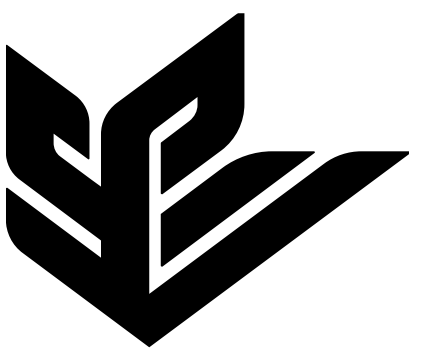# Religiosity and Experiences of Sexual Shame: An Exploratory Latent Class Analysis Study

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ABSTRACT

While the relationship between religious contexts and sexual shame has been increasingly discussed among clinicians, there has yet to be a study examining this relationship (Schermer-Sellers, 2017). This study aims to increase clarity in this area by exploring the potential relationships between experiences of sexual shame (Clark, 2017) and religiosity. Further, this study is unique in its quest to garner an experience-near definition for sexual shame itself. A latent class analysis was used to assess four key categorical indicators of sexual shame as previously found by Clark et al. (2017) as well as both present and historical religious exposure. Covariates of membership were explored, as well. We hope that our research will provide grounds for deeper exploration of distinct experiences of sexual shame as nuanced by religious experience and empower clinicians to understand and assist clients navigating complex experiences of sexuality, shame, and religion.

INTRODUCTION

- Clinical attention is increasingly directed toward the phenomenon of sexual shame with a subset of clinicians focusing on the impacts of conservative Christianity on sexual shame (Schermer-Sellers, 2017).
- Despite increased attention, little research has explored the connection between religious context and sexual shame.
- Despite exploratory research, current measures for sexual shame focus on behaviors and experiences, neglecting thoughts, beliefs, larger systemic messages, and the role that religion might play (Kyle, 2013; Leonhardt et al., 2020; Dew & Uecker, 2020).
- While some studies have shown a link between sexual guilt and sexual satisfaction within religious communities, none have addressed the links between religion and sexual shame (Leonhardt et al., 2020; Claney et al., 2020).
- As such, the current literature is in need of a clear definition of sexual shame as well as clear links to potential religious factors in order to empower clinicians in assisting clients with these issues.
- The variation in the literature regarding the relationships between religion, shame, and sexuality stems from imprecise definitions and assessment for sexual shame and from a larger failure to see the ways these phenomena co-create each other.
- In this study, we seek to build on and extend the emerging grounded theory research conducted by Claney et al. (2020) and Clark (2017) by eliciting experiences of religious sexual self-understanding and sexual shame and assessing for common connections and patterns that may emerge across these experiences.

PRIMARY AIM AND HYPOTHESES

Research Question:
- Do meaningful connections exist between experiences of religion and experiences of sexual shame?

Hypothesis:
- Experiences of religious messages and sexual shame will be present in discrete subpopulations

METHODS

Participants

- Emerging adults (ages 18-28) from one religiously affiliated and one large state university
- 300 participants from each university, for a 600 total sample size
- Participants invited via online survey invite

