INTRINSIC AND EXTRINSIC RELIGIOSITY AND SEXUAL COMPULSIVITY
WITH CHRISTIAN MALES: UNDERSTANDING CONCEPTS AND
CORRELATIONS BASED ON RACE, AGE AND SOCIOECONOMIC STATUS AND
MARITAL STATUS

by

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Abstract

The objective of this study was to discover correlative factors between the religiosity of the subject as measured by the Religious Orientation Scale (ROS) and possible sexual compulsive behavior as valued on the Sexual Compulsivity Scale (SCS). In terms of religiosity on the ROS, two dynamics were evaluated: intrinsic and extrinsic religiosity. Intrinsic religiosity can be characterized as having a faith system that is dynamic, open-minded, and able to maintain links between inconsistencies; whereas extrinsic religiosity is seen as a utilitarian use of religion as a means to an end. Because there was a lack of correlational research on this topic, it was the attempt of this study to understand the relationship between religiosity and sexual compulsive behaviors. Specifically, this research sought to compare intrinsic and extrinsic religious beliefs and the extent of sexual compulsivity in Christian males ($N = 49$) who reside in the Midwest. This correlational study sought to identify bivariate associations, and by utilizing the Pearson correlation coefficient found a mild correlation with these variables of religiosity and sexual compulsive behaviors. Likewise, in utilizing one-way Analysis of Variance, the study attempted to categorize differences between sexual compulsive behavior and religiosity as related to age, race, socio-economic status and marital status. Concerning these findings, the study did not identify any relevant associations between these variables.
Dedication

One of the greatest role models in my life was my grandfather William Stutz (1913-1997), who taught me the value of hard work and determination in pursuing a goal. My wife Julie’s support and encouragement in pursing my doctorate has kept me on the path and helped me to stay positive in the challenges of pursuing a doctorate degree. My two sons, Josiah and Micah did not allow me to forget that I am a dad before a Ph.D. and made sure I spent adequate time on the golf course during these years of study. Finally, I also dedicate this work to Dr. Bob Lehman who for many years has been a mentor to me in having a deeper understanding in the psychological and the person. It was he, who first put the idea of attempting to attain this degree, and now that it is at its completion, I am grateful for his counsel.
Acknowledgments

I could not have completed this dissertation were it not for the efforts of my mentor, Dr. Timothy Makatura, and my committee members, Dr. Donald Preussler and Dr. Steven Schneider. I thank them for their insight in terms of their direction throughout this process of writing and research. I also acknowledge the great work of Gordon Allport, the original author of these ideas that are set forth in this work. Though he was a researcher and psychologist who was often overlooked in terms of historical significance, it is my conviction that his work is valuable as any psychologist that came before him or after, and his work should be studied for further insight. Finally, my thanks to all those unnamed supporters who helped me forge my way through the doctoral program.
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CHAPTER 1. INTRODUCTION TO THE PROBLEM

The issue of sexual compulsive behavior is a subject of debate in the psychological community (Sullivan, 2002; Carnes et al., 2001; Earle et al., 1989) as there is not agreement on the exact definition or classification of this behavior. While the legitimacy of sexual addiction as a psychological disorder is argued, the support systems that exist for this issue are diverse and numerous. There are many official groups such as Sex Addicts Anonymous, Sexual Compulsives Anonymous and Sex and Love Addicts Anonymous who offer help to those facing these issues. Statistics suggest that compulsive sexual behavior affects one out of 20 people (Cooper et al., 2000). There are many manifestations of this behavior and it is reported through different journal articles and personal accounts how this addiction can create havoc in the lives of individuals and families (Suler & Phillips, 1997; Goodman, 1998).

The other critical factor of this study is the aspect of religion and the manner in which it can integrate into sexual compulsive behavior as form of psychological dysfunction. Although it can be claimed that religion can play a constructive function in managing mental health problems, some theorists hypothesize that there are numerous ways in which religion can hinder the individual (Engs et al., 1990; Martin & Templin, 1999). With this, Allport (1967) maintained that there could be two distinct types of religiosity that a person could frame their lives: extrinsic and intrinsic religiosity. He suggested that a person could use religion for either internal or external reasons; one could utilize a faith system that was dynamic and internalized or create a system that was based on external factors such as tradition or social status. The research question that will be presented in this study will investigate the strength and qualities between these
two factors of perceived religiosity and sexual compulsivity (SC) in men who profess a Christian faith. The study has two central presumptions: first, the study presumes that those having an intrinsic religious belief system (IR) as scored on the Religious Orientation Scale (ROS) will decrease the person’s level of sexual compulsivity as revealed on the Sexual Compulsivity Scale (SCS). Likewise, the study presumes that those having an extrinsic religious belief system (ER) as scored on the Religious Orientation Scale (ROS) will increase the person’s level of sexual compulsivity as revealed on the Sexual Compulsivity Scale (SCS). With these results, it can lay a foundation for identifying individuals who may struggle with these issues distinct issues. Similar factors, such as substance abuse and gambling (Oleckno & Blacconiere, 1991; Benson & Donohue, 1989; Martin & Templin, 1999), have been used in previous research to determine relationships concerning an individual’s religious belief system and the findings of this study should add to the growing literature concerning religiosity as related to sexual behavior.

Background of the Study

The concept of sexual addiction as defined by this study is a term most often used by those who research different aspects of sexuality, hypersexuality or sexual compulsivity (Goodman, 2005; Schneider, 1994; Coleman, 1991; Fischer, 1995; Montaldi, 2002). Even though the *Diagnosis and Statistical Manual for Mental Disorders* does not use the term “sexual addiction” as a unique and singular disorder (American Psychiatric Association, 2000), for the purposes of this study, the author describes this term as a *dependence* similar to the manual. By utilizing Goodman’s (2005) work on defining the term, a sexual compulsivity can therefore be defined as excessive or
questionable sexual behaviors that are maladaptive to the degree in which the person over time will exhibit considerable impairment or distress. Goodman (2005) writes that similar to other compulsions, aspects, which may be found in a person suffering with a sexual compulsion, fall under three categories:

- An increased degree of concentration on the sexual behavior that over time achieves a decreased effect in comparison to the intensity given to the behavior;
- A strong desire to control the behavior, but without success;
- The loss of social, professional or recreational interests because of the sexual compulsion.

There are many questions surrounding sexual compulsivity, in particular, why some individuals lose control and others do not in terms of these specific behaviors. One aspect of this study is to detail the question of what exactly is a sexual addiction or sexual compulsion? Other questions abound that are related to this one. Can one’s sexuality genuinely manifest into an addiction? Is sexual addiction an impulse control problem? Is it the result of some chemical imbalance in the brain? Is it not a disorder of sexual function? Does it manifest as an attachment issue? Regardless of the causal biological, psychological, or social causes, sexual compulsivity is the subject of much controversy and there has been little research done on this subject and therefore, this is why this study is proposed.

This study begins with this premise: sexual compulsivity is an assumed form of psychological dependence to sexual intercourse and other sexual behaviors. Specifically, the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) offers no
guidelines or diagnosis for sexual compulsivity (APA, 2000). However, the National Council on Sexual Addiction Compulsivity estimated that 6%-8% (18-24 million individuals) of Americans battle some form of sexual compulsivity (NCSAC, 2006). Sexual compulsivity is a diverse psychological issue that can include a fixation with sexual desires and behaviors to the degree that a person can manifest disorders in social relationships, occupational concerns, and difficulties in daily living (Kalichman & Cain, 2004). These individuals engage in obsessive/compulsive sexual behavior that causes severe trauma to themselves and their relationships. It is a progressive intimacy disorder distinguished by obsessive sexual thoughts and acts (Carnes, 2001; Goodman, 1998). This disorder can manifest in behaviors such as compulsive masturbation, excessive use of pornography, exhibitionism, voyeurism, and sexual and emotional difficulties in relationships (Carnes, 2001).

Many addicted in terms of sexual practice place their personal security at risk to meet the ever-increasing demands of their sexual activities (Kalichman & Rompa, 1995). A significant characteristic of the addiction is its compulsive, uncontrollable nature (Kalichman & Cain, 2004) and those addicted can spend an extraordinary amount of time and money on these sexual behaviors. Impaired thinking through defensive rationalization, arguments, excuses, justifications and circular reasoning lead to denial of a problem (Goodman, 2005). As with other addictions, some individuals experience episodic binges, while others experience continuous problems. Some individuals may engage in sexual anorexia, where they have absolutely no sexual experiences. This does not control or cure the compulsion, but is simply another manifestation of the problem.
Statement of the Problem

Because the study is a correlational design, a description of the problematic behaviors of the target population should be discussed: religiosity and sexual compulsivity. First, as a model for this study, alcohol abuse and religiosity in numerous research studies have revealed different correlative dynamics (Payne et al., 1991; Khavari & Harmon, 1982; Oleckno & Blacconiere, 1991; Benson & Donohue, 1989; Martin & Templin, 1999). As an example, Martin and Templin (1999) discovered that there was a relationship to alcohol consumption and religiosity when it applied to female subjects. When administering the Religious Orientation Scale (ROS) and correlating these values to alcohol usage, they discovered that female students who scored in the intrinsic range when it concerns religiosity also scored lower on alcohol usage scales in comparison to women who scored higher with extrinsic values on the same instrument (Martin & Templin, 1999). With this, a study similar comparing sexual behaviors to religiosity has yet to be done and is one which is proposed.

Based on his observation of individuals with compulsive sexual behavior as well as on the similarities between pathological gambling and the addictive use of a substance, Goodman (1990) suggested a list of criteria for any addictive disorder which is replicated with the form of sexual addiction: 1) repeated failure to oppose inclinations to engage in a particular behavior; 2) an ever-increasing degree of pressure to succumb to the behavior; 3) a sense of gratification or release after yielding to the behavior. Carnes (2002) argues that this behavior commonly conforms to a series of events: 1) preoccupation: the individual is obsessed with erotic thoughts or imaginations; 2)
ritualization: the person pursues specific objectives to seek out sexual stimulation, which do not necessitate the need for orgasm or intimacy; 3) compulsive sexual behavior: the person’s sexual acting out (e.g., voyeurism, sexual aggressiveness, etc.); and 4) despair: these compulsive sexual acts lead not to sexual intimacy or pleasure, rather to feelings of dejection and helplessness. Sexual compulsivity is a diverse psychological issue that can include a fixation with sexual desires and behaviors to the degree that a person experiences disorders in social relationships, occupational concerns, and difficulties in daily living (Kalichman & Cain, 2004). Similar to other addictive behaviors, these individuals engage in obsessive/compulsive sexual behaviors that can cause severe trauma to themselves and to their relationships.

In addressing sexual compulsivity as a mental health issue, religiosity may be a factor that integrates into these dysfunctional sexual behaviors. There have been various studies that have examined religiosity and how ones religion can either create positive or negative dynamics concerning mental health issues (Martin & Templin, 1999; Abraham, 1994; Lukhoff, 1992). Different authors have addressed the need to understand how religion can be helpful, harmful or irrelevant to the process of therapy for various disorders or issues a client may face (Abraham, 1994; Pargament, 1997). With this study, to pursue a deeper understanding of the impact of religion on the differing aspects of sexual compulsivity could add to the current literature on these two specific areas. Abraham (1994) in his extensive review of religion and sexual behaviors, contends that the aspect of religiosity can not only have the capability to enhance mental health for the individual as related to sexuality; but likewise, can also disconnect and isolate the person from his/her sexuality, which can lead to various problems. Though it will not be tested
with this study, there is an underlying assumption that the dynamics such as guilt and
shame integrate into one’s religious beliefs and can also influence sexual behaviors in a
detrimental manner. For example, in a recent article, Birchard (2004) discusses how for
the religious individual there may be compulsive cycles in which there are control and
release aspects as related to sexual behavior, which can exacerbate these problems. As he
explains,

“The view is taken that sexual addiction and religious behaviour are interlinked in
that the sexual behavior represents the release part of the cycle and the religious
behaviour represents the control part of the cycle…The characteristics of the
religious behaviour (i.e., repentance, confession, diligence, service) actually move
the client to a sense of neediness or entitlement and thus back into the sexually
addictive behaviour. Unless this cycle is understood and aborted these apparently
antithetical behaviours contribute to one another.” (p.86)

The Religious Orientation Scale defines two religious belief scales—intrinsic and
extrinsic religiosity (Allport, 1967). As it pertains to religious beliefs, extrinsically
motivated individuals see faith as way to provide comfort or status. In the reverse, those
intrinsically motivated see faith in their life as "integrated, and directed by the master
value of religion." (Allport, 1967, p. 141). In The Individual and His Religion (1950),
Gordon Allport illustrates how people may use religion in different ways. He makes a
distinction between mature religion and immature religion. Mature religious sentiment is
how Allport characterized the person whose approach to religion is dynamic, open-
minded, and able to maintain links between inconsistencies. In contrast, immature
religion is self-serving and generally represents the negative stereotypes that people have
about religion (Allport, 1950). More recently, this distinction has been encapsulated in the terms *intrinsic religion*, referring to a genuine, heartfelt devout faith, and *extrinsic religion*, referring to a more utilitarian use of religion as a means to an end, such as church attendance to gain social status. These dimensions of religion can be measured on the Religious Orientation Scale (ROS; Allport & Ross, 1967) to which this study will utilize. When it concerns Allport’s (1967) assumptions concerning religiosity, the statement of the problem can be stated that for those who are extrinsically motivated in their belief system, this can foster negative ways of coping and could eventually lead to sexually compulsive behaviors.

**Purpose of the Study**

The purpose of the study is to assess whether or not there is an extrinsic manner of religiosity that parallels sexual compulsive behavior; as of yet, a study that has yet to be done. The understanding of how one’s religiousness interacts with these sexual behaviors is unknown and as mentioned previously, other studies with similar design have been utilized to assess religious orientation as related to alcohol use, gambling, and sexual orientation (Goodman, 2000). The epistemological standard utilized in this research reflects the concept of postpositivism. This approach as discussed by Creswell (2003) comprises of 1) identifying the problem; 2) offering a possible theory to the problem; 3) gathering data that verifies or disproves the theory; and, 4) suggest required modifications to these premises, and possibly perform further research concerning the issue. The hypothesis proposed, therefore, is to discover whether a relationship exists between aspects of religiosity and sexual compulsivity.
An underlying purpose concerning this research is to have a deeper understanding if different treatment strategies would be warranted for the two different populations examined, i.e., the intrinsic and extrinsic religious believer. Treatment for sexual compulsivity is most likely to be effective when it emerges from an integrated approach that brings together a range of therapeutic modalities, is individually tailored and evolves as the patient progresses (Earle & Crowe, with Osborn, 1989). Clinicians may need to work with these sexual issues in different manners whether their clients are extrinsically or intrinsically motivated in their belief system. The concepts underlying sexual behavior, which connects to family history, abuse experiences, sexual history and religiosity, can become very useful to the therapist when working with these populations. This study endeavors to add to this base of knowledge.

Research Hypotheses

The subsequent research questions were adopted by this quantitative research study by using the Religious Orientation Scale (Allport, 1967; ROS) which values extrinsic (ER) and intrinsic religiosity (IR), and the Sexual Compulsivity Scale (Kalichman & Rompa, 1995; SCS) which attempts to measure sexual addictive behavior.

1. When utilizing the Religious Orientation Scale and the Sexual Compulsivity Scale, will there be a significant correlation between intrinsic religiosity as defined by Allport (1950) and lower scores on the Sexual Compulsivity Scale as defined by Kalichman & Rompa (1995) in males from a Christian faith background?
2. When utilizing the Religious Orientation Scale and the Sexual Compulsivity Scale, will there be a significant correlation between extrinsic religiosity as defined by Allport (1950) and higher scores on the Sexual Compulsivity Scale as defined by Kalichman & Rompa (1995) in males from a Christian faith background?

3. In what manner does the age of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

4. In what manner does the race of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

5. In what manner does the socio-economic status of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

6. In what manner does the marital status of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

Hypotheses

H1a. There will be a correlation between a participant’s intrinsic religiosity score on the Religious Orientation Scale and a lower sexual compulsivity score on the Sexual Compulsivity Scale.
\textit{H1o.} There will be no correlation between a participant’s intrinsic religiosity score on the Religious Orientation Scale and their sexual compulsivity score on the Sexual Compulsivity Scale.

\textit{H2a.} There will be a correlation between a participant’s extrinsic religiosity score on the Religious Orientation Scale and a higher sexual compulsivity score on the Sexual Compulsivity Scale.

\textit{H2o.} There will be no correlation between a participant’s extrinsic religiosity score on the Religious Orientation Scale and their sexual compulsivity score on the Sexual Compulsivity Scale.

\textit{H3a.} Scores on the Sexual Compulsivity Scale will be correlated to the age of the participant.

\textit{H3o.} There will not be a correlation between scores on the Sexual Compulsivity Scale to the age of the participant.

\textit{H4a.} Scores on the Sexual Compulsivity Scale will be correlated to the race of the participant.

\textit{H4o.} There will not be a correlation between scores on the Sexual Compulsivity Scale to the race of the participant.

\textit{H5a.} Scores on the Sexual Compulsivity Scale will be correlated to the socio-economic status of the participant.

\textit{H5o.} There will not be a correlation between scores on the Sexual Compulsivity Scale and the ROS to the socio-economic status of the participant.

\textit{H6a.} Scores on the Sexual Compulsivity Scale will be correlated to the marital status of the participant.
There will not be a correlation between scores on the Sexual Compulsivity Scale to the marital status of the participant.

**Significance of the Study**

Potentially, the results of this study will provide empirical support for having a deeper understanding in how intrinsic and extrinsic religiosity influences sexual compulsive behavior. The study seeks to understand if there is a relationship between these two dynamics. There is little data available concerning person’s who are religious and how this relates to sexual compulsive behavior. This study may yield results, which would either affirm or disprove any notion concerning these compulsive issues as pertaining to the two dynamics of religious commitment.

