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Sexual Attitudes & Shame: Catholic Women's Perspectives

Colleen Conklin

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Sexual Attitudes & Shame: Catholic Women's Perspectives

by

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Presented to the Faculty of the
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George Fox University
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Sexual Attitudes & Shame: Catholic Women's Perspectives

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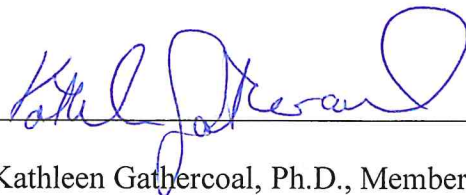
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Abstract

Guilt, particularly around sexuality, is a concept commonly associated with those who practice Catholicism. Additionally, women in the United States (US) often navigate many mixed messages surrounding sexuality. Women who are raised in religious traditions that hold strong messages about the importance of one's sexuality and its expression may have a particularly complicated relationship with their body and sexual experiences. Nonconsensual sexual experiences also further complicate one's self image and self-esteem. The purpose of this study is to examine the potential correlations between one's level of religiosity, shame, and sexual attitudes. These themes were investigated through the implementation of a mixed methods study consisting of three quantitative questionnaires and three qualitative open-ended questions which was completed by 262 previously and currently Catholic female-identified individuals. Three hypotheses were offered and not supported. First, I expected that religious commitment would correlate positively with traditional sexual attitudes, but this hypothesis was not supported. Second, I predicted that traditional sexual attitudes would correlate positively with shame, but

when correlations on these variables were significant they were in the opposite direction of what was expected. Third, I expected religious commitment to be associated with shame, but no relationship was found between the two variables. Subsequent analyses demonstrated age group differences in sexual permissiveness and that former Catholics are more open to birth control than current Catholics. Qualitative questions were also asked and results are described. The findings suggest that departure from one's previous Catholic faith tradition has an impact on one's view of self and sexual attitudes.

Keywords: Shame, Sexuality, Catholicism, #MeToo, Women, Religion

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Chapter 1

Introduction

It is a common observation that guilt and shame are a part of the Catholic experience. This is often quite salient in regard to sexuality. From the reverence towards chastity before marriage to celibacy in the priesthood, sexuality in Catholicism is complicated and often at odds with societal norms. Many agree recent Church teachings are avoidant and unclear in regard to sexual conversation (Rosenau, 2004). With several contradicting messages from society and churches, Catholics' attitudes about sexuality can be an area of confusion, shame, and guilt.

Shame

Shame is a debilitating state for many that often manifests itself in harmful ways. As an emerging area of psychological research, much has been learned recently about the effects of shame and how it can influence a person's life. Shame and guilt are frequently used interchangeably, but a key difference of shame is that individuals feel shame not just for what they have done or what has happened to them, but for who they are (Dorahy et al., 2013). Shame leads towards focus on the self, while guilt focuses on behaviors (Fergus, Valentiner, McGrath, & Jencius, 2010).

Shame also is an indication that one's social self is threatened (Budden, 2009; Gilbert & Andrews, 1998). This internal dissonance can cause relationship distress as well as anxiety, guilt, and avoidance (Kim, Talbot, & Cicchetti, 2009). In addition, those with high levels of shame experience higher levels of self-criticism (Dorahy et al., 2013) which can be an overall

disorganizing experience, interrupting thought processes and social functioning (Hahn, 2009; Herman, 2011; Wilson, Drozdek, & Turkovie, 2006).

Shame research shows that it can manifest four common coping styles which are described by Nathanson (1992): Attack Self, Withdrawal, Attack Other, and Avoidance (Elison, Lennon, & Pulos, 2006). Withdrawing and avoidance differ in that avoidance often happens on an unconscious level. Those who withdraw have awareness of their shame feelings, increasing self-consciousness and a desire to hide from the situation. Those who use avoidance may be feeling similarly while denying the acknowledgement of shameful feelings, often utilizing distraction techniques. These are all socially unappealing coping strategies. Shame is believed to lead to feelings of worthlessness (Tangney & Dearing, 2002), so it is not surprising that shame is linked to depression and anxiety (Gilbert, 2003). Gilbert 2003 explores the difference between internal versus external shame, where external is concerned with the evaluation of others while internal is related to internal self-judgment. Gilbert also notes that internal shame goes past self-criticism and enters an area of hostility towards the self. This question of internal versus external shame is particularly interesting in regard to one's relationship with their church.

The Catholic Church teaches traditional Christian doctrine of original sin and innate human flaw. While reconciliation and reassurance of forgiveness are also staples of the Catholic faith, the acknowledgement of sin and need for repentance are commonly embedded into prayers and verbal components of the mass. After verbally apologizing as a group for sin, ideally a humbling acceptance of God's love and forgiveness takes place through the Eucharist. If one is unable to accept or feel deserving of the forgiveness from others or God, it is possible for guilt and possibly shame to manifest. Shame can shape one's motives and need to be desirable to

others, with the focus staying on him/herself (Gilbert, 2003). In contrast, self-compassion is ultimately about giving the care to oneself that one would show to another person (Luoma & Platt, 2015). This is a complex cognitive task that requires time and practice (Luoma & Platt, 2015). When an internal shame reaction is deeply embedded within a person, self-compassion is a stark deviation from one's natural response.

Sexuality

Sexuality is a basic part of human nature. Paying attention to how sexual identity develops in relationship to one's faith is important. Reflecting openly on sexuality and one's faith teachings is essential for an integrated understanding of the self (Scott & Horrel, 2007). Catholicism has had a tricky relationship with sexuality throughout history. There are frequent debates about the extent to which the tradition has held misogynistic or patriarchal views of women (Hogan, 2014). Debates over natural law and biblical interpretation of sexuality have caused Catholics to become more divided over the years on the subject (Hogan, 2015). Sexuality may indeed be the most controversial issue in the Catholic Church (Cahill, Garvey, & Kennedy, 2006). There are several issues encompassed in the conversation regarding sexuality in the Church such as premarital sex, masturbation, family planning, and celibacy.

Our current societal climate often criticizes or celebrates today's sexual attitudes, due to the amounts of pornography available or the glamorization of promiscuity in pop culture. However, "virginity in contemporary U.S. society continues to hold strong social and cultural meanings pertaining to women's purity and value" (Castañeda, 2015). Even when sexuality is discussed in a church setting, the conversation is often focused on the concept of purity (Beck, 2006).

Virginity

Even before modern day Christian interpretations, the value of virginity has long been equated with purity. The actual word virgin comes from the word, *virgo*, which means young woman. From modern day purity balls, virginity pledges, to hymen reconstruction, it is apparent how maintaining virginity is emphasized. In some countries, people go as far as inspecting a bride's hymen to ensure her virginity. In some cultures, if a woman is discovered to have been sexual in any way, including rape, it is permissible for male family members to perform an honor killing of the woman (Chesler, 2010). Sexual chastity of women is certainly encouraged in many traditions across the world, but often the motivation behind the sexual restraint is so that one does not damage another man's wife.

This theme of society requiring a woman to be virginal has continued to evolve in overt and subtle ways into the present day. The tradition of the white wedding dress came into popularity during the Victorian era to symbolize purity of heart and the innocence of children. Later the white dress came to symbolize virginity (Monger, 2004). White wedding gowns' symbolism of virginity is now a staple of modern weddings in the US and many other countries today. While placing value on virginity is not inherently negative for a person, many individuals believe virginity can be taken from a woman, even without consent. While nonconsensual sexual acts are often referred to as abuse or rape, others consider the acts "sex" nonetheless. An individual who has placed high value on virginity and experiences sexual abuse then is forced to process both a traumatic theft of personal agency as well as navigate the religious and spiritual territory of feeling contaminated. Male and female survivors of sexual violence have been shown

to initially experience negative spiritual effects, including a distancing from God and their religion (Ganzevoort, 2002; Hall, 1995).

One in five women will be raped at some point in their lives (Smith, et al., 2018). Rape is a violent, sexual act that forces one to lose sexual and physical power and autonomy. Rape is the ultimate objectification of a person and is a “sexually invasive dehumanization” (Whisnant, 2017, p. 643). Many rape victims experience humiliation and shame for a number of reasons, many of which are linked to feeling contaminated or impure (Whisnant, 2017). Shockingly, in the US it only became illegal to have nonconsensual intercourse with a spouse in 1993. Before then, there was a concept known as marital exception where a person would not need to consider rape within marriage an offense (Bennice & Resick, 2003). The effects of this cultural passivity to sexual abuse and misconduct has had long lasting societal consequences (Finkholder & Yllo, 1985).

Purpose of This Study

The purpose of this research is to better understand what has been helpful and unhelpful in the development of Catholic women’s sexual attitudes and whether or not shame is correlated with their experience. Through the help of two quantitative questionnaires, one shame question, and two open ended personal response questions, correlations and common themes were examined. Views about oneself, one’s sexuality, and religious influences on both factors were coded and analyzed. Additionally, there was one question about the “#MeToo” movement, where women were asked if they have shared their personal story with anyone, as well as had the opportunity to write about it, should they have chosen to do so. The quantitative questionnaires

and demographic information provided more information to consider in the search for differences that might emerge between the women.

The goal of the study was to discover consistent themes regarding sexuality development, the influence of shame, and religious commitment, as well as how and if these factors influence one another in this population. We also hoped to gain a deeper understanding of how Catholic women are impacted by their religion and what has had the greatest influence on their internal and external attitudes about sexuality. The shame item was included to provide insight into the level of shame in the individual participants.

