus, retarded ejaculation, and erectile difficulties which may actually impede successful coitus are viewed as acceptable problems warranting treatment. However, premature ejaculation, female orgasmic dysfunctions, or lack of sexual interest, which may not affect the possibility of conception per se, are perceived with ambivalence in terms of seeking treatment. In addition, Ostrov observes that though couples may receive rabbinic dispensation in sexual fantasies or activity as a therapeutic measure, the orthodox Jew was generally beset with feelings of ambivalence,

induced by his superego, making any spontaneity or affectional feelings virtually untenable.

Since religious orthodoxy seems to be such an important contributing factor to sexual dysfunction, David and Duda (1977) have developed a new methodology in treating sexual problems. This new approach, which borrows from Tyrell's (1974) Christotherapy, employs the Christian concepts of Separatedness versus Unity, Coupleness, in God's Image, and Letting Go, together with certain traditional approaches to combat sexual dysfunction.

David and Duda's (1977) rationale for this approach is the increasing tendency of skepticism about treatment plans based solely upon individual fulfillment. Couples seem to want more rationale for an investment of their time and effort in an endeavor that is contrary to so many of the values contained in the Puritan ethic which often carry more weight than personal enjoyment and spontaneity. Also, it is David and Duda's opinion that since Christianity has contributed to the current widespread repression of human sexuality in society, it only seems reasonable that a fuller understanding of the Christian message may be helpful in recognizing the essential goodness of human sexual functioning. At their clinic in Georgia (Dwight David Eisenhower Army Medical Center), the full range of sexual dysfunctions are treated (female general sexual dysfunction--orgasmy and vaginismus; and male sexual dysfunctions--primary and secondary impotency, premature ejaculation, and ejaculatory incompetence) regardless of patients' religious affiliation or lack of it.

Religious Orthodoxy and Ejaculatory Incompetence. Clinically, religious orthodoxy has been observed as being a major contributing

factor to ejaculatory incompetence. Kaplan (1974) notes:

. . . a strict religious upbringing which engenders sexual guilt, intrapsychic conflict deriving from an unresolved oedipal complex, strongly suppressed anger, ambivalence toward his partner, the man's fear of abandonment by the woman, or a specific sexual calamity . . . can result in retarded ejaculation. (p. 327)

Masters and Johnson's (1970) clinical findings are indeed consistent with Kaplan's observations. Of the twelve men who could not ejaculate intravaginally with their wives, and who were seen at their clinic during an eleven-year period prior to 1970, five were tense, anxious products of severe religious orthodoxy: one of Jewish, one from Catholic, and three with fundamentalist Protestant backgrounds.

Masters and Johnson (1970) report that the Jewish man who was of orthodox belief had married a woman of similarly restrictive religious and social background. In the marriage, both rigorously adhered to orthodox demands for celibacy with menstrual and post-menstrual time sequences. The husband's inability to ejaculate intravaginally was possibly influenced by the concept that the vagina is an unclean area. His level of mental trauma was so high that during marital coitus, whenever the urge to ejaculate arose, his mental imagery of possible vaginal contamination drove him to withdraw immediately.

The Catholic man was devoted to Catholic religious orthodoxy, having two sisters and one brother who ultimately committed their lives to religious orders. During childhood he had learned to associate masturbation and nocturnal emissions with personal desecration, totally destructive to any future marital happiness. During marriage, fears for and misconceptions of the ejaculatory process were

sufficient to deny him such experience. Whenever he was stimulated toward the ejaculatory response, prior trauma denied him release. This problem, continued for eleven years during marriage, finally precipitated a secondary impotence.

The religious background of one of the three fundamentalist Protestants was discussed by Masters and Johnson as basically representative of other Protestant histories. The 33-year-old young man came from extremely puritanical family backgrounds with deeply restrictive religious beliefs. The religious dogma was a mass of "thou-shalt-nots" declared or implied. There was very little communication with the outside world, and the subject of sex was never mentioned in the home. All his reading material was precensored. Total individual privacy, including total toilet privacy behind locked doors, was assured, and swimming or athletic events that might terminate in public showers were forbidden due to the possibility of physical exposure to his peers. At age thirteen he experienced his first nocturnal emission and was severely whipped by his father for committing the "sin of the flesh." Subsequently, his sheets were checked daily to be sure that he did not repeat the offense. He was not allowed to participate in heterosexual social functions until eighteen, and dating experiences were well chaperoned. Also, at that age he was told by his father that to ejaculate was dirty, equally degrading to both men and women, and that coition should occur only when conception was desired.

The clinicians report that the young man married a young woman of similar religious upbringing. Their honeymoon was marked by mutual

anguish because after repeated vaginal penetration, the husband could not ejaculate intravaginally.

Religious Orthodoxy and Erectile Difficulties. Many prominent clinicians recognize the influence of religious orthodoxy on one's ability to have an erection. Kaplan (1974) observes that guilt about sexuality, induced by excessive exposure to religious orthodoxy which equates sex with sin, shame, and guilt due to the unconscious identification of sexuality with aggression, are common sources of anxiety which produces impotence among men in Western cultures.

Ellis (1980) remarks that during his 35-year practice as a sex therapist, he has found that puritanism was a contributing factor to erectile dysfunction because many men feel that sex is "wrong" or "wicked" and they should not derive any pleasure from the act. This type of irrationality, says Ellis, leads to guilt over sexual practices and precipitates sexual inadequacy.

Reckless and Geiger (1979) have clinically observed the same phenomenon. They state that

. . . sexual taboos based on early religious and moral teachings can foster psychogenic impotence in the man who, having reached maturity, denies the natural sexual component in himself and others and is convinced of the degrading nature of any sexual manifestation. (p. 306)

Clinical findings in the South seem to be consistent with observations from studies by both Ellis and Reckless and Geiger. Spillman (1972) reports that in that area impotence is very common among Catholic men, but is particularly strong among Baptist men. However, once their irrational ideas about religion and sex are identified and exposed, Spillman reports that it has been possible to reverse the process through hypnotism.

Masters and Johnson's (1970) also report on the prevalence of erectile difficulties due to the etiological influence of religious orthodoxy. Prior to 1970, clinicians saw in treatment 32 primary impotent males, 6 of whom were of religious orthodox background (two Jewish and four Catholic); 213 secondary impotent males, 26 of whom were of rigid religious upbringing (6 Jewish, 11 Catholic, and 4 fundamentalist Protestant). The clinicians observe that in both kinds of erectile dysfunction, religious orthodoxy provided the same handicap.

Relative to primary impotence, Masters and Johnson (1970) observe that religious orthodoxy in many cases is responsible for the couple uniformly approaching their wedding night tragically handicapped by misinformation, misconception, and unresolved sexual taboos. Such attitudes serve as etiological factors that are in turn responsible for individually intolerable levels of anxiety either prior to or during initial attempts at sexual connection.

Concerning secondary impotence with religious orthodoxy as an influencing factor, the clinicians observe that the symptoms develop through two well-defined response patterns. The first pattern takes two forms: (1) infrequent initial success which is followed by failure in the first weeks or months of the marriage, or (2) most frequently erectile failure which is underscored during the first sexual opportunity provided by the honeymoon and continues despite attempts to consummate the marriage.

In the second pattern, Masters and Johnson report that at least six months and frequently many years pass without consummation of the marriage. Then in some unexplained manner, vaginal penetration

finally is accomplished and is marked by "wild celebration." However, celebration is short-lived when the male soon returns to an impotent state, thus facing a dark future.

Religious Orthodoxy and Orgasmic Dysfunction. More research has been done on the relationship between religious factors and female orgasm than any other single aspect of sexual functioning. Equal emphasis is placed on this relationship in the clinical literature. For instance, Barbach (1980) stresses the important role that religious factors play in influencing female orgasmic function. She observes that religious teachings frequently lead women to feel that they are bad or abnormal if they experience strong sexual urges. Lazarus (1978) mentions that many women who come to his clinic for treatment for orgasmic dysfunction with religious orthodoxy as a contributing factor report that during their formative years they came to regard sex as an evil and degrading pasttime.

That there is a clinical relationship between religious orthodox and female orgasmic dysfunction was also highlighted by Heiman et al. (1976). Heiman mentions that one of the reasons many women do not have (or rarely experience) orgasms is that their attitudes about sex have been strongly influenced by the rigid religious environment in which they were reared during their early developmental years. An example of the influence of a strict religious environment on female orgasm is that of the South. Spillman (1972) notes that in the South, the greatest overall sexual problem with female patients is that of frigidity or lack of orgasm.

Masters and Johnson (1970) had no reservations in the expression of their clinical observations of the relationship between

religious orthodoxy and orgasmic dysfunction. While most writers seem to see religious orthodoxy as one of the contributing causes, Masters and Johnson emphatically state that it is of major import in orgasmic dysfunction, particularly in primary orgasmic dysfunction. Interestingly, of the 193 women who had never achieved orgasmic return before referral to their Foundation for treatment, 41 had come from rigid religious backgrounds. Eighteen were from Catholic, 16 from Jewish, and 7 from fundamentalist Protestant upbringing. The Masters and Johnson's Foundation has often expressed its concern for any orthodoxy-imprinting and environmental input that impose severe negative influences upon the susceptible women's psychosocial structure relative to her facility for sexual functioning.

Their concern is so great that they presented in their book Human Sexual Inadequacy a history reflecting the control of orthodox religious demands upon an orgasmically dysfunctional woman and her husband. The clinicians report that the client was of fundamentalist Protestant background with religion being the overwhelming influence in her life. The couple had been referred for treatment after nine years of a marriage that had not been consummated. The wife reported living during her early developmental years under strict and very rigid paternal control in terms of dress, social commitment, educational selection, etc. There were long daily sessions of prayer interspersed with paternal pronouncements and a total prohibition on family discussions. She recalled no pleasant moments of quiet exchange with her mother.

She was taught to associate sex with sin. As a young girl she was totally unprepared for the onset of menstruation. She became

terrified at the onset of her first menstrual period and ran home. On her arrival at home, she was told by her embarrassed mother that this was a woman's lot, and that she must expect to suffer this "curse" every month. After presenting her with protective material--with absolutely no discussion as to when or how to use it--her mother warned her never to discuss the subject. Subsequently, the only time her mother discussed any sexual matter was her wedding day. She was told to remember she now was committed to serve her husband; to allow him "privileges" that were not spelled out. Most importantly, she was told that "good women" never express interest in the "thing." Her reward for serving her husband would be having children.

She recalled that her husband, who was of similar religious background, actively searched to find the proper place to insert his penis on their honeymoon night, while she fought an equally determined battle with night clothes and bedclothes to provide as completely a modest covering as possible for the "awful" experience. The pain her mother had forecast developed as her husband made attempts at intromission. The clinicians report that continued failure at attempts to consummate the marriage led to great physical distress which precipitated not only anxiety and a negative sexual attitude but, together with the concepts of the "good woman" and the pain described by her mother, served to alienate her from sexual functioning and finally from her husband. Masters and Johnson note that although there were other etiological influences that were combined to create her orgasmic dysfunction, the repression of all sexual material inherent in the described form of religious orthodoxy was certainly the major factor.

Religious Orthodoxy and Vaginismus. Vaginismus has been clinically observed as being one of the more severe sexual problems which prevents the consummation of many marriages. Clinical consensus indicates that religious orthodoxy is a major contributing factor to this sexual dysfunction. Clinicians have observed that in many cases of vaginismus the patients had come from very strict and rigid religious homes where the subject of sex was never discussed (Fuchs et al., 1978; Kaplan, 1974; Leiblum, 1980).

Ostrov (1978) presents a clinical case of severe vaginismus in a Jewish woman. He reports that the woman had been married for one and a half years. But due to vaginismus her marriage was never consummated. She could not have permitted anything to penetrate her vaginal canal. Ostrov notes that in such cases, the operating religious and cultural pressures are strong determinants in overriding most psycho-sexual conflicts which affect actual coitus and conception.

Prior to 1970, Masters and Johnson (1970) report that in their clinical files there were twelve examples of religious orthodoxy as a major etiological factor in the onset of vaginismus. The presence of the vaginismus syndrome contributed to nine nonconsummated marriages and three in which coitus was infrequent. Clinicians report that of the female partners with vaginismus, four were products of a psychosexually repressive Catholic background and two had the orientation of stringent Protestant fundamentalism.

The case history of one patient referred for treatment at their Foundation is marked by rigidity in the practice of her religious beliefs. She was the only one from a family of five children who did

not take the vows of a religious order. Nevertheless, she was strict in her adherence to her religious convictions and was firmly controlled both physically and mentally by her father.

She was taught that almost any form of physical expression might be suspect of objectionable sexual connotation. For example, she was prohibited when bathing from looking at her own breasts either directly or from reflection in the mirror for fear that unhealthy sexual thoughts might be stimulated by visual examination of her own body. Discussion of sexual topics at home were also prohibited. She was taught that coital connection was to be endured within marriage only for the purpose of conception. Such prohibitions resulted in her inability to consummate the marriage. Masters and Johnson note that ultimately the young woman never was able to develop a healthy frame of reference for the human male in general and for her husband in particular as a sexual entity, mainly because of the severe negative conditioning of her sexual value system.

Religious Orthodoxy and Low Sexual Desire and Interest. The problem of low sexual desire has recently received much attention by clinicians. One of the contributing factors observed by some therapists has been that of religious orthodoxy. Lo Piccolo (1980) observes that the phenomenon of low sexual desire was associated with religious orthodoxy, especially among Catholics and orthodox Jews. Kaplan (1979), who has done extensive clinical research on this problem, seems to concur with Lo Piccolo's conclusion. She observes that many patients suppress their sexual desire because on some level they do not want to feel sexual. This type of attitude toward sex, says Kaplan, is derived from the prevailing cultural ethic that equates

sexual pleasure with sin. Kaplan notes that parents whose own conscience is so programmed react with anxiety and embarrassment when their children show an interest in sex and have sexual feelings. Such negative attitudes about sexuality are transmitted to and absorbed by the child, thus making sexual desire dangerous and objectionable.

Kaplan (1974) further states that exposure to religious orthodoxy creates anxiety and guilt over the experience of sexual feelings. Persons in this category often deny or fail to perceive their erotic feelings. Thus, within marriage, they become "out of touch" with tender, loving, sensuous, and erotic feelings which are normally evoked by kissing, touching, and caressing.

An example of low sexual desire with religious orthodoxy as a contributing factor is mentioned by Ostrov (1978). A patient, who was an orthodox Jew, informed the therapist that he consciously attempted to subdue any excitement toward his wife because he perceived the excitement as being religiously inappropriate. His desire was to maintain "control" over his sexual feelings. Ostrov also makes reference to a couple, again of the orthodox Jewish faith, who he has seen in therapy. They had been married for two years, and while both were able to perform sexually--that is, they could successfully perform coitus--the husband had displayed very little interest in his wife. He made very few advances toward her and consistently rejected her overtures, declaring that he was not in the mood.

Summary of Literature Review

The review of literature first covered studies that indicate differential results in the relationship between religious factors

and attitudes toward certain sexual variables. Most of these studies were limited to the investigation of the relationship between religiosity and sexual permissiveness, i.e., premarital sex. Studies that have shown an inverse relationship between religiosity and sexual attitudes are those by Kinsey (1948, 1953), Feiss (1967), Ehrmann (1959), Thomas (1973), Thomas (1975), Bell and Chaskes (1970), Burgess and Wallin (1953), etc.

Not all researchers found an inverse relationship between religiosity and sexual attitudes and behaviors. Some researchers (King et al., 1967; Ruppel, 1970) found that religiosity was not predictive of sexual behaviors. King et al. (1976) feel that findings that show no relationship between religiosity and sexual attitudes are not so much contradictory to the original findings that showed inverse relationships. The researchers explained the differences in findings by noting that when religiosity was related to attitude regarding sex, the researchers tended to use attitudes toward religion and/or beliefs as their measure. In contrast, those concerned with sexual behavior chose to measure religiosity in terms of church attendance.

Martin and Westbrook (1973) used both church attendance and attitudes toward belief as measures of religiosity in a sample of both unmarried and married students. The researchers found that religious individuals do appear to be less active and are disapproving only in regard to those kinds of sexual conduct specifically interdicted by religious norms, e.g., premarital sex, adultery, etc. Although they show more tendency to confine their sexual activity to the marriage partner, they were no less active overall.

Relative to religious factors and sexual functioning and satisfaction, there seems to be more of a consensus among researchers, except in a few cases. Among males Kinsey (1948) and Terman (1931, 1951) found a negative correlation between religiosity and sexual responsiveness. Terman (1931) explains that strict religious training on the part of the husband is unfavorable to the establishment of orgasm in the wife; and Kinsey (1948) feels that the male's religious devotion affects the rate of marital coitus.

Many studies (Kinsey, 1953; Terman, 1951; Rainwater, 1965; Hunt, 1974; Fisher, 1973; Bell, 1974), on the contrary, found no connection between religiosity and sexual functioning in terms of frequency of coitus and rate of orgasm in women. Some studies (Tavis & Sadd, 1977; Chesser, 1956) found that not only was there no difference between religious women and nonreligious women, but in addition, the more religious a woman described herself as being, the happier she said she was with her sex life and marriage.

Of concern have been some findings by Kinsey (1948, 1953); Hamblin and Blood (1956); Goshen-Gottstein (1966); and Fisher (1973). These researchers have found that the more extreme or orthodox the religious group (e.g., orthodox Jews, very devout Catholics, and very active Protestants) the less sexually active they tend to be. These findings have led researchers to theorize that there is a possible connection between extremes of religiosity, i.e., religious orthodoxy, and sexual functioning.

It is interesting to note that clinical data do support a strong connection between religious orthodoxy and sexual functioning. This clinical connection has been observed by many recognized,

authoritative, and contemporary clinicians (e.g., Masters & Johnson, 1970; Kaplan, 1974, 1979; Lo Piccolo, 1978; Ellis, 1980; Lazarus, 1978, etc.).

The experience of some of these clinicians range from the treatment of sexual dysfunctions among Protestants and Catholics in the South and Midwest to orthodox Jews in the East (e.g., Spillman, 1972; David & Duda, 1977; Ostrov, 1978, etc.). The influence of religious orthodoxy on sexual dysfunction has been so severe and common that it has led Masters and Johnson (1970) to declare:

While the multiplicity of etiological influences is acknowledged, the factor of religious orthodoxy still remains of major import in primary orgasmic dysfunction as in almost every form of human sexual inadequacy. (p. 21)

Evaluation of Literature Reviewed

In the first subdivision of this review of literature relative to the relationship between religious factors and sexual attitudes and behaviors, some important observations need to be underscored:

1. Although some studies operationalized religiosity in terms of attitude toward beliefs, primarily belief in God, church participation, etc., most of the studies defined religiosity in terms of church attendance.

2. Although a few studies investigated attitudes toward masturbation, contraception, abortion, etc., most of the studies as mentioned previously were confined to investigating the relationship between religiosity and sexual permissiveness, i.e., premarital sex.

3. Most studies used university students as their sample subjects.

In the second subdivision relative to the relationship between

religious factors and sexual functioning and satisfaction, the following important observations should also be underscored:

1. All of the studies operationalized religiosity in terms of church attendance and/or participation in church activities.

2. In their studies, most of the researchers failed to define the religious sample groups they were measuring except studies by Kinsey (1948, 1953); Fisher (1973); and Goshen-Gottstein (1966). In other words, the researchers failed to discriminate between varying degrees of religiosity on the continuum ranging from low to unusually extreme levels of religiosity or religious orthodoxy. Possible mixture of different degrees of religiosity in sample groups could have been responsible for the differential results of some of the studies. For example, when Kinsey (1948) took into consideration three categories of religiosity, he found that the orthodox Jews were least active sexually; when Fisher (1973) studied only low and moderate religiosity, he found a lack of connection between religiosity and orgasm frequency; and when an orthodox Jewish group in Israel was studied by Goshen-Gottstein (1966), he found that the women never or rarely achieved orgasm.

3. The research instruments used in all of the studies were not designed to measure unusual extremes of religiosity, i.e., religious orthodoxy.

4. In all of the studies, sexual functioning was measured only in terms of the frequency of coitus and/or orgasm. These two indices are hardly representative of one's overall sexual functioning.

In the third subdivision of the review of literature the clinical connection between religious orthodoxy and marital sexual

functioning was very well established. Also, important indices of both religious orthodoxy and marital sexual functioning were highlighted very adequately and provide a framework for the measurement of both the independent and dependent variables.

However, it should be noted that the authors made clinical judgments based on clinical observations that have never been empirically verified. For example, Masters and Johnson (1982) state relative to the connection between religious orthodoxy and sexual dysfunction that what is expressed is a clinical judgment and not an empirically verified phenomenon; and that their clinical judgment is based on a perceived association between religious attitudes and sexual dysfunction. The clinicians also mention that they do not know whether the connection is or is not characteristic of orthodox or religious populations in general.

This present study, therefore, was designed to probe the area of uncertainty referred to by Fisher (1973), i.e., to empirically investigate the relationship between the unusual extremes of religiosity i.e., religious orthodoxy, and marital sexual functioning. Specifically, a scale was developed to measure religious orthodoxy among members of the Jewish, Catholic, and Protestant faiths. Religious orthodoxy was used as a two-dimensional variable. The first dimension involves the rigidity of mental attitude and practice of religious beliefs, and the second, the closed-mindedness (dogmatism) with which the religious belief system is held. Also, religious orthodoxy was operationalized more than in terms of church attendance and church participation. Representative indices of the phenomenon as drawn from the clinical literature, discussions with theologians,

personal observations, and religiosity scales were used as measures of religious orthodoxy (e.g., prayer, church attendance, participation in church activities, reading, witnessing, financial support, education, sex education, attitude toward the secular world, etc.).

In addition, a separate instrument was developed to measure marital sexual functioning. It was designed to go beyond mere coital and orgasm frequencies. More representative indices of marital sexual functioning were tapped (e.g., sexual interest, sexual responsivity, sexual inhibition, sexual anxiety, sexual guilt, sexual pleasure, etc.) along with coital and orgasm frequency . . . the exact clinical phenomena that have been clinically associated with sexual dysfunction.

Moreover, four moderator variables (sex, age, duration of marriage, and education) were statistically controlled. Sex and age were controlled because some studies (Anthony, 1978; Bell, 1974; Kinsey, 1948, 1951; and Terman, 1938, 1951) have found that these variables are influencing factors of certain aspects of sexual functioning in religious groups. Duration of marriage and education were included because it was expected that these two variables might have influencing effects on the variables being investigated, i.e., duration of marriage influencing marital sexual functioning, and education influencing religious orthodoxy and marital sexual functioning. This study, therefore, investigated the relationship between religious orthodoxy and marital sexual functioning taking into consideration the influencing effects of sex, age, duration of marriage, and education of subjects.