Likewise, the author of the study hopes to be able to glean valuable data that will add to potential research in terms of treatment strategies for those working with these populations, such as psychologists, social workers or clergy. Treatment strategies for these two distinct populations, those who score in the intrinsic or extrinsic categories of the ROS, will vary and an understanding of these issues will assist those working with these individuals. Further studies concerning these psychological issues may reveal specific ways in which treatment occurs for these two distinct groups. For those who report higher scores on the SCS, be they intrinsically or extrinsically motivated in their belief system, will most likely require differing aspects of treatment for these sexual issues. Likewise, future work may reveal how religion influences a person’s sexuality and incorporates either healthy or dysfunctional coping for the individual who is religiously oriented. Because this area of expertise is relatively immature, the possibilities for future studies are wide-ranging and considerable.
Definition of Terms

Correlational Research.
A correlational study attempts to examine the possible relationships between two or more variables (Leedy & Ormond, 2005).

Extrinsic Religiosity (ER).
As it pertains to religious beliefs, extrinsically motivated individuals see faith as a way to provide comfort or status, and are deemed as self-serving in terms of a faith commitment. Extrinsic religiosity is a utilitarian use of religion as a means to an end, such as church attendance to gain social status.

Intrinsic Religiosity (IR).
Those intrinsically motivated in terms of their religious commitment see faith in their life as "integrated, and directed by the master value of religion" (Allport, 1967, p. 141). In The Individual and His Religion (1950), Gordon Allport illustrates how people may use religion in different ways. He makes a distinction between mature religion and immature religion. Mature religious sentiment is how Allport characterized the person whose approach to religion is dynamic, open-minded, and able to maintain links between inconsistencies.

Religiosity.
Religiosity is a sociological term used to refer to the condition of being religious to the degree to which one believes and is committed to their chosen faith or belief system. Examples could include, being actively involved in a faith community, the regular commitment of reading their faith text (e.g., the Torah, The New Testament or The Koran), or offering their financial or personal resources to their chosen faith.
Religious Orientation Scale (ROS; Allport, 1967).

The ROS is a popular and psychometrically sound self-report measuring two dynamics of religious commitment— intrinsic and extrinsic religiosity. This 21-item scale provides two subscale scores: the intrinsic score reflects a kind of religiosity marked by inner conviction, spiritual experience and resistance to social pressures contrary to one's beliefs; the extrinsic score reflects a dependency upon religion for emotional support and for social approval and social influence. Reported reliabilities vary from .69 to .93 for this instrument (Donahue, 1985b). For the instrument, participants answer the items on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The ROS, as well as other instruments investigating religious behavior, have been utilized in many different types of studies; for example, such research has utilized these instruments with patients who have undergone heart surgery; individuals diagnosed with alcohol abuse; adult caregivers of spouses who are terminally ill; persons at various stages of HIV/AIDS infection; adults with major depressive disorders and other various issues or populations (Donahue, 2004). As it pertains to validity, Donahue (2001) examined the specific aspects of intrinsic and extrinsic religiosity and how they have been shown to be valid across four distinct studies. Likewise, concurrent validity has been replicated by denominational differences in a study by Griffin and Thompson (1984). At this point, there has been no evidence of denominational bias with this instrument, be that from a Protestant or Catholic experience.
Sexual Compulsivity.

Sexual compulsivity is a diverse psychological issue that can include a fixation with sexual desires and behaviors to the degree that a person experiences difficulties in social relationships, occupational concerns, and issues of daily living (Kalichman & Cain, 2004). Those dependent in terms of sexuality can engage in obsessive/compulsive sexual behavior that causes severe trauma to themselves and their relationships. Sexual compulsivity is a progressive intimacy disorder distinguished by obsessive sexual thoughts and acts (Goodman, 2005). As examples of sexual compulsivity, these behaviors can manifest as compulsive masturbation, excessive use of pornography, exhibitionism, and voyeurism (Carnes, 2001). The National Council on Sexual Addiction Compulsivity estimates that 6%-8% (18-24 million individuals) of Americans battle some form of sexual compulsivity (NCSAC, 2006).

Sexual Compulsivity Scale (SCS; Kalichman & Rompa, 1995).

The SCS is a 10 item self-report and was intended to assist in the measurement of two aspects of sexuality: hypersexuality and sexual preoccupation (Kalichman & Rompa, 1995). The SCS provides a summary of responses which helps to distinguish between addictive and non-addictive sexual behavior (Kalichman & Rompa, 1995). To complete the test, the respondent must answer each question by circling the appropriate answer which is based on a Likert scale of 1 (not at all like me) to 4 (very much like me). The scale is internally consistent with Alpha coefficients that range between .85 and .91. In previous research with a heterosexual sample, this instrument was negatively correlated with sexual risk/reduction objectives (Kalichman & Rompa, 1995) and positively
associated with various sexual risk indicators, including alcohol and drug use as related to sexual context (Kalichman & Cain, 2004b).

Assumptions

1. Sexual compulsive behaviors and religiosity can be quantified through questionnaire form, specifically by utilizing the Sexual Compulsivity Scale (SCS) and the Religious Orientation Scale (ROS).

2. A sufficient sample will be garnered to yield sound statistical results to the standard of a typical correlational study.

3. Subjects will truthfully respond to all items on the Religious Orientation Scale (ROS).

4. Subjects will truthfully respond to all items on the Sexual Compulsivity Scale (SCS).

Delimitations

Non-experimental research such as correlational research does not incorporate the use of control groups, and does not utilize random assignment, which is typically associated with experimental designs (Leedy & Ormond, 2005). The limitations of this study include the inability to generalize the results to groups other than the one that was studied. Likewise, because the size of the sample and locale, generalization can not be accepted. Finally, because of the study was a non-experimental design, causation cannot be assumed. Because correlational research investigates the relationship between different variables, the findings of this research may not parallel other populations or other areas of the country.

Limitations

Three limitations with the study should be discussed. First, internal validity with the study may be compromised because of the size of the sample. With both instruments
being utilized, respondents may answer questions in a dishonest manner because the items are personal in nature. Even though participants will be instructed that both instruments will be employed anonymously and will be kept confidential, they may feel the need to report higher levels of religiosity on the ROS as well as be untruthful in reporting personal problems concerning sexual activity on the SCS. Secondly, an area that is a weakness, but in terms of design can not be improved, is that the sample may not be as large as hoped. Again, because of the nature of the issues being investigated, in particular, when it concerns questions surrounding sexual activity and behaviors, individuals may not wish to participate in this research. The author has attempted to regulate these issues, but participation may be limited because of these personal issues being investigated. Lastly, utilizing a correlational design may compromise some aspects of the quality of the study. For example, this form of research entails cross-validation to enhance external validity so that findings can be generalized to other populations. To enhance external validity, future studies should examine other samples that are not regulated to one region of the country such as with this research.

Nature of the Study

Basing the design on a conjectural framework, the study attempted to investigate possible relationships between religiosity and sexual compulsivity among males who espoused a Christian faith. The research is descriptive in nature, because it explored dynamics that were natural in their setting (Leedy & Ormrod, 2005). With its correlational design, it concentrated on resolving if two or more variables were related through the utilization of surveys (Leedy & Ormrod, 2005). Finally, the study attempted
to discover the power and relationship between the two variables mentioned above and therefore, the selection of correlational design was appropriate for this application.

Organization of Remaining Chapters

Chapter 2 presents a literature review of history and theories behind the issues of religiosity and sexual compulsivity. The most important themes include a thorough discussion of the concept of religiosity and a detailing of the history and concept of sexual compulsive behavior. The findings in the study identify the limitations in the research and suggest the need for a quantitative study to determine the possible correlation between religiosity and sexual compulsive behavior.

The methodology planned for communicating the results of this study is discussed in Chapter 3. Included are the researcher's philosophy and theoretical framework, research and sampling design, instrumentation, data collection and analyses procedures, assumptions and limitations, and ethical considerations. A summary of the methodology supports the researcher's choice of the quantitative correlational research design.

Chapter 4 presents a review of the collected data as it related to the hypotheses proposed by the researcher. In addition, Chapter 4 utilizes the results of the statistical analyses to support the validity of the findings. Tables and text are in a format that will report these findings.

The last chapter maintains that the researcher assess the results of the study in relation to the original problem. The conclusions reached by the researcher reflect data analyses from the study. Recommendations for future research include any suggestions to improve upon the limitations of the study.
CHAPTER 2. LITERATURE REVIEW

Introduction

This chapter describes the literature that relates directly to the purpose of this research. Specifically, this review describes concepts of religiosity, attempts to define the theories regarding of sexual compulsion and describes research findings regarding the consequences of this sexual compulsion. Finally, literature regarding the psychometric and measurement used in this study is discussed. Thus, this review is divided into three categories: religiosity, sexual compulsivity, and measurement.

Religiosity

Religiosity as a concept within psychology has grown considerably in the last forty years, which was initiated by the work of Gordon Allport. This section examines the theory of religiosity as well as addresses the historical context as related to the field of psychology.

The Philosophical Roots of the Concept

The difficulty in defining religion or religiosity is that either those who are separate from a religious community are attempting to articulate the concept that they are not personally connected to; or the concepts are derived from those who are inextricably involved and therefore, have a bias in terms of their theories and ideology. Historically, there have been many who have offered their conceptualizations concerning religion. One of the first philosophers was Lucretius (100 B.C.), who viewed the practice of religion as a way to control the unmanageable aspects of life. Other philosophers emerged in the Enlightenment Period. Baruch Spinoza (1632-1677) and David Hume (1711-1776) espoused a pessimistic view of religion, describing it as the fictions of men to make their
lives more agreeable and just a type of propaganda by the church to serve their own self-interests. Alongside these views, Immanuel Kant (1724-1804) and Georg Wilhelm Friedrich Hegel (1770-1831), viewed religion as a way to institute the moral code, the ethical system leads to religion and then leads to the premise or belief in God. Søren Kierkegaard (1813-1855) followed by maintaining that religion concerned faith and not the structure of ritual and tradition.

Religiosity and Psychology

Similar to the philosophical tenets behind the study of religion, a review of the literature regarding the history of religion and psychology is one, which carries either a sympathetic or an antagonistic relationship. Wulff (1996) discusses a trend in psychology in which to approach the issue of religion for theorists: explanatory versus descriptive. Those psychologists who are explanatory in focus as it relates to the dialogue about religion are concerned with the origins of understanding how belief systems, the psychological, and genetic and environmental aspects of the person integrate. This view from researchers and theorists is often advanced in an apprehensive manner, observing religion as a negative dynamic from a psychological perspective. Theorists, such as Sigmund Freud, James Leuba, and B.F. Skinner, would be theorists who would fall under this type of rubric, viewing religion as a liability as a construct. A short discussion concerning these theorists will ensue.

James Leuba, (1867-1946) as a psychologist, was best known for his contributions to the psychology of religion. He wrote that the religious experience when brought to an extreme end, inevitably led to pathology. His ideas assumed that intelligence and faith were not congruent and those who based their assumptions on
reason and intellect tended to not be religious; whereas those who were person’s of faith were typically less educated. During this same period, Sigmund Freud (1856 – 1939) penned some of the most notorious and negative ideas concerning the practice of religion, which were in some ways similar to Leuba’s concepts. In opposition to Erikson, he proposed that the religious experience was simply a neurotic experience that originated in childhood, in which the person creates a fatherly figure for protection and safety. This system, therefore, becomes the creation of the religious experience; simply, the person constructing a surrogate to relieve fear and guilt. Freud was so pessimistic concerning the religious experience that he claimed that society, as a whole would eventually mature to a point that it would only need to rely on science and reason, which would lead to the religious experience as being unnecessary.

B.F. Skinner (1904 – 1990) viewed religion from a behavioral standpoint, asserting that random reinforcement of stimuli explains the recurring, superstitious behavior of those who are religious (Wulff, 1996). It was his premise that by utilizing reinforcers and external practices, such as prayer or church attendance, leads the individual into believing their suffering will not occur. With such beliefs, by attributing the change to a deity, such religious persons fail to recognize natural occurrence. Skinner generalized these ideas and hypothesized that religious leaders exacerbate these issues out of self-interest and rely on threats of punishment to motivate individuals toward other forms of superstitious behaviors, such as prayer, charitable giving or service.

The descriptive trend is one in which psychologists who are religiously committed attempt to describe and document the religious experience as a way to advance human interactions and experience. Psychologists, such as William James, Erik
Erikson, and Carl Jung, would fall under this type of rubric, viewing religion as a positive feature within the study of psychology (Wulff, 1996).

Williams James (1842 – 1910) in his book *The Varieties of Religious Experience* discusses the generality of religious experience; whereas, some theorists single out individuals who may be neurotic in nature because of religious belief, James assumed that these aspects could not be generalized to the entire religious population and viewed aspects of religion as useful for the person. James maintained in this discussion that just because religion could not be founded by scientific measure, it still held a valuable seat in the overall discussion of the human experience. His work focused on the benefits of religious experience; in particular, when coupled with other aspects of knowledge, he believed that the religious experience could add valuable insight for the psychologist and theorist. He did discuss the dangers of religious experience, in particular, those who did not mold their religious experience with the intellect. He found that these individuals were the most neurotic and did not attain a functional level of psychological insight. For those who were religious, James discussed the beneficial religious experience versus the unhealthy one. He maintained that the experience that was beneficial, individuals tended to be generally optimistic and positive; that even despite difficult circumstances; they could uphold a degree of contentment and happiness. He wrote that these individuals view God as compassionate, sympathetic and forgiving. Conversely, those who related their experience of religion in a negative manner, viewed life in the opposite; they envisaged God as strict, judging and unforgiving. James wrote that these individuals lived life at a pessimistic level, not content in their daily living. These concepts, while
rudimentary in their origin, were ones which led Gordon Allport to his construct of extrinsic and intrinsic religiosity eighty years following James’s work.

Erik Erikson (1902 – 1994) and Carl Jung (1875 – 1961) concurred in their writings that religion was a vital manifestation of human functioning. Erikson agreed with Freud’s premise that the impetus for religious experience begins in early childhood, but it is not an irrational and disturbed experience, but rather as a channel to the first stage of development, a movement toward trust. His theory claimed that the religious experience, when healthy, can lead a person to a deeper sense of trust, and therefore, can lead to the development of the person as a whole. Jung viewed religion as an essential human aspect, in which the person is moved toward an entity, which can inspire wonder and devotion. This eventually leads a person toward self-actualization, differentiating the person when the religious experience is fully manifested. This aspect he details as a collective unconscious, present in every human person and culture, as quoted by Wulff (1996, p. 49), “a reservoir of the experiences of our species.”

The Concept of Intrinsic/Extrinsic Religious Orientation

The United States has experienced an ever-increasing diversity as it pertains to the religious experience. Because of patterns of immigration, the population in the United States is predominantly Judeo-Christian, with Protestantism accounting for over half of the population, Roman and Orthodox Catholicism representing nearly a third of the population, and Judaism representing 2% of the population. Other religious and non-religious orientations account for the remainder of these statistics, with other religious traditions, such as Hinduism, Islamic traditions, and Buddhism numbering 7% of the population, and nearly ten percent of the population reporting no religious preference.
Beyond that, eighty-seven percent of those polled identified religion as either “very important” (58%) or “fairly important” (29%) (Gallup, 1996). Obviously, religion is a dominant influence on American society and therefore, should be studied in various ways.

For the purposes of this research, it is important to note the differences between the terms “spiritual” and “religious.” In looking at the literature, someone who espouses a “spiritual” belief system is one who believes or values a higher power (Worthington, 1996); and is one who values the spiritual dynamics not found in a material world. Whereas, a religious person can be characterized as someone who values a certain religion and its tenets, organized under an entity. In this way, someone could be spiritual and religious, religious but not spiritual, spiritual but not religious, and finally, neither religious nor spiritual (Worthington, 1996). Therefore, it can be best understood that a person can have varying degrees of religiosity and/or spirituality based on beliefs, values and behaviors. A final note should be made: religious or spiritual values do not always remain congruent with overall humanistic or personal values. A person can maintain their system of beliefs and at the same time, find discrepancies between what their religion espouses and what their own beliefs or opinion are about a given issue or topic.

Pargament (1997) offers a different paradigm as he discusses a model based on the understanding of religion and coping. Similar to the above discussion, he categorizes religion generally to include religious expression, spirituality, beliefs about the sacred and religious practices (Pargament, 1997). His concept about religion goes beyond it functioning as a coping mechanism, but views it as an endeavor in which the person strives for a larger need, perhaps in a time of crisis. He views religion as a mechanism in
which the person can attempt to understand “the incomprehensible, the unfathomable, and the uncontrollable” (Pargament, 1997, p. 8).

With this definition, religion is a collective experience and an organized system surrounding a predetermined structure of ideas and beliefs about God or a higher power. These ideas are held mutual by a group of individuals (Allport, 1962) and distinguished by a framework that include a set of practices, beliefs, rituals, doctrine, and forms of governance (Pargament, 1997). Allport classified two religious orientations: intrinsic and extrinsic religiosity. In his own words, he delineated extrinsic religiosity as a “utilitarian exploitation of religion to provide comfort, status, or needed crutches in one's encounter with life,” whereas intrinsic religiosity was distinguished by “life wholly oriented, integrated, and directed by the master value of religion” (Allport, 1968, p. 141).

Religiosity is a sociological term usually used to refer to the condition of being religious to the degree to which one believes and is committed to their chosen faith. Those intrinsically motivated in terms of their religious commitment see faith in their life as "integrated, and directed by the master value of religion.” (Allport, 1967, p. 141).

