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Noise Exposure: How it Affects Music Majors Versus Non-Music Majors

Hanna Kolwyck - Rebecca Fischer, PhD - Middle Tennessee State University

Speech Language Pathology and Audiology | UREC

Introduction

Being is not something we have to consciously think about. We do it daily without even realizing it, and it is vital for most of us to participate. Although hearing is an important component in many of our lives and occupations, it is often not protected or considered when exposed to environments such as those with extremely loud noises. We are all exposed to daily, and it has an impact on our hearing whether we realize it or not. A variety of factors can negatively impact hearing and potentially result in noise-induced hearing loss (NIHL). NIHL is hearing loss caused by exposure to noise at high levels and is most an issue for musicians since they are exposed to noise in the form of their instruments over prolonged periods of time when compared to non-musicians.

Recent studies have found that student musicians are at a higher risk of NIHL compared to the general student population (Bates et al., 2008; Phillips et al., 2010). In addition, Wrench et al. (2015) found that approximately half of their participants were at student musicians, exceeded noise exposure levels for musicians within a typical workday. College students for industrial workers within a typical workday. College students for industrial workers within a typical workday. College students for industrial workers within a typical workday.

Method

Between student music majors and twenty-one student non-music majors enrolled at Middle Tennessee State University participated in this study. Participants came to the MTSU Speech and Hearing Clinic where they first filled out a case history form to ensure participants hearing had not been compromised prior to participating in the study. In addition to the case history form, participants completed a Noise Exposure Questionnaire, including questions about the types of noises in which participants were exposed and use of hearing protection devices (HPDs). As part of the questionnaire, student music majors also answered additional questions about what instrument they played, where they were typically seated in a musical arrangement, and how many hours they spent practicing performing, and listening to live music. Participants hearing was then evaluated using a modified Hughson-Westlake procedure in hopes of obtaining more precise audiometric measures to evaluate significant differences that may not be evident using the standard Hughson-Westlake procedure. After participants hearing thresholds were obtained, they participated in an audio recorded interview consisting questions about their experiences and perspectives of noise exposure and how it impacted hearing. Interviews were then transcribed by the Primary Investigator and Research Assistant. Data obtained from the Noise Exposure Questionnaire and the Personal Listening Experiences and Perspectives Interview was analyzed and compared between the two groups of students. An ANOVA of participants hearing thresholds is in the process of being conducted.

Results

Quantitative Results

Results of Noise Exposure Questionnaire

Type of Noise Exposure	Student Non-Music Majors (%)	Student Music Majors (%)
None to Low Exposure	~10	~10
Medium to High Exposure	~40	~40
High to Very High Exposure	~30	~30
Very High to Extreme Exposure	~10	~10
Extreme Exposure	~10	~10

Qualitative Interview Results

Data obtained from the Personal Listening Experiences and Perspectives Interview was analyzed by identifying common perspectives in the participants' responses. Perspectives were identified with respect to the different phenomena participants were asked about. The phenomena included:

1. Personal Experiences with Noise
2. Education and Additional Information about Noise Exposure and its Relation to Hearing Loss
3. Experiences with Hearing Protection Devices
4. Risk for Hearing Loss

To assess agreement between the Primary Investigator and Research Assistant, four interviews were selected (randomly) from the student non-music majors, and perspectives identified in each interview were compared. Agreement was 100 percent to general statements made by students regarding their exposure to noise. Students also revealed a desire for more ability to communicate with others and physical and psychological discomfort. While students acknowledged the effects of noise on hearing loss, few were willing to make changes in their lives.

Research Questions

What has been revealed in research concerning the safe noise levels for student musicians to attend to their hearing? There has also been limited research on the noise levels that are safe for student musicians. Therefore, the purpose of this study was to measure and compare the noise levels of music majors and non-music majors. In addition, the purpose of this study was to measure and compare the noise levels of music majors and non-music majors. In addition, the purpose of this study was to measure and compare the noise levels of music majors and non-music majors.

Acknowledgments

This project would not have been possible without funding from the UREC Grant A Award thanks to Dr. Jane Burdick who helped me realize my dream. I would also like to thank my Faculty Advisor, Dr. Rebecca Fischer and my Research Assistant, Hannah Kolwyck for all of the help and support in conducting this project. I would like to especially thank and acknowledge all of the student music majors and non-music majors who participated in my research and graciously shared their perspectives.

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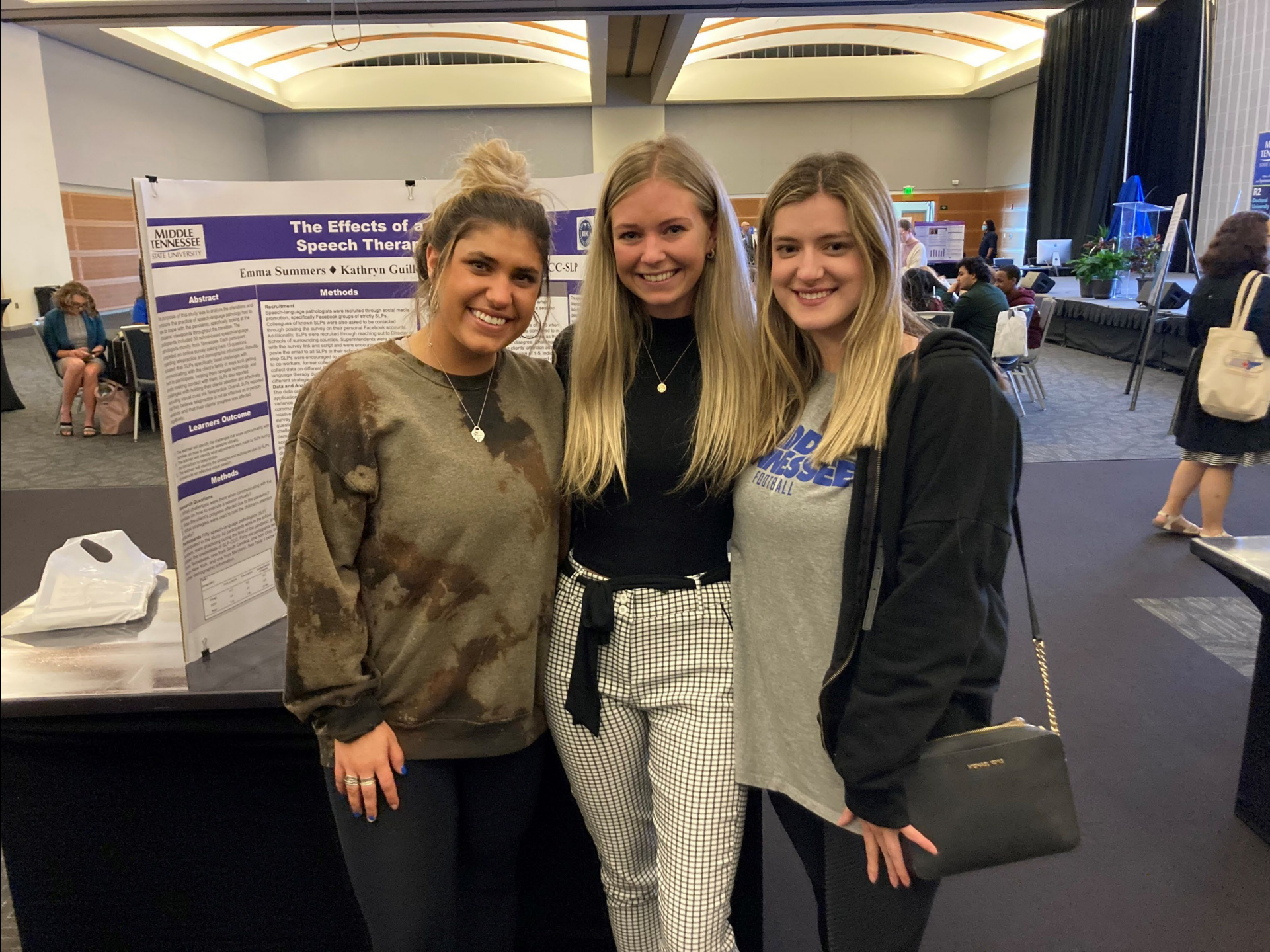
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MIDDLE TENNESSEE STATE UNIVERSITY

The Effects of a Speech Therapy Program

Emma Summers ♦ Kathryn Guillot

CC-SLP

Abstract

Objective of this study was to analyze the effectiveness and impact of a speech therapy program on the quality of life of parents, specifically looking at the impact on parents of children with speech-language disorders. The study included 20 participants from Tennessee. Each participant completed an online survey using the 10 questions on the parent's quality of life. The survey included questions on the parent's quality of life, the parent's satisfaction with the child's level of care, and the parent's satisfaction with the child's level of care. The survey also included questions on the parent's satisfaction with the child's level of care, the parent's satisfaction with the child's level of care, and the parent's satisfaction with the child's level of care.

Methods

Recruitment
Speech-language pathologists were recruited through social media, specifically Facebook groups of speech SLPs. Colleagues of known SLPs were also asked to be contacted through posting the survey on their personal Facebook accounts. Additionally, SLPs were recruited through reaching out to directors of surrounding counties. Supervisors were contacted with the survey link and social media were encouraged to post the email to all SLPs in their jurisdictions. All SLPs were encouraged to post the email to all SLPs in their jurisdictions. All SLPs were encouraged to post the email to all SLPs in their jurisdictions.

Learnings Outcome

The results will identify the challenges for the community and the impact of the program on the quality of life of parents of children with speech-language disorders.

Methods

Research Questions
The research questions were: How effective is the program? How do parents feel about the program? How do parents feel about the program? How do parents feel about the program?



Speech Articulation XLP

Mouth

Vocal folds

Vowels

Larynx top

Larynx

Front **Central** **Back**

Superior View

Cortical Functions

External **Lateral View** **Inferior View** **Superior View**

Internal **Internal** **Internal** **Internal**

Pathways

The Brain XLP

External **Lateral View** **Inferior View** **Superior View**

Internal **Internal** **Internal** **Internal**

Pathways

The Ear

Anatomy of the Ear

Outer Ear **Middle Ear** **Inner Ear**

Pinna **Malleus** **Incus** **Stapes** **Vestibular nerve** **Cochlear nerve** **Eustachian tube**

Concha **External auditory meatus** **Lobe of auricle**

Tympanic membrane Real image **Tympanic membrane (Back view)**

Labyrinth **Ossicular chain** **Cochlea slice** **Cochlea section** **Cross Section of the Cochlea** **Hair cells** **Organ of Corti** **Traveling wave along the Basilar Membrane**

High-pitch tones **Mid-pitch tones** **Low-pitch tones**

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The Effects of a Pandemic on Speech Therapy for Children

Emma Summers ♦ Kathryn Guillot Blankenship, Ph. D., CCC-SLP

Methods

Speech-language pathologists were recruited through social media promotion, specifically Facebook groups of entry SLPs. Colleagues of known SLPs were also asked to be contacted through posting the survey on their personal Facebook accounts. Additionally, SLPs were recruited through reaching out to Director of schools of surrounding counties. Superintendents were provided with the survey link and script and were encouraged to notify and assist the email to all SLPs in their school system. Through every point the email to all SLPs in their school link and script along with the survey link and script were provided. The survey aimed to collect data on different SLPs experiences when providing speech therapy during a pandemic, analyzing its effectiveness and different strategies used.

Data and Analysis

The data collected for this study is a self-report through the application of a survey via the internet. To limit the perceptual bias, we included qualifying phrases (e.g., I was difficult to communicate with my family's client during COVID) and avoided subjective terms of judgments (e.g., low, many good, pairs) in the survey questions and response choices. There was a total of 15 survey questions in the survey to cover a variety of factors related to challenges of providing therapy during COVID and respondent demographics. The survey contains open-ended questions, multiple-choice questions, and Likert scale questions. The data was analyzed using descriptive statistics. A faculty check was conducted to ensure the data was accurately reported. A total of 10% of the data was inspected by a fellow undergraduate student in the speech language pathology program and 100% of agreement was achieved.

Results

Research Question 1: What challenges were there when communicating with the families or how is remote a session virtually?

Speech-language pathologists average response of 2.35 when asked about the effectiveness of telepractice as compared to in-person sessions suggests an overall positive response as the average answer consists to somewhat disagree. Challenges reported to be prominent when having therapy sessions as SLPs reported an average answer of 4.18 on a scale of 1-5 indicating that they overall somewhat agree. SLPs verbal remained neutral when rating their effectiveness communicating with families and assessing vocal cues using therapy.

Research Question 2: Was the client's progress affected due to the pandemic?

The average response of 3.78 on the question "Many clients showed slow progress through the pandemic" indicated that SLPs had an average response of somewhat agree to the statement. This might be in part due to the fact that 58 out of 60 SLPs (97%) reported having at least one meeting less than their clients. Furthermore, 58 out of 60 SLPs (97%) that stated that they had at least one client who showed slow progress through the pandemic.

Research Question 3: What strategies were used to hold the children's attention virtually?

All participants utilizing over 50% reported having to adjust their on activities when using telepractice. Participants reported several strategies including using activities such as interactive books, games, drawing, and coloring. Participants also reported using strategies such as having their clients hold their clients' attention, incorporating fun items, fun breaks, and physical movement into a session.

Discussion

The spike in disorders when making the transition to telepractice is not surprising. Lee et al. (2020) stated that lack of time to prepare, mental health concerns, worries, and parenting stress, may have impacted parents' ability to support their children's educational needs. Difficulties communicating with the clients' family about the technological aspect of virtual therapy was another finding that majority of SLPs struggled with. Speech language pathologists reported challenges such as limited internet connection, parents not knowing how to use Zoom, incorrect school email, and overall limited computer literacy in support of the fact that parents have not undergone the training that was the strategies SLPs used to hold children's attention when conducting a virtual session. Challenges were reported, however, the importance of their effectiveness was striking. As stated in Parola et al. (2020), anxiety, stress, sadness, boredom, depression symptoms, sleep disturbance and fear for the situation are the predominant behavioral/emotional problems during the pandemic, with at least 70-80% of children found to have worsened in at least some aspects of their behavior. Looking at the overall effectiveness of telepractice, 62% of the participants reported that they strongly disagreed or somewhat disagreed that it was just as effective as in-person sessions. However, 41% of 2020 found that 73% of SLPs had consented enough to conduct teletherapy while 27% did not.

A lot of prior research studies on the topic proved to be a limitation as very few studies were found. Approximately 50% of the participants reside in the state of Tennessee so we are SLPs that across the United States. Fifty participants were recruited to 15 sites also in order to have had this research conducted with the thoughts of thousands of SLPs in the reality.