CHAPTER III

METHODOLOGY

Introduction

It is the function of this chapter to describe the research approach that was employed in this study. In addition, it is to delineate its design; to outline how the sample subjects were selected; to describe the development of the instrumentation that was used in the gathering of data for the variables; to specify the nature and extent of the field procedures; and to describe how the data were collected, recorded, and processed.

Research Approach

The research approach of this study conformed to the pattern of the Analytical Survey Method (ex post facto). This approach purports to take data that are essentially quantitative in nature and analyze these data by means of inferential statistical tools with the purpose of testing statistically based hypotheses so that certain inferences can be made (Leedy, 1980).

Research Design

This study followed a multiple-regression design. It investigated the relationship between the independent or predictor variable of religious orthodoxy and the dependent or criterion variable of

religious orthodoxy and the dependent or criterion variable of marital sexual functioning. Since religious orthodoxy as used in this study is postulated as having two dimensions, i.e., the religious rigidity and the religious closed-mindedness (dogmatism) dimensions, two independent subvariables (religious rigidity and religious closed-mindedness) were used as predictors of the criterion variable of marital sexual functioning. In addition, four moderator variables (sex, age, duration of marriage, and education) were statistically controlled. Some studies (Anthony, 1978; Bell, 1974; Kinsey, 1948, 1951; Terman, 1938, 1951) have demonstrated that sex and age are influencing factors of certain aspects of sexual functioning in religious groups. Duration of marriage and education were included because it was expected that these two factors might have influencing effects on the variables being investigated, i.e., duration of marriage influencing marital sexual functioning and education influencing religious rigidity, religious closed-mindedness, and marital sexual functioning. The variables studied, therefore, were: (1) marital sexual functioning (dependent variable), (2) religious rigidity, and (3) religious closed-mindedness (independent variables), and (4) sex, (5) age, (6) duration of marriage, and (7) education (moderator variables).

Instrumentation

Two Likert-type scales were employed in this study for the measurement of the independent and dependent variables. For the measurement of the independent variable of religious orthodoxy: religious rigidity and religious closed-mindedness (dogmatism), a

religious orthodoxy scale was developed. Since no suitable scale was available to measure marital sexual functioning, a marital sexual-functioning scale was also developed.

Development of the Religious Orthodoxy Scale

The religious orthodoxy scale was a single scale designed to measure the homogeneous phenomenon of religious orthodoxy among the Jewish, Catholic, and Protestant faiths based on the assumption that there is sufficient commonality in the three belief systems for the development of a single valid scale. The religious orthodoxy instrument contained two subscales: the religious rigidity subscale and the religious closed-mindedness subscale.

The religious rigidity subscale was designed to measure rigid attitudes toward Judeo-Christian beliefs in the following areas: (1) personal religious experience, e.g., prayer; (2) church attendance; (3) participation in church activities; (4) reading; (5) witnessing; (6) financial contribution; (7) education; (8) sex education; (9) entertainment; (10) dress; (11) dating and marriage; (12) music; (13) social contact; (14) television; (15) the outside world; (16) the denomination as an institution, e.g., attitude toward the denomination's policies, liturgy, politics, and the role of women in religion. The above items consisted of a combination of areas that were drawn from: (1) an indepth and extensive review of the clinical literature, taking into consideration the major clinical indices of religious orthodoxy; (2) religiosity scales from Social and Psychological Measures by Robinson and Shaver, from which some relevant items designed to measure religiosity were instead converted to measure

religious rigidity; (3) interviews with three theologians, members of the clergy, and laity representing the Jewish, Catholic, and Protestant faiths; and (4) personal observation of religious persons who tend to manifest orthodox behavior.

The religious closed-mindedness subscale was designed to measure closed-minded religious attitudes based on empirical findings (as shown in chapter 1) that closed-mindedness and rigidity are two discriminable psychological processes that accompany each other or go together in the personality, thus constituting the two dimensions of religious orthodoxy. Areas in which religious closed-mindedness is manifested were drawn from similar sources as religious rigidity, i.e., (1) clinical literature; (2) interviews with three theologians, members of the clergy and laity of the three religious faiths; and (3) personal observation of religious persons who tend to manifest closed-minded attitudes. The areas include: (1) church attendance; (2) reading of religious literature; (3) inter-faith cooperation; (4) financial contributions; (5) religious programs; (6) dating and marriage; (7) social relations; (8) education; (9) music; (10) witnessing.

Establishing content and construct validity and homogeneity.

An original pool of seventy items (forty rigidity and thirty closed-mindedness) were generated from the following sources: (1) clinical literature; (2) religiosity scales from Social and Psychological Measures by Robinson and Shaver; (3) three theologians, members of the clergy and laity representing the Jewish, Catholic, and Protestant faiths; and (4) personal experience with religious persons who tend to manifest rigid and closed-minded attitudes.

The pool of items was given to four persons (two researchers and two psychologists) who were familiar with scale development and who were to edit all items and suggest ways in which some items could be improved.

After the modification of some items, the pool of items was submitted to eighteen persons who represented the Jewish, Catholic and Protestant faiths (see table 1). Based upon a given operational definition, each member of the group was asked to: (1) indicate whether each item applied to his/her particular faith--Jewish, Catholic, or Protestant; (2) indicate whether each statement expressed rigidity in the pool of rigid statements and closed-mindedness in the pool of closed-minded statements as might be manifested by members of his/her particular faith (all statements purported to express high rigidity and closed-mindedness); (3) rewrite or modify, if possible, all statements that do not reflect the intended construct; and (4) write any statements in any areas of religious life in which religious rigidity and/or religious closed-mindedness might be manifested. After this process, the original pool of seventy items was reduced to sixty-six items. Three nonhomogeneous items, i.e., three items that were not common to the three religious faiths were discarded.

Finally, the pool of sixty-six items (thirty-nine rigidity and twenty-seven closed-mindedness items) was then given to seven persons (two Jewish rabbis, two Catholic priests, and three Protestant ministers). Based upon a given operational definition of religious rigidity and religious closed-mindedness, each was asked to: (1) rate each statement on a scale of 1 to 10 in terms of the degree of rigidity (as in Section A) and closed-mindedness (as in

TABLE 1

COMPOSITION OF ITEM-ASSESSMENT GROUP

Protestant (9)		Catholic (4)		Jewish (5)	
Minister	6	Priest	3	Rabbi	4
Sociologist	1	Student	1	Social worker	1
Psychologist	1				
Student	1				

Section B) expressed; and (2) again indicate which statements did not apply to his/her religious faith by not giving each of such statements a numerical rating.

Only the items that each person rated as high on rigidity (as in Section A) and high on closed-mindedness (as in Section B), i.e., receiving a score of 7-10 were selected to be included in the instrument to be tested through a pilot study. They included thirty-three rigidity and twenty-three closed-mindedness items (see appendix A for ratings of items).

Through a pilot study, an item analysis was conducted to remove statements that failed to measure that which the rest of the statements measured. The pilot study was conducted on a sample of seventy-two subjects: twenty Jewish (ten males and ten females) from two synagogues, one in Michigan and the other in Indiana; twenty-one Catholics (nine males and twelve females) from a Catholic church in Southern Michigan; and thirty Protestants (thirteen males and seventeen females) of the Seventh-day Adventist, Pentecostal, Baptist,

and Assembly of God denominations in Southern Michigan.

All items (thirty-three rigidity and twenty-three closed-mindedness items) that showed a point-multiserial correlation $> .3$ were retained and were included in the final copy of the instrument. (See appendix B for point-multiserial correlations of all items).

Establishing Reliability: To ascertain the reliability of both the religious rigidity and closed-mindedness subscales, the following procedure was followed after the scale was subjected to pilot testing on the sample described above:

The split-half reliability was calculated for each group, i.e., the sum of the odd statements for each individual was correlated against the sum of the even statements for both the religious rigidity and closed-mindedness subscales. The reliability coefficient alpha for the religious rigidity subscale was .96; while the reliability coefficient alpha for the religious closed-mindedness subscale was .94.

The final copy of the religious orthodoxy instrument, therefore, contained a total of fifty-six items: thirty-three religious rigidity items and twenty-three religious closed-mindedness items, with the response format conforming to the Likert-type scaling model (see appendix C, section II).

Development of the Marital Sexual Functioning Scale

The marital sexual-functioning scale was a single scale designed to measure marital sexual function in the three religious faiths: Jewish, Catholic, and Protestant. The following indices of marital sexual functioning were included: sexual interest, sexual

responsivity, sexual inhibition, sexual guilt, sexual anxiety, sexual disgust and shame, sexual foreplay, sexual pleasure, and coital frequency. These selected indices of marital sexual functioning were drawn from the following areas: (1) an indepth and extensive review of the clinical literature relative to religious orthodoxy and marital sexual dysfunction; (2) the Sexual Interaction Inventory by Lo Piccolo and Steger; (3) Thorne's Sex Inventory; (4) Deragotis' Sexual Functioning Inventory; and (5) sex questionnaires developed for research purposes, e.g., Fisher (1973) and Kesy (1948, 1953).

Validation of marital sexual functioning scale. Because marital sexual functioning is an empirically verified phenomenon, it was not necessary to demonstrate the construct validity of the scale. However, it was important to demonstrate the content validity of the instrument. The content validity, therefore, was established as follows: (1) an original pool of sixty statements covering all the indices of marital sexual functioning proposed in this study was generated from the following areas: (a) the clinical literature relative to religious orthodoxy and marital sexual dysfunction; (b) sexual inventories by Lo Piccolo and Steger (1978), Thorne (1966), and Deragotis (1980); and (c) sex questionnaires developed for research purposes by Fisher (1973) and Kinsey (1948, 1953); (2) the pool of statements categorized into the various indices of marital sexual functioning as proposed in this study was then given to eleven persons (two researchers, three psychologists, one social worker, one sociologist, one minister, one rabbi, and two homemakers) who were asked to (a) indicate whether each statement in the pool of statements fitted the category or index under which it was subsumed;

(b) write in the space provided after each category any statement(s) that he/she thought fitted the category which the researcher should have included; and (c) offer suggestions as to how to improve statements. After this process, the original pool of items was reduced to forty-eight items; twelve items were dropped because they did not meet the consensus of the group. Only items that each person indicated as belonging to their particular categories were retained for pilot testing. Through the pilot study, an item analysis was conducted to remove statements that failed to measure (1) that which the total scale measures and (2) that which each index measures. A sample of sixty-two married Seventh-day Adventists (twenty-five males and thirty-five females; forty Caucasians and twenty-two Blacks, with an age range of 21 to 70) was used for the pilot testing. It was not necessary to have sample representativeness of the Jewish, Catholic, and Protestant faiths because, as mentioned previously, marital sexual functioning is an empirically verified phenomenon across races and religious groups.

Forty-seven of forty-eight items were retained and were included in the final copy of the instrument. Forty-five of these items showed a point-multiserial correlation of $> .3$ when each was correlated with the battery as a whole and within their particular category or index. Two items, although they showed point-multiserial correlations of $< .3$ on the battery, were retained because their point-multiserial correlations in their specific categories or indices were $> .3$. One item was excluded because it showed a point-multiserial correlation of $< .3$ both when correlated with the total

battery and its category or index (see appendix B for point-multiserial correlations for all items).

Establishing Reliability. To ascertain the reliability of the instrument as a whole and for each of its categories, the following procedure was followed after the scale was subjected to pilot testing on the sample described above.

The split-half reliability was calculated for each group, i.e., the sum of the odd statements for each individual was correlated against the sum of the even statements both for the whole battery and for each separate category. The reliability coefficient alpha for the whole battery was .93, while the reliability coefficient alphas for each category were as follows: sexual interest .74; sexual inhibition .80; sexual responsivity .60; sexual anxiety .69; sexual guilt .76; sexual shame .71; sexual disgust .76; sexual foreplay .31; and sexual pleasure .78. The low reliability of the sexual foreplay category was due to the fact that this category had only two items. The reliability of the sexual frequency index was not calculated because it contained only a single item.

The final copy of the marital sexual-functioning scale, therefore, contained a total of forty-seven items with the response format conforming to the Likert-type scaling model (see appendix C, section III).

Both the religious orthodoxy and the marital sexual functioning scales, together with instructions and a section for biographical information, were contained in a single format (see appendix C).

Population and Sample

The sample used in this study consisted of married members representing the Jewish, Catholic, and Protestant faiths in Northern Indiana, Southern Michigan, and New York City. Sample subjects were selected from two Jewish denominations (Conservative and Orthodox), three Protestant denominations (Baptist, Pentecostal, and Seventh-day Adventist), and the Roman Catholic denomination. A purposive sample was chosen rather than a random sample for the following reasons:

1. The highly private and sensitive nature of the subject under investigation and the fact that many members of the clergy and laity still view openness on sexuality as tabooed precluded an equal chance of each church or synagogue and each member being chosen for the sample. For instance, many members of the clergy of the three religious faiths, when contacted as to their willingness to participate in such a study, i.e., to administer the instruments to married members of their congregations, politely, some even bluntly, turned down the requests. Thus, the only choice was to select clergymen representing the three religious faiths (Jewish, Catholic, and Protestant) who were willing to administer the instruments to married members of their congregations.

2. Because the main purpose of this study was to investigate the relationship between religious orthodoxy and marital sexual functioning in the more conservative religious denominations (Conservative and Orthodox Jews, Fundamentalist or Evangelical Protestants, and the more conservative Catholics), it was the researcher's intention to target such groups in order to be consistent with the postulated theory that the phenomenon is observed among the more

conservative-orthodox denominations (Masters & Johnson, 1970).

Efforts were made to sample as many congregations as possible from different geographical locations (within the six selected denominations) for the purpose of obtaining a very large sample, a size sufficient for a post-doctoral comparative study among the selected denominations. More than forty congregations from different states were contacted, initially. However, because of the sensitive nature of the study many clergymen and some congregational boards were unwilling to participate. Of the more than forty congregations contacted, only thirteen actually participated. These congregations, however, are representative of the three religious faiths (Jewish, Protestant, and Catholic). After being briefed by each clergyman concerning the nature and purpose of the research, a total of five hundred married members from thirteen churches and synagogues received the questionnaires. Two hundred and seventeen persons (one hundred and seven males and one hundred and ten females), with an age range of 23-76 years, responded to the questionnaire. This represented approximately 40 percent of the amount distributed. A breakdown of this amount and the responses by denominations is as follows:

1. One hundred and twenty questionnaires were distributed to four Catholic churches in the South Bend and Southern Michigan areas with a response of sixty.
2. One hundred and forth questionnaires were distributed to two Seventh-day Adventist churches in Southern Michigan and New York with a response of sixty one.
3. Two Pentecostal churches in the South Bend, Indiana area received one hundred and nineteen questionnaires. The response was fifty-one.

4. Three Baptist churches in the Southern Michigan area received seventy questionnaires and had a response of thirty-two.

5. One hundred questionnaires were distributed to two Jewish synagogues--a conservative synagogue in Southern Michigan and an orthodox synagogue in Brooklyn, New York. The response was thirteen.

The low return by Jewish respondents and the overall moderate response rate among the Catholic and Protestant faiths was due to the fact that some persons, after receiving the questionnaires, failed to return them completed because they found most questions in the sexual functioning scale too sensitive. This seems to have been more common among the Jews than Catholics and Protestants. However, the small number of Jewish subjects has no overall effect on the purposes of this study because it was assumed that the phenomenon under investigation is homogeneous among the three religious faiths as well as within each of the three religious faiths.

Despite the difficulties encountered in sampling, the researcher believes the sample obtained and used was adequate for the purpose of the investigation. It was sufficiently representative especially on the four moderator variables considered in the investigation, i.e., it contained an almost equal number of males and females, a wide age, education, and duration of marriage range; and a sample large enough to enhance confidence in the results of the investigation (see table 2 for sample composition).

Research Procedures

Data Collection and Recording

Procedures for collecting and recording the data followed several steps.:

TABLE 2
SAMPLE COMPOSITION

Sex	Mean Age	Education	Mean Duration of Marriage	Religious Faith	
M = 107 f = 110	40	Elementary School	14	Protestant	
		High School	35	Baptist:	32
		College	61	Seventh-day Adventist	61
		Graduate School	106	Pentecostal	51
			35	Catholic	60
				Jewish	
				Orthodox Jew	6
				Conservative Jew	7
Total Sample	217				

1. The researcher contacted by telephone members of the clergy of the Jewish, Catholic, and Protestant faiths and made appointments to discuss the proposed study and to solicit their cooperation in the administration of the research instruments. Because of the sensitive nature of the investigation, and because it was feared that written requests would have been ineffective in establishing the credibility of the researcher and producing maximum results, it was necessary to interview members of the clergy in person. However, letters were sent to some members of the clergy who were already familiar with the research project, having had input during its early developmental stages. The letters reiterated the purpose of the study and requested the clergy recipients to cooperate in the administration of the research instruments to married members of their congregations (see appendix C).

2. Questionnaires, together with a covering letter and instruction sheet, were delivered in person to members of the clergy who lived within a fifty-mile radius of Andrews University. Clergy who lived beyond the fifty-mile radius received questionnaires and other material through the mail (see appendix C).

3. Because of the difficulty of group administration and because of the highly private and sensitive nature of the study, each clergyman was encouraged to administer the instrument using the following procedures: (a) meet with all married members after a service or whenever feasible; (b) brief the members concerning the research, using information provided in the letter or covering letter and instruction sheet; (c) ask them to complete the questionnaires at home and return them to the church or temple in a sealed envelope the following week (members were to drop envelopes in a box provided by each clergyman).

4. Completed blanks together with a note indicating the number distributed were mailed to the researcher or picked up by him in person.

5. Each section of each returned questionnaire was checked to ascertain completeness. Questionnaires that were incomplete or were not properly completed were discarded.

Data Processing and Analysis

A format for data entry for the computer at Andrews University Computer Center, Berrien Springs, Michigan, was developed. The data file contained coded biographical information as follows:

1. (a) Sex: 1. male, 2. female; (b) age; (c) education:

1. elementary school, 2. highschool, 3. college, 4. graduate school;
 (d) number of years married; (e) religious affiliation: 1. Catholic,
 2. Reform Jew, 3. Conservative Jew, 4. Orthodox Jew, 5. Seventh-day
 Adventist, 6. Pentecostal, 7. Baptist.

2. Scores for each subject on the religious rigidity and
 religious closed-mindedness subscales.

3. Scores for each subject on the marital sexual functioning
 scale.

The analysis of the data was conducted using BMDP multiple-
 regression programs. The analyses were carried out on the Xerox Sigma
 6 Computer at Andrews University Computer Center and were based on
 the stated null hypotheses and a model-building statement.

Hypothesis 1 was analyzed by means of linear regression
 analysis. The null hypothesis tested was: There is no significant
 relationship between:

- a. Religious rigidity and marital sexual functioning
- b. Religious closed-mindedness and marital sexual functioning
- c. Sex of subjects and marital sexual functioning
- d. Age of subjects and marital sexual functioning
- e. Duration of marriage of subjects and marital sexual
 functioning
- f. Education of subjects and marital sexual functioning.

Hypotheses 2 and 3 were analyzed by means of multiple-
 regression analysis. The null hypotheses tested were:

Hypothesis 2: There is no significant relationship between
 marital sexual functioning and the linear combination of religious
 rigidity and religious closed-mindedness.

Hypothesis 3: There is no significant relationship between marital sexual functioning and the linear combination of religious rigidity, religious closed-mindedness, sex, age, duration of marriage, and education of subjects.

Hypotheses 4 and 5 were analyzed by means of multiple-regression analysis: incremental model. The null hypotheses tested were:

Hypothesis 4: There is no significant relationship between

(a) Religious rigidity and marital sexual functioning controlling for sex, age, duration of marriage, and education of subjects.

(b) Religious closed-mindedness and marital sexual functioning controlling for sex, age, duration of marriage, and education of subjects.

(c) Religious rigidity and marital sexual functioning controlling for religious closed-mindedness, sex, age, duration of marriage, and education of subjects.

(d) Religious closed-mindedness and marital sexual functioning controlling for religious rigidity, sex, age, duration of marriage, and education of subjects.

Hypothesis 5: There is no significant relationship between marital sexual functioning and the linear combination of religious rigidity and religious closed-mindedness controlling for sex, age, duration of marriage, and education of subjects.

Also analyzed was the combination of variables (including moderator variables) that offered the best prediction of each of the eleven indices of marital sexual functioning using BMDP9R "Best" Subsets Program.

CHAPTER IV

RESULTS OF DATA ANALYSIS

The purpose of this chapter is to present the findings of the various analyses which were done with the data gathered for the religious orthodoxy (religious rigidity and religious closed-mindedness subscales) and the marital sexual functioning scales. The first section of the chapter deals with the presentation of the general findings; the second, with the findings relative to the hypotheses and a model-building statement; and the third, a summary of all findings.

General Findings

The BMDP2D program which was used for the purpose of data screening also generated relevant data which provided information as to the performance of the sample group on each of the variables.

Religious Rigidity

The religious rigidity subscale contained thirty-three items with a response range of one to five for each item. High scores on this subscale indicate high rigidity, and low scores, low rigidity. The total subscale value or the highest possible score that a subject could have obtained on this subscale was 165, and the lowest, 33. These values when converted to a scale based on the response range of one to five corresponded to the following values: The maximum

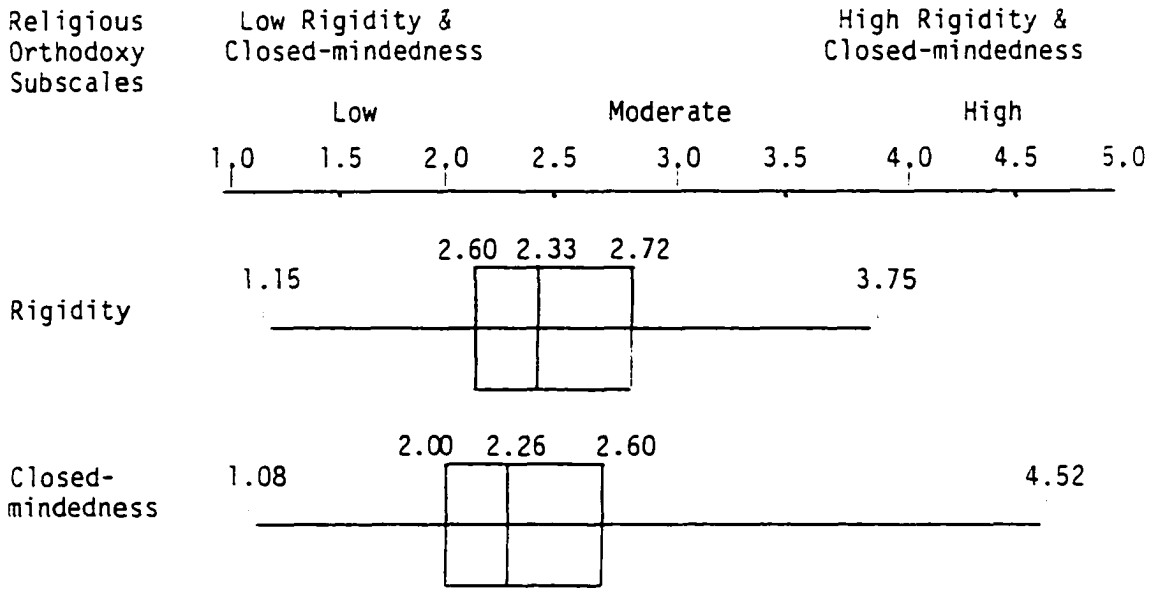
score of 165 corresponded to a score of five, and the minimum score of 33 to a score of one.