Allport’s idea was that this was mature religious sentiment and how he characterized the person whose approach to religion is dynamic, open-minded, and able to maintain links between inconsistencies. As it pertains to religious beliefs, extrinsically motivated individuals see faith as way to provide comfort or status, and are deemed as self-serving in terms of a faith commitment. Extrinsic religiosity is a utilitarian use of religion as a means to an end; one example would be attending church to gain some form of social status. In previous research, extrinsic religiosity has been positively associated with

The measure of religiosity for the objective of research and study can include over one hundred significant research instruments in use today. Hill and Hood’s (1999) is the standard by which the researcher can review the plethora of tools formed to decipher the multiple concepts concerning religiosity. Some of the various types of instruments that attempt to measure different aspects of religiosity are as follows: 1) the degree of religious belief and practices; 2) religious attitudes; 3) religious orientation; 4) religious commitment; 5) religious experience; 6) morality related to religion; 7) spirituality and mysticism; 8) different types of concepts concerning God; 9) religious fundamentalism; 10) views of death and afterlife; 11) aspects of forgiveness; and 12) types of institutional religion. This is just a few of different types of scales that can be utilized for the researcher, and thus, there are many options for the one who is attempting to study religion.

In terms of the utilization of the Religious Orientation Scale, which this research used, some criticisms should be stated. First, one criticism that has been introduced concerns the validity of the intrinsic scale with the instrument; it has been noted that it is denomination specific (Donahue, 2001). Donahue writes that the instrument is geared toward a more Southern Baptist ideology and those other denominations, specifically Unitarians and those from Catholic background, when they take the instrument score in the higher ranges as it applies to the extrinsic values. With this issue, the instrument may be inadequate when used with nontraditional groups. Likewise, there is also substantiation of a lack of interdenominational difference when utilizing the instrument.
In terms of interdenominational differences compared to mean scores, Donahue (2001) discovered that intrinsic scores increased as did religious commitment to one’s specific denominational category. In particular, he discovered that this was true for students who were Catholic; when comparing students at a Catholic university versus those attending a secular university, there was a strong correlation to extrinsic scores for those who attended the two different types of institutions. With this finding, some have suggested that the extrinsic measure as used with those with a Catholic background may not be a valid measure (Donahue, 2001). One would expect to discover elevated intrinsic scores and lower extrinsic scores among any group that reports a significant religious commitment—for example, college students at a traditional and religious institution—but past research has shown that is not always the case.

As it relates to religiosity and mental health, a few studies should be noted. Gartner, Larson and Allen (1991) discovered that negative religious coping, in particular when they addressed religious discontentment, paralleled inferior mental health. On the other hand, those who were categorized as having positive religious coping, those who sought spiritual support and interpersonal forgiveness scored higher in the mental health assessments (Gartner, et al., 1991). Likewise, when analyzing symptoms of depression, again, those scoring higher in areas of positive religious coping, had fewer symptoms in these psychological categories (Bergin, Masters, & Richards, 1987). With a recent study by Francis and Peter (2002), patients with chronic pain undergoing rehabilitation improved more quickly if they were categorized in the framework of their study as positive religious coping. In terms of this research and others discussed below, there seems to be a correlation in how a person incorporates their religious experience into
their lives. Research has been extensively utilized with these specific concepts and also concerning the research instrument, the Religious Orientation Scale (ROS). Since the late 1960’s, these two religious concepts of the intrinsic and extrinsic religion has evolved to the point where in some factions they are not seen as two distinctions, but a continuum of religious experience. Nonetheless, as a character variable defined in this distinct manner, religious orientation can be a constructive and valuable concept in understanding not only religious attitudes, but also personality dynamics.

Previous Studies Concerning Religiosity

Similar to this proposed research, there have been numerous studies concerning alcohol abuse that suggest that religiosity can be associated to this and other at-risk behaviors (Khavari & Harmon, 1982; Oleckno & Blacconiere, 1991; Benson & Donohue, 1989; Martin & Templin, 1999). The findings that were the outcome from these studies suggested many dynamics when it concerns religiosity and alcohol abuse. First, Khavari and Harmon (1982) studied religious conviction and alcohol abuse and discovered that participants who regarded themselves as “very religious” used alcohol considerably less than those who regarded themselves as “not religious.” In a much more extensive study, Hanson and Engs (1987) researched college students over two different academic years concerning alcohol use. By utilizing the Student Alcohol Questionnaire, three variables were surveyed: denominational background, degree of religious belief and alcohol use. The students' religious denomination and professed importance of religious belief were assessed and compared with their drinking patterns. The statistics revealed that Catholics had the highest proportion of alcohol use (90.1%), followed by Protestants who were not prohibited to use alcohol because of their faith (86.2%), Jewish believers (85.2%), and
finally, Protestants who were prohibited to use alcohol because of their faith (60.3%). When studying binge drinking, Benson and Donohue (1989) discovered in studying high school seniors that the participants’ degree of religious orientation was a powerful predictor as it related to this at-risk behavior. Oleckno and Blacconiere (1991) looked at the frequency of attendance of religious services for college students and correlated that to alcohol use. Again, those who attended religious services more often also had less usage and frequency of alcohol use. In their final analysis, they suggested a similar study be done in the future, which would utilize Allport's Religious Orientation Scale (Allport, 1967) and explore issues between religion and health. Finally, in a Martin and Templin (1999) study, such research was designed. When utilizing the Religious Orientation Scale, they discovered that female university students, who scored in the intrinsic category of the testing, drank less than women who scored higher in extrinsic values. Similar to this study, it seems that perhaps there are correlations between other at-risk behaviors and one’s religiosity; continued research with these issues may continue to produce positive results.

Concepts Concerning Sexual Compulsivity

The purpose of this study was to add to the knowledge concerning the dynamics of sexual compulsivity and religiosity in a non-clinical sample. Subsequently, when it concerns sexual compulsivity, the review of relevant literature will be presented under the following topics: 1) a brief historical perspective concerning sexual compulsivity; 2) diagnostic considerations for the issue; 3) current theoretical understandings; 4) the negative effects of compulsive sexual behavior on relationships and families; and 5) summary.
Before the modern era, sexual behavior was not understood as a dysfunction or compulsion, in particular, to necessitate a discussion when it concerned possible psychological intervention (Goodman, 2002). To illustrate the novelty of this concept, the actual term “sexual addiction” was presented in the PsycINFO database just ten years ago. When it applies to addressing the literature with the topic, it also is immature. Schwartz and Brasted (1985) are considered the first authors who gave expression to these ideas of a sexual compulsion and defined the matter as an intimacy disorder in which the person copes with difficulties through their sexuality. Likewise, this area is fraught with a great deal of inconsistency in terms of not only the terminology, but also to basic understandings of these specific sexual dynamics. The term, itself, for researchers has variations and there is not common agreement. The terms most often used by researchers and health professionals include, sexual compulsivity (Kalichman and Rompa, 2001); sexual addiction (Carnes, 2001); obsessive-compulsive sexuality (Leedes, 2001); compulsive sexual behavior (Coleman, 1991); and hypersexuality (Montaldi, 2002). This area of research is promising and the literature continues to mount; however, a consensus must be made about the language and terminology of the phenomenon.

Diagnostic Considerations for Sexual Compulsivity

A current issue in the discussion of human sexuality is the concept of sexual compulsivity. Prior to the two decades ago, the notion that sexual behavior could be defined as a clinical disorder, which could lead to significant problems, was missing in the vernacular for psychologists. However, since the mid-1980s, with the growing choices for sexual expression, and the concurrent discovery of the human immunodeficiency virus (HIV), the concept that sexual behavior can evolve beyond an
individual’s command, which can lead to an array of harmful consequences, has currently become a subject of discourse for psychologists.

In the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (*DSM-IV*; American Psychiatric Association, 2000), there is currently no diagnostic category distinguished as sexual compulsivity or addiction. However, specific diagnosis, such as, Impulse Control Disorder NOS, and Sexual Disorder NOS are categories which may be employed for the psychological classification of sexual compulsivity (Schneider, 1994). There are also other miscellaneous categories that have been used to classify sexual compulsivity; some of these have been Post-Traumatic Stress Disorder, Adjustment Disorder, Cyclothymic Disorder, Obsessive-Compulsive Disorder, and Gender Identity Disorder (Schneider, 1996). Authors Manley and Koehler (2001) have proposed a term and categorization for sexual disorders that has yet to gain consensus; the term *Sexual Behavior Disorder*, they write would be a distinction that would be helpful and bring clarity for the use of the *Diagnostic and Statistical Manual of Mental Disorders*. The term could be used to delineate severe unrestrained behavior or restrictions in sexual behaviors, which are not appropriately categorized within the existing paraphilias, hypoactive sexual desire or sexual aversion disorder categories. As they write, this has been the great challenge for this area of research; until a standard and language can be appropriated, the future research will not be able to use an idiom that is understood and agreed upon for researchers (Manley & Koehler, 2001). In terms of this study, it is the assumption that sexual compulsivity is a disorder that exists, but also requires diagnostic clarity (Kwee, et al., 2007).
Some authors attribute Walsh (1912) as being one of the first authors to describe
the term sexual compulsion, when he detailed an individual who was masturbating as a
form of self-abuse (Carnes, 2001). As early as the mid-twentieth century, some clinical
reports were written detailing what was considered compulsive sexual behavior. The
early terminology was arcane to what is utilized now, referring to the issue as
nymphomania, Don Juanism or perversions (Manley & Koehler, 2001). However, in the
1980’s with the discovery of HIV, sexual behaviors that enhanced the possibility for
transmission of the virus from person to person augmented the discussion for researchers
and scholars in the public health fields. One of these single factors was the sexually
compulsive, those who were identified as high-risk in how they were behaving in terms
of their sexual activity. This notion began to emerge, that uncontrolled sexual behavior
could lead to an HIV threat for those engaging in unprotected sex with multiple partners.
Some researchers hypothesize that with such a change concerning health care concerns,
the idea of sexual compulsivity began to take root (Manley & Koehler, 2001).

Theories Concerning Sexual Addiction and Compulsivity

A central theory concerning sexual addiction or compulsivity is that the
phenomenon is a dependency upon sex that develops in a similar psychophysiological
manner to the reliance found in substance dependency (Goodman, 2001). For the
purposes of this research, sexual compulsivity, while currently it is not a distinct
diagnostic category in the DSM-IV, will be regarded as associated with other addictions
formally distinguished. As discussed earlier in relation to the discussion concerning
religiosity, sexual compulsivity will be considered similar to substance abuse addictions.
Carnes (2001) who has written extensively on the topic supports the idea that sexual
compulsivity is a disorder that is mainly substantiated in intimate relationships. His
definition of the phenomenon, which is related to an addiction model, is characterized as
a “pathological relationship to a mood-altering experience” (Carnes, 2001, p. 167); and
with such language is written in a manner that is similar to other addiction models in
current use. Goodman’s (1990) designation of a sexual addiction incorporates three
distinct patterns, which the person acts on: 1) repeated attempts to resist impulses, 2)
increasing stressors that occur prior to acting out, and 3) a sense of pleasure or relief,
incorporated with guilt and shame after the behavior has occurred. Goodman proposed
five additional manifestations or steps of the compulsive behavior:

1. Preoccupation with the sexual behavior
2. Greater need to act out in increasing manners and for longer duration
3. Efforts to decrease the behavior
4. An inability to fulfill other responsibilities, such as academic obligations,
   occupational concerns or domestic responsibilities
5. A recurrence of the initial sexual behavior, leading to a cycle which could
eventually impact relational, financial, psychological or health issues for
   the person

Just as there is no decided language to describe sexual compulsivity, the theories
that have been proposed are as diverse. The etiology behind the phenomenon ranges from
a multidimensional perspective (Bancroft and Vukadinovic, 2004), a psychobiological
issue (Schwarz and Brasted, 2001), a stress release response (Robinson, 1999), or an
attachment-avoidance consideration (Leedes, 2001).
The Theory of Sexual Compulsivity as Addiction – Patrick Carnes

The most prolific writer on the subject is Patrick Carnes, the theorist, who coined the actual term “sexual addiction.” Carnes maintains that a sexual addiction is a chronic mental illness, and classifies the behavior as an obsession with sexual thoughts and activities (Carnes, 1989). He asserts that a person’s sexuality becomes the central need, affecting negatively the individual’s decisions (Carnes, 2001). Instead of experiencing their sexuality in a gratifying and pleasurable form, Carnes writes that the individual experiences sex as an instrument to lessen pain and alleviate stress (Carnes 2001).

A central premise behind his theory is that brain chemistry changes parallel the sexual addictive behavior. Addiction researchers have long noted that the neurochemical components of addiction were core to the essential neurochemistry of sex and romance (Carnes, 2001). Humans have a complex arousal template with the capacity to eroticize many aspects. Carnes (2001) suggests that an arousal template is comprised of our beliefs about sex, as well as our sexual experiences. Biological factors and socialization combine to determine what a person is attracted to, and to what extent a particular type of person arouses them. When a person associates non-sexual behaviors with sexual acts, they then alter their arousal template. For some, the association may include acts of violence or watching violence perpetrated on another. Carnes (2001) refers to this association as eroticized rage. He uses this as one example of how the psychosexual development process can go awry and how it could result in behaviors that are out of control, compulsive in nature, and potentially harmful. Some addicted to sex behave in intrusive ways, progressing to the point where they experience diminishing highs from the original
acts (Cooper et al., 2000). An example of the diminishing highs can be seen through the sexual behavior levels of addiction as Carnes’s (2001) seminal work identified:

Level One:

1. Masturbation
2. Use of pornography magazines, frequenting strip clubs, the use of the internet to peruse sexual websites
3. Compulsive sexual relationships
4. Prostitution
5. Anonymous sex

Level Two:

1. Exhibitionism
2. Voyeurism
3. Voyeurism-Exhibitionism
4. Making indecent phone calls

Level Three:

1. Child molestation
2. Incest
3. Rape

The first level encompasses activities consistent with cultural standards, including masturbation, consensual sex, frequenting prostitutes and the use of pornography. The second level can be characterized as troubling behaviors beyond societal norms; such activities include exhibitionism, voyeurism, bestiality, and indecent public behavior. Carnes’ third level can be distinguished as behaviors that are abusive, violent and illegal; they include child molestation, incestuous relationships, and rape. Carnes identifies addictive sexual disorders as ten separate classes. These can range from behaviors to desires to impulses; Carnes categorizes them as:

1. Anonymous sex
2. Exhibitionist sex
3. Exploitive sex
4. Fantasy sex
5. Intrusive sex
6. Pain exchange
7. Payment for sex
8. Seductive role sex
9. Trading for sex
10. Voyeuristic sex

Obviously, one could view these categories as representing typical sexuality, however, for the one who is addictive in this manner, this person would be characterized as one who experiences sexuality in an inappropriate and pathological manner. It would not be surprising that Carnes who comes at the subject from an addiction’s model adheres to a Twelve-Step approach modified from Alcoholics Anonymous. This model asserts that if one is addicted to sex in some form, they are helpless and incapable in terms of overcoming their dependence (Carnes, 1989). Unique to this form of addiction, a central factor to this approach is the belief that the individual is overwhelmed by shame because of their sexual activity, and to recover must progress through the Twelve-Step program. Amending the steps from Alcoholics Anonymous, below are these steps from Sex and Love Addicts Anonymous (1985); they are as follows:

1. We admitted we were powerless over sex and love addiction – that our lives had become unmanageable.
2. Came to believe in a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understand God.
4. Made searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked God to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people whenever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with a Power greater than ourselves, praying only for knowledge of God’s will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to sex and love addicts, and to practice these principles in all areas of our lives.

The Twelve-Step model utilizes a group dynamic approach in which individuals share their experiences and attempt to be accountable to one another in terms of their reliance on sex. One of the challenges of this model of recovery is that there has been little research done that has assessed treatment outcomes, and the studies that have been done do not reveal positive results for this form of intervention. The efficacy for this approach consistently reveals problems of relapse for those who undergo this form of treatment. In a study by Wan, Finlayson and Rowles (2000), almost three quarters of the sample experienced relapse after being discharged from a residential program, which utilized the Twelve-Step model. As a point of interest with this study, they discovered that those who entered the program with other forms of addiction fared better as related to relapse; for those who entered with alcohol and drug problems, those who relapsed were both below thirty percent (Wan, Finlayson & Rowles, 2000). Though it seems that other substance abuse issues may find success with this model, preliminary results are not as promising when applied to sexual compulsivity.

*The Theory of Sexual Compulsivity as Impulse-Control – Seth Kalichman*

Seth Kalichman, as a health psychologist, concentrated on the aspect of sexual compulsivity because of his desire to study association between HIV risk and the
opposition of certain populations in espousing strategies to lessen risk (Kalichman et al., 1994). Kalichman, who uses the term sexual compulsivity, views the issue as a diverse psychological issue that can encompass a preoccupation with sexual needs, and the manifestation of sexual behaviors that can lead to broken relationships, occupational difficulties, and problems in daily living (Kalichman & Cain, 2004). Specifically, Kalichman classifies sexual compulsivity as the inclination to experience sexual disinhibition; that is, the person does not have the capability to control their immediate impulsive response to a sexual situation. In this case, the individual is apt to react according to their feelings and does not have the capacity to act in response to long-term consequences (Kalichman & Cain, 2004). In terms of his theory on the issue, Kalichman’s understanding of sexual compulsivity is non-clinical in nature, as the majority of his research has been committed to recording the relationship between sexual compulsivity and HIV risk. Therefore, most of his work has focused on the issue as a preoccupation with under-controlled impulses or feelings, which are sexual in nature, which can lead to an impulse control disorder. In terms of this study, this is why this research has utilized the survey instrument he designed, The Sexual Compulsivity Scale (SCS). The population that we have selected, those who are religious, may in similar manner, wrestle with these same dynamics; because of a fixation concerning under-controlled feelings about sexual issues, could lead the person to a lack of control in terms of sexual activities. Because of this, this instrument was best suited for this type of research.

