Sex Guilt and Sexual Control in Women Alcoholics In Early Sobriety

Valerie Pinhas

ABSTRACT: This study was designed to determine the degree to which alcoholic women in early sobriety report sex guilt and sexual control in comparison to a matched sample of non-alcoholic women. It was hypothesized that alcoholic women would report more sex guilt and less control over their sex lives than non-alcoholic women. Sex guilt and lack of sexual control add another dimension into the problem of alcoholism among women, and as such provide an additional way to conceptualize this problem.

It is evident that the primary data about alcoholics are based upon research conducted almost entirely on males.[1,2] Jellinek's[3] progression sequence of the average alcoholic, which was the leading reference for many major studies of the past, was based on an exclusively male population.

However, female alcoholism appears to be increasingly prevalent, although no firm statistics are available due to the lack of an epidemiological data base for this group. Estimates for the United States range from 900,000[4] to 3.3 million.[5] Fraser[6] suggests that female alcoholism may be as prevalent as on a one-to-one ratio with men, and that women alcoholics may have the ability to manipulate their environment and seek cultural protection, thereby masking their numbers.

In spite of the growing figures on women and alcoholism, there appear to be few descriptive parameters and little reliable information. As a result, most understanding, treatment, and intervention is based upon theory tested in research on men. The implication to be drawn is that there are no differences between the sexes in this health problem. Gomberg[7] has asserted that this assumption may be unwarranted and theory and explanations directly applicable to women need to be developed. Other authorities appear to concur that there is an appalling lack of documented knowledge on all aspects of women and alcoholism.[1,2,8,9]

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Although a number of research gaps have been identified by various committees and research groups, no topic is so rife with unsubstantiated conclusions and unwarranted assumptions as in the area of sexuality for this sub-group. Generally, available research in the alcohol field, as in other social psychological studies, is biased in favor of men. Conversely, in the sexuality field there appears to be a keener interest in examining sexual concerns of women. The correlation between sexuality and alcohol studies has yet to be synthesised satisfactorily and seems to be a product of information from different sources—males and females. Even the limited overlapping research tends to focus on male alcohol use, rather than alcoholism, and almost exclusively on the copulatory aspect of sexual behavior. Carpenter and Armenti note that "A question of considerable interest ought to be the effect of alcohol on female sexual behavior. Most experts comment on human sexual behavior and alcohol as though only males drink and have sexual interests."[1] Furthermore, alcoholic drinking as opposed to social drinking may confound the possible association between female sexual behavior and alcoholism. Those studies that have meagerly intermeshed sociological, psychological and physiological views of sexuality and alcoholism for women are sparse, sometimes unreliable and, in many cases, limited in their perspective and understanding of human sexuality.

Sexual Dysfunction Studies

Early clinical case studies on small samples of alcoholic women using a psychoanalytical-medical model of human sexuality indicate that they experience "frigidity."[11,12,13,14,15] According to Curran, "One gets the impression that heterosexual life is unsatisfied and that the percentage of frigidity is much greater here than in the general population."[11] At issue in this statement (besides the lack of statistical generalizability), is the old discarded notion that frigidity is the incapacity of a woman to achieve "vaginal" orgasm through intercourse. Most of this clinical data was conducted previous to Masters and Johnson's experimental research which indicated that all orgasms are physiologically similar regardless of how they are induced. Even if alcoholic women were only capable of manually/orally induced orgasms, the label "frigidity" is inconsistent with the Hite[16] data which suggests that only 30 percent of the nonrandom sample could achieve orgasm through strict penile-vaginal penetration.

On the other hand, alcoholic women have also been pejoratively labelled promiscuous[11,12,17,18] although the criteria for this determination is often rooted in the double standard. Viamontes[19] and Schuckit[3] comment that this view has been based upon women who display their alcoholism publicly by getting into legal difficulties.