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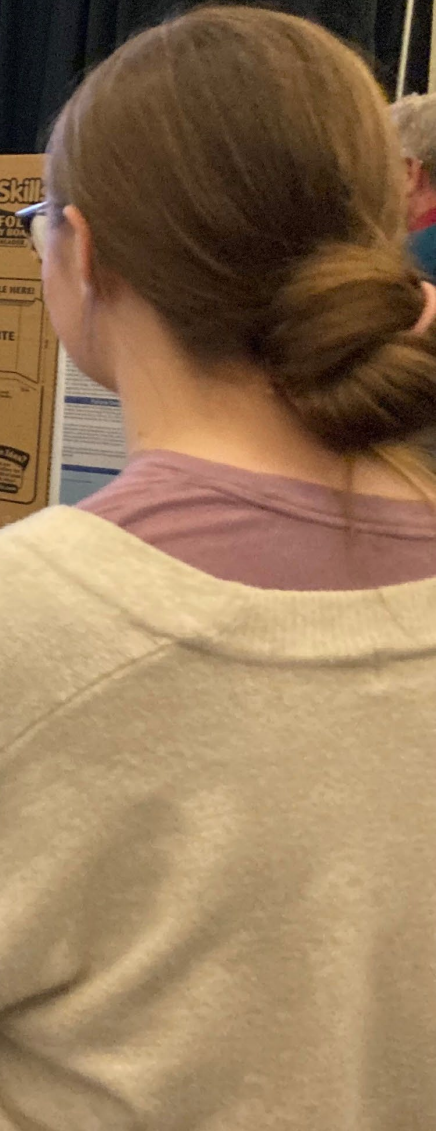
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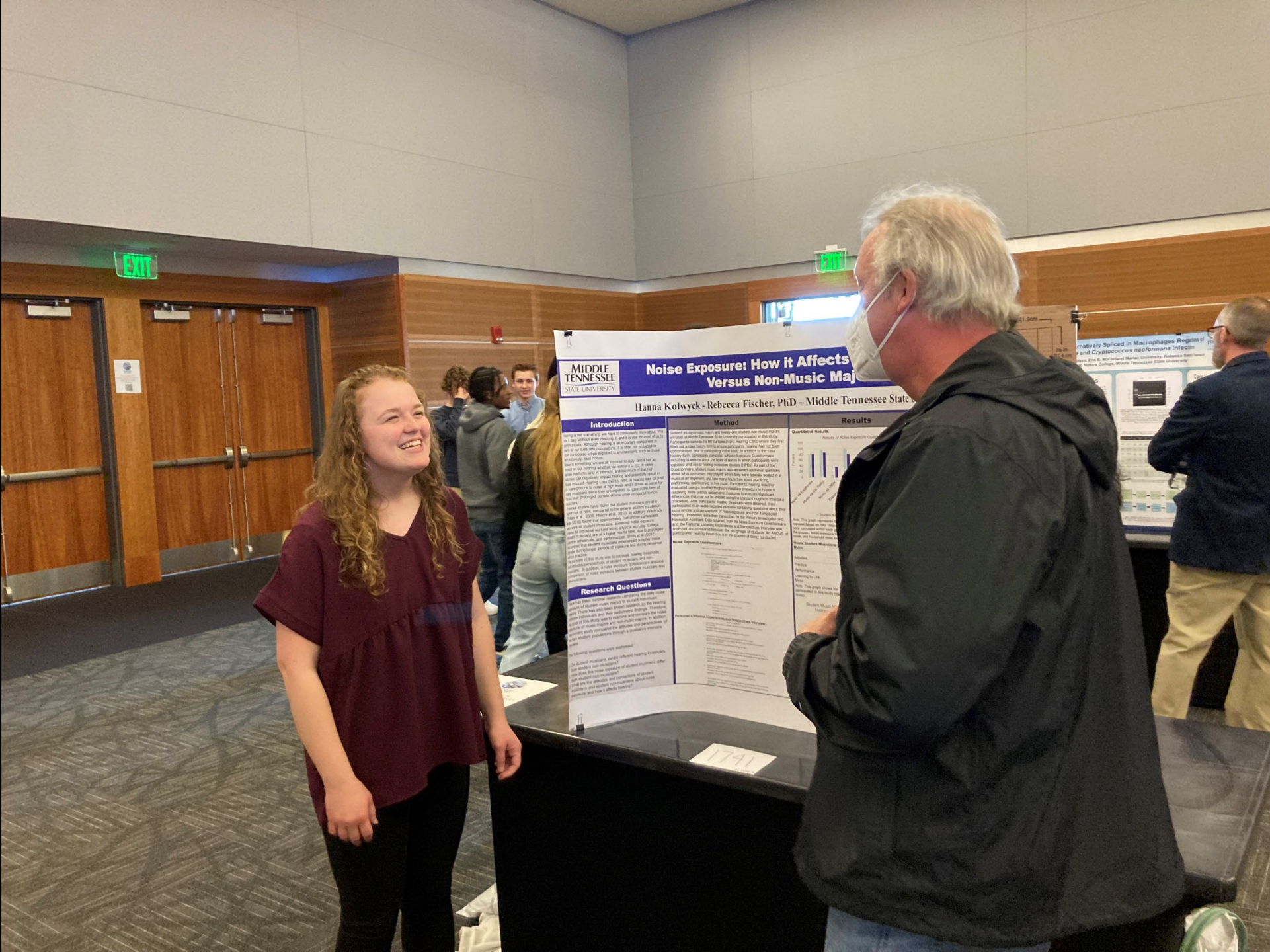
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Noise Exposure: How it Affects Versus Non-Music Majors

Hanna Kolwyck - Rebecca Fischer, PhD - Middle Tennessee State University

Introduction

While it is a common belief that noise is only a nuisance, it is in fact a significant health hazard. Noise is a form of energy that is measured in decibels (dB) and is often measured in terms of its frequency and amplitude. Noise is a form of energy that is measured in decibels (dB) and is often measured in terms of its frequency and amplitude. Noise is a form of energy that is measured in decibels (dB) and is often measured in terms of its frequency and amplitude.

Method

Students at Middle Tennessee State University participated in the study. Participants were divided into two groups: Music Majors and Non-Music Majors. The study was conducted over a period of six weeks. Participants were asked to wear a noise meter during their daily activities. The noise meter recorded the noise levels in decibels (dB) and the duration of exposure. The data was analyzed using statistical software.

Results

Quantitative Results: The results of the study showed that music majors were exposed to significantly higher noise levels than non-music majors. The average noise level for music majors was 75 dB, while for non-music majors it was 65 dB. The duration of exposure was also significantly higher for music majors.

Research Questions

1. How does noise exposure affect the health of music majors compared to non-music majors?
 2. What are the most common sources of noise exposure for music majors?
 3. How can noise exposure be reduced for music majors?

Alternatively Spliced in Macrophages Regulate the Response to Cryptosporidium parvum Infection

Dr. Rebecca Fischer, Middle Tennessee State University

Abstract: Cryptosporidium parvum is a common parasitic protozoan that causes gastrointestinal illness in humans and animals. The parasite has a complex life cycle and is highly resistant to environmental stressors. The study investigated the role of alternatively spliced transcripts in the response to C. parvum infection in macrophages. The results showed that these transcripts play a critical role in the immune response and that their expression is regulated by the parasite.







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MIDDLE TENNESSEE STATE UNIVERSITY

Noise Exposure: How It Affects Music Majors Versus Non-Music Majors

Hanna Kabejnyk | Rebecca Fischer, PhD | Middle Tennessee State University

Introduction

Music majors are exposed to high levels of noise in their daily lives, which can lead to hearing loss and other health issues. This study aims to compare the noise exposure levels of music majors and non-music majors and the resulting health effects.

Methods

The study used a cross-sectional design to measure noise exposure levels and hearing loss in music majors and non-music majors. Data was collected from a survey and audiometric testing.

Results

Variable	Music Majors	Non-Music Majors
Mean Noise Exposure (dB)	85	70
Mean Hearing Loss (dB)	15	5
Percentage of Music Majors with Hearing Loss	30%	10%

Conclusion

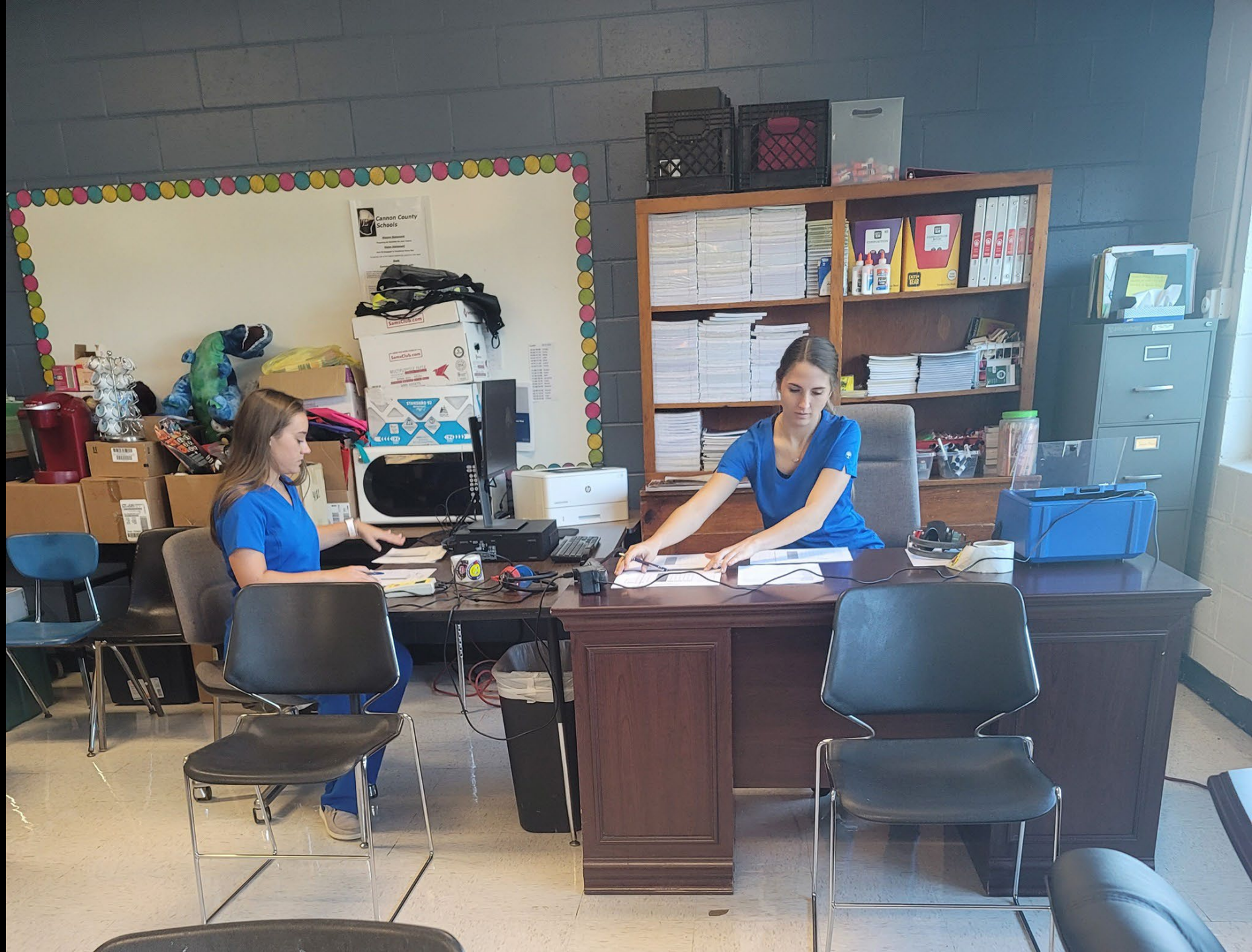
Music majors are exposed to significantly higher levels of noise than non-music majors, which results in higher levels of hearing loss. This study highlights the need for noise reduction strategies for music majors.

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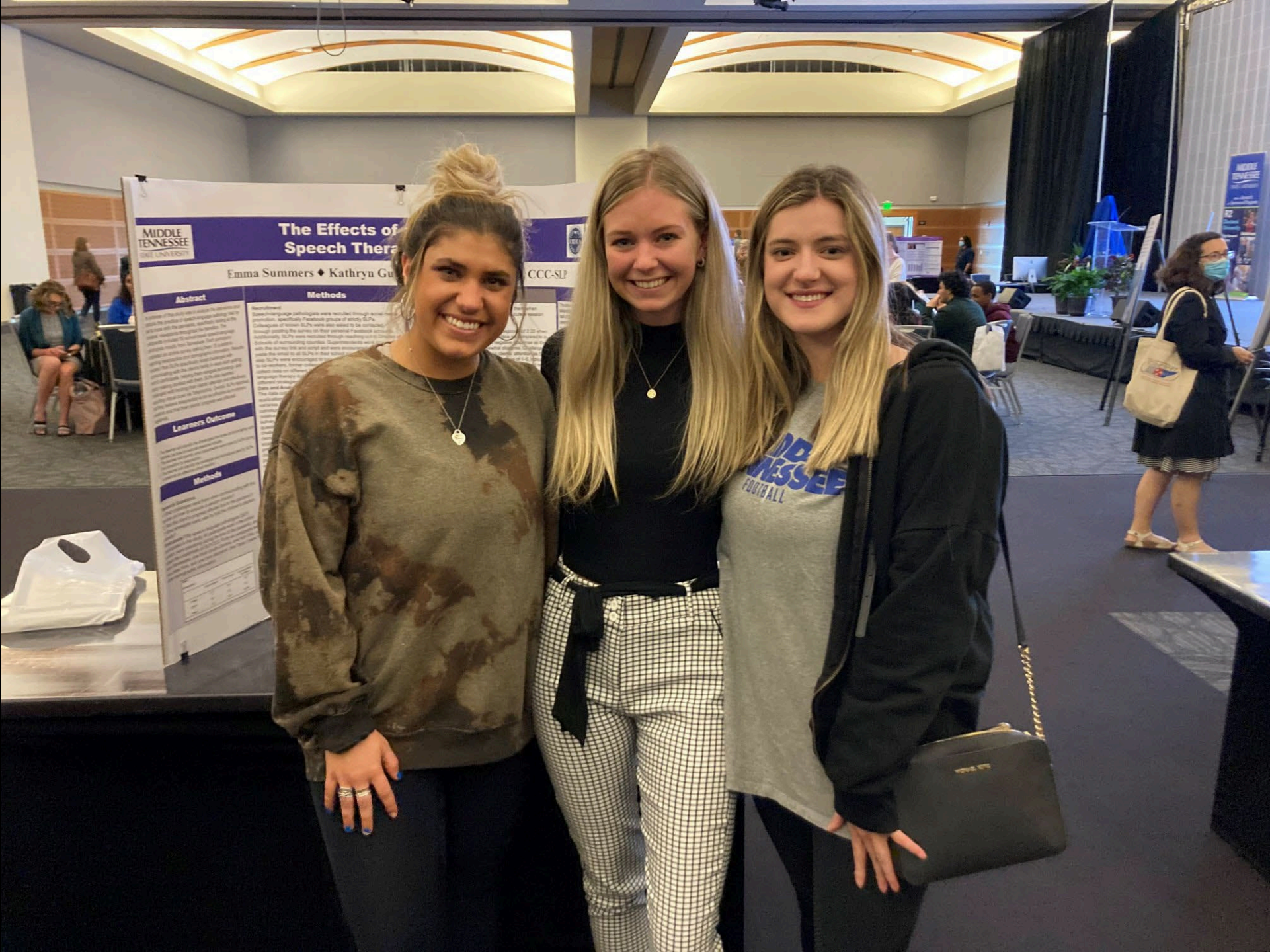


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MIDDLE TENNESSEE STATE UNIVERSITY

The Effects of Speech Ther...

Emma Summers ♦ Kathryn Gu... CCC-SLP

Abstract

Abstract text describing the study's purpose and findings.

Methods

Methodology section detailing the research design and procedures.

Learners Outcome

Summary of the results and outcomes of the study.

Methods

Additional methodological details and data analysis.



MIDDLE TENNESSEE STATE UNIVERSITY

The Effects of a Pandemic on Speech Therapy for Children

Emma Summers ♦ Kathryn Guillot Blankenship, Ph. D., CCC-SLP

Speech-Language Pathology and Audiology

Abstract

The purpose of this study was to analyze the alterations and take to cope with the pandemic, specifically looking at the clinicians' viewpoints throughout the transition. The participants included 50 school-based speech-language pathologists mostly from Tennessee. Each participant completed an online survey asking them 19 questions regarding telepractice and demographic information. Results indicated that SLPs specifically faced challenges with telepractice, helping them navigate technology, and simply getting ahead of them. SLPs also reported challenges with holding their clients' attention and effectively executing visual cues via telepractice. Overall SLPs reported that they believe telepractice is not as effective as in-person sessions and that their clients' progress was affected negatively.

Learners Outcome

- The learner will identify the challenges that arise communicating with families on how to execute sessions virtually.
- The learner will identify what adjustments were made by SLPs during the transition to telepractice.
- The learner will identify the strategies and techniques used by SLPs to execute an effective virtual session.

Methods

Research Questions

- What challenges were there when communicating with families on how to execute a session virtually?
- Was the client's progress affected due to the pandemic?
- What strategies were used to hold the children's attention virtually?

Participants Fifty speech-language pathologists (SLPs) participated in the study. All participants work in the school system, were practicing during the time of the pandemic, and obtained the credentials of SLP-CCC. Forty-six participants were from Tennessee, one from South Carolina, one from Ohio, one from New York, and one from Maryland. See Table 1 below for other demographic information.

Demographic	Sample size	Sample total	Percentage of total
Age	37	43	85%
Gender	44	50	88%
State	1,0	50	20%

Methods

Recruitment

Speech-language pathologists were recruited through social media promotion, specifically Facebook groups of strictly SLPs. Colleagues of known SLPs were also asked to be contacted. Through posting the survey on their personal Facebook accounts. Additionally, SLPs were recruited through reaching out to Director of Schools of surrounding counties. Superintendents were provided with the survey link and script and were encouraged to copy and paste the email to all SLPs in their school systems. Through every school, SLPs were encouraged to pass the survey link and script along to co-workers, former colleagues, and friends. The survey aimed to collect data on different SLPs' experiences when providing speech language therapy during a pandemic, analyzing its difficulties and different strategies used.