Likewise, Kalichman’s position is that individuals must self-report on multiple marking points to be distinguished as having sexually compulsive issues and this is how
the Sexual Compulsivity Scale was designed. With this research, Kalichman and others have effectively recognized a variety of risk issues related to sexual compulsivity utilizing the Sexual Compulsivity Scale. In a recent study, Kalichman & Cain (2004) examined the correlation between signs of sexual compulsivity and at-risk sexual activities among men (N = 432) and women (N = 193) obtaining services from a sexual health clinic. Those involved in the study revealed higher levels of sexual compulsivity, with 43% signifying their sexual drives had disrupted relationships, and that they thought about sex more often than they would like. Coupled with these results, higher scores of sexual compulsivity were linked with greater substance abuse with the hope that alcohol or drug use would enhance the individual’s sexual encounters. Finally, those with elevated sexual compulsivity scores testified to higher rates of sexually transmitted infections, higher rates of multiple sexual partners and higher rates of unprotected sex (Kalichman & Cain, 2004).

Where Kalichman differs from other scholars addressing this subject, is his bias that sexual compulsivity is non-pathological. Most other theorists, such as Carnes, approach the sexual addiction/compulsivity issue as a psychological disorder, which is rooted in pathology. As a critique of his research, Kalichman has yet to provide a theory or basis as to why individuals succumb to these sexual behavioral risks and his work has not contributed to a better understanding of these dynamics. As mentioned above, it will be imperative to understand sexual compulsivity etiology and then to construct a comprehensible theory concerning this sexual phenomenon.

As a final note, that is pertinent to this research, a study by Dodge et al., (2004) used the Sexual Compulsivity Scale with a sample that was not at-risk and their findings
suggested similar results. In a research that sampled heterosexual college students, similar to Kalichman’s studies, the results revealed that those who had higher scores on the Sexual Compulsivity Scale, were also more likely to engage in higher risk sexual behaviors compared to those who did not score in this category. A finding that was unique to this study was that these researchers discovered that those who had higher scores on this instrument also recorded higher levels of masturbatory behaviors and multiple relationship partners. The inference of this discovery may imply that those who score at higher levels on the Sexual Compulsivity Scale have a tendency to recoil from sexuality that is relational, and may have significant interpersonal relationship problems. In terms of the utilization of future research when it concerns extrinsic and intrinsic religiosity, this type of behavior may correlate to these religious dynamics and could require further study. One such study that could be recommended is to study if there would be a relationship to extrinsic religiosity and interpersonal relationship problems.

*The Negative Mood State of the Sexual Compulsivity*

A final notion that will be discussed concerning sexual compulsivity is that these behaviors are acted on because of negative mood states (Bancroft & Vukadinovic, 2004; Leedes, 2001). This opinion shapes the discussion assuming that sexual problems occur not because of sexual motivations, but rather because of negative mood states such as anxiety or depressive symptoms. This model maintains that sexual arousal is integrated in the negative mood state and then transfers to sexual activity and behavior (Bancroft and Vukadinovic, 2004). In this work, they offer three models of affect and sexual compulsivity. Unlike normal populations, anxiety or depression is the catalyst for sexual compulsive behavior; in this manner, the individual attempts to meet emotional needs
through sexual activity either with another person or through independent sexual activity such as perusing the internet for sexual material. These forms of sexual activity cause the person to legitimize their initial feelings, and therefore, reinforce the sexual compulsive behavior. In the second model, the person uses compulsive sexual behaviors as a coping mechanism of denial. In this state, the person uses sexual stimulation as a way in which to divert their attention from an issue that would likely invoke a negative mood state. As an example, the individual spends considerable time on the internet viewing sexual websites, because of problems at work or with their families. In this case, the person is utilizing these sexual compulsive behaviors as a way to avoid the problems in their lives.

The third model is when a person shifts their depressive mood to sexual arousal and then to sexual release, commonly through masturbatory activity. The theory of Bancroft and Vukadinovic (2004) concentrates on the aspect of the intrapersonal orientation of the person and views the behavior as negative mood regulation of the individual. In a similar premise, Leedes (2001) postulates that sexual compulsive behavior exhibits itself through psychological processes, specifically through issues of attachment for the person. In utilizing attachment theory, because the person is unable to form lasting and intimate bonds with others, they rely on sexual behaviors to mitigate these issues. With this theory, two aspects are problematic for the individual: intrapersonal relationships and fantastical experiences. Leedes formulated that because of problematic relationships in childhood, the individual as an adult creates “metaphoric surrogates” for relationships, which are often sexual in nature, be they virtual or real (Leedes, 2001, p. 218). In this way, if the person is unable to create genuine attachment with another person, they will inevitably create a substitute based in fantasy. Again, similar to the concept of Bancroft.
& Vukadinovic (2004), if the person experiences some form of sexual behavior through this surrogate, be this a virtual or real person, the individual will experience a sense of security, and therefore, perpetuate the sexual compulsive experience as a way of relief or false attachment.

The Negative Effects of Sexual Compulsivity

In previous discussion, an attempt at a definition for sexual compulsivity was offered, and the implication that such behavior can have a negative effect for the individual. Recent research with this topic has revealed that the negative patterns of sexual compulsive behavior can affect not only the person, but also impact those in relationship with them. Recent studies, which address these issues, have revealed the implications of this behavior and is presented below.

Kalichman and Cain (2004) in recent research (N = 625) studied the sexual compulsivity of men and women who had requested treatment at a sexually transmitted infections (STI) clinic. As mentioned above, those who scored at higher levels on the SCS were in sexual relationships with numerous partners, had four times as many STIs, and engaged in more at-risk sexual behaviors in comparison to those who had less elevated scores on the instrument. Likewise, these same participants were more likely to have engaged in the overuse of alcohol and drugs, as well as had more disruptions in their personal lives because of the sexual compulsive activity. With recent research, there has been a consensus among studies concerning the comorbidity of sexual compulsivity and other psychological and substance abuse disorders. Regardless of theory, current research concerning sexual compulsivity or sexual addiction collectively associates these sexual behaviors to psychological problems and substance abuse issues (Coleman et al., 2001;
Kalichman & Cain, 2004; Wan et al., 2000; Weiss, 2004). Kalichman & Cain (2004) recently discovered that those who scored at higher elevations of sexual compulsivity tended to have more elevated abuse rates as related to alcohol, inhalants and various cocaine abuses. Likewise, Bancroft and Vukadinovic (2004) studied those that self-reported sexual addictive behavior (N = 31), and with their findings discovered that one third described other comorbidity issues, including binge eating, misuse of money, and similar to other research, substance abuse. Finally, in researching the possible issue of dual diagnosis, Wan and associates (2000) discovered that over one-third of their sample (N= 59) when it related to sexual compulsive behavior stated at least one additional pre-existing psychiatric diagnosis when they were studied. It is not clear if these associations reveal that compulsive or addictive sexual behavior can be considered unique as related to other psychological disorders, but it does imply that further research is required.

Sexual Compulsivity and the Internet

In the last two decades with the advent of the Internet, this unlocked a new gateway for those who struggle with sexual compulsivity. Cooper et al. (2000) studied the issue of time spent concerning the Internet and discovered that those scoring under the sexually compulsive rubric spent more money on sexual activity outside of their use for the internet, had more of propensity to download illegal sexual materials, and overall utilized the internet for sexual issues than other uses. It has been documented that those who score at higher levels of sexual compulsivity have more legal, financial, relationship, social, sexual relationship problems, and occupational problems in comparison to those who report normal levels (Carnes, 2001; Kalichman & Cain, 2004; Schneider, 2000; Cooper et al., 2000).
As it applies to affecting those around them, there are also similar studies in how sexual compulsivity influences those who are in some form of relationship with these individuals. Jennifer Schneider, M.D., Ph.D., a physician certified in Internal Medicine and Addiction Medicine, is a researcher who has done numerous studies on this phenomenon. In a recent study, Schneider (2003) investigated how compulsive cybersex activity affects not only relationship partners, but also the children in these families. With this research, the findings revealed that while this compulsive behavior involved downloading pornography, it also involved other online sexual pursuits, including illegal activity, in particular, viewing pornography involving children or adolescents. In a qualitative study (N = 94), participants who were in relationships with those reporting sexual compulsivity revealed several common emotional experiences (Schneider, 2000). These emotions ranged from betrayal to abandonment and from loneliness to shame. Likewise, participants in the study revealed levels of decreased self-esteem and clinical levels of depression. Of these respondents, almost three-quarters reported a diminishing interest in the sexual relationship with their partner, and for those who were divorced or separated from their partners, believed that this form of sexual activity on the internet contributed to this outcome. One of the significant problems found in the relationship that is often reported, is that the person, who indicates a problem with cybersex activity, is often the one who disengages from the relationship. In this study, over one half of the participants reported a lack of interest in sexual activity on behalf of their committed partner. Schneider reports that of these women respondents, they were the ones who were requesting a relationship that was more sexual in nature; ironically, this aspect was what often contributed to the dissolution of the relationship. Schneider discovered these
women had deep emotions, which left them feeling inadequate, unattractive or objectified, and led to significant self-esteem problems for the women in these relationships. Those who reported this aspect of feeling objectified also included in their remarks that the sexual relationship grew more emotionally withdrawn for their partner and often their partners requested ever-increasing varieties of sexual experience that they were uncomfortable with in terms of performing. Because of these tolerance issues, lying and emotional withdrawal, Schneider in this work describes how the women in these relationships often feel as if they are competing with a imaginary, fantastical partner, which often leads to virtual or actual affairs on behalf of the sexually compulsive individual.

As this issue relates to the children of these participants, they reported that the individual who was deemed as having a sexual problem, spent less time with their children, conflicts intensified in the home environment with both themselves and their children, and sometimes led the husband or partner in exhibiting this sexual material to the children in the home. As it relates to this sense of being objectified, some of the participants described ways their male children would also take on a sexualized attitude because of the sexual compulsivity issues of their partner. Some of the respondents described how the sexually compulsive individual’s manner of sexual expression led to beliefs, behaviors and problems with their children because of this negative family system dynamic.

As it relates to occupational concerns, Peck and McKee (2002) initiated research that involved counselors for employee assistance programs (EAP) and their work with individuals with compulsive sexual behaviors. A significant problem they discussed with
these employees was the issue of viewing pornographic websites during work hours, which led the person to not fulfilling their responsibilities. In this study, it revealed that individuals, who have sexually compulsive problems, often take risks, whether that is with online activity or any other at-risk issues. This behavior can on occasion lead these individuals to jeopardize their place of employment or lead them in terms of legal consequences if they download illegal material.

Summary

When reading the current literature concerning the concept of sexual compulsive behavior, it is evident that the weakness of the research is that there is no common language for the issue as well as numerous theories concerning this behavioral issue. When it concerns future research, it is necessary that the scientific community clarify a unanimous definition of the behavior and that a common language be utilized in future literature. Not until this is accomplished will those outside of this expertise declare that this phenomenon has substance for diagnosis and study. In stating this, there is a consensus that such behavior, whether it is based as impulse control or addiction, can manifest in negative consequence for the person. With the prevalence of HIV and sexually transmitted infections, there remains the need to continue research concerning these compulsive sexual behaviors, specifically, those that remain beyond an individual’s control.

Measurement

In this final section of the literature review, a few words should be discussed concerning psychometrics and measurement tools used in accordance with this type of research. The measurements utilized in this research uses scale measurement, which
consists of an assortment of items that are collected as an overall composite score to evaluate the extent of the issue being analyzed (DeVellis, 2003). When it applies to these types of instruments, establishing reliability and validity is an essential matter in measurement.

Reliability and Validity: Applications for Testing Instruments

Because of its objective to be scientific, the field of psychology since its inception has pursued ways in which to measure different aspects of the person. However, in psychology, many complex aspects make the measurement task more difficult in comparison to other fields of science (Kaplan & Saccuzzo, 2004). In contrast, measuring a person by their height is much simpler than measuring, for example, emotional characteristics such as depression or anger. With this, by attempting to control and regulate errors within the design of the instrument is imperative if the research is to be sound, which within the area of psychology is more challenging. An error, in this case, does not involve a mistake being made by the subject; rather, the object being measured reveals an inaccurate description after the results have been made (Leedy & Omrod, 2005). When it applies to this issue of measurement error, psychologists examine two aspects to discover if a testing instrument is usable; these aspects are reliability and validity. This section will address different facets of these issues, in particular, defining and differentiating both aspects of reliability and validity, and how they apply to psychological testing.

Reliability with Testing Instruments

In terms of a definition, a testing instrument must be reliable if it is to be usable; that is, when a measurement or experiment garners the same outcome with repeated
attempts (Leedy & Omrod, 2005; Kaplan & Saccuzzo, 2004). In addition to this
description, a reliable measurement will create agreement and consistency between two
or more psychological observations (Kaplan & Saccuzzo, 2004). When it applies to a
psychological study, the measurements of the researcher do not equate in comparison to
material dimensions. There is not a tool such as a ruler that with precision can measure
subjective qualities such as anxiety, motivation, or in the case of this research, religiosity
and sexual compulsivity. If the psychologist desires to acquire measurements of these
individual qualities, then a system would need to verify if comparable traits or behaviors
were in agreement when calculated. If a study is to be reliable, there must be a high
degree of agreement between two sets of observations, (Kaplan & Saccuzzo, 2004) if
such a study is to be valuable for understanding that specific dynamic. As Breakwell,
Hammond, and Rife-Shaw (2004) succinctly describe, “If the same experimental design
leads to the same results on subsequent occasions and using different samples then the
experiment is said to be reliable.” (p. 48) When it applies to reliability, it is important to
have a knowledge of the four forms that are most utilized in research design: interrater
reliability, test-retest reliability, internal consistency and parallel reliability.

Inter-rater reliability is a type of reliability that is applicable when one compares
the scores of those rating the testing instrument and then finds agreement between them
in their assessments of the measurement. This requires that there be two or more
impartial judges scoring the testing instrument (Kaplan & Saccuzzo, 2004). The final
assessed scores are then evaluated to establish the uniformity of the rater’s
approximations. To enhance reliability with this form, it is imperative that there be clear
and defined training and monitoring skills of those rating or analyzing the instrument. If
there is a clear standard that is understood by the observers and agreement between them concerning this criterion, most likely, there will be interrater reliability for the observation. In this case, if two researchers were monitoring a classroom and examining hyperactivity with the students, it would be crucial to have an agreement of what this construct and behavior was in concrete terms. Would getting out of one’s seat be considered a hyperactive behavior? What if a student touched or talked to another student during the classroom discussion? These details are required before inter-rater reliability can be attained.

Another form of reliability is entitled test-retest reliability (also referred to as stability reliability) and consists of a test being repeatedly taken and offering consistent results time and again (Kaplan & Saccuzzo, 2004). With this form of reliability, the test taker repeats the test and the measurement is deemed stable if the results are similar over a period of time. This form of reliability assumes that there will be no variance in the value or construct being calculated and the correlation of the two scores. With this form, to enhance reliability of the instrument will require that the amount of time that the participants take the two measurements be shortened. Because of the degree of change that is exhibited in this interval, the longer the time between the two administrations, most likely, the less reliable the test will be. As an example of this, there is a substantial degree of change in a typical child’s intelligence in the length of a year. For example, if a researcher expected similar results a year later in evaluating a child’s knowledge of vocabulary words; in this instance, this would be a questionable study because of the development of the child’s aptitude over the time of a year. Depending on the age, the maturity of a child’s intelligence can be dramatic and will change noticeably over time.
The shorter the time span, the greater the correlation; the longer the time span, the lower the correlation that one would find in determining scores (Kaplan & Saccuzzo, 2004).

Internal consistency is another form of reliability and is utilized to judge consistency of results pertaining to similar items on the test (Kaplan & Saccuzzo, 2004). This form of reliability calculates how well the items that replicate the same construct yield comparable outcomes. With this method, the researcher is essentially comparing test items that assess the same dynamic to determine internal consistency. To enhance reliability with this form, it is imperative that the questions be worded correctly. Word choice is decisive if the researcher desires to create reliability with the measurement. Likewise, the researcher needs to be cognizant of the reading proficiency of the participants taking the instrument if it is to be consistent and reliable. If one were to administer an instrument to a person who had a reading level of a fourth grader, but the measurement required someone who had a much more developed vocabulary; most likely, this subject will incorrectly answer items on the instrument.

The final type of reliability in this discussion is entitled parallel forms (also called equivalency reliability). With this method, the researcher creates two parallel forms of the same construct (Leedy & Omrod, 2005). By creating these two types of measurement and then offering them to the same population, the correlation between the two instruments is examined to determine if the scores are reliable. Once finished, the scores of the two tests are compared to establish how similar the two tests function in providing consistent results (Kaplan & Saccuzzo, 2004). As an example, two forms of tests are administered to college student to study sexual activity, in this case a pre- and posttest. Because the
two tests are equivalent in what they measure, they can be considered parallel forms. To verify the reliability of the two instruments, a reliability coefficient is calculated with the scores of the two tests administered to these college students (Kaplan & Saccuzzo, 2004). If a positive correlation is determined, the two forms would be parallel and reliable.

Again, similar to internal consistency, to enhance reliability, the manner in which the two forms are written is essential. How an instrument is composed is of utmost importance and can either enhance or lower reliability. Likewise, how they are administered, that is, the length in between pre- and post-test, will also determine reliability. Again, similar to test-retest reliability, the shorter duration between administrations usually garners more consistent results.