Other investigators[11,13,17,22] note that sexual adjustment is poor and may be manifested by guilt, inhibition and naivete. Wood and Duffy[22] in an interview study of sixty-nine middle class alcoholic women, report that "... sexual instruction was grossly inadequate; the girls sensed that sex was a secret dirty business tolerated grimly by the mother."

Levine[17] in an analysis of verbatim statements from sixteen alcoholic women, accompanied by descriptive statements of their therapists, concluded that many of these women have a diminished interest in sexual activity due to an increased preoccupation with drinking. Other research indicates that loss of libido is relatively common due to depression.[23] Schilder[24] comments that the need for love and admiration is connected to acute alcohol intoxication so that the woman can break through her sexual inhibitions. Alcohol provides feminine acceptance as long as intoxication lasts.

Sexual Physiological Studies

Belfer, Shader[25] and others[18,21,26,27,28] associate alcoholism with certain aspects of sexual physiological functioning. Wilsnack[27] and Pattison[28] in two independent studies found evidence that alcoholic women suffered considerably more ob/gyn problems than nonalcoholic control subjects. In both self-report studies, ob/gyn disorders preceded the onset of alcoholism. Jones and Jones[29] in concluding statements of their study on intoxication, metabolism and the menstrual cycle, hypothesize that sex hormone levels may have some relationship to the depressive symptoms that some alcoholic women experience.

Sex-Role Studies

Although sex-role identity studies can be perceived as a separate and distinct category apart from sexual functioning studies, the extent to which the former is significantly related to the latter has not been explored.

There have been a number of empirical studies which discuss the concepts of sex-role identity, confusion, and expectations for alcoholic women. Wilsnack,[27] in an empirical study of twenty-eight alcoholic women and their matched controls, concluded that the alcoholic group highly valued what is traditionally deemed "feminine" attitudes, but on an unconscious level, displayed a traditional "masculine" gender identity or sex-role style. Supporting evidence for sex-role conflict in the direction of perceived "masculinity" and desired/valued "femininity" has been documented by other researchers.[28,30,31] Bedell's[32] study of twenty-one alcoholic housewives indicated that these women experience stress in conforming to traditional sex-role expectations. Parker[33] found a different direction of

traditionally "feminine" attitudes and roles less than the control group. Finally, Colman[34] found that problem drinking women had a sex-role rigidity or lack of androgeny which creates enough stress that drinking may serve an adaptive function in their lives. Many of the sex-role studies lend credence to the notion that alcoholic women may be experiencing sex-role confusion and/or sex-role expectations for traditional female behavior, regardless of type and direction. This may cause them to feel inadequate and uncomfortable in their changing roles as women. An examination of the affective sexual variables of the present research may demonstrate and reflect sexual inadequacy and discomfort, given sex-role identity conflict.

Locus of Control Studies

Too few studies have examined the relationship between female alcoholism and locus of control theory. Many psychological investigations have demonstrated a relationship between internal-external control and indexes of social adjustments, personal achievement, and psychopathology. Generally, individuals who have a belief of external control cannot expect to order their existence and, as such, reflect deficits in life adjustment.

Goss and Morosko[35] in a study of 62 female and 200 male outpatient alcoholics, using inappropriate control groups and locus of control testing instruments, had inconclusive results for female subjects. Nowicki and Hopper[36] using appropriate methodological procedures, found that 12 inpatients had more external scores than 15 male inpatients, outpatient women alcoholics, or non-alcoholics. The few studies of locus of control and alcoholism for an almost exclusively male population[35–38] have measured the broad construct of internal-external orientation rather than identifying narrower, more focused control orientation variables (sexual control, which could illuminate the degree to which affective sexual functioning and female alcoholism are related).

Hypotheses Testing

As alluded to in the locus of control literature, certain sub-groups of alcoholic women may not perceive that they can provide themselves with the necessary reinforcements to take charge of their lives. Furthermore, if they are experiencing what researchers suggest is a conflict about what is traditionally considered feminine sex-role styles, they may have an inability to exert control over what happens to them sexually. Therefore, the hypothesis that alcoholic women display less control over their sex lives than non alcoholic women, merits investigation.