Further, we aimed to identify additional areas for shame and sexuality research within the Christian population. Ideally, this research will serve as a launching point for further studies and conversations, as well as provide healing and helpful information for individuals who identify with these groups.

We anticipated elevated religious commitment detected from the RCI-10 to positively correlate with shame endorsement and more traditional sexual attitudes. Conversely, we anticipated more casual sexual attitudes to correlate with lower religious commitment and less shame. We had no hypotheses for the open ended, qualitative questions due to our attempts to keep an open format for natural themes to emerge.

Hypothesis 1: Higher religious commitment is anticipated to correlate positively with more traditional sexual attitudes.

Hypothesis 2: We anticipate more traditional sexual attitudes to positively correlate with a higher shame endorsement.

Hypothesis 3: We anticipate elevated religious commitment detected from the RCI-10 to positively correlate with shame endorsement.

Chapter 2

Methods

Participants

Previous and currently Catholic American women were asked to participate in the study. These invitations were extended throughout the country through various online groups through social media platforms. Two hundred fifty-two participants completed the survey. Anyone whose identity was outside of the reach of this study (i.e., men or never Catholic), were immediately logged out of the survey after answering the demographic information.

Materials

Demographics. A survey was developed to gather demographic data. The areas requested were age, gender identity, cultural/ethnic identity, whether one currently, previously, or never identified as Catholic, whether one grew up in a Catholic household, how religiously conservative their parents were, and whether one discussed sexuality openly with their family growing up.

Brief Sexual Attitudes Scale (BSAS). One instrument that was utilized was the *Brief Sexual Attitudes Scale* (BSAS; Hendrick, Hendrick, & Riech, 2006). The BSAS has 23 items and uses a Likert scale. This test has four subtests; Permissiveness, Birth Control, Communion, and Instrumentality. The Permissiveness subtest scale items measure a casual attitude towards sex and open relationships. The Birth Control subscale measures one's responsibility in using birth control. Communion items measure sex that is focused on the relationship and its importance, and the Instrumentality subscale items measure one's primary focus being on the self rather than

Table 1

Participant Demographics

Variable	<i>n</i>	Percentage
Ethnicity		
European American	193	76.59
Hispanic/Latina	27	10.71
Black/African American	1	.40
American Indian/Alaska Native	2	.79
Asian American	11	4.37
Native Hawaiian/Pacific Islander	6	2.38
Other	12	4.76
Catholic Identity		
Currently Catholic	196	77.78
Previously Catholic	52	20.63
Never Catholic	4	1.59
Gender		
Female	249	98.81
Male	3	1.19
Transgender Male	0	0.0
Transgender Female	0	0.0
Gender Nonconforming/Fluid	0	0.0
Other/not listed	0	0.0
Prefer not to answer	0	0.0
Age		
Under 18	0	0.0
18-24	25	9.92

Table 1 Continued

Variable	<i>n</i>	Percentage
25-34	138	54.76
35-44	34	13.49
45-54	29	11.51
55-64	19	7.54
65-74	6	2.38
75 and older	1	.40

another in sexual encounters. The alphas were as follows: Permissiveness = .93; Birth Control = .84; Communion = .71; Instrumentality = .77. Test-retest correlations for the subscales were Permissiveness = .92; Birth Control = .57; Communion = .86; and Instrumentality = .75. The BSAS only takes a few minutes to complete. Cronbach's alpha was .87 overall in this study.

Religious Commitment Inventory-10. We also used the *Religious Commitment Inventory-10* (RCI-10; Worthington et al., 2003). This scale measures one's level of religious commitment. Commitment is measured by how much one is involved in his or her religion. It is a brief, ten item questionnaire with Likert-scale answers ranging from 1 (*Not at all true of me*) to 5 (*Totally true of me*). Using Cronbach's alpha, the RCI-10 has reliability ranging from .92-.98. In this study, Cronbach's alpha was .96.

Shame item. The third instrument was a question from the *Internalized Shame Scale* (ISS; Cook, 1994, 2001). One single item was chosen from the scale due to it loading most heavily on testing for shame. This item was: "I feel as if I am somehow defective as a person, like there is something basically wrong with me." It had five response options on a Likert-scale

starting with 0 (*Never*) to 4 (*Almost always*). In this research sample, Cronbach's alpha was .90.

In the non-clinical sample outside of this study, Cronbach's alpha was .72 (Cook, 1994).

Three qualitative questions. After participants completed the online versions of the RCI-10, BSAS, and the shame item, there were three open-ended questions. These questions provided a space for the participant to express personal views and experiences, in their own words. The questions were as follows:

- (1) What has been helpful from your faith upbringing in terms of your sexual development? (You are welcome to illustrate with a story or an example.)
- (2) What has been unhelpful from your faith upbringing in terms of your sexual development? (You are welcome to illustrate with a story or an example.)
- (3) Did you have a “#MeToo” story? Did you tell it? Why or why not?

Procedure

This survey was distributed electronically to several different groups through online forums on social media. It was requested that others pass it on as to incur the most participants possible.

The process began with participants signing the electronic informed consent and demographic questions. They were given the option to ask this researcher any questions via email before beginning. After this, the survey displayed the BSAS, RCI-10, and shame question. Next, participants were asked to answer the three open-ended questions identified above. Emerging themes were investigated in the open-ended response questions using coding and grounded theory.

A team of raters worked together to cross check one another's identified themes that emerged from the qualitative responses. We looked for commonalities between participants' answers and cross-checked one another's work. Prominent themes that emerged were discussed and possible explanations were explored.

Individual scale scores, ethnic background, age, and other identifying criteria were recorded in order to note any limitations. This assisted in identifying who these themes may apply to and address any discrepancies that might arise. The only identifying information gathered from the individual participants was their demographics.

Data Analysis

Grounded theory was used as the main procedure of interpreting the information gathered from the essay answers. This is a qualitative method of systematically gathering information and finding themes that emerge in the hope of developing a theory. This is a qualitative method that fully involves the researcher. This type of data analysis allowed us "to explore how meanings are formed and transformed" (Carey, 2012). The primary researcher went through the qualitative data to identify common themes and developed a list of commonly used words and general sentiments. After this was developed, the research team was split into pairs to analyze the codes and discuss as a team whether all the codes assigned to each statement worked or not. Next, all research team members split up all of the answers according to their selected code to ensure they agreed with the designations. If more than one code appeared redundant, the group made a group decision to combine them. The team went through the data collectively three times to check one another's work and discuss differences in opinion.

Understanding how Catholic women have formed opinions about sexuality takes more than a series of quantitative data. It takes courage, vulnerability, and a sense of safety. Creating this survey in a respectful manner for the purpose of gaining insight about how sexual attitudes were formed was a priority. Having other individuals on the research team contribute to theme identification was essential in order to minimize individual biases, as well as catch information that could have gone unnoticed.

The quantitative measures provided more explicit information about the participants and what values and attitudes were present in the research sample. We explored correlations between variables (i.e. sexual attitudes, shame, and religiosity) as well as the strength of the correlation.

Chapter 3

Results

Each of the three hypotheses in this study rely on Pearson product-moment correlations, which are reported in Table 2. Given the large number of correlations and the relatively high risk of Type II error, a conservative alpha of .01 was used to determine significance of correlation coefficients. Age and ethnicity are not included on Table 2 as these did not correlate significantly with shame, sexual attitudes, or religious commitment. Two-thirds of the respondents (67%) strongly disagreed that their family openly discussed sexuality while growing up. No significant correlations emerged regarding one's sexual attitude and whether an individual discussed sexuality with their family growing up.

Hypothesis 1

The first hypothesis was that higher religious commitment would correlate positively with more traditional sexual attitudes. As shown in Table 2, this hypothesis was not supported. The correlation with instrumentality is in the expected direction, but did not reach the significance level set with the conservative alpha used in this study ($p < .01$).

Hypothesis 2

The second hypothesis was that more traditional sexual attitudes would correlate positively with shame. This hypothesis was not supported. To the contrary, more casual attitudes in the areas of instrumentality and permissiveness were positively correlated with shame endorsement (see Table 2).

Table 2

Pearson Product-Moment Correlations among Variables

Variable	RCI-10	Communion	Birth Control	Permissiveness	Instrumentality	Catholic Identity	Shame	Raised in Catholic Home	Family Openly Discussed Sexuality
RCI-10	1								
Communion	-.096	1							
Birth Control	.101	-.127	1						
Permissiveness	.074	-.205**	.433**	1					
Instrumentality	.142*	-.102	.392**	.619**	1				
Catholic Identity	.108	.105	-.351**	-.374**	-.295	1			
Shame	-.095	.00	-.059	-.181**	.199**	.139*	1		
Raised in Catholic Home	-.020	-.131	-.050	-.051	-.057	.025	-.036	1	
Family Openly Discussed Sexuality	.030	-.037	.065	.088	.141*	-.090	-.056	-.015	1

Note. *Correlation would be significant if $p < .05$. **Correlation is significant, $p < .01$. ***Correlation is significant, $p < .001$.

Hypothesis 3

I anticipated elevated religious commitment to positively correlate with shame endorsement. As indicated in Table 2, this hypothesis was not supported.

Additional Shame Correlations

Whether one discussed sexuality openly in their home growing up was not correlated to shame in a significant way, nor was being raised in a conservative home. The greatest correlate of shame other than those discussed in Hypothesis 2 was whether one still identified as Catholic ($r = .139$), where previously Catholic women were more likely to endorse the shame, but this did not reach my criterion for significance.

