



Guilt: One Story Behind Psychological and Sexual Health

Luci A. Martin, M. S. & Mark Vosvick, Ph.D.
University of North Texas

Introduction

- Freud described **guilt** as the result of a humanity that lives in a civilization that does not allow us to act impulsively toward our desires and fantasies (Kahn, 2002).
- **Guilt** has been examined over the years for its role in **psychological** and sexual health from many perspectives (Faiver, O'Brien, & Ingersoll, 2000).
- Kahn (2002) argued that without **guilt**, people might act freely, pursuing pleasures without negative emotions.
- Such ungoverned pleasure seeking behaviors could result in legal action, isolation, or disease.
- Not all researchers agree on **guilt's** role in **psychological** and sexual health (Ellis, 1960; Mowrer, 1960).
- It is important to examine **guilt** complexly, the role of **guilt** in **psychological health** as well as the role of **guilt** in behaviors that could result in negative or harmful consequences.
- Our study examines the specific relationship three types of **guilt** have with markers of **psychological** and sexual health to provide an empirical basis to help understand the complex role **guilt** plays in college students' lives.

Hypotheses

H1: Sex-related guilt, guilty conscious and hostile guilt will be negatively related to psychological health

H2: Sex-related guilt will be positively associated with markers of sexual health

H3: Hostile guilt and guilty conscious will be negatively related to measures of sexual health

Method

➤ Participants completed a computerized battery of self-report measures including demographic, sexual and psychological information.

➤ A diverse non-clinical sample (N = 662, 70% female, 60% European-American, 20% African-American, 9% Latinos, 11% "Other") was drawn from a college student population at a large Southern university.

➤ Criteria for inclusion required that all participants were enrolled as undergraduate students and 18 years of age or older.

➤ The average age was 21 years (SD = 3.66, Range 18-54).

➤ This sample predominantly self-reported as heterosexual (94%).

➤ Sixty-nine percent of the sample reported that they were single/dating.

➤ Sexual health consisted of yes/no questions, with the exception of number of partners and condom embarrassment.

Sexual Activity (n=562)

	YES	NO
Have condoms available and ready for use	63%	37%
Sex after using alcohol or drugs	68%	32%
History of STD	15%	85%
Sex with partner known for less than a day	30%	70%
Ever purchased condoms?	74%	26%
Total number of partners	#	%
	1	25%
	2-5	41%
	≥6	34%

- Since our measures of **psychological health** and sexual health included both categorical and continuous data as outcome measures, we conducted both multiple linear regressions and binary logistic regressions to test our models.
- Each model controlled for gender and ethnicity.

Measures	Sample Question	Mean (SD)	Range	α
Revised Mosher Guilt Inventory (Mosher, 1968)	1. "Masturbation is wrong and will ruin you."	111.67 (39.37)	0 – 300	
1. Sex Guilt	2. "After an outburst of anger, I am sorry and say so."	136.92 (26.28)	0 – 252	0.93
2. Hostile Guilt	3. "I punish myself when I do wrong and don't get caught."	65.86 (11.64)	0 – 132	
3. Guilty Conscious				
Rosenberg Self-Esteem Scale (Rosenberg, 1965)	"I take a positive attitude toward myself."	31.45 (5.10)	10 – 40	0.76
Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983)	"How often have you felt nervous and 'stressed'?"	25.78 (6.83)	0 – 56	0.82
Center for Epidemiologic Studies Depression Scale (Radloff, 1977)	"I felt sad."	15.43 (10.31)	0 – 60	0.90
Condom Embarrassment Scale (Vail Smith, Durham & Howard, 1992)	"I am embarrassed or would be embarrassed about burying a condom from a drug store near campus."	17.74 (8.86)	8 – 40	0.91

Results

Correlation Matrix

	Sex Guilt	Hostile Guilt	Guilty Conscious
Gender	-	0.20**	0.11**
African American	0.27**	-0.12**	-
European-American	-0.28**	-	-
"Other" Ethnicity	0.12**	-	-
Ever had sex?	-0.31**	-	-
Number of partners	-0.12**	-	-
Sex with person known < day	-0.12**	-0.12**	-
Sex after drugs/alcohol	-0.24**	NS	-0.10*
Ever purchased condoms	-0.22**	-0.13**	-0.13**
Have condoms available	-0.18**	-0.12**	-0.11*
History of STD	-	-	-
Condom embarrassment	0.36**	0.19**	0.25**
Self-Esteem	-	-0.14**	-0.45**
Stress	-	0.10**	0.36**
Depression	-	-	0.34**