Validity with Testing Instruments

Research must also be valid and applicable, if it is to be accurate and sound. Validity, in this case, is when the study reproduces or assesses the hypothesis that the researcher is seeking to measure to another population other than the one previously studied (Leedy & Omrod, 2005). As an example, if one gave a college student a mathematics test with the intention of determining overall intelligence, this test would be invalid, because understanding mathematics is only one aspect of intelligence. In this case, one could create a testing instrument that is highly reliable, but does not contain validity (Kaplan & Saccuzzo, 2005). In contrast, reliability is determining the accuracy of the apparatus or method of the study, whereas, when one is determining if a test or study is valid, in this instance, the instrument measures what it is attempting to gauge. In research studies, this is not always the case. A researcher can design an instrument in which to determine anxiety in the patient. However, because of poor design, it does not
measure anxiety at all and instead gauges depression. As Kaplan and Saccuzzo (2005) write, “There must be convincing proof that there is a relationship between two variables before one justifiably touts the connection.” (p. 131)

When designing a study or testing instrument, the purpose is to show relationships between the independent and dependent variables (Kaplan and Saccuzzo, 2005). If successful, this permits the researcher to make generalized or transferable statements about populations or phenomena’s. This is termed external validity; as an example, if this statement below were verifiable by research, it would incorporate external validity: 1) most doctorate students in psychology earn optimal scores on the intelligent quotient test; 2) and therefore, most doctorate students in the business program would as well. Obviously, the best way to enhance external validity is to apply the research design to different populations. If these findings agree with the first assessment, then the study may be deemed as having external validity. When using the example above, if the doctorate students in business also score at a high level on the intelligent quotient test, perhaps the theory is valid and able to generalized to other populations with similar education. To enhance external validity, a final note should be made. A testing instrument should be given in multiple settings and to different populations to be considered as having external validity. Random selection of the sample is essential if the researcher wishes to have external validity within the design of the testing instrument. The more a testing instrument is taken by a wide-ranging demographic, there should be a higher likelihood of external validity, if the scores correlate with one another on specific scales (Kaplan and Saccuzzo, 2005). If an instrument is offered only to a specific population and not
randomly selected, there most likely will be a bias in the results and not accurately represent other samples, and therefore, lack external validity.

When it concerns the objective of internal validity, the researcher is determining that there is variation in the dependent variable that is caused by the independent variable (Leedy & Omrod, 2005). In this case, the independent variable is responsible for the effect that was caused in the experiment. As an example, if a study wished to examine sexually compulsive participants to examine if viewing less pornographic material decreased depression; for the study to contain internal validity, it would require this question to be answered, did the independent variable (i.e., limiting the viewing of sexual material) actually lessen depression or was there other variables that contributed to this effect. In saying this, with both external and internal validity, there are never absolutes, but rather specifics exist at continuums ranging from low to high (Kaplan & Saccuzzo, 2005). Researchers refer to different types of internal validity; for this brief review, this section will address: face validity, content validity, and criterion-related validity.

Face validity refers to the notion that the instrument in reality is measuring the trait being analyzed. In another way, this form of validity is the subjective appraisal of the influence of the test items to make a concrete conclusion (Breakwell, Hammond and Fife-Shaw, 2004). For example, in critiquing an instrument that examines academic motivation with high school students, do the individual questions genuinely address scholastic motivation or do the items on the questionnaire not address these issues. In this case, descriptors of the object being analyzed have to be clearly understood and defined by the designer of the instrument. As Breakwell, Hammond and Fife-Shaw (2004) note
concerning the importance of definitions: “Thus, Eysenck and Eysenck’s (1976) test of psychoticism measures what most people term as ‘psychopathy,’ while the MMPI scale is more closely associated with the traditional use of the term ‘psychotic.’” (p. 188) In this example above, it is imperative that terms are clearly delineated if an instrument contains face validity; one could be administering an instrument in the belief that they are attempting to measure psychopathy, when in reality they are determining a psychotic trait. In terms of these two different instruments, they are measuring two distinct qualities that are not similar in description. The weakness of face validity is that responders may be able to decipher what is being analyzed because the questions have a theme to them to which is obvious. If this is the case, subjects may respond in a way that is not factual and therefore, create a low degree of face validity with the instrument.

Content validity is when the content of the instrument is applicable to the subject being researched. Two concepts relevant to content validity are construct underrepresentation and construct-irrelevant variance. Construct under-representation is when an instrument neglects to depict vital aspects of the construct (Kaplan & Saccuzzo, 2005). In contrast, construct-irrelevant variance is when scores are altered by extraneous information on the instrument, which is unrelated to the construct being analyzed (Kaplan & Saccuzzo, 2005; Breakwell, Hammond & Fife-Shaw, 2004). In reverse, as way of example, if one was to take an exam on a certain subject and yet most of the questions did not apply to what the course examined, such a test would be poor in terms of content validity. In this case, similar to face validity, test construction is imperative and items on the instrument must be an average sample of the entire construct being examined (Kaplan and Saccuzzo, 2005; Breakwell, Hammond & Fife-Shaw, 2004).
The final form discussed focuses on determining if an instrument is compatible with a specific criterion, and is termed criterion-related validity (Kaplan & Saccuzzo, 2005). One aspect of this form of validity is predictive and seeks to discover if the test forecasts future behavior. These instruments are often used for aptitude or occupation selection, in which the device is created to measure potential aspects of the subject (Kaplan & Saccuzzo, 2005; Breakwell, Hammond & Fife-Shaw, 2004). An example of this form would be the Graduate Record Examination which purports to predict if a student will be successful concerning the criterion, which in this case, is university graduate work. A final aspect of validity that is pertinent to this paper is convergent validity. With this type of validity, it is the extent to which the measure correlates with other similar instruments believed to measure the same construct (Kaplan & Saccuzzo, 2005; Breakwell, Hammond & Fife-Shaw, 2004). In this case, the primary device is compared to other instruments that have studied similar criteria.

The Sexual Compulsivity Scale: Reliability and Validity

To illustrate these concepts of reliability and validity, the Sexual Compulsivity Scale (SCS) will be utilized. Again, the SCS was designed to measure two aspects of sexuality: hypersexuality and sexual fixation (Kalichman & Rompa, 1995). This instrument has been extensively employed to better understand high-risk sexual behaviors. This research tool invites participants to answer 10 items and directs them to specify the degree to which they agree or disagree with statements. Referring to the reliability and validity of the instrument, scale reliability and validity were analyzed with two samples, both garnered from the Milwaukee area. The first population analyzed included males as identifying themselves as gay (N = 286). The population consisted of
mostly a White-Caucasian sample and had an annual income that was at least of middle-class status. The second population studied included mostly men (N = 60) and women (N = 98) who lived in the urban area of the city and were deemed as high-risk for contracting HIV. This sample, unlike the one above, was mostly from the African-American community, and most reported an annual income that was near poverty levels. As discussed above, tests of reliability were achieved by calculating alpha coefficients. Internal consistency for both samples were similar as being .86 and .87 respectively. A retest was performed on both groups three months later, and again, alphas were in acceptable ranges of .64 and .80 respectively. In an attempt to better understand the construct validity of the instrument, scores on the SCS and risk activity were correlated to one another. In this case, both samples revealed slightly different results. For the first sample, a positive relationship was discovered between scores on the SCS and substance abuse and at risk sexual behaviors and a negative correlation with self-esteem issues for the participants. In the latter sample, which comprised of those living in an urban environment, positive correlations were discovered between the increase of unprotected sexual relations and were apt to have multiple sexual partners. Finally, similar to the other sample, the intent to reduce sexual risk activity was negatively correlated to SCS scores.

Summary

The aspect of reliability and validity are imperative if a testing instrument can be trusted in assessing human personality. As Breakwell, Hammond and Fife-Shaw (2004) comment:
As a result, psychologists cannot expect perfectly accurate measurement. The role of the test developer is to produce tests which have the greatest accuracy possible and to provide the test user with details of the degree of accuracy they can expect when using the test in question. (p. 181).

By answering two important questions—is the instrument consistent in its conclusions and does it measure what it purports to measure—with both reliability and validity, the researcher can have assurance about the testing instrument they are utilizing. This section of the literature review has attempted to answer these questions. First, it attempted to offer a description and the differences between both of these important research concepts. By examining the different categories within each and by offering examples of different forms of reliability and validity, the paper offered a broad summary of these dynamics as it pertains to research instruments. Lastly, by applying the information to the device utilized in this research, The Sexual Compulsivity Scale (SCS), it offered a concrete understanding of these concepts by addressing the reliability and validity strengths and weaknesses with this instrument. All of these issues are important for the psychological researcher if they are to create or utilize such instruments, and if they wish to have a strong and encompassing understanding of how reliability and validity work in these areas of research.
CHAPTER 3. METHODOLOGY

Restatement of Purpose

This study was developed to survey the possible relationship between religiosity and sexually compulsive behavior. The purpose of the study is to assess whether or not there is degree of religiosity that parallels sexual compulsive behavior; as of yet, a study that has yet to be done. The understanding of how one’s religiousness interacts with these behaviors is unknown and as mentioned previously, other studies with similar design have been utilized to assess religious orientation as related to alcohol use, gambling, and sexual orientation (Oleckno & Blacconiere, 1991; Benson & Donohue, 1989; Martin & Templin, 1999). The epistemological standard utilized in this research reflects the concept of postpositivism. This approach as discussed by Creswell (2003) comprises of 1) identifying the problem; 2) offering a possible theory to the problem; 3) gathering data that verifies or disproves the theory; and, 4) suggest required modifications to these premises and possibly perform further research concerning the issue. The hypothesis proposed, therefore, is to discover whether a relationship exists between levels of religiosity and sexual compulsivity.

Research Design

Correlational research examines relationships between two variables, in this case, intrinsic/extrinsic religiosity and sexual compulsive behavior. The basic design of this research study is to collect data on the two respective variables of religiosity and sexual compulsivity. When utilizing the Religious Orientation Scale (ROS) as a measure of religious maturity and the Sexual Compulsivity Scale (SCS) as a measure of sexual compulsive behavior, the study will measure the correlation between religious maturity
(i.e., intrinsic or extrinsic religiosity) to a score regulated to sexual compulsive behavior as measured on the SCS. The rationale for utilizing correlational research consists of the employment of a natural location, maintaining relatively little expense involved with the study; and a regulated timeline to perform the experiment (Creswell, 2003). Although the weakness in the design is the ability to establish cause and effect conclusions, by utilizing a structured sampling design will allow the conclusions to be generalized (Creswell, 2003). In attempting to determine relationships between variables, correlational design is the most appropriate approach for this study. When it concerns the variables being examined, as of yet, no study has been conducted that was quantitative in methodology and correlational in approach when it applies to the dynamics of religiosity and sexual behavior.

The study will utilize a descriptive research method, and therefore, no variables will be controlled. Correlational research is descriptive in that it quantifies the values on two or more variables to determine if there is an association between the variables (Leedy & Ormrod, 2005). The basic design of this research study is to collect data on the two respective variables discussed above. The correlation that will be determined will be the degree of the relationship between these two dynamics and not any degree of causation (i.e., being extrinsically religious causes a higher level of sexual compulsivity).

Figure 1. Single observation survey (non-experiment) design

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Target Population

59
The sample that the study will hope to garner should be representative of the population that it is attempting to research. The form of sample that the study will utilize will be the non-probability (non-random) sample method that will be purposive in scope. Because this research is exploratory in nature and population parameters are not needed, this will be the easiest sample to procure (Leedy & Ormrod, 2005).

The male participants will range in the ages from 18 to 65 and reside in the Midwest, specifically in the locale of Grand Rapids, Michigan. Only participants reporting themselves as at least slightly interested in religion will be used in data analysis. The study envisions having approximately 50 male participants. The religious affiliation of the final sample should be approximately 25% Catholic, with the remainder coming from various Protestant denominations. For a quantitative study that is correlational, a sample size of this proportion should yield results that would be deemed reliable and valid. Because of the nature of the issues involved, specifically involving sexual questions, it is surmised that some individuals may be reluctant to participate, and therefore may limit the number of participants with the study.

Selection of Participants

Participants must be 1) male; 2) between the ages of 18-65; 3) be of professed Christian belief, be that from Protestant or Catholic background. In attempting to be systematic in approach in procuring the sample, individuals such as counselors and social workers will assist in administering the three surveys. These colleagues will come from local mental health agencies. Participants, therefore, may be clients of therapists or individuals attending support groups for varying issues. To protect against possible perception of coercion and undue influence in recruitment, these colleagues will offer an
invitation letter to all their clients who meet the recruitment criteria, unless in their clinical judgment it would not be appropriate to offer this invitation. In this recruitment letter, interested parties who wish to be a part of the research will contact the researcher (not the colleagues/therapist) either by phone or email that they wish to be a participant in the study. This researcher will then send out the research packet by mail, including a self-addressed stamp envelope for returning the informed consent document and the questionnaires to the researcher. Once the participants complete the questionnaires, they will return the packet to the researcher’s address.

In terms of the analysis of the data, all computations will be completed by this researcher using the Statistical Program for the Social Sciences Graduate Pack 15.0 for Windows (SPSS; 2006). A person, who is experienced and skilled in statistical analysis, in particular with regards to correlational research, may be hired to assist in analyzing and understanding the data.

Variables

Independent Variable

The first independent variable is extrinsic or intrinsic religiosity as reported by the Religious Orientation Scale (ROS; Allport, 1967). The ROS is a popular and psychometrically sound self-report measuring two dynamics of religious commitment— intrinsic and extrinsic religiosity. This 21-item scale provides two subscale scores: the intrinsic score reflects religiosity marked by inner conviction, spiritual experience and resistance to social pressures contrary to one's beliefs; the extrinsic score reflects a dependency upon religion for emotional support and for social approval and social influence. Reported reliabilities vary from .69 to .93 for this instrument (Donahue,
1985b). For the instrument, participants answer the items on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The other independent variables of age, ethnicity/race, denominational background, socio-economic status and marital status will be provided on the demographic information sheet. The Demographic Information Form (see Appendix D) requests data that will offer a broader understanding of the sample procured. Likewise, this information will allow for a more complex statistical analysis when it applies to the relationships between age, ethnicity/race, denominational background, socio-economic and marital status to levels of religiosity and sexual addiction behavior.

**Dependent Variable**

The dependent variable with this study is sexual compulsive behavior as reported on the Sexual Compulsivity Scale (SCS; Kalichman & Rompa, 1995). The SCS is a 10 item self-report and was intended to assist in the measurement concerning two aspects of sexuality: hypersexuality and sexual preoccupation (Kalichman & Rompa, 1995). The SCS provides a summary of responses, which helps to distinguish between compulsive and non-compulsive behavior in a sexual context (Kalichman & Rompa, 1995). To complete the test, the respondent must answer each question by circling the appropriate answer, which is based on a Likert scale of 1 (not at all like me) to 4 (very much like me). The scale is internally consistent with alpha coefficients that range between .85 and .91. In previous research with a heterosexual sample, this instrument was negatively correlated with sexual risk/reduction objectives (Kalichman & Rompa, 1995) and positively associated with various sexual risk indicators, including alcohol and drug use as related to sexual context (Kalichman & Cain, 2004b).
With both instruments, internal validity was established by the researcher's capacity to secure that all possible strategies were utilized to remove the likelihood of other possibilities for the study's outcome (Creswell, 2003). External validity will be confirmed that the research can be applied to other situations beyond this original research (Leedy & Ormrod, 2005). This researcher utilized three aspects that made possible these generalizations: 1) a sample characteristic of the population being analyzed; 2) a natural setting in which extraneous variables could be regulated; 3) and in comparison to past research, the replication of a similar research design in a different framework and perspective (Leedy & Ormrod, 2005). In employing research measurements that have been utilized in similar contexts will ensure the prospect for reliability and validity because previous research has been concluded and verified with these instruments (Creswell, 2003). With this study, the conclusions should add to the current understanding of these issues if these instruments can accurately appraise the variables that have been established by the researcher (Creswell, 2003).

Measures

See Variables section.

Procedures

A packet containing a data sheet requesting demographic information, the Religious Orientation Scale and Sexual Compulsivity Scale will be given to each participant. The data sheet will request such information as age, race, socio-economic status, and marital status (Appendix D). ROS and SCS protocols for each participant will be given randomly and no designation will be assigned to protect the identity of the
participant. This researcher will administer the two instruments discussed above using standard pencil-and-paper administration protocol.

Ethical Considerations

Written informed consent will be secured before any of the participants are administered the surveys (Appendix A). Specific components of the informed consent form will be that of the voluntary participation in the study, an introduction to the research study, and clarifying issues of anonymity and confidentiality. It will be explained to the participants that the questionnaires will take between 20 to 35 minutes to complete and that they were under no obligation to participate.

Capella University IRB approval, informed consent by each participant or legal guardian, and approval of the different sites will be realized. Data garnered from the research will be stored for seven years and then destroyed.

Research Questions

The subsequent research questions were adopted by this quantitative research study using the Religious Orientation Scale (Allport, 1967; ROS) which values extrinsic (ER) and intrinsic religiosity (IR) and the Sexual Compulsivity Scale (Kalichman & Rompa, 1995; SCS) which attempts to measure sexual addictive behavior.

1. When utilizing the Religious Orientation Scale and the Sexual Compulsivity Scale, will there be a significant correlation between intrinsic religiosity as defined by Allport (1950) and lower scores on the Sexual Compulsivity Scale as defined by Kalichman & Rompa (1995) in males from a Christian faith background?
2. When utilizing the Religious Orientation Scale and the Sexual Compulsivity Scale, will there be a significant correlation between extrinsic religiosity as defined by Allport (1950) and higher scores on the Sexual Compulsivity Scale as defined by Kalichman & Rompa (1995) in males from a Christian faith background?