Additional Analyses

To further explore the findings, I investigated differences between current and previous Catholics on the sexual attitude variables, and also considered three age groupings (see Table 3). Again, I used a conservative alpha of .01 to control for the risk of Type 1 error that comes with multiple hypothesis tests. With the permissiveness variable, a difference was not detected between Catholics and former Catholics, $F(1, 198) = 6.21, p = .014$, though it would have been a significant difference if a higher alpha would have been used for the study. An age difference was observed, $F(2, 198) = 8.20, p < .001$, with permissiveness decreasing with age grouping. No interaction effect was observed. With birth control, former Catholics were more open than current Catholics, $F(1, 201) = 12.17, p < .001$, while no significant differences among age groupings and no interaction effects were observed. With communion, no main effects or interaction effects were found. For instrumentality, no main effects or interaction effects were

discovered, though there would have been a main effect for Catholics vs. former Catholics if a more liberal alpha had been used, $F(1, 198) = 4.84, p = .029$.

Table 3

Means and Standard Deviations from Current Sample Based on Age Group

	Catholic			Non-Catholic		
	Young (126)	Middle (49)	Older (21)	Young (37)	Middle (14)	Older (5)
Permissive	4.20 (.82)	4.52 (.66)	4.48 (.59)	3.25 (1.02)	3.87 (.83)	4.66 (.28)
Birth Control	2.26 (1.29)	2.23 (1.29)	1.62 (1.07)	1.18 (.32)	1.02 (.09)	1.00 (.00)
Communion	1.88 (.69)	2.12 (.67)	2.20 (.66)	2.19 (.68)	2.20 (.50)	1.66 (.46)
Instrumentality	3.86 (.77)	4.05 (.80)	4.08 (.62)	3.23 (.80)	3.38 (.74)	4.13 (.50)

Note: Lower scores indicate **more** of the attitude. Age ranges: Young (under 34), Middle (35-54), and Older (over 55).

Qualitative Findings

Question 1. One hundred fifty-eight participants answered the first question regarding what has been helpful from one's faith in terms of their sexual development. Ninety-four participants skipped it. The most common themes are discussed below as well as the main sentiments from each.

Top 3 most popular responses.

- 1) Intentionality about sexual choices was mentioned (34% of participants)
- 2) The value of marriage and commitment to one person (30% of participants)
- 3) Almost a quarter of the women said nothing was helpful in regard to their sexual development from their faith (24%).

Other themes. Several other themes emerged from this question, including:

Birth control and natural planning, respect for one's body, being a part of a community/group, guilt or shame, heteronormative references, intentionality, love, reading/theology of the body, regret, monogamy, respect/self-worth, not helpful/nothing, prevention, and sacredness.

Intentionality/important/special. Thirty-four percent of participants mentioned these words or a synonym. The concept of "giving" often came up within these answers. Sex was discussed as something to take seriously, should include commitment, and be within a relationship. These answers often tied into additional themes such as marriage, monogamy, and procreation.

Marriage/monogamy/premarital. This code was used when a participant stated the importance of marriage and one partner for sexual relationship, often co-occurring with a statement about the risks of premarital sex.

Not helpful. This code was used for any participant that put "nothing" or "n/a" (non-applicable). Many participants (24%) answered this question in this way. Some answers said "nothing" and then went on to share negative impacts of having a lack of knowledge about sex, and the silence around the conversation.

Birth control/family planning. Responses for this theme varied in whether the response was positive or negative. Overall themes included participants expressing openness to procreation in one's sexual experiences, and procreation as a responsibility or duty associated with having sex. Sex was discussed as directly correlated with creating new life and less directly associated with pleasure.

Body. Using the term *body* emerged as a theme, mainly in honoring that it is sacred and described as separate from the self. There also appeared to be a duty to respect one's body. It was notable that instead of a participant saying they needed to respect themselves as a whole, the respect for the body appears to have its own association in relation to sexuality.

Commitment. Many participants stated or implied that sex is better overall when in a committed relationship.

Community/groups. Some participants mentioned groups as being a helpful part of information gathering. Most referenced a childhood group or class that met up in high school.

Guilt/shame. There appeared to be a theme of guilt around sex in marriage, more specifically feeling guilty when one experienced a lack of desire, resulting in one feeling obligated to engage in sexual activity with a spouse.

Shame and guilt experienced led to actions and decision making based on the stage of life the person was in. For younger individuals the guilt was interpreted as a preventative measure that led to avoiding promiscuity and regret, which was ultimately viewed as rewarding for both themselves and their partner.

Additionally, themes of guilt were gathered from women who felt they should not feel sexual desire as deeply, especially before marriage. For some, the feelings of shame/guilt

experienced earlier on in life were continuing to be worked through, even though they may no longer subscribe to the beliefs that instilled those feelings.

Heteronormativity. This theme was made to acknowledge the references made to a male/female or husband/wife relationship dichotomy in one's answer. These answers often included a reference to marriage, as well had an emphasis that sex is a mutual act of love and commitment that creates a special bond between husband and wife.

Love. Sex was described as an expression of love in relationships. There was also an emphasis of love being needed in a relationship before sex can occur. The mention of a loving relationship was also common with this theme.

Openness. Openness emerged as a theme, which was a result of many different influences such as conversations with friends and family or reading. This theme referred specifically to being open to conversations with one's partner, open to the faith's teaching, open to other opinions, and openness to life within marriage.

Reading/Theology of the body. Several participants (16%) found reading about Church teachings helpful, most of whom referenced *Theology of the Body* (Paul, 2006), specifically when seeking answers about why the Church preaches about sexuality in the manner for which it does.

Regret. The concept of regret emerged either in reference to choices the participant had made when they were younger or about their faith teaching having prevented many bad choices and regrets. There was an expectation that regret might have befallen them, had their potential sexual behaviors not been prevented by their belief system.

Respect/self-worth. A theme of emerged of a respect for others, partially due to sexuality viewed as directly tied to emotional well-being. Regarding respect for one's body, some participants referred to themselves as more than just a body and noted that their body is not their only source of worth.

Preventative. This thread referenced teachings that prevented harm as well as prevented the participant from exploring their sexual self physically and psychologically.

Sacred. Marriage was described as sacramental, intentional, and as the merging of souls into a sacred bond. Sex was also described as God's design, sacred in regard to one staying open to procreation, and the implied morality involved with sexual choices. The body was specifically referenced as sacred.

Question 2. One hundred fifty-seven participants answered the second question regarding what has been the most unhelpful from one's faith in terms of their sexual development.

Top 3 most popular responses.

- 1) Lack of Conversations/Education (36%)
- 2) Feelings of Shame/Restriction (33%)
- 3) No issues (20%)

Other themes. Several other themes emerged from this question, including birth control/family planning, the body, commitment, chastity, confusion, equality, marriage, masturbation, unrealistic expectations, and anxiety.

Lack of Convo/Education. Many participants attributed the lack of conversations and education about sex as unhelpful and described the topic as taboo, which led to uncertainty and insecurity.

Shame/restricted. Participants described feeling sinful and bad for masturbating, enjoying sex, and having sex for reasons other than procreation. Participants described feeling “dirty” and as though they were sinning when using birth control, as well as feeling pressure to use natural family planning (NFP).

Participants shared there was fear for their image, shame for not being married, and that many did not talk to their parents about abuse or ask sexual questions because of fear of judgement or retaliation. The shame response participants experienced from asking or questioning sexual norms was described as damaging, isolating, and having a negative impact on future relationships and sexual experiences. Participants stated they felt relieved once they were married. Some participants stated that having their same sex attraction and sexual identity seen as religiously sinful felt shaming. There was also confusion about what was love versus lust, which led to more self-doubt and guilt.

No Issues. Some participants (19%) chose to state something that was helpful and reiterate that nothing from their faith has been unhelpful.

Birth Control. Religious rules around birth control were described as difficult and unrealistic, particularly abstinence. Sex being taught as primarily a means for procreation was also an unhelpful component for many.

Body. Many responses referred to the sexual self as much more than a body, yet then described a desire to specifically respect one’s body through restraint. The body was described as

a precious temple. Some women discussed difficulty around the control the Church appears to have on rules regarding women's bodies.

Chastity. Participants described confusion about what and what not is allowed in a modern world regarding chastity. Others felt chastity was over-emphasized, leading many women feeling as if they needed to protect their virginity in order to protect their value. Masturbation being discouraged was also seen as unhelpful.

Confusion. This theme emerged as participants shared having confusion about what is and is not allowed sexually. This confusion was attributed to a lack of conversations and education about sex. There was also a sentiment that the Church's rules and societal norms have a wide gap.

Equality. The religious understanding of chastity being the only sexual option for those who identify as gay felt harmful to participants. In addition, participants stated that the rules around sexuality in the Church felt controlling, particularly of women.

Marriage. Participants stated that it was unhelpful for their development to insist on sex only being within a marriage, feeling as though they were sinful if they wanted to have sex outside of marriage, and feeling shame if they were having sex, even when in a committed yet unmarried relationship.

Masturbation. It was described as unhelpful to be deterred from exploring one's body through masturbation. Participants described feeling stifled, which was reported as especially prominent in puberty

Unrealistic. It was viewed as unrealistic that sex should only be within the confines of marriage and for procreation. Only having the options of natural family planning and abstinence

for birth control was also described as unhelpful. Some participants also shared that “Theology of the Body” over-simplified sex as simple and beautiful; therefore when sexual difficulties arose, the teachings felt unrealistic for the complexity of sexual concerns that arise.

Wry/anxious/nervous. Participants stated it was unhelpful to be too nervous to ask about anything sex-related as children, and that some of that anxiety continued into adulthood as well as with their spouses. The fear of disappointing family is also present in participants and this led to additional anxiety. Participants also described worrying throughout adolescence about what was allowed, their self-image, and overall feeling secretive and awkward when discussing sex. It was also noted that the dangers of sex were over-emphasized over the potential beauty of sexuality.