Simultaneous Multiple Regression Analyses

Psychological Health

	Self-Esteem		Stress		Depression	
	t	β	t	β	t	β
Gender	2.10*	0.07	1.23	0.05	-0.62	-0.02
African American	2.67**	0.10	3.21**	0.13	2.75**	0.11
Latino(a)	2.38*	0.08	-0.91	-0.03	-0.45	-0.02
Other Ethnicity	-0.40	-0.01	0.97	0.04	0.40	0.02
Sex-Guilt	2.74**	0.11	-4.41**	-0.18	-5.00**	-0.21
Hostile Guilt	0.89	0.04	-0.50	-0.02	-0.06	-0.00
Guilty Conscious	-12.97**	-0.51	10.48**	0.43	10.10**	0.42
	F (7, 653) = 29.16**		F (7, 654) = 18.61**		F (7, 654) = 16.67**	
	Adjusted R ² = 0.23		Adjusted R ² = 0.16		Adjusted R ² = 0.14	

* p < .05; ** p < .01

Sexual Health

Logistic Regression Analyses

	Partner known < day			Sex after drugs/alcohol			Hx of an STD		
	B	WALD	Exp(B)	B	WALD	Exp(B)	B	WALD	Exp(B)
Gender	-0.34	2.75	0.72	0.34	2.64	1.40	0.89	8.40**	2.44
African A	0.36	0.87	1.44	-1.20	10.43**	0.30	0.66	2.01	1.92
Latino(a)	-0.22	0.21	0.80	-0.11	0.05	0.90	-0.51	0.72	0.60
European-American	0.15	0.18	1.16	0.09	0.06	1.09	-0.51	1.35	0.60
Sex Guilt	-0.01	6.44*	0.99	-0.01	7.72**	0.99	-0.01	4.90*	0.99
Hostile Guilt	-0.01	3.55	0.99	0.01	1.64	1.01	0.00	0.64	1.00
Guilty Conscious	0.01	0.38	1.00	-0.02	2.70	0.98	-0.00	0.09	1.00
	χ ² = 18.59*, df = 7, n = 562			χ ² = 70.42**, df = 7, n = 562			χ ² = 23.49**, df = 7, n = 562		

	Ever purchased condoms			Condoms available		
	B	WALD	Exp(B)	B	WALD	Exp(B)
Gender	-1.83	35.33**	0.16	-0.62	9.10**	0.54
African A	-0.23	0.31	0.79	0.44	1.51	1.56
Latino(a)	-0.41	0.66	0.66	0.06	0.02	1.06
Euro.-American	-0.26	0.45	0.77	0.07	0.04	1.07
Sex Guilt	-0.01	18.27**	0.99	-0.01	15.54**	0.99
Hostile Guilt	-0.00	0.46	1.00	-0.01	1.57	1.00
Guilty Conscious	-0.01	0.29	1.00	0.00	0.00	1.00
	χ ² = 80.41**, df = 7, n = 562			χ ² = 36.12**, df = 7, n = 562		

* p < .05; ** p < .01

Simultaneous Multiple Regression Analysis

	Condom Embarrassment	
	t	β
Gender	4.71**	0.17
Afr.-Amer	-4.61**	-0.18
Latino(a)	-2.40*	-0.09
"Other"	0.15	0.01
Sex-Guilt	8.83**	0.36
Hostile Guilt	0.61	0.02
Guilty Consc.	2.17*	0.09
	F (7, 654) = 25.00**	
	Adjusted R ² = 0.20	

Discussion

- In conclusion, it appears that higher **sex-related guilt** and lower **guilty conscience** have the strongest relationship with **psychological well-being**.
- Our findings that the relationship between **guilty conscious** and **psychological health** are consistent with previous research (Faiver et al., 2004; Abramson et al., 1977).
- **Sex-related guilt** has a less clear relationship with sexual health, with positive relationships with both risky and less risky behaviors and attitudes. **Hostile guilt** did not appear to play a significant role in either **psychological** or sexual health.
- Low **sex-guilt** has been linked to higher contraceptive and safe sex practices in women (Mosher & Vonderheide, 1985), but few studies have examined the constructs of **hostile** and **sex guilt** in relation to health, therefore it is difficult to compare our findings.
- Given the limited research available, it is important for researchers to continue to address the complex relationship between various forms of **guilt** and health.
- Our study is limited by retrospective, self-report data and consists of primarily female students, limiting generalization. We used a cross-sectional, correlational design, which does not allow us to infer causality.
- Given the consequences of risky sexual behaviors and **psychological illness**, it is crucial that we understand which types of **guilt** are useful and which put individuals at risk, in order to design the best educational and psychotherapeutic interventions.
- Future studies need to examine the influence of such interventions on college student's sexual and **psychological health**.

Please see handout for references and acknowledgement.