3. In what manner does the age of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

4. In what manner does the race of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

5. In what manner does the socio-economic status of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

6. In what manner does the marital status of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

Hypotheses

H1a. There will be a correlation between a participant’s intrinsic religiosity score on the Religious Orientation Scale and a lower sexual compulsivity score on the Sexual Compulsivity Scale.
H1o. There will be no correlation between a participant’s intrinsic religiosity score on the Religious Orientation Scale and their sexual compulsivity score on the Sexual Compulsivity Scale.

H2a. There will be a correlation between a participant’s extrinsic religiosity score on the Religious Orientation Scale and a higher sexual compulsivity score on the Sexual Compulsivity Scale.

H2o. There will be no correlation between a participant’s extrinsic religiosity score on the Religious Orientation Scale and their sexual compulsivity score on the Sexual Compulsivity Scale.

H3a. Scores on the Sexual Compulsivity Scale will be correlated to the age of the participant.

H3o. There will not be a correlation between scores on the Sexual Compulsivity Scale to the age of the participant.

H4a. Scores on the Sexual Compulsivity Scale will be correlated to the race of the participant.

H4o. There will not be a correlation between scores on the Sexual Compulsivity Scale to the race of the participant.

H5a. Scores on the Sexual Compulsivity Scale will be correlated to the socio-economic status of the participant.

H5o. There will not be a correlation between scores on the Sexual Compulsivity Scale and the ROS to the socio-economic status of the participant.

H6a. Scores on the Sexual Compulsivity Scale will be correlated to the marital status of the participant.
H60. There will not be a correlation between scores on the Sexual Compulsivity Scale to the marital status of the participant.

Data Collection and Analyses

Both ROS and SCS protocols will be hand-scored by this researcher. Resulting scores for the ROS and SCS will be processed according to the following statistical analyses. Specifically, all ROS and SCS scale means and standard deviations will be computed to determine self-report measurements at three levels. Both descriptive and inferential statistic will be utilized to summarize and examine the data. The summarization of the measures of central tendency, variability, and relationship shall be included in the study.

First, this correlational study will seek to identify bivariate associations, and therefore, will utilize the Pearson correlation coefficient. Correlational statistics in research is employed to show the strength of two or more variables in terms of relationship (Leedy & Ormond, 2005). A correlation coefficient can range from −1 to 1, where these values may indicate a perfect relationship between the variables. The more distant the coefficient is from zero, regardless of whether it is positive or negative, the stronger the relationship between the two variables. As for the relationship between positive and negative coefficients, positive ones reveal that there is a direct relationship between the two variables (both variables will increase); whereas negative coefficients reveal that there is an inverse relationship (one variable will increase, while the other will decrease) (Howell, 2004).

The operational definition of the independent variable religiosity includes the descriptors of intrinsic and extrinsic religiosity (Allport, 1967). The other independent
variables (i.e., age, ethnicity/race, socio-economic and marital status) were provided by participants on the demographic survey. Sexual compulsivity, the dependent variable, was operationalized using the classification of hypersexuality and sexual preoccupation.

When it concerns the independent and dependent variables, the researcher will calculate the mean, standard deviation, and the product-moment correlation. Mean scores will be calculated for the demographic information procured, and the relationship between all variables, including age, ethnicity/race, socio-economic and marital status, will be determined by correlation statistics including Pearson product-moment correlation coefficients. The Pearson product moment correlation coefficient requires quantitative (interval or ratio) data for both variables of $x$ and $y$. Likewise, there are some basic assumptions about this procedure: 1) there will be a linear relationship between $x$ and $y$; 2) it will utilize continuous random variables; 3) both variables must be normally distributed; and 4) $x$ and $y$ must be independent of each other (Howell, 2004).

In addition to the statistical analysis of the Pearson product-moment correlation coefficient, a one-way ANOVA will be examined to determine if the independent variables (i.e., extrinsic or intrinsic religiosity, age, ethnicity/race, socio-economic and marital status) will predict aspects of sexual compulsion. Assuming the correlation between the variables will be significant, the information collected from this statistical technique should generate an equation, which should enhance the power of this correlational research (Leedy & Ormond, 2005). All computations will be completed by this researcher using the Statistical Program for the Social Sciences Graduate Pack 15.0 for Windows. All data will be secured and stored in the author's office in a locked cabinet.
Expected Findings

The author of the study expects to find bivariate associations between religiosity and sexual compulsivity, specifically when it pertains to elevated numbers concerning extrinsic religiosity and sexual compulsivity. Likewise, in utilizing a one-way ANOVA the study will expect to learn new information concerning differences between sexual compulsive susceptibility as related to other demographic information such as age, ethnicity/race, socio-economic and marital status. This study will identify relevant associations and categorical differences between these variables.

With these findings, this study will add to the growing literature concerning religion and how it can either be efficacious or maladaptive for the individual. Likewise, these findings will also add to the area of sexual addiction literature, which at this time is immature. Potentially, the results of this study will provide empirical support for the ROS (Allport, 1967) and SCS (Kalichman & Rompa, 1995) as reliable and valid screening measures of religiosity and sexual compulsivity.

Finally, the findings of the research may lead to future studies, which explore these dynamics of religiosity and sexual compulsive behavior, and may lead to unique treatment strategies for the two different populations being examined, that is, the intrinsic or extrinsic religious person. Treatment for sexual compulsivity is most likely to be effective when it emerges from an integrated approach that has a full understand of the associations at work. In the future, to improve professional practice, it will be important to bring together a range of therapeutic modalities that are independently adapted to the person (Earle & Crowe, with Osborn, 1989) and for the therapist to understand all the
issues underlying the compulsivity, and in this case, how religion can play a role in these maladaptive behaviors.
CHAPTER 4. DATA COLLECTION AND ANALYSIS

In September and October 2008, a three-part survey was given to 49 males who professed Christian belief to determine if a relationship exists between religiosity and sexual compulsivity. Most of the participants who completed the three surveys fell into the 31-40 age bracket (see Table 1). The ethnic/racial background included these participants as reporting 83.7 percent as White/Caucasian, 4.1 percent as Black/African-American, 8.2 percent as Hispanic or Latino and 4.1 percent as Native American (see Table 2). Religious affiliation included 75.5 percent reported as being Protestant, 14.3 percent as Catholic and 10.2 percent as other (see Table 3). As for the relationship demographic, most participants reported as being married at near 60 percent of the sample and nearly a quarter of the sample as reporting as being single (see Table 4). Finally, in terms of the income demographic, most reported income less than $100,000 (see Table 5). These above frequencies lie within the typical ranges of the population demographic of the western Michigan area, the region where this research was conducted.

Table 2
Age Demographic

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-30 years old</td>
<td>8</td>
</tr>
<tr>
<td>31-40 years old</td>
<td>25</td>
</tr>
<tr>
<td>41-50 years old</td>
<td>8</td>
</tr>
<tr>
<td>51-60 years old</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
</tr>
</tbody>
</table>
Table 3
Ethnicity Demographic

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian, Asian-American</td>
<td>-</td>
<td>0.0%</td>
</tr>
<tr>
<td>Black or African-American</td>
<td>2.00</td>
<td>4.1%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>4.00</td>
<td>8.2%</td>
</tr>
<tr>
<td>Native American</td>
<td>2.00</td>
<td>4.1%</td>
</tr>
<tr>
<td>White or Caucasian</td>
<td>41.00</td>
<td>83.7%</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>49.00</td>
<td></td>
</tr>
</tbody>
</table>

Table 4
Denominational Demographic

<table>
<thead>
<tr>
<th>Denomination</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protestant</td>
<td>37.00</td>
<td>75.5%</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>7.00</td>
<td>14.3%</td>
</tr>
<tr>
<td>Greek Orthodox</td>
<td>-</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>5.00</td>
<td>10.2%</td>
</tr>
<tr>
<td>Atheist</td>
<td>-</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>49.00</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 5
Relationship Demographic

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single/Never Married</td>
<td>12.00</td>
<td>24.5%</td>
</tr>
<tr>
<td>Living with Partner</td>
<td>2.00</td>
<td>4.1%</td>
</tr>
<tr>
<td>Married</td>
<td>29.00</td>
<td>59.2%</td>
</tr>
<tr>
<td>Separated/Divorced</td>
<td>5.00</td>
<td>10.2%</td>
</tr>
<tr>
<td>Widowed</td>
<td>1.00</td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>49.00</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 6
Income Demographic

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $50,000</td>
<td>19.00</td>
<td>38.8%</td>
</tr>
<tr>
<td>$50,000 - $100,000</td>
<td>22.00</td>
<td>44.9%</td>
</tr>
<tr>
<td>More than $100,000</td>
<td>8.00</td>
<td>16.3%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>49.00</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Variables Measured

The purpose of this study was to examine the possible relationship between extrinsic and intrinsic religiosity as described by Allport (1967) and the levels of sexual compulsivity among Christian men between the ages of 18-60 from a quantitative perspective. The independent variable, religiosity, was measured with a 21-item instrument (Religious Orientation Scale, Allport and Ross, 1967) with an overall alpha of .90. A score above the thirty-point mark for either extrinsic or intrinsic subscale categories were deemed to be analyzed in these specific groupings as elevated levels. The dependent variable, sexual compulsivity, was measured using a 10-item instrument (Sexual Compulsivity Scale, Kalichman & Rompa, 1995. A subscale score below 16 was deemed as a lower level of sexual compulsivity, and any score above 21 was deemed at elevated levels. The following research questions and hypotheses were addressed by this quantitative study:

Research Questions

1. When utilizing the Religious Orientation Scale and the Sexual Compulsivity Scale, will there be a significant correlation between intrinsic religiosity as defined by Allport (1950) and lower scores on the Sexual Compulsivity Scale as defined by Kalichman & Rompa (1995) in males from a Christian faith background?

2. When utilizing the Religious Orientation Scale and the Sexual Compulsivity Scale, will there be a significant correlation between extrinsic religiosity as defined by Allport (1950) and higher scores on the Sexual Compulsivity Scale as
defined by Kalichman & Rompa (1995) in males from a Christian faith background?

3. In what manner does the age of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

4. In what manner does the race of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

5. In what manner does the socio-economic status of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

6. In what manner does the marital status of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

Hypotheses

$H1a$. There will be a correlation between a participant’s intrinsic religiosity score on the Religious Orientation Scale and a lower sexual compulsivity score on the Sexual Compulsivity Scale.

$H1o$. There will be no correlation between a participant’s intrinsic religiosity score on the Religious Orientation Scale and their sexual compulsivity score on the Sexual Compulsivity Scale.
H2a. There will be a correlation between a participant’s extrinsic religiosity score on the Religious Orientation Scale and a higher sexual compulsivity score on the Sexual Compulsivity Scale.

H2o. There will be no correlation between a participant’s extrinsic religiosity score on the Religious Orientation Scale and their sexual compulsivity score on the Sexual Compulsivity Scale.

H3a. Scores on the Sexual Compulsivity Scale will be correlated to the age of the participant.

H3o. There will not be a correlation between scores on the Sexual Compulsivity Scale to the age of the participant.

H4a. Scores on the Sexual Compulsivity Scale will be correlated to the race of the participant.

H4o. There will not be a correlation between scores on the Sexual Compulsivity Scale to the race of the participant.

H5a. Scores on the Sexual Compulsivity Scale will be correlated to the socio-economic status of the participant.

H5o. There will not be a correlation between scores on the Sexual Compulsivity Scale and the ROS to the socio-economic status of the participant.

H6a. Scores on the Sexual Compulsivity Scale will be correlated to the marital status of the participant.

H6o. There will not be a correlation between scores on the Sexual Compulsivity Scale to the marital status of the participant.

Statistical Analysis of Data by Null Hypotheses
There will be no correlation between a participant’s intrinsic religiosity score on the Religious Orientation Scale and their sexual compulsivity score on the Sexual Compulsivity Scale.

This researcher hypothesized that there would not be an association between intrinsic religiosity scores and higher scores on the Sexual Compulsivity Scale. A Pearson Product Moment correlation coefficient was conducted (see Table 7) and it was determined that there was no significant linear relationship between intrinsic scores and how a person scored on the SCS in terms of elevated scores ($r = -0.202, p = .163$). The mean for intrinsic religiosity scores was 32.65 and the mean for SCS for this intrinsic category was 15.04. The analysis revealed that the coefficient of determination ($R^2$) was .202, which provided the proportion of the variance of the independent variable intrinsic religiosity that was explained by the variation in the dependent variable, sexual compulsivity. The null hypothesis that suggested that there was no association between the variables was rejected.

Table 7

*Pearson Correlation for IR and SCS*

<table>
<thead>
<tr>
<th></th>
<th>IR-Total</th>
<th>SCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR-Pearson</td>
<td>1</td>
<td>-0.202</td>
</tr>
<tr>
<td>Total Correlation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>0.163</td>
</tr>
<tr>
<td>N</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>SCS Pearson</td>
<td>-0.202</td>
<td>1</td>
</tr>
</tbody>
</table>
**Figure 2.** Sexual Compulsivity Scores and Intrinsic Religiosity Scores

*H2o. There will be no correlation between a participant’s extrinsic religiosity score on the Religious Orientation Scale and their sexual compulsivity score on the Sexual Compulsivity Scale.*

This researcher hypothesized that there would be an association between extrinsic religiosity scores and elevated scores for sexual compulsivity. A Pearson Product Moment correlation coefficient was conducted (see Table 8) and it was determined that there was a significant positive linear relationship between extrinsic scores and how a person scored on the SCS ($r = .297, p = .038$), thus rejecting the null hypothesis.
mean for extrinsic religiosity scores was 30.08 and the mean for SCS for this extrinsic category was 20.09. The analysis revealed that the coefficient of determination (R Square) was .297, which provided the proportion of the variance of the independent variable extrinsic religiosity that was explained by the variation in the dependent variable, sexual compulsivity.

Table 8

*Pearson Correlation for ER and SCS*

<table>
<thead>
<tr>
<th></th>
<th>SCS</th>
<th>ER-Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCS</td>
<td>Pearson</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Correlation</td>
<td>.297(*)</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.038</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>ER-Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pearson</td>
<td>.297(*)</td>
</tr>
<tr>
<td></td>
<td>Correlation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.038</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>49</td>
</tr>
</tbody>
</table>

*Correlation is significant at the 0.05 level (2-tailed).*
**Figure 2.** Sexual Compulsivity Scores and Extrinsic Religiosity Scores

**Table 9**

Descriptives as related to SCS and IR, ER-IR and ER

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
<th>95% Confidence Interval for Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower Bound</td>
</tr>
<tr>
<td><strong>Intrinsic</strong></td>
<td>25</td>
<td>15.0400</td>
<td>4.74763</td>
<td>.94953</td>
<td>13.0803</td>
</tr>
<tr>
<td><strong>Neutral</strong></td>
<td>13</td>
<td>17.5385</td>
<td>5.47137</td>
<td>1.51749</td>
<td>14.2321</td>
</tr>
<tr>
<td><strong>Extrinsic</strong></td>
<td>11</td>
<td>20.0909</td>
<td>5.04885</td>
<td>1.52229</td>
<td>16.6990</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>49</td>
<td>16.8367</td>
<td>5.32035</td>
<td>.76005</td>
<td>15.3086</td>
</tr>
</tbody>
</table>
Table 10

ANOVA for SCS and Religiosity

Sexual Compulsivity Scale

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>203.594</td>
<td>2</td>
<td>101.797</td>
<td>4.054</td>
<td>.024</td>
</tr>
<tr>
<td>Within Groups</td>
<td>1155.100</td>
<td>46</td>
<td>25.111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1358.694</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 11

Multiple Comparison using Tukey HSD, Dependent Variable: SCS

<table>
<thead>
<tr>
<th>(I)</th>
<th>(J)</th>
<th>Mean Difference (I-J)</th>
<th>Std. Error</th>
<th>Sig.</th>
<th>95% Confidence Interval</th>
<th>Lower Bound</th>
<th>Upper Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrinsic</td>
<td>Neutral</td>
<td>-2.49846</td>
<td>1.71349</td>
<td>.320</td>
<td>-6.6482</td>
<td>1.6513</td>
<td></td>
</tr>
<tr>
<td>Extrinsic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intrinsic</td>
<td>5.05091(*)</td>
<td>1.81307</td>
<td>.021</td>
<td>-9.4419</td>
<td>-.6600</td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td>Intrinsic</td>
<td>2.49846</td>
<td>1.71349</td>
<td>.320</td>
<td>-1.6513</td>
<td>6.6482</td>
<td></td>
</tr>
<tr>
<td>Extrinsic</td>
<td></td>
<td>-2.55245</td>
<td>2.05290</td>
<td>.434</td>
<td>-7.5242</td>
<td>2.4193</td>
<td></td>
</tr>
<tr>
<td>Extrinsic</td>
<td>Intrinsic</td>
<td>5.05091(*)</td>
<td>1.81307</td>
<td>.021</td>
<td>-9.4419</td>
<td>.6600</td>
<td>9.4419</td>
</tr>
</tbody>
</table>
* The mean difference is significant at the .05 level.

Table 12

**Tukey HSD, IR, ER-IR and ER and the Sexual Compulsivity Scale**

<table>
<thead>
<tr>
<th>Religiosity</th>
<th>N</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrinsic</td>
<td>25</td>
<td>15.0400</td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td>13</td>
<td>17.5385</td>
<td>17.5385</td>
</tr>
<tr>
<td>Extrinsic</td>
<td>11</td>
<td></td>
<td>20.0909</td>
</tr>
<tr>
<td>Sig.</td>
<td>.381</td>
<td>.366</td>
<td></td>
</tr>
</tbody>
</table>

Means for groups in homogeneous subsets are displayed.

a  Uses Harmonic Mean Sample Size = 14.435.

b  The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

In terms of how scores were categorized in relationship to intrinsic (N = 25), neutral (N = 13) and extrinsic religiosity (N= 11), some comments can be made concerning the relationship to sexual compulsivity scores. Testing to determine whether a person was intrinsic, extrinsic, or neutral in their religiosity views affected scores on the SCS was conducted using a one-way Analysis of Variance (ANOVA) (see Table 10). A significant difference was found (F(2,46) = 4.054, p = .024) among the means of these values. Tukey’s HSD multiple comparison procedure (see Table 11 and 12) was utilized.
to determine where the differences were found among the means to cause rejection of the null hypothesis of equality of means. People who were found to be neutral in religiosity did not significantly differ from people who were intrinsic or extrinsic as related to religiosity, but people who were identified as intrinsic had a significantly lower score on the SCS when compared to extrinsic individuals (difference = 5.05, p = .021).

