Sexual Attitudes, Cognitive Associative Networks, and Perceived Vulnerability to Unplanned Pregnancy

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The current study was designed to examine the relation between cognitive associative networks, perceptions of vulnerability to unplanned pregnancy, and erotophobia. Two issues were addressed. The first was whether negative emotional orientation toward sexuality (i.e., erotophobia) is related to cognitive associations between sexual words and words with positive vs negative connotations (e.g., vagina and hug vs vagina and rejection). The second issue was whether erotophobia moderates the relation between cognitive associations and perceptions of vulnerability to unplanned pregnancy. Results indicated that erotophilics have stronger associations between positive and sexual words, whereas erotophobics have stronger associations between negative and sexual words. In addition, it was demonstrated that erotophobia–erotophilia moderates the relation between cognitive associations and perceived vulnerability, such that the link between cognitive associations and perceptions of risk is stronger for erotophilics than for erotophobics.© 1996 Academic Press, Inc.

One of the most consistent findings in the literature on personality antecedents of contraceptive use is that negative emotional orientations toward sexuality—referred to as sex guilt or erotophobia—tend to inhibit the use of effective methods of birth control (for a review, see Gerrard, Gibbons, & Boney-McCoy, 1993). More specifically, it has been demonstrated that sex guilt and erotophobia are associated with a general lack of knowledge about contraception (Fisher, 1980; Gerrard, Kurylo, & Reis, 1991; Goldfarb, Gerrard, Gibbons, & Plante, 1988), discomfort with purchasing birth control devices (Fisher, Fisher, & Byrne, 1977), and with the use of ineffective methods of birth control (Fisher, Byrne, Edmunds, Miller, Kelly, & White, 1979; Geis & Gerrard, 1984; Gerrard, 1987).

The most popular explanation for this observed link is that these negative emotional responses to sex interfere with the ability to process information about sex and contraception. In fact, when Mosher first described the disposition of sex guilt (the tendency to punish oneself or feel especially guilty about personal

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transgressions against sexual standards), he identified interference with cognition as a central aspect of the trait (Mosher, 1966; Mosher & Cross, 1971). Similarly, Byrne (1977) hypothesized that erotophobia (a persistent and general tendency to respond to sexual cues with anxiety and negative emotions) interferes with cognitive processing in sexual situations (Byrne, 1983).1

The hypothesis that erotophobia disrupts processing of sex-related information and decisions has received indirect support from research in several different areas. For example, Lewis, Gibbons, and Gerrard (1986) asked participants to recall information from vignettes about people struggling with, and resolving, moral dilemmas about sex. Results indicated that sexually active women with high sex guilt had more difficulty recalling information from these dilemmas than did sexually active women with low guilt. Lewis et al. (1986) suggested that these women’s erotophobia interfered with their ability to process the information. Women with high sex guilt also demonstrate cognitive inconsistency in their own moral reasoning about sexual issues. More specifically, Gerrard and Gibbons (1982) asked women to articulate their own moral reasoning about sexual dilemmas and then to endorse a statement regarding the dilemmas (from a prepared list of statements designed to represent different stages of moral reasoning). Results indicated that there was a larger discrepancy between the articulated and the endorsed reasoning of high sex guilt women than between the articulated and endorsed reasoning of low guilt women.

Erotophobia and Perceptions of Vulnerability

Recent research suggests that erotophobia also interferes with women’s judgments of their vulnerability to unplanned pregnancy (Gerrard & Luus, 1995). In this study women were asked to make judgments about the likelihood of pregnancy in hypothetical situations in which frequency of intercourse and method of contraception were manipulated (e.g., “What would be the likelihood of pregnancy if you had intercourse twice a week and used no birth control method?”). Results indicated that women are capable of combining information about birth control and frequency of intercourse to make relatively accurate estimates of the likelihood of conception. Given that perceived vulnerability is considered to be a primary antecedent of health promoting behavior (cf. Becker, 1974; Janz & Becker, 1984; Rogers, 1975; Rosenstock, 1966, 1974; Weinstein, 1987), this is an important finding. The study also revealed, however, that the process of making risk estimates is disrupted by erotophobia, such that erotophobic women made significantly less accurate estimates than did erotophilic women. Further-

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1 Because the Mosher Sex Guilt Inventory and the instrument designed to measure erotophobia, the Sexual Opinion Survey (White, Fisher, Byrne & Kingma, 1977), are very similar constructs, and relatively highly correlated (.60 to .68; Fisher, Byrne & White, 1983; Frost, McCluskey–Fawcett & Irving, in press), we will use the term erotophobia when referring to the construct. We will, however, use the more specific term when describing specific studies.
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