In figure 1 the distribution of these converted scores is described for each independent and dependent variable on a box-and-whiskers plot. Each box has three vertical lines. The vertical line on the left side of the box represents the first quartile on all variables (except on the one-item index of sexual frequency where the lowest score, the first quartile, and the median were of the same value), and the vertical line to the right side of the box represents the third quartile. The middle vertical line is the median. The exact values for the first quartile (Q1), the median (med), and the third quartile (Q3) are written at the top of each line.

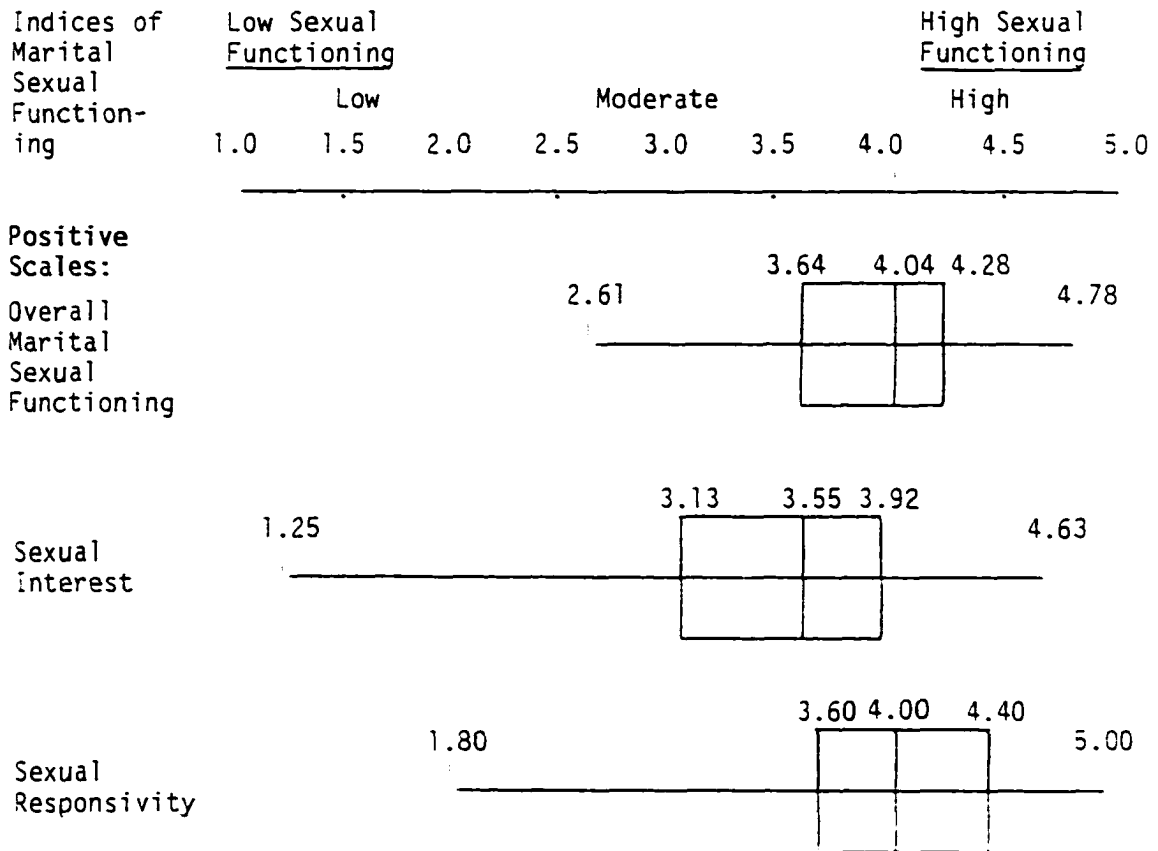
The whiskers on the plot are the horizontal lines: the lower end of the whiskers for each variable extends to the lowest score in the range, while the higher end extends to the highest score. The exact number of the lowest and highest scores are specified at the respective ends of each whisker.

Figure 1 shows that on the religious rigidity subscale, the lowest person's score was 1.15 and the highest 3.75. All subjects, therefore, obtained scores ranging from 1.15 to 3.75. The median score of 2.33 indicates that 50 percent of these subjects obtained scores between 1.15 and 2.33, and the other 50 percent obtained scores between 2.33 and 3.75. The values of the first and third quartiles further indicate a more detailed distribution of scores, i.e., 25 percent of subjects obtained scores between the lowest score of 1.15 and the first quartile score of 2.06, and 25 percent between the third quartile of 2.72 and the highest score of 3.75. The remaining

INDEPENDENT VARIABLE: RELIGIOUS ORTHODOXY



DEPENDENT VARIABLE: MARITAL SEXUAL FUNCTIONING



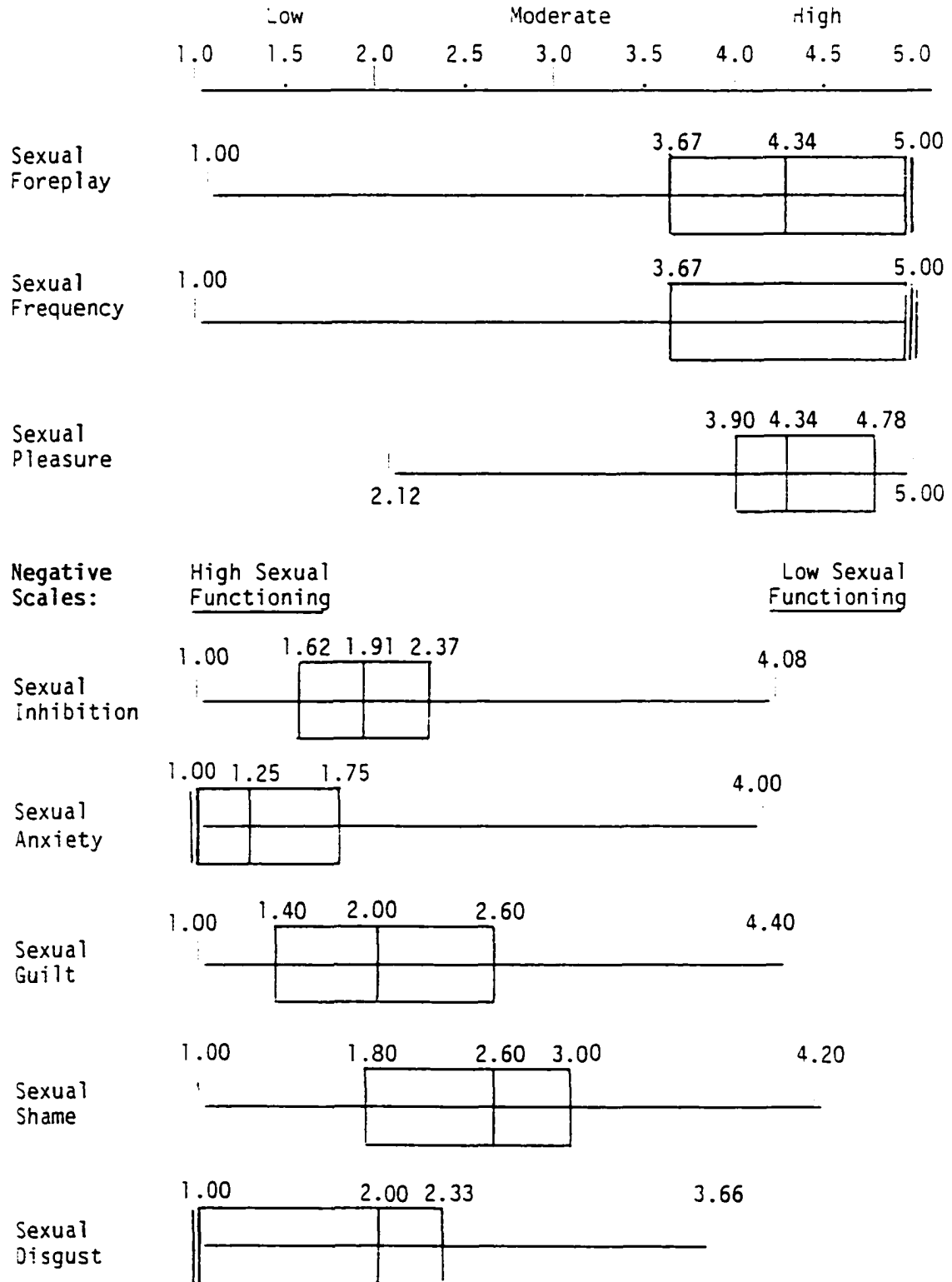


Figure 1. Box plot for the distribution of Scores for the Independent & Dependent variables.

50 percent fell between the first and third quartiles, ranging from 2.06 to 2.72.

Therefore, on the religious rigidity subscale which carries a value range of 1.00 to 5.00, approximately 25 percent of subjects were placed on the lower end of the religious rigidity continuum (between 1.00 and 2.00), indicating low rigidity. Another 25 percent were distributed from about the middle to the end of the continuum (between 3.00 and 5.00), indicating moderate to high rigidity. Approximately 50 percent fell between 2.00 and 3.00 and are of low moderate to moderate rigidity.

Religious Closed-Mindedness

The religious closed-mindedness subscale followed the same format as the religious rigidity subscale except that it contained twenty-three items and carried a maximum subscale value of 115, and a minimum value of 23. A transformation similar to the religious rigidity transformation was done with these values as shown in figure 1.

The lowest person's score on this subscale was 1.08 and the highest 4.52. The median score was 2.26, and the first and third quartiles were 2.00 and 2.60, respectively.

The sample subjects' performance on this subscale was very similar to their performance on the religious rigidity subscale. Approximately 25 percent were placed on the lower end of the religious closed-mindedness subscale (between the lowest score of 1.00 and the first quartile of 2.00), indicating low closed-mindedness. About 25 percent were distributed from about the middle to the end of the

subscale (between 3.00 and 5.00), indicating moderate to high closed-mindedness.

Marital Sexual Functioning

The marital sexual functioning scale contained forty-seven items distributed under ten categories of marital sexual functioning. Thirty-three items had a response range of one to five, and seventeen items had an adjusted response range of one to five. These seventeen items originally carried a response range of one to four. Six indices (overall marital sexual functioning, sexual interest, sexual responsiveness, sexual foreplay, sexual frequency, and sexual pleasure) were labeled as POSITIVE scales, while the other five indices (sexual inhibition, sexual anxiety, sexual guilt, sexual shame, and sexual disgust) were labeled as NEGATIVE scales (see figure 1).

On the positive scales, the maximum score value was converted to a score of one and the minimum score value to a score of five so that low scores, on the continuum of one to five, indicated low sexual functioning, and high scores, high sexual functioning. On the negative scales, the maximum score value was converted to a score of five and the minimum score value to a score of one so that low scores on these scales indicate high sexual functioning and high scores low sexual functioning (see figure 1).

Overall marital sexual functioning. On the overall marital sexual functioning index, the lowest person's score was 2.61 and the highest 4.78. The median score was 4.04 and the first and third quartile were 3.64 and 4.28, respectively.

The above results indicate a sample group of which

approximately 50 percent of its subjects fell within the high sexual functioning range of the scale. The remaining subjects were distributed within an approximate range of 2.5 and 4.00 and were of low moderate to high moderate sexual functioning.

Sexual interest. The lowest person's score on the sexual interest index was 1.25 and the highest 4.63. The median score was 3.55 and the first and third quartile scores were 3.13 and 3.92, respectively.

The performance of the sample group indicates that 50 percent of the subjects fell within the first half (between 1.00 and 3.00) of the sexual interest continuum and were of low to moderate sexual interest. The remaining 50 percent fell within the second half of the continuum (between 3.00 and 5.00) and were of moderate to high sexual interest.

Sexual responsivity. The lowest person's score on the sexual responsivity index was 1.80 and the highest 5.00. The median score was 4.00 and the first and third quartiles scores were 3.60 and 4.40 respectively.

These scores indicate that 50 percent of the sample subjects were of low to high moderate sexual responsivity. The remaining 50 percent were distributed within range of 4.00 to 5.00 and were of high moderate to high sexual responsivity.

Sexual foreplay. The lowest person's score on the index for sexual foreplay was 1.00 and the highest 5.00. The median score was 4.34 and the first and third quartiles scores were 3.67 and 5.00, respectively.

Twenty-five percent of the sample subjects fell within an approximate range of 1.00 to 3.50 and were of low to moderate sexual foreplay. It should be noted, however, that 25 percent of subjects were of very high sexual foreplay, having obtained scores of 5.00. The remaining 50 percent of sample subjects ranged from high moderate to high sexual foreplay, having obtained scores within an approximate range of 3.5 to 5.00.

Sexual frequency. The lowest person's score on sexual frequency index was 1.00 and the highest 5.00. The first quartile was 3.67. Both the median and the third quartile were identical to the highest score of 5.00. This indicates that 50 percent of the subjects obtained a score of 5.00 on this scale and were of very high sexual frequency. Of the remaining 50 percent, 25 percent were of high to high moderate sexual frequency, and the remaining 25 percent of high moderate to very low sexual frequency.

Sexual pleasure. The lowest score on the sexual pleasure index was 2.12 and the highest 5.00. The median score was 4.34 and the first and third quartiles were 3.90 and 4.78, respectively.

The distribution of scores indicate that 25 percent of subjects were of low to low moderate sexual pleasure, having obtained scores within a range of 2.00 to 4.00. Twenty-five percent were of high moderate to very high sexual pleasure, while the remaining 50 percent were of low moderate to high moderate sexual pleasure.

The sample subjects' performance on the negative scales is as follows:

Sexual inhibition. The lowest person's score on the sexual inhibition index was 1.00 and the highest 4.08. The median score was 1.91, and the first and third quartiles were 1.62 and 2.33, respectively.

The above information indicates that the majority of sample subjects (approximately 75 percent) obtained scores not greater than 2.33 (falling within an approximate range of 1.00 to 2.50) and were of low to low moderate sexual inhibition. The remaining 25 percent were distributed within the range of 2.50 to 5.00 and were of moderate to high sexual inhibition.

Sexual anxiety. The lowest person's score on the sexual anxiety index was 1.00 and the highest score 4.00. The median was 1.25 and the first and third quartiles 1.00 and 1.75, respectively.

Approximately, 75 percent of the sample subjects obtained scores not greater than 1.75, therefore falling within the lower section of the sexual-anxiety continuum. The remaining 25 percent fell within the high moderate to high section of the sexual anxiety continuum.

Sexual guilt. The lowest person's score on the sexual guilt index was 1.00 and the highest 4.40. The median was 2.00 and the first and third quartiles were 1.40 and 2.60, respectively.

The distribution of scores indicates that exactly 50 percent of the sample group fell within the low range on the sexual guilt continuum, i.e., between 1.00 and 2.00, and were of low sexual guilt. Of the remaining 50 percent, approximately 25 percent fell within the range of 2.00 to 3.00 and were of low moderate to moderate sexual

guilt. The remaining subjects fell within a range of 3.00 to 5.00, and were of low moderate to high sexual guilt.

Sexual shame. The lowest person's score on this index was 1.00 and the highest 4.20. The median score was 2.60, and the first and third quartile were 1.8 and 3.00, respectively.

This distribution of scores appeared as being slightly different from all previous distributions because the scores were more widely distributed. Approximately 25 percent of the subjects were of low sexual shame (falling within a range of 1.00 to 1.00). About 25 percent ranged from moderate to high sexual shame (falling within a range of 3.00 to 5.00). The remaining subjects (approximately 50 percent) ranged from moderate to high moderate sexual shame, falling within an approximate range of 2.00 to 3.00

Sexual disgust. The lowest person's score on the sexual disgust index was 1.00 and the highest 3.66. The median score was 2.00, and the first and third quartiles were 1.00 and 2.33, respectively.

The performance of the sample subjects on this index indicates that 75 percent were of low to low moderate sexual disgust. Of the 75 percent, 25 percent were of very low sexual disgust having obtained a score of 1.00. The remaining 25 percent ranged from low moderate to high moderate sexual disgust.

Summary

Figure 1 shows a fairly wide distribution of scores for both the religious rigidity and the religious closed-mindedness subscales.

On both subscales, sample subjects ranged from low rigidity and low closed-mindedness, to high rigidity and high closed-mindedness, with more than half of the scores falling within the low moderate range on both subscales. The performance of the sample group on both subscales was very similar. Sample subjects reported themselves as being equally rigid and closed-minded.

Figure 1 also presents a fairly wide distribution of scores for the marital sexual functioning scale and its eleven indices. Scores ranged from lows of 1.00 to highs of 5.00, which indicate that on all eleven scales, sample subjects ranged from high sexual functioning to low sexual functioning with more than half falling within the moderate range. In nine of the eleven cases, the sample subjects rated themselves as being more favorable on marital sexual functioning than they did on the religious rigidity and religious closed-mindedness scales.

Findings Relative to the Hypotheses

Hypothesis 1

The correlation matrix generated by the BMDP2R program produced the information for the testing of hypothesis 1. The null hypothesis tested was: There is no significant relationship between (a) religious rigidity and marital sexual functioning, (b) religious closed-mindedness and marital sexual functioning, (c) sex of subjects and marital sexual functioning, (d) age of subjects and marital sexual functioning, (e) education of subjects and marital sexual functioning, (f) duration of marriage of subjects and marital sexual functioning.

To test this hypothesis, each independent variable (religious

rigidity and religious closed-mindedness) and each moderator variable (sex, age, education, and duration of marriage) was correlated with the following dependent variables: the overall marital sexual functioning index, and the other indices of sexual interest, sexual inhibition, sexual responsivity, sexual anxiety, sexual guilt, sexual shame, sexual foreplay, sexual disgust, sexual frequency, and sexual pleasure.

The results of the testing of hypothesis 1 at the .05 level with 1 and 215 degrees of freedom are found in table 3. The table shows the following:

Religious rigidity correlated significantly with the eleven indices of marital sexual functioning scale and all of its indices with correlations ranging from a low of .139 on the sexual anxiety index, to a high of .332 on the overall marital sexual functioning index (all values included in the remainder of this chapter are absolute values). Religious closed-mindedness correlated significantly with the overall marital sexual functioning index and all the other indices except sexual anxiety and sexual shame. The significant correlations ranged from .137 on the sexual disgust index to .294 on the overall marital sexual functioning index. Sex correlated significantly with the following indices: overall marital sexual functioning, sexual inhibition, sexual responsivity, and sexual pleasure. The significant correlations ranged from .163 on the overall marital sexual functioning index to .223 on the sexual inhibition index. Age correlated significantly with the overall marital sexual functioning index and all other indices except sexual anxiety. The significant

TABLE 3
CORRELATION MATRIX ANALYSIS FOR HYPOTHESIS 1

Dependent Variables	Rigidity	Closed- mindedness	Sex	Age	Education	Duration of Marriage
Positive Scales						
Overall Marital Sexual Functioning	-.332*	-.295*	-.163*	-.317*	.456*	.242*
Sexual Interest	-.276*	-.256*	-.058	-.283*	.341*	.237*
Sexual Responsivity	-.187*	-.227*	-.192*	-.167*	.372*	.117
Sexual Foreplay	-.284*	-.243*	-.063	-.375*	.321*	.282
Sexual Frequency	-.169*	-.171*	-.022	-.153*	.206*	.080
Sexual Pleasure	-.222*	-.247*	-.185*	-.227*	.335*	.161*
Negative Scales						
Sexual Inhibition	.263*	.245*	.223*	.248*	-.369*	-.188*
Sexual Anxiety	.139*	.128	.133	.173	-.303*	-.022
Sexual Guilt	.324*	.251*	.091	.232*	-.286*	-.201*
Sexual Shame	.162*	.081	.079	.214*	-.259*	-.171*
Sexual Disgust	.204*	.137*	.110	.154*	-.305*	-.113

*Significant correlations at the .05 level with 1 and 215 degrees of freedom.

correlations range from .153 on the sexual frequency index to .374 on the sexual foreplay index. Education correlated significantly with the overall marital sexual functioning index and all other indices with correlations ranging from .206 on the sexual frequency index to .456 on the overall marital sexual functioning index. Duration of marriage correlated significantly with the following indices: overall marital sexual functioning, sexual interest, sexual inhibition, sexual guilt, sexual shame, sexual foreplay, and sexual pleasure. The significant correlations ranged from .161 on the sexual pleasure index to .281 on the sexual foreplay index.

In summary, table 3 shows the moderator variable of education as being the best predictor of marital sexual functioning, having obtained higher correlations than the other independent or predictor variable in most cases. It correlated positively with the positive scales, and negatively with the negative scales indicating that as education increases marital sexual functioning increases. This and following interpretations do not suggest cause and effect relationships. They refer to the findings based on the sample subjects used for this investigation.

Of the two independent variables, religious rigidity was a significant predictor with more variables than religious closed-mindedness, as well as having obtained higher correlations in most cases. The significant correlations of both variables indicate that as religious rigidity and religious closed-mindedness increase, marital sexual functioning decreases.

As a predictor of marital sexual functioning, age appears to be of equal importance as religious rigidity and closed-mindedness

in this model. Its ten significant correlations indicate that as age increases marital sexual functioning decreases.

Sex, on the other hand, was not a very good predictor of marital sexual function. Its significant correlations with the overall marital sexual functioning index and only three other indices indicate that males tend toward higher sexual functioning than females on these indices.

Duration of marriage was a better predictor of marital sexual functioning than sex, having obtained significant correlations on the total scale of marital sexual functioning and six indices. These correlations indicate that as duration of marriage increases marital sexual functioning increases on these indices.