Sex guilt appears to be another significant variable for investigation. Some studies[22,31,39–41] indicate that alcoholic women have perceptions of

their child-rearing practices and family dynamics which closely resemble those practices and dynamics described in the sex guilt literature.[42–48] The clinical literature[49] suggests that since illness is sanctioned to a greater degree than sexual behavior in Western culture, alcoholism as a form of drug abuse may be a response to sex guilt.

Furthermore, some clinicians and investigators[50–52] dealing with alcoholic women feel that there is an overriding, encompassing guilt factor which contributes to and/or exacerbates the progression of the disease. The extent that sex guilt functions in this process has yet to be empirically determined. Therefore, the hypothesis that alcoholic women experience more sex guilt than non alcoholic women also merits investigation.

Definitions

The following are definitions of sexual control and sex guilt used in this study:

Sexual Control is based upon Rotter's Theory of Internal versus External Control.[53]. This construct represents the degree to which a woman perceives that reinforcements for sexual behavior, attitudes and feelings are contingent upon her own relatively permanent characteristics and attributes, or the degree to which she feels that reinforcements are controlled by forces outside of herself. When she feels that reinforcements are not originating from within herself, they will be perceived as the result of luck, chance, fate, as under the control of powerful others, or as unpredictable because of the great complexity of forces surrounding her. This process is called external sexual control. A woman demonstrating this orientation may not feel the right to sexual pleasure, assume there is no need to communicate her real sexual desires to partners, is unable to take risks sexually, is unable to say no to sexual overtures, etc. If she perceives that reinforcements are contingent upon her own attributes, this process is called internal sexual control. Sexual control is operationally defined by a modification of the Nowicki-Duke locus of control scale.[54]

Sex Guilt as a personality disposition (acquired or learned in a series of situations relating to sex and conscience development)[55] is "... a generalized expectancy for self-mediated punishment for violating or for anticipating violating standards of proper sexual conduct."[56] Sex Guilt is operationally defined by the Mosher Forced-Choice Sex Guilt Sub-Scale, female form.[57]

The Method

The study involved the administration of a questionnaire requesting information about demographic characteristics, sex guilt, sexual control, and identification of

alcoholism to a group of 34 alcoholic women with a matched group of 34 nonalcoholic women.

Research Participants

Executive Directors and supervisory personnel of selected alcoholism facilities in New York State, Vermont, and Pennsylvania were contacted by the researcher to obtain their cooperation in a study on female alcoholics as research participants. Sample questionnaires, a brief abstract of the research and a confidential release information form, as required by the United States Federal Government, were sent to the facility for their inspection and approval. AA sponsors on Long Island and in New York City associated with the researcher were provided with the same packets of information for distribution to a small number of alcoholic women in the AA program.

Cooperating facilities informed the therapists who provide direct service to the female client about the nature of the study. Therapists were asked to provide an approximate number of women in their caseloads who would voluntarily choose to participate in the study.

Small numbers (approximately 3–5) of alcoholic women were made available from each cooperating facility and AA sponsors, with the exception of one facility in Pennsylvania where ten women agreed to participate in the study.

Data was ultimately collected from five in/outpatient facilities, one cooperative voluntary agency, and four sponsors of AA groups. The need for drawing women from so many different settings exists because alcoholism programs are treating a small percentage of women: NIAAA funded treatment programs with effective outreach average only 17 percent females.[37] As a result, alcoholic research participants came from a combination of ten sources. There were 34 alcoholic research participants.