Data and Analysis

The data collected for this study is a self-report through the application of a survey via the internet. To limit the perceptual variance, we included quantifying phrases (e.g., it was difficult to communicate with my family's client during COVID) and avoided the relative terms of judgments (e.g., few, many, good, poor) in the survey questions and response choices. There was a total of 19 survey questions and response choices. There was a total of 19 survey questions and response choices. There was a total of 19 survey questions and response choices. There was a total of 19 survey questions and response choices.

Results

Question	Yes	No
1. The average response to the first two questions was 3.78 and 3.86 for the first two questions.	100%	0%
2. The average response to the first two questions was 3.78 and 3.86 for the first two questions.	100%	0%
3. The average response to the first two questions was 3.78 and 3.86 for the first two questions.	100%	0%

Table 4: The average response of 3.78 and 3.86 for the first two questions agree to the questions. Speech-language pathologists' average response to the questions. Speech-language pathologists' average response to the questions. Speech-language pathologists' average response to the questions. Speech-language pathologists' average response to the questions.

Discussion

The ability to adapt when making the transition to telepractice is not surprising. Lee et al. (2020) stated that lack of time to prepare, mental health concerns, services, and addressing issues may have impeded parents' ability to support their children's educational needs. Difficulties communicating with the clients' family about the technological aspect of virtual therapy was another finding that majority of SLPs struggled with. Speech language pathologists reported challenges such as limited internet connection, parents' lack of knowledge navigating the internet, and distractions at home. The common requirement of parents not knowing how to use Zoom, that is provided to the school staff. Another interesting finding was that the significant SLPs used to hold children's attention when conducting a virtual session. Challenges were reported, however, such as anxiety, stress, sadness, boredom, depression, and symptoms, sleep disturbances, and lack of interest in the study. Lack of prior research studies on the topic. Lack of prior research studies on the topic. Lack of prior research studies on the topic.

References

Anderson, J. L., & Anderson, J. L. (2020). The effects of a pandemic on speech therapy for children. *Journal of Speech, Language, and Hearing Research*, 63(1), 1-10.

Lee, S. H., & Lee, S. H. (2020). The effects of a pandemic on speech therapy for children. *Journal of Speech, Language, and Hearing Research*, 63(1), 1-10.

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Negative Affect Reciprocity:

Stonewalling

Off-heeling

defensiveness

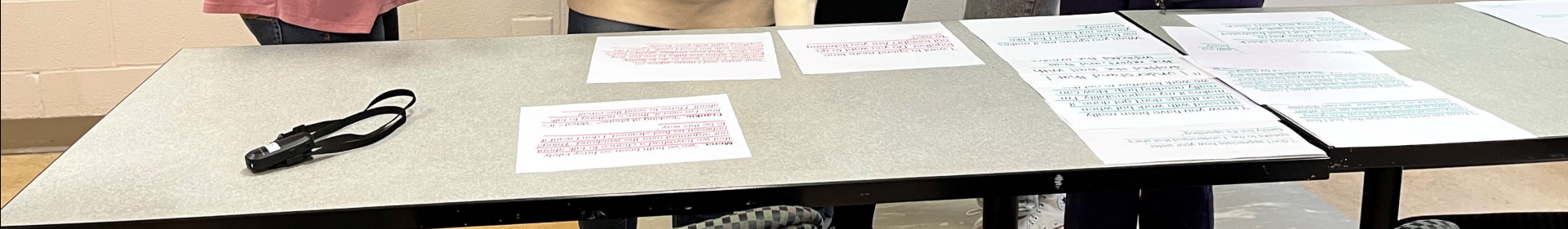
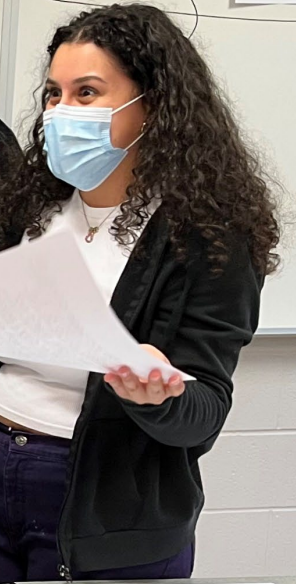
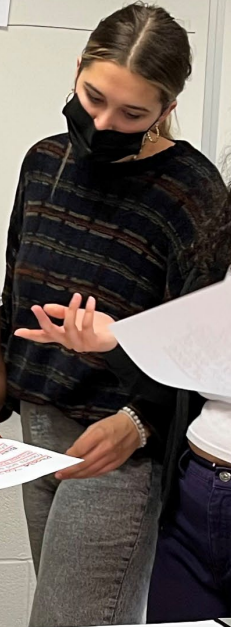
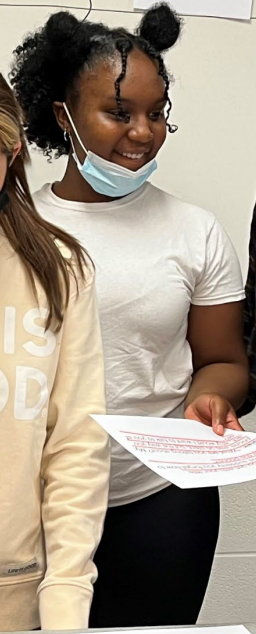
you-statements

Verbal aggression

"I only proceed if the report because my..."

"The report really blew for me because..."

"Being that a good a typical behavior for..."







The Sacred Bed Phenomenon: Which Sexual Attitudes Mediate the Association between Fundamentalism and Sex Guilt?



Merry Young & C. Rebecca Oldham, Ph.D.
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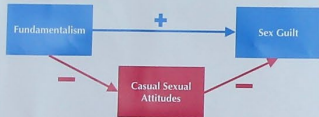
Abstract

This study explored the relationship between religious fundamentalism (IV) and sex guilt (DV) by examining which sexual attitudes mediated the association. Consistent with sexual scripting theory, half of the attitudes tested were significant—the importance of abstinence being the strongest mediating sexual attitude.

Introduction

Sex guilt can lead one to believe they acted in an "improperly."¹ The *sacred bed phenomenon* shows how these feelings may be rooted in religion.² This study seeks to understand how restrictive religious sexual scripts may impact individual's feelings of sex guilt when they have sex for the first time with a romantic partner through specific sexual attitudes.

H₁ The more fundamentalist a person is, more sex guilt they will feel.



H₂ Casual sexual attitudes will mediate the association between fundamentalism and sex guilt.

Sample

N = 555 individuals Age $M = 20.9$, $SD = 2.6$
 Gender 74% Women 26% Male
 Sexuality 89% Heterosexual 8% LGB
 Race 69% White 20% Latinx 5% Black 7% Other
 Spirituality 45% Protestant 26% Catholic 14% Spiritual
 Length 37% <6 Months 35% 7-24 Months 28% >2 Years
 Relationship Status 61% Casual 35% Serious 5% Engaged

Methods

Combined samples: (1) recruited for extra credit at a southwestern university; (2) recruited via social media for longitudinal study (only first wave data used). Both samples participated in an online survey via Qualtrics. Only participants who had sex with their current partner were included in analyses.

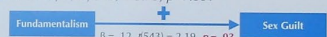
Measures

Fundamentalism. 5-item mean ($\alpha = .90$) e.g., "Everything in the Sacred Writing is absolutely true without question?" 1 = *Strongly disagree*, 6 = *Strongly agree*
Importance of Abstinence. 1 item "Is it important to you to delay sex with your current partner until after you are married to each other?" 0 = *No, abstinence is not important*, 1 = *Yes, abstinence is important*
Sociosexual Orientation. 9-item mean ($\alpha = .87$) "Sex without love is OK." 1 = *Strongly disagree*, 9 = *Strongly agree*⁴
Communal Attitudes about Sex. 3-item mean ($\alpha = .74$) "Sex is the closest form of communication between two people?" 1 = *Strongly disagree*, 5 = *Strongly agree*⁵
Instrumental Attitudes about Sex. 3-item mean ($\alpha = .67$) "The main purpose of sex is to enjoy oneself." 1 = *Strongly disagree*, 5 = *Strongly agree*⁶
Sex Guilt. 1 item, "What were your reactions to the first time you had sex with your partner?" 1 = *Not guilty*, 9 = *Very guilty*⁷

Results

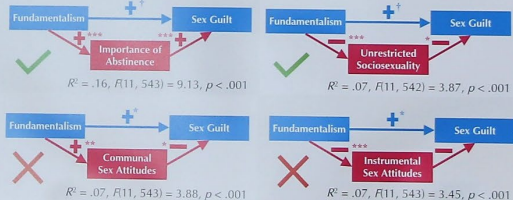
Multiple linear regressions were conducted including control variables.

Hypothesis 1. $R^2 = .06$, $F(10, 543) = 3.73$, $p < .001$



Hypothesis 2.

$^*p < .10$, $^*p < .05$, $^{**}p < .01$, $^{***}p < .001$



Findings

- Sacred Bed.** The more fundamentalist participants were, the more sex guilt they felt.
- Half of hypothesized sexual attitudes mediated the association between fundamentalism and sex guilt.
 - The importance of abstinence until marriage was the strongest mediator, predicting more sex guilt.
 - Comfort with casual sex also mediated the association, predicting less sex guilt.
 - Neither communal nor instrumental attitudes about sex were a significant mediator.

Conclusions

Consistent with sexual scripting theory, sexual attitudes mediated the relationship between fundamentalism and sex guilt.⁸ Cultural sexual scenarios from fundamentalist backgrounds promote more conservative sexual attitudes (i.e., intrapsychic scripting), especially abstinence until marriage, which contributes to feelings of guilt when sex occurs outside of marriage. Overall, we found additional support for the *sacred bed phenomenon*.

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Thanks

This project was funded by a Graduate Student Research Support Award from the Texas Tech University Office of Parent and Family Relations, the Graduate Student Advisory Council, and the Graduate School and a URECA Assistant Award from the Undergraduate Research Center in the Office of Research and Sponsored Programs at Middle Tennessee State University.



2021 Fall Open House
Undergraduate Research Experiences
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Middle Tennessee State University



Demand withdraw

"I want to spend more time together. Do you want to go out tonight? Are you listening to me?"

"When you ignore me it makes me frustrated and I feel like you are not taking me seriously."

Communication that is Excessive and Inappropriate

Kitchen-Sinking

"What have you been doing all day? I asked you to do the dishes last night, that's not done. The other day I asked you to take the trash out, of course that didn't get done either."

"I know you're busy, but these things really need to be done."

Negative Affect Reciprocity

"Please, you get on my nerves. You're always so negative and I don't know how to deal with it."

"When you're in a bad mood, my mood gets bad too. And the only way to fix it is if you're happy and that's not your job."

Stonewalling

"Stop. You're just being so hard on me. I can't do anything right now. I'll be back later."

"I don't understand you. You don't check in with me when you're in a bad mood. I need to ask you things and that's not fair."

Off-beaming

"You're just being so hard on me. I can't do anything right now. I'll be back later."

"I don't understand you. You don't check in with me when you're in a bad mood. I need to ask you things and that's not fair."

defensiveness

"I'm not the one who's always late. You're the one who's always late."

"If I'm late, it's because I have a lot of things to do. You're the one who's always late."

you-statements

"You're always late. You're always late."

"If I'm late, it's because I have a lot of things to do. You're the one who's always late."

Verbal aggression

"You're just being so hard on me. I can't do anything right now. I'll be back later."

"I don't understand you. You don't check in with me when you're in a bad mood. I need to ask you things and that's not fair."



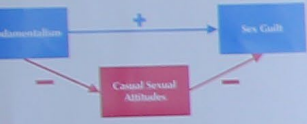
The Sacred Bed Phenomenon: Which Sexual Attitudes Mediate the Association between Fundamentalism and Sex Guilt?

Kerry Young & C. Rebecca Oldham, Ph.D.
Middle Tennessee State University
kyoung@mtmail.mtsu.edu | rebecca.oldham@mtsu.edu

Abstract
This study explored the relationship between religious fundamentalism (RV) and sex guilt (DV) by examining whether sexual attitudes mediated the association. Consistent with sexual scripting theory, half of the hypotheses tested were significant—the importance of sex being the strongest mediating sexual attitude.

Introduction
Fundamentalism can lead one to believe they acted in an improper manner. The sacred bed phenomenon shows these feelings may be rooted in religion. This study seeks to understand how restrictive religious sexual scripts may impact individual's feelings of sex guilt when they have sex for the first time with a romantic partner through specific sexual attitudes.

The more fundamentalist a person is, more sex they will feel.



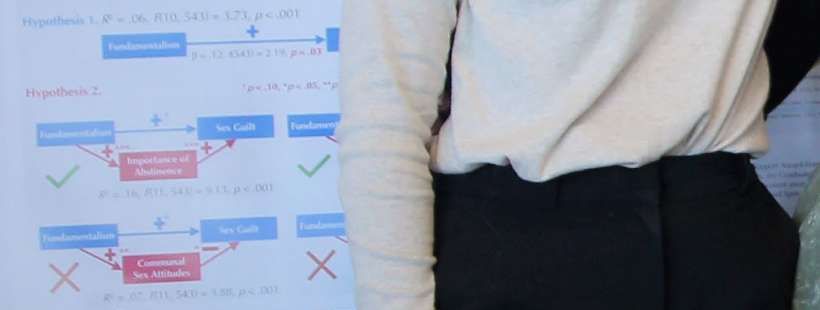
Casual sexual attitudes will mediate the association between fundamentalism and sex guilt.

Sample
N = 555 individuals Age M = 20.9, SD = 2.6
Gender: 74% Women 26% Male
Sexuality: 89% Heterosexual 8% LGB
Race: 80% White 20% Latinx 5% Black 7% Other
Religiosity: 47% Protestant 26% Catholic 14% Spiritual
Relationship Length: 17% < 6 Months 57% 7-24 Months 28% > 2 Years
Relationship Status: 61% Casual 37% Serious 5% Engaged

Methods
Combined samples: (1) recruited for extra credit at a southwestern university; (2) recruited via social media for longitudinal study (only first wave data used). Both samples participated in an online survey via Qualtrics. Only participants who had sex with their current partner were included in analyses.

Measures
Fundamentalism: 5-item mean (α = .90) e.g., "Everything in the Sacred Writing is absolutely true without question?" 1 = Strongly disagree, 6 = Strongly agree.
Importance of Abstinence: 1 item "Is it important to you to delay sex with your partner after you are married to each other?" 0 = No, abstinence is not important, 1 = Very important.
Sexual Orientation: 9-item mean (α = .87) "Sex without love is OK?" 1 = Strongly disagree, 5 = Strongly agree.
Communal Attitudes about Sex: 3-item mean (α = .74) "Sex is the closest between two people?" 1 = Strongly disagree, 5 = Strongly agree.
Instrumental Attitudes about Sex: 3-item mean (α = .67) "The main purpose of sex is to have a baby?" 1 = Strongly disagree, 5 = Strongly agree.
Sex Guilt: 1 item, "What were your reactions to the first time you had sex? 1 = Not at all guilty, 9 = Very guilty."

Results
Multiple linear regressions were conducted including controls for age, gender, and relationship length.



Moderate the Influence of Sex on Emotional Intimacy?

Kerry Young & C. Rebecca Oldham, Ph.D.
Middle Tennessee State University
kyoung@mtmail.mtsu.edu, rebecca.oldham@mtsu.edu

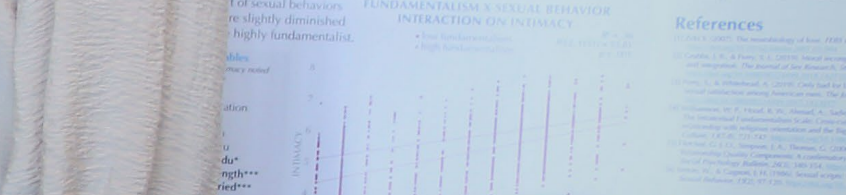
Abstract
This study explored the relationship between sexual behaviors and emotional intimacy. The more sexual behaviors, the more emotional intimacy. However, the positive impact of sexual behaviors on emotional intimacy was slightly diminished for highly fundamentalist individuals who were highly fundamentalist.

Methods
Combined samples: (1) recruited for extra credit at a southwestern university; (2) recruited via social media for longitudinal study (only first wave data used). Both samples participated in an online survey via Qualtrics. Interaction analysis were run using multiple regression.