Hypothesis 2

The BMDP2R program which generated the correlation matrix that produced information for testing hypothesis 1 was also used for analyzing the data relative to hypotheses 2 to 5. This program is designed to build models by adding the best predictors of the dependent variable under investigation. These predictors are added until there is no significant increase in R^2 . The program then stops at this point so that variables that do not contribute significantly to R^2 are not entered or included in the model.

It should be noted that the squared multiple correlation or R^2 (used in the preceding paragraph) rather than the multiple correlation or R is used during the remainder of this chapter, because the remaining hypotheses under investigation deal with the contribution of the independent variables in addition to, or controlled for, other

variables. Also, the step-wise regression program used to test these hypotheses is designed to produce the cumulative proportion of the variance of the dependent variable being predicted at each step in the regression equation. Therefore, the squared multiple correlation or R^2 which is an additive value is used instead of the multiple correlation or R which is not an additive value. For example, the variable of education (as seen in table 6 on p. 93) was entered as the first variable in the regression equation for predicting overall marital sexual functioning, obtaining an R^2 of .208. Age was entered next and as a single variable obtained an R^2 of .037. However, age in addition to education obtained an R^2 of .208 plus .037, which is .245. R^2 describes the percentage of variance of the dependent variable accounted for by the independent variable.

Neither the multiple correlation (R) nor the squared multiple correlation (R^2) carries a sign to determine the direction of the existing relationship between the independent and dependent variables. The signs of the standardized regression coefficients or beta weights, therefore, will be used to indicate the direction of the relationships. These beta weights can be roughly interpreted as similar to the zero order correlation in which a zero indicates no relationship, and a one, a full (perfect) relationship. The remaining tables focus on the squared multiple correlation (R^2), and standardized regression coefficients or beta weights.

The null hypothesis tested for hypothesis 2 was: There is no significant relationship between the linear combination of religious rigidity and religious closed-mindedness, and marital sexual functioning.

The BMDP2R program tried to enter both religious rigidity and religious closed-mindedness. However, table 4 shows that at no time did these two variables appear as a combined predictor of marital sexual functioning. This indicates that when combined with religious rigidity, religious closed-mindedness did not contribute significantly to the prediction of R^2 for marital sexual functioning. Conversely, religious rigidity, in addition to religious closed-mindedness, did not contribute significantly to the prediction of R^2 . The nonsignificant contribution of each religious orthodoxy scale in combination with the other scale was probably due to the high correlation of .80 that was found between them.

Table 4 shows only the R^2 s for the significant variables. Significant R^2 s were obtained for religious rigidity and the overall marital sexual functioning index and seven other indices (sexual interest, sexual inhibition, sexual anxiety, sexual guilt, sexual shame, sexual foreplay, and sexual disgust). The R^2 s were fairly low, ranging from .019 on the sexual anxiety index to .109 on the overall marital sexual functioning index.

Significant R^2 s were obtained for religious closed-mindedness and three of the indices of marital sexual functioning (sexual responsivity, sexual frequency, and sexual pleasure). The R^2 s for religious closed-mindedness were also quite low, ranging from .029 on the sexual frequency index, to .061 on the sexual pleasure index.

In summary, the BMDP2R program did not use religious rigidity and religious closed-mindedness as a combined predictor of marital sexual functioning because together they did not significantly contribute to the prediction of R^2 . However, when analyzed separately,

TABLE 4
 RELATIONSHIP OF THE COMBINATION OF RIGIDITY AND
 CLOSED-MINDEDNESS, AND MARITAL SEXUAL
 FUNCTIONING
 ANALYSIS FOR HYPOTHESIS 2

Dependent Variables	Significant Independent Variables	R ² *
Positive Scales		
Overall Marital Sexual Functioning	Rigidity	.110
Sexual Interest	Rigidity	.076
Sexual Responsivity	Closed-mindedness	.052
Sexual Foreplay	Rigidity	.081
Sexual Frequency	Closed-mindedness	.029
Sexual Pleasure	Closed-mindedness	.061
Negative Scales		
Sexual Inhibition	Rigidity	.069
Sexual Anxiety	Rigidity	.019
Sexual Guilt	Rigidity	.108
Sexual Shame	Rigidity	.026
Sexual Disgust	Rigidity	.042

*All R² represented are significant at the .05 level with 1 and 215 degrees of freedom.

religious rigidity obtained more significant correlations than religious closed-mindedness, and was, therefore, the better overall predictor of marital sexual functioning.

Hypothesis 3

The null hypothesis tested was: There is no significant relationship between marital sexual functioning and the linear combination of religious rigidity, religious closed-mindedness, age, sex, education, and duration of marriage.

To test this hypothesis, the BMDP2R program was used. The program tried to enter each of the six variables (beginning with the best predictor) in an effort to determine whether all the variables, when combined, significantly contributed to the R^2 of each dependent variable. Table 5 shows the results of the analysis for each dependent variable. They are as follows:

Four of the six variables (religious rigidity, sex, age, and education) were significant variables in a model for predicting overall marital sexual functioning. The four significant variables explained 31.3 percent of the variance of overall marital sexual functioning. The significant standardized regression coefficients or beta weights for this model ranged from .192 on age to .336 on education and are of fairly moderate size. The signs of the beta weights indicate that as religious rigidity and age increase, overall marital sexual functioning increases, and females (high coded score in sex variable in which 1 = male and 2 = female) show lower overall marital sexual functioning than males.

Three variables (religious rigidity, age, and education) were

TABLE 5
SIGNIFICANT STANDARDIZED REGRESSION
COEFFICIENTS (BETA WEIGHTS)
ANALYSIS FOR HYPOTHESIS 3

Dependent Variables	Rigidity	Closed- Mindedness	Sex	Age	Education	Duration of Marriage	R ²
Positive Scale							
Overall Marital Functioning	-.201	NS	-.202	-.192	.336	NS	.313
Sexual Interest	-.160	NS	NS	-.179	.237	NS	.175
Sexual Responsivity	NS	-.145	-.198	NS	.337	NS	.196
Sexual Foreplay	-.163	NS	NS	-.286	.184	NS	.213
Sexual Frequency	NS	NS	NS	NS	.206	NS	.042
Sexual Pleasure	NS	-.158	-.202	-.137	.256	NS	.193
Negative Scales							
Sexual Inhibition	.167	NS	.255	.154	-.272	NS	.239
Sexual Anxiety	NS	NS	.136	NS	-.305	NS	.110
Sexual Guilt	.258	NS	NS	NS	-.202	NS	.141
Sexual Shame	NS	NS	NS	.152	-.215	NS	.088
Sexual Disgust	NS	NS	NS	NS	-.304	NS	.092

the significant variables in a model for predicting sexual interest. The three significant variables as a combined predictor explained 17.5 percent of the variance of sexual interest. The beta weights for this model ranged from .160 on rigidity to .237 on education. The signs of the beta weights indicate that as religious rigidity and age increase, sexual interest decreases; as education increases, sexual interest increases.

Four variables (religious rigidity, sex, age, and education) were the significant variables in a model for predicting sexual inhibition. The four significant variables as a combined predictor explained 23.7 percent of the variance of sexual inhibition. The beta weights ranged from .154 on age to .237 on education. The signs of beta weights indicate that as religious rigidity and age increase, sexual inhibition increases; as education increases, sexual inhibition decreases; and females show higher sexual inhibition than males.

Religious closed-mindedness, sex, and education were the significant variables in a model for predicting sexual responsiveness. The three variables as a combined predictor explained 19.6 percent of the variance of sexual responsiveness. The beta weights ranged from .145 on closed-mindedness to .337 on education. The signs of the beta weights indicate that as religious closed-mindedness increases, sexual responsiveness decreases; as education increases, sexual responsiveness increases; and females show lower sexual responsiveness than males.

Only two variables (sex and education) were significant in a model for predicting sexual anxiety. The two variables, when combined, predicted 11 percent of the variance of sexual anxiety. The beta weights were .136 for sex and .305 for education. The signs of

the beta weights indicate that as education increases, sexual anxiety increases; and females show higher sexual anxiety than males.

Only two variables (religious rigidity and education) were significant in a model for predicting sexual guilt. When combined, religious rigidity and education explained 14.1 percent of the variance of sexual guilt. The beta weights were .202 for education and .258 for rigidity. The signs of the beta weights indicate that as religious rigidity increases, sexual guilt increases; and as education increases, sexual guilt decreases.

Age and education were the only variables which were significant in a model for predicting sexual shame. The combined predictors of age and education explained 8.8 percent of the variance of sexual shame. The beta weights were .152 for age and .215 for education. The signs of the beta weights indicate that as age increases, sexual shame increases; and as education increases, sexual shame decreases.

Three variables (religious rigidity, age, and education) were significant in a model for predicting sexual foreplay. The combined predictor of religious rigidity, age, and education explained 21.2 percent of the variance of sexual foreplay. The beta weights ranged from .163 on rigidity to .286 on age. The signs of the beta weights indicate that as religious rigidity and age increase, sexual foreplay decreases; and as education increases, sexual foreplay increases.

Education was the only significant variable in a model for predicting sexual disgust. It explained 9.2 percent of its variance and had a beta weight of .304. The sign of the beta weight indicates that as education increases, sexual disgust decreases.

Similar to sexual disgust, education was the only significant

variable in a model for predicting sexual frequency. It explained 4.2 percent of its variance and had a beta weight of .206. The sign of the beta weight indicates that as education increases, sexual frequency increases.

Four variables (religious closed-mindedness, sex, age, and education) were significant in a model for predicting sexual pleasure. The four variables, when combined, explained 19.3 percent of the variance of sexual pleasure. The beta weights ranged from .158 on closed-mindedness to .256 on education. The signs of the beta weights indicate that as religious closed-mindedness, and age increase, sexual pleasure decreases; as education increases, sexual pleasure increases; and females show lower sexual pleasure than males.

In summary, education appeared to be the best predictor of marital sexual functioning, having been included in every model as well as having obtained the highest beta weights in most cases. Age follows education as being the next best predictor of marital sexual functioning, having obtained six significant beta weights.

Religious rigidity and sex are shown as following age as significant contributors to marital sexual functioning, each having obtained five significant beta weights. Religious closed-mindedness obtained only two significant beta weights, with the two variables with which it has formerly had a higher zero order correlation than religious rigidity (see table 3).

Duration of marriage was not a significant variable in any of the models. It was excluded in all eleven cases, indicating that it did not contribute significantly to the variance of marital sexual functioning in combination with the other predictors.

Hypothesis 4A

The BMDP2R step-wise regression program was used to test hypotheses 4A to 4D. This program is designed to determine the contribution of an independent or moderator variable to R^2 , controlling for the effects of the preceding variable(s), or its contribution to R^2 in addition to the preceding variables(s). This program enters the most significant variable first in the regression equation. The other variables are then entered by steps in order of their significance. The program then stops at the point where a variable does not significantly contribute to R^2 in addition to the preceding variable(s) in the regression equation.

The null hypothesis tested for hypothesis 4A was: There is no significant relationship between religious rigidity and marital sexual functioning controlling for sex, age, education, and duration of marriage of the subjects.

Table 6 presents a summary of the results of the step-wise regression analysis. It shows that in five of the eleven cases religious rigidity was significant in addition to the significant moderator variables which were entered in the regression equation, i.e., there was a significant relationship between religious rigidity and the overall marital sexual functioning index and four other indices (sexual interest, sexual inhibition, sexual guilt, and sexual foreplay) when the effects of the significant moderator variables were controlled.

The moderator variables controlled were education in all cases, age in seven cases (overall marital sexual functioning, sexual interest, sexual inhibition, sexual guilt, sexual shame, sexual

TABLE 6
 RIGIDITY CONTROLLED FOR THE MODERATOR VARIABLES
 ANALYSIS FOR HYPOTHESIS 4A

Dependent Variables	Steps	Significant Variables	Standardized Regression coefficients (Beta Weights)	Cumulative R ² for Significant Variables	R ² Added
Positive Scales					
Overall Marital	1	Education	.336	.208	.208
Sexual Functioning	2	Age	-.192	.245	.037
	3	Sex	-.202	.278	.034
	4	Rigidity	-.201	.314	.035
Sexual Interest	1	Education	.237	.117	.117
	2	Age	-.179	.153	.037
	3	Rigidity	-.160	.176	.023
Sexual Responsivity	1	Education	.374	.139	.139
	2	Sex	-.196	.177	.038
Sexual Foreplay	1	Age	-.355	.140	.140
	2	Education	.344	.190	.049
	3	Duration of Marriage	.182	.205	.016
	4	Rigidity	-.186	.223	.018
Sexual Frequency	1	Education	.206	.042	.042

Table 6 continued

Dependent Variables	Steps	Significant Variables	Standardized Regression coefficients (Beta Weights)	Cumulative R ² for Significant Variables	R ² Added
Sexual Pleasure	1	Education	.290	.112	.112
	2	Sex	-.200	.148	.035
	3	Age	-.159	.170	.023
Negative Scales					
Sexual Inhibition	1	Education	-.272	.136	.136
	2	Sex	.255	.188	.051
	3	Age	.154	.215	.028
	4	Rigidity	.167	.239	.024
Sexual Anxiety	1	Education	-.305	.092	.092
	2	Sex	.136	.111	.018
Sexual Guilt	1	Education	-.169	.082	.082
	2	Age	.131	.106	.024
	3	Rigidity	.241	.157	.051
Sexual Shame	1	Education	-.215	.067	.067
	2	Age	.152	.088	.021
Sexual Disgust	1	Education	-.304	.093	.093

foreplay, and sexual pleasure), sex in five cases (marital sexual functioning, sexual inhibition, sexual responsivity, sexual anxiety, and sexual pleasure), and duration of marriage in only one case (sexual foreplay).

In all cases the combined contribution of the moderator variables to the prediction of R^2 ranged from 4 percent on sexual frequency to 28 percent on the overall marital sexual functioning index (these numbers are the cumulative R^2 for the last moderator variables entered in the regression equation). Religious rigidity, when significant, added between 2 and 5 percent to the prediction of R^2 , with the highest contribution of 5.1 percent to the variance of sexual guilt and the lowest contribution of 1.8 percent to the variance of sexual foreplay. The total contribution of the significant moderator variables and religious rigidity to the prediction of R^2 ranged from 15.7 percent on sexual anxiety to 31.3 percent on the overall marital sexual functioning index.

Most of the beta weights for the eleven indices of marital sexual functioning were moderate. They ranged from .152 for age on the sexual shame index to .336 for education on the overall marital sexual functioning index.

The signs of the beta weights for all significant variables indicate that increasing education is significantly related to increasing overall marital sexual functioning, sexual interest, sexual responsivity, sexual foreplay, sexual frequency, sexual pleasure, and decreasing sexual inhibition, sexual anxiety, sexual guilt, sexual shame, and sexual disgust; increasing religious rigidity to decreasing overall marital sexual functioning, sexual interest, sexual foreplay,

and increasing sexual inhibition and sexual guilt; increasing age to decreasing overall marital sexual functioning, sexual interest, sexual foreplay, sexual pleasure, and increasing sexual inhibition, sexual guilt and sexual shame; increasing duration of marriage to decreasing sexual foreplay; and females show lower overall marital sexual functioning, sexual responsivity, sexual foreplay, and show higher sexual inhibition and sexual anxiety than males.

Hypothesis 4B

The null hypothesis tested was: There is no significant relationship between religious closed-mindedness and marital sexual functioning, controlling for sex, age, education, and duration of marriage of subjects.

Table 7 shows that in seven of the eleven cases religious closed-mindedness was significant in addition to the significant moderator variables which were entered in the regression equation, i.e., there was a significant relationship between religious closed-mindedness and overall marital sexual functioning, and six other indices (sexual interest, sexual inhibition, sexual responsivity, sexual guilt, sexual foreplay, and sexual pleasure) when the effects of the significant moderator variables were controlled.

The moderator variables controlled were sex, age, education, and duration of marriage. They appeared with the same variables and in the same order as religious rigidity in hypothesis 4A.

In all cases, the combined contribution of the moderator variables to the prediction of R^2 ranged from 4 percent on the sexual frequency index to 28 percent on the overall marital sexual functioning

TABLE 7
 CLOSED-MINDEDNESS CONTROLLED FOR THE MODERATOR VARIABLES
 ANALYSIS FOR HYPOTHESIS 4B

Dependent Variables	Steps	Significant Variables	Standardized Regression coefficients (Beta Weights)	Cumulative R ² for Significant Variables	R ² Added
Positive Scales					
Overall Marital Sexual Functioning	1	Education	.358	.208	.208
	2	Age	-.194	.245	.037
	3	Sex	-.185	.278	.034
	4	Closed-mindedness	-.168	.304	.026
Sexual Interest	1	Education	.249	.117	.117
	2	Age	-.179	.153	.037
	3	Closed-mindedness	-.156	.176	.022
Sexual Responsivity	1	Education	.337	.139	.139
	2	Sex	-.198	.177	.038
	3	Closed-mindedness	-.145	.196	.020
Sexual Foreplay	1	Age	-.525	.140	.140
	2	Education	.209	.190	.050
	3	Duration of Marriage	.266	.205	.015
	4	Closed-mindedness	-.129	.220	.015

Table 7 continued

Dependent Variables	Steps	Significant Variables	Standardized Regression coefficients (Beta Weights)	Cumulative R ² for Significant Variables	R ² Added
Sexual Frequency	1	Education	.206	.042	.042
Sexual Pleasure	1	Education	.256	.112	.112
	2	Sex	-.202	.147	.035
	3	Age	-.137	.170	.023
	4	Closed-mindedness	-.158	.193	.023
Negative Scales					
Sexual Inhibition	1	Education	-.289	.136	.136
	2	Sex	.241	.188	.051
	3	Age	.154	.215	.028
	4	Closed-mindedness	.144	.234	.019
Sexual Anxiety	1	Education	-.305	.092	.092
	2	Sex	.136	.111	.018
Sexual Guilt	1	Education	-.202	.082	.082
	2	Age	.138	.106	.024
	3	Closed-mindedness	.171	.133	.027
Sexual Shame	1	Education	-.215	.067	.067
	2	Age	.152	.088	.021
Sexual Disgust	1	Education	-.304	.093	.093

index. Religious closed-mindedness, when significant, added between 1 and 3 percent to the prediction of R^2 , with the highest contribution of 3 percent to the variance of sexual guilt, and the lowest contribution of 1.5 percent to the variance of sexual foreplay.

The total contribution of the combination of the moderator variables and religious closed-mindedness to R^2 ranged from 13 percent on sexual guilt to 30 percent on the overall marital sexual functioning index.

Most of the beta weights for the eleven indices of marital sexual functioning were moderate. They ranged from .129 for religious closed-mindedness on the sexual foreplay index to .525 for age on the same variable.

The signs of the beta weights indicate that increasing education is significantly related to increasing overall marital sexual functioning, sexual interest, sexual responsivity, sexual foreplay, sexual frequency, sexual pleasure, and decreasing sexual inhibition, sexual anxiety, sexual guilt, sexual shame, and sexual disgust; increasing age to decreasing overall marital sexual functioning, sexual interest, sexual foreplay, sexual pleasure, and increasing sexual inhibition, sexual guilt and sexual shame; increasing closed-mindedness to decreasing overall marital sexual functioning, sexual interest, sexual responsivity, sexual foreplay, sexual pleasure, and increasing sexual inhibition and sexual guilt; increasing duration of marriage to increasing sexual foreplay; and females show lower overall marital sexual functioning, sexual responsivity, sexual pleasure, and show higher sexual inhibition and sexual anxiety than males.

Hypothesis 4C

The null hypothesis tested was: There is no significant relationship between religious rigidity and marital sexual functioning, controlling for religious closed-mindedness, sex, age, education, and duration of marriage of subjects.

Table 8 shows that religious rigidity was significant only in one of the eleven cases (sexual guilt) in addition to the significant moderator variables (including religious closed-mindedness as a moderator variable in this hypothesis) which were entered into the regression equation. This can be explained based on the former analysis which indicates that because of the higher zero order correlation between religious rigidity and religious closed-mindedness, the two variables never appear together in a regression equation. Because religious closed-mindedness preceded religious rigidity in the regression equation, it was expected that of the two variables, religious closed-mindedness would have been the significant one.

Table 8 also shows that in six of the eleven cases (overall marital sexual functioning, sexual interest, sexual inhibition, sexual responsivity, sexual foreplay, and sexual pleasure), religious closed-mindedness was a significant contributor to R^2 . Other moderator variables controlled were education in all cases, age in six cases (overall marital sexual functioning, sexual interest, sexual inhibition, sexual shame, sexual foreplay, and sexual pleasure), and sex in five cases (overall marital sexual functioning, sexual responsivity, sexual pleasure, sexual inhibition, and sexual guilt). Duration of marriage was excluded from all cases because of its nonsignificant contribution to the prediction of R^2 in this model.

TABLE 8
RIGIDITY CONTROLLED FOR THE MODERATOR
VARIABLES AND CLOSED-MINDEDNESS
ANALYSIS FOR HYPOTHESIS 4C

Dependent Variables	Steps	Significant Variables	Standardized Regression coefficients (Beta Weights)	Cumulative R ² for Significant Variables	R ² Added
Positive Scales					
Overall Marital Sexual Functioning	1	Education	.358	.208	.208
	2	Age	-.194	.244	.037
	3	Sex	-.185	.278	.033
	4	Closed-mindedness	-.168	.304	.025
Sexual Interest	1	Education	.249	.116	.116
	2	Age	-.179	.153	.036
	3	Closed-mindedness	-.156	.175	.022
Sexual Responsivity	1	Education	.337	.138	.138
	2	Sex	-.198	.176	.038
	3	Closed-mindedness	-.145	.196	.019
Sexual Foreplay	1	Age	-.289	.140	.140
	2	Education	.203	.189	.049
	3	Closed-mindedness	-.123	.205	.016

Table 8 continued

Dependent Variables	Steps	Significant Variables	Standardized Regression coefficients (Beta Weights)	Cumulative R ² for Significant Variables	R ² Added
Sexual Frequency	1	Education	.206	.042	.042
Sexual Pleasure	1	Education	.256	.111	.111
	2	Sex	-.202	.147	.035
	3	Closed-mindedness	-.156	.176	.029
	4	Age	-.137	.193	.016
Negative Scales					
Sexual Inhibition	1	Education	-.289	.136	.136
	2	Sex	.241	.187	.051
	3	Age	.154	.215	.027
		Closed-mindedness	.144	.234	.019
Sexual Anxiety	1	Education	-.305	.092	.092
	2	Sex	.136	.110	.018
Sexual Guilt	1	Education	-.202	.081	.081
	2	Rigidity	.258	.157	.024
Sexual Shame	1	Education	-.215	.067	.067
	2	Age	.152	.088	.021
Sexual Disgust	1	Education	-.304	.092	.092

In all cases, the combined contribution of the controlled variables to the prediction of R^2 ranged from 4.2 percent on the sexual frequency index to 30.4 percent on overall marital sexual functioning index. Religious rigidity as a single significant predictor added 2.4 percent in explaining the variance of sexual guilt. The total contribution of the significant moderator variables and religious rigidity in predicting sexual guilt was 15.7 percent.