Participants met four criteria that: (a) they be diagnosed as alcoholic either by a treatment facility, or self; (b) they have completed a minimum of sixth grade education; (c) drinking is a focal problem and not one aspect of a deviant life style; (d) they have accumulated three months to one year sobriety. This fourth criterion, early sobriety, was chosen because the alcoholic client is functioning free from the direct influence of alcohol and is embarking on a period in the recovery process where attitudes and feelings about many critical issues, except those attitudes towards the maintenance of sobriety, had not dramatically changed. Therefore, her responses to the questionnaire were based upon attitudes and feelings about sexuality without either the effects of alcohol or long term therapeutic professional or self-help intervention.

Questionnaires for alcoholic women were distributed by the therapists associated with each treatment facility. Participation was on a voluntary basis. The research participants were assured of anonymity and confidentiality and a brief cover letter from the researcher describing the ultimate goals of this venture. Upon completion, research participants sealed questionnaires in a prestamped envelope addressed to the researcher. For those alcoholic women not involved in an outpatient treatment facility, AA sponsors from open and closed groups distributed the questionnaire to women who fit the aforementioned criteria. These questionnaires were also returned via prestamped envelopes to the researcher.

Table 1

Demographic Data for Alcoholic and Control Groups

Demographic Variable	Alcoholics (N=34)	Controls (N=34)	
Mean Age (in years)	33.35		33.47
SD	9.03		9.19
Mean Education (in years)	12.91		13.06
Marital Status		Frequency	
% Single	23.5	(8)	23.5
% Married	29.4	(10)	29.4
% Divorced	23.5	(8)	23.5
% Separated	14.7	(5)	14.7
% Widowed	8.8	(3)	8.8
Ethnic Background			
% Irish	35.3	(12)	35.3
% White-American*	32.4	(11)	32.4
% Italian	5.9	(2)	5.9
% Black	5.9	(2)	5.9
% English	5.9	(2)	5.9
% German	8.8	(3)	8.8
% Scandinavian	2.9	(1)	2.9
% Slavic	2.9	(1)	2.9
Occupation**			
% in Classes 1–2	32.3	(11)	32.3 (11)
% in Classes 3–6	29.3	(9)	35.3 (11)
% in Classes 7–8	38.3	(14)	32.3 (12)
Religion			
% Jewish	5.9	(2)	5.9
% Roman Catholic	58.8	(20)	58.8
% Protestant	35.3	(12)	35.3
Degree of Religiosity			
% Never Attend	50.0	(17)	50.0 (17)
% Fair Attendance	23.5	(8)	26.5 (9)
% Moderate Attendance	17.6	(6)	20.6 (7)
% Full Attendance	8.8	(3)	2.9 (1)

*Research participants responded to an open-ended questionnaire. Multi ethnic participants and/or those who view themselves with no discernible ethnic background may have placed themselves under a broad category of White-American.

**Classified according to the United States Census Occupational Classification (1=professional-technical, 2=managerial, 3=clerical, 4=sales, 5= skilled labor, 6=operative, 7=service, 8=unskilled labor).

Control Group

Four hundred potential control subjects listed by the personnel director of a New York Corporation received a letter from the researcher. This letter described in general terms the nature of control groups in social research and why controls were needed to match a female group with a specific health problem.

Interested women were asked to fill out a Biographical Information Form and return it to the investigator in the prestamped envelope provided. Two hundred and three women returned the information form either by mail or through the personnel office. One hundred and eleven potential control participants with background data matching those of the alcoholics were contacted by phone and/or mail to confirm their participation in the study. Control participants were mailed questionnaires and asked to return them in a prestamped envelope without a return address, in order to assure anonymity and confidentiality. Follow-up letters and phone calls were made weekly to each treatment facility, AA sponsors and control group participants to expedite returns. The data from both groups were collected within a three month period. Ninety control participants returned the questionnaire by mail to the researcher.

The Mortimer-Filkins Alcoholism Screening Test[58] was used to screen five problem drinkers and/or presumptive problem drinkers from the control group. One control subject who had a course in human sexuality for college credit was also screened from this group. The experimental group was matched with control participants on the following demographic variables: age, marital status, ethnic background, education, religion, degree of religiosity and socioeconomic status.