Results
Sexual Behaviors: 12-item sum (α = .89) "Which of the following behaviors have you engaged in with your partner?" (e.g., kissing, touching breasts, oral sex, vaginal intercourse) 0 = No, 1 = Yes.
Emotional Intimacy: 5-item mean (α = .90) e.g., "Everything in the Sacred Writing is absolutely true without question?" 1 = Strongly disagree, 6 = Strongly agree.
Fundamentalism: 5-item mean (α = .93) "How close is your relationship?" 1 = Not at all, 7 = Very close.

Sexual behaviors predicted more emotional intimacy. $\beta = .10$, $95\% CI = [0.03, .17]$, $p < .001$, $**p < .01$, $*p < .05$.

Fundamentalism, but not other measures of religion, moderated the association between sexual behaviors and emotional intimacy. $\beta = .20$, $95\% CI = [7.99, .001]$, $p < .001$.



Conclusions
If sexual behaviors can increase emotional closeness between partners, it is important to investigate whether sexual behaviors decrease emotional intimacy. Findings suggest that religious fundamentalism in their relationship despite the moral incongruity of traditional religious sexual behavior did not consistently impact intimacy left in their relationship.

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Thanks
This project was funded by a grant from the Texas Tech University Center for the Study of Religion, the Graduate Student Advisory Board, and a URECA Assistant Award. Research Center in the Office of Research, Middle Tennessee State University.











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STUDENT AUDIOLOGY CLUB

HANNA KOLWYK

LA RICHARDSON



Kitchen-Sinking

Negative Affect Reciprocity:

Stonewalling

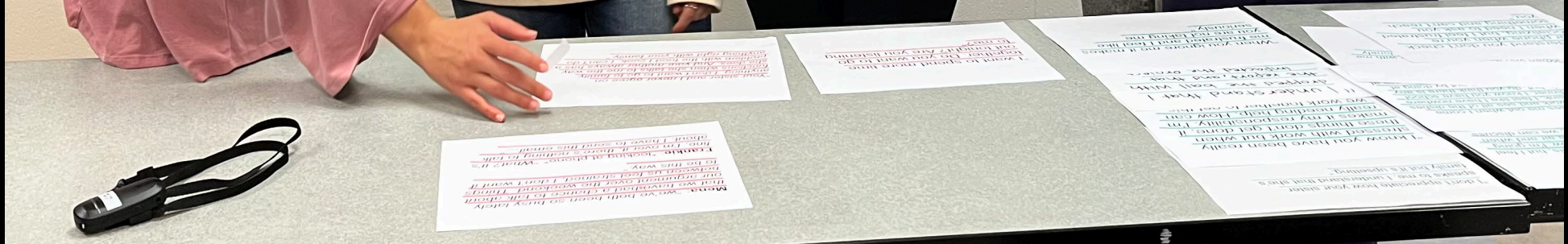
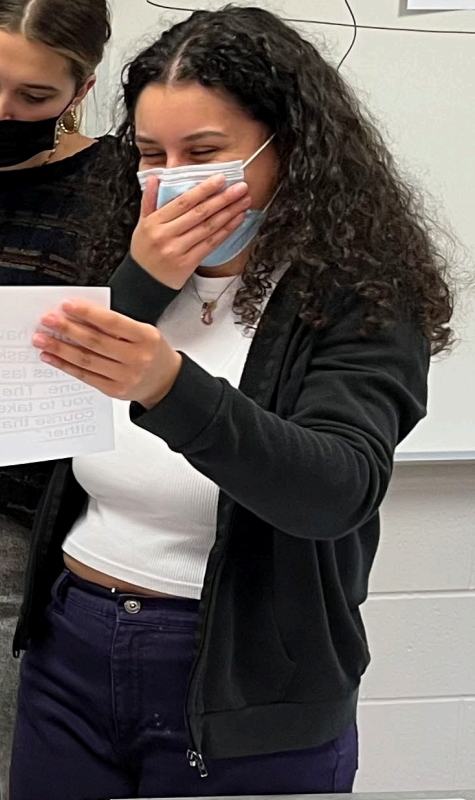
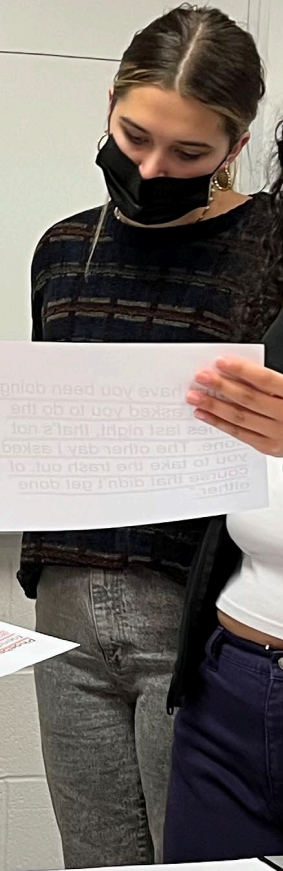
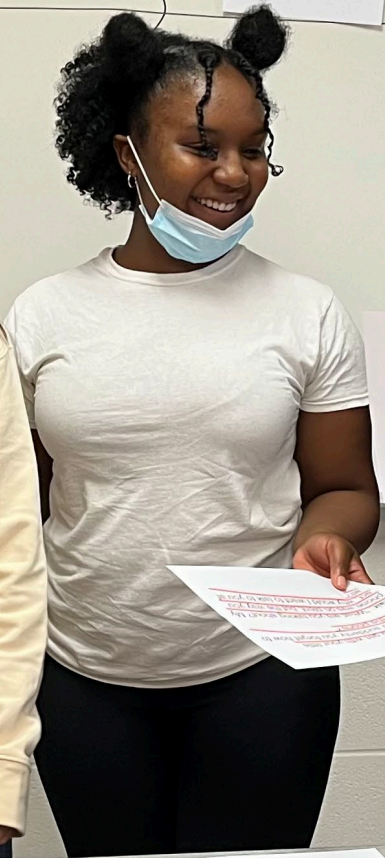
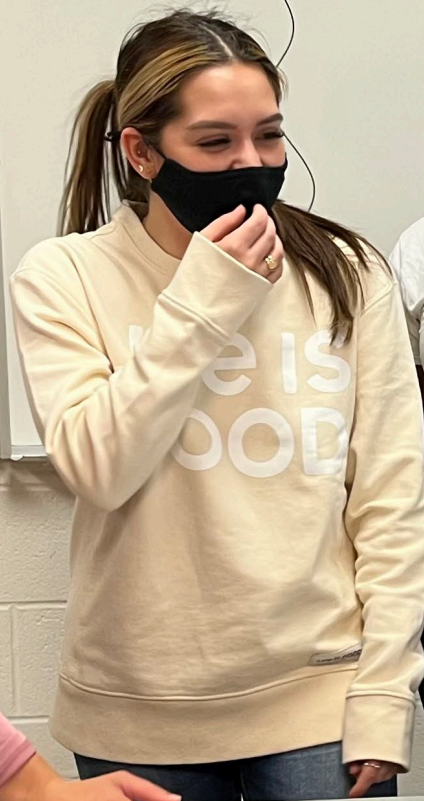
Off-beaming

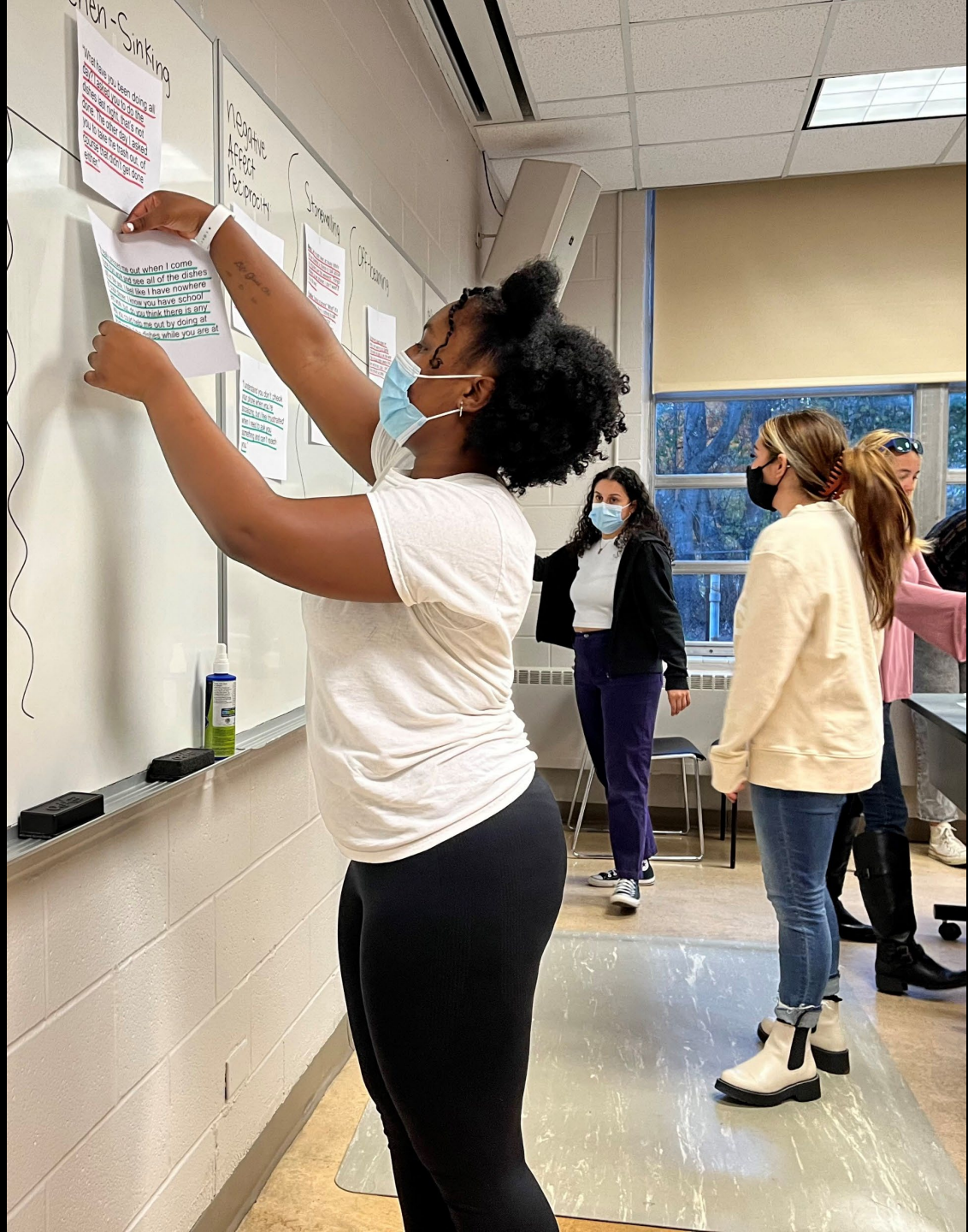
defensiveness

you-statement

"I only messaged up the report because my roommate was always late to class all night. Besides, I asked for your help and you said it looked fine."

"You never really love for me, the girl who always asks for help. I've been here for 4 years, you don't see you love or care about me at all."







Affect Reciprocity:

stonewalling

Off-beaming

defensiveness

you-statements

I only showed up the night because my...
I know you've been doing all...
I'm sorry I didn't call you...
I'm sorry I didn't call you...

I know you've been doing all...
I'm sorry I didn't call you...
I'm sorry I didn't call you...

LIFE IS GOOD

I know you've been doing all...
I'm sorry I didn't call you...
I'm sorry I didn't call you...

I know you've been doing all...
I'm sorry I didn't call you...
I'm sorry I didn't call you...

I know you've been doing all...
I'm sorry I didn't call you...
I'm sorry I didn't call you...

I know you've been doing all...
I'm sorry I didn't call you...
I'm sorry I didn't call you...

Does Religion Moderate the Influence of Sex on Emotional Intimacy?



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 Middle Tennessee State University
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Abstract

Little research has examined whether religion moderates the association between sexual behaviors and intimacy. Participants completed an online survey asking about their sexual behaviors with their partner, several indicators of religion, and emotional intimacy. We found that religion influences the association between sexual behaviors and emotional intimacy, but only for fundamentalist people, such that it slightly diminished the positive emotional effects that sexual behaviors had on their relationship.

Introduction

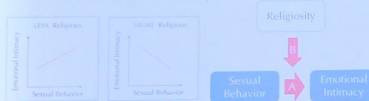
Dopamine produces a "feel-good" state in individuals when they have sex. When a person orgasms, oxytocin—which is linked to attachment and bonding—is released in the brain.¹

H_A The more sexual behaviors a person engaged in with their partner the more emotional intimacy they will feel.

Does this hold for unmarried religious people?

Moral incongruence hypothesis: when a religious person engages in behavior that violates their moral beliefs or the values of one's community.²

H_B Religion will moderate the association between sexual behavior and emotional intimacy.



Sample

N = 1,268
 Age *M* = 20.7 years, *SD* = 2.7
 Gender: 73% Women, 25% Men, 2% Self-described
 Sexuality: 86% Heterosexual, 11% LGB, 3% Self-described
 Race: 68% White, 18% Latinx, 6% Black, 5% Multiracial, 3% Other
 Religion: 47% Protestant, 23% Catholic, 13% Spiritual, 12% Atheist/Agnostic, 5% Other
 Education: 79% Some college or less
 Relationship Status: 45% Casual, 45% Serious, 8% Engaged
 Relationship Length: *M* = 9.1 months, *SD* = 2.2, 2% Married

Methods

Combined samples: (1) recruited for extra credit at a southwestern university; (2) recruited via social media for longitudinal study (only first wave data used). Both samples participated in an online survey via Qualtrics. Interaction analysis were run using multiple regression.

Measures

Sexual Behavior. 12-item sum ($\alpha = .89$) "Which of the following behaviors have you participated in with your partner?" (e.g., kissing, touching breasts, oral sex, vaginal penetration) 0 = No, 1 = Yes
Fundamentalism. 5-item mean ($\alpha = .90$) e.g., "Everything in the Sacred Writing is absolutely true without question?" 1 = Strongly disagree, 6 = Strongly agree³
Intimacy. 5-item mean ($\alpha = .95$) "How close is your relationship?" 1 = Not at all, 7 = Extremely⁴

Results

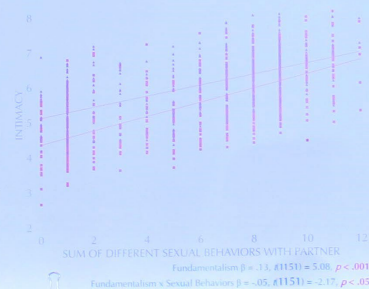
H_A More sexual behaviors predicted more emotional intimacy. $r = .34, F(10, 1153) = 59.81, p < .001$ | $\beta = .20, t(1153) = 7.99, p < .001$

H_B Fundamentalism, but not other measures of religion, moderated the association between sexual behaviors and emotional intimacy.

The positive impact of sexual behaviors on intimacy for were slightly diminished for those who were highly fundamentalist.

FUNDAMENTALISM X SEXUAL BEHAVIOR INTERACTION ON INTIMACY

• low fundamentalism $R^2 = .02, F(2, 1151) = 3.81, p < .05$
 • high fundamentalism $p < .001$



Control Variables

- H₁* association with intimacy varied
- Age***
- Women
- Sexual Orientation
- + White*
- Education
- Father's Edu*
- Mother's Edu*
- + Relationship Length***
- + Engaged/Married***

Non-significant Interaction Results

- H₂* direct associations with intimacy noted
- + Religiosity***
- + Frequency of religious attendance**
- + Evangelical**
- Religious Affiliation

Findings

H_A The more sexual behaviors engaged in, the more emotional intimacy people felt for their partners.

H_B Most measures of religion did not moderate the association between sexual behaviors and emotional intimacy.

However, the positive impacts of sexual behaviors on feelings of intimacy were slight diminished for people who were highly fundamentalist.

Conclusions

If sexual behaviors can improve emotional closeness between partners, this study hoped to investigate whether sexual activity increases or decreases emotional intimacy, even for highly religious partners who are sexually active. Our findings suggest that religious folks reported more emotional intimacy in their relationships. However, despite the moral incongruence of premarital sex with traditional religious sexual scripts⁵, more sexual behavior did not consistently negatively impact the intimacy felt in their relationships.

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Thanks

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Does Religion Moderate the Association Between Sexual Behavior and Emotional Intimacy?