All the beta weights for the eleven indices of marital sexual functioning were moderate. They ranged from .123 for religious closed-mindedness on the sexual foreplay index to .358 for education on the overall marital sexual functioning index.

The signs of the beta weights for all significant variables indicate that increasing religious closed-mindedness is significantly related to decreasing overall marital sexual functioning, sexual interest, sexual responsivity, sexual foreplay, sexual pleasure, and increasing sexual inhibition; increasing education to increasing overall marital sexual functioning, sexual interest, sexual responsivity, sexual foreplay, sexual frequency, and sexual pleasure, and decreasing sexual inhibition, sexual anxiety, sexual guilt, sexual shame, and sexual disgust; increasing age to decreasing overall marital sexual functioning, sexual interest, sexual foreplay, and sexual pleasure and increasing sexual inhibition and sexual shame; and females show lower overall marital sexual functioning, sexual responsivity, sexual pleasure, and higher sexual inhibition and sexual anxiety than males.

Hypothesis 4D

The null hypothesis tested was: There is no significant relationship between religious closed-mindedness and marital sexual functioning, controlling for religious rigidity, sex, age, education, and duration of marriage.

Table 9 shows that religious closed-mindedness was significant only in two of the eleven cases (sexual responsivity and sexual pleasure, the two variables with which it was initially significantly correlated) in addition to the significant moderator variables (including religious rigidity as a moderator variable in this hypothesis) which were entered into the regression equation. The explanation given for the nonappearance of religious rigidity and religious closed-mindedness together in the regression equation also applies in this case. This situation is the reverse of the former situation, i.e., closed-mindedness was excluded in most cases because rigidity preceded it as a moderator variable in the regression equation. The other moderator variables controlled were education in all cases, age in six cases (overall marital sexual functioning, sexual interest, sexual inhibition, sexual shame, sexual foreplay, and sexual pleasure), religious rigidity in five cases (overall marital sexual functioning, sexual interest, sexual inhibition, sexual guilt, and sexual foreplay), and sex in five cases (overall marital sexual functioning, sexual inhibition, sexual responsivity, sexual anxiety, and sexual pleasure). Duration of marriage was again excluded because of its nonsignificant contribution to R^2 .

In all cases, the combined contribution of the controlled variables to the prediction of R^2 ranged from 4.2 percent for

TABLE 9
 CLOSED-MINDEDNESS CONTROLLED FOR THE
 MODERATOR VARIABLES AND RIGIDITY
 ANALYSIS FOR HYPOTHESES 4D

Dependent Variables	Steps	Significant Variables	Standardized Regression coefficients (Beta Weights)	Cumulative R ² for Significant Variables	R ² Added
Positive Scales					
Overall Marital Sexual Functioning	1	Education	.336	.207	.207
	2	Rigidity	-.201	.245	.037
	3	Sex	-.202	.280	.035
	4	Age	-.192	.313	.033
Sexual Interest	1	Education	.237	.116	.116
	2	Age	-.179	.153	.037
	3	Rigidity	-.160	.175	.022
Sexual Responsivity	1	Education	.272	.136	.136
	2	Sex	-.255	.187	.051
	3	Rigidity	-.167	.218	.030
	4	Age	-.154	.239	.021
Sexual Foreplay	1	Age	-.286	.140	.140
	2	Education	.184	.189	.049
	3	Rigidity	-.163	.212	.023
Sexual Frequency	1	Education	.206	.042	.042

Table 9 continued

Dependent Variables	Steps	Significant Variables	Standardized Regression coefficients (Beta Weights)	Cumulative R ² for Significant Variables	R ² Added
Sexual Pleasure	1	Education	.156	.112	.112
	2	Sex	-.202	.147	.035
	3	Age	-.137	.170	.022
	4	Closed-mindedness	-.158	.193	.022
Negative Scales					
Sexual Inhibition	1	Education	-.272	.136	.136
	2	Sex	.255	.187	.051
	3	Rigidity	.167	.218	.030
	4	Age	.154	.239	.021
Sexual Anxiety	1	Education	-.305	.092	.092
	2	Sex	.136	.110	.018
Sexual Guilt	1	Rigidity	.258	.105	.105
	2	Education	-.202	.141	.036
Sexual Shame	1	Education	-.215	.067	.067
	2	Age	.152	.088	.021
Sexual Disgust	1	Education	-.304	.092	.092

education on the sexual frequency index to 31.3 percent on overall marital sexual functioning. Religious closed-mindedness, when significant, added 1.9 percent in explaining the variance of sexual responsivity and 2.2 percent in explaining the variance of sexual pleasure. The total contribution of religious closed-mindedness and the significant moderator variable in predicting sexual responsivity was 19.8 percent and 19.3 percent in predicting sexual pleasure.

All the beta weights for the eleven indices of marital sexual functioning were moderate. The signs of the beta weights for all significant variables indicate that increasing religious rigidity is significantly related to decreasing overall marital sexual functioning, sexual interest, sexual foreplay, and increasing sexual inhibition and sexual guilt; increasing religious closed-mindedness to decreasing sexual responsivity, and sexual pleasure; increasing education to increasing overall marital sexual functioning, sexual interest, sexual responsivity, sexual foreplay, sexual frequency, and sexual pleasure, and decreasing sexual inhibition, sexual anxiety, sexual guilt, sexual shame, and sexual disgust; increasing age to decreasing overall marital sexual functioning, sexual interest, sexual foreplay, and sexual pleasure, and increasing sexual inhibition and sexual shame; and females show lower overall marital sexual functioning, sexual responsivity, and sexual pleasure, and higher sexual inhibition and sexual anxiety than males.

Hypothesis 5

The null hypothesis tested was: There is no significant relationship between marital sexual functioning and the linear combination

of religious rigidity and religious closed-mindedness, controlling for sex, age, education, and duration of marriage of subjects.

The BMDP2R program tried to enter religious rigidity and religious closed-mindedness together in addition to the significant moderator variables. However, table 10 shows that at no time did these two variables appear together in addition to the significant moderator variables. This indicates that when combined with religious rigidity, religious closed-mindedness did not contribute significantly to marital sexual functioning in addition to the significant moderator variables. Conversely, when combined with religious closed-mindedness religious rigidity did not contribute significantly to R^2 in addition to the significant moderator variables. The nonsignificant contribution of each orthodoxy scale in combination with the other scale and in addition to the moderator variables was probably due to the high correlation between them.

Table 10 shows the results of the analysis for hypothesis 5 to be very similar to the results of the analysis for hypothesis 4A except that in this hypothesis, religious closed-mindedness appeared twice as contributing significantly to the variables of sexual responsivity and sexual pleasure (variables with which it obtained high correlations initially).

Religious rigidity appeared as the better overall predictor of marital sexual functioning in this model, having contributed significantly in five of the eleven cases (overall marital sexual functioning, sexual interest, sexual inhibition, sexual guilt, and sexual foreplay) in addition to the significant moderator variables which were entered into the regression equation. The moderator

TABLE 10
 RELATIONSHIP OF THE COMBINATION OF RIGIDITY AND CLOSED-MINDEDNESS AND
 MARITAL SEXUAL FUNCTIONING CONTROLLED FOR THE MODERATOR VARIABLES
 ANALYSIS FOR HYPOTHESIS 5

Dependent Variables	Steps	Significant Variables	Standardized Regression coefficients (Beta Weights)	Cumulative R ² for Significant Variables	R ² Added
Positive Scales					
Overall Marital Sexual Functioning	1	Education	.336	.207	.208
	2	Age	-.192	.244	.037
	3	Sex	-.202	.278	.0333
	4	Rigidity	-.201	.313	.035
Sexual Interest	1	Education	.237	.116	.116
	2	Age	-.179	.153	.036
	3	Rigidity	-.160	.175	.022
Sexual Responsivity	1	Education	.337	.138	.138
	2	Sex	-.198	.176	.038
	3	Closed-mindedness	-.145	.196	.019
Sexual Foreplay	1	Age	-.355	.140	.140
	2	Education	.344	.189	.049
	3	Duration of Marriage	.182	.204	.015
	4	Rigidity	-.186	.222	.017
Sexual Frequency	1	Education	.206	.042	.042

Table 10 continued

Dependent Variables	Steps	Significant Variables	Standardized Regression coefficients (Beta Weights)	Cumulative R ² for Significant Variables	R ² Added
Sexual Pleasure	1	Education	.256	.111	.111
	2	Sex	-.202	.147	.035
	3	Age	-.137	.170	.022
	4	Closed-mindedness	-.158	.193	.022
Negative Scales					
Sexual Inhibition	1	Education	-.256	.111	.111
	2	Sex	.202	.147	.035
	3	Age	.137	.170	.022
	4	Closed-mindedness	.158	.193	.022
Sexual Anxiety	1	Education	-.305	.092	.092
	2	Sex	.136	.110	.018
Sexual Guilt	1	Education	-.169	.081	.081
	2	Age	.131	.105	.024
	3	Rigidity	.241	.156	.051
Sexual Shame	1	Education	-.215	.067	.067
	2	Age	.152	.088	.021
Sexual Disgust	1	Education	-.304	.092	.092

variables controlled were education in all cases, age in seven cases (overall marital sexual functioning, sexual interest, sexual inhibition, sexual guilt, sexual shame, sexual foreplay, and sexual disgust), and sex in five cases (overall marital sexual functioning, sexual inhibition, sexual responsivity, sexual anxiety, and sexual pleasure), and duration of marriage appeared in only one case (sexual foreplay).

In all cases, the combined contribution of the controlled variables to the prediction of R^2 ranged from 4.2 percent on the sexual frequency index to 33.7 percent for education on the sexual responsivity index. Religious rigidity, when significant, added between 1.7 percent for sexual foreplay and 5.1 percent for sexual guilt. The total contribution of religious rigidity and the significant moderator variables ranged from 15.6 percent on sexual guilt to 31.3 percent on the overall marital sexual functioning index.

All beta weights for marital sexual functioning and its ten indices were moderate. The signs of the beta weights indicate that increasing religious rigidity is significantly related to decreasing overall marital sexual functioning, sexual interest, sexual foreplay, and increasing sexual inhibition and sexual guilt; increasing religious closed-mindedness to decreasing sexual responsivity and sexual pleasure; increasing education to increasing overall marital sexual functioning, sexual interest, sexual responsivity, sexual foreplay, sexual frequency, and sexual pleasure, and decreasing sexual inhibition, sexual anxiety, sexual guilt, sexual shame, and sexual disgust; increasing age to decreasing overall marital sexual functioning, sexual interest, sexual foreplay, and sexual pleasure, and

increasing sexual inhibition, sexual guilt, and sexual disgust; increasing duration of marriage to increasing sexual foreplay; and females show lower overall marital sexual functioning, sexual responsivity, sexual pleasure, and higher sexual inhibition and sexual anxiety than males.

Findings Relative to the Model-building Statement

The model-building statement as advanced in chapter 3 concerns the best linear combination of the six variables (two independent and four moderator) which constitutes the best model for predicting marital sexual functioning. The BMDP9R "best" subsets program was used for the data analysis. This program is designed to analyze the various combinations of all the predictors and to determine the best combination of variables for predicting the dependent variable. Many of the best possible combinations or models are given so that choices can be made as to which model(s) constitute the best predictor of the dependent variable(s) under investigation using statistical and non-statistical criteria.

Table 11 shows the best models chosen for each of the eleven indices of marital sexual functioning. They were determined based upon the following criteria: (1) the professional judgment of the researcher based on theoretical consideration; (2) the proportion of variance each variable in the model accounts for, and whether it is significant or not; (3) the stability of the variables in the model, i.e., whether they are unchanging with different combinations of predictors; (4) the CP for the model (a statistical indication of bias existing in the model); and (5) the total amount of variance or R^2 accounted for by the model.

TABLE 11
 BEST MODELS FOR PREDICTING MARITAL SEXUAL FUNCTIONING
 ANALYSIS FOR MODEL-BUILDING STATEMENT

Dependent Variables	R ²	CP	Variables	T- Statistics	2-Tailed Significance	Contribution to R ²
Positive Scales						
Overall Marital Sexual Functioning	.320	5.34	Sex	-3.57	.000	.041
			Age	-2.76	.006	.024
			Education	5.54	.000	.098
			Duration of Marriage	1.43	.154	.006
			Rigidity	-3.01	.003	.029
Sexual Interest	.184	3.60	Sex	-1.25	.114	.008
			Age	-2.81	.005	.030
			Education	3.44	.001	.045
			Rigidity	-2.55	.012	.024
Sexual Responsivity	.196	5.33	Sex	-3.23	.001	.039
			Education	5.30	.000	.106
			Closed- mindedness	-2.28	.024	.019
Sexual Foreplay	.222	3.34	Age	-3.52	.001	.045
			Education	2.93	.004	.031
			Duration of Marriage	1.63	.105	.009
			Rigidity	-2.20	.029	.017

Table 11 continued

Dependent Variables	R ²	CP	Variables	T- Statistics	2-Tailed Significance	Contribution to R ²
Sexual Frequency	.080	3.12	Age	-2.32	.021	.023
			Education	2.24	.026	.021
			Duration of Marriage	1.94	.050	.016
			Closed-mindedness	-1.61	.109	.011
Sexual Pleasure	.204	5.20	Sex	-3.35	.001	.042
			Age	-2.56	.011	.024
			Education	3.98	.000	.059
			Duration of Marriage	1.77	.078	.011
			Closed-mindedness	-2.41	.017	.021
Negative Scales						
Sexual Inhibition	.239	4.78	Sex	4.23	.000	.064
			Age	2.43	.016	.021
			Education	-4.17	.000	.062
			Rigidity	2.61	.010	.024
Sexual Anxiety	.110	2.72	Sex	2.11	.036	.018
			Education	-4.73	.000	.092
Sexual Guilt	.173	3.59	Sex	2.06	.040	.016
			Age	2.12	.035	.017
			Education	-2.40	.017	.022
			Rigidity	3.80	.000	.056

Table 11 continued

Dependent Variables	R ²	CP	Variables	T- Statistics	2-Tailed Significance	Contribution to R ²
Sexual Shame	.097	5.01	Sex	1.44	.150	.008
			Age	2.34	.020	.023
			Education	-3.14	.002	.041
Sexual Disgust	.120	3.38	Sex	1.95	.052	.015
			Education	-3.87	.000	.061
			Rigidity	1.91	.057	.015

It should be noted that a model might be chosen as the best model with a nonsignificant variable (not significant at the .05 level used throughout this study) included as were the cases of duration of marriage (included in the best model for predicting marital sexual functioning sexual foreplay and sexual pleasure), sex (included in the best model for predicting sexual interest, sexual shame, and sexual disgust), religious rigidity (included in the best model for predicting sexual disgust), and religious closed-mindedness (included in the best model for predicting sexual frequency). These models were chosen because, overall, when compared with other good models, they constituted the best combinations of variables for predicting marital sexual functioning.

Five variables (sex, age, education, duration of marriage, and religious rigidity) were included in the best model for predicting overall marital sexual functioning, with education being the biggest contributor, having explained 9.8 percent of its variance, and duration of marriage the least contributor, having explained less than 1 percent of its variance.

Sex, age, education, and religious rigidity were the variables in the best model for predicting sexual interest, with education being the biggest contributor (4 percent), and sex the least contributor, having explained less than 1 percent of the variance of sexual interest.

The variables which constituted the best model for predicting sexual interest also constituted the best model for predicting sexual inhibition. Sex was the biggest contributor (6.4%) and age the least contributor, having explained only 2.1 percent of the variance of sexual inhibition.

Three variables (sex, education, and religious closed-mindedness) formed the best model for predicting sexual responsiveness. Education accounted for 10 percent of the variance, sex 4 percent, and religious closed-mindedness only 2 percent.

Only sex and education formed the best model for predicting sexual anxiety with education explaining 9 percent and sex 2 percent of the variance of sexual anxiety.

Sex, age, education, and religious rigidity were included in the best model for predicting sexual guilt. Their contribution ranged from 5.6 percent for religious rigidity to 1.6 percent for sex.

The variables included in the best model for predicting sexual shame were sex, age, and education with education explaining 4 percent, age 2 percent, and sex less than 1 percent of its variance.

Four variables (age, education, duration of marriage and religious rigidity) constituted the best model for predicting sexual foreplay. Their contribution to explaining its variance ranged from 4.5 percent for age to less than 1 percent for duration of marriage.

Sex, education, and religious rigidity were the variables which formed the best model for predicting sexual disgust. Their contribution to explaining its variance was 6 percent for education and 1.5 percent for sex and religious rigidity.

Four variables (age, education, duration of marriage, and religious closed-mindedness) were included in the best model for predicting sexual frequency. Their contribution ranged from 2.3 percent for age to 1.1 percent for religious closed-mindedness.

Five variables (sex, age, education, duration of marriage, and religious closed-mindedness) formed the best model for predicting

sexual pleasure. Their contribution ranged from 5 percent for education to 1 percent for duration of marriage.

In summary, education appeared in all models, and its contribution to R^2 was higher than any other variable in most cases. Sex and age appeared nine and eight times, respectively. Religious rigidity appeared six times, duration of marriage four times, and religious closed-mindedness three times.

The signs of the T-statistics for all the significant variables in the models indicate that increasing age is significantly related to decreasing overall marital sexual functioning, sexual interest, sexual foreplay, sexual frequency, and sexual pleasure, and increasing sexual inhibition, sexual guilt, and sexual shame; increasing education to increasing overall marital sexual functioning, sexual interest, sexual responsivity, sexual foreplay, sexual frequency, and sexual pleasure, and decreasing sexual inhibition, sexual anxiety, sexual guilt, sexual shame, and sexual disgust; increasing religious rigidity to decreasing overall marital sexual functioning, sexual interest, and sexual foreplay, and increasing sexual inhibition and sexual guilt; increasing religious closed-mindedness to decreasing sexual responsivity and sexual pleasure.; and females show lower overall marital sexual functioning, sexual responsivity, and sexual pleasure, and increasing sexual inhibition, sexual anxiety and sexual guilt than males. No significant relationships were found between duration of marriage and any of the eleven indices of marital sexual functioning; sex and sexual interest, sex and sexual shame, and sex and sexual disgust; religious rigidity and sexual disgust; and religious closed-mindedness and sexual frequency.

Summary of Findings

The purpose of the study, as mentioned in Chapter I was to empirically investigate the relationship between religious orthodoxy and marital sexual functioning. Five null hypotheses and a model-building statement, therefore, were generated to test this relationship. Two independent variables (postulated dimensions of religious orthodoxy), religious rigidity and religious closed-mindedness, were used as predictors of marital sexual functioning, with the effects of four moderator variables (sex, age, education, and duration of marriage) controlled.

Of the two independent variables, religious rigidity appeared as being a better predictor of marital sexual functioning than religious closed-mindedness. As a single predictor, it not only obtained more significant zero order correlations than religious closed-mindedness, but obtained higher correlations in most cases. However, when used as a combined predictor of marital sexual functioning, both variables did not significantly contribute to the prediction of R^2 , which was probably due to the high correlation found between them. The separate significant contribution of each variable to marital sexual functioning ranged from .019 to .110 for religious rigidity, and .029 to .061 for religious closed-mindedness. However, when the effects of the moderator variables (sex, age, education, and duration of marriage) were removed from religious rigidity and religious closed-mindedness, their significant contribution to the prediction of R^2 was reduced considerably. This indicates that a great proportion of the variance of marital sexual functioning was now accounted for by the moderator variables.

Among the moderator variables, education was the biggest contributor to the prediction of R^2 . Not only did it significantly contribute to the prediction of all the eleven indices of marital sexual functioning, but the proportions of variance predicted were bigger than the proportions of variance predicted by each of the other variables (including religious rigidity and religious closed-mindedness). Age followed education as being a significant contributor to the prediction of the variance of R^2 . Overall, it was equally as good a predictor as religious rigidity. Sex, although not as good a predictor as education and age, consistently contributed to the prediction of the variance of five indices of marital sexual functioning. Duration of marriage contributed minimally to the prediction of R^2 , i.e., it contributed only to the prediction of the variance of sexual foreplay in the controlled models (see tables 5-11).

Six variables (two independent: religious rigidity and religious closed-mindedness; and four moderator variables: sex, age, education, and duration of marriage) constituted the set of variables which was used for predicting each of the eleven indices of marital sexual functioning. These indices fell into three categories: those which obtained low R^2 , ranging from .042 to .141; those which obtained moderate R^2 , ranging from .175 to .239; and one which obtained an R^2 of .313.

Tables 5-11 show that the indices (sexual frequency, sexual anxiety, sexual guilt, sexual shame, and sexual disgust) which fell into the low category, had not more than two variables forming their significant predicted models. These variables were moderator variables, and an independent variable (religious rigidity and

religious closed-mindedness) was never included.

The indices (sexual interest, sexual responsivity, sexual foreplay, sexual pleasure, and sexual inhibition) which fell into the moderate category, had not less than three variables forming their significant predicted models. An independent variable was always included among the variables.

Overall marital sexual functioning was the only index which fell into the high category, having obtained an R^2 of .313. Four variables, including an independent variable, formed its significant predicted model.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

This chapter presents a summary of the purpose of the study, the literature reviewed, and the methodology employed in this investigation. It also contains a discussion of the conclusions and implications relative to the findings obtained as well as some pertinent recommendations.

Summary

Introduction

Many clinicians have observed that the phenomenon described as religious orthodoxy is a major contributing factor to marital sexual dysfunction (Masters & Johnson, 1970; Kaplan, 1974, 1979; Ellis, 1980; Spillman, 1972; Lazarus, 1978; LoPiccolo, 1978, etc.). For example, Masters and Johnson (1970), two of the leading clinical authorities in the area, declare: "While the multiplicity of etiological influences is acknowledged, the factor of religious orthodoxy still remains of major import in primary orgasmic dysfunction as in almost every form of human sexual inadequacy" (p. 221). Despite the abundance of clinical information, no empirical data, as far as could be determined, have been found to support the theory of a relationship between religious orthodoxy and marital sexual functioning.