A difference of four years for age and two years for education, was the upper limit for matching individuals in both groups. Exact matches for marital status, religion and national (ethnic) background were achieved. Matches on degree of religiosity were equal, with the exception of four women. These women scored not more than one rank above or below each other. Matching for socioeconomic status as indicated by occupation was done equally for all employed and unemployed women of both groups, with the exception of four women not falling in extremes of occupational classification. Married housewives in both groups were matched identically on husband's occupational classification. Table 1 illustrates the demographic data for both alcoholic and control groups.

The mean age of 33.35 years for the alcoholic research participants is noteworthy because most studies undertaken in the past have reported women with a mean age of 40 to 45 years.[59] This finding may support the existing trend of increasingly younger women developing alcoholism and seeking assistance from treatment facilities and/or self-help groups. The most common ethnic/religious group identified themselves as Irish Roman Catholic, substantiating already numerous reports of high rates of alcoholism in this group.[57,60] Alcoholic research participants had a mean of 8.65 years of active alcoholism (SD=5.26) and 7.60 mean months sober (SD=3.79).

Instrumentation

The questionnaire included two measures of affective sexuality—a sexual control scale and the Mosher Sex Guilt Scale.

The sexual control scale was adapted from Nowicki and Duke's locus of control scale.[61] Adaptatin based upon the Nowicki-Duke I-E scale rather than the Rotter I-

E scale was used because the latter is related to social desirability and denial of pathology. Furthermore, the latter has a difficult reading level, which may make it inappropriate for non college populations.

The sexual control scale adapted by the researcher consists of 39 items which are answered either yes or no. The items were derived through modification of the Nowicki-Duke I-E scale. These alterations consisted chiefly of changing key words and phrases which were non sexual into appropriate sexual equivalents.

A 40 item questionnaire was piloted on a group of 47 alcoholic women from local AA groups in order to determine its reliability, its internal validity and its practicality for use with alcoholic females. A reliability coefficient (alpha) of .95 was obtained. Respondents obtained a score ranging from 39 indicating external sexual control, to 78 indicating internal sexual control. The 39 item scale was then administered to a group of non alcoholic women from a church group and civic organization and the same statistical analyses were conducted. A reliability of .86 was obtained.

To see whether a difference in theoretical constructs between the Nowicki-Duke scale, from which the items were derived, and the sexual control scale exists. (discriminate validity) a sample of 42 female college students from health classes at a Long Island community college were asked to voluntarily cooperate in an anonymous confidential pilot study. A Pearson correlation of .297 was obtained (not significant at .05), which indicates that scores on one variable account for less than 9% of the variance than scores on the other variable. This provides good evidence that the sexual control scale is different from the Nowicki-Duke scale.

In order to assess the construct validity of the sexual control scale a second scale was constructed, composed of items thought to be behavioral indicators of the exercise of control over one's sex life. Behavioral control was defined as the prevention of conception through family planning and birth control usage, active intervention in the process of lovemaking for the enhancement of pleasure, ability to attract desired sex partners, and ease and success with which orgasm is achieved. This scale and the sexual control scale were then administered to a sample of 65 college women from health classes at a Long Island community college. The scores of the two scales were correlated and produced a coefficient of .625, indicating statistically significant construct validity. In the final analysis, a reliability coefficient of .915 for both alcoholic and control groups (N=68) was reported on the sexual control scale in the present study.

The Mosher Guilt Scale is designed to measure three aspects of guilt which are sex guilt, hostility guilt, and morality conscience. The entire guilt scale consists of 78 items, 39 of which measure sex guilt for females.[55] The questionnaire consists of a number of pairs of statements or opinions which have been given to women in response to the "Mosher Incomplete Sentences Tests."[56] The forced-choice scale consists of the stems to which they responded and a pair of their responses which are lettered A and B. The corrected split-half reliability is .95. A reliability coefficient of .941 was reported for both alcoholic and control groups (N=68) in the present study.