Question 3. #MeToo. One hundred fifty-two participants answered the third question asking whether a participant had a #MeToo experience, as well as whether they had shared it with others or not.

Top 5 most popular responses.

- 1) Yes (67%)
- 2) Private/Secret (44%)
- 3) No Experience (34%)
- 4) Shame/Embarrassment (16%)
- 5) Endorsed, then minimized (14%)

Other themes. Participants also made mention of the Church, their faith/God, it being their first time reporting the incident(s), and the protection of men.

Yes. Most women who answered this question (67%) stated they had experienced sexual misconduct or assault. This sample's statistics are below the national average for women, estimated now to be about 81% (Kearl, 2018).

Private Secret. Many participants (44%) shared that they had kept their experience(s) private for a variety of reasons. Some of the motivations for keeping their story a secret was a desire to avoid being defined by it, fear of not being believed, being blamed, a desire to limit the negative beliefs about men, and avoidance of hurting or humiliating the perpetrator. Others did not share because they did not feel as though the experience warranted further discussion or that their stories could minimize the impact of the movement due to less perceived severity in experiences.

No Experience. Thirty-four percent of participants stated they had no experience, however 5% of those participants subsequently went on to endorse an event that would count as a #MeToo experience. Some of these answers shared their gratitude to God for having avoided an experience, while others shared their belief that men's responses to them remains in their control by avoiding certain situations or being aware of how their clothing can influence their experiences.

Shame/embarrassment. Sixteen percent of participants described feeling as though the experience was their fault or could have been stopped had they done something differently. Others described the way these issues are treated in society make them feel shameful.

Endorsed, then minimized. Fourteen percent of participants shared that they had a #MeToo story and then proceeded to state why it was not as bad as others and that they could potentially harm the movement by sharing their harassment stories.

Men's Protection. There were a range of sentiments about men's protection in the answers from participants. Ten percent of those in the study either mentioned how society protects men from having to take responsibility for their actions or stated that men need defense from this movement due to women's increasing fear of them. Some stated that these movements can lead to generalizations about men. Others shared their beliefs that the issues in our society are caused more by culture and media than the men in our communities. Some shared fear for men not getting fair trials and a disbelief that harassment is as prevalent as others are making it out to be.

Church or Catholicism. Of those participants who discussed church in their answer (7.8%), the range of answers varied, but mainly referenced anger and confusion towards Catholics and those in their churches for not being more proactive about sexual misconduct. The common sentiment was disappointment in believing those who claim to be Catholic or are involved in church would be more moral and feeling as though they did not live up to those expectations.

Faith/God. For those who mentioned their faith and God in their answer (5%), many described experiences of rape and how God got them through the experience. Some stated they feel completely healed and that it was in God's plan.

First Time Reporting. Some participants stated that this sharing of their experience was the first time discussing it (6%). Of these participants, some attributed this to being a very private person in general, on social media, or because it is very difficult to talk about, particularly when the rape was committed by a boyfriend or husband. Some stated that their experiences felt insignificant compared to others.

Chapter 4

Discussion

In this study, Catholic women's experiences of shame, sexual attitudes, and level of religiosity were explored. Other studies have examined sexuality in religious individuals but have not concurrently examined the level of religiosity. Other studies have explored shame but have not specifically focused on Catholic women and shame's relationship to sexuality. This study combined all three and unintentionally uncovered differences that exist between current and previous Catholic women and the shame that may come about from that process. Differences in sexual attitudes also emerged, despite all participants endorsing similar levels of religious commitment. Attachment dynamics and a lack of cognitive flexibility appear to be present for many participants, which likely impacted both the quantitative and qualitative findings. This interpretation is supported by the way in which many participants answered the open ended questions. In the answers, there appeared to be an inability or unwillingness to answer both questions regarding positive and negative components of one's faith upbringing regarding sexuality.

Discussion of Sample

Ethnicity. The study's participants mirrored the diversity found in the general US Catholic population. However, this sample had less Latinx women represented and an over-representation of European-American women. No significant differences in answers were detected based on one's ethnicity. This indicates a similarity in sexual attitudes based on other

factors such as national origin or religion. The information in table 3 displays the national ethnic makeup of Catholics. It was provided by the Pew Research Center.

Table 4

US Catholic Population

Variable	Percentage in the US population
Ethnicity	
European American	59
Hispanic/Latina	34
Black/African American	3
Asian American	3
Other	2

Note. From Pew Research Center Religious Landscape Study, 2014.

Age. Most of this research sample was completed by those 25-34 years old (54%). The US Catholic population has a more evenly distributed age range. For example, approximately 50% of Catholics in the US are over the age of 50 while this study only had about 14% of individuals over the age of 50. Therefore, the results are likely more representative of perspectives of younger Catholics. Despite this, very little differences were found based on age ranges. This suggests Catholicism may be more influential on views around one's sexual attitude, than the generation they are from.

Catholic status. In this study, 20% of participants identified as previously Catholic. In a study done by [OBI]Center for Applied Research in the Apostolate [OBI]2018, 18% of participants who

currently identified as Catholic stated they had seriously considered leaving the Church, while only 6% committed to leaving after considering it for a period of time (Gray & Gautier, 2018). Many non-practicing Catholics still consider themselves Catholic as it is seen part of their identity, similar to being an American even when living abroad (Greeley, 1990). Therefore, those who identified themselves as “previously Catholic” may have had strong motivations to leave the Church. There was not a question in this study asking why one left the Church. However, the 2017 study by the Center for Applied Research of the Apostolate explored primary reasons for considering leaving the Church. These were disagreement with Church teachings (38%), the status of women in the Church (23%), not feeling welcomed in their church community (16%), being less interested in any form of religion (15%), belief that the Catholic Church’s teachings conflict with science (15%), and being attracted to a different religion (9%). These concerns appear consistent with many of the answers provided by both the current and previous Catholics in this study. When considering the influence of why the 20% of previously Catholic women in this study left, similar reasonings will be considered.

Religiously conservative upbringing and conversations about sexuality during upbringing. No differences emerging based on how religiously conservative one’s upbringing was and whether the individual’s family discussed sexuality is unexpected. It could be assumed that family beliefs and one’s conversations during upbringing with family could have a significant impact on one’s sexual attitudes or religiosity. In this sample, this does not appear true. This may suggest other influences are more impactful, such as one’s peers and current religious affiliation.

Hypothesis 1: Higher religious commitment was anticipated to correlate positively with more traditional sexual attitudes. Results did not indicate any significant correlations between a participants' religious commitment scores with their shame endorsement or sexual attitude. There was a slight indication that a negative correlation exists between one's religious commitment and their instrumentality score. Ultimately, the biggest factor to be considered was whether one still considered themselves Catholic. However, it is important to note that while 20% of participants identified as "previously Catholic", they had similar religious commitment scores as the "current Catholics", suggesting the women were still committed to some religious beliefs outside of Catholicism.

Communion. All participants in this study as well as the norm group had similar attitudes about sexual communion- which highlights the aspect of two people bonding during sex for closeness and intimacy. Despite differences in other scores, this attitude appears universal, suggesting this value of intimacy and closeness during sex is not at odds with those who view sex casually or as a means for pleasure. This finding demonstrates a "both-and" mentality where those who view sex in a non-traditional way likely also view it as important, meaningful, and for bonding with a significant another. It is reasonable to estimate that many people's sexual attitudes change depending on their current stage of life and circumstances, at times feeling and acting more casual, and at other times more traditional.

One could expect an increase in a communion score to negatively correlate with permissiveness or instrumentality, yet all participants demonstrated a strong understanding of sex as an intentional and special way to bond with a partner. These scores suggest that one can hold casual sexual attitudes and be focused on their own pleasure while simultaneously seeing sex as

a special and bonding experience. Casual sexual attitudes were not correlated with lower religious attitudes; however, there was a small correlation between casual sexual attitudes and increased shame, and it would have been larger if our alpha had been more liberal.

Instrumentality suggests one focuses more on the self than others. Paired with viewing sexual relations in a casual manner, this could indicate more superficial relationships in general, which could lead to increased emotional isolation and loneliness. One may take that approach to relationships adaptively, due to previous experiences of rejection.

Hypothesis 2: We anticipate more traditional sexual attitudes to positively correlate with a higher shame endorsement. This hypothesis was not supported. Those who endorsed more casual sexual attitudes such as more instrumentality and permissiveness had a positive correlation with shame. It's possible there is some relationship between shame, permissiveness and instrumentality due to the participants having some internal conflict regarding views about sex. With all participants endorsing an understanding and value of communion in sex, those who simultaneously view sex in a casual way may experience some cognitive dissonance in regard to their feelings towards others and themselves. While it is difficult to know the exact reasons why those who held casual attitudes about sex were also more likely to endorse more shame, it should be considered that engaging in casual sex may impact one's view of themselves and their beliefs about their value. Views of self could be impacted by one's own internal values, from outside sources such as society or family, or a combination of the two.

These findings may also be tied into one's attachment. When one feels anxious and confined to a person or entity (such as a church), there can be a breaking point of contention, where a person wants to be released from the restrictions, and may as a result, swing further

towards a different end of the spectrum. This may account for both the discontinued affiliation with the Church and an increase in permissive and instrumentality scores. Having a personality style or sexuality that does not prefer rigidity in expression could have also been a factor that influenced an individual's decision to leave the Church.