Shelby L. Howland
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Abstract
Little research has examined the association between sexual behavior and emotional intimacy. This study investigated whether religious fundamentalism moderates the association between sexual behavior and emotional intimacy. Participants (N = 100) recruited for extra credit at a southwestern university (2) recruited for a longitudinal study (first wave data used). Both samples participated in a survey of sexual behavior, religious fundamentalism, and emotional intimacy. Interaction analyses were run using multiple regression.

Findings
H₁: The more sexual behaviors engaged in, the more emotional intimacy people felt for their partners.
H₂: Most measures of religion did not moderate the association between sexual behaviors and emotional intimacy.
However, the positive impacts of sexual behaviors on feelings of intimacy were slight diminished for people who were highly fundamentalist.

Conclusions
If sexual behaviors can improve emotional intimacy between partners, this study hoped to investigate whether sexual activity increases emotional intimacy, even for religious partners who are sexually conservative. Findings suggest that religious fundamentalism moderated the association between sexual behavior and emotional intimacy in their relationship. However, the positive impacts of sexual behaviors on feelings of intimacy were slight diminished for people who were highly fundamentalist.

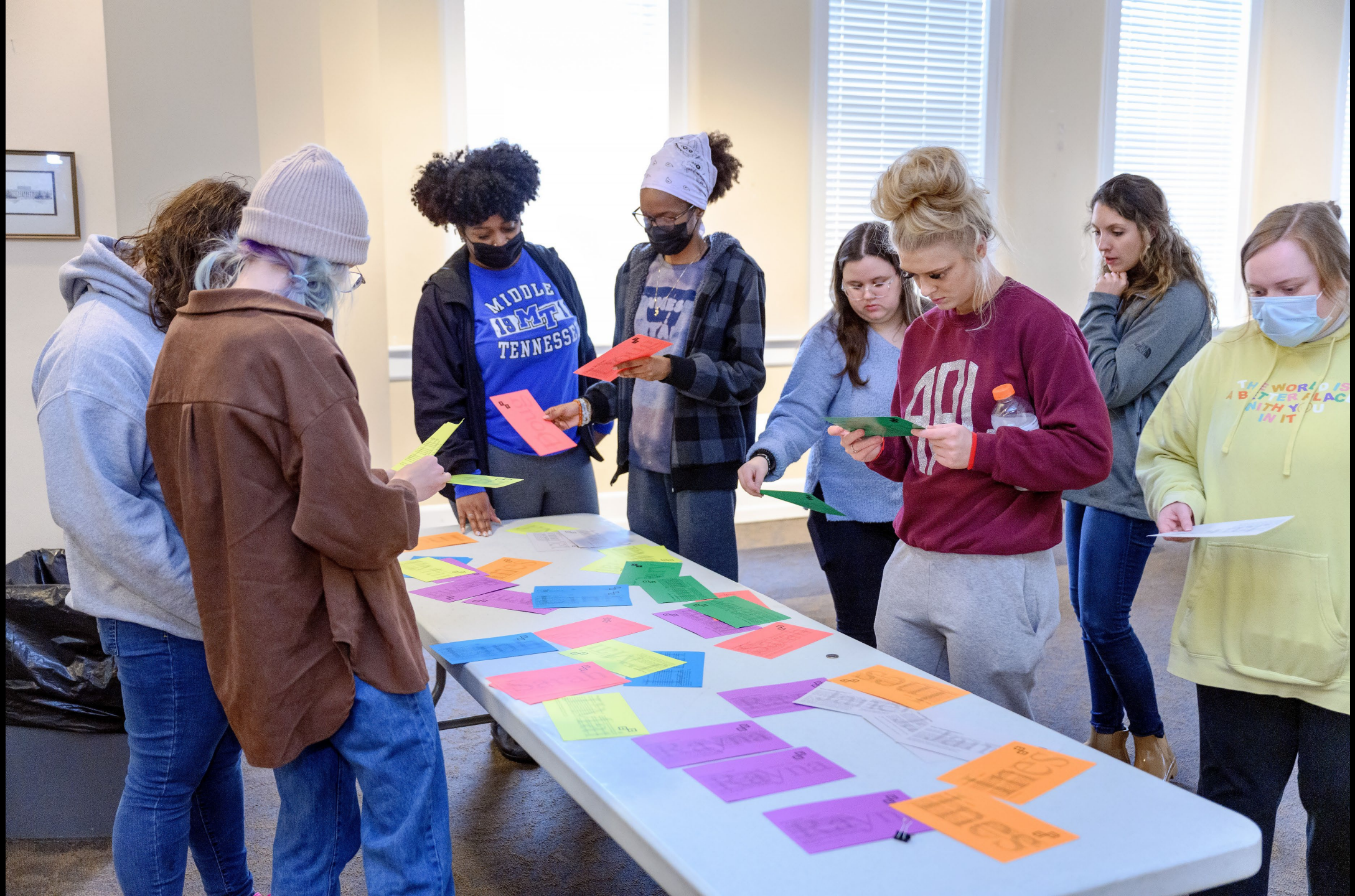
Keywords
sexual behavior, emotional intimacy, religious fundamentalism

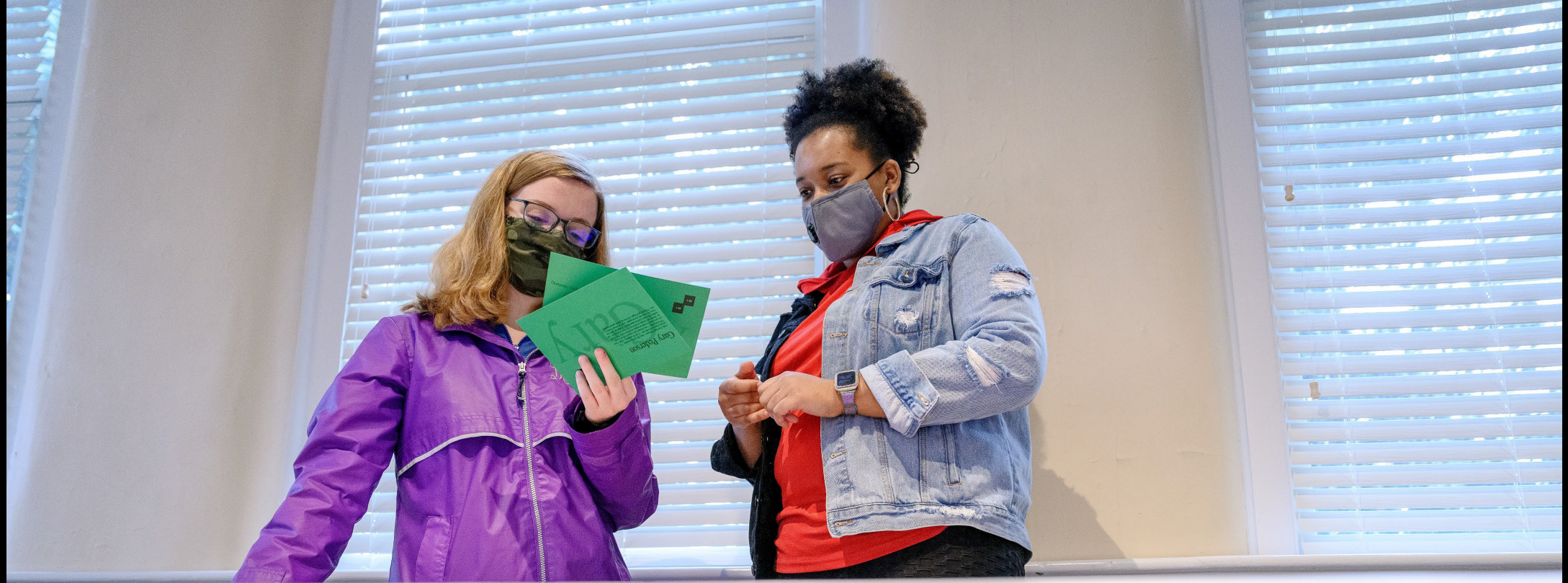
References
Barnett, T. M., & Brown, J. L. (2013). The relationship between sexual behavior and emotional intimacy: A meta-analysis. *Journal of Social and Clinical Psychology, 32*, 1-15.
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of LivingLife

DOMESTIC
VIOLENCE PROGRAM



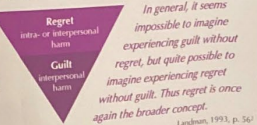
Attitudes, Beliefs, and Behaviors: When Do People Feel Sex Guilt Versus Regret?

Merry Young & C. Rebecca Oldham, Ph.D.

Middle Tennessee State University
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Theoretical and empirical work distinguishes guilt from regret according to who is harmed by one's actions. This study aimed to test the conceptual framework by examining which religious beliefs, sexual attitudes, and sexual behaviors moderated the correlation between sex guilt and sex regret regarding first sex with a new partner. Frequency of religious attendance was the strongest moderator. Results confirmed that the target of harm was a mostly consistent focus for distinguishing guilt from regret. Moreover, participants' internalized sexual scripts had a stronger influence on feeling guilty versus regret than their actual sexual behaviors.

Introduction



London, 1993, p. 56



Hypothesis: Sex guilt will be more strongly associated with regret for those who perceived they harmed others than those who do not think they harmed others.

Sample
N = 703 individuals Age M = 20.9, SD = 2.6
Gender 74% Women 26% Male
Sexuality 89% Heterosexual 8% LGB
Race 69% White 20% Latine 5% Black 7% Other
Spirituality 45% Protestant 26% Catholic 14% Spiritual
Length 37% <6 Months 33% 7-24 Months 28% >2 Years
Relationship Status 49% Casual 36% Serious 13% Engaged

Methods

Combined samples: (1) recruited for extra credit at a southwestern university; (2) recruited via social media for longitudinal study (first wave only). Online Qualtrics survey. Only participants who had sex with their current partner were included in analyses.

Measures

Sex Guilt. "What were your reactions to the first time you had sex with your partner?" 1 = Not guilty, 9 = Very guilty
Sex Regret. "I regret the first sex I had with my partner" 1 = Strongly disagree, 5 = Strongly agree
Religious Attendance. "In the last 12 months, how often have you attended religious services, NOT including weddings, baptisms, and funerals?" 1 = Never, 6 = More than once a week
Fundamentalism. 5-item mean (α = .71) e.g., "Everything in the Sacred Writing is absolutely true without question?" 1 = Strongly disagree, 6 = Strongly agree
Religiosity. "How important is religion in your life?" 1 = Not at all important, 6 = Very important
Importance of Abstinence. "Is it important to you to delay sex with your current partner until after you are married to each other?" 0 = No, abstinence is not important, 1 = Yes, abstinence is important
Sociosexual Orientation. 9-item mean (α = .87) "Sex without love is OK." 1 = Strongly disagree, 9 = Strongly agree
Sex Attitudes. Communal attitudes 3-item mean (α = .74) "Sex is the closest form of communication between two people." **Instrumental attitudes** 3-item mean (α = .67) "The main purpose of sex is to enjoy oneself." 1 = Strongly disagree, 5 = Strongly agree
Sex Behaviors. Condom use, Orgasm, Alcohol use (self and partner) 1 = Yes, 0 = No.
Sex Timing. "How soon did you and your partner have sex after you started dating each other (even casually)?" 1 = Before dating, 2 = Less than one week, 3 = 1 week, ... 13 = More than two years

Results

Multiple linear regressions were conducted including control variables.
Sex Guilt → **Sex Regret**
β = .45, t(623) = 12.8, p < .001
R² = .28, F(10, 613) = 24.05, p < .001

Guilt: Interpersonal Harm <i>Hypothesized Significant Moderation</i>			Regret: No Interpersonal Harm <i>Hypothesized NO Moderation</i>			
MODERATOR	Type	B	Type	B	B	
Religious attendance	R	.32	Communal sexual attitudes	A	-.28	-.02
Fundamentalism	R	-.29	Sociosexual behaviors	A	-.28	-.01
Religiosity	R	-.28	Sociosexual desires	A	-.27	-.01
Abstinence	R	-.28	Orgasm	B	-.28	-.05
Sociosexual attitudes	A	-.29	Alcohol use - self	B	-.27	-.02
Instrumental attitudes	A	-.29	Sex timing	B	-.22	-.01
Condom use	B	-.28	Contraceptive use	B	-.29	-.14**

Note: R = Religious Attendance; A = Sex Attitudes; B = Sex Behaviors.
p < .10. *p < .05. **p < .01. ***p < .001.

Findings

- Interpersonal harm intrapersonal harm between guilt and previous studies.
- Having a religious that sacralize sex v a stronger relationship
- Sexual behaviors that distinguish between potential for interpersonal harm

Conclusions

The relationship between mostly predicted by the internalized sexual scripts the relationship between sexual behaviors. This either for distinguishing guilt from interpersonal harm needs further analyses (e.g., additional gender) are necessary.

References

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- 2) ...
- 3) ...
- 4) ...
- 5) ...
- 6) ...
- 7) ...
- 8) ...
- 9) ...
- 10) ...

Thanks

This project was funded by a Graduate Student Research Award from the Office of the Provost and Faculty the Undergraduate Research and Creative Activities Program at Middle Tennessee State University in the Office of the Provost and Faculty.

2022 Spring Open House
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1728 Young



Attitudes, Beliefs, and Behaviors When Do People Feel Sex Guilt?

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Theoretical and empirical work distinguishes guilt from regret according to who is harmed by one's actions.¹ This study aimed to test this conceptual framework by examining which religious beliefs, sexual attitudes, and sexual behaviors moderated the correlation between sex guilt and sex regret regarding first sex with a new partner. Frequency of religious attendance was the strongest moderator. Results confirmed that the target of harm was a mostly consistent litmus test for distinguishing guilt from regret. Moreover, participants' internalized sexual scripts had a stronger influence on feeling guilt versus regret than their actual sexual behavior.

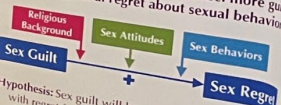
Introduction

Regret
intra- or interpersonal harm

Guilt
interpersonal harm

In general, it seems impossible to imagine experiencing guilt without regret, but quite possible to imagine experiencing regret without guilt. This regret is once again the broader concept.

In what contexts, do people feel more guilt versus general regret about sexual behavior?



Hypothesis: Sex guilt will be more strongly associated with regret for those who perceived they harmed others than those who do not think they harmed others.

Sample

N = 703 individuals Age $M = 20.9$, $SD = 2.6$

- Gender: 74% Women, 26% Male
- Sexuality: 89% Heterosexual, 8% LGB
- Race: 69% White, 20% Latinx, 5% Black, 7% Other
- Spirituality: 45% Protestant, 26% Catholic, 14% Spiritual
- Length: 37% <6 Months, 35% 7-24 Months, 28% >2 Years
- Relationship Status: 16% Casual, 56% Serious, 13% Engaged

1728

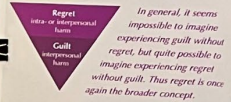


Attitudes, Beliefs, and Behaviors: When Do People Feel Sex Guilt Versus Regret?

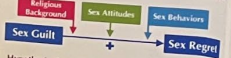
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Theoretical and empirical work distinguishes guilt from regret according to who is harmed by one's actions. This study aimed to test this conceptual framework by examining which religious beliefs, sexual attitudes, and sexual behaviors moderated the correlation between sex guilt and sex regret regarding first sex with a new partner. Frequency of religious attendance was the strongest moderator. Results confirmed that the target of harm was a sexually conservative liberal and for distinguishing guilt from regret. Moreover, participants' internalized sexual scripts had a stronger influence on feeling guilt versus regret than their actual sexual behaviors.

Introduction



In what contexts, do people feel more guilt versus general regret about sexual behavior? (Lindman, 1993, p. 56)



Hypothesis: Sex guilt will be more strongly associated with regret for those who perceived they harmed others than those who do not think they harmed others.

Sample

N = 703 individuals Age M = 20.9, SD = 2.6
Gender: 74% Women 26% Male
Sexuality: 89% Heterosexual 8% LGB
Race: 69% White 20% Latinx 5% Black 7% Other
Spirituality: 45% Protestant 20% Catholic 14% Spiritual
Length: 37% < 6 Months 35% 7-24 Months 28% > 24 Months
Relationship Status: 99% Casual 56% Serious 17% Engaged

Methods
Controlled samples (1) recruited for extra credit at a southwestern university; (2) recruited via social media for longitudinal study (first wave only). Online Quizzes survey. Only participants who had sex with their current partner were included in analyses.