RESULTS

Testing the Hypotheses

Two one-tailed t-tests for dependent paired samples were used to test the hypotheses at the .001 level of significance. Table 2 illustrates these findings.

Table 2

Means, Mean Differences, Standard Deviations, and t-Values* for Sex Guilt** and Sexual Control*** Scores for Alcoholic and Control Groups

Dependent Variables	Alcoholic (N=34)	Control (N=34)	$X_A - X_{NA}$	t-Value
X Sex Guilt	93.06	57.20	−35.56	
S.D.	23.52	3.25	21.67	
X Sexual Control	64.97	76.24	11.27	
S.D.	5.88	1.42	5.62	

* df=33 $p<.001$ level of significance for both dependent variables.
**Higher scores indicate more sex guilt.
***Higher scores indicate internal sexual control.

A t value of −9.57 for sex guilt was observed at the .001 level of significance, clearly indicating support for the hypothesis that alcoholic women report more sex guilt than non alcoholic women. A t value of 11.69 for sexual control was observed at the .001 level of significance, firmly supporting the hypothesis that alcoholic women report less control over their sex lives than non alcoholic women.

Correlations for Dependent Variables

Pearson Product Moment correlations were calculated to see if a significant relationship existed between demographic variables of age, education, degree of religiosity, socioeconomic status, and scores for the two dependent variables for both groups. Further correlations were calculated to see if a significant relationship existed between months sober and years of actual alcoholism for the alcoholic group. No significant relationships existed for either group on sex guilt score and sexual control score for age, socioeconomic status, and degree of religiosity. Of particular interest is the significant negative correlation of −.323 for increasing years of education and a decrease in total sex guilt score for alcoholic women (at the .03 level). Although no significant relationship existed for the same variables for control group participants (at the .05 level), there is evidence of the same trend as indicated by a correlation of −.232 at the .09 level of significance.

Statistical Analysis of the Mosher Guilt Inventory

Pearson Product Moment correlations were calculated to determine if the sex guilt variable was distinguishable from a more general guilt factor, as measured by the morality-conscience guilt and hostile guilt subscales of the Mosher Guilt Inventory. Table 3 presents these findings.

A significant positive correlation was found for alcoholic participants between sex guilt and morality-conscience guilt scores (at the .001 level), while a nonsignificant inverse relationship was found for control participants on the same variable. A significant relationship was found for alcoholic women between sex guilt and hostile guilt (at the .03 level), although no such relationship was found for the control group.

A Pearson Product Moment correlation was calculated between hostile guilt and morality-conscience guilt for alcoholic participants. A correlation of .285 was obtained, indicating no significant relationship exists (at the .05 level).

Two two-tailed t-tests for paired samples were calculated to test whether a difference existed between alcoholic and control groups on measures of hostile guilt and morality-conscience guilt. Table 4 summarizes these findings.

At value of −2.14 for morality-conscience guilt indicates that alcoholic women reported more morality-conscience guilt than did control group participants (at the .04 level). No significant difference in hostile guilt for alcoholic and control group participants was found at the .05 level.

Point-biserial correlations between sex guilt and morality-conscience guilt were calculated to test whether these variables would predict group criterion membership. A significant point-biserial correlation of .762 was found for sex guilt and group criterion membership (at the .05 level). A

Table 3

Pearson Correlation Coefficient for Morality-Conscious Guilt, Hostile Guilt and Sex Guilt for Alcoholic and Control Groups

	Morality-Conscience Guilt N=34		Hostile Guilt S=Level of Significance	
	Alcoholic	Control	Alcoholic	Control
Sex Guilt	0.6776 S=0.001	−0.2132 S=0.113	0.3268 S=0.030	0.0253 S=0.444