Purpose of the Study

The purpose of this study, therefore, was to examine the relationship between religious orthodoxy (defined in this study as religious rigidity and religious closed-mindedness) and marital sexual functioning in a religious sample in an attempt to empirically verify whether a significant relationship exists between religious orthodoxy and marital sexual functioning.

Literature Reviewed

Despite the fact that no study was found which attempted to test the hypotheses asserted in this investigation, some literary material (both research studies and clinical data) which helped to form a theoretical framework for the hypotheses was reviewed under the following subdivisions.

1. Literature on the relationship between religious factors (e.g., religiosity) and sexual attitudes and behaviors.
2. Literature on the relationship between religiosity and marital sexual functioning.
3. Literature on the clinical phenomenology of sexual dysfunction with religious orthodoxy as a contributing factor.

Methodology

The research approach of this study conformed to the pattern of the Analytical Survey Method (ex post facto). The study followed a multiple-regression design, i.e., it investigated the relationship between religious orthodoxy (religious rigidity and religious closed-mindedness) and marital sexual functioning, controlling for the

effects of four moderator variables: sex, age, education, and duration of marriage of subjects.

Two Likert-type scales were developed in this study: the religious orthodoxy scale and the marital sexual functioning scale. The religious-orthodoxy scale contained two subscales (religious rigidity subscale and religious closed-mindedness subscale) which were used to measure religious rigidity and religious closed-mindedness (postulated dimensions of religious orthodoxy), respectively. The marital sexual functioning scale was designed to measure eleven indices of marital sexual functioning. A pilot study was done to check the reliability and validity of each scale. The results of these pilot studies indicate that both scales were sufficiently reliable and valid for use in this investigation.

Two hundred and seventeen subjects from four Catholic churches, seven Protestant churches (two Pentecostal, three Baptist, and two Seventh-day Adventist), and two Jewish synagogues (conservative and orthodox) responded to both instruments.

The data gathered by the instruments were analyzed using BMDP multiple-regression programs (i.e., BMDP2R, Step-wise regression program and BMDP9R, "best" subsets program). The analyses were carried out on the Xerox Sigma 6 Computer at Andrews University Computer Center and were based on five null hypotheses and a model-building statement.

Conclusions

The relationship between religious orthodoxy and marital sexual functioning was investigated, i.e., the two subvariables of

religious rigidity and religious closed-mindedness were each correlated with each of the eleven indices of marital sexual functioning. In addition, the effects of four moderator variables (sex, age, education, and duration of marriage of subjects) on the independent variables were studied. The conclusions for all the analyses are as follows:

Religious Rigidity

Religious rigidity (without the removal of the effects of the moderator variables) correlated significantly with the eleven indices of marital sexual functioning, with the majority of zero order correlations being of low to moderate size. The results of the analyses as shown in table 3 indicate that the more rigid subjects rated themselves as being, the less sexually functional they were overall, the less interest they showed in marital sex, the less sexually responsive they were, the less frequently they indulged in sexual foreplay, and sexual intercourse, and the less pleasure they derived from marital sex. Also, the more rigid they reported themselves as being, the more sexually inhibited they were, and the more sexual anxiety, guilt, shame and disgust they experienced.

When religious rigidity and religious closed-mindedness were considered together as a combined predictor of marital sexual functioning, only one variable was found to be a significant predictor for the eleven indices of marital sexual functioning. Religious rigidity emerged as that variable. It was the better overall predictor of marital sexual functioning, having significantly contributed to the prediction of the variance of eight of its eleven indices.

The overall contribution of religious rigidity to marital sexual functioning continued to decrease when the effects of the four moderator variables (sex, age, education, and duration of marriage) were controlled. It did not significantly predict six of the indices of marital sexual functioning (sexual responsiveness, sexual frequency, sexual pleasure, sexual anxiety, sexual shame, and sexual disgust). However, it is important to note that religious rigidity (with the effects of the moderator variables removed) was still able to significantly predict overall marital sexual functioning, and the indices of sexual interest, sexual foreplay, sexual inhibition, and sexual guilt. Therefore, increasing religious rigidity was subsequently associated with decreasing overall marital sexual functioning, sexual interest, sexual foreplay, and increasing sexual inhibition and sexual guilt, but not with decreasing sexual responsiveness, sexual frequency, and sexual pleasure and increasing sexual anxiety, sexual shame, and sexual disgust, as formerly stated in the section for the zero-order correlations.

Religious Closed-mindedness

Overall, religious closed-mindedness (without the removal of the effects of the moderator variables) was not as big a predictor as was religious rigidity. It significantly correlated with nine of the eleven indices of marital sexual functioning with its zero-order correlations being smaller in most cases.

When religious closed-mindedness and religious rigidity were considered together as a combined predictor of marital sexual functioning, religious closed-mindedness emerged as the significant

predictor of choice for only three of its eleven indices. This suggested: (1) that there is a high correlation between the two variables, and (2) that religious rigidity might be the only significant or real predictor of marital sexual functioning. Further information from tables 6-11 indicates that although religious closed-mindedness contributed significantly to the prediction of R^2 in the controlled models, its contribution was made on occasions where it did not appear with religious rigidity in the same regression equation and where, having appeared in the same regression equation, preceded religious rigidity. However, in situations where religious rigidity and religious closed-mindedness had an equal probability of being chosen as either independent variable to be included in the best models for predicting each of the eleven indices of marital sexual functioning (e.g., BMDP9R "best" subsets program used for model-building statement), religious rigidity in the majority of cases was the variable of choice. Religious closed-mindedness appeared only in the three best models for predicting the three indices with which it initially correlated and with which it maintained such correlations throughout the analyses (see table 11). However, it should be noted that these three indices also obtained significant zero-order correlations with religious rigidity, but the fact that these correlations were higher for religious closed-mindedness (the only three higher correlations) than for religious rigidity might account for their being associated with religious closed-mindedness instead of religious rigidity throughout the analyses.

In summary, therefore, religious rigidity rather than religious closed-mindedness is considered as being the better

predictor of marital sexual functioning in this investigation for the following reasons:

1. When correlated separately with the eleven indices of marital sexual functioning, religious rigidity obtained more correlations as well as higher correlations in most cases than religious closed-mindedness (see table 3).

2. When entered together in the regression equation only one variable was significant in each of the analyses. Religious rigidity obtained more significant R^2 s than religious closed-mindedness, having obtained significant R^2 s in the majority of cases (see table 4).

3. In the controlled models, religious rigidity was the better predictor of the variance of marital sexual functioning, having appeared in the majority of cases. Religious closed-mindedness appeared only three times, and only in the cases in which religious rigidity did not appear (see tables 5-10).

4. Given an equal probability of being chosen for inclusion into the best models for predicting marital sexual functioning, religious rigidity instead of religious closed-mindedness was chosen in the majority of cases (see table 11).

The Moderator Variables

Among the moderator variables, education explained more of the variance of marital sexual functioning than any other moderator variable. Not only was the overall contribution of education larger than that of religious rigidity and religious closed-mindedness to marital sexual functioning, but education significantly contributed

to all its eleven indices on all occasions (see table 3-11) and was the only predictor of sexual frequency and sexual disgust in the controlled models (see tables 6-10). In all cases, education correlated positively with all the positive indices (i.e., as education increases overall marital sexual functioning, sexual interest, sexual responsiveness, sexual foreplay, sexual frequency, and sexual pleasure tend to increase), and negatively with the negative indices (i.e., as education increases sexual inhibition, sexual anxiety, sexual guilt, sexual shame, and sexual disgust tend to decrease).

Age followed education as contributing to the variance of marital sexual functioning. It significantly predicted seven indices of marital sexual functioning (overall marital sexual functioning, sexual interest, sexual foreplay, sexual pleasure, sexual inhibition, sexual guilt, and sexual shame) on most occasions. Age correlated negatively with the positive indices of overall marital sexual functioning, sexual interest, and sexual foreplay, and positively with the negative indices of sexual inhibition and sexual guilt, i.e., increasing age is significantly related to decreasing overall marital sexual functioning, sexual interest, sexual foreplay, and sexual pleasure and increasing sexual inhibition, sexual guilt, and sexual shame.

Sex significantly contributed to the variance of five indices of marital sexual functioning (overall marital sexual functioning, sexual responsiveness, sexual pleasure, sexual inhibition, and sexual anxiety). These findings indicate that males tend to show higher overall marital sexual functioning than females, to be more sexually responsive, to derive more pleasure from marital sex, to show less

sexual inhibition, and less sexual anxiety. No significant difference was found between males and females relative to the amount of interest shown in marital sex, the amount of foreplay indulged, the frequency of sexual intercourse, and the amount of sexual guilt, shame, and disgust they experience.

Although duration of marriage obtained seven zero-order correlations (overall marital sexual functioning, sexual interest, sexual foreplay, sexual pleasure, sexual inhibition, sexual guilt, and sexual shame), overall, it has been the least contributor to the variance of marital sexual functioning, having significantly explained the variance of one index (sexual foreplay) and on only two occasions in the controlled models. The overall contribution of duration of marriage to the prediction of R^2 is so minimal that it would not be considered as being a significant predictor of marital sexual functioning in this study (see tables 3-11).

Generally, the size of the significant R^2 s (except for overall marital sexual functioning which was relatively high) obtained for the eleven indices of marital sexual functioning ranged from low to moderate throughout the analyses. It is felt that higher significant correlations were not obtained for the following reasons:

1. Although there was a fairly wide distribution of scores on the independent variable (religious orthodoxy), the sample used for this investigation was mainly a homogeneous sample, i.e., the majority of sample subjects fell within the low to moderate range on the religious orthodoxy scale. Higher correlations might have been obtained if the sample subjects represented a wider spectrum of rigidity, or a larger representation of rigid subjects.

2. It is important to note that religious rigidity is not the only influencing factor in marital sexual functioning. Other factors other than religious rigidity and the moderator variables (sex, age, education, and duration of marriage) should also be considered as influencing marital sexual functioning. For example, a very important factor (one which needs to be researched) and one which is directly related to this investigation, is the influence of religious orthodox environments rather than direct religious orthodoxy, on marital sexual functioning. The clinical consensus is that persons who have been reared in religious orthodox environments, but who may not be orthodox themselves, have a tendency toward marital sexual problems as much as those persons who are orthodox in practice (Masters & Johnson, 1970; Kaplan, 1974, 1979; LoPiccolo, 1978, etc.).

In this investigation, the significant correlations obtained do indicate the negative contribution of religious orthodoxy to marital sexual functioning. It should be noted, however, that these significant correlations help to explain the variation existing in marital sexual functioning in the population, but they may or may not help to explain such variation in each individual.

Implications and Recommendations

Theory and Research

For the purpose of this study, it was postulated that religious rigidity and religious closed-mindedness were two discriminable dimensions of religious orthodoxy. This postulation was based on the theoretical formulation found in chapter I. This formulation asserted that rigidity and closed-mindedness are discriminable psychological

processes and are not totally independent because of prior correlations found between rigidity and closed-mindedness (dogmatism) scales (Rokeach, 1960; Fruchter, Rokeach & Novack, 1958).

The results of this study show an unexpectedly high correlation of .80 between religious rigidity and religious closed-mindedness, which, when statistically interpreted, means that religious rigidity and religious closed-mindedness shared a variance of 64 percent. This indicates that although the two variables might be discriminable psychological processes in certain respects, they share too much variance to validly measure different phenomena. This suggests that although religious rigidity and religious closed-mindedness might be theoretically different, the correlations found by Rokeach (1960) between his rigidity and dogmatism scales and the correlation found in this study indicate that there may not be sufficient statistical differences between the two variables to justify their use as two independent variables in empirical research, because, in reality, they might be measuring the same phenomenon.

However, before conclusive statements can be made about rigidity and closed-mindedness (dogmatism) relative to their use in empirical research as two independent variables, more empirical studies, designed to further investigate their orthogonality, need to be accomplished.

For the purpose of this study, religious rigidity was chosen as being the main significant predictor of marital sexual functioning, not only because, as a concept, rigidity has had a considerable longer history than closed-mindedness, but mainly because of the superior findings obtained for religious rigidity, vis-a-vis

religious closed-mindedness as described in chapter 4.

Based on some related empirical findings, but mainly on clinical information, the theory of a connection between religious orthodoxy and marital sexual functioning was established in chapter II. Also, it was anticipated that the results of this study would provide evidence as to the degree of confidence that can be placed in such a theory, therefore dispelling some of the uncertainty surrounding it brought on by a lack of empirical information. The findings of this study indicate that this area might not be an area of total uncertainty anymore; for indeed, though relatively small in some cases, significant relationships were found between religious orthodoxy and marital sexual functioning in support of the postulated theory. These findings should not be viewed as providing conclusive support to the theory but should be interpreted as providing evidence that would increase confidence in the theory of a relationship between religious orthodoxy and marital sexual functioning. The following recommendations, therefore, should be taken under advisement.

1. A possible factor analysis of the religious orthodoxy scale in an attempt to determine the factor loadings of the two constructs (religious rigidity and religious closed-mindedness) on which the original scale was developed should be undertaken. This would provide an indication of the orthogonality of the independent variables of religious rigidity and religious closed-mindedness as well as assist the researcher in making a decision as to which construct(s) might be included in the future scale.

2. A possible replication of the study using a larger sample size which is more representative in terms of geographical location

should be considered. Future research might also consider sampling a wider spectrum of the Protestant faith and undertaking a comparative study of the Protestant denominations as well as among the three religious faiths (Jewish, Catholic, and Protestant). In addition, future researchers should remain cognisant of the difficulties in obtaining sample subjects for such a sensitive study. More effective methods may have to be developed for obtaining a larger and more representative sample group. Presently, this researcher has no suggestions other than those which have been implemented in obtaining the sample subjects for this investigation.

3. This researcher would encourage that a financial grant(s) be obtained for future research in this area because of the high financial outlay a study of this nature demands.

Studies relative to the relationship between religiosity (religious commitment) and marital sexual functioning were discussed in Chapter II. Most of these studies indicate that a negative relationship between religiosity (which represents a flexible vis-a-vis a rigid religious posture) and marital sexual functioning does not exist. Some even showed the existence of a positive relationship.

Since the findings of this study show that there is generally a negative significant relationship between religious orthodoxy and marital sexual functioning (i.e., religious orthodoxy impacts negatively on marital sexual functioning), more confidence, therefore, can now be placed in the studies which indicate that religiosity is not negatively related to marital sexual functioning as well as those studies which indicate that it is positively related.

Education

The implications of the outstanding contribution of education to marital sexual functioning needs to be highlighted. Generally, education was found to be the best predictor of marital sexual functioning even when combined with the contribution of religious orthodoxy. In all cases, education was positively related to marital sexual function, i.e., as education increased, marital sexual functioning also increased. The findings for education indicate that although religious orthodoxy is generally negatively related to marital sexual functioning, its effects seem to become tempered when interfaced with education, i.e., education seems to contribute to the minimization of religious orthodoxy which in turn increases marital sexual functioning.

The observation of this phenomenon in the natural world indicates that the more education one possesses the more flexible (less rigid) he/she tends to be in his/her approach to life. Generally, educated people tend to be more open and willing to seek information about areas in which they have little or no information. This apparent quest or search for knowledge seems to carry over into the area of sexuality, thus ostensibly influencing their sexual attitudes and behaviors in a positive way.

Conversely, religious orthodoxy seems to contribute to general ignorance which in turn impacts negatively on marital sexual functioning. It has been observed that the less education one possesses, the more inflexible (more rigid) he/she tends to be in his/her approach to life, the more closed-minded he/she tends to be, and the more unwilling he/she is in seeking new information. This kind of posture,

observes Masters and Johnson (1970), Spills over into sexual life, contributing to sexual ignorance which in turn creates sexual anxiety and, ultimately, sexual problems--in some cases severe sexual dysfunctions (e.g., vaginismus in females and impotence in males). One noted clinician (LoPiccolo, 1978) sums it up this way:

Most patients suffering from sexual dysfunctions are woefully ignorant of both basic biology and effective sexual techniques. Sometimes this ignorance can directly lead to the development of sexual anxiety, which in turn produces dysfunctions. (p. 3)

Religion

It was anticipated that the findings of this investigation would provide useful information as to the role of religious orthodoxy in marital sexual functioning, consequently increasing the understanding of members of the clergy as to the impact of religion on marital sexual functioning. The negative relationship found between religious orthodoxy and marital sexual functioning, therefore, should help the clergy become more cognizant of the negative impact of religious orthodoxy on marital sexual functioning. A knowledgeable clergy could, therefore, attempt to minimize its impact on their memberships through the following recommended methods:

1. The development and implementation of educational programs designed to modify religious orthodoxy as manifested in their congregations. A major objective of such programs should be to help individuals to clearly discriminate between religiosity (religious commitment: spirituality) and religious orthodoxy, and the effects and consequences of conformity to each style. Successful implementation of such programs could contribute to increasing religiosity

(spirituality) among members as well as to the prevention of sexual problems and, ultimately, the general enhancement of marital relationships.

2. Since religious orthodoxy contributes to (a) a negative value system in which sex is equated as sinful and dirty, (b) a rejection and denial of sexual function, and (c) sexual ignorance, all of which precipitate sexual problems in marriage (Masters & Johnson, 1970), serious consideration, therefore, should be given to the development and implementation of a reeducation program for both the clergy and the laity. Such programs should emphasize the essential goodness of sexuality as a means of effecting changes in members' sexual attitudes and, consequently, improving marital sexual functioning. The above objective can be accomplished through: (a) the inclusion of a course(s) in religion and sexuality or in human sexuality in the curricula for ministerial training in theological seminaries and colleges, and (b) the planning and implementation of seminars and workshops, etc., on human sexuality or marital sexuality for the laity. These program should emphasize not only the essential goodness of sexuality but also give equal emphasis to its construct-ivity and destructivity.

Counseling and Psychotherapy

A perusal of the psychological literature relative to human sexuality reveals that a large sector of the psychological world has held and is continuing to hold that religion per se is culpable as one of the etiological factors in sexual problems in marriage as well as other psychological problems. Although many studies relative to

religious commitment (religiosity) and marital sexual functioning show a positive contribution of religion to marital sexual functioning, as far as could be determined, no empirical data have been produced in an attempt to identify the aspect(s) of religion or religious life that may possibly be contributing to such problems. The production of such findings would definitely serve as a step toward the exoneration of religion per se from such culpability.

Since the results of this study suggest that religious orthodoxy can now be regarded with greater confidence as contributing to difficulties in marital sexual functioning, not only has the first step toward the exoneration of religion per se as the major contributing factor to sexual problems begun, but professionals in the area of marital sexual counseling and therapy (counselors, psychotherapists, marriage and family therapists, social workers, psychologists, and psychiatrists) can now better understand the impact of religion on marital sexual functioning. Consequently, in dealing with marital sexual problems (and possibly other psychological problems) in which a religious factor is perceived as being an etiological influence, they would do well to explore and modify the aspect of religious orthodoxy as opposed to religiosity (religious commitment: spirituality). This would provide a relatively new and improved focus for many in the health-care professions.

In conclusion, the following recommendations for further research include:

1. A possible factor analysis of the religious orthodoxy scale in an attempt to determine the factor loadings of the two constructs on which the original scale was developed. This would provide

an indication of the orthogonality of the independent variables of religious rigidity and religious closed-mindedness as well as assist the researcher in making a decision as to which construct might be included in the future scale.

2. A possible replication of the study taking into consideration not only to a sample group that represents a wider spectrum of rigidity or a larger representation of rigid subjects, but also sampling a wider spectrum of the Protestant faith and undertaking a comparative study of some Protestant denominations as well as among the three religious faiths. In addition, future researchers should remain cognizant of the difficulties in obtaining sample subjects for such a sensitive study. More effective methods may have to be developed for obtaining a larger sample group. Presently, this researcher has no suggestions other than those which have been implemented in obtaining the sample subjects for this investigation.

3. A possible empirical investigation combining religious orthodoxy and religiosity (religious commitment) with a purpose of determining how religious orthodoxy differs from religiosity. Such an investigation might consider employing the orthodoxy scale developed for this study in combination with a reliable religiosity scale.

4. More extensive and indepth investigation into the relationship between education and marital sexual functioning.

5. Further research may also consider investigating the impact of religious orthodox environments on marital sexual functioning.