Measures
Sex Guilt: "What were your reactions to the first time you had sex with your partner?" 1 = Not guilty, 9 = Very guilty
Sex Regret: "If you had the sex you had with my partner?" 1 = Strongly disagree, 5 = Strongly agree
Religious Attitudes: "Is the fact that I'm a Christian, Muslim, Jew, Hindu, or other religious service, NOT including...
Internalized Sexual Scripts: "I'm asexual" 1 = Never 4 = Almost always
Sexual Behaviors: "I've had sex with my partner" 1 = Strongly disagree, 4 = Strongly agree
Religion: "How important is religion in your life?" 1 = Not at all important, 6 = Very important
Internalized Sexual Scripts: "It is important to you to delay sex with your current partner until after you are married to your current partner" 1 = No, at all important, 5 = Very important
Sexual Attitudes: "I'm asexual" 1 = Never 4 = Almost always
Sexual Behaviors: "I've had sex with my partner" 1 = Strongly disagree, 9 = Strongly agree
Internalized Sexual Scripts: "I'm asexual" 1 = 1 = No, at all important, 5 = Very important
Sexual Behaviors: "I've had sex with my partner" 1 = 1 = No, at all important, 5 = Very important
Internalized Sexual Scripts: "I'm asexual" 1 = 1 = No, at all important, 5 = Very important

Results
Multiple linear regressions were conducted including control variables.
Sex Guilt: $\beta = .02, \Delta R^2 = 1.1\%, p < .001$
Sex Regret: $\beta = .28, \Delta R^2 = 24.0\%, p < .001$

REASON	Guilt: Interpersonal Harm (Harmful to Others)		Regret: No Interpersonal Harm (Harmful to NO One)	
	Type	B	Type	B
Sexual Attitudes	A	-.28	A	-.02
Sexual Behaviors	A	-.28	A	-.01
Internalized Sexual Scripts	A	-.27	A	-.05
Religion	A	-.28	B	-.02
Sexual Behaviors	A	-.28	B	-.01
Internalized Sexual Scripts	A	-.27	B	-.02
Religion	A	-.28	B	-.01

Conclusion
The relationship between sex guilt and sex regret was moderated by religious beliefs. Sex guilt was more strongly associated with sex regret for those who perceived they harmed others than those who do not think they harmed others.

References
Lindman, 1993, p. 56

Findings

- Interaction between sex guilt and sex regret was moderated by religious beliefs
- Having religious and moral beliefs that view sex outside of marriage as a sin was associated with sex regret
- Sexuality of individuals was not associated with sex regret

Conclusion

The relationship between sex guilt and sex regret was moderated by religious beliefs. Sex guilt was more strongly associated with sex regret for those who perceived they harmed others than those who do not think they harmed others.

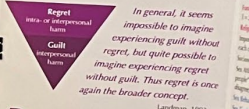


Attitudes, Beliefs, and Behaviors: When Do People Feel Sex Guilt Versus Regret?

Merry Young & C. Rebecca Oldham, Ph.D.
Middle Tennessee State University
may21@mtmail.mtsu.edu | rebecca.oldham@mtsu.edu

Theoretical and empirical work distinguishes guilt from regret according to who is harmed by one's actions. This study aimed to test this conceptual framework by examining which religious beliefs, sexual attitudes, and sexual behaviors moderated the correlation between sex guilt and sex regret regarding first sex with a new partner. Frequency of religious attendance was the strongest moderator. Results confirmed that the larger the harm was a morally conservative faith had for distinguishing guilt from regret, however participants' internalized sexual scripts had a stronger influence on feelings of guilt versus regret than their actual sexual behaviors.

Introduction



In general, it seems impossible to imagine experiencing guilt without regret, but quite possible to imagine experiencing regret without guilt. Thus regret is once again the broader concept.

London, 1993, p. 1

In what contexts, do people feel more guilt versus general regret about sexual behavior?

Hypothesis: Sex guilt will be more strongly associated with regret for those who perceived they harmed others than those who do not think they harmed others.

Sample
N = 703 individuals Age M = 20.9, SD = 2.6
Gender: 74% Women, 26% Men
Sexuality: 89% Heterosexual, 9% LGB
Race: 50% White, 20% Latinx, 5% Black, 2% Other
Spirituality: 43% Protestant, 26% Catholic, 14% Spiritual
Length: 37% < 6 Months, 15% 7-24 Months, 28% > 2 Years
Relationship Status: 50% Casual, 50% Serious, 13% Engaged

Methods
Controlled sample (1) recruited for extra credit at a southwestern university; (2) recruited via social media for longitudinal study (first wave only). (Online Qualtrics survey. Only participants who had sex with their current partner were included in analyses.

Measures
Sex Guilt: "Did you ever have sex with your partner?" 1 = Not guilty, 9 = Very guilty
Sex Regret: "Do you regret the first sex you had with your partner?" 1 = Strongly disagree, 5 = Strongly agree
Religious Attitudes: "In the last 12 months, how often have you attended religious services, NOT including individualism." 5 = Never, 6 = More than once a week
Internalization: 5 = Strongly agree, 1 = Strongly disagree
Religion: "How important is religion to you?" 1 = Not at all important, 6 = Very important
Sexual Orientation: "Is it important to you to delay sex with your current partner until after you are married to the opposite sex?" 1 = No, 5 = Yes
Sexual Attitudes: "Sexual intercourse is a sin." 1 = Strongly disagree, 5 = Strongly agree
Sexual Behaviors: "I have had sex with my partner." 1 = Never, 5 = More than once a week
Sexual Satisfaction: "I am satisfied with my sex life." 1 = Not at all satisfied, 5 = Very satisfied
Sexual Communication: "I have discussed my sexual needs with my partner." 1 = Not at all, 5 = Very often
Sexual Communication: "I have discussed my sexual needs with my partner." 1 = Not at all, 5 = Very often
Sexual Communication: "I have discussed my sexual needs with my partner." 1 = Not at all, 5 = Very often

Results
Multiple linear regressions were conducted including control variables.
Sex Guilt: $F(4, 693) = 12.6, p < .001$
Sex Regret: $F(4, 693) = 24.05, p < .001$

Control Variable	Sex Guilt	Sex Regret
Age	.01	.01
Gender	.01	.01
Sexuality	.01	.01
Religion	.01	.01
Sexual Orientation	.01	.01
Sexual Attitudes	.01	.01
Sexual Behaviors	.01	.01
Sexual Satisfaction	.01	.01
Sexual Communication	.01	.01
Sexual Communication	.01	.01
Sexual Communication	.01	.01

Findings

- Internalization: The role of internalization in the relationship between sex guilt and sex regret was most consistent in the present study.
- Sexual Attitudes: Sex attitudes moderated the relationship between sex guilt and sex regret.
- Sexual Communication: Sex communication moderated the relationship between sex guilt and sex regret.

Conclusion

The relationship between sex guilt and sex regret was most consistent in the present study. Internalization moderated the relationship between sex guilt and sex regret. Sex attitudes moderated the relationship between sex guilt and sex regret. Sex communication moderated the relationship between sex guilt and sex regret.

References

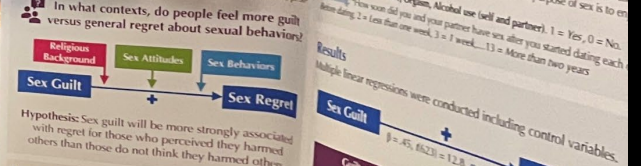
- London, 1993, p. 1
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Attitudes, Beliefs, and Behaviors: When Do People Feel Sex Guilt Versus Regret?

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Middle Tennessee State University
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Theoretical and empirical work distinguishes guilt from regret according to who is harmed by one's actions. This study aimed to test this conceptual framework by examining which religious beliefs, sexual attitudes, and sexual behaviors moderated the correlation between sex guilt and sex regret regarding first sex with a new partner. Frequency of religious attendance was the strongest moderator. Results confirmed that the target of harm was a mostly consistent litmus test for distinguishing guilt from regret. Moreover, participants' internalized sexual scripts had a stronger influence on feeling guilt versus regret than their actual sexual behaviors.

Introduction
In general, it seems impossible to imagine experiencing guilt without regret. In fact, the two are so closely intertwined that they are often used interchangeably. However, research has shown that guilt and regret are distinct emotions with different implications for behavior change (Lindquist, 1993, p. 50).



Sample
N = 703 individuals Age M = 20.9, SD = 2.6
Gender 74% Women 26% Male
Sexuality 89% Heterosexual 8% LGB
Race 69% White 20% Latinx 5% Black 7% Other
Spirituality 45% Protestant 26% Catholic 14% Spiritual
Length 37% <6 Months 35% 7-24 Months 28% >2 Years
Relationship Status 65% Casual 56% Serious 13% Engaged

Results
Multiple linear regressions were conducted including control variables.

Variable	B	SE	β	p
Religious attendance	-.12	.02	-.05	.001
Internalized sexual scripts	.25	.02	.10	.001
Religiosity	.28	.02	.11	.001
Sexual attitudes	.29	.02	.11	.001
Sexual behaviors	.29	.02	.11	.001
Organism	.29	.02	.11	.001
Alcohol use - self	.29	.02	.11	.001
Sex history	.29	.02	.11	.001

Sex Guilt → **Sex Regret**
 $\beta = .45, \beta(23) = 12.8, p < .001$
 $R^2 = .28, F(10, 613) = 24.05, p < .001$

Religiosity: Interpersonal Harm
 $\beta = .45, \beta(23) = 12.8, p < .001$
 $R^2 = .28, F(10, 613) = 24.05, p < .001$

Religiosity: No Interpersonal Harm
 $\beta = .28, \beta(23) = 7.2, p < .001$
 $R^2 = .18, F(10, 613) = 12.05, p < .001$

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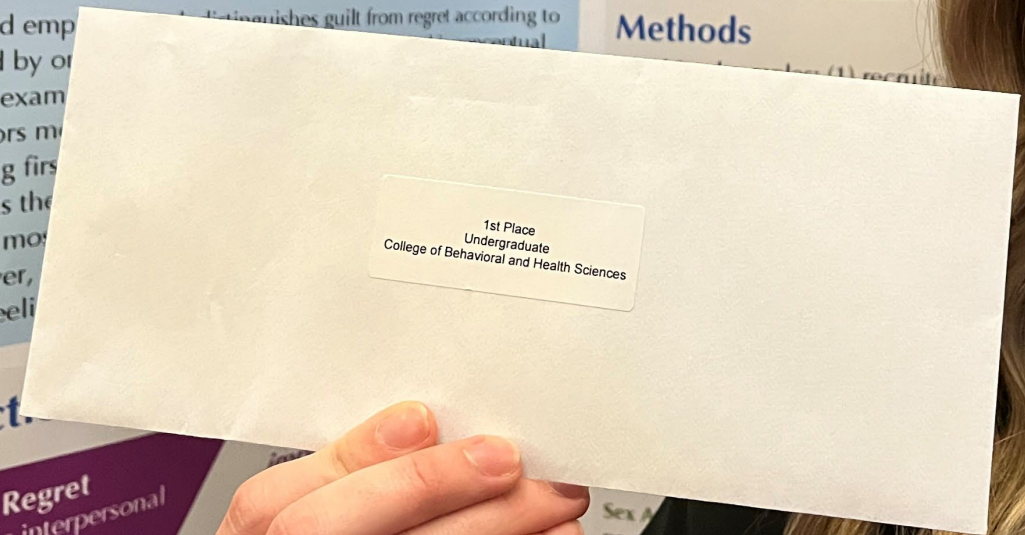
Attitudes, Beliefs, and Behaviors: When Do People Feel Sex Guilt Versus Sex Regret?

Merry Young & C. Rebecca Oldham, PhD
Middle Tennessee State University
may2t@mtmail.mtsu.edu | rebecca.oldham@mtsu.edu

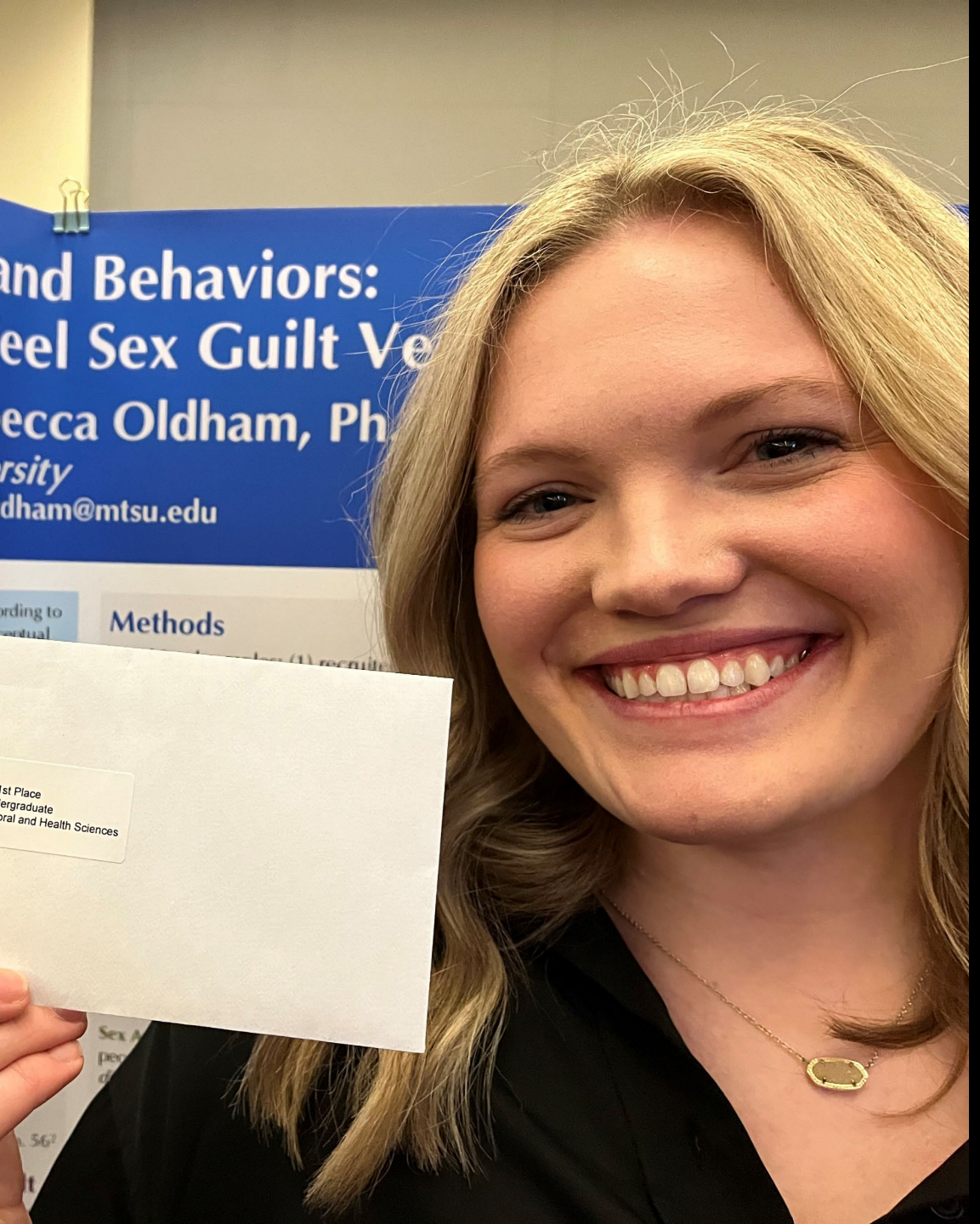
Theoretical and empirical research distinguishes guilt from regret according to the person who is harmed by or responsible for the behavior. In this framework by examining sexual behaviors men and women regret regarding first sexual intercourse was the harm was a more personal regret. Moreover, the influence on feelings of regret and guilt was examined.