One factor that would have been significant (given a higher alpha) was whether one had a casual sexual attitude and whether one held a current versus previous Catholic affiliation. There may be shame related to operating sexually outside of the rules set forth from their faith community (i.e., Catholicism) earlier in life. The lack of significant differences in the RCI scores suggest previously Catholic participants have adopted a new spiritual practice and church involvement. This shows that religion maintains a similar level of importance for all participants, whether previously or currently Catholic. Those who left Catholicism have not left religion altogether. This suggests findings related to shame and sexuality are not due to a lack of faith in general. Due to this, we can presume both groups are operating under similar religious and moral guidelines and principles. Discrepancies in sexual attitudes and shame scores may be better understood by including a confounding variable, such as familial acceptance.

Hypothesis 3: We anticipate elevated religious commitment detected from the RCI-10 to positively correlate with shame endorsement. This hypothesis was not supported. Religious commitment did not appear to be a factor in regard to shame. However, those who had left the Church appeared to endorse more shame, despite similar levels of commitment to their new chosen spiritual practice. These findings suggest that there is a lot of pain experienced by those who have left the Catholic Church. This may be for a variety of reasons.

The shame question was asked immediately after asking if the participant still or previously identified as Catholic, as well as questions about one's family upbringing. This may have unintentionally increased an internal shame response. Reminding an individual that they have chosen a different faith journey than the one set forth for them by their families could have brought up unresolved conflict and pain. There is also a possibility that those who feel similar amounts of shame in the currently Catholic group may also be adaptively avoiding the acknowledgment of it due to the potential turmoil confrontation of those feelings could cause. In other words, this shame item may have accessed those who are conscious of their shame and may not have truly captured the scope of shame from all participants.

Many of the participants wrote about having shame and guilt in their qualitative answers or stated they had not told anyone about their #MeToo experience, yet those same individuals did not always endorse the shame item. This demonstrates potential discrepancies for how one perceives themselves and how they talk about their experiences. It is also possible that one's personality, specific family dynamics, or traumatic experiences may have impacted their shame score as well as their decision to leave the Church. Experiencing a hardship that forces one to confront discrepancies in the Church teachings (i.e., Divorce) may also impact their view of themselves and the Church.

Guilt and Shame.

The term "Catholic guilt" is often used by members both in and out of the Church. One of the aims of this study was to see if this phenomenon is real and whether it is guilt or shame. It is possible that the pain that comes after one leaves the Catholic Church has led individuals to warn others and share an overly-generalizing, negative narrative about the guilt and shame the religion

creates within its members. In these findings, it appears that shame may be more invasive and/or apparent after one leaves the Church. This may be due to the shame experienced while identifying as Catholic, while simultaneously being reminded of one's defectiveness. The shame may also be due to attachment ruptures with the Church or the familial strain that often occurs after one leaves a family's religion. There may also be a perpetual internalized parental attitude or voice that results in a part of an individual judging the other part of themselves that is attempting to live their life in a new or opposing way to their childhood instructions.

Many participants discussed feelings of guilt both before and after marriage in their sexual lives. Sex is seen as a very important and sacred part of marriage within the Catholic Church, yet results indicated there was little discussion of enjoying and celebrating it. If throughout one's life sex is a forbidden aspect until marriage, it may be difficult to change the neurological pathways of associations. With little discussion throughout life about the joys of intimacy, one may become confused about how to integrate a new part of their relationship into their identity. In order to minimize premarital sex, some may only have heard of its risks while others may have heard it over-sensationalized from peers only to become subsequently disillusioned.

Considering both the qualitative and quantitative data, current Catholics appear to experience guilt over shame, yet used both words interchangeably. This finding suggests identity with the religion seems to perpetuate being driven by a moral compass and rules, rather than shame. This is a positive finding for those with a current Catholic belief system.

Since previous Catholics endorsed more shame, it seems as though the shame component could be tied more into the loss of family ties and even one's heritage. Religion can often be a

cultural or family activity and distancing from it can have many ramifications. There is also often family concern communicated about the safety of one's soul (after death) when one intentionally decides to leave the Church; therefore, participants who were/are hearing these familial concerns may have an increase in their internal doubt and self-assessment. Furthermore, due to a common desire cross culturally to respect one's parents, it may cause internal distress to not engage in a religion that would likely appease a parent's wishes. Intellectually one may know their decision to worship differently is morally acceptable while concurrently feeling discord. For current and previous Catholics alike, there may be a tendency to equate approval with love, and if one is not feeling as though they are not congruent in who they present to the world, self-love is difficult, only leaving room to love the false self. These are the conditions in which shame perpetuates.

Qualitative Takeaways (Question 1 & 2)

Cognitive inflexibility. As evidenced in the qualitative short answers, those who leave the Church have a difficult time seeing anything positive in the Catholic Church in regard to its positive influence on sexual identity development. Likewise, those who identify as Catholic appeared to have a harder time acknowledging any systemic shortcomings. This demonstrates a defensiveness and lack of cognitive flexibility in both groups. In terms of group dynamics, it can strengthen a group's cohesion to place blame and focus on those who do not remain a part of it. Loyalty is also often associated with group cohesion. Therefore, thinking of one's previous group affiliation or siding with those who leave it in any capacity may feel too threatening to engage in. Kohlberg's theory about stages of morality may be helpful in conceptualizing this phenomenon. The first stage is characterized by fear of punishment, the second is to maintain

order in a community, and the third is commitment to evolving principles and multiple perspectives. Many participants in this study appeared to be in the second stage.

For current Catholics cognitive inflexibility may be due to how much is at stake when leaving or staying in the Church. Giving voice to one's internal cues of cognitive dissonance may feel like a slippery slope that could run the risk of making an individual feel unable to consolidate all parts of the self into a cohesive whole. Many individuals have been taught from a young age to unconditionally trust the Church, as it is a worldly manifestation of God.

Admitting the loss of or affiliation with a religion that is experienced as both spiritually healing and emotionally harmful may be too complex to cognitively and emotionally tolerate. This phenomenon is likely happening on an unconscious level for many as a protective defense, while some may actively avoid acknowledging and grappling with the complexity.

Attachment. Previous Catholics may not have been able to reflect on anything helpful due to their current attachment to the Church or its congregants. It is possible this discrepancy between current and previous Catholics occurred due to religious expectations for the Church being experienced as just outside of realistic reach. This continual striving for acceptance may cause an insecure attachment in people. The Church may unconsciously or unintentionally feed this dynamic to the people. Insecure attachments may make those in the Church strive for acceptance harder, give more money, and give more time. This may only occur until a breaking point. If after trying one's best and feeling as though efforts are not enough, individuals have a tendency to become highly oppositional or disengaged. It may be too difficult to see the good in the Church after making the decision to leave, and it may be too painful to look back.

If there is unresolved anger at the Church or the continuation of feeling confined, it is difficult to have repair and reflect back on past experiences in an open way. When one is offended continually or disillusioned by an authority, resentment is a natural response. In addition, the complex emotions around sexuality that continue into adulthood for previous Catholics may make one feel as though they have been robbed of joy or less complicated sexual experiences throughout their life. The Church may then become a representation and externalization of those messages and therefore a place to channel the anger. Dr. Michael Elgen affirmed this sentiment and described the bitterness that can follow disillusionment in religious communities, describing it as a hardening.

#MeToo

In response to the #MeToo question, several themes emerged. The most prominent was that 67% of participants endorsed having a #MeToo experience. This number is below with national statistics on sexual assault and misconduct, which now estimate 81% of women have experienced some form of sexual harassment during their lifetime. These slightly lower numbers may be due to participants not fully understanding what types of incidents fall under the #MeToo umbrella. Other differences may have also been impacted by the political differences associated with being a part of the movement.

A frequent minimization of one's experiences as well as feelings of shame or embarrassment were also prominent patterns in the participants' answers. For many women in the study, particularly older participants, it may be a fairly new concept that sexual harassment is harmful and problematic. It has been permitted for years across many industries with minimal public scrutiny. It is adaptive to minimize the danger and impact one experienced or has knowledge of. In order to endure maltreatment and inequality long-term, it is advantageous

psychologically to normalize the experience. Engaging in these complex mental rationalizations long enough could lead to permanent changes in threat perception and norms.

Another prominent theme that emerged was the endorsement of women feeling as though their #MeToo story should remain private or secret. Forty-four percent of participants shared that their experiences had not been shared with others. They endorsed fears about not being believed and not wanting their experience to “define” them. In addition, many women blamed themselves for the incidents, or did not want to hurt or humiliate the perpetrator. Some also did not want to perpetuate a belief that all men were bad and minimized their experiences, suggesting it was not a significant ordeal or that their stories could limit the impact of the movement. These reasons may serve as a way to rationalize the decision to remain private and avoid becoming stigmatized by the incident(s). There may be a belief that one will be shamed despite a nonconsensual experience. It is also possible that many still feel unprocessed about the incidents and are not ready to have it become a part of their narrative.

Attachment. An anxious attachment style can be described as one being driven in relationships by fear of abandonment. A proclivity towards an anxious attachment style may also impact the participants’ desire to remain private about abuse. In a Church that strongly promotes loyalty and has historically discouraged scrutiny or questioning (e.g., the spiritual virtue of obedience in Catholicism), it is possible that members of the Church adaptively developed a leaning towards an anxious attachment style in order to feel as though they maintain a strong relationship with their faith community. Discussing problematic components of society and systemic issues against women may be perceived as incompatible with obedience. It was observed that despite globally recognized and highly publicized sexual abuse scandals within the

Catholic Church (as well as many other religions), only three participants referenced anything about the Church's history of sex abuse. This lack of acknowledgment may come from a desire to avoid that painful topic as well as a systemic trickle-down effect from the larger Church authority, which has yet to fully acknowledge the impacts.