APPENDIX A

Judges' Ratings of Religious Orthodoxy Items

RATINGS OF JUDGES
RELIGIOUS RIGIDITY ITEMS

Items	Jew- ish	Jew- ish	Protes- tant	Protes- tant	Protes- tant	Catholic	Catholic
1	10	9	8	8	9	8	10
2	5	8	9	7	7	4	-
3	10	10	9	10	9	10	9
4	-	5	9	8	8	1	2
5	10	8	9	8	8	9	8
6	8	8	8	8	7	10	9
7	10	8	8	8	7	9	10
8	10	8	9	9	8	3	5
9	8	8	10	8	8	9	8
10	10	10	9	7	8	8	9
11	8	8	9	7	10	8	10
12	-	1	8	8	6	5	6
13	8	9	8	7	8	7	9
14	10	8	10	8	8	8	10
15	10	10	9	7	9	7	10
16	10	7	8	8	10	8	9
17	1	5	9	9	9	9	9
18	1	5	8	9	-	6	10
19	7	8	8	8	9	10	7
20	10	10	10	9	10	8	10
21	8	10	8	10	8	9	10
22	10	10	9	8	8	9	10
23	10	10	9	10	9	9	10
24	10	10	8	8	10	9	10
25	10	10	8	8	10	9	10
26	10	10	8	9	8	8	9
27	9	9	8	8	7	8	10
28	10	9	8	10	10	8	8
29	10	10	9	10	9	8	10
30	10	10	8	8	9	8	8
31	10	8	8	7	10	8	10
32	10	9	8	10	10	9	10
33	10	10	8	9	9	9	9
34	8	9	10	10	10	8	9
35	10	10	9	10	10	9	10
36	10	10	9	10	8	9	8
37	10	10	9	10	10	8	9
38	8	8	8	7	9	9	8
39	10	8	9	8	10	9	9

RELIGIOUS CLOSED-MINDEDNESS ITEMS

Items	Jew- ish	Jew- ish	Protes- tant	Protes- tant	Protes- tant	Catholic	Catholic
1	10	8	8	9	7	8	9
2	10	8	8	8	8	8	9
3	8	10	8	8	8	8	10
4	10	8	7	10	8	9	8
5	10	8	8	8	8	8	9
6	5	8	8	5	8	9	8
7	8	10	8	8	7	9	9
8	10	9	10	7	10	10	8
9	10	8	9	9	9	8	10
10	10	10	9	8	9	8	9
11	10	8	9	9	9	8	9
12	8	9	8	10	7	8	10
13	10	8	8	9	7	6	6
14	7	8	9	7	10	8	8
15	8	10	8	10	9	8	8
16	8	9	8	10	10	8	10
17	-	8	8	9	8	8	9
18	9	8	9	9	10	9	9
19	8	8	10	9	7	8	8
20	7	10	8	9	9	8	9
21	10	10	8	9	9	8	9
22	8	8	8	9	8	10	9
23	8	8	9	7	10	9	9
24	8	9	9	8	10	9	9
25	2	8	8	9	-	9	10
26	10	8	9	10	10	9	8
27	8	9	10	9	9	9	9

APPENDIX B

Point-Multiserial Correlations and Reliabilities
for the Religious Orthodoxy and Marital Sexual
Functioning Scales

POINT-MULTISERIAL CORRELATIONS FOR THE
RELIGIOUS ORTHODOXY SCALE

Items	Correlations	Items	Correlations
i. Religious Rigidity Items			
1	.6357	18	.6521
2	.5614	19	.7190
3	.6866	20	.8271
4	.6642	21	.6016
5	.6068	22	.6016
6	.5749	23	.6696
7	.7069	24	.6565
8	.7086	25	.7637
9	.7262	26	.6227
10	.7010	27	.6716
11	.5114	28	.7382
12	.7844	29	.7104
13	.6560	30	.6658
14	.6624	31	.5956
15	.7185	32	.5342
16	.7537	33	.7342
17	.8183		

Reliability of the Religious
Rigidity Subscale: .9604

ii. Religious Closed-mindedness Items			
1	.7492	13	.5590
2	.7931	14	.8369
3	.5509	15	.4926
4	.8003	16	.7679
5	.7545	17	.6039
6	.6928	18	.7475
7	.7069	19	.7384
8	.8254	20	.6024
9	.8161	21	.7538
10	.6796	22	.5451
11	.7138	23	.6077
12	.6152		

Reliability of the Religious
Closed-minded Subscale: .9471

POINT-MULTISERIAL CORRELATIONS OF THE MARITAL
SEXUAL FUNCTIONING SCALE

Items	Correlations-Category	Correlations-Battery
i. Sexual Interest:Reliability .7410		
3	.5107	.3466
15	.6115	.4566
33	.1690	.0502
35	.6153	.5673
36	.5885	.4740
38	.5745	.5831
39	.6223	.3776
40	.6883	.6510
42	.5406	.3927
ii. Sexual Inhibition:Reliability .8043		
6	.7886	.7629
15	.6841	.6405
18	.7784	.7544
23	.5743	.4115
28	.5304	.4293
29	.6427	.5795
30	.6993	.7582
41	.5236	.5236
iii. Sexual Responsivity:Reliability .6062		
4	.6733	.6701
8	.6092	.6184
9	.6614	.6255
14	.6094	.2333
25	.5960	.3375
iv. Sexual Anxiety:Reliability .6939		
1	.7048	.3942
10	.7773	.5708
13	.7195	.6439
19	.7777	.7572

Items	Correlations-Category	Correlations-Battery
	v. Sexual Guilt:Reliability	.7653
2	.8428	.5446
5	.7375	.6974
17	.7447	.6585
31	.6468	.4960
32	.6803	.3291
	vi. Sexual Shame:Reliability	.7119
7	.6875	.0797
11	.5419	.6264
16	.6391	.5304
20	.6064	.3887
2	.6437	.6524
	vii. Sexual Foreplay:Reliability	.3152
34	.6190	.1906
37	.9034	.3889
	viii. Sexual Disgust:Reliability	.7642
21	.7347	.5739
24	.8398	.6381
26	.8895	.6080
	ix. Sexual Frequency	.6099
27		.6099
	x. Sexual Pleasure:Reliability	.7804
43	.5242	.5440
44	.3251	.3743
45	.3810	.4001
46	.5623	.6304
47	.3232	.3813
48	.4961	.5174
	Reliability of Marital Sexual Functioning Scale	.9304

APPENDIX C

Instruments, Letters, and Instruction Sheet

QUESTIONNAIRE

This questionnaire is part of a study which the researcher is doing in fulfillment of his dissertation requirements for a doctorate in psychology from a religious university. The questionnaire consists of statements about religious attitudes and marital sexual attitudes.

The researcher realizes that openness on the subject of sexuality may be very sensitive to some and rather new to others. However, you can be assured that there will be complete anonymity as to your responses, so please do not write your name anywhere on the questionnaire.

The researcher would appreciate that you respond to all items in each of the three sections of the questionnaire as honestly and accurately as possible.

If you are answering this questionnaire in a group setting, wait until all participants are finished. Your questionnaire will then be collected and shuffled in among all other questionnaires. If you are answering this questionnaire individually, please return the completed questionnaire in the self-addressed, stamped envelope.

Thank you for your kind consideration of assistance in helping the researcher with this study.

SECTION I

1. SEX: 1. M _____ 2. F _____
2. AGE: _____
3. EDUCATION:
 1. Elementary School _____
 2. High School _____
 3. College _____
 4. Graduate School _____
4. NUMBER OF YEARS MARRIED: _____
5. RELIGIOUS AFFILIATION: 1. Catholic _____ 2. Jew (specify) _____ 3. Protestant (specify) _____
6. ETHNIC GROUP: 1. Caucasian _____ 2. Black _____ 3. Hispanic _____
 4. Other (specify) _____

SECTION II

Below is a series of statements about various aspects of religious behavior. We would like to know to what extent you agree or disagree with each one. Please indicate how much you agree or disagree with each statement by placing the appropriate number from the alternatives below in the space alongside the statement. Please do not skip any statement and be as honest as you can.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

- ___ 1. One should not deviate from fixed times for prayer.
- ___ 2. One should attend only the services of one's religious faith or denomination.
- ___ 3. One should pray before eating anything.
- ___ 4. One should read only religious materials that discuss the beliefs and teachings of one's religious faith or denomination.
- ___ 5. Women should cover their heads during prayer.
- ___ 6. One should not read religious materials that disagree with or are critical of one's religious teachings or beliefs.
- ___ 7. One should spend the same lengthy periods in prayer whenever one prays.
- ___ 8. One should not endorse or sanction inter-faith projects.
- ___ 9. One should wear white or dark colored clothes when attending church (synagogue or temple) services.
- ___ 10. One should not condone joint religious services of religious faiths or denominations.
- ___ 11. One should not be late for church (synagogue or temple) services.
- ___ 12. One should watch or listen to only religious programs that are in agreement with one's religious beliefs or teachings.

- 13. One should watch or listen to only religious programs that are sponsored by one's religious faith or denomination.
- 14. One should read primarily religious materials.
- 15. One should listen to only religious music that is approved by one's religious faith or denomination.
- 16. One should not deviate from fixed times set for reading religious materials.
- 17. A minister, a priest, or a rabbi should not participate in religious services of other religious faiths or denominations.
- 18. Discussing one's religious way of life (outlook) should be a part of almost all one's conversations with family and friends.
- 19. One should not make financial contributions to other religious faiths or denominations.
- 20. One should have special clothes for church (synagogue or temple) services that should not be worn for secular purposes.
- 21. Young people should date only those of their religious faith or denomination.
- 22. One's spare time should be spent primarily in religious devotions and activities.
- 23. Attention to the financial needs of one's church (synagogue or temple) should come before one's personal needs.
- 24. One should attend only social functions that are sponsored by one's religious faith or denomination.
- 25. Teachers who do not belong to a religious faith or denomination should not be allowed to teach in its schools.
- 26. One should give to one's denomination (church or religious community) and not question how the money is spent.
- 27. Religious materials should be the only source of education in religious schools.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

- ___ 28. Only religious beliefs or teachings that are peculiar to one's religious faith or denomination should be discussed in its schools.
- ___ 29. Young people should be allowed to date only if they have marriage in mind.
- ___ 30. One should not buy religious periodicals or books when the content is in disagreement with one's religious beliefs or teachings.
- ___ 31. All young people should be chaperoned when dating.
- ___ 32. Children should attend only the schools that are operated by their religious faith or denomination.
- ___ 33. Mature young people should receive consent from parents or guardians before dating.
- ___ 34. Children should not receive secular sex education.
- ___ 35. The subject of sex should not be discussed until the time of marriage.
- ___ 36. One should not consult a psychologist, psychiatrist, or counselor who doesn't belong to one's religious faith or denomination.
- ___ 37. One should lead a strict life free from all secular entertainment.
- ___ 38. One should make friends only with those of one's religious faith or denomination.
- ___ 39. One should not wear fad fashions.
- ___ 40. One should not socialize with persons of other religious faiths or denominations.

- 41. One should listen only to music of religious origins.
- 42. One should not watch television.
- 43. Secular fictional literature should not be used in the classroom.
- 44. One should not discuss with members of other religious faiths, or denominations religious beliefs or teachings that are different from one's own.
- 45. Mature young people should not be exposed to nonreligious sex education books.
- 46. One should not criticize the administrative policies or decisions of his religious organization.
- 47. The traditional aspects of the church (synagogue or temple) service should not change over time.
- 48. One should be fully covered when dressed for church (synagogue or temple) services, i.e., covering of arms, legs and neck.
- 49. One should not have doubts about the beliefs or doctrines of one's religious faith or denomination.
- 50. One should strictly adhere to all of his church (synagogue or temple) traditions and customary practices without necessarily knowing the reasons for them.
- 51. One should study scripture primarily with the intention of finding evidence to support one's current religious beliefs.
- 52. Women should not be ordained as priests, ministers, or rabbis.
- 53. Women should not be chosen as head of or as chief administrators of denominations or religious faiths.
- 54. Only those who believe in the teachings of a religious faith or denomination should be allowed to attend its schools.
- 55. One should have nothing to do with secular politics.
- 56. Women should not be allowed to preach in religious services.

SECTION III

For each statement below, decide which of the following answers best applies to you. Place the number of the answer in the space at the left of the statement. Please be as honest as you can.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Never	Rarely	Occasionally	Usually	Always

- 1. Finding it difficult to express sexual feelings to spouse.
- 2. Creating a mood or atmosphere for sexual arousal.
- 3. Feeling tense (nervous) when touched by spouse.
- 4. Discussing sexual feelings with spouse.
- 5. Feeling guilty about experiencing sexual urges about spouse.
- 6. Feeling tense (nervous) while thinking about sexual intercourse with spouse.
- 7. Making excuses for not wanting sexual intercourse with spouse.
- 8. Wanting to be touched by spouse.
- 9. Enjoying sexual feelings.
- 10. Having no guilty feelings during sex play with spouse.
- 11. Enjoying sexual intercourse with spouse.
- 12. Experiencing shame after sexual foreplay with spouse.
- 13. Consciously trying to keep sex thoughts about spouse out of mind.
- 14. Doing whatever you both feel like doing sexually.
- 15. Feeling ashamed to undress in spouse's presence.
- 16. Fearing that the neighbours or children might overhear sexual activity with spouse.

- 17. Having no guilty feelings during sexual intercourse with spouse.
- 18. Feeling inhibited sexually.
- 19. Sensing sexual "cues" or "come ons" offered by spouse.
- 20. Experiencing no feelings of disgust after sexual intercourse with spouse.
- 21. Feeling tense (nervous) while experiencing sexual urges.
- 22. Wanting to have lights on during sexual activity with spouse.
- 23. Feeling tense (nervous) during sexual intercourse with spouse.
- 24. Experiencing no shameful feelings during sexual intercourse with spouse.
- 25. Experiencing sexual climax (orgasm) during sexual intercourse with spouse.
- 26. Experiencing no shameful feelings during sexual foreplay with spouse.
- 27. Prolonging sexual enjoyment after intercourse with spouse.
- 28. Experiencing feelings of disgust during sexual intercourse with spouse.
- 29. Feeling guilty about trying "new things" sexually.
- 30. Experiencing shock or disgust at sexual desires expressed by spouse.

TURN PAGE FOR QUESTIONS 31-47

For each of the next group of statements, choose one of the following answers:

- | | | | |
|----------|----------|--------------|------------|
| <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> |
| Never | Rarely | Occasionally | Frequently |
- ___ 31. Being bothered by sexual thoughts about spouse.
- ___ 32. Engaging in general kissing and caressing of spouse.
- ___ 33. Initiating sexual intercourse with spouse.
- ___ 34. Dressing in bedclothes that are sexually attractive to spouse.
- ___ 35. Engaging in "French kissing" with spouse.
- ___ 36. Thinking about sexual relations with spouse.
- ___ 37. Experimenting with different sexual positions.
- ___ 38. Becoming excited by spouse's body.
- ___ 39. Becoming sexually aroused.
- ___ 40. Sleep-dreaming about sexual intercourse with spouse.
- ___ 41. Engaging in sexual intercourse with spouse.

For each of the next group of statements, choose one of the following answers:

- | | | | |
|---------------------|-------------|---------------|-----------------------|
| <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> |
| Very
Pleasurable | Pleasurable | Unpleasurable | Very
Unpleasurable |
- ___ 42. Thinking about sexual intercourse with spouse.
- ___ 43. Experiencing sexual urges.
- ___ 44. Having sexual dreams about spouse.
- ___ 45. Having sexual intercourse with spouse.
- ___ 46. Experiencing sexual climax (orgasm) during sexual intercourse with spouse.
- ___ 47. Engaging in sexplay with spouse.

712 Dogwood Drive
 Berrien Springs, Michigan
 49103

March 17, 1982

Dr. William Masters
 Masters & Johnson Institute
 4910 Forest Park Boulevard
 St. Louis, Missouri, 63108

Dear Dr. Masters:

In November 1980 at the 2-day "Seminar on Human Sexuality" in St. Louis, I had the opportunity to briefly discuss with you a proposed dissertation topic "An Empirical Study of the Relationship Between Religious Orthodoxy and Sexual Functioning." I have selected your book Human Sexual Inadequacy as the basis for my theoretical framework.

The purpose of the study is to determine whether it is religion (i.e., religious beliefs) that is an etiological contributing factor to sexual dysfunction or religious orthodoxy (i.e., the rigid, inflexible way in which people hold and practice their religious beliefs). My intention is to investigate such a relationship in a sample of Jews, Catholics and Fundamentalist Protestants.

At present, I am trying to establish an operational definition of religious orthodoxy. As I am using your book as the basis for my theoretical framework and because no mention is made relative to a specific definition of religious orthodoxy, I am kindly requesting your input in terms of a clinical definition of religious orthodoxy. Also, do you see a difference in religious orthodoxy as manifested by Jews, Catholics and Fundamentalist Protestants or do you see religious orthodoxy as a homogeneous phenomenon? Your response to the above questions and your opinion concerning this research endeavor will be greatly appreciated.

Sincerely,

Stephen Purcell

P.S.: Do you know of an instrument which can be used to measure religious orthodoxy?

March 25, 1982

Dear Mr. Purcell:

I am glad to respond to your letter of March 17, 1982, which Dr. Masters has referred to me for reply. I recall the conversation we had in regard to the methodological problems such a study poses. You are quite correct that no definition of religious orthodoxy was stated in Human Sexual Inadequacy. What was being expressed there was a clinical judgment and not an empirically verified phenomenon. Masters and Johnson were referring to extreme conservative pole of the spectrum in each religious group (Orthodox Jews, Fundamentalist Protestant, and Catholics who follow the dictates of the religion with literal precision). A clinical judgment is based on a perceived association between these religious attitudes and dysfunction. Thus Masters and Johnson did not at any point say that orthodoxy caused these problems, nor that the connection was or was not characteristic of orthodox populations in general.

Since your study is not clinical, but rather attempts to develop (or disprove) an empirically verifiable connection between orthodoxy and sexual dysfunction, the establishment of an adequate operational definition of orthodoxy is the first step in a series of difficult methodological problems. I will not presume to provide such a definition, but I will make a suggestion about the direction in which you might search. Masters and Johnson said that it was not so much the content of the orthodoxy that they noticed, but the way in which the orthodoxy was held. And they indicate that it makes little difference whether the orthodoxy is Catholic, Protestant or Jewish (an answer to your other question). This leaves the question what is that special way of holding the beliefs, and in that question is the critical one for your definition, I think.

So here is my suggestion: William James, in arguing for the pragmatic validity of religious ideas like God and immortality, conceded that these ideas can never receive the same matter-of-fact corroboration by experience as, for example, the law of gravity. We do not experience God face-to-face as we see a falling apple. It is my suggestion that the religious orthodoxy that we are speaking of is a mental attitude that regards religious ideas as having the same quality as statements about sensory experience. In other words, the statement "God is" is an exactly comparable statement to "The apple is red." This is not yet an operational definition, because it must be translated into operational terms for the methodology you develop, but it is almost operational when you look back at the empirical problem you have posed for yourself. In other words, your definition must be commensurate with the methodology you intend to use.

A public foundation committed to research, therapy, and post-graduate training

Mr. Purcell

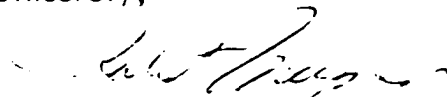
-2-

March 25, 1982

I suggest that you ponder the problem in the light of this idea and see if it reveals a new possibility for you. Incidentally, consulting with a specialist in social research methodology applied to religion (which I am not) may be of use to you. A name I would suggest to you is Prof. Widick Schroeder, Chicago Theological Seminary, 5757 University Avenue, Chicago, Illinois, 60637. You might look at his books, and have your questions well formulated before you contact him.

We will be interested to learn what you may come up with.

Sincerely,



J. Robert Meyners, Ph.D.
Director of Clinical Programs

bam

Mr. Stephen Purcell
712 Dogwood Drive
Berrien Springs, MI 49103

712 Lorwood Drive
 Berrien Springs, Michigan
 49103

March 17, 1982

Dr. Joseph LoPiccolo
 c/o Department of Psychiatry
 & Behavioral Science
 School of Medicine
 State University of New York
 STONY BROOK, New York

Dear Dr. LoPiccolo:

Presently, I am working on a dissertation proposal entitled "An Empirical Study of the Relationship Between Religious Orthodoxy and Sexual Functioning." The purpose of the study is to determine whether it is religion (i.e., religious beliefs) that is an etiological contributing factor to sexual dysfunction, or religious orthodoxy (i.e., the rigid inflexible way in which people hold/practice their religious beliefs). As you are aware, clinical findings suggest that religious orthodoxy is an etiological contributing factor to sexual dysfunction; however, it appears that there are no studies done relative to the relationship between religious orthodoxy and sexual functioning and satisfaction. It is my intention to investigate such a relationship in a sample of Jews, Catholics, and Fundamentalist Protestants.

I have read about the Sexual Interaction Inventory which you and Dr. J. Steiner developed and I am seriously considering the use of this instrument in gathering data for the dependent variable "Sexual functioning." I would appreciate your opinion about the suitability of the SII relative to my topic. Also, would you kindly forward an address to which I could send a purchase order for the SII. To date, I have not located an instrument that would measure religious orthodoxy. If you have information of this nature I would appreciate your suggestion. I look forward to hearing from you.

Sincerely,

Stephen Purcell

TO: Those Interested in the use of the Sexual Interaction
Inventory (SII)

FROM: Joseph LoPiccolo, Ph.D.

I am delighted to have others use the SII and will be glad to furnish you with materials to do so. I ask only that you not reproduce the SII, that you cite it in any publications, and you reimburse us for our printing costs. Specifically, for \$10.00, we will send you the following sufficient for assessment of 5 couples.

- 2 - reusable SII test booklets
- 10 - answer sheets (optical scan)
- 5 - profile sheets
- 1 - scoring and interpretation manual
- 1 - reprint on the SII (Archives of Sexual Behavior, 1974, 585-595)

This packet is for hand scoring, which is simple but tedious. If you have computer facilities, we can supply you with a copy of the computer scoring program for an additional \$10.00 for a listing, or \$15.00 for a listing and punched card deck. This program takes the output from an optical scanner reading of the answer sheets, lists all the raw data, scores and plots the profile, and lists critical items for the male, female, and the couple.

Please make checks payable to "Therapy Center Fund."

5-2010 Lemon Creek Road
Berrien Springs, Michigan
49103

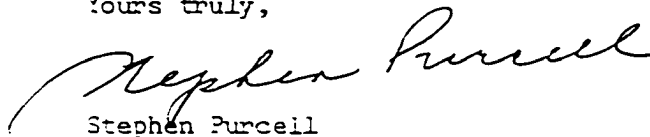
1 July 1982

Henry Phipps Clinic
John Hopkins Hospital
Baltimore, MD
21205

Dear Sirs:

Recently, I read about the Derogotis Sexual Function Inventory
(DSFI) and it appears suitable for conducting research specific
to my topic. Would you kindly forward one copy to the undersigned
at the above address. Please include address where additional
copies may be purchased.

Yours truly,



Stephen Purcell

jm /

2000 So. State Street
St. Joseph, Michigan 49085

October 18, 1983

W. Ray Ricketts
1921 N. Garey Avenue
P.O. Box 2524
POMONA, CA 91767

Dear Ray,

Finally, the questionnaires are ready for distribution. Enclosed, in this package are 100 questionnaires which I would like you to administer to members of your churches. Also, enclosed you will find an instruction sheet which I would like for you to follow as you administer the questionnaires. Please emphasize that this is a survey of religious and marital sexual attitudes, the purpose of which is to provide necessary information for the development of a program to help in the improvement of spiritual and marital relationships. Emphasize marital rather than sexual. Also emphasize that there will be complete anonymity as to their responses.

Please drop me a note when you have received this package and have read the necessary information. If you have an immediate question then please telephone me collect evenings at 616-473-6810.

I can't impress upon you enough the premium on time. The speed at which the completed questionnaires are returned is very much appreciated. Your postage cost is to be reimbursed. Thank you kindly for your help. It is most certainly people just like you who are making this research endeavor a success.

Yours truly,

Stephen Purcell

Encl.

I N S T R U C T I O N S

1. Questionnaires should be given only to persons who are currently married.
 2. If husband and wife are answering the questionnaire, they should each answer separately, there should be no collusion between the two of them.
 3. Emphasize that answering questions about sexuality is not a bad thing. Sex is not ugly, evil or shameful for God didn't make anything that is evil or shameful. God Himself was open about it, especially during the Old Testament Period. Also, mention that the present study "Survey of Religious and Marital Sexual Attitudes" would provide relevant information for the development of a program for improving spiritual and marital relationships.
 4. Emphasize honesty in answering the questionnaire and that all questions should be answered only once.
 5. It is preferable that questionnaires be answered in a group setting and that they be collected after all participants are finished. However, if this is not possible then give the questionnaire to individuals and ask them to respond within a certain time period and return the questionnaire in a sealed envelop so as to provide for total anonymity. Then, please return all questionnaires to me. The response rate will be much higher this way than giving each person a questionnaire to respond to and hoping that they will mail it back to me.
 6. The questionnaire will take about 20 - 25 minutes to complete
- * Please try to get as wide an age range as possible.

