

## **Guilty conscience, social desirability, sexual attitudes and depression in undergraduates**

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Depression devastates all aspects of experience in those it touches, impairing everything from the ability to experience pleasure to the ability to think clearly. By corroding faculties so essential to well-being, untreated depression may cripple success in work and school and social interaction. With depression's clearly disabling consequences, it is clear that precursors must be identified to minimize the effects of this disease. Sexual attitudes, guilt and social desirability may be three of these precursors.

Patton and Mannison (1995) defined three primary types of sexual attitudes: attitudes toward sexual coercion and assault, attitudes toward gender roles, and attitudes toward sexuality. This study is concerned with general attitudes toward sexuality (e.g. the acceptability of abortion, masturbation, and sex among the elderly.) Change in public attitudes about sex is slow and is preceded by changes in individuals. Therefore the relationship between attitudes toward sexuality and depression may be the result of incongruence between individual norms and social norms. This incongruence, or lag between the two, may stigmatize or put pressure on individuals who subscribe to a more liberal notion of sexual morality. Results of such pressure may include marginalization and depression.

Breaking this socially prescribed moral code and facing the ensuing stigmatization can create a guilty conscience, defined as self-criticism and remorse for breaking the code. Stigmatization reinforces the individual's deviance from the moral code thus compounding guilt. Ferguson and colleagues (2000) report that guilt is associated with a greater incidence of internalizing disorders including depression.

Logic dictates that social desirability magnifies the relationship between sexual attitudes, guilt, and depression. Valuing social opinion may increase pressure to adhere to the prevailing moral code, increase sensitivity to and increase an individual's sense of guilt from the consequences of infractions of the code.

We hypothesized that less traditional sexual attitudes, guilt, and social desirability would be positively associated with depression. Using cross-sectional, correlational survey data, we tested this hypothesis on a sample of 396 undergraduate college students at a Texas university. The mean age of our participants was 21 ( $SD = 3.45$ ) and they were demographically diverse (68% female, 24% African American, 5% Asian, 58% European American, and 9% Latino.) Two percent of the sample self-identified as gay and 3% as bisexual. Forty percent of the sample self-identified as single with the remainder reporting varied styles of relationships. Of the sample, 42% were unemployed and 4% reported they currently received mental health services. In regard to sexual behavior, 88% reported having had sex, while 48% reported having had unprotected sex and the average number of lifetime sexual partners reported was 3.2 ( $SD = 2.26$ ).

Participants reported a mean depression level of 15.9 ( $SD = 8.56$ ) assessed with the Center for Epidemiological Studies – Depression Scale (CESD). We separated participants into a depression group and no-depression group according to Radloff's CES-D cut-off of 16 and ran t-tests for significant differences between groups. The depression group ( $M = .22, SD = .42$ )

reported a significantly greater likelihood of a history of sexually transmitted disease than the no-depression group ( $M = .11$ ,  $SD = .31$ ;  $t(348) = -2.93$ ,  $p = .004$ ). The depression group ( $M = .35$ ,  $SD = .48$ ) also reported a greater likelihood of unwanted sex than did the no-depression group ( $M = .25$ ,  $SD = .43$ ;  $t(396) = -2.26$ ,  $p = .024$ ), and reported a greater likelihood of unsafe sex practices ( $t(348) = -3.23$ ,  $p = .001$ ), of having a higher number of partners ( $t(396) = -2.60$ ,  $p = .010$ ), of seeing a mental health professional ( $t(396) = -2.83$ ,  $p = .005$ ), of not being employed ( $t(396) = -2.96$ ,  $p = .003$ ), and of being single ( $t(396) = -2.37$ ,  $p = .018$ ).

Participants completed measures of depression (CESD), sexual attitudes (Revised Attitudes Toward Sexuality Inventory; RATSI), guilt (Revised Mosher Guilt Inventory), and social desirability (Marlowe-Crowne Social Desirability Scale). The CESD's 20 items demonstrated strong internal consistency with a Cronbach's  $\alpha$  of .85. The RATSI's 8-item sexual attitudes subscale had an  $\alpha$  of .69 and the 33-item Marlowe-Crowne had an  $\alpha$  of .71. The Mosher Guilt Inventory 22-item Guilty Conscience subscale had an  $\alpha$  of .65.

We performed an exploratory hierarchical linear regression analysis to examine the relationship of demographics, sexual variables, social desirability, guilty conscience, and sexual attitudes to depression. After we controlled for demographic and sexual variables, our model explained 24% of the variance in depression [adjusted  $R^2 = .24$ ,  $F(21, 375) = 7.03$ ,  $p < .001$ ]. Additionally, social desirability ( $t = -5.72$ ,  $p < .001$ ) was negatively associated with depression, and guilty conscience ( $t = 6.24$ ,  $p < .001$ ) and less conservative sexual attitudes ( $t = 3.41$ ,  $p < .002$ ) were positively associated with depression.

Our model confirmed our hypothesis that sexual attitudes, guilt and social desirability are significant predictors of depression. However contrary to our expectations, social desirability was inversely related to depression. The contradiction found for social desirability can possibly be explained by the idea that people with higher depression tend to isolate and self-denigrate, and thus have less of a desire to present themselves in a socially esteemed manner.

Our findings are important for clinicians who work with this population. Interventions should focus on decreasing isolation and self-denigration, decreasing guilt associated with sexual attitudes, and increasing an individual's acceptance of his/her sexual attitudes. Interventions that target these precursors to depression may provide clinicians with needed tools to reduce depression and improve quality of life.

Causal inferences are limited in our study due to the cross-sectional, correlational design. Therefore it is just as likely that depression causes less traditional sexual attitudes, guilt and lower social desirability as the opposite. Future research must use appropriate designs to identify directionality of causality.