Procedures

- Participants sent online survey assessing experiences of sexual shame, religious self-identification, and demographic data using SurveyMonkey (SurveyMonkey Inc., San Mateo CA, surveymonkey.com)
- Survey results analyzed with LCA using Mplus (version 8; Muthén & Muthén, Los Angeles, CA)
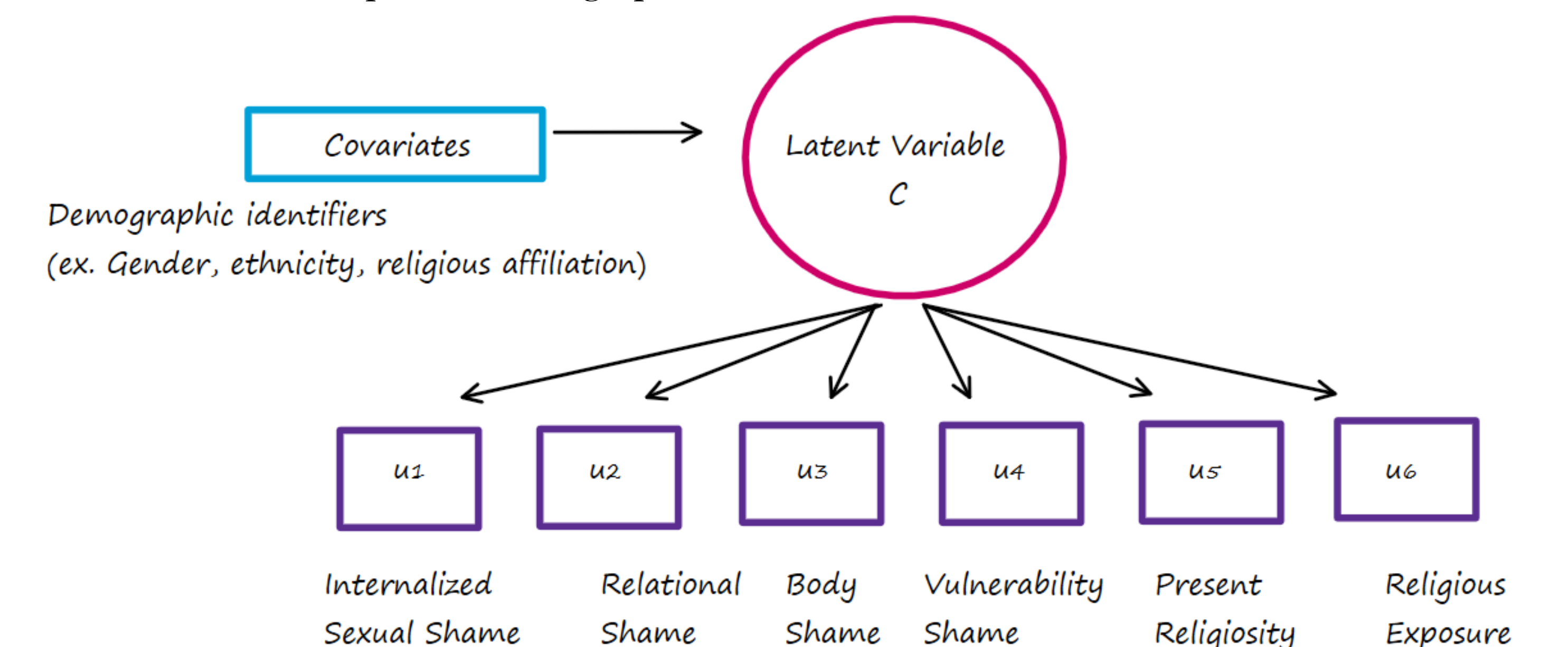
MEASURES

Six-item online survey assessing systemically-experienced sexual shame and religiosity (Yes/No answers)

- Four items assessing systemic sexual shame from Clark's (2018) phenomenological findings (Internalized Sexual Shame, Relational Shame, Biological Shame, Vulnerability Shame)
- One item assessing history of religious exposure
- One item assessing present importance of religious beliefs from Choi et al's (2013) Religious Beliefs Measure
- Demographic data (age, gender, ethnicity, sexual orientation)

RESULTS

Results obtained using Latent Class Analysis

- LCA using Mplus (version 8; Muthén & Muthén, Los Angeles, CA)
- LCA testing 5 distinct models according to ascending class (class=1,2,3,4,5) until optimal model identified
- Best model fit identified using AIC and BIC fit statistics, BLRT inferential test, Entropy model usefulness indicator
- Upon identification of best model fit, advanced application of LCA using covariates of membership from demographic identifiers

Covariates
Demographic identifiers
(ex. Gender, ethnicity, religious affiliation)

Latent Variable C

u1 — Internalized Sexual Shame
u2 — Relational Shame
u3 — Body Shame
u4 — Vulnerability Shame
u5 — Present Religiosity
u6 — Religious Exposure

Discussion

Social implications

This study addresses a connection that has received increased clinical attention and acknowledgment but still lacks a firm research base for understanding religious sexual shame. Our research seeks to clarify experiences of sexual shame and explore on a broad scale what has only begun to be studied at an individual level.

Implications for clinicians

At present, many clinicians are just beginning to recognize sexual shame as a distinct phenomenon. Our research hopes to aid clinicians in better understanding clients experiences of sexual shame and provide them more accurate depictions of its unique manifestations and possible ties to religiosity. Emerging clinical research indicates clients with a religious background manifest sexual shame uniquely. Should connections between religion and sexual shame be validated, such findings would enable clinicians to develop integrative treatments that honor client religiosity and sexuality, and create systemic healing in both areas of life.

Implications for further Research

This study is seeking to validate and provide a large research base for promising recent systemic definitions of sexual shame phenomenon (Clark, 2017) while it looks to explore the numerous ways that such phenomena may relate to religious experience. We hope that our identifying potential unique populations gives future researchers an advantage in obtaining rich experience-near data of unique populations. Should particular covariates predict sexual shame experience, future research may further garner experience-near definitions of sexual shame, elucidate communal, theological, and practical sources of such messages and experiences, and discern both the mechanisms of shame transmission. Further, protective factors in religious experience for different populations may be found. Out of such studies, we see great potential for the further development of measures that assess for sexual shame and its connection to religiosity. Such measures will be invaluable to clinicians in addressing this underserved area and provide data for further research exploration.