2000 So. State Street
 St. Joseph, Michigan
 49085

October 17, 1983

Dear Yael,

Thank you for returning my call. Since we last spoke in New York, work has not eased a bit on the development of these scales. A pilot study has been done on both instruments using a Jewish (including Orthodox), Fundamentalist Protestant and Catholic sample. The instruments show high reliability beyond .90 and are validated for the populations mentioned above.

Basically, the purpose of the study is to provide relevant information that will benefit the above mentioned populations in the development of better spiritual and marital relationships. As you well know there is a high correlation between sexual fulfillment (satisfaction) and marital happiness. As for clinicians, the results of the study will provide relevant data that will be of tremendous benefit to them in their treatment of sexual problems. At our last meeting, I mentioned that I have been in consultation with the Masters and Johnson Institute on this research and they have expressed in a letter to me their interest in the results of the study.

So for friends and clients who might want to know the rationale for the questionnaire, you might want to say it is only a survey of religious and marital sexual attitudes that would provide information to help people better their spiritual and marital relationships. For the clinician or professional who might be interested in administering this questionnaire you might mention the first reason I gave, but more importantly, you might want to mention that the results will provide pertinent information that will benefit them in their treatment of sexual and marital problems.

You will surely be rewarded for your effort and assistance. If we get a large enough Jewish sample possibly we can publish together our findings in one or more reputable journals in psychology and social work (I am sure that you remember Ostrov's article, it was quite informative). Also I am in the process of developing a book--looking at the positive and negative impact of religion on marital sexual functioning (of course you do not want to mention that).

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If you need any help for your dissertation, I will be happy to assist you in whatever way I can. I am planning to be in New York for about a week around Thanksgiving time. I would really like to see you finish your doctorate.

Thank you for your help. I have enclosed four questionnaires that you may want to show around.

Yours friend,

Stephen Purcell

2000 So. State Street
St. Joseph, Michigan 49085

October 4, 1983

Father Don McMillan
St. Patrick's Church
143 Walford Road, West
Sudbury, Ontario, CANADA P3E 2H2

Dear Father McMillan:

Sometime during the Summer of 1982, I spoke with you at your office concerning a dissertation I was working on and of the possibility of your participation by helping me administer a questionnaire to members of your congregation and also the possibility of contacting some more priests who might be willing to do the same.

Since we last spoke, work has not ceased a bit on the research and the development of the final questionnaires. A pilot study was recently done on both questionnaires using a Jewish (including Orthodox) Fundamentalist Protestant, and Catholic sample. The questionnaires show high reliabilities beyond .90 and are validated for the populations mentioned above.

Enclosed, are four samples of the final questionnaire, one for your perusal and the others you might want to show to your contacts. The questionnaire is designed to be administered only to married persons of all ages. Obviously a cover letter explaining the nature of the study and its purpose together with an instruction sheet will accompany each set of questionnaires that is sent out.

If you can recall the intent of the study is to test the relationship between religious rigidity and marital sexual functioning (you may not want to mention this to the respondents for fear of biasing the study). However, the underlying purpose of this study Survey of Religious and Marital Sexual Attitudes (you will mention this) is to provide relevant information for the development of programs for the amelioration of spiritual and marital relationships within the above-mentioned populations. As you well know there is a very high correlation between sexual fulfillment and marital happiness.

To my clinical colleagues who might be interested in a rationale for this study, I would say that the results would provide pertinent information

Page 2

that will benefit them in their treatment of sexual and marital problems. I would like you to telephone me collect (616) 473-6810 evenings and tell me how many questionnaires you could distribute. At this same time, you might give me names and addresses of contacts which you have made on my behalf.

Thank you for your assistance in making this study a success and please remember that due recognition will be given your efforts when we publish the findings, and in my proposed book which will deal with the positive and negative impact of religion on marital sexual functioning.

Yours truly,

Stephen L. Purcell

SLP:jm

Encl. 4

2000 So. State Street
St. Joseph, Michigan 49085

October 18, 1983

Rabbi Moshe Saks
2050 Broadway
Benton Harbor, Michigan
19022-6699

Dear Rabbi Saks:

Thank you for your help in rating the statements. I was quite satisfied with what you did. Since we spoke during the summer, work has not eased a bit on the development of the scales. A pilot study has been completed on both instruments using a Jewish (including orthodox), Fundamentalist Protestant, and Catholic sample. The instruments show high reliabilities beyond .90 and are validated for the populations mentioned above.

Enclosed, are two samples of the final questionnaire for your perusal. The questionnaire is designed to be administered only to married persons of all ages. Obviously, a cover letter explaining the nature of the study and its purpose together with an instruction sheet will accompany each set of questionnaires that is sent out.

The underlying purpose of this Survey of Religious and Marital Sexual Attitudes is to provide relevant information for the development of programs for the amelioration of spiritual and marital relationships within these populations. As you well know, there is a very high correlation between sexual fulfillment (satisfaction) and marital happiness. Interestingly, I have observed that most marital problems seem to have a sexual component to them.

I am very much interested in procuring a sample from your congregation. If you are interested in participating, please telephone me at Child & Family Services 963-6545

Page 2

Your congregation would not be the only Jewish sample. Arrangements have already been made for procurement of sample subjects from Reform, Conservative and Orthodox congregations in New York, and some Mid-West States. Specific congregations would remain anonymous.

Thank you for your assistance in making this study not only a reality, but a success. Please remember that due recognition will be given to you for your efforts when we publish the findings, and in my proposed book that will deal with the positive and negative impact of religion on marital sexual functioning.

Yours truly,

Stephen Purcell

Encl.

2000 So. State Street
St. Joseph, Michigan 49085

October 12, 1983

Rabbi (Israel) Gettinger
Hebrew Orthodox Congregation
3207 South High Street
South Bend, IN 46614

Dear Rabbi Gettinger:

Thank you for helping me with my study thus far. Since we spoke during the summer, work has not eased a bit on the development of the scales. A pilot study has been completed on both instruments using a Jewish (including Orthodox), Fundamentalist Protestant, and Catholic sample. The instruments show high reliabilities beyond .90 and are validated for the populations mentioned above.

Enclosed, are two samples of the final questionnaire for your perusal. The questionnaire is designed to be administered only to married persons of all ages. Obviously, a cover letter explaining the nature of the study and its purpose together with an instruction sheet will accompany each set of questionnaires that is sent out.

The underlying purpose of this Survey of Religious and Marital Sexual Attitudes is to provide relevant information for the development of programs for the amelioration of spiritual and marital relationships within these populations. As you well know, there is a very high correlation between sexual fulfillment (satisfaction) and marital happiness. Interestingly, I have observed that most marital problems seem to have a sexual component to them.

I am very much interested in procuring a sample from your congregation. Would you please telephone me at (616) 983-5545 daytime or (616) 473-6810 evenings. Yours would not be the only Jewish sample. Arrangements have already been made for procurement of sample subjects from Reform, Conservative, and Orthodox congregations in New York and some Mid-West States. Specific congregations would remain anonymous.

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Thank you for your assistance in making this study not only a reality, but a success. Please know that due recognition will be given to you for your efforts when I publish my proposed book that deals with the positive and negative impact of religion on marital sexual functioning.

Yours truly,

Stephen Purcell

Encl.

2000 So. State Street
St. Joseph, Michigan 49085

October 4, 1983

Rabbi Joseph A. Edelheit
2800 Franklyn Street
MICHIGAN CITY, In 46360

Dear Rabbi Edelheit:

Thank you for your help in rating the statements. I was quite satisfied with what you did. Since we spoke during the summer, work has not eased a bit on the development of the scales. A pilot study has been completed on both instruments using a Jewish (including orthodox), Fundamentalist Protestant, and Catholic sample. The instruments show high reliabilities beyond .90 and are validated for the populations mentioned above.

Enclosed, are four samples of the final questionnaire which might be useful to you as you help to make some contacts. The questionnaire is designed to be administered only to married persons of all ages. Obviously, a cover letter explaining the nature of the study and its purpose together with an instruction sheet will accompany each set of questionnaires that is sent out. Although I am interested in having a small number of Reform Jews, my main interest is in the more conservative and orthodox groups, especially the orthodox group.

The underlying purpose of this Survey of Religious and Marital Sexual Attitudes is to provide relevant information for the development of programs for the amelioration of spiritual and marital relationships within these populations. As you well know, there is a very high correlation between sexual fulfillment (satisfaction) and marital happiness. Interestingly, I have observed that most marital problems seem to have a sexual component to them.

Page 2

To my clinical colleagues who might be interested in a rationale for this study, I would say that the results would provide pertinent information that will benefit them in their treatment of sexual and marital problems.

Thank you for your assistance in making this study not only a reality, but a success, and please remember that due recognition will be given to you for your efforts when we publish the findings, and in my proposed book that will deal with the positive and negative impact of religion on marital sexual functioning.

Yours truly,

Stephen L. Purcell

SLP:jm

Encl. 4

2000 So. State Street
St. Joseph, Michigan 49085

November 15, 1983

Dr. Sadell Sloam
1266 Holly Lane, N.E.
Atlanta, Georgia 30329

Dear Dr. Sloam:

Yesterday, I spoke with Dr. Anita Jacobs relative to a research project I am presently completing (Dr. Jacobs is currently helping me administer the instruments to members of the Jewish Orthodox congregation in South Bend) in consultation and assistance of the Masters and Johnson Institute of Human Sexuality. The research project deals with an empirical investigation of the relationship between religious rigidity-closed-mindedness, and marital sexual functioning in a sample of Jews, Catholics, and Fundamentalist Protestants. It is an attempt to test the theory espoused by many clinicians that there is a strong relationship (connection) between what they call religious orthodoxy (defined in my study as religious rigidity-closed-mindedness) and sexual dysfunction. Masters and Johnson have been the foremost proponents of this theory. They declare in their book Human Sexual Inadequacy:

While the multiplicity of etiological influences is acknowledged, the factor of religious orthodoxy still remains of major import in primary orgasmic dysfunction as in almost every form of human sexual inadequacy (p. 221).

Over the past year, I have been working on the development of two instruments to measure the variables I am studying. One instrument is designed to measure religious rigidity-closed-mindedness, and the other marital sexual functioning (not dysfunction). Pilot studies have been completed on both instruments under supervision of my doctoral committee here at Andrews University, Berrien Springs, Michigan. The pilot sample included Jewish (Orthodox included), Catholic, and Fundamentalist Protestant subjects. The instruments show high reliabilities beyond .90 and are validated for the populations mentioned above.

Page 2

Presently, I am in the process of procuring as wide a geographical sample range as possible. I have had the cooperation of some ministers and rabbis in some states here in America and three Canadian provinces. I expect to get a small sample from Boro Park in Brooklyn, New York and some Conservative and Reform Jews in the Mid-West. Anita expressed that you might be interested in helping procure a sample of Orthodox Jews and Baptists from Atlanta seeing that you have contacts with these religious communities. She thought it might be interesting to compare marital sexual functioning among the more traditional Orthodox Jews of Boro Park viz-a-viz the more progressive, professional Orthodox Jews of Atlanta and that you might even be interested in a joint publication of the findings. Incidentally, I am in the process of developing a book looking at the impact (both positive and negative) of religion on marital sexual functioning.

I have enclosed three copies of the instrument for your perusal. If you are interested in this project, please write to me at the above-mentioned address as soon as possible or telephone me at the following numbers:

(616) 983-5545 Tues - Fri (9 - 5)
(616) 473-6810 Evengs (after 6)

I look forward to hearing from you. As you can appreciate, time is at a premium for the completion of my dissertation.

Yours truly,

Stephen Purcell

SP:jgm
Encl. 3

702 Cherry Street
Berrien Springs, Michigan
49103

Telephone No.: (616) 983-5545

May 10, 1983

Rabbi Joseph A. Edelheit
2800 Franklin Street
Michigan City, Indiana
46360

Dear Rabbi Edelheit:

It has been sometime since I spoke with you last, and the work on my research has not eased one bit. I want to thank you for your conscientious assistance in the development of the religious rigidity-closed-mindedness scale.

I have enclosed a copy of the recent revision for your appraisal based on the instructions found on the first page. It should not take you but a short time to complete the rating of each statement.

Included, you will find a self-addressed, stamped envelope to ensure a quick return of the questionnaire. Thank you for your assistance once again.

Yours truly,

Stephen L. Purcell

SLP:jgm
Encl. 2

BIBLIOGRAPHY

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BIBLIOGRAPHY

- Barbach, Lonnie. "Group Treatment of Anorgasmic Women." In Principles and Practice of Sex Therapy, pp. 107-146. Edited by Sandra Leiblum and Lawrence Pervin. New York: The Guilford Press, 1980.
- Bell, Robert R. "Religious Involvement and Marital Sex in Australia and the United States." Journal of Comparative Family Studies 5, no. 2 (Autumn 1974):109-116.
- Bell, Robert and Chaskes, Jay. "Premarital Sexual Experience among Coeds." Journal of Marriage and the Family 32 (February 1970):81-84.
- Burgess, Ernest and Wallin, Paul. Engagement and Marriage. New York: J. B. Lippencot Company, 1953.
- Chesset, E. The Sexual Marital and Family Relationships of the English Woman. London: Hutchinson's Medical Publications, 1956.
- Dahlquist, Douglas. "Sexual Attitudes in the Baptist General Conference." Ph.D. dissertation, Northwestern University, 1972.
- David, James, and Duda, Francis. "Christian Perspective on the Treatment of Sexual Dysfunction." Journal of Psychology and Theology 5 (Fall 1977):332-36.
- Dedman, Jean. "The Relationship between Religious Attitudes and Attitudes toward Premarital Sexual Relations." Marriage and the Family 21 (November 1959):171-74.
- Durkeim, Emile. The Elemental Forms of Religious Life. New York: Free Press, 1965.
- Ehrmann, Winston. Premarital Dating Behavior. New York: Henry Holt, 1959.
- Ellis, Albert. "Treatment of Erectile Dysfunction." In Principles and Practice of Sex Therapy, pp. 235-61. Edited by Sandra Leiblum and Lawrence Pervin. New York: The Guilford Press, 1980.
- Fisher, Seymour. The Female Orgasm. New York: Basic Books, Inc., 1973.

- Fruchter, B.; Rokeach, M.; and Novak, E. "A Factorial Study of Dogmatism, Opinionation, and Related Scales." Psychological Reports 4 (1958):19-22.
- Fuchs, K.; Hoch, Z.; Paldi, E.; Abramovici, H.; Brandes, J.; Timor-Tritsch, I.; Kleinhaus, M. "Hypnodesensitization Therapy of Vaginismus: In Vitro and In Vivo Methods." In Handbook of Sex Therapy, pp. 261-69. Edited by Joseph Lo Piccolo and Leslie Lo Piccolo. New York: Plenum Press, 1978.
- Goshen-Gottstein, E. R. "Courtship, Marriage and Pregnancy in 'Geula.' A Study of an Ultra-orthodox Jerusalem Group." Israel Annals of Psychiatry and Related Disciplines 4 (1966): 43-66.
- Gunderson, Mark and McCary, James. "Sexual Guilt and Religion." Family Coordinator 28, no. 3 (July 1979):353-57.
- Hamblin, R. L., and Blood, R. O., Jr. "Premarital Experience and the Wife's Sexual Adjustment." Social Problems 4 (1956): 122-30.
- Hartley, S. "Marital Satisfaction among Clergy Wives." Review of Religious Research 19 (Winter 1978):178-91.
- Heiman, J.; Lo Piccolo, L.; and Lo Piccolo, J. Becoming Orgasmic: A Sexual Growth Program for Women. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1976.
- Hunt, M. Sexual Behavior in the 70's. Chicago: Playboy Press, 1974.
- Kanin, Eugene and Howard, David. "Postmarital Consequences of Premarital Sex Adjustments." American Sociological Review 23 (October 1958):556-62.
- Kaplan, Helen S. Disorders of Sexual Desire. New York: Brunner/Mazel, Inc., 1979.
- _____. The New Sex Therapy. New York: Brunner/Mazel, Inc., 1974.
- King, Karl; Abernathy, T.; Robinson, Ira; Balswick, Jack. "Religiosity and Sexual Attitudes and Behavior among College Students." Adolescence 11, no. 44 (Winter 1976):335-39.
- Kinsey, A. C.; Pomeroy, W.; and Martin, C. Sexual Behavior in the Human Male. Philadelphia: W. B. Saunders Company, 1948.
- _____. Sexual Behavior in the Human Female. Philadelphia: W. B. Saunders Company, 1953.

- Lazarus, Arnold. "Overcoming Sexual Inadequacy." In Handbook of Sex Therapy, pp. 19-34. Edited by Joseph Lo Piccolo and Leslie Lo Piccolo. New York: Plenum Press, 1978.
- Leedy, Paul. Practical Research: Planning and Design. New York: Macmillan Publishing Co., Inc., 1980.
- Leiblum, Sandra; Pervin, Lawrence; Campbell, Enid. "The Treatment of Vaginismus." In Principles and Practice of Sex Therapy, pp. 167-92. Edited by Sandra Leiblum and Lawrence Pervin. New York: The Guilford Press, 1980.
- Lindenfeld, Frank. "A Note on Social Mobility, Religiosity and Student's Attitudes toward Premarital Sexual Relations." American Sociological Review 25 (February 1960):81-84.
- Lo Piccolo, Joseph. "Direct Treatment of Sexual Dysfunction." In Handbook of Sex Therapy, pp. 1-17. Edited by Joseph Lo Piccolo and Leslie Lo Piccolo. New York: Plenum Press, 1978.
- Lo Piccolo, Leslie. "Low Sexual Desire." In Principles and Practice of Sex Therapy, pp. 29-64. Edited by Sandra Leiblum and Lawrence Pervin. New York: Guilford Press, 1980.
- Martin, J. and Westbrook, Mary. "Religion and Sex in a University Sample: Data Bearing on Mol's Hypothesis." Australian Journal of Psychology 25, no. 1 (1973):71-79.
- Masters, William H., and Johnson, Virginia E. Human Sexual Inadequacy. Boston: Little, Brown, 1970.
- Mol, H. "Religion and Sex in Australia." Australian Journal of Psychology 22 (1970):105-114.
- Ogren, D. "Sexual Guilt, Behavior, Attitudes and Information." Ph.D. dissertation, University of Houston, 1974.
- Ostrov, S. "Sex Therapy with Orthodox Jewish Couples." Journal of Sex and Marital Therapy 4, no. 4 (Winter 1978):266-78.
- Primeau, C. "Intercorrelations of Sex Variables among a Selected Group of Psychologists." Ph.D. dissertation, University of Houston, 1977.
- Rainwater, L. Family Design: Marital Sexuality, Family Size, and Contraception. Chicago, Ill.: Aldine Publishing, 1965.
- Reckless, John and Geiger, Nancy. "Impotence as a Practical Problem." In Handbook of Sex Therapy, pp. 295-321. Edited by Joseph Lo Piccolo and Leslie Lo Piccolo. New York: Plenum Press, 1978.

- Reiss, Ira. The Social Context of Premarital Sexual Permissiveness. New York: Holt, Rinehart and Winston, 1967.
- Robinson, John and Shaver, Paul. Measures of Social Psychological Attitudes. Survey Research Center, Institute for Social Research, August 1970.
- Rokeach, Milton and Fruchter, B. "A Factorial Study of Dogmatism and Related Concepts." Journal of Abnormal Social Psychology (1953):356-60.
- Rokeach, Milton; McGovney, Warren; and Denny, Ray. "Dogmatic Thinking Versus Rigid Thinking." In The Open and Closed Mind, pp. 182-95. Edited by Milton Rokeach. New York: Basic Books, Inc., 1960.
- Ruppel, Howard. "Religiosity and Premarital Sexual Permissiveness: A Response to the Reiss-Heltsley and Broderick Debate." Journal of Marriage and the Family 32, no. 4 (November 1970): 647-55.
- Shope, D. F., and Broderick, C. B. "Level of Sexual Experience and Predicted Adjustment in Marriage." Journal of Marriage and the Family 29 (1967):424-27.
- Shope, D. F. "A Comparison of Selected College Females on Sexual Responsiveness and Nonresponsiveness." Ph.D. dissertation, Pennsylvania State University, 1966.
- Spillman, Emil. "Treatment of Sexual Problems in the South--Differences in the Diagnosis and Therapy Based on Geographical Location." Journal of the American Institute of Hypnosis, 13, no. 1 (January 1972):5-10.
- Stark, Rodney and Glock, Charles Y. American Piety: The Nature of Religious Commitment. Berkeley, Calif.: University of California Press, 1968.
- Tavis, Carol and Sadd, Susan. The Redbook Report on Female Sexuality. New York: Delacorte Press, 1977.
- Terman, Lewis M. "Correlates of Orgasm Adequacy in a Group of 556 Wives." Journal of Psychology 32 (1951):115-172.
- _____. Psychological Factors in Marital Happiness. New York: McGraw-Hill Book Company, Inc., 1938.
- Thomas, D. "Conservatism and Premarital Sexual Experience." British Journal of Social and Clinical Psychology 14 (1975):195-96.

Thomas, Lena. "The Relationship between Premarital Sexual Behavior and Certain Personal and Religious Background Factors of a Sample of University Students." College Health 21 (June 1973):461-64.

Tyrell, B. J. Christotherapy. New York: The Seabury Press, 1974.

Washa, Robert. "Dogmatism and Its Relationship to Attitudes toward Sexual Behavior among Roman Catholic Priests of the Diocese of Brooklyn." Ph.D. dissertation, Adelphi University, 1978.

Personal Letter

Masters & Johnson Institute to Stephen Purcell, March 25, 1982.

VITA

Name: Stephen L. Purcell

Date of Birth: June 23, 1948

Place of Birth: Grenada, West Indies

ACADEMIC QUALIFICATIONS:

1968	Diploma in Theology, Caribbean Union College
1975	Bachelor of Theology, Caribbean Union College
1980	Master of Arts: Educational-Developmental Psychology and Counseling, Andrews University
1984	Doctor of Philosophy, Counseling Psychology, Andrews University

PROFESSIONAL EXPERIENCE:

1968-1978	Minister of Religion, South Caribbean Conference of Seventh-day Adventists, Port-of-Spain, Trinidad, West Indies
1984	Mental health therapist, Riverwood Community Mental Health Center, St. Joseph, Michigan.