Table 4

Means, Mean Differences, Standard Deviations and t-Values* for Hostile Guilt** and Morality-Conscience Guilt*** for Alcoholic and Control Groups

Variable	Alcoholic (N=34)	Control (N=34)	$X_A - X_{NA}$	t-Value Observed
X Morality-Conscience Guilt	46.09	40.51	−5.68	
S.D.	*12.87*	*9.97*	*15.46*	
X Hostile Guilt	63.03	57.47	−5.56	
S.D.	13.80	14.02	[illegible]	

*df 33 p=.04

**Higher scores indicate more hostile guilt.

***Higher scores indicate more morality-conscience guilt.

nonsignificant point-biserial correlation of .257 was found for morality-conscience guilt and group criterion membership (at the .05 level).

Discussion

The significant t values for sex guilt and sexual control firmly support the hypotheses that alcoholic women, in comparison with non alcoholic women, report more sex guilt and significantly less control over their sex lives. These findings lend credence to Rotter's social learning theory, the descriptive rationale for this study. The theory that is proposed about alcoholic women in Rotter's framework is that women may abuse alcohol even though the chronic use of this substance leads to negative reinforcements by our culture, because the expectancy of failure or punishment for trying to achieve personal goals of sexual satisfaction—low levels of sex guilt and internal sexual control—is higher than for negative behavior associated with high alcohol intake. Reinforced experience might have shown these women that emotional sexual satisfaction is relatively low and the abuse of a narcotizing substance, alcohol, has a higher expectation of obtaining sexual control and minimized sex guilt, or is a way of coping with failure to achieve these sexual goals.

Alcohol is one viable alternative to direct goal achievement or of coping with failure, because as a central nervous system depressant drug, it can

affect internal cognitive processes such as memory and recall, and enable the woman drinker to avoid thinking about self-imposed punishment about sexual feelings and behaviors. As already mentioned, drinking may enhance sexual control, or it may soothe the pain and discomfort of not having this sense of control over one's sex life. This interpretation in regard to earlier research will be discussed later.

Given the various typologies of alcoholic women, it would be naive to suggest that sex guilt and external sexual control are the only variables which contribute to or aid in the exacerbation of female alcoholism. Other sexual issues and a complex multitude of personality factors which have not been measured in the present research might also be operating for this group of women. However, this research suggests that treatment facilities might incorporate a human sexuality component into their format. If therapeutic interventions are accomplished with a schedule of reinforced validation of the alcoholic woman as an adequate sexual being, this may increase her expectancy of sexual control and decrease her expectancy of sex guilt.

One supplementary finding of interest is the decrease in sex guilt in relation to the increase in education for alcoholic women. More general educational exposure for alcoholic women is associated with a reduction in sex guilt in the areas of adultery, same sex behavior, masturbation, petting, and "unusual" sex practices, as measured by the Mosher Sex Guilt Scale. This tends to parallel other research[61,62] in that sexual interests and activity levels are higher among better educated groups. It appeared that an increase in three months to one year sobriety had no significant effect on the lowering of sex guilt or an increase in sexual internality for this group. It seems that an increase in sobriety, accompanied by treatment intervention in the form of professional therapy or self-helf format, may have no direct impact on the dependent variables. This could be expected since A.A. as a self-help group, does not focus on specific sexual dynamics as a mode of treatment, nor do alcoholic treatment facilities focus on the same dynamics to any large extent.

However, since this study did not include a sample of active alcoholic women for comparative purposes, statements about the effects of sobriety on sex guilt and sexual control should be viewed with caution. Alcoholic women may have had more sex guilt and more external sexual control before they stopped drinking.

Many clinicians that treat alcoholic women have identified many areas of guilt in their patients which may or may not have been a by product of their disease. Part of this research examined the extent to which sex guilt was distinguishable from a general guilt factor for alcoholic women.