Methods

Introduction

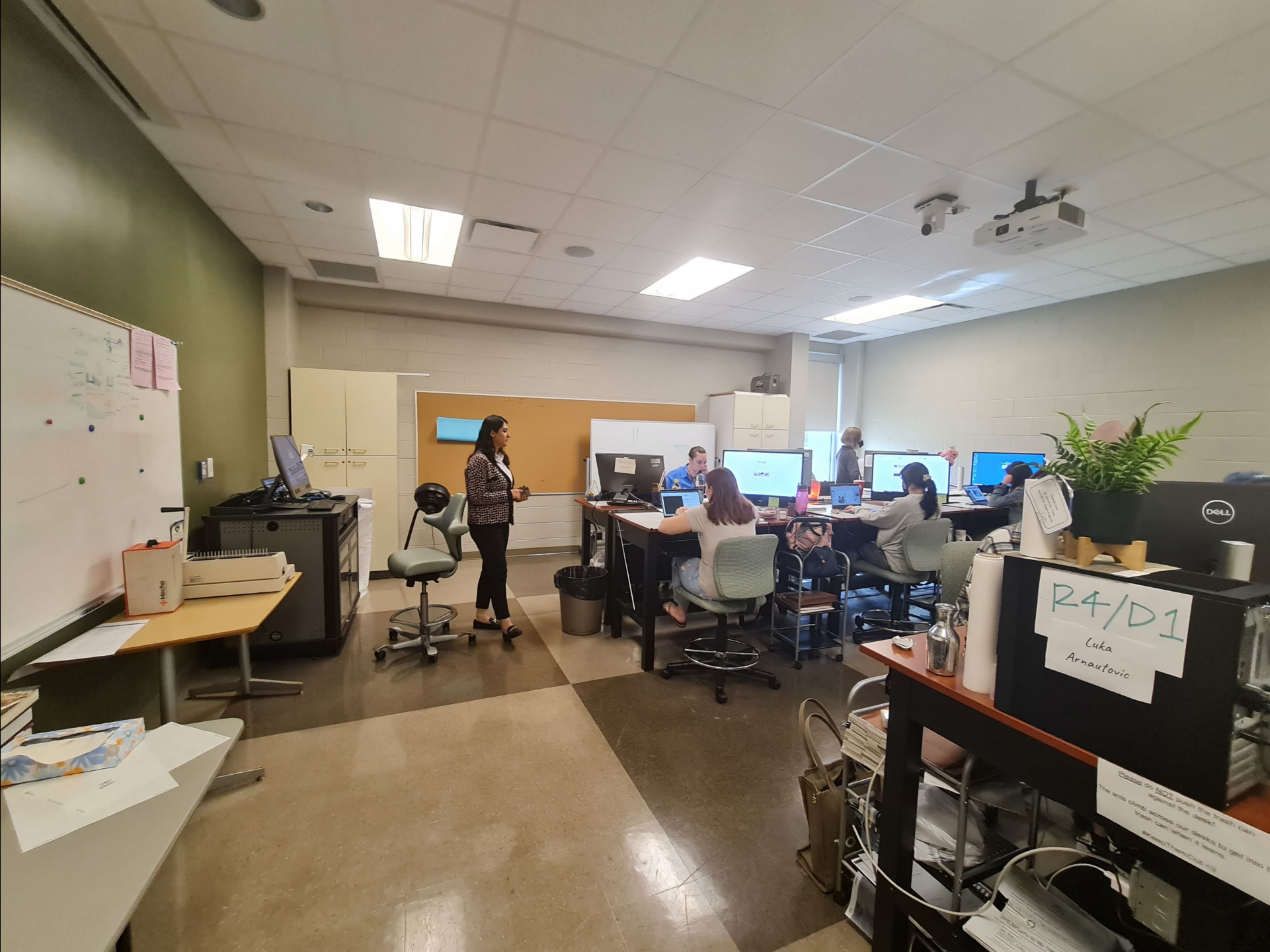


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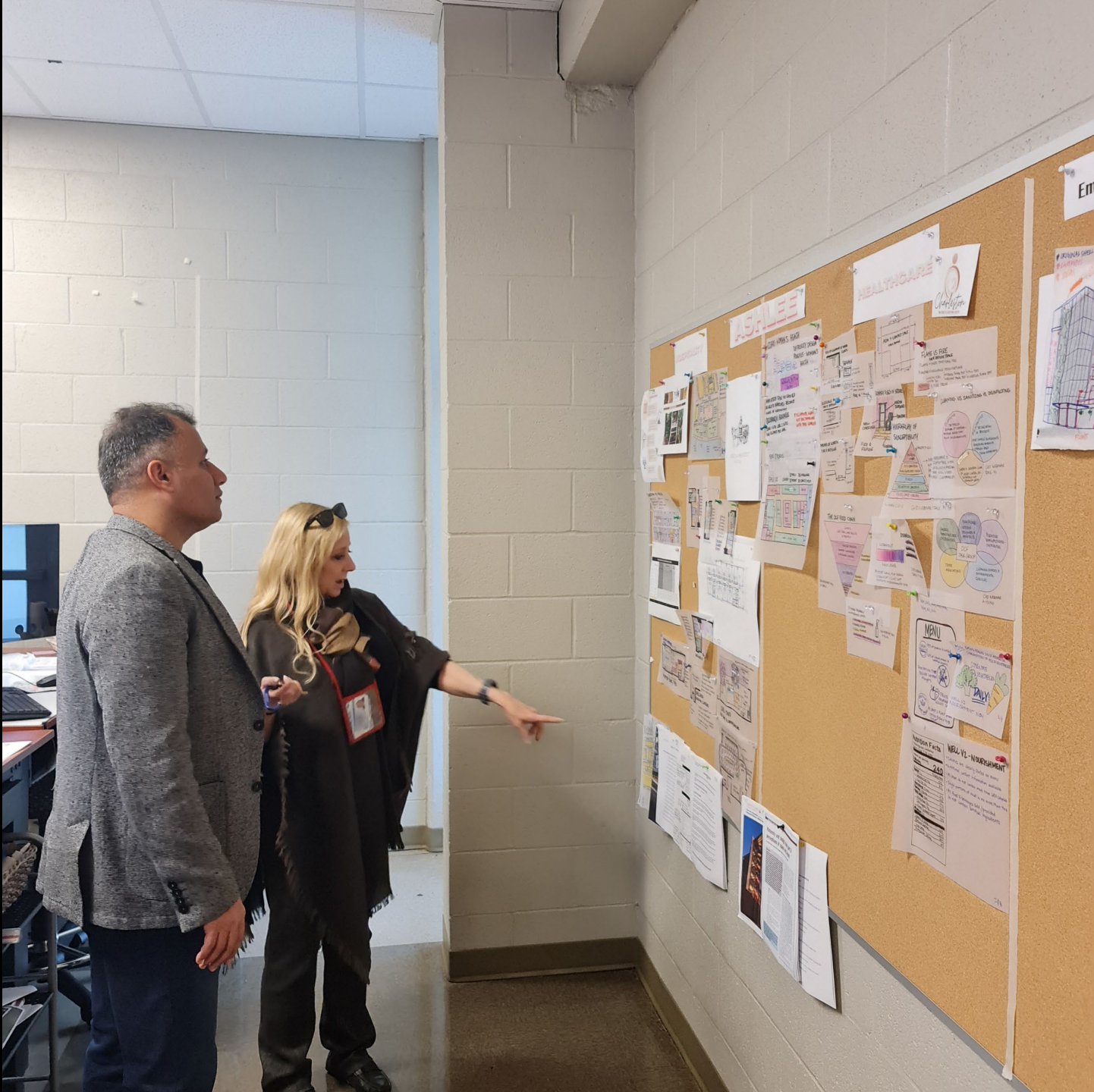
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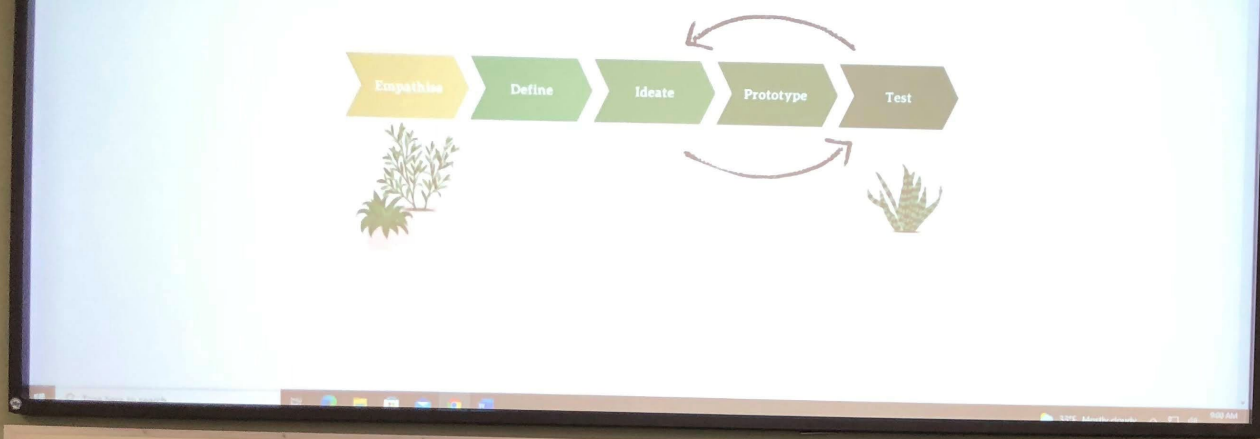
Luka
Arnautovic

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Please don't touch it!









Product: Backpack | Topic: Space Exploration

PROBLEM: BACKPACK DOES NOT HAVE MANY FEATURES BESIDE POCKETS.







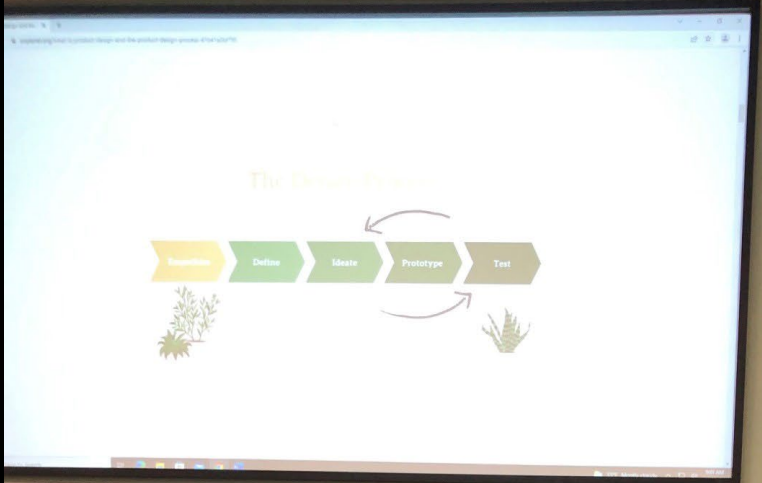












Product: Backpack
Topic: Space Exploration

PROBLEM
SCOPE
USER
DESIGN
TEST

















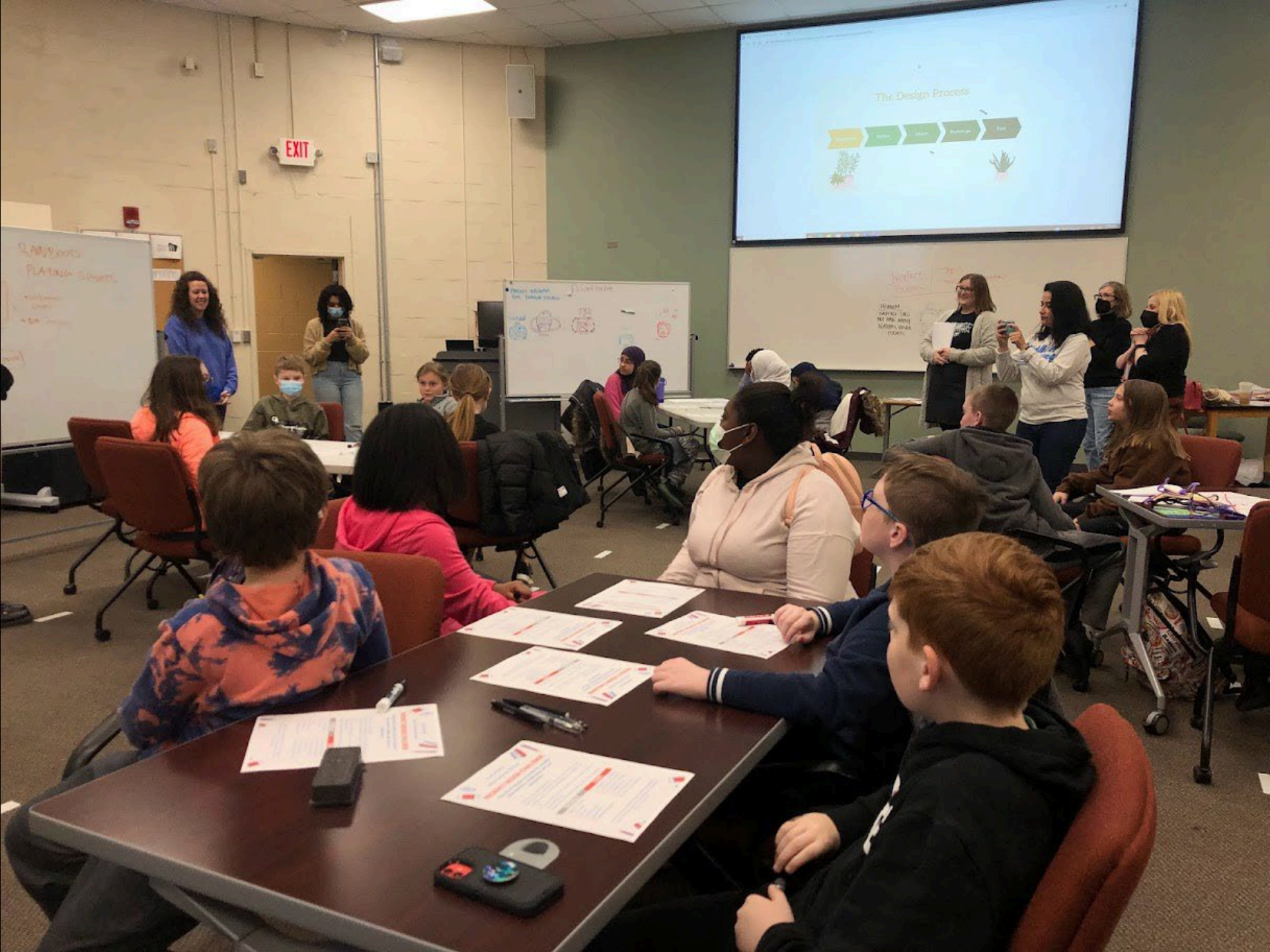












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PLANNING SHEETS

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THE WORLD
DISCOVERS SPACE



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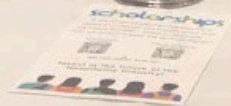
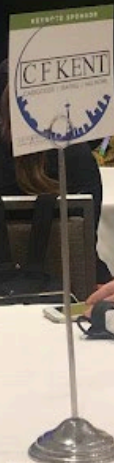




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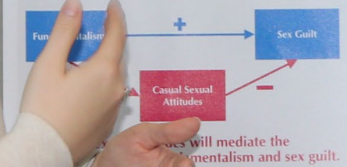
The Sacred Bed Phenomenon: Which Sexual Attitudes Mediate the Association between Fundamentalism and Sex Guilt?

Merry Young & C. Rebecca Oldham, Ph.D.
Middle Tennessee State University
may21@mtmail.mtsu.edu | rebecca.oldham@mtsu.edu

Abstract
This study explored the relationship between religious fundamentalism (IV) and sex guilt (DV) by examining which sexual attitudes mediated the association. Consistent with sexual scripting theory, half of the attitudes tested were significant—the importance of abstinence being the strongest mediating sexual attitude.

Introduction
Sex guilt can lead one to believe they acted in an "improperly."¹ The *sacred bed phenomenon* shows how these feelings may be rooted in religion.² This study seeks to understand how restrictive religious sexual scripts may impact individual's feelings of sex guilt when they have sex for the first time with a romantic partner through specific sexual attitudes.

H₁ The more fundamentalist a person is, more sex guilt they will feel.