Protecting men. As noted in the results, a need to protect men emerged in the coding. In order to be upwardly mobile, it is often in one's best interest to align with those in power. To do this, women may internalize sexism and blame victims in order to minimize conflict with men. In addition, it may be perceived as virtuous and commendable to focus on the protection of men during this time when a movement such as #MeToo is unveiling sexism openly, igniting fear and skepticism towards women and victims.

Relationship to the body. Another potential variable that may have influenced thought patterns about the #MeToo answers is the belief in Catholicism that the body is a very temporary vessel for one's time on earth. The body and its impulses are also seen as sinful and indulgent by nature due to original sin. Due to this lack of trust with bodily cues, it is natural and possible for one to develop a somewhat distanced relationship with their body when it comes to their inner voice and autonomy. There may be a possible parallel with this when it comes to minimizing the pain and grief involved with one's own body/personhood and how it was impacted in an assault.

Limitations

There were several limitations to this study. First, there were 196 Catholics versus 52 non-Catholics. As in any research sample, a larger sample size is preferable. The majority (64%) of participants were in the "younger" category (i.e., 18 - 34), however age percentages were consistent in the non-Catholic group as well. In order to be more representative of the US

Catholic population it would have been preferable to have more Latinx women as well as more cultural diversity overall in the sample. These findings are also primarily applicable to US women, mainly from the North West. There also may have been a response bias between those who chose to fill out this survey and those who did not.

In a study like this it is difficult to know whether attitudes are from religion or culture as there was no outside group included in this study for both the shame and religiosity scores. Having a group of participants who were never Catholic would have been helpful in deciphering between Catholic and US cultural influence. It also would have been beneficial to know why the previously Catholic participants had left the Church.

In the group coding of the qualitative questions, a round of blind interrater reliability was not completed prior to the identification of themes. The research team worked together to identify and discuss consistency in rating, but without a blind round, there may have been more potential for variability in future coding, if done by a different team. Including a guilt measure may have assisted further in determining between participants' levels of guilt and shame. Finally, the sexual attitudes scale only included four aspects of one's sexual attitude, which surely does not capture the complexity of one's attitude.

Implications

There appears to be a lack of cognitive flexibility between those who still identify as Catholic and those who don't. This inability to move past loyalty and affiliation has blurred the ability to look at both positive and negative aspects of what the Church is doing. It is clear that faith and sexuality are important to many individuals and that there is a deep pain and shame associated with being outcasted based on one's identity or beliefs. This avoidance has bled into

women feeling silent about the #MeToo movement. It is important to lovingly make space and hold the tension of both the pain and the beauty faith communities can cause. Moving towards a more expanded understanding of one's religion may actually make space for healing and reconciliation. Acknowledging areas for improvement is not disloyalty; it is love. It is my hope that individuals who read this will not feel alone in their struggles.

Future Directions

It may be beneficial to conduct a study like this with additional groups such as men, other religions, the LGBTQIA+ community, and those who do not ascribe to religion. This may assist with differentiating how much of these findings are religiously affiliated, societally influenced, or both. Including a question for participants to share why they may have left a faith will also likely be a helpful addition.

Conclusions

It is imperative that individuals in faith communities promote cognitive flexibility. Current Catholics do not display as much shame as they endorse guilt, and those who have left the Church yet remain religiously connected end up feeling defective. Instrumentality is also correlated with shame. It may be helpful to discuss the value of caring and focusing on the other in sexual relationships. If one of the aspirational messages of Catholicism is to live in a Christ-like manner, imitating Jesus by embracing all is a step towards that goal. However, it appears there exists a tension between exclusion and embrace within Catholicism, as well many other faith traditions. Messages being sent to those who leave the Church are perceived as judgmental and excluding, which is hurtful and increases shame.

The findings from the BSAS suggest that sex as a means of showing love in relationship is universal, even when one simultaneously holds casual views about sex. It is not one or the other. It does not increase negative results on one's sexual attitude to talk about sex growing up with family. In contrast, many participants believed that talking about it would have been helpful.

It is my sincere hope that these findings will assist women in feeling less alone in their experiences and shed light on what may be going on within previously and currently Catholic women. It is likely that these thinking patterns mirror others in broader society, particularly conservative and religious communities. Ideally leaders in the Catholic Church will speak out about these concerns, as well as destigmatize the shame that often accompanies those who have experienced sexual assault.

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Appendix A

Informed Consent for Research Participants

Background Information:

The purpose of this research is to better understand Catholic women and how their ideas about sexuality are formed and changed throughout the lifespan. We hope to give women in the study an opportunity to reflect on lifespan understandings of sexuality and how the Church may have influenced that process. With this online questionnaire we hope to find common themes that emerge from the female Catholic population regarding views about oneself, one's sexuality, and religious influences on both factors. One of the questions refers to the #MeToo movement and may elicit emotional memories of past sexual misconduct experiences. If you find yourself troubled by this question, the national sexual assault hotline is 1-800.656.HOPE (4673), which provides confidential support from a trained staff member. Information about this resource will be repeated at the conclusion of the questionnaire. From this research study we hope to provide helpful and potentially healing information, as well as gain a deeper understanding of how Catholic women are impacted by their religion and experiences. In addition, this information may better inform our understanding of how these factors influence internal and external attitudes about sexuality.

If you choose to participate, you will be asked to fill out an online questionnaire, including three open-ended questions. The responses will be saved for further research. The entire procedure is estimated to take 30 minutes. You are free to participate or not, and you may discontinue at any point. If you choose to participate, this will be deemed as your consent to have your responses included in the research study.

Your confidentiality will be maintained and only those helping in the research study will see any of the information collected. Each participant's information will be stored as an anonymous number, rather than by a name or any other identifying information. The numbered responses will be kept in secure data files to ensure privacy. Responses to the questionnaire, identified only by number code, will be seen by a small group of students involved in the research study.

Upon request, results will be made available to anyone after the completion of the research. If you have any questions or concerns about your participation in this research, you may contact this researcher (Colleen Conklin, MA, QMHP) via email at cconklin15@georgefox.edu or the dissertation chair, (Dr. Nancy Thurston- at nthursto@georgefox.edu).

Consent:

I have read the description of this research regarding graduate students in clinical psychology and have voluntarily chosen to participate. I understand that the questionnaire information is to be received, made anonymous, maintained in confidence, and used for research purposes only. I also understand that if I wish to discontinue participation at any time prior to the completion of the packet, I may do so without penalty. My consent to participate will be inferred by my choice to complete the online questionnaire.

Appendix B**Questions for the Beginning of the Survey**

What is your age? (space to fill in)

Gender: (space to fill in)

Which cultural or ethnic identity do you most identify? (provide census options: Native American or Alaska Native, Asian, African American/Black, European American/White, Pacific Islander or Native Hawaiian, Middle Eastern, Hispanic or Latino)

Do you identify as a Catholic? Yes(currently)/No (never)/ No (But identified as Catholic previously)

How much would you agree with the following questions: (Disagree to Strongly Agree)

I grew up in a Catholic home and my parents were religiously conservative. (Likert scale options from Strongly Agree to Strongly Disagree + N/A)

My family openly discussed sexuality (Likert scale from Strongly Agree to Strongly Disagree)

“Lastly, please answer these three questions”

3 Questions with a medium sized text box below:

- (1) What has been helpful from your faith upbringing in terms of your sexual development? (You are welcome to illustrate with a story or an example)
- (2) What has been unhelpful from your faith upbringing in terms of your sexual development? (You are welcome to illustrate with a story or an example)
- (3) Did you have a “#MeToo” story? Did you tell it? Why or why not? (#MeToo” is a viral online movement underway that many individuals have embraced (primarily women) to demonstrate the widespread prevalence of sexual assault and harassment.)

At the completion of the survey:

Thank you for taking the time to take this survey. As a therapist and researcher, I realize some of these questions may have evoked strong feelings, and this content is often very emotional and private. Thank you for being vulnerable and willing to participate. The information you have

provided will contribute to my growth as a clinician and in my service of future clients as well as service for the Catholic Church.

If you are experiencing upsetting emotions and want to speak to someone about sexual abuse, the National Sex Abuse Hotline is 1-800-656-4673.

If you have any questions or comments about the study, feel free to contact the main researcher, Colleen Conklin at cconklin15@georgefox.edu.

Appendix C

Religious Commitment Inventory-10

RCI-10
Religious Commitment Inventory-10

Instructions: Read each of the following statements. Using the scale to the right, CIRCLE the response that best describes how true each statement is for you.

	Not at all true of me 1	Somewhat true of me 2	Moderately true of me 3	Mostly true of me 4	Totally true of me 5
1. I often read books and magazines about my faith.	1	2	3	4	5
2. I make financial contributions to my religious organization.	1	2	3	4	5
3. I spend time trying to grow in understanding of my faith.	1	2	3	4	5
4. Religion is especially important to me because it answers many questions about the meaning of life.	1	2	3	4	5
5. My religious beliefs lie behind my whole approach to life.	1	2	3	4	5
6. I enjoy spending time with others of my religious affiliation.	1	2	3	4	5
7. Religious beliefs influence all my dealings in life.	1	2	3	4	5
8. It is important to me to spend periods of time in private religious thought and reflection.	1	2	3	4	5
9. I enjoy working in the activities of my religious affiliation.	1	2	3	4	5
10. I keep well informed about my local religious group and have some influence in its decisions.	1	2	3	4	5

Appendix D

Brief Sexual Attitudes Scale

Listed below are several statements that reflect different attitudes about sex. For each statement fill in the response on the answer sheet that indicates how much you agree or disagree with that statement. Some of the items refer to a specific sexual relationship, while others refer to general attitudes and beliefs about sex. Whenever possible, answer the questions with your current partner in mind. If you are not currently dating anyone, answer the questions with your most recent partner in mind. If you have never had a sexual relationship, answer in terms of what you think your responses would most likely be.