A comparison of the correlations between sex guilt and morality-conscience guilt for alcholic and non alcoholic groups seems to indicate a far

stronger association between sex guilt and morality-conscience guilt for the alcoholic group than the non alcoholic group. It appears that self-mediated punishment about sexual feelings and behaviors is more closely tied to moral principles for the alcoholic group than for the control group. While the correlation between hostile guilt and sex guilt is statistically significant for the alcoholic group, the magnitude of the coefficient indicates that the association is weak and that only ten percent of the variance between these variables are shared. Therefore, hostile guilt explains relatively little variability in sex guilt. Because morality-conscience guilt and sex guilt share 46 percent of the variance, it becomes difficult to assert that sex guilt is a separate entity from morality-conscience guilt for alcoholic women. The content of more than half the morality-conscience guilt subscale concerns obscene literature and sin. This may have inflated the correlation between sex guilt and morality-conscience guilt for alcoholic women.

Sex guilt and morality-conscience guilt appear to be different from hostile guilt, given the magnitude of the correlation between the former two variables and the latter (see Table 3). No significant difference between the alcoholic and control group was found for the hostile guilt variable. While morality-conscience guilt was also found to discriminate significantly between the two groups, the magnitude of the difference and the value of t was smaller than that found for sex guilt. A t value of -9.57 for sex guilt is statistically significant and of sufficient magnitude to yield a point-biserial correlation between alcoholism and sex guilt which is relatively high ($r=.762$). Sex guilt accounts for 59 percent of the variance in group membership, while morality-conscience guilt accounts for only six percent of this variance. Therefore, sex guilt appears to be a stronger indicator for differentiating between the alcoholic and non alcoholic female.

Sex guilt and lack of sexual control add two other dimensions to the understanding of the problem of alcoholism among women, and as such, provide an additional way to conceptualize the problem. Lack of sexual control may be directly related to the type of sex-role conflict which depicts the alcoholic women as having passive sex-role styles considered traditionally "feminine" while experiencing more "masculine" proactive unconscious feelings. To the extent that this typology is descriptive of, and applicable to, alcoholic women under investigation in this study, the inability to take sexual actions in their own best interests is extremely congruent. It may be that their conscience sex-role attitudes and feelings conform to traditional expectations of "femininity" which is contrary to active intervention in the process of lovemaking for the enhancement of pleasure. Finally, the age-old distinction between the "good" woman and the "bad" woman is slowly disappearing; unfortunately, it appears to be even slower for the alcoholic woman in the present study who still suffers with a high degree of sex guilt and a substantial amount of morality-

conscience guilt. Perhaps the assertive, independent unconscious style, as demonstrated in earlier research, produces sexual thoughts and feelings which create expectations of self-mediated punishment. This sex guilt may serve to reinforce the inability to take charge over sexual events in the alcoholic woman's life.

Implications for Future Research

This study opens up several new research possibilities. The findings suggest that the investigation of the sexuality of alcoholic women may provide us with some new understanding of the problem. Since this study explored two affective sexual constructs, it would be of interest to determine if behavioral and affective indicators of sex guilt and sexual control—sexual behavior, knowledge, attitudes, orgasmic quality and experience, degree of sexual communication, and sexual dysfunction—have any relationship to alcoholism.

Another mode of research design, utilizing face-to-face interview techniques, might render explanations of sexual dissatisfaction not amenable to a questionnaire format for alcoholic women. This more personalized method may provide insights about the multitude of meanings assigned to sex guilt and sexual control, especially among women who score identically with each other on these variables. Research into the antecedents of sex guilt and sexual control, accomplished through longitudinal and retrospective studies incorporating both open and closed-end format, may help in the understanding of sexuality in the lives of alcoholics.

Finally, this study suggests that providers of direct services for alcoholism should be knowledgeable, competent and comfortable with sexual issues in order to promote the most beneficial interaction desired to reduce sexual concerns of alcoholic women. Research should be conducted which explores the competence and sensitivities regarding human sexuality of alcoholism treatment providers.

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