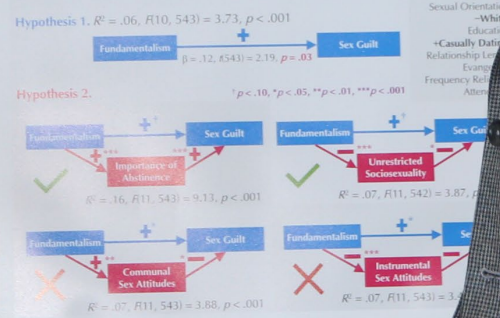


N = 555 individuals Age $M = 20.9$, $SD = 2.6$
 Gender: 74% Women 26% Male
 Sexuality: 89% Heterosexual 8% LGB
 Race: 69% White 20% Latinx 5% Black 7% Other
 Religiosity: 45% Protestant 26% Catholic 14% Spiritual
 Relationship: 43% Months 13% 7-24 Months 28% >2 Years
 Relationship Status: 61% Casual 35% Serious 5% Engaged

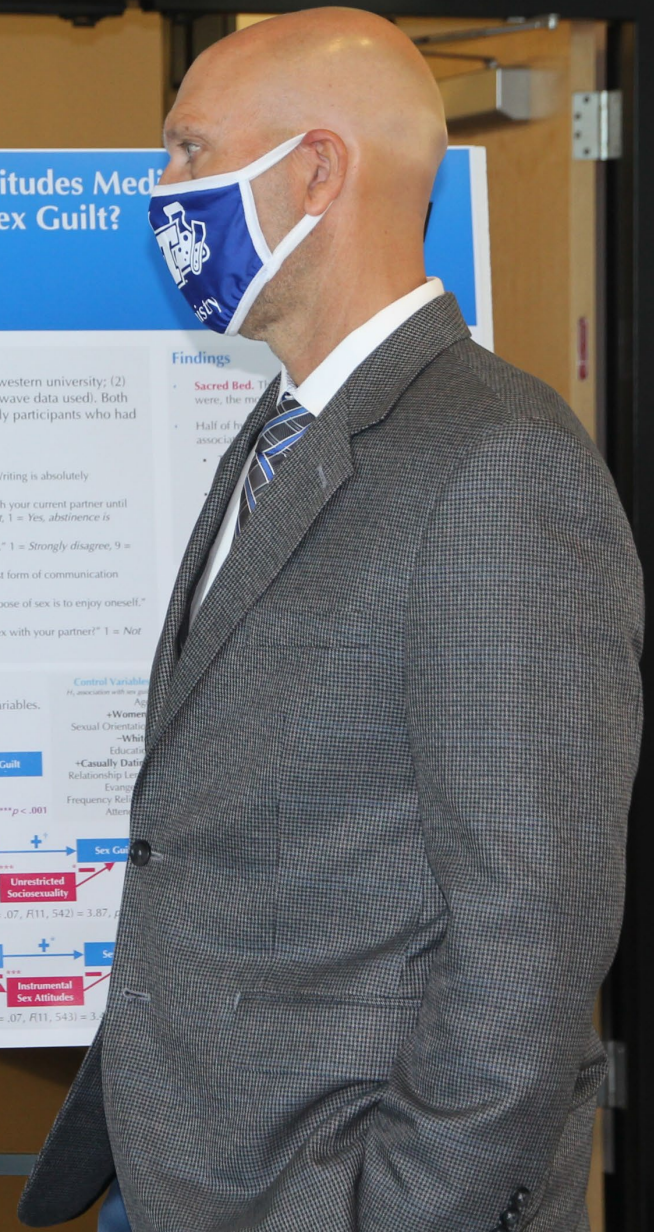
Methods
Combined samples: (1) recruited for extra credit at a southwestern university; (2) recruited via social media for longitudinal study (only first wave data used). Both samples participated in an online survey via Qualtrics. Only participants who had sex with their current partner were included in analyses.

Measures
Fundamentalism, 5-item mean ($\alpha = .90$) e.g., "Everything in the Sacred Writing is absolutely true without question!" 1 = *Strongly disagree*, 6 = *Strongly agree*
Importance of Abstinence, 1 item "Is it important to you to delay sex with your current partner until after you are married to each other?" 0 = *No, abstinence is not important*, 1 = *Yes, abstinence is important*
Sociosexual Orientation, 9-item mean ($\alpha = .87$) "Sex without love is OK." 1 = *Strongly disagree*, 9 = *Strongly agree*
Communal Attitudes about Sex, 3-item mean ($\alpha = .74$) "Sex is the closest form of communication between two people!" 1 = *Strongly disagree*, 5 = *Strongly agree*
Instrumental Attitudes about Sex, 3-item mean ($\alpha = .67$) "The main purpose of sex is to enjoy oneself." 1 = *Strongly disagree*, 5 = *Strongly agree*
Sex Guilt, 1 item, "What were your reactions to the first time you had sex with your partner?" 1 = *Not guilty*, 9 = *Very guilty*"

Results
Multiple linear regressions were conducted including control variables.



Findings
 Sacred Bed, The...
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STARBUCKS RESERVE

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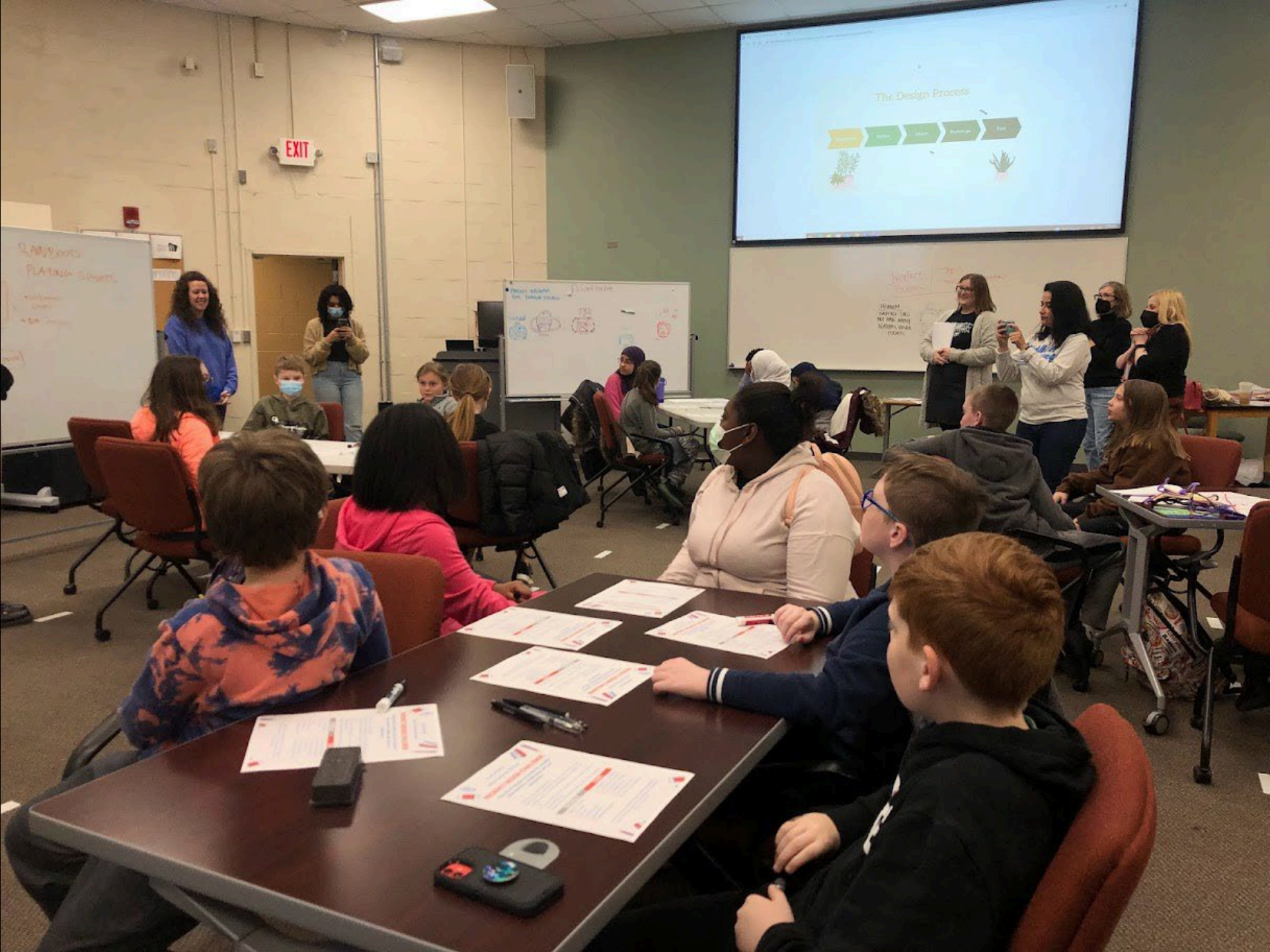
Espresso











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Mayer Fabrics

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Glossier.



























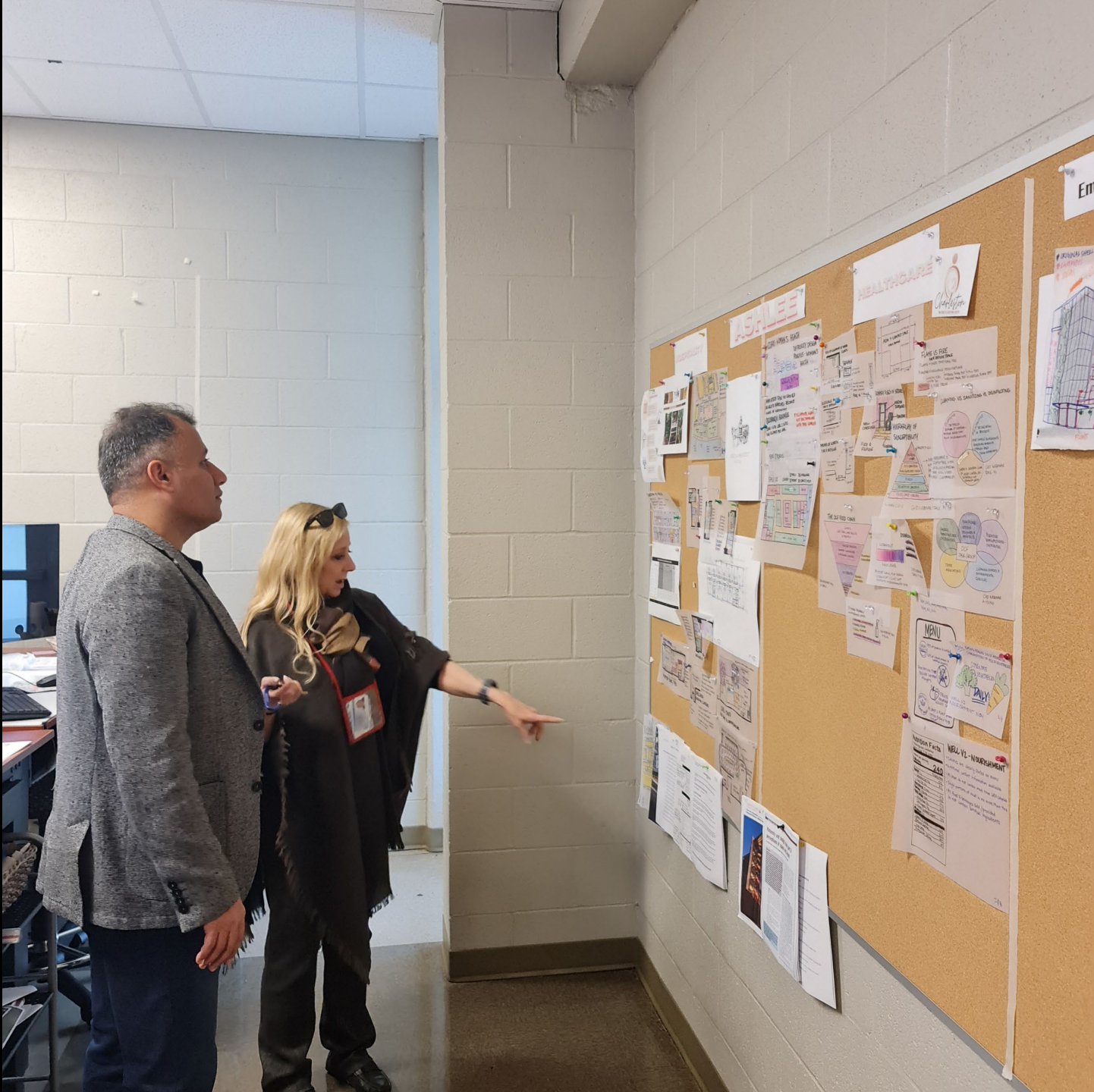
Rocco Priolo started making bread in Italy in 1985—certainly by hand, with high-quality flour. Today he does it exactly the same way. Because for him, there is no other way. He shares with us his bread. We share with him our coffee. And it's all here to be shared with you.

Priolo











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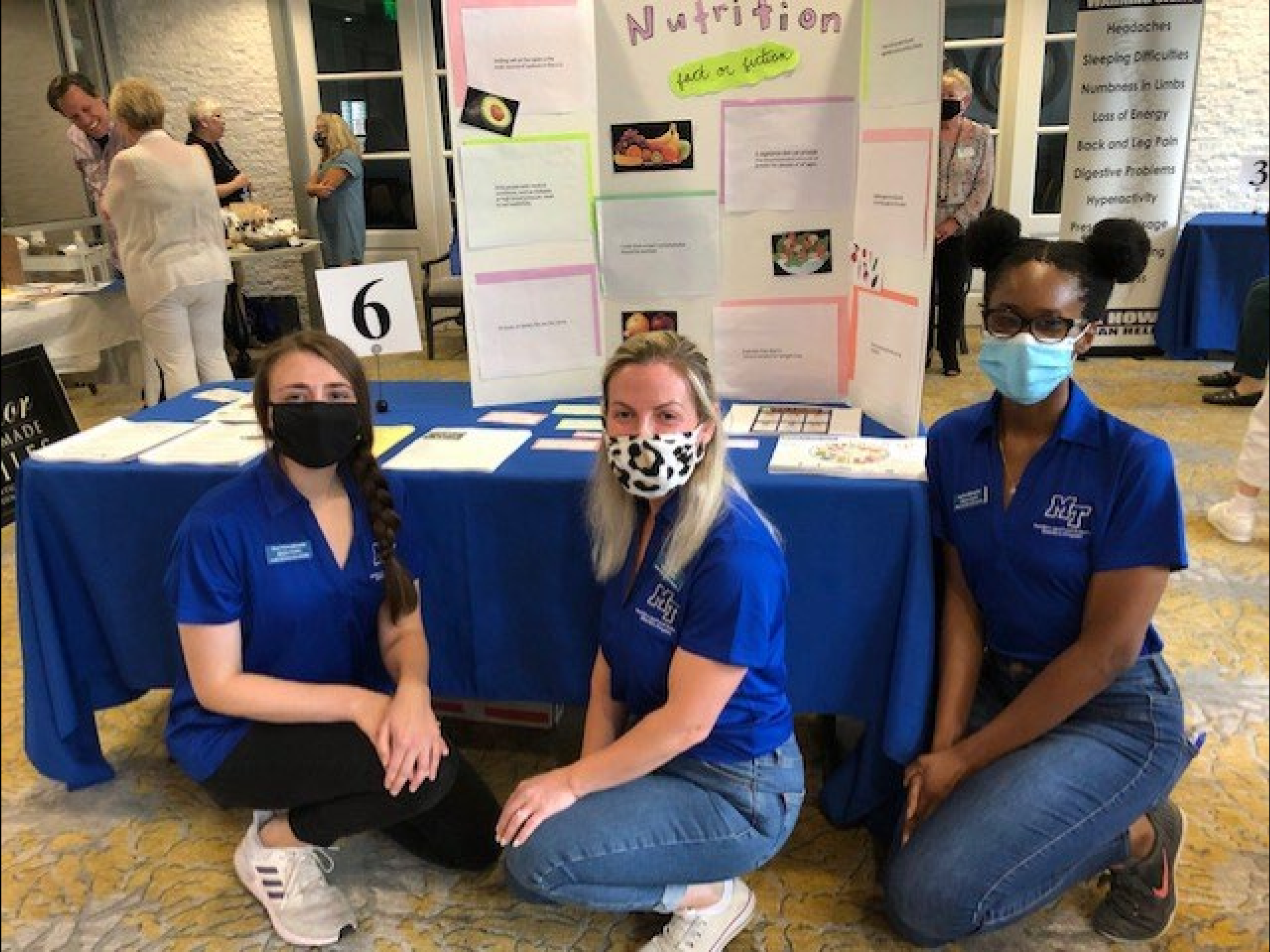












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fact or fiction

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- Numbness in Limbs
- Loss of Energy
- Back and Leg Pain
- Digestive Problems
- Hyperactivity
- Pres. Migraine

6

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Ashley Hewitt,
School Psychology





Hannah Anderson,
School Psychology





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Experimental Psychology















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Nicole Sullivan,
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Industrial/Organization



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Brenna Armfield,
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TRUST AND CONFIDENCE

0:19:19

1:02:19





Spotlight



USSS Women's Law Enforcement Symposium at Middle Tennessee State University

The USSS Recruitment Team (TASs Carrillo, Gaillard, Officers Hill, Rosario) and Nashville FO (SAs DeRamus, Crumrine, Wilcoxon) conducted a female-focused symposium to highlight law enforcement career opportunities at MTSU with retired DAD Lynda Williams.