**H3o.** There will not be a correlation between scores on the Sexual Compulsivity Scale to the age of the participant.

It was hypothesized that age would be a factor in differences in SCS scores. A one-way ANOVA was used to test this hypothesis (see Table 14). Based on the results, there was no significant difference in the means based on the age group. The value of F was computed as follows: F(3, 45) = 1.390, p=.258. According to the descriptive statistics, the mean for the total group was 16.83 (see Table 13). The age bracket that had the lowest mean score was the group aged 51-60; their mean score was 13.375. As comparison, the lowest score allowed on the instrument is 10. The group that had the highest mean scores was the youngest, aged 18-30 years old (x̄ = 17.75; SD = 5.1).

Table 13

**Descriptives: SCS as related to Age**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
<th>95% Confidence Interval for Mean</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>8</td>
<td>17.750</td>
<td>5.17549</td>
<td>1.82981</td>
<td>13.4232 to 22.0768</td>
<td>10.00</td>
<td>27.00</td>
</tr>
<tr>
<td>2.00</td>
<td>25</td>
<td>17.480</td>
<td>5.63560</td>
<td>1.12712</td>
<td>15.1537 to 19.8063</td>
<td>10.00</td>
<td>32.00</td>
</tr>
</tbody>
</table>
Table 14

ANOVA: SCS and Age

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>115.204</td>
<td>3</td>
<td>38.401</td>
<td>1.390</td>
<td>.258</td>
</tr>
<tr>
<td>Within Groups</td>
<td>1243.490</td>
<td>45</td>
<td>27.633</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1358.694</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H4o. There will not be a correlation between scores on the Sexual Compulsivity Scale to the race of the participant.

ANOVA was used to test the null hypothesis that the mean score among different races were the same on the Sexual Compulsivity Scale (see Table 16). An F-statistic (df 3, 45) was calculated to be .944 with a significance level of .427. This caused failure to reject the null hypothesis and conclude that the mean score on the SCS was the same. In terms of descriptive statistics, because there was a small non-White/Caucasian sample, mean scores are difficult to make conclusions concerning these values (see Table 15).

Table 15

Descriptives: SCS as related to Ethnicity
<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
<th>95% Confidence Interval for Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower Bound</td>
</tr>
<tr>
<td>2.00</td>
<td>2</td>
<td>18.0000</td>
<td>5.65685</td>
<td>4.00000</td>
<td>-</td>
</tr>
<tr>
<td>3.00</td>
<td>4</td>
<td>20.2500</td>
<td>6.99405</td>
<td>3.49702</td>
<td>9.1209</td>
</tr>
<tr>
<td>4.00</td>
<td>2</td>
<td>13.0000</td>
<td>4.24264</td>
<td>3.00000</td>
<td>-</td>
</tr>
<tr>
<td>5.00</td>
<td>41</td>
<td>16.6341</td>
<td>5.19979</td>
<td>.81207</td>
<td>14.9929</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>16.8367</td>
<td>5.32035</td>
<td>.76005</td>
<td>15.3086</td>
</tr>
</tbody>
</table>

Table 16

ANOVA: SCS and Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>80.432</td>
<td>3</td>
<td>26.811</td>
<td>.944</td>
<td>.427</td>
</tr>
<tr>
<td>Within Groups</td>
<td>1278.262</td>
<td>45</td>
<td>28.406</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1358.694</td>
<td>48</td>
<td>28.406</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H5o. There will not be a correlation between scores on the Sexual Compulsivity Scale and the ROS to the income of the participant.
Testing to determine whether the person’s income status affected scores on the SCS was conducted using a one-way Analysis of Variance (see Table 18). No significant difference was found (F(2,46) = .633, p = .535) among the means, failing to reject the hypothesis of equality of means. In terms of descriptive statistics (see Table 17), those making less than $50,000 had the highest mean score concerning sexual compulsivity (x̄ = 17.7; SD = 6.5).

Table 17

**Descriptives: SCS as related to Income**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
<th>95% Confidence Interval for Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower Bound</td>
</tr>
<tr>
<td>1.00</td>
<td>19</td>
<td>17.7368</td>
<td>6.53063</td>
<td>1.49823</td>
<td>14.5892</td>
</tr>
<tr>
<td>2.00</td>
<td>22</td>
<td>16.6364</td>
<td>4.31548</td>
<td>.92006</td>
<td>14.7230</td>
</tr>
<tr>
<td>3.00</td>
<td>8</td>
<td>15.2500</td>
<td>4.83292</td>
<td>1.70870</td>
<td>11.2096</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>49</td>
<td>16.8367</td>
<td>5.32035</td>
<td>.76005</td>
<td>15.3086</td>
</tr>
</tbody>
</table>

Table 18

**ANOVA: SCS and Income**

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between Groups</strong></td>
<td>36.419</td>
<td>2</td>
<td>18.209</td>
<td>.633</td>
<td>.535</td>
</tr>
</tbody>
</table>
Within Groups  |  1322.275 |  46  |  28.745 |
Total          |  1358.694 |  48  |         |

_H6o_. There will not be a correlation between scores on the Sexual Compulsivity Scale to the marital status of the participant.

This researcher hypothesized that marital status would be a factor in differences in SCS scores. A one-way ANOVA was used to test this hypothesis (see Table 20). However, based on the results, there was no significant difference in the means based on the relationship groups. The value of _F_ was computed as follows: _F_(4, 44) = .943, _p_ = .448. In terms of descriptive statistics (see Table 19), those distinguishing themselves as living with a partner had the highest mean score concerning sexual compulsivity (\( \bar{x} = 20.5; \text{SD} = 4.9 \)).

Table 19

_Descriptives: SCS as related to Relationship Status_

<table>
<thead>
<tr>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
<th>Lower Bound</th>
<th>Upper Bound</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>12</td>
<td>18.0000</td>
<td>5.70486</td>
<td>14.3753</td>
<td>21.6247</td>
<td>10.00</td>
<td>27.00</td>
</tr>
<tr>
<td>2.00</td>
<td>2</td>
<td>20.5000</td>
<td>4.94975</td>
<td>3.50000</td>
<td>64.9717</td>
<td>17.00</td>
<td>24.00</td>
</tr>
<tr>
<td>3.00</td>
<td>29</td>
<td>16.1724</td>
<td>4.92130</td>
<td>14.3005</td>
<td>18.0444</td>
<td>10.00</td>
<td>32.00</td>
</tr>
<tr>
<td>4.00</td>
<td>5</td>
<td>17.8000</td>
<td>6.90652</td>
<td>3.08869</td>
<td>9.2244</td>
<td>26.3756</td>
<td>10.00</td>
</tr>
<tr>
<td>------</td>
<td>----</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>--------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>5.00</td>
<td>1</td>
<td>10.0000</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>10.00</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>16.8367</td>
<td>5.32035</td>
<td>.76005</td>
<td>15.3086</td>
<td>18.3649</td>
<td>10.00</td>
</tr>
</tbody>
</table>

Table 20

ANOVA: SCS and Relationship Status

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>107.256</td>
<td>4</td>
<td>26.814</td>
<td>.943</td>
<td>.448</td>
</tr>
<tr>
<td>Within Groups</td>
<td>1251.438</td>
<td>44</td>
<td>28.442</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1358.694</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER 5. RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Summary and Discussion of Results

The purpose of this study was to demonstrate correlations between intrinsic and extrinsic religiosity and sexual compulsivity. The study was conducted with men who professed Christian belief and were in some form of therapy with counselors, psychologists or social workers. This study was developed to survey the possible relationship between religiosity and sexually compulsive behavior. Participants completed a demographic survey, the Sexual Compulsivity Scale (SCS) and the Religious Orientation Scale (ROS). The purpose of the study is to assess whether or not there is a degree of religiosity that parallels sexual compulsive behavior. The understanding of how one’s religiousness interacts with these behaviors is unknown and as mentioned previously, other studies with similar design have been utilized to assess religious orientation as related to alcohol use, gambling, and sexual orientation (Oleckno & Blacconiere, 1991; Benson & Donohue, 1989; Martin & Templin, 1999). Of the 49 participants, 22 were identified as having slightly elevated or elevated sexual compulsivity scores. Likewise, nearly half of the sample was designated as being extrinsic (N = 11) or neutral (N = 13) in terms of religiosity. With this, there were a higher proportion of participants who scored in the intrinsic category concerning religiosity (N = 25). The rationale for this quantitative correlational study was provided by the continued interest in sexual compulsive or addiction issues and by the lack of research into the possible relationship between religiosity and sexual compulsivity.

Research Findings

The following research questions were answered by this quantitative study:
1. When utilizing the Religious Orientation Scale and the Sexual Compulsivity Scale, will there be a significant correlation between intrinsic religiosity as defined by Allport (1950) and lower scores on the Sexual Compulsivity Scale as defined by Kalichman & Rompa (1995) in males from a Christian faith background?

The results of a Pearson correlation coefficient established that a moderate positive relationship existed between the total intrinsic religiosity scores and a lower Sexual Compulsivity Scale scores (see Table 7). The null hypothesis (there is no relationship between intrinsic religiosity and a lower level of sexual compulsivity with Christian males) was rejected since a moderately positive correlation was found between intrinsic religiosity and a lower elevation of sexual compulsivity. By the standards of the Religious Orientation scale, those who scored in the intrinsic category seem to have less of a struggle with sexually compulsive issues.

2. When utilizing the Religious Orientation Scale and the Sexual Compulsivity Scale, will there be a significant correlation between extrinsic religiosity as defined by Allport (1950) and higher scores on the Sexual Compulsivity Scale as defined by Kalichman & Rompa (1995) in males from a Christian faith background?

The results of a Pearson correlation coefficient established that a positive relationship existed between the total extrinsic religiosity scores and a higher Sexual Compulsivity Scale score (see Table 8). The null hypothesis (there is no relationship between extrinsic religiosity and a higher level of sexual compulsivity with Christian males) was rejected since a moderately positive correlation was found between extrinsic
religiosity and a higher elevation of sexual compulsivity. By the standards of the Religious Orientation scale, those who scored in the extrinsic category of this instrument seem to struggle more with sexually compulsive issues. Likewise, to further determine a possible relationship with these values a one-way Analysis of Variance (see Table 10) and a Tukey’s HSD multiple comparison procedure (see Table 11 and 12) was utilized. Again, participants who were identified as intrinsic in terms of religiosity had a significantly lower score on the SCS when compared to extrinsic individuals (difference = 5.05, p = .021).

3. In what manner does the age of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

A one-way ANOVA was used to test this research question (see Table 14) and the findings determined that there was no significant difference in the means based on age group. The rejection of the null hypothesis (there is no relationship between the age of the participant and elevated scores on the Sexual Compulsivity Scale) was maintained.

4. In what manner does the race of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

A one-way ANOVA was used to test this research question (see Table 16) and the findings determined that there was no significant difference in the means based on ethnicity group. The rejection of the null hypothesis (there is no relationship between the
race of the participant and elevated scores on the Sexual Compulsivity Scale) was maintained.

5. In what manner does the income status of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

A one-way ANOVA was used to test this research question (see Table 14) and the findings determined that there was no significant difference in the means based on income status of the participant. The rejection of the null hypothesis (there is no relationship between the income status of the participant and elevated scores on the Sexual Compulsivity Scale) was maintained.

6. In what manner does the relationship status of an individual impact reported scores in terms of possible sexual compulsivity behavior as reported on the Sexual Compulsivity Scale?

A one-way ANOVA was used to test this research question (see Table 20) and the findings determined that there was no significant difference in the means based on relationship status. The rejection of the null hypothesis (there is no relationship between the relationship status of the participant and elevated scores on the Sexual Compulsivity Scale) was maintained.

**Instrumentation and Limitations**

Religiosity, the independent variable, was measured with a 21-item instrument (Religious Orientation Scale, 1967) with an overall alpha of .87. Sexual compulsivity, the
dependent variable, was measured using a 10-item instrument (Sexual Compulsivity Scale, 2002) and is internally consistent with alpha coefficients that range between .85 and .91. In previous research with a heterosexual sample, this instrument was negatively correlated with sexual risk/reduction objectives (Kalichman & Rompa, 1995). Other independent variables, age, ethnicity/race, denominational background and income status, were procured from the demographic survey. The researcher recognized that external variables existed in predicting sexual compulsivity.

The responses of the participants were assumed to be honest, but because of the instruments being utilized, in particular the Sexual Compulsivity Scale, the personal nature of the material may have been difficult for some to honestly answer. As Leedy & Omrod (2005) maintain, the use of self-reporting instruments are limited because the researcher is relying on the truthfulness of the participants. Because the sample was Christian men, these participants may have been inclined to report what they believe is socially acceptable, in particular, in regards to their faith background as related to sexual issues. With these limitations, the objective findings that the research provided could not be generalized, and no significant conclusions can be established.

A significant limitation of the study was how the sample was procured. Because of the personal nature of the research (i.e., the issue of sexual compulsivity), the researcher had to be concerned about not pressuring possible participants in completing the surveys. Initially, the instruments were going to be given directly to therapists or clergy to hand out to clients or parishioners. In consulting with others, this method had too many ethical considerations, in particular, when it concerned the issue of coercion as it applied to the participants. Would the participants feel as if they had to complete the
instruments because their counselor or pastor was requesting them to do so? To protect against possible perception of coercion and undue influence in recruitment, these colleagues (i.e., therapists) offered an invitation letter to all their clients who meet the recruitment criteria, unless in their clinical judgment it did not seem appropriate to offer this invitation. The participants then contacted the researcher if they wished to contribute to the research study. With this method, the researcher believed it limited how many could participate in the study, because response rates would drop dramatically when mailing surveys versus having a personal contact (Kaplowitz, et al., 2004). With this methodology, it limited how many could respond to the research and this is evident by the sample that was garnered.

Discussion

There have been numerous articles and media attention in past years concerning sexual misconduct in religious organizations. Past literature has described how religious representatives have higher rates of sexual misbehavior in comparison to other health professionals (Birchard, 2000; Carnes, 1987). Birchard (2000) maintains that forms of sexual misconduct among this group can be the dynamic of sexual addiction and religious behavior acting together as interrelated reaction to narcissistic injury within the person.

In terms of understanding these dynamics, Birchard contends that what supports addictive issues is narcissistic damage that has occurred to the person through past events. The development of compulsive behaviors creates momentary relief from feelings of failure, loneliness, anger and shame. In this manner, the addiction acts like a narcotic or as an escape in which the person is attempting to address unfulfilled needs. Similarly, for some, the religious experience can act like this sedative, an attempt of the person to
alleviate issues of emptiness and isolation. It is Birchard’s (2000) premise that for some individuals who become religious, the practice of faith acts as a coping mechanism to better handle issues of loneliness, guilt or shame and to manage the effects of narcissistic damage. In this case, through faith practices and teachings, the drive to seek enlightenment is similar to the urge of escape to other worlds as it is to other forms of addiction, such as drug or alcohol abuse.

Going back to the work of William James in his book *The Varieties of Religious Experience* (1902), Birchard creates the metaphor of the snake and the seraph, angel and demon existing in unity. He takes this metaphor and contends that it can exist in the practice of religion in conjunction with dysfunctional sexuality as a response to narcissistic damage. As he writes, “The co-existence of these two patterns, explain splitting, create high levels of shame and requirements for secrecy, all of which fuel the processes of painful affect, low self-esteem and self-contempt.” (Birchard, 2004, p. 83)

Understanding the cycle of addiction in this form, Birchard proposes that these religious and sexual dynamics are alternating progressions of control and release in which the person attempts to cope with issues of guilt and shame. A diagram shows how these patterns correspond:
This theory takes the vantage point that sexual addiction and religiosity are married in that the sexual compulsivity embodies the release part of the cycle and the religiosity embodies the control part of the cycle (Birchard, 2004). In this sense, when the person acts out sexually, the religious behaviors attempt to control behavior. The disciplines of the religion (e.g., prayer, confession, service, penance) in reality shift the person to a place of power/powerlessness, and thus back into sexually compulsive activities. It is Birchard’s contention that unless the person acknowledges this cycle, these two different aspects of religiosity and sexuality will continually feed off one another in destructive fashion.

Another similar dynamic found in recent literature discusses how religious affiliation can be linked to sexual compulsivity and sexual sensation seeking (Gaither & Sellbom, 2003). In this study, college students who distinguished themselves as Catholic and Jewish, in comparison to Protestants, were more likely to report sexually compulsive and sexual sensation behaviors. Likewise, with these groups the Gaither and Sellbom study (2003) discovered that a negative correlation between sexual sensation seeking scores and participation in religious services, possibly revealing that the practice of one’s religion may influence sexual behavior. One presumption of the authors concerning the findings of this study was the difference between Protestant and Catholic participants. For the purposes of this study, the question they raised was what was the impact of institutionalized restraints when it concerned the issue of sexuality for these two groups? For example, were those from Catholic backgrounds indirectly fed a message that sex was sinful, a belief by tradition supported by different factions of the Catholic Church? If
so, did such a message cause some to act out in rebellious ways in opposition to this
message? What made these students in these groups to act out in terms of out-of-control
sexual behaviors? For the purposes of this research, the question can be asked: were these
students extrinsically motivated in their faith, and therefore, were inclined toward these
sexually compulsive behaviors? This issue, the connection between religiosity and
sexuality, merits further investigation.