For each statement:

- A = Strongly agree with statement
- B = Moderately agree with the statement
- C = Neutral - neither agree nor disagree
- D = Moderately disagree with the statement
- E = Strongly disagree with the statement

1. I do not need to be committed to a person to have sex with him/her.
2. Casual sex is acceptable.
3. I would like to have sex with many partners.
4. One-night stands are sometimes very enjoyable.
5. It is okay to have ongoing sexual relationships with more than one person at a time.
6. Sex as a simple exchange of favors is okay if both people agree to it.
7. The best sex is with no strings attached.
8. Life would have fewer problems if people could have sex more freely.
9. It is possible to enjoy sex with a person and not like that person very much.
10. It is okay for sex to be just good physical release.

11. Birth control is part of responsible sexuality.
12. A woman should share responsibility for birth control.
13. A man should share responsibility for birth control.
14. Sex is the closest form of communication between two people.
15. A sexual encounter between two people deeply in love is the ultimate human interaction.
16. At its best, sex seems to be the merging of two souls.
17. Sex is a very important part of life.
18. Sex is usually an intensive, almost overwhelming experience.
19. Sex is best when you let yourself go and focus on your own pleasure.
20. Sex is primarily the taking of pleasure from another person.
21. The main purpose of sex is to enjoy oneself.
22. Sex is primarily physical.
23. Sex is primarily a bodily function, like eating.

Note. The BSAS includes the instructions shown at the top. The items are given in the order shown. The BSAS is usually part of a battery with items numbered consecutively. For purposes of analyses, we have A=1 and E=5. (The scoring may be reversed, so that A = strongly disagree, etc.) A participant receives four subscale scores, based on the mean score for a particular subscale (i.e., we add up the 10 items on Permissiveness and divide by 10). An overall scale score is really not useful.

Items Scoring Key

- 1-10 Permissiveness
- 11-13 Birth Control
- 14-18 Communion
- 19-23 Instrumentality

Appendix E

Shame Question

- 1) I feel as if I am somehow defective as a person, like there is something basically wrong with me. (Likert Scale Answer Options)

Appendix F

Curriculum Vitae

Colleen Conklin

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cconklin15@georgefox.edu

EDUCATION

- | | |
|--|-----------------------|
| PsyD Clinical Psychology | Anticipated: May 2020 |
| <i>George Fox University – APA Accredited –
Dissertation Proposal defended Dec. 2017
Dissertation Title: Sexual Attitudes & Shame: Catholic Women's Perspectives</i> | |
| MA Clinical Psychology | May 2017 |
| <i>George Fox University – APA Accredited –</i> | |
| BS Psychology, minor in Business Administration | June 2011 |
| <i>Portland State University</i> | |

SUPERVISED CLINICAL EXPERIENCE

Texas State University	Aug. 2019 – Aug. 2020
Counseling Center, San Marcos, TX.	

Title: Psychology Intern

Treatment Setting: College Counseling Center

Populations: Diverse population of Texas State students (ages 17-60) Wide range of diagnoses- depression, anxiety, BPD, personality disorders, grief, PTSD, gender dysphoria, sexual dysfunction, substance use.

- Provided individual psychotherapy to university undergraduate and graduate students, utilizing a brief therapy model

- Conducted initial consultations with students to assess for risk and fit for counseling center services, referring to appropriate resources as needed
- Co-led group therapy focused on processing grief of a loved one
- Provided outreach and education programs to promote mental health prevention and treatment at the university
- Completed comprehensive psychological assessments and reports- including cognitive, achievement, career, and personality tests.
- Provided supervision and evaluation for doctoral level practicum students
- Consulted with staff psychologists weekly as well as psychiatrists monthly
- Received specialized training in multicultural counseling, treating trauma, substance use, career assessment, psychological assessment, education and outreach, group therapy, and practicum supervision

Oregon Health and Sciences University
Center for Health & Healing, Portland, OR.

July 2018 – July 2019

Title: Behavioral Health Consultant

Treatment Setting: Integrative Primary Care Clinic

Populations: Diverse population of OHSU employees, families, and community. (ages 5-98)
Wide range of severe diagnoses- depression, anxiety, chronic pain, BPD, personality disorders, grief, PTSD, eating disorders, gender dysphoria, dementia, schizophrenia, sexual dysfunction, substance use.

- Provided brief therapeutic consultation for providers and patients in the primary care clinic
- Utilized cognitive behavioral and solution focused interventions during one– time medical visits within a diverse clinical population
- Conducted individual therapy with patients presenting with a broad range of symptoms utilizing a brief to traditional relational psychodynamic therapy model
- Administered and interpreted integrated cognitive, neuro, and psycho– diagnostic assessments
- Consulted with medical staff to create collaborative treatment plans
- Received one hour weekly individual supervision as well as monthly group supervision.
- Wrote notes after all patient interactions
- Triaged clinic patients in crisis both by phone and in person and provided resources accordingly

University Health and Counseling Center
George Fox University, Newberg, OR.

Aug. 2017 – May 2018

Title: *Mental Health Therapist*

Treatment Setting: *College Health & Counseling Center*

Populations: *Diverse population of traditional, college-aged (17+) students (many of whom identify as Christian), wide range of diagnoses: depression, anxiety, adjustment, grief, PTSD, substance use, eating disorders, relational stress.*

- Provided individual psychotherapy to university undergraduates, utilizing a brief psychodynamic model
- Wrote intake reports, weekly progress notes, and termination summaries
- Conceptualized and presented cases for individual and group supervision
- Conducted intake assessments; developed diagnoses and treatment plans

Indian Health Services

Aug. 2016 – May 2018

Keizer, OR.

Title: *Mental Health Therapist*

Treatment Setting: *Behavioral Health Clinic within a Primary Care Clinic*

Populations: *Native American Teens ranging in ages from 14-19 years old, all of whom were attending a federal boarding school and living away from home. General range of diagnoses/presenting problems: depression, anxiety, panic disorder, PTSD, trauma, family stress, grief, stress from limited resources or poverty, substance use, relational/social stress.*

- Provided individual psychotherapy to patients of the health clinic
- Wrote intake reports, treatment plans, weekly progress notes, and termination summaries in compliance with federal insurance requirements
- Led weekly psychoeducational groups
- Consulted with clients in conjunction with a nurse practitioner to evaluate each client's medication needs
- Created culturally sensitive treatment plans and identified diagnoses
- Received weekly individual supervision

Chemawa Indian School

Aug. 2016 – June 2018

Keizer, OR.

Title: *Diagnostician*

Treatment Setting: *Federally Operated Boarding School for those with Tribal Affiliation (High School)*

Populations: *Native American Teens ranging in ages from 14-19 years old, all of whom were attending the federal boarding school and living away from home. General range of*

diagnoses/presenting problems: depression, anxiety, specific learning disorders, autism, intellectual disability, ADHD, OCD, PTSD, trauma, family stress, grief, stress from limited resources or poverty, substance use, relational/social stress.

- Conducted assessments and wrote comprehensive psychological reports for state required individualized education plans
- Responded to safety concerns and implemented necessary crisis intervention
- Communicated with the student's guardians and teachers to provide updates about cognitive assessment results
- Worked with school staff to identify individuals who needed assessments, and collected observational data and information from appropriate sources

George Fox University
Newberg, OR.

May 2017 – Oct. 2018

Title: Assessment Assistant

Treatment Setting: Private Practice

Populations: Diverse, adult clergy candidates from various Christian denominations, ages 25 and over.

- Conducted and scored personality assessments on clergy candidates in training
- Contributed clinical observations for the final report
- Shadowed Dr. Thurston, a psychoanalyst and psychologist in the intake interview process and synthesized the test findings together

Oregon Center for Change
Beaverton, OR.

May 2017 – Aug. 2017

Title: Group Therapy Co-Facilitator

Treatment Setting: Community Mental Health (Forensic)

Populations: Diverse groups of adult males who have been convicted of sex offenses (ages 18-85)

- Co-facilitated group therapy for a men's mandated outpatient sex offender treatment program
- Received weekly supervision

George Fox University
PsyD Dept. Newberg, OR.

Jan 2016 – May 2016

Title: *Mental Health Therapist*

Treatment Setting: *College Counseling*

Populations: *Diverse population of traditional, college-aged students (many of whom identify as Christian)*

- Provided individual person– centered psychotherapy to university undergraduates
- Wrote intake reports, weekly progress notes, and termination summaries
- Conceptualized and presented cases for individual and group supervision
- Conducted intake assessments; developed diagnoses and treatment plans

Catholic Community Services
Portland, OR.

June 2011 – Aug. 2012

Title: *Community Support Specialist*

Treatment Setting: *Community Mental Health*

Populations: *Diverse populations of children ages 5-18, involvement in the foster care system, severe psychological diagnoses, active psychosis, PTSD, trauma, RAD, ODD.*

- Worked with clients one on one to develop social, educational, and coping skills
- Provision of supervision for safety
- Assisted in accessing and participating in community activities
- Mentored and modeled positive social skills
- Discussed and created child's care plan with each youth's therapist before and after shifts
- Completed daily progress notes for each client
- Informed parents and/or care teams of each shift's activities and client's accomplishments

OTHER PROFESSIONAL EXPERIENCE

Morgan Long Law
Hillsboro, OR.
Legal Assistant

Dec 2015 – June 2017

- Attended family decision meetings to assist clients of the law firm
- Conducted home visits on dependency cases in order to ensure the child's needs were being met in foster care

- Scheduled calls, meetings, and conferences for the attorney while keeping in frequent contact about all cases to address their specific needs
- Corresponded and relayed all information requested by clients for the attorney in a time efficient manner
- Tracked all court appointment credits monthly for appropriate tracking of state funding

Sacks and Goetz Law Firm

July 2013 – Aug. 2015

Portland, OR.

Legal Assistant & Office Administrator

- Attended family decision meetings to assist clients of the law firm
- Hired and coordinated with psychologists, investigators, and other service providers, as well as acquired state funding for their services
- Conducted home visits on dependency cases in order to ensure the child's safety
- Scheduled calls, meetings, and conferences for all attorneys
- Performed the intake preparation for all new cases and created corresponding casefiles
- Corresponded and relayed all information from clients and the attorney in a time efficient manner
- Managed all of the firm's monthly bookkeeping and private client billing needs
- Tracked and submitted all court appointment credits for tracking of state funding

Catholic Charities Service Corps

Aug, 2012– July 2013

Buffalo, NY.

Assistant Director & Academic Advisor

- Advised high school students (in the areas of academia, career, and health), and tutored in classrooms
- Developed an outreach program through establishing a social media presence and set up community partnerships
- Led the high school cultural pride club, introducing students from many cultures to the joys of a multicultural, embracing community
- Created and executed an advertising strategy to recruit and retain volunteers at a local community center
- Successfully tripled volunteer numbers in the after– school program
- Interviewed, placed, and corresponded with all volunteers at the community center

RESEARCH EXPERIENCE

Dissertation Prelim-- Full Pass Dec. 2017

Title: Exploring Dynamics in Shame, Sexuality, & Catholicism September 2016 – Current
George Fox PsyD Program

- Created an online survey with 3 standardized questionnaires assessing for one's amount of religious involvement, internalized shame, and sexual attitude. In addition, there are 3 qualitative questions. (*defense anticipated by Nov 2019*)
- Conducted grounded theory and identified emergent themes with a small group of researchers
- Synthesized collected information while utilizing existing research

Native Youth Preferences for Behavioral Health

May 2018 – June 2019

George Fox PsyD Program

In partnership with Chemawa Indian School, Keizer, Oregon

- Created a behavioral health feedback survey focusing on preferences and barriers to therapy for Native American high school students at Chemawa Indian School
- Evaluate and document collected information while comparing it with existing research
- Provide feedback of the program evaluation to the Behavioral Health Clinic at Indian Health Services and publish findings (in progress)

Speak Up! The Right to Refuse Abuse

September 2017 – May 2018

George Fox PsyD Program

In partnership with Juliette's House: Child Abuse Intervention Center, McMinnville, OR.

- Consulted with the intervention center to assess their research needs
- Collected pre and posttests from Juliette's House and assessed efficacy of the child abuse prevention program
- Entered data into SPSS software for item analysis
- Presented findings of over 600 pre and post measures to Juliette's House

Supporting Siblings in Foster Care

Regional Research Institute for Human Services, Portland, OR. June 2011 – Aug. 2012

Research Analyst

- Collected data from foster parents and assessed youth in the research sample through in-person questionnaires and phone calls
- Recorded and entered data into the database
- Trained new interns about data collection and procedures
- Compensated and encouraged all participants to remain in the study

PUBLICATIONS & PRESENTATIONS

Conklin, C., Higa, N., Knows His Gun, K. (2019, August). Native American/Alaska Native Youth: Barriers to and Preferences for Mental Health Care presented at the American Psychological Association (APA) Conference, Chicago, IL.

Knows His Gun, K., Andrews, G., Campo, V., **Conklin, C.**, Webster, K. (2018, January). Speaking the Language through Clinical Practice presented at the National Council of Schools and Programs in Professional Psychology (NCSPP), Las Vegas, NV.

Harris, H., **Conklin, C.**, Karam, S., Stricklen, J. (2018, August). Speak Up! The Right to Refuse Abuse: A Pilot Study in Rural Oregon Schools at the American Psychological Association (APA) Conference, San Francisco, CA.

TEACHING AND SUPERVISION EXPERIENCE

Presenter Sept. 2019
Texas State University, Education Department, San Marcos, TX

- Speaker at the event “How to Destress and Prevent Burnout in Teachers”

Discussion Panelist Aug. 2019
Texas State University, Healthy Cats Peer Educators, San Marcos, TX

- Speaker at an academic club presentation called “Myths about Mental Health”

Peer Supervisor & Teaching Assistant May 2018 – May 2019
George Fox PsyD Dept. Newberg, OR
Course: Clinical Foundations

- Supervised four first year PsyD students in a clinical lab group as well as individually
- Reviewed video recordings of each student's clinical work
- Provided feedback, in vivo, and on written assignments
- Facilitated weekly group process

Lab Group Facilitator

Jan – May 2018 & Jan – May 2019

George Fox PsyD Dept. Newberg, OR.
Course: Psychodynamic Psychotherapy

- Met with three PsyD students weekly to further explain and discuss relational psychodynamic practice, theory, and techniques
- Provided case and diagnostic feedback

Discussion Panelist

April 2018

George Fox Undergraduate Psychology Club, Newberg, OR.

- Speaker at an academic club presentation called “Supporting a Loved One with Mental Illness”

Teaching Assistant

Aug. 2017 – Dec. 2017

George Fox PsyD Dept. Newberg, OR.
Course: Bible Survey

- Graded weekly assignments and assisted students with class material

Success Coach

George Fox University Student Success Program, Newberg, OR.

Sept. 2017– Dec. 2017

- Provided weekly individual academic support to university freshmen who were identified as “at-risk” for dropping out or failing classes due to their high school GPA or SAT scores
- Corresponded with the professor of the Academic Skills course about student progress

Academic Advisor

Jan. 2013 – Aug. 2013

Riverside High School, Buffalo, NY.

- Advised high school students (in the areas of academia, career, and health), and tutored in classrooms

Teaching Assistant

Jan 2008 – June 2008

James John Elementary School, Portland, OR.

- Tutored and provided additional support to students in a 3rd grade classroom

CAMPUS INVOLVEMENT & PROFESSIONAL AFFILIATIONS

Spring Banquet Planning Committee	Aug. 2018 – April 2019
Gender, Sexuality, and Identity Student Interest Group Member	Feb. 2015 – April 2019
-Gender, Sexuality, and Identity Student Interest Group Leader/Facilitator (2016 – 2017)	
Psychoanalytic Student Reading Group	Feb. 2015 – April 2019
George Fox PsyD Clinical Team Member	Sept. 2015 – April 2019
George Fox PsyD Research Vertical Team Member	Feb. 2016– April 2019
American Psychological Association Student Member	Sept. 2015 – Current
Multicultural Student Interest Group Member	Sept 2015 – April 2017
Resident Assistant for Portland State Housing Dept.	May 2009 -- June 2011
Founder of the Portland State A Cappella Group	Sept. 2010 -- June 2011
Vice – President of the Portland State University Choir	Sept. 2009 -- June 2010

VOLUNTEER EXPERIENCE

Children’s Book Bank Oct. 2018*In partnership with Teach for America*

- Cleaned and prepped children’s books for Portland’s head start reading program

Serve Day

Sept. 2017

George Fox Univ. Volunteer at Juliette’s House, McMinnville, OR

- Provided landscape maintenance for the non-profit

“Big Sister”

Jan 2014 – Dec 2016

Big Brothers Big Sisters Program, Portland, OR

- Informally met and mentored a child weekly

Camp Counselor

July 2010 – Aug. 2010

Mount Hood Kiwanis Camp, Portland, OR

- Supervised adults and children with severe mental and physical disabilities
- Monitored all dietary, medical, emotional and safety needs of assigned campers

Child Safety Advocate

Aug. 2010 – Feb. 2011

Oregon Health and Science University, Portland, OR

- Provided public education and training about low cost safety resources to reduce injuries in children

Front Desk Receptionist

Jan. 2009 – May 2009

Women's Resource Center at Portland State University, Portland, OR

- Provided resources, support, and information to women at the university experiencing distress or challenges

Teaching Assistant

Jan 2008 – June 2008

James John Elementary School

- Tutored and provided additional support to children in a 3rd grade classroom

Relief Worker

June 2006 – July 2006

Father Ray Foundation, Pattaya, Thailand

- Supervised, fed, cleaned, and played with children in the Father Ray Foundation orphanage
- Constructed activities and facilitated field trips for children and adolescents who have escaped sex trafficking and reside in the “Children’s Home”
- Assisted in renovating facilities for the vocational school and day care center

ACADEMIC AWARDS

Psi Chi The International Honor Society in Psychology

April 2010

Phi Kappa Phi Honor Society

May 2010

Tau Sigma National Honor Society

Jan 2008

Music Minor Scholarship at the University of Portland

2007– 2008

REFERENCES

Dr. Kristie Knows His Gun, PsyD, ABPP*(Previous Practicum Supervisor)*

Psychologist & Assistant Director of Clinical Training

1410 Parkside Ct

Newberg, OR 97132

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Dr. Nancy Thurston, PsyD, ABPP*(Previous Supplemental Practicum Supervisor, Professor, & Dissertation Chair)*

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Dr. Elizabeth Burney Hamilton, Ph.D.*(Professor and Clinical Team Leader)*

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Dr. Glenna Andrews, Ph.D.*(Clinical Training Director, Professor)*

Professor of Psychology, George Fox University

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