Recommendations

Although this research revealed association between religiosity and sexual
compulsivity, it was restricted by the convenience sampling design, the choice of
population, the size of the sample, and the location where the research was completed. A
nonrandom sample limited the researcher's ability to generalize the study's findings
beyond a similar population. The region of west Michigan has a unique culture and
therefore, the results are narrowed to this aspect. The results of the study may not be valid
in another area, state or with a different population. Because the sample was mainly from
a White/Caucasian and Protestant background, the results may be skewed in relationship
to other cultures and populations. A random sample from an urban or more diversified
region could yield different results.

Likewise, in the future with subsequent research, other instrumentation may be
advised. Both the Religious Orientation Scale (1967) and the Sexual Compulsivity Scale
(2002) were designed for narrowly defined groups. As mentioned previously, the
Religious Orientation Scale, which this research utilized, has been noted that with regards
to determining intrinsic motivation, may be denominationally biased (Donahue, 2001).
Donahue maintains that the instrument may be biased toward a Southern Baptist ideology
and that other denominations, specifically Unitarians and possibly Catholics, when these
groups take the instrument score in the higher ranges as it applies to the extrinsic values.
With this issue, the instrument may also be inadequate when used with nontraditional
groups. There are many other instruments that also investigate similar values, in
particular, the Religion as Quest Instrument (Batson & Schoenrade, 1991). Batson and
Schoenrade designed this survey contending that Allport’s concepts’ surrounding
intrinsic and extrinsic religious orientations is only one vantage point in determining
religious orientation. Likewise, when it applies to the sexual compulsive issue, there are
many different instruments that can be utilized, which investigate different aspects in
comparison to the Sexual Compulsivity Scale. One such instrument is The Sexual
Addiction Screening Test (SAST; Carnes, 2001). This instrument has a different
assessment criterion in that the instrument attempts to address addictive behavior as
related to sexuality. The 25-item questionnaire attempts to discriminate between
addictive and non-addictive behaviors. It endeavors to investigate different aspects of
sexuality in comparison to the Sexual Compulsivity Scale, specifically addressing the
emotionality or intimacy issues connected to sexual addiction.

In regards to associations between age, ethnicity, income and marital status, this
research did not reveal any significance as related to sexual compulsion. This research
did not find any difference between these variables and the sexual issues investigated.
Future studies employing a more diverse population may find that these types of
variables will correlate to sexual compulsive behaviors. Use of a larger random sample in
various locations would provide future researchers the ability to generalize the results.
With this matter, an obvious limitation of the study is the size of the sample. With future
studies, it would be advised to change the method so that a larger sample could be collected. If this study were to be replicated with the use of similar instrumentation, it may be advised to implement the study via the Internet. In doing so, a sample could be collected that would differentiate between the variables found in this study and new variable could be added (e.g., the addition of a female sample, the variable of sexual orientation, urban versus rural region).

Conclusions

This research was conducted because no previous study had been performed which addressed the possible link between religiosity and sexually compulsivity. Many similar studies have addressed the impact of these two issues with different populations (Birchard, 2004; Sullivan, 2002; Carnes et al., 2001; Suler & Phillips, 1997) and now this research sought to replicate a similar approach. The legitimacy that sexual compulsive behavior is a psychological disorder can be argued, but the reality that the issue impacts people negatively can not be ignored. Organizations such as Sex Addicts Anonymous or Sex and Love Addicts Anonymous offer help to those who have found that these behaviors have brought relational, social and legal problems into their lives.

The supplementary factor of the research was how the dynamic of religion can possibly play a role concerning sexually compulsive behavior. Although the religion of a person can play vital roles in their lives, it is documented that religion can hinder the individual if it is not processed and practiced appropriately (Engs et al., 1990; Martin & Templin, 1999). By examining extrinsic and intrinsic religiosity, concepts Gordon Allport proposed, this researcher attempted to juxtapose how these dynamics interplay with one another as related to sexual compulsivity. The research questions that were
considered surrounded the strength and qualities between these two factors of religiosity and sexual compulsivity in men who acknowledge Christian faith.

In summary, this research had two key theories which it verified. First, it was hypothesized that those scoring as intrinsically motivated in their faith through the Religious Orientation Scale would have lower sexual compulsive behavior scores revealed through the Sexual Compulsivity Scale. Secondly, this researcher theorized that those having an extrinsic religious belief system as scored on the Religious Orientation Scale would increase the person’s level of sexual compulsivity as revealed on the Sexual Compulsivity Scale. Again, both claims were found once the research was completed. Just as similar studies have shown that substance abuse and gambling can be associated to religiosity (Oleckno & Blacconiere, 1991; Benson & Donohue, 1989; Martin & Templin, 1999), continued research in how religion influences other behaviors is warranted. Even though the third aspect of the research was not verified, that is, the study would reveal correlative factors regarding age, race, income and marital status, future research may show promise. With these results, it perhaps offers reason for future study for identifying individuals who may struggle with these distinct issues. Future findings may add to the growing literature concerning religiosity as related to sexual behavior.

Without question, religion and sex are powerful forces in a person’s life. In the grand scheme of the totality of research that has been completed concerning psychological issues, these two dynamics have been understudied. It has been the premise of this author that each attribute can be either a constructive or a harmful influence on a person. Likewise, how these two practices intertwine is unknown, and therefore, such research is necessary, if we desire to help others from a psychological perspective. As
with most research, after the study was completed, the questions clearly outweighed the answers that have come forth from this work. With this, it is a hope that many others will come forward and continue to study the powerful dynamics of religion and sexuality, and therefore, come up with a more complete understanding of these potent influences.
REFERENCES


APPENDIX A. Informed Consent for Participants

Capella University
225 South Sixth Street
Ninth Floor
Minneapolis, MN 55402

INFORMED CONSENT FORM

September 4, 2008

The main purpose of this form is to provide information so that you may make a decision whether you want to be included in this research study. If you choose to be included, please sign in the space at the end of this form.

WHO IS DOING THE RESEARCH?
Kelly James Bonewell, a doctoral researcher, who is being supervised by Professor Timothy Makatura in the School of Psychology at Capella University, is doing research to understand how a person’s religion and sexual behaviors can relate to one another in either a positive or negative manner.

WHAT DOES PARTICIPATION IN THIS RESEARCH STUDY INVOLVE?
If you decide to participate in this study, you will be asked to complete three surveys. The surveys, along with this consent form, will be given to you in an envelope, and you will be asked to complete these documents according to the directions to be given to you. Your participation will take about 25 minutes. The questions are not difficult, and there is no right or wrong answers. Two copies of this letter are provided so that you can keep a copy for your records. Once you have completed the surveys, please send this signed document with the three surveys back in the enclosed envelope to my address. The postage for this return envelope has been provided.

The test about sex does request information that for some may cause discomfort. At any time when taking it feel free to stop taking the test and then come back later and finish it. In addition, if you would like to be removed from the study, just call Kelly Bonewell and tell him that you would like to do so. Likewise, through the informed consent, participants have been informed that if the questions on the surveys cause psychological or emotional discomfort, they can a) not complete the instrument, b) take a break and come back and complete the instrument, c) entirely withdraw from the study.

WHY ARE YOU BEING ASKED TO PARTICIPATE?
You have been asked to be a part of this study because the information you give will be helpful in understanding what this researcher is studying. You are the perfect candidate for this research, because of your Christian faith and because you are a male.
WHAT HAPPENS IF THE RESEARCHER GETS NEW INFORMATION DURING THE STUDY?
Kelly Bonewell will contact you if he finds new information about being a part of the study.

HOW WILL THE RESEARCHER PROTECT MY CONFIDENTIALITY?
The results of the research study will be published, but your name or identity will not be revealed in any documents. Your responses will be held in the strictest of confidence and will be gathered with many other people who have chosen to be a part of the study. The information you give will be destroyed seven years after the research study has been completed. Please DO NOT put your name or any other information on the surveys. Your participation will be private and what you share will be confidential. Participation in this study is voluntary.

WHAT HAPPENS IF I WANT DON'T WANT TO CONTINUE IN THE STUDY?
At any time, you can choose to not be a part of the study. All you have to do is contact Kelly Bonewell and he will remove your information from the study.

WILL I BE COMPENSATED FOR ILLNESS OR INJURY?
No money has been set aside to reimburse you in the event of injury. If you feel this is the case, you can contact Kelly James Bonewell or my advisor Dr. Timothy Makatura. You can also contact the Chair of the Institutional Review Board through the Research & Scholarship Office at 1-888-227-3552, ext. 0, ask for the IRB Office.

VOLUNTARY CONSENT
By signing this, you are saying that you have read this form or have had it read to you. You are saying that you understand the research, and its risks and benefits. The researcher will be happy to answer any questions you have about the research. If you have any questions, please feel free to contact Kelly James Bonewell or Dr. Timothy Makatura.

If at any time, you felt forced to be a part of this study or if you have any questions about your rights or this form, please call the Chair of the Institutional Review Board through the Research & Scholarship Office at 1-888-227-3552, ext. 0, ask for the IRB Office.

Note: By signing below, you are telling the researchers “Yes,” you participate in this study. Please keep one copy of this form for your records.

Participant’s Signature ___________________________ Printed Name ___________________________
Date ___________________________
Contact information:

Researcher: Kelly Bonewell - (616) 308-1503 or kbonewell@yahoo.com
Advisor: Dr. Timothy Makatura - (412) 734-0416 or timothy.makatura@capella.edu

INVESTIGATOR’S STATEMENT
I certify that this form includes all information concerning the study relevant to the protection of the rights of the participants, including the nature and purpose of this research, benefits, risks, costs, and any experimental procedures.

I have described the rights and protections afforded to human research participants and have done nothing to pressure, coerce, or falsely entice this person to participate. I am available to answer the participant’s questions and have encouraged him or her to ask additional questions at any time during the course of the study.

Investigator’s Signature: ______________________________________________________

Investigator’s Name: Kelly James Bonewell
Date: ____________________________________________
APPENDIX B. Letter to Prospective Participants

July 27, 2008

John Doe
100 Washington Lane
Grand Rapids, MI 49505

Dear _______________________________,

I have a colleague, Kelly James Bonewell, who is doing research to understand how a person’s religion and sexual behaviors can relate to one another in either a positive or a negative manner. I am writing to see if you would like to participate in this study.

If you decide to participate in this study, you will be asked to complete three surveys (e.g., an information survey, survey on religion and survey on sexual behaviors). The surveys, along with a consent form, will be given to you in an envelope, and you will be asked to complete these documents according to the directions to be given to you. Your participation will take about 25 minutes. Once you have completed the surveys, you will send the documents back to Kelly in an enclosed envelope to his address. The postage for this return envelope will be provided.

If you choose to participate or if you have any questions, please contact Kelly either by phone (616) 308-1503 or by email at kbonewell@yahoo.com.

You do not have to contact me, either if you wish to participate or not. Likewise, I will not see the information you give Kelly or will he and I discuss the information you give to him. Participating in this research is entirely confidential between Kelly and you. You can choose to participate or not and it will not affect our relationship in any manner.

Sincerely,


Name, title and credentials of Therapist
APPENDIX C. Personal Demographic Survey

Instructions: Please mark your answers below.

1. What is your age in years?
   - □ 18-30 years
   - □ 30-40 years
   - □ 40-50 years
   - □ 50-60 years

2. How do you describe yourself?
   - □ Asian, Asian-American
   - □ Black or African American
   - □ Hispanic or Latino
   - □ Native American
   - □ White or Caucasian
   - □ Other

3. In terms of your Christian faith, what denomination do you belong to?
   - □ Protestant
   - □ Roman Catholic
   - □ Greek Orthodox
   - □ Other (specify)  ..........................................................
   - □ Atheist

4. What is your current marital status?
   - □ Single/never married
   - □ Living with partner, but not married
   - □ Married
   - □ Separated / Divorced
   - □ Widowed

5. What is the yearly income of your family or household?
   - □ Less than $50,000
   - □ $50,000 - $100,000
   - □ More than $100,000

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PLEASE CHECK TO MAKE SURE YOU HAVE ANSWERED ALL OF THE
QUESTIONS THANK YOU FOR COMPLETING THIS SURVEY. PLEASE MAKE
SURE YOU HAVE NOT WRITTEN YOUR NAME ON THE SURVEY. THANKS
AGAIN FOR YOUR PARTICIPATION IN THIS DISSERTATION RESEARCH.
APPENDIX D. The Sexual Compulsivity Scale (SCS; Kalichman & Rompa, 1995)

A number of statements that some people have used to describe themselves are given below. Read each statement and then mark the answer to show how well you believe the statement describes you.

My sexual appetite has gotten in the way of my relationships.

☐ Not at all like me
☐ Slightly like me
☐ Mainly like me
☐ Very much like me

My sexual thoughts and behaviors are causing problems in my life.

☐ Not at all like me
☐ Slightly like me
☐ Mainly like me
☐ Very much like me

My desires to have sex have disrupted my daily life.

☐ Not at all like me
☐ Slightly like me
☐ Mainly like me
☐ Very much like me

I sometimes fail to meet my commitments and responsibilities because of my sexual behaviors.

☐ Not at all like me
☐ Slightly like me
☐ Mainly like me
☐ Very much like me

I sometimes get so horny I could lose control.

☐ Not at all like me
☐ Slightly like me
☐ Mainly like me
☐ Very much like me

I find myself thinking about sex while at work or school.

☐ Not at all like me
Slightly like me
Mainly like me
Very much like me

I feel that my sexual thoughts and feelings are stronger than I am.

Not at all like me
Slightly like me
Mainly like me
Very much like me

I have to struggle to control my sexual thoughts and behavior.

Not at all like me
Slightly like me
Mainly like me
Very much like me

I think about sex more than I would like to.

Not at all like me
Slightly like me
Mainly like me
Very much like me

It has been difficult for me to find sex partners who desire having sex as much as I want to.

Not at all like me
Slightly like me
Mainly like me
Very much like me

*****************************************************************************************************************************************

PLEASE CHECK TO MAKE SURE YOU HAVE ANSWERED ALL OF THE QUESTIONS. THANK YOU FOR COMPLETING THIS SURVEY. PLEASE MAKE SURE YOU HAVE NOT WRITTEN YOUR NAME ON THE SURVEY. THANKS AGAIN FOR YOUR PARTICIPATION IN THIS DISSERTATION RESEARCH.

APPENDIX E. Religious Orientation Scale (Allport, 1967)

Please indicate the extent to which you agree or disagree with each item below by using the following rating scale:

- strongly disagree
- disagree
- neutral
- agree
- strongly agree

1. Although I believe in my religion, I feel there are many more important things in my life.

2. It is important for me to spend periods of time in private religious thought and meditation.

3. It doesn’t matter so much what I believe so long as I lead a moral life.

4. If not prevented by unavoidable circumstances, I attend church.
5. The primary purpose of prayer is to gain relief and protection.
   - strongly disagree
   - disagree
   - neutral
   - agree
   - strongly agree

6. I try hard to carry my religion over into all my other dealings in life.
   - strongly disagree
   - disagree
   - neutral
   - agree
   - strongly agree

7. The church is most important as a place to formulate good social relationships.
   - strongly disagree
   - disagree
   - neutral
   - agree
   - strongly agree

8. The prayers I say when I am alone carry as much meaning and personal emotion as those said by me during services.
   - strongly disagree
   - disagree
   - neutral
   - agree
   - strongly agree

9. What religion offers me most is comfort when sorrows and misfortune strike.
   - strongly disagree
   - disagree
   - neutral
   - agree
   - strongly agree

10. Quite often I have been keenly aware of the presence of God or the Divine Being.
    - strongly disagree
    - disagree
11. I pray chiefly because I have been taught to pray.

- strongly disagree
- disagree
- neutral
- agree
- strongly agree

12. I read literature about my faith (or church).

- strongly disagree
- disagree
- neutral
- agree
- strongly agree

13. Although I am a religious person, I refuse to let religious considerations influence my everyday affairs.

- strongly disagree
- disagree
- neutral
- agree
- strongly agree

14. If I were to join a church group I would prefer to join a Bible study group rather than a social fellowship.

- strongly disagree
- disagree
- neutral
- agree
- strongly agree

15. A primary reason for my interest in religion is that my church is a congenial social activity.

- strongly disagree
- disagree
- neutral
- agree
16. My religious beliefs are really what lie behind my whole approach to life.

- strongly disagree
- disagree
- neutral
- agree
- strongly agree

17. Occasionally I find it necessary to compromise my religious beliefs in order to protect my social and economic well being.

- strongly disagree
- disagree
- neutral
- agree
- strongly agree

18. Religion is especially important because it answers many questions about the meaning of life.

- strongly disagree
- disagree
- neutral
- agree
- strongly agree

19. One reason for my being a church member is that such membership helps to establish a person in the community.

- strongly disagree
- disagree
- neutral
- agree
- strongly agree

20. The purpose of prayer is to secure a happy and peaceful life.

- strongly disagree
- disagree
- neutral
- agree
- strongly agree
21. Religion helps to keep my life balanced and steady in exactly the same way as my citizenship, friendships and other memberships do.

- □ strongly disagree
- □ disagree
- □ neutral
- □ agree
- □ strongly agree

*************************************************************************
PLEASE CHECK TO MAKE SURE YOU HAVE ANSWERED ALL OF THE QUESTIONS
THANK YOU FOR COMPLETING THIS SURVEY. PLEASE MAKE SURE YOU HAVE NOT WRITTEN YOUR NAME ON THE SURVEY. THANKS AGAIN FOR YOUR PARTICIPATION IN THIS DISSERTATION